



Ohio Administrative Code

Rule 3701-8-10 Central intake and referral system.

Effective: January 31, 2022

(A) Central intake and referral system contractors who enter into contracts, subsidy agreements, or who are awarded grant funds by the department shall be qualified nonprofit entities as defined by the Ohio department of taxation, or government entities who must:

(1) Complete the required application or submit a proposal, as applicable, by the due date set forth in the announcement of available funds;

(2) Complete the process to become a vendor with the state of Ohio;

(3) Provide the services in accordance with the terms of the contract, grant or agreement and rules in this chapter, and comply with requests, expectations and requirements of the department.

(B) Contractor shall designate one individual as the contract manager who is responsible for oversight and monitoring of the required activities of the grant, contract or agreement. Contract manager must have a minimum equivalent of a bachelors degree in public health, social work, public administration, business, or a field closely related to early childhood, from an accredited college or university.

(C) Contractors shall ensure that individuals utilized for central intake related activities possess a minimum of a high school diploma or GED, and shall complete all required training specified in the contractor's approved operational plan.

(D) Central intake and referral system contractors shall:

(1) Facilitate public awareness and outreach activities designed to engage and inform the public regarding the benefits of participating in home visiting programs. At a minimum, contractor shall develop and execute a balanced, coordinated outreach plan, consisting of activities designed to connect with families and children eligible for home visiting in the counties of contracted service.



Additionally, contractor shall:

- (a) Inform potential referral sources on timely identification of and process to refer potentially eligible pregnant women and caregivers of eligible children;
 - (b) Facilitate or participate in local community events to promote the benefits of the home visiting program;
 - (c) Disseminate approved information to referral sources, as well as to potentially eligible families, informing them of the benefits of home visiting;
 - (d) Facilitate activities that provide the opportunity to collaborate with home visiting providers, early childhood, prenatal and health care organizations and professionals;
 - (e) Develop and maintain a county-based directory of resources for caregivers that includes child health, child development, caregiver support, home visiting and other appropriate early childhood resources. Directory shall be updated annually, to coincide with the beginning of the state fiscal year, and must be submitted to the department upon request;
- (2) Complete a screening tool and determine eligibility in accordance with section 3701.611 of the Revised Code and assign the family to the appropriate evidence-based or promising-practice model and funding stream, based on availability within the county and parental choice;
- (a) Confirm eligibility for the program by verifying any of the following:
 - (i) Current women, infants and children (WIC), Ohio medicaid, or other Ohio public assistance verification;
 - (ii) Two most recent, consecutive pay stubs from current employment that verifies the family meets income guidelines;
 - (iii) Military identification; or



(iv) Other documentation which allows the central intake agency to determine financial or military eligibility.

(b) Enter documentation in the family record when financial criteria are used for eligibility. If the central intake agency is not able to verify the financial documentation, the home visiting provider may obtain the documentation within thirty days of the first visit and enter into the family record.

(3) Initiate home visiting program and/or community referrals based on caregiver needs identified by screening and eligibility determination process;

(4) Maintain county wait list for home visiting services in each county when applicable.

(5) Ensure that families residing in the urban and rural communities that have the highest infant mortality rates as specified in rules adopted under section 3701.142 of the Revised Code receive priority for home visiting services.

(E) Central intake and referral system contractors must create and implement policies and procedures regarding referrals for home visiting programs in accordance with the following:

(1) Maintain and disseminate telephone numbers that begin with local prefixes, with voicemail capabilities, a fax number, and an email address for the general public to make local inquiries and/or referrals;

(2) Collect the minimum information to determine family eligibility;

(3) Ensure all referrals from public children service agencies (PCSA) are facilitated on a form approved by the director, and processed within one business day of receipt.

(F) Referral information shall be entered into the department required statewide data system within one business day after the information is received.

(1) Referrals received from a home visiting provider must be completed utilizing a form approved by the department and indicate the following in order to refer the family to their chosen home visiting



provider within one business day, except when a wait list exists:

(a) One successful contact with the caregiver in accordance with this rule;

(b) Completion of initial risk screen; and

(c) Demonstrate caregiver choice in accordance with this rule.

(2) Once a referral is obtained in accordance with this rule, the contractor shall make contact with the parent or caregiver in accordance with the following:

(a) The contractor shall make a minimum of three attempts, on different days to call, text or e-mail the caregiver, until successful contact is made, within fourteen days;

(b) When a caregiver's phone number or email address is not active, in-service or operable, or the referral contact information provides only a mailing address, the contractor shall send a written correspondence providing information on how to contact the central intake site if interested in services.

(c) If a successful contact with the caregiver has not been achieved after fourteen days, or a successful contact results in a caregiver communicating he or she is not interested in services, the contractor shall exit the referral in the statewide data system.

(d) All contact attempts, successful and unsuccessful, shall be documented into the statewide data system within one business day after the attempt is made.

(3) During the contact with the caregiver, the contractor shall provide information regarding any applicable services for which the caregiver may be eligible for, and obtain the following minimum information:

(a) Whether or not the caregiver is interested in participating in home visiting services;

(i) If the caregiver communicates an interest in participating in home visiting, the contractor shall



then move on with the remaining requirements in this paragraph.

(ii) If the caregiver communicates that he or she is not interested in participating in home visiting services, the contractor shall exit the system referral in the statewide data system within one business day, effective the date of communication with the caregiver.

(b) If the caregiver communicates that there is a concern about the child's development, the contractor shall offer the caregiver a referral to an early intervention service coordination contractor and enter the program referral into the statewide data system within one business day.

(c) If the caregiver is interested in home visiting services, the contractor will offer the caregiver a choice of all applicable home visiting providers. A referral will be made to the home visiting provider selected by the caregiver within one business day through the statewide data system.

(i) If the caregiver's choice of provider does not have capacity to serve them, contractor must inform the caregiver that they may join the provider's wait list for services, which is maintained by the central intake contractor, or inform the caregiver that they may choose another provider for services, if one is available.

(ii) When a family is in wait listed status, evidence-based or promising-practice model fidelity standards regarding age eligibility must be followed at the time of enrollment.

(d) Program referrals may be made simultaneously to both home visiting and early intervention services.

(4) Ensure that the referral is exited and documented as such in the statewide data system for any of the following reasons:

(a) The minimum contact attempts were made without successful contact, in accordance with this chapter;

(b) An individual declines to participate in home visiting services.



(5) The contractor shall send a completed referral follow up communication to the referral source when that source is professional in nature.

(6) When a contractor exits a referral due to loss of contact, the contractor shall send a written correspondence to the last known address or email with the following information:

(a) Details of the attempts which have been made to contact the caregiver;

(b) That this notification is the last contact attempt which central intake will make without further contact from the family;

(c) Information explaining the benefits of home visiting; and

(d) Contact information for the central intake site should the caregiver choose to reengage.

(7) For families and individuals already in the statewide data system, the following requirements apply:

(a) When the centralized intake contractor is notified by a home visiting provider that an individual has moved or another circumstance requires that the individual transfers to a new home visiting provider, the contractor is responsible for initiating the transfer in the statewide data system;

(b) Exited records shall be reopened upon any further successful contact or receipt of a new referral for the family.