

CALIFORNIA DEPARTMENT OF HEALTH SERVICES  
CHILDREN'S MEDICAL SERVICES BRANCH  
CHILD HEALTH AND DISABILITY PREVENTION PROGRAM

AND

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGION IX ADMINISTRATION FOR CHILDREN AND FAMILIES  
OFFICE OF HEAD START  
CHILD AND YOUTH DEVELOPMENT UNIT

INTERAGENCY AGREEMENT

**Introduction**

The California Department of Health Services, Children's Medical Services Branch, Child Health and Disability Prevention (CHDP) Program and the United States Department of Health and Human Services (HHS), Region IX Administration for Children and Families (ACF), Office of Head Start, Child and Youth Development Unit, including Head Start, Early Head Start, Migrant and Tribal programs, share the common goals of early identification and prevention of disease and disabilities in children and youth. Both agencies seek to link children and youth to a medical and dental home and ensure the provision of comprehensive health services.

The purpose of this agreement is to achieve these shared goals by:

1. Encouraging statewide collaborative efforts between the California CHDP Program and Region IX ACF Head Start Program;
2. Providing a State-level model for local Head Start and CHDP Program collaboration in maximizing the effective use of federal, State and local resources;
3. Promoting the development of local Head Start and CHDP Program Memoranda of Understanding or agreements describing how this State/Region IX ACF agreement will be implemented at the local level.

**Eligibility**

CHDP

The CHDP Program provides the early and periodic screening part of the federally-mandated Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) program. CHDP health assessment services are accessible to children and youth who meet the following criteria:

Residents of California

All Medi-Cal eligible persons through age 20

- Low-income children at or below 200 percent of Federal Income Guidelines and younger than 19 years of age

### Head Start

Children from birth through preschool age are eligible to participate in Head Start if they are from low-income (based on Federal Income Guidelines) families or if their families are eligible for Temporary Aid for Needy Families (TANF)/public assistance subsidies. The Head Start Act establishes income eligibility for participation in Head Start programs based on the income guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).

## **Legislative Authority**

### CHDP

The CHDP Program was statutorily established in 1973. Enabling legislation for the CHDP program is found in the California Health and Safety Code, Sections 104395, 105300, 105305, 120475 and 124025 through 124110. CHDP program regulations that implement, interpret, or make specific the enabling legislation are found in the California Code of Regulations (CCR), Title 17, Sections 6800 through 6874. The CHDP program oversees the screening and follow-up components of the federally-mandated Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) benefit/program for Medi-Cal eligible children and youth. Federal regulations governing States' provision of EPSDT are found in Title 42, Code of Federal Regulations (CFR), Section 440.40 and 441, Subpart B. Federal statutes applying to the EPSDT program are found in the Social Security Act, 42 USC Sections 139(a)(43), 1905(a)(4)(B), and 1905(r). Additional information can be found in Chapter V of the State Medicaid Manual from the Centers for Medicare and Medicaid Services. (See Appendix 3.)

The CHDP program also provides preventive health assessments for non-Medi-Cal eligible children and works with schools to meet the first grade entry requirement that all children entering the first grade or kindergarten have either a certificate of health examination or a waiver on file at their school. Local CHDP programs recruit, orient, and maintain a collaborative relationship with CHDP providers, facilitate their application process and provide ongoing information, assistance, resources, and support necessary to ensure that quality services are being delivered to eligible children. In addition, the program is involved in notifying or informing eligible families about the value of preventive health services, the difference between episodic and wellness care, how to access medical and dental services and if necessary assist the family in scheduling an appointment or arranging for transportation to the appointment.

Local CHDP programs in the 61 health jurisdictions throughout the state are responsible for carrying out community activities which include:

- planning
- evaluation and monitoring
- care coordination
- informing
- providing health education materials
- provider recruitment
- quality assurance
- client support services such as assistance with transportation and medical, dental, and mental health appointment scheduling and by encouraging the completion of an application for ongoing health care coverage. Local CHDP programs are also responsible for the oversight of the Health Care Program for Children in Foster Care (HCPFC). This program provides public health nursing expertise in meeting the medical, dental, mental and developmental health needs of children and youth in out-of-home placement or foster care.

### Head Start

The federal Head Start program was initiated in 1965 under the Economic Opportunity Act to provide a wide range of comprehensive child development-related services to low-income children. Project Head Start is authorized by Title VI, Subtitle A, Chapter 8, Subchapter B of the Omnibus Budget Reconciliation Act of 1981, PL97-35 (8/13/81) and is a program within the Administration for Children and Families, U.S. Department of Health and Human Services. The goal of Head Start is to promote school readiness by enhancing the social and cognitive development of low-income children through the provision, to children and families, of health, educational, nutritional, social, and other services that are determined, based on family needs assessments, to be necessary.

