



DISTRICT SCHOOL BOARD OF PASCO COUNTY

Kurt S. Browning, Superintendent of Schools

7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

Purchasing Services

Michael J. Woodall, CPPO, Purchasing Agent

813/ 794-2221 Fax: 813/ 794-2112

727/ 774-2221 TDD: 813/794-2484

352/ 524-2221 e-mail: mwoodall@pasco.k12.fl.us

July 23, 2013

MEMORANDUM

TO: Honorable School Board Members

FROM: Michael J. Woodall, CPPO, Purchasing Agent *MJW*

SUBJECT: Partnership Agreement
Pasco County Health Department

The attached Partnership Agreement with the Pasco County Health Department is being forwarded to the Board for approval. The Pasco County Health Department and the Head Start and Early Head Start Programs will partner to facilitate necessary health services outlined in the attached agreement.

At this time, we respectfully request your approval to enter into the one-year agreement with the above-referenced facility for the period of August 1, 2013 through July 31, 2014. The estimated annual expenditure is \$25,000. A Head Start/Early Head Start Federal Grant will be used to fund this agreement. This agreement has been reviewed and approved by Nancy Alfonso, School Board Attorney, on May 30, 2013.

If you should have any questions regarding this matter, please contact me at your earliest convenience.

MJW/sb

Attachments

Date/Time: July 16, 2013 09:58:00

(813)794-2000 • (352) 524-2000 • (727) 774-2000 • www.pasco.k12.fl.us

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DISTRICT SCHOOL BOARD OF PASCO COUNTY

Kurt S. Browning, Superintendent of Schools

7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

Memo # PRK-055-12/13
Contact: Angela Porterfield *apf*
Ext. # 42732

DATE: July 30, 2013
TO: HONORABLE SCHOOL BOARD MEMBERS
FROM: Kurt S. Browning, Superintendent of Schools
Amelia Van Name Larson, Assistant Superintendent for Student Achievement
SUBJECT: Partnership Agreement- Pasco County Health Department

Introduction

The Head Start and Early Head Start Programs must partner with existing community agencies to deliver necessary health services to enrolled families. The agreement will facilitate necessary health services for Head Start and Early Head Start enrollees.

Description

The 2012-13 agreement was reviewed and updated to address most current practices and requirements. The Head Start/Early Head Start federal grant will be used to fund this agreement.

Strategic Focus: Engage Families, Communities, and Business

Strategic Goal: The district and schools will communicate with and engage all stakeholders in the educational process.

Action Requested

Approval of the updated Pasco County Health Department Partnership Agreement is needed in order to satisfy health services requirements.

Conclusion

The staff respectfully requests the approval of the Pasco County Health Department Partnership Agreement for the 2013-14 school year.

District School Board of Pasco County
Pasco County Early Childhood Programs Head Start/Early Head Start and
Florida Department of Health Partnership Agreement
2013-2014 Fiscal School Year

Pasco County Early Childhood Programs and the Florida Department of Health in Pasco County, hereinafter referred to as DOH, agree to work together and share information in providing Child Health Check Up (EPSDT physicals), dental services, nutrition services and prenatal/postpartum health care for enrolled expectant/postpartum (up to six weeks after delivery) women, infants, toddlers and preschool children in Pasco County Head Start/Early Head Start during the 2013-2014 fiscal school year. **THOUGH APPOINTMENTS CAN BE MADE PRIOR TO AUGUST 1, 2013, THEY CANNOT TAKE PLACE BEFORE AUGUST 1, 2013, AND NO TREATMENTS CAN BE PERFORMED PRIOR TO AUGUST 1, 2013.**

Funds to reimburse services are provided by the Federal Head Start/Early Head Start grants to those expectant/postpartum women, infants, toddlers and preschool children who do not have current Medicaid eligibility or other health insurance. Reimbursement shall be on a per visit basis at the Cost Based Reimbursement rate in effect at the time of the visit. In addition, the DOH will perform lead blood tests for Head Start/Early Head Start children at the rate of \$15.00 and hemoglobin tests (finger stick) at the rate of \$5.00 for approved Head Start/Early Head Start children if the physician who performed the initial EPSDT failed to perform either of these required blood tests.

