DOCUMENT RESUME

ED 400 031 PS 024 214

TITLE EPSDT: A Guide for Head Start Programs.
INSTITUTION Administration for Children, Youth, and Families (DHHS), Washington, DC. Head Start Bureau.
PUB DATE [93]
NOTE 69p.
PUB TYPE Guides - Non-Classroom Use (055) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Child Health; Comparative Analysis; *Health Needs; *Medical Services; Program Development; Program Implementation; *Social Services; *Young Children
IDENTIFIERS *Early Periodic Screening Diagnostic and Treatment; Medicaid; *Project Head Start

ABSTRACT

This guide presents an overview of Medicaid's health programs for children: the Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) program. Written primarily for Head Start Programs that are interested in increasing access to preventive and treatment services for their Medicaid-eligible children, the purpose of this guide is to encourage and assist Head Start local education agencies, state and local health agencies, and other health and social service entities in becoming actively involved in their State EPSDT programs by using Head Start setting as one resource in a total system of health care. In addition, readers may use this guide to provide assistance to Medicaid agencies and Head Start programs interested in developing effective models for providing EPSDT outreach, case management, and service delivery. This guide is divided into four chapters. Chapter 1 presents an overview of the Medicaid system. Chapter 2 outlines EPSDT program activities such as screening services and continuing care. Chapter 3 discusses Head Start's roles in EPSDT, emphasizing outreach, case management, and service delivery. Chapter 4 provides examples of program linkages in Texas, Maine, Minnesota, Ohio, and Arkansas, and provides a comparison of these linkages to help Head Start programs understand the alternatives which may be available to them through the Medicaid program. Contains an appendix of regional contacts and state contacts. (MOK)

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A GUIDE FOR HEAD START PROGRAMS

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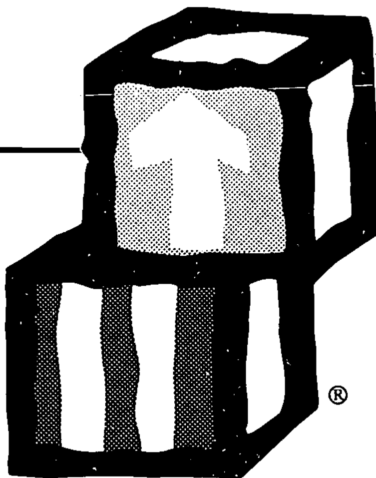
EPSDT

A Guide for Head Start Programs



A MESSAGE FROM THE HEAD START BUREAU AND THE MEDICAID BUREAU

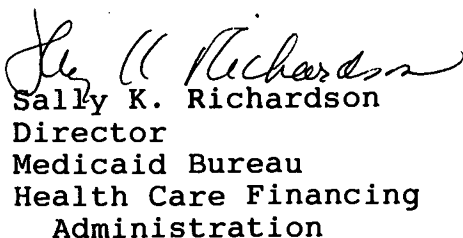
Head Start and Medicaid have a long history of working together to ensure that the health care needs of low income children and families are being met. Today, in this time of limited resources and expanding needs, it is more important than ever that local, State, and Federal programs join forces in order to better serve their target populations.

This guide presents an overview of Medicaid's health program for children: the Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) program. Its purpose is to provide general information about ways Head Start programs can access preventive and treatment services for their Medicaid-eligible children.

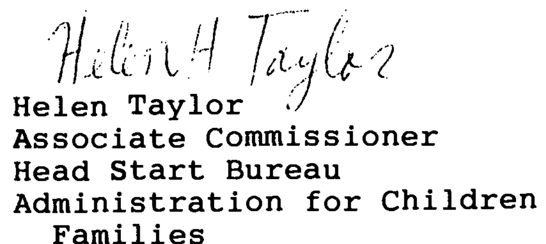
The guide does not have all the answers. However, it is intended to be used as a starting point for local, State and Regional programs as they develop or expand strategies for conducting ESPDT outreach and providing health services. Please do not hesitate to get in touch with the contact people who are listed in the text and its attachments. They can help you navigate the system by providing you with information on your State's program policy. Additionally, they may offer information on creative effective practices which can be useful.

