

PROCEDURE	
SUBJECT/TITLE:	Complex Medical Help (CMH) – Enrollment Process
SCOPE:	Registered Nurse
CONTACT PERSON & DIVISION:	Director of Nursing/CMH Coordinator
ORIGINAL DATE ADOPTED:	12/12/17
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PURPOSE

The intent of this document is to outline the enrollment process for children eligible for the CMH program. Adherence to this standard will:

1. Guide the nurse in setting up a child onto the CMH program;
2. Ensure correct documentation is provided and obtained; and
3. Bring services to the children with complex medical conditions of the city of Galion.

BACKGROUND

The PHN will receive referrals for clients believed to qualify for the CMH program through physicians, families and other agencies. It is the role of the PHN to begin the enrollment process for children perceived as having a CMH eligible diagnosis. The PHN will explain the program and walk families through the required forms.

GLOSSARY OF TERMS

The following definitions are relevant to this document.

CMH – Children with Medical Handicaps

PHN- Public Health Nurse

GCHD – Galion City Health Department

PROCEDURES & STANDARD OPERATING GUIDELINES

1. The following is a list of materials that are to be given to the enrolling family. These forms can be found on odh.ohio.gov under “CMH” “Forms, Materials and Resources” and also on the facility database: Q/Nursing/CMH/Enrollment Materials:
 - a. Combined Programs Application – CPA form (Not necessary if already on Medicaid)
 - b. Release of Information and Consent
 - c. General BCMH Information (Brochure)
 - d. Public Health Nursing Services (Brochure)
 - e. Medicaid Guidelines
 - f. Medical Application
 - g. Authorization to Disclose Info (Only located on the “Q”
 - h. HIPAA GCHD Signature Page (Only located on the “Q”
2. Explain and assist the family in completing these forms. Submit the following forms to CMH by fax to email at BCMHFax@odh.ohio.gov. Include a coversheet sheet and scan everything as once attachment. It is important to send this information with encryption:
 - a. CPA form

- b. Release of Information and Consent
 - c. Approval or Denial for Medicaid
 - d. Three most recent paystubs for each employed parent
 - e. Copy of 1040 tax form
3. The Medical Application form must be sent to the potential Managing Physician. Keep in mind the physician must be a CMH provider. If not, the client will need to switch to a CMH provider in order to receive services through CMH. Physicians can be searched on CMACS to verify their status. Potential CMH Physicians for the newly applying client can also be found on CMACS. Use the tab "Individual Providers" when searching physicians.
4. The Authorization to disclose and HIPAA forms are for GCHD use only and should be placed in a paper chart for the client. (During enrollment, create a paper chart folder for the potential client).
5. The rest of the materials are to be kept for the enrolling family. It is also important to provide contact information to the client in form of a business card. Make sure to place contact information for the client in the newly created paper chart.

CONTRIBUTORS

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APPENDICES

Appendix A: Combined Programs Application – CPA form

Appendix B: Release of Information and Consent

Appendix C: General BCMH Information

Appendix D: Public Health Nursing Services

Appendix E: Medicaid Guidelines

Appendix F: Medical Application

Appendix G: Authorization to Disclose Info

Appendix H: HIPAA GCHD Signature Page

SIGNATURES

Andrea Barnes

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03/05/2025

Date