## **Health Assessment Requirements**

### CHDP

#### Health Assessment Services

The CHDP health assessment as defined in the legislation, regulations and Health Assessment Guidelines includes the following age-appropriate services:

- History and physical examination
- Developmental assessment

- Dental assessment, and for all children three years of age and older who are eligible for Medi-Cal, referral to a dentist participating in the Medi-Cal program.
- Nutrition assessment
- Visual acuity (Snellen eye test or its equivalent)
- Audiometric testing of hearing
- Hemoglobin or hematocrit test
- Urine dipstick or urinalysis
- Tuberculin test (Mantoux)
- Height, weight, blood pressure
- Immunizations
- Test for sickle cell status (when indicated)
- Test for blood lead level
- Health education
- Anticipatory Guidance

Copies of health assessment results will be made available to parents or guardians.

### Head Start

Program Performance Standards require a physical examination, including the age-appropriate services of the CHDP periodicity schedule, for all children within 90 days of the child's entry into the program\*. (See Appendix 4 & 8.) Hearing and vision screenings must be conducted within 45 days of the child's entry into the program. (For the frequency of required services, see Head Start portion of the Frequency of Services section of this document.)

Head Start programs must also comply with licensing regulations for the State of California, through the Community Care Licensing Program of the Department of Social Services. As the more stringent requirement, these regulations take precedence over and must be followed in addition to the requirements for the services listed above. Within 30 days of enrollment\*, children must have a physical examination indicating the child is not contagious and the results of a tuberculin skin test.

\* The term "child's entry into the program" used in Head Start regulations and the term "enrollment" used in the Community Care Licensing regulations both signify admission as of the first day of services to the child.

## **Providers of Service**

### CHDP

- Local CHDP programs will assure the clinical preventive services to eligible children.
- CHDP providers are required to maintain current CHDP enrollment in each county or health jurisdiction in which they render services. They must follow CHDP program laws, regulations, guidelines, policies and procedures as outlined in their CHDP provider agreement.
- Local CHDP programs will provide access to lists of CHDP enrolled providers to local Head Start programs.
- Copies of health assessment results may be made available to Head Start representatives with a signed, current release of information.
- Only CHDP providers will be reimbursed by the CHDP program.

### Head Start

- Head Start programs will work with families and providers to assure provision of health assessment services for children enrolled in Head Start programs. Head Start staff will provide case management services to assist families with diagnostic and treatment services while enrolled in the program. Whenever possible, Head Start programs will refer children to enrolled CHDP providers for health assessment services. Local Head Start programs will provide access to lists of Head Start/Early Head Start programs to local CHDP programs. Head Start programs and local CHDP programs will coordinate their efforts in encouraging non-CHDP providers to seek CHDP provider status.

## **Frequency of Services**

### CHDP

The CHDP program periodicity schedule for health assessment and dental referral establishes the assessment intervals and promotes continuity of care. Refer to Periodicity Schedule for Health Assessment Requirements by Age Groups and Periodicity Schedule for Dental Referral by Age. (See Appendix 4 & 5.) The frequency of preventive health visits in CHDP differs slightly from the frequency recommended by the American Academy of Pediatrics (AAP) and required by the Medi-Cal Managed Care Division in the California Department of Health Services. See Appendix 6, the AAP Recommendations for Preventive Pediatric Health Care and Appendix 4, the CHDP Periodicity Schedule for Health Assessment Requirements by Age Groups. Additional health assessments for preventive care may be available if they are determined to be medically necessary by the health care provider. Children will fall under the CHDP periodicity schedule if the child is seen by a CHDP provider.

### Head Start

Frequency of health services in Head Start is linked to the current California CHDP periodicity table and CDC immunization recommendations. (See Appendix 4, 5, 6 & 7.) In addition, local Health Service Advisory Committees may recommend other screenings or more frequent services, e.g., anemia, lead poisoning, tuberculin testing, etc., based on the prevalence of local health trends.

## **CHDP Gateway**

CHDP providers use the CHDP Gateway process to temporarily pre-enroll CHDP eligible children and youth in fee-for-service, full-scope, Medi-Cal at the time of a scheduled CHDP health assessment visit. Eligibility is based on age and family income. Services are available throughout the month in which a patient is determined eligible and the following month. As part of the pre-enrollment process, a family is encouraged to complete a joint Medi-Cal/Healthy Families Application (MC 321). This will ensure continuing health care coverage beyond the pre-enrollment period. The pre-enrollment period will be extended if the family completes and submits the joint application prior to the termination of pre-enrollment eligibility. The extension of benefits continues until a decision is made about eligibility for either the Medi-Cal or Healthy Families program.

## **Care Coordination**

### CHDP

The local CHDP Program will provide care coordination to assure, to the extent possible, that families receive diagnostic and treatment services for their children.

### Head Start

Local Head Start Programs will obtain the results of a child's most recent health assessment to:

1. Meet Head Start service and documentation requirements;
2. Identify, track and work with families to obtain age-appropriate medical and dental services;
3. Assist families to obtain diagnostic and treatment services while the child is participating in the program;
4. Obtain or arrange for those identified diagnostic and/or treatment services from existing resources in the community and to help families find funds to pay for necessary medical and dental services. The Head Start child who is also a Medi-Cal beneficiary will receive diagnostic and treatment services through the Medi-Cal program. Head Start funds are to be used when no other source of funding is available.