We hope this guide will contribute to a fruitful dialogue in the interests of improving the health and well-being of children and families who need assistance the most.

Thank you so much for your help in this endeavor.



Sally K. Richardson
Director
Medicaid Bureau
Health Care Financing Administration



Helen Taylor
Associate Commissioner
Head Start Bureau
Administration for Children Families

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The purposes of the Medicaid program and the Head Start program are complementary to a high degree as both programs attempt to serve the health and developmental needs of young children. To the extent that some Head Start enrollees are also eligible for the Medicaid program, Medicaid can be used as an important resource for meeting the health care needs of certain Head Start children.

Consequently, the Health Care Financing Administration (HCFA) is committed to assisting Head Start in ensuring that the learning and developmental potential of Medicaid-eligible children is not threatened by poor health. Children receiving necessary health services are better prepared to succeed in Head Start, and in life. Since Head Start was established in 1965, it has recognized the importance of good health for a child's total development.

Head Start plays an important role in identifying children's health problems and improving access to a wide range of health care services. Head Start accesses many resources to finance health care and social services, including Medicaid. This guide was written to assist Head Start programs in developing linkages with Medicaid, particularly the Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) program.

Linking with EPSDT is beneficial to Head Start programs and to families because it provides for comprehensive health care, including preventive services, for Medicaid-eligible children up to age 21. Through EPSDT, Medicaid-eligible children receive health screenings, as well as medically necessary diagnostic and treatment services, for conditions identified through the screenings. The Head Start Health Performance Standards require that all children receive health screenings and any necessary treatment while they are enrolled in the program.

Purpose of the Guide

This guide is written primarily for Head Start Programs that are interested in increasing access to preventive and treatment services for their Medicaid-eligible children. The purpose of the guide is to encourage and assist Head Start, local education agencies, State and local health agencies, and other health and social service entities in becoming actively involved in their State EPSDT programs by using the Head Start setting as one resource in a total system of health care. Parents, providers of child care, community groups, and others may also find this guide helpful. In addition, Regional HCFA, Public Health Service, and State Head Start Associations may use this guide to provide assistance to Medicaid agencies and Head Start programs interested in developing effective models for providing EPSDT outreach, case management, and service delivery.

The purposes of this guide are to:

- Acquaint Head Start with the EPSDT program and the benefits of participating;
- Discuss how Head Start can develop or expand EPSDT outreach and health services programs (see Chapter 3);
- Provide examples of different types of linkages between Head Start and EPSDT programs; and
- Direct Head Start programs to additional sources of information.

The examples of linkages between the Head Start and Medicaid programs in Chapter 4 should provide Head Start programs with a sense of the different arrangements that are possible. In addition, each example includes a contact person who is available to answer questions and provide further information.

This guide does not provide all of the answers. It was jointly developed by the Medicaid and the Head Start Bureaus in an effort to promote the development of local Head Start-Medicaid linkages. However, Head Start and Medicaid programs will find it to their advantage to establish partnerships with other community child health programs as well, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Title V, and Part H and Part B of the Individuals with Disabilities Education Act (IDEA). The HCFA and ACF encourage the development of these partnerships. Each State and local area has its own unique health and Head Start delivery system which needs to be considered when developing or enhancing a collaborative program.

At the end of the guide are appendices providing additional resources which may be helpful in developing a well coordinated, effective Head Start health care and EPSDT program.