Head Start/Early Head Start funds may be used for professional medical and dental services when no other source of funding is available. DOH will verify Medicaid or other insurance coverage when services are provided to ensure that Head Start/Early Head Start is the payor of last resort. DOH will verify that any infants, toddlers and preschool children requesting treatment are currently enrolled in the Head Start/Early Head Start program before services are provided. Parent/Guardian will provide a copy of their program acceptance letter as verification.

Purchase orders will be issued in favor of DOH and reimbursement will be made upon receipt of an invoice, which includes the patient's name and the services provided. Purchase orders will expire at the end of the Head Start/Early Head Start Fiscal year on July 31, 2014. Payment will not be made for services provided after that date, and all invoices must be submitted no later than August 31, 2014.

Pasco County Early Childhood Programs agrees to provide services as outlined:

- Receive referrals from DOH for expectant/postpartum women, infants, toddlers and preschool children who may be eligible for the program.
- Recruit, enroll and serve eligible expectant/postpartum women, infants, toddlers age birth to three years, and preschool children.
- Provide screening, using the Ages and Stages Questionnaire, for all enrolled infants and toddlers within 45 days of entry into the program for developmental, sensory and behavior concerns.



- Provide an infant and toddler assessment on an ongoing basis for enrolled infant and toddlers.
- Implement “Partners for a Healthy Baby” home visiting curriculum.
- Refer expectant/postpartum women, infants, toddlers and preschool children for medical, dental and nutritional services care.
- Assist expectant/postpartum women and families with scheduling transportation for all medical, dental and nutrition care appointments.
- Work closely with other community agencies in order to provide comprehensive services to expectant/postpartum women, infants, toddlers and preschool children in order to build on pre-existing plans.
- Provide individualized services to all expectant/postpartum women, infants, toddlers and preschool Medicaid Physician Evaluation and Management Services Fee Schedule
- Develop family partnership agreements that build on pre-existing plans with all enrolled families.
- Develop and implement transition plans that support expectant/postpartum women, infants, toddlers and preschool children as they enter and exit into different program options.
- Be available to provide training and consultation to the staff at DOH on an as needed basis.

DOH agrees to provide services for Early Head Start expectant/postpartum women, infants, and toddlers, and for Head Start children as follows:

Prenatal and Postpartum care
 Child Health Check Ups (EPSDT)
 Lead Blood Testing/Hemoglobin for children whose PCPs do not provide this test
 Dental procedures as outlined on Dental Treatment Guidelines for children 30 months of age or older (Exhibit A))

DOH agrees to make referrals as follows:

Fetal Development
 Smoking cessation
 Alcohol and drug exposure
 Environmental Hazards
 Child Birth Classes
 Parenting Classes
 Family Planning
 Miscarriage Support
 SIDS
 Grief Counselling Referrals
 Infant Toddler First Aid CPR Training
 How to Apply for Medicaid and Florida Kid Care
 Identification of Nutritional Needs

CONTRACT REVIEWED
 AND APPROVED:
Juw 7.11.13

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Nutrition Counselling & Intervention
Breast Feeding Support
Food Budgeting/ Menu Planning
Attachment and Bonding

- The parties will maintain confidentiality of all data, files and client records related to the services provided pursuant to the agreement and shall comply with all State and Federal laws including, but not limited to, Sections 384.29, 381.004, 392.65 and 456.057 Florida Statutes. Both parties shall assure compliance with HIPAA as well as all regulations promulgated there under (45 CFR parts 160, 162, and 164).
- A referral form mutually agreed upon by both partners will be used to document the need for services, the treatment recommended and services received. A sample referral form is attached hereto (Exhibit B).
- A Release for Information form that is mutually agreed upon by both partners will be used to document that confidentiality procedures have been followed (Exhibit C).
- A representative from DOH will participate as a member of the Head Start Health Advisory Committee.
- A representative from DOH will be available as needed to provide training to parents on health related topics mentioned in this agreement.
- DOH will train their office/clinic staff to be knowledgeable of the partnership agreement/procedures.

I have read the above and agree to provide Child Health Check Up (EPSDT physicals), nutrition services and prenatal/postpartum health care to expectant/postpartum women, infants, toddlers and preschool children enrolled in Pasco County Early childhood Programs (Head Start/Early Head Start as outlined herein.