## **Dental Services**

### CHDP Dental Assessment

A dental screening/oral assessment is required as part of every CHDP health assessment regardless of age. It includes a thorough review of the throat, mouth, teeth and gums.

### CHDP Dental Referral

The CHDP program:

- Recommends an annual referral for a dental examination beginning at one year of age, and
- Requires that all children age 3 years or older receive a referral to a dentist annually for a dental exam;
- Requires a referral to a dentist for a dental examination for children of any age if a dental problem is detected or suspected;
- Does not pay for dental care. Denti-Cal pays for the dental care of beneficiaries and local CHDP programs link children to Children's Treatment Program services when available.

### Head Start

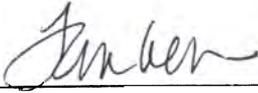
See Appendix 5 for dental assessment and dental referral requirements for Head Start/Early Head Start children.

## **Shared Responsibilities**

1. State CHDP and Head Start Region IX will collaborate by sharing state reports, data sets, and anecdotal observations between the two programs.
2. State CHDP and Head Start Region IX will encourage local staff members to support families in enrolling children into public insurance programs.

3. State CHDP and Head Start Region IX will assign appropriate staff liaison to monitor the interagency collaboration, identify and resolve operational and administrative issues.
4. Local Head Start and CHDP programs will work together in developing methods for sharing information.
5. There will be an effort to participate in advisory committees and meetings hosted by either agency.

This agreement between the Child Health and Disability Prevention Program of the Children's Medical Service Branch in the California Department of Health Services and Head Start, Region IX Administration for Children and Families, U.S. Department of Health and Human Services is effective 06/12/2007 and remains in effect until a new agreement is negotiated and signed. Changes in either program that alter the conditions of this interagency agreement will result in the need for a new agreement.



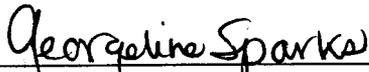

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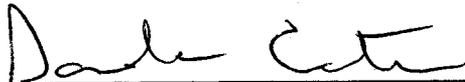

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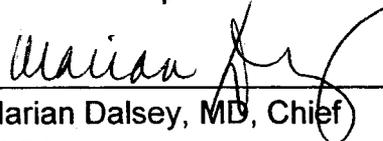

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## Appendix

- 1 Office of Head Start website [www.headstartinfo.org](http://www.headstartinfo.org)
- 2 CHDP website <http://www.dhs.ca.gov/chdp>
3. State Medicaid Manual, Chapter V  
<http://www.cms.hhs.gov/Manuals/PBM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS021927>
4. Periodicity Schedule for Health Assessment Requirements by Age Groups  
[http://files.medi-cal.ca.gov/pubsdoco/publications/Masters-Other/CHDP/forms/periodhealth\\_c01.pdf](http://files.medi-cal.ca.gov/pubsdoco/publications/Masters-Other/CHDP/forms/periodhealth_c01.pdf)
5. Periodicity Schedule for Dental Referral by Age  
<http://www.dhs.ca.gov/pcfh/cms/onlinearchive/pdf/chdp/programletters/2004/chdppl0413.pdf>
6. American Academy of Pediatrics, Recommendations for Preventive Pediatric Health Care <http://www.aap.org/policy/periodicity.pdf>
- 7 CDC website for current immunization requirements: <http://www.cdc.gov/nip>  
Scroll down to **Childhood & Adolescent Immunization Schedule**.
8. Health Examination Requirements in California for Head Start/Early Head Start
  - The Head Start Performance Standards, Revision 7, 2/20/2001, Section 1304.20(a)(1)(ii) mandate:

“(a) Determining child health status. (1) In collaboration with the parents and as quickly as possible, but no later than 90 calendar days (with the exception noted in paragraph (a)(2) of this section) from the child's entry into the program (for the purposes of 45 CFR 1304.20(a)(1), 45 CFR 1304.20(a)(2), and 45 CFR 1304.20(b)(1), “entry” means the first day that Early Head Start or Head Start services are provided to the child), grantee and delegate agencies must:

(ii) Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which

includes medical, dental and mental health. Such a schedule must incorporate the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems.”

b. Head Start programs must adhere to local and state requirements for health assessments. The State of California Department of Social Services, Community Care Licensing Manual Letter No. CCL-98-11, Effective 11/1/98, requires for center-based preschool children:

- “101220 CHILD'S MEDICAL ASSESSMENTS

(a) Prior to, or within 30 calendar days following the enrollment of a child, the licensee shall obtain a written medical assessment of the child. This medical assessment enables the licensee to assess whether the center can provide necessary health-related services to the child.

(1) Such assessment shall be performed by, or under the supervision of, a licensed physician, and shall not be more than one year old when obtained.

(b) The medical assessment shall provide the following:

(1) A record of any infectious or contagious diseases that would preclude care of the child by the licensee.

(2) Results\*of a test for tuberculosis.”

\* Child care programs follow the procedure outlined on the Physician’s Report—Child Care Center (Department of Social Services, Community Care Licensing, form LIC 701 (8/01)]. Medical providers screen patients for TB risk factors to determine:

Risk factors are not present; TB test not required

Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).”