UPDATED 5.21.26

HV Provider Questions & Answers from Help Me Grow Central Intake & Referral	
Why have referrals been coming in slowly?	There has been a decrease in HV system referrals, but the decrease is primarily due to changes with the ePRAF/Medicaid referral process at the state level. When comparing SFY26 First Half and SFY25 First Half, system referrals are down by 26.7%, but program referrals accepted for this same time period are up by 4.4%.
Is it possible to find out why a family rejects services? **This could be helpful to adjust marketing strategies and quality improvement.**	If a family declines Home Visiting, Intake does ask why they are not interested. If the family is willing to share, it is documented in OCHIDS. The majority of families do not share, therefore, this information is not complete.
Why, when an agency completes a referral form and indicates that the family has requested that agency, is the family assigned elsewhere?	If a DCY8045 form is submitted to Intake, is completely filled out, the HV provider indicated has capacity, and the family is eligible for the model indicated, Intake will assign it to the agency requested. A call is not made out to the family by Intake. If there is a waitlist for the HV provider and model indicated on the DCY8045 and Yes is not checked for the "Caregiver was informed of all service options, providers and waitlist" field, Intake does call the family to explain services and offer providers and models as applicable. Intake will also inform the family of the recommended agency and model listed on the form. If the family was assigned to a waitlist based on the DCY8045 and a slot becomes available at another HV agency, Intake will call to offer them to be assigned to the HV provider and model with availability. *Please note: If the family was referred in the past via a PCSA8021 form, the family will be prioritized and assigned to the open slot without being offered an option to remain on the waitlist.*
Why does CIR continue to reach out to families after they have been assigned to program to collect eligibility information?	Ohio Administrative Code Rule 5180-8-02 Home Visiting program eligibility requires CIR to contact every caregiver or parent referred to home visiting to determine if they are eligible or not eligible within thirty days of the program referral. These contacts after program referral only take place if the family was unable to provide their WIC #, MMIS #, and/or their pay stub information during the initial call. Intake waits to see if the Home Visitor obtains the income eligibility criteria until between day 25 and 28 after program referral and then makes a phone contact attempt. If still not successful in obtaining the income information, Intake will send the family an "Unable to confirm HV eligibility" letter and notify the Home Visitor via an email sent by OCHIDS. The family remains open and the Home Visitor works to obtain the income information in order to continue to visit the family.

Why are families allowed to sit on a waitlist for extensive periods of time?	Families remain on the waitlist until an opening becomes available, they decline services, or are no longer eligible. Intake contacts the family monthly (approximately every 20-30 days) to confirm continued interest in HV services and provide information on community resources if the family expresses a need. If Intake is unable to successfully contact the family for three consecutive months, the family will be exited from the waitlist.
Why are families being offered all programs in each county regardless of waitlist status? **Why are families not prioritized to programs with openings?**	Intake explains the HV models with availability first, lets the family know there are other options with waitlists, and then offers to share information about those waitlist options or to proceed with assigning them to HV models and providers without a waitlist to get them connected to services as soon as possible. Intake encourages families to get enrolled with a HV provider and not be assigned to a HV waitlist unless they are familiar with a particular agency and request it specifically. Families referred via a PCSA8021 form are only informed of HV models and providers with open slots.
Would it be possible for CIR to provide a report on the number of referrals received at their level versus just the program level? **It would also be helpful to know by whom each month so that programs have a sense of WHO is referring and where they really need to put our outreach efforts.**	BB provides statewide system and program referral numbers quarterly in the HV and EI provider eNewsletters. Each CIR regional partner meets with HV providers across the state on a bi-annual basis to share system and program referral data by county, including system referrals by referral source. Data Ohio also provides a report called Home Visiting System Referrals that is open to the public for HV providers to access to see system referrals by county by month. The referring agency information is entered by Intake into OCHIDS and accessible to HV providers by viewing each family's Central Intake section. In regard to a referring agency data report, this data is not easily obtained in report form as the agency field is a text field (not a drop-down) and is inconsistently completed. CIR leadership pulls this data periodically and shares it with its CIR regional partners to target outreach efforts and/or develop goals/continuous quality improvements (CQIs).
Can we get a "role play" of a conversation when a family first gets connected to CIR? How do they explain the programs etc.? Can we also hear how they explain programs to providers/referral sources?	To learn more about how CIR explains the Help Me Grow system of supports, including Home Visiting, to referral sources, Bright Beginnings will include a link to a PowerPoint with verbiage per slide in the next eNewsletter for Home Visiting Providers. If you currently don't receive this eNewsletter quarterly, sign up at helpmegrow.org.
Is there any guidance in place at Central Intake for families that come through the program multiple times after exiting the program? **Examples:** - **A family that leaves and comes back, and have three to five children already** - **A family that has met the criteria for the program and exited the HV program after 3 years of enrollment**	CIR offers HMG HV to all families referred (and eligible) regardless of how many times they have been referred or in service or if they have "graduated" the HV model. Intake staff cannot see the exit reason from program side in OCHIDS.