Michael J. Napier 6/3/13
Michael J. Napier, MS Date
Administrator, County Health Officer

Michael J. Woodall 7/11/13
Michael J. Woodall, CPPO Date
Purchasing Agent
District School Board of Pasco County

Angela Porterfield 7/8/13
Angela Porterfield, Director Date
Pasco County Early Childhood Programs

Jaime Blaine _____
Jaime Blaine, Chairman Date
Head Start/Early Head Start Policy Council

Cynthia Armstrong _____
Cynthia Armstrong, Chairman Date
District School Board of Pasco County

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Pasco County Head Start/Early Head Start Dental Treatment Guidelines

The dentist will provide treatment to the Head Start/Early Head Start children not less than Thirty (30) months of age assigned to him/her under the following conditions:

Covered Services:

Because of budget limitations, Head Start/Early Head Start can provide only those services, which will give the greatest long-term benefit to the child. **Please contact the program office to discuss exceptions on a per-child basis.**

1. Prophylaxis is allowed for all children.
2. Fluoride treatment may be provided to all children.
3. Teeth not restored may be extracted when deemed necessary at the sole discretion of the dentist.
4. Polycarbonate crowns are not to be used.
5. Bitewing and limited periapical x-rays are the only x-rays permitted, if they are indicated.
6. Space maintainers and orthodontic appliances are not included as basic services due to the prolonged follow-up that may be required.
7. Head Start/Early Head Start cannot pay for sealants under this agreement.

Method of Payment:

1. If a child is not covered under Medicaid or any other insurance, the program will pay for services. The dentist will be reimbursed by the District School Board of Pasco County through a purchase order.
2. A standing purchase order will be issued to the dental office by August 1, 2012 to:
 - a. Cover initial dental examinations of non-Medicaid children preparing to enter the program.
 - b. Cover treatment costs of \$500 per child or less during the program year.
3. Prior approval should be obtained from the program bookkeeper for treatment costing **greater than \$500**. The approval should be obtained by faxing (727-774-2736) the request for a case that requires immediate treatment. A separate purchase order will be issued and treatment should not begin until the dental office receives this authorization.

Documentation of Service:

1. Prior to beginning dental treatment, the dentist will provide the program with a treatment plan and cost estimate for each child. The program requests both Medicaid and non-Medicaid treatment plans. An itemized statement of completion is also required for both Medicaid and non-Medicaid children.
2. Families of enrolled children will be provided with a yellow Dental Exam Form and shall be instructed to make an appointment with the dental provider of their choice. After each visit, this completed form should be returned to the Program by the family. Head Start/Early Head Start staff may obtain the dental form from the dental provider if necessary. Head Start/Early Head staff can provide transportation and other needed assistance in order to increase compliance.

Michael J. Napier 6/3/13
 Michael J. Napier, MS Date
 Ad, County Health Officer
 Pasco County Health Department

Angela Porterfield 7/8/13
 Angela Porterfield, Director Date
 Prekindergarten Service

CONTRACT REVIEWED
AND APPROVED:

[Signature] 7.11.13

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Attachment A – Florida Department of Health in Pasco County (DOH-Pasco)