Head Start and Medicaid Eligible Children

In 1989, an average of 39 percent of eligible children not enrolled in a managed care or case management program received EPSDT initial and periodic screening services. To increase EPSDT participation, Congress mandated that the Secretary of the Department of Health and Human Services (DHHS) establish EPSDT participation goals. The goals require that, by 1995, all States screen 80 percent of eligible children. Many of the children served by Head

Start are Medicaid-eligible. In 1993, 68 percent of Head Start children were enrolled in Medicaid. Improved linkages between Medicaid agencies and Head Start programs will help States meet their Congressionally mandated goals.

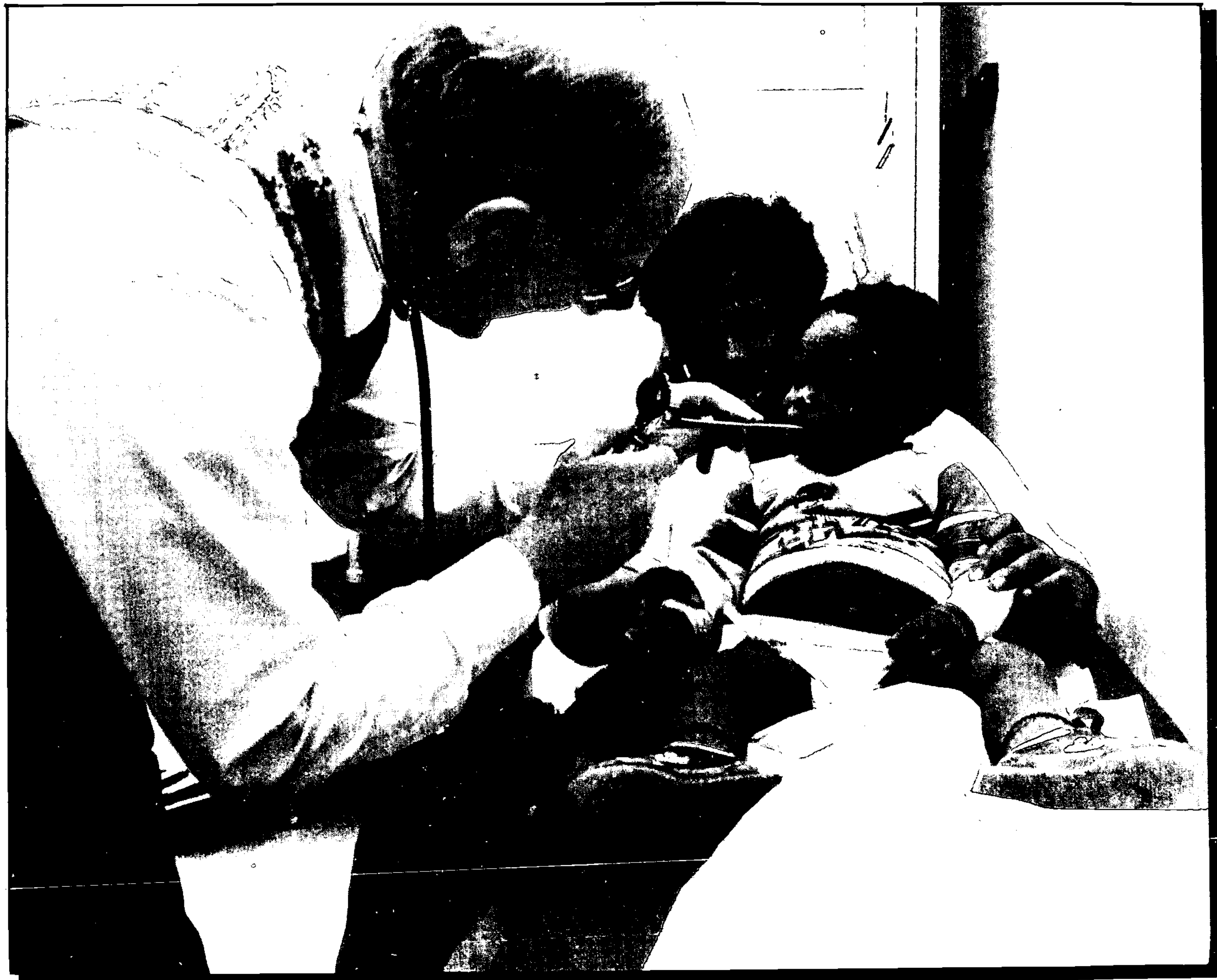
The Benefits of Head Start/EPSDT Linkages

