COOPERATIVE AGREEMENT FOR MEDICAL SERVICES
(Community Medical Provider)

This agreement dated ________________ by and between

________________________________________________________________________
(Name of Head Start/Early Head Start Program)

________________________________________________________________________
(Address of Head Start/Early Head Start Program)

and ____________________________________________________________
(Name of Community Provider) ____________________________ (Address of Provider)

Hereinafter called Head Start/Early Head Start Provider, agree to the following:

I. **Health Provider Responsibilities:**

   a. The health provider will conduct a medical examination of Head Start/Early Head Start children who are not eligible for Medicaid, those children enrolled in the Medicaid fee-for-service plan or the All Kids Child Health Insurance Plan. Children, who are enrolled in a Health Maintenance Organization (HMO), are not eligible for these services.

   b. The Medical Examination will include:
      1. Hands on and unclothed head to toe examination of specific regions of the body (e.g., skin, eye, nose, ears, throat, neck, heart, lungs, abdomen, genitals and upper and lower extremities), to identify problems common or important in the age groups.
      2. Examination of all systems or regions, which are made suspect by history or by screenings.

   c. The health provider will perform the following health screening for eligible Head Start/Early Head Start children:
      1. Growth assessment, including height and weight and head circumference for age.
      2. Hemoglobin or Hematocrit determination annually. Beginning at 6 months, the health provider must report findings and results.
      3. A TB Pediatric & Adolescent Risk Assessment Questionnaire is required prior to preschool entry and must be administered by the child’s health care provider. If the TB risk assessment is positive for a high-risk exposure to tuberculosis infection, the provider must administer a tuberculin skin test. The Mantoux screening method is required.
4. Screening for strabismus.
5. Screening for blood lead levels annually, beginning at 6 to 9 months old. The provider must provide numerical results.
6. Blood pressure determination annually, beginning at age 3. The provider must provide numerical results.
7. Diabetes assessment included as a part of the health examination as required by State Law.
8. Other selective screenings, such as head lice, intestinal parasites, or cholesterol screening which would be medically appropriate for a given community or population.
9. Provide a complete list of all current diagnosis of those illnesses that may apply to the child along with treatment plans. (e.g., asthma, allergies, seizure disorder, lead toxicity).
10. Provide a list of current medications and plans for administering the medications.

d. The health provider will identify concerns and problems of speech development for the child and record findings as appropriate for the age and developmental stage of the child.

e. The health provider will treat only those children who are referred by the Center and have a DFSS -3071 (Medical and Dental Referral) form.

f. The health provider will complete the physical examination and screening form—(The State of Illinois Department of Human Services Certificate of Child Health Examination (CFS 600) and will provide all screening results within seven (7) to ten (10) days of the initial service date.

g. The health provider will complete all recommended immunizations including the DTaP, IPV, Hib, Hepatitis B, pneumococcal conjugate (PCV), MMR, and varicella vaccines based upon the child’s current immunization status. The recommended Childhood & Adolescent Immunization Schedule approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP) will be followed. The health providers will provide all immunizations for Head Start/Early Head Start children, at the earliest opportunity that the child is eligible for those immunizations. Hepatitis A, influenza and rotavirus vaccinations are recommended vaccinations for all children in the appropriate age groups.

h. The health providers serving children ages 0 to 3 such as, those children enrolled in Early Head Start Programs, must observe the American Academy of Pediatrics routine health maintenance protocol to determine the periodicity of services for this age group. Immunizations will be provided in accordance with the Recommended Childhood
Immunization Schedule approved by ACIP, AAP and the AAFP.

i. **Children With Disabilities:** The health provider will screen children for disabilities in accordance with requirements prescribed in the Head Start/Early Head Start Program Performance Standards on Services for Children with Disabilities (45-CFR 1308). Appropriate and approved developmental screening may be administered as deemed necessary by the physician. Results of the developmental assessment will be provided to the appropriate Head Start/Early Head Start personnel.

The health provider will identify children with other potentially disabling conditions, such as, emotional, or psychological disorders.

The health provider will identify the special health needs of disabled children and recommend how they can be addressed by the Head Start/Early Head Start program, such as, continuation of specialized medical care.

j. **Health Consultation with Parents:** The health provider will conduct individual consultations with parents/legal guardians upon completion of the screening and examination of the child and whenever needed during the course of the program. Such consultation would provide parents with an assessment of the child's health and nutritional condition/status and the child's developmental progress, an indication of the treatment/service plan, which may be necessary, and recommendation for the parents and family to support the growth and development of the child.

k. **Medical Treatment:** The health provider will provide Head Start/Early Head Start with a written plan of medical treatment and service for health concerns and medical and nutritional problems identified during the health screening and examinations as well as referrals to other health care.