- A) Each party agrees to be fully responsible for its own acts of negligence and its respective agents/employees' negligence when acting in the scope of employment, and agree to be liable for damages proximately caused thereby; however, nothing herein is intended to act as a waiver of sovereign immunity by the parties. Nothing herein shall be construed as consent by any party to be sued by any third party for any cause or matter arising from this agreement. The parties shall be acting at all times as independent contractors and not as the agent or employee of the other party.
- B) Termination of Contract: This contract may be terminated when it is in the best interest of the District within 30 days' notice. Contracts cancelled by the vendor because of non-performance may result in exclusion from participating on any other similar contracts offered by any public school in Pasco County, FL. Contracts cancelled because of non-performance will be excluded from future business with the District for the full term of the contract plus one year.
- C) Venue for any and all legal action regarding or arising out of the transaction covered herein shall be solely in the appropriate Court in and for Pasco County, State of Florida.
- D) This contract is governed by the laws put forth by the State of Florida.
- E) The School Board normally issues payment for services within 30 days from receipt of invoices, provided the services have been received in a satisfactory and proper manner. No advance payments will be made.
- F) The company and/or individual shall remain independent and not an employee or agent of the Board for the purpose of providing services not otherwise available to the Board.
- G) DOH-Pasco) shall not assign, sublet, or otherwise dispose of, without first obtaining the written consent of the Board, any portion of services to be performed under this contract.
- H) DOH-Pasco shall comply with all applicable laws, ordinances, codes, and statutes of any and all local, state, or national governing bodies included within this section. DOH-Pasco shall comply with the regulations of the Civil Rights Act of 1964, in which no person in the United States shall on the grounds of race, creed, color, or national origin be excluded from participation in or be denied the proceeds of, or be subject to discrimination in the performance of this Contract.
- I) Children receiving treatment at DOH-Pasco will be accompanied at all times by a parent or by a level II screened employee of the District School Board of Pasco County.



Michael J. Napier, MS
Administrator, County Health Officer

6/3/13

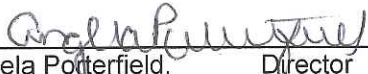
Date



Michael J. Woodall, CPPO
Purchasing Agent
District School Board of Pasco County

7-11-12

Date



Angela Potterfield,
Director
Early Childhood Programs

7/8/13

Date



REFERRAL FORM

CLIENT AND FAMILY INFORMATION

Please Type or Print Legibly

Client's Name	Date of Birth (mm/dd/yy)	Social Security Number	Medicaid Number
Parent/Guardian Name			
Telephone Number	Mailing Address		

Referred To:

Address:

From (name of person making referral):	Title:	Telephone Number:
Agency:		
Address:		

Reason for Referral/Notes to Referral Agency:

LIST SERVICES AUTHORIZED

Rate Authorized:

Applicable Medicaid Rate Up to _____ Dollars

Per Contract No Payment Authorized

If on Medipass or HMO, indicate authorization number

Medipass/HMO #: _____

Expiration Date: _____

Referring Person's Signature _____ Date _____

Response to Referral Originator:

Respondent's Signature _____ Date _____

CONTRACT REVIEWED
 AND APPROVED:
[Signature] 7.11.13

[Handwritten mark]



AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION

INFORMATION MAY BE DISCLOSED BY:

Person/Facility: _____ Phone #: _____
Address: _____ Fax #: _____

INFORMATION MAY BE DISCLOSED TO:

Person/Facility: _____ Phone #: _____
Address: _____ Fax #: _____

Other method of communication: _____

INFORMATION TO BE DISCLOSED: (Initial Selection)

____ General Medical Record(s), including STD and TB ____ Progress Notes ____ History and Physical Results
____ Immunizations ____ Family Planning ____ Prenatal Records ____ Consultations
____ Diagnostic Test Reports (Specify Type of test(s)) _____
____ Other: (specify) _____

I specifically authorize release of information relating to: (initial selection)

____ HIV test results for non-treatment purposes ____ Substance Abuse Service Provider Client Records
____ Psychiatric, Psychological or Psychotherapeutic notes ____ Early Intervention ____ WIC

PURPOSE OF DISCLOSURE:

____ Continuity of Care ____ Personal Use ____ Other (specify) _____

EXPIRATION DATE: This authorization will expire (insert date or event) _____. I understand that if I fail to specify an expiration date or event, this authorization will expire twelve (12) months from the date on which it was signed.

REDISCLOSURE: I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.

CONDITIONING: I understand that completing this authorization form is voluntary. I realize that treatment will not be denied if I refuse to sign this form.

REVOCACTION: I understand that I have the right to revoke this authorization any time. If I revoke this authorization, I understand that I must do so in writing and that I must present my revocation to the medical record department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company, Medicaid and Medicare.