Providers, including Head Start programs, may be reimbursed for preventive, treatment and other services provided to Medicaid-eligible children. Preventive health services are especially important for young children, since illnesses and disabilities not treated in childhood can easily become life-long health problems. The development of relationships with Medicaid providers offers an opportunity for Head Start to help link families to a network of health services, as required by the Head Start Performance Standards. These relationships can also improve the quality and scope of Head Start's health and disabilities functions.

Medicaid also serves as a resource to Head Start in providing health care to certain children with disabilities. Through EPSDT screening and diagnostic services, Medicaid-eligible children with disabilities can be identified and provided necessary treatment. EPSDT may cover case management services, which can be particularly important for children with disabilities who have complex health, education, and social service needs. Head Start staff, working in Social Services, Parent Involvement, Health, Mental Health, and Disabilities components, often perform the case management duties. Head Start/Medicaid linkages can also reduce duplication of services.

CHAPTER 1

EPSDT Program Elements



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The purpose of this chapter is to help Head Start better understand Medicaid and EPSDT services. Head Start personnel are encouraged to contact State EPSDT coordinators (see Appendix B) and other Medicaid agency staff for additional information.

Overview

Established by law in 1965, Medicaid is an entitlement program that finances medical services for certain individuals and families with low incomes and resources. Medicaid is a jointly funded Federal-State program that is administered by the States under broad Federal guidelines. The Medicaid program varies considerably from State to State, as each State adapts the program to meet local needs.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is the comprehensive child health component of the Medicaid program. EPSDT is a preventive and comprehensive health program available to most Medicaid-eligible individuals under age 21. EPSDT is called by different names in different states. The term EPSDT describes the program's goals and gives information regarding the services that it covers:

> Early: assessing a child's health early in life so that potential diseases and disabilities can be prevented or detected in the early stages, when they are most effectively treated.
>
> Periodic: assessing a child's health at key points in the child's life to assure continued healthy development.
>
> Screening: the use of tests and procedures to determine if children being examined have conditions requiring closer medical (including mental health) or dental attention.
>
> Diagnostic: determination of the nature and cause of conditions identified by screenings and those that require further attention.
>
> Treatment: the provision of services needed to control, correct, or reduce health problems.

In carrying out the Federal mandate to provide EPSDT services, States are responsible for:

- Seeking out eligible children and families to: encourage their participation in EPSDT, inform them of the availability and benefits of preventive services, provide assistance

with scheduling and transportation, and help them use health resources effectively and efficiently;

- Assuring that providers assess health needs through initial and regular periodic examinations; and

- Assuring that detected health problems are diagnosed and treated early, before they become more complex and their treatment more costly.

A State EPSDT program is often part of a larger network of social services and health programs for children and families. Coordination among administrative agencies is essential to prevent duplication and maximize access to services. Medicaid agencies are required to coordinate services with Maternal and Child Health (MCH) Programs, and WIC. Medicaid agencies are also expected to coordinate with additional programs such as Head Start, State and local educational agencies, and social service agencies. This coordination can include interagency agreements, cross-referrals, child health coordinating committees, and other activities that encourage coordination.

Eligibility: Who Can be Served?

Most children under age 21 who are eligible for Medicaid are automatically eligible for EPSDT services and can receive EPSDT services at any time. Family income is one of the main criteria used for eligibility determination, but not all children in families with incomes below the federal poverty level are eligible for Medicaid. The following are Medicaid eligibility groups that include children under age 21:

- Beneficiaries of Aid to