When appropriate, the health provider will provide necessary treatment and conduct follow-up visits. Such visits would provide for treatment of conditions identified in the initial screenings and examinations. Such visits would also include follow-up to confirm treatment and service provided by other professionals to whom the child may have been directed.

The health provider will keep parents informed regarding the progress and treatment of their children.

The health provider will inform Head Start/Early Head Start regarding service, a treatment plan, and scheduling.

The health provider will inform Head Start/Early Head Start about the progress of
children in treatment including the revision and/or updating of the treatment plan. The health provider will notify Early Head Start/Head Start when children complete treatment. The State of Illinois, Department of Human Services, “Certificate of Child Health Examination” form (CFS 600) should be completed to include abnormal findings/diagnoses, treatment plans with results.

1. **Reporting of Child Abuse and Neglect:** If during the course of the examination and screenings, indications of possible child abuse or neglect are observed the provider is mandated to report the suspected abuse/neglect to the IDCFS HOTLINE (1-800-252-2873) IMMEDIATELY.

m. **Health Education for Parents and Staff:** Upon request of the Head Start/Early Head Start program, health education workshops for parents and staff will be provided. These workshops should serve to provide general medical information learned from the child's physical examination and screening and also provide opportunities for parents to learn more about preventive health practices, first aid, accident prevention in the home, etc. Workshops on Child Abuse, AIDS, and lead poisoning should be provided but may not be billed to Head Start/Early Head Start. The exclusion for payment applies to all programs for which federal and state funds have already been allocated for this purpose.

The workshop will be scheduled upon the initiative of the Head Start/Early Head Start Center. The workshop will last approximately one half hour and should allow time for a 15-minute question and answer period.

The health provider will provide the following documentation for each session: copy of the agenda, a brief report on the discussion and a copy of the sign-in sheet of those in attendance.

The fee for the session will be $45.00 per health workshop. When indicated, a bilingual Spanish/English health professional will conduct the educational session. Sessions are not to be translated into another language while conducting one in English. If the provider is unable to honor a scheduled appointment, it is agreed that a minimum of 48 hours’ notice will be provided to the center staff for cancellation.

n. **Payment Schedule:** All health providers must be eligible and enrolled as Medicaid providers with the Illinois Department of Health Care and Family Services in order to receive the fees listed in this agreement.

The health provider will be enrolled in the State of Illinois, Vaccines for Children-Plus Program and therefore eligible to receive free vaccines.
The health provider will bill the Illinois Department of Health Care and Family Services, Medicaid/EPSDT Program for screening and exams rendered to enrolled children. The health provider will bill the Head Start/Early Head Start agency for services rendered to non-Medicaid and/or non-HMO enrolled children based on the agreed fee for service schedule.

The health provider will submit bills by the tenth (10) of each month for services rendered during the preceding month utilizing the DFSS 2879 (Billing), and DFSS 3071, (Medical/Dental Referral) Form. All bills will be submitted to the Head Start/Early Head Start program.

The Head Start/Early Head Start fiscal year is December 1 thru November 30; therefore, all bills must be submitted no later than December 10 of the following fiscal year to be considered for payment. Monthly claims for payment should be directed to:

Agency: ________________________________________________
Address: ________________________________________________
Name: ________________________________________________
Title: ________________________________________________
Phone: ________________________________________________

Reimbursement will be made directly to:

Name of Agency: ________________________________________________
Address: ________________________________________________
Zip Code: ________________________________________________
Name of Contact Person: ________________________________________________
Title: ________________________________________________
Phone: ________________________________________________

Head Start/Early Head Start funds may ONLY be used when no other 3rd party payment is available to the family, such as, Medicaid, HMO, Private Insurance. The Head Start/Early Head Start funding is the payer of last resort for health service payments.
II. **Head Start/Early Head Start Responsibilities**

A. Head Start/Early Head Start agrees that parent participation is critical to the health services program and therefore agrees to require that parents/legal guardians accompany the child for all appointments at the Health provider office. In the event that parent/legal guardian is unable to accompany the child, signed parental consent will be obtained authorizing another adult to obtain health services on behalf of the child.

B. Head Start/Early Head Start will only refer eligible children to the appropriate health provider in order to schedule the screenings and examinations. Parents will be given the name, address and telephone number of health provider and a completed DFSS 3071, (Medical/Dental Referral) form and the State of Illinois, Department of Human Services, “Certificate of Child Health Examination” (CFS 600).

C. Head Start/Early Head Start Programs will supply the health provider with the appropriate physical exam and screening form-- The State of Illinois, Department of Human Services, “Certificate of Child Health Examination” (CFS 600) for their use upon request.