- **A family never answered when the referral was made and then they are referred again several months later, or there is a new pregnancy or birth in the family again.**	
Why is it necessary when transferring a client from one program to another to fill out a new 8045 when all the data is already in their OCHIDS file when it is from one HFA or NFP site to another?	When the family is transferred in OCHIDS, risk assessment data is not available to OCHIDS on the CIR side and must be all re-entered. The last risk assessment completed by CIR is in OCHIDS but does not include any updates the Home Visitor has made since the record has been open. A new DCY 8045 form is needed to ensure all information is up-to-date on the CIR side when the new program referral is made in order for the new Home Visitor to have the most current and accurate information.
Why does Home Visiting get referrals that come from the hospital when it is known that the child has a delay/disability, and Early Intervention doesn't get the family referral, too?	Intake processes the referral based on which program the referral source indicates. If Home Visiting is the only program offered yet there is an applicable diagnosis or a delay mentioned, Intake will first explain and offer Home Visiting and enroll if accepted. They will also explain Early Intervention services and ask if they are concerned with their child's development. If so, they will enroll the child in Early Intervention based on the family's acceptance. If not, the child will not be enrolled in Early Intervention.
Why does Early Intervention get referrals that Home Visiting doesn't? Many times, it's the same population of people.	Intake processes the referral based on which program the referral source indicates. But even if Home Visiting is indicated on the referral, the Home Visiting provider may not receive the program referral due to: • Family's income • Family's non-interest in ongoing Home Visiting • Family's interest in only receiving ones service with their child's development being the priority

HV Provider Questions & Answers from DCY	
Is it possible to refuse a referral? If so, how is that done?	If a HV provider does not want to serve a family, they can: Contact CIR to see if another HV provider is available. If so, the family can be transferred back to CIR in OCHIDS and CIR will contact the family to offer them other HV provider options. If not, the HV provider can contact the family to share that services are not available, offer other community resources, and exit the family.
Is there an option not to take the family back again after a discussion with the family? **To allow new families to enroll in the program, is there an opportunity to provide other resources?** **If referred to HMG again, can the program share their successes and accomplishments they made while previously in the program and provide any further resources?**	If a family accepts Home Visiting (regardless of past involvement), Intake will assign it in OCHIDS. The HV provider can contact the family to determine if services are truly needed due to new situations and can either provide services or share other community resources and exit the family.

When should a program contact CIR first and when should they contact the DCY Consultant first? **Please provide examples.**	If there is a referral question/issue in OCHIDS, contact provider@helpmegrow.org. If there is a question/issue related to Home Visiting services, billing, contract, GMS, and/or OCHIDS (HV side), please contact your HV TA Consultant.
While we realize this may be more for DCY, but when will they be able to transfer completed tools between HFA and FCO?	This is identified as a future enhancement, and the timeline has not yet been determined.

Additional Questions:

Is it possible for WIC to have a HMG referral option on their forms?	WIC agencies may use the Web Referral to refer to HMG-HV, EI, & FCO. We believe they are making more referrals than credited for simply because of how the data system captured and reported out referrals from WIC in the past. We added fields to better capture WIC referrals.
Do additional questions on the eligibility tab get answered at the CIR level? At times, the responses marked do not match the family's answers when asked in the home.	For ongoing HV referrals, CIR does ask all the questions on the eligibility tab in OCHIDS when they speak with the family. If the referral was received on a DCY8045 form, that information is provided by the referral source and CIR does not contact the family to vet the responses. For FCO referrals, all of these questions are defaulted to "Did not respond" and the FCO nurse collects the data at the FCO visit.
Why do we receive "protected message" when we receive referrals? We are unable to open these emails.	DCY and OIT added that for all emails. Encrypted emails are more secure and ensure HIPPA compliance. We recommend working with your organization's IT department to whitelist the website that the encrypted emails land on for you to develop a password and access each on a regular basis.
For FCO and their catchment areas, can FCO organizations reach into neighboring counties? What if the baby is born in a FCO covered county, but lives in a neighboring county that does not have FCO?	The majority of the FCO sites have catchment areas that include specific counties. We suggest you connect with your local FCO agency on coverage.
Can we include a QR Code on the re-enrollment letter?	This is an excellent suggestion, and we will look into it further.
If FCO is completing the same screenings as HMG, is there a way to merge and share the screenings in OCHIDS?	Currently, DCY is working on several changes in OCHIDS, one being able to merge families/information into one profile. This option is not available yet.
If we are all under the HMG umbrella, then why can we not share the referral (CIR) information that have been exited due to no contact? Why is sharing this information with providers a confidentiality violation when all entities involved are under the same umbrella?	This is how things work today, and DCY will be taking a closer look at the process.