Client/Representative Signature

Date

Printed Name

Representative's Relationship to Client

Witness (optional)

Date

Client Name: _____

ID#: _____

DOB: _____

CONFIDENTIAL REVIEWED AND APPROVED:

7-11-13

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District School Board of Pasco County

7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638 • 813/ 794-2000

Heather Fiorentino, Superintendent

www.pasco.k12.fl.us

Department of Prekindergarten Services Central 813-794-2730 West 727-774-2730 East 352-524-2730

2012-2013 HEAD START PROGRAM ACCEPTANCE/ORIENTATION NOTIFICATION

Dear Parent/Guardian:

Your child has been accepted into the **Pasco County Head Start Program**. We hope you share in our excitement as we look forward to working with you and your family. In order for your child to begin school, you and your child must attend Orientation which will be scheduled by your Family Services Worker or Social Educator. **It will be necessary for you to bring all of the required documents indicated below in order to officially register your child into the program.**

1. **Certificate of Immunization (Blue DH Form #680) Immunization must be complete or up-to-date and must contain a health professional's signature**
2. **Child Health Check-Up (Goldenrod DH Form #3040, or physician-signed form)**
3. **Child Health Information (Enclosed in red folder)**
4. **School Registration Packet (Enclosed in red folder)**
5. **Hemoglobin Result (Form enclosed, or you may use the provider's form) Hemoglobin must be dated within 1 year prior to entering Head Start.**
6. **Lead blood test results (Form enclosed, or health provider form, or physical form)**
7. **Dental Exam (Form enclosed, dated within 1 year)**
8. **ALL OTHER ENCLOSED FORMS NEED TO BE COMPLETED AND BROUGHT TO Orientation**

The purpose of Orientation is for you and your child to learn more about the Pre-K experience. Please try to refrain from bringing other children. **Orientation may last about 2 hours and will include:**

- Meeting your child's teacher
- Learning about the Head Start Program
- Completing and turning in required program paperwork
- Participating in Bus Transportation training
- Having your child measured for a bus safety vest (If applicable)

Family Label

Your child's teacher will be scheduling a home visit with your family during the first month of school. This is a requirement of your family's participation in Head Start. The purpose of the home visit is to learn more about your child's development and interests in a relaxed environment. During this home visit you will also be setting some family goals.

Families requesting Head Start enrollment in a school outside of their designated school zone CANNOT be guaranteed enrollment in the same school for kindergarten.

Please carry this letter with you to medical and dental appointments; it is your identification as an enrolled Head Start Family. If your address or telephone number changes, or if you do not intend to have your child attend this program, please notify Prekindergarten Services immediately!

We look forward to seeing you soon!

Rev. AR 1/17/12 FCP 112

CONTRACT REVIEWED AND APPROVED:
<i>[Signature]</i> 7.11.13

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7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638 • 813/ 794-2000

Heather Fiorentino, Superintendent

www.pasco.k12.fl.us

Department of Prekindergarten Services
 813/ 794-2730 Fax: 813/ 794-2736
 727/ 774-2730
 352/ 524-2730

2012-2013 Head Start Program Orientation Notification

Congratulations on your child being accepted into the Pasco County Head Start Program. In order for your child to begin school, you and your child must attend Orientation at the school as follows:

School Label

Child's Label

The purpose of Orientation is for **you and your child** to learn more about the Pre-K experience. **Please try to refrain from bringing other children. Orientation may last about 2 hours and will include:**

- Meeting your child's teacher
- Learning about the Head Start Program
- Completing and turning in required program paperwork
- Participating in Bus Transportation training
- Having your child measured for a bus safety vest (If applicable)

Your child's teacher will be scheduling a home visit with your family during the first month of school. This is a requirement of your family's participation in Head Start. The purpose of the home visit is to learn more about your child's development and interests in a relaxed environment. During this home visit you will also be setting some family goals.

Families requesting Head Start enrollment in a school outside of their designated school zone WILL NOT be guaranteed enrollment in the same school for kindergarten.

Please carry this letter with you to medical and dental appointments; it is your identification as an enrolled family. **If your address or telephone number changes, or if you do not intend to have your child attend this program, please notify Prekindergarten Services immediately!**

See additional information on the back of this letter if you are interested in transportation. Transportation is provided by the District School Board of Pasco County if you live within the boundaries of the school that you selected for your child.

We look forward to seeing you and your child at Orientation.

1/17/12

District Wide Accreditation • Southern Association of Colleges and Schools
 National Head Start Association Program of Excellence



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