D. Head Start/Early Head Start will advise the Health provider of non-Medicaid enrolled Head Start/Early Head Start children referred for screenings and exams.

This agreement begins on ____________ and shall remain in effect, except for annual changes in the fee schedule, revisions in the Head Start/Early Head Start performance standards, city and/or state licensing standards and/or DFSS requirements. Either party may terminate this agreement by giving 30 days notice.

_________________________________________  _______________________________________
Health Provider                                Head Start/Early Head Start Director

____________________________________  _______________________________________
DATE                                      DATE

PHONE: ___________________________  PHONE: ___________________________

REVIEWED BY
DFSS: ___________________________

DATE: ___________________________
### III. Current Illinois Department of Health Care and Family Services Fee Schedule

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CPT Code</th>
<th>IDHCFS Total Fee</th>
<th>MCH-Enrolled Provider Add on</th>
<th>MCH-enrolled Provider Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Medical Examination</strong></td>
<td>99381 (age 0-11 months) New</td>
<td>$32.15</td>
<td>$59.75</td>
<td>$91.90</td>
</tr>
<tr>
<td></td>
<td>99382 (age 1-4 Years) New</td>
<td>$32.15</td>
<td>$66.50</td>
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<tr>
<td></td>
<td>99383 (age 5-11 Years) New</td>
<td>$32.15</td>
<td>$64.45</td>
<td>$96.60</td>
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<tr>
<td></td>
<td>99391 (age 0-11 Months) Est.</td>
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<td>$37.37</td>
<td>$69.52</td>
</tr>
<tr>
<td></td>
<td>99392 (age 1-4 Years) Est.</td>
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<td>$45.27</td>
<td>$77.87</td>
</tr>
<tr>
<td></td>
<td>99393 (age 5-11 Years) Est.</td>
<td>$32.15</td>
<td>$44.69</td>
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<tr>
<td><strong>Interim Medical Visit</strong></td>
<td>99212</td>
<td>$24.25</td>
<td>$1.40</td>
<td>$25.65</td>
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<tr>
<td><strong>Developmental Screening</strong></td>
<td>96110</td>
<td>$16.07</td>
<td>$0</td>
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<tr>
<td><strong>Hemoglobin</strong></td>
<td>85018</td>
<td>$2.32</td>
<td>$0</td>
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<tr>
<td><strong>Hematocrit (Spun)</strong></td>
<td>85013</td>
<td>$2.32</td>
<td>$0</td>
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<tr>
<td><strong>Lead Screening (Analysis)</strong></td>
<td>83655</td>
<td>$11.86</td>
<td>$0</td>
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<td><strong>Mantoux Test</strong></td>
<td>86580</td>
<td>$4.00</td>
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<tr>
<td><strong>Urinalysis</strong></td>
<td>81003</td>
<td>$2.18</td>
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<tr>
<td><strong>Hearing Screening</strong></td>
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<td>$15.20</td>
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<tr>
<td><strong>Vision Screening</strong></td>
<td>99173</td>
<td>$7.45</td>
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<tr>
<td><strong>Make-up Visit</strong></td>
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<tr>
<td><strong>IPV</strong></td>
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<td><strong>DTaP</strong></td>
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<tr>
<td><strong>Hib</strong></td>
<td>90645-90648</td>
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<tr>
<td><strong>Hep B (HB)</strong></td>
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<tr>
<td><strong>Combined Hib/HB</strong></td>
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<td>$6.40</td>
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<tr>
<td><strong>Varicella</strong></td>
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<td>$6.40</td>
<td>$0</td>
<td>$6.40</td>
</tr>
<tr>
<td><strong>PCV</strong></td>
<td>90669 (to age 5)</td>
<td>$6.40</td>
<td>$0</td>
<td>$6.40</td>
</tr>
<tr>
<td><strong>PCV</strong></td>
<td>90732 (age 5 and up)</td>
<td>$6.40</td>
<td>$0</td>
<td>$6.40</td>
</tr>
<tr>
<td><strong>Rotavirus</strong></td>
<td>90680 or 90681</td>
<td>$6.40</td>
<td>$0</td>
<td>$6.40</td>
</tr>
<tr>
<td><strong>Hep A</strong></td>
<td>90633</td>
<td>$6.40</td>
<td>$0</td>
<td>$6.40</td>
</tr>
<tr>
<td><strong>Influenza (any type)</strong></td>
<td>906xx</td>
<td>$6.40</td>
<td>$0</td>
<td>$6.40</td>
</tr>
<tr>
<td><strong>Health Education</strong></td>
<td>99078</td>
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<td>$45.00</td>
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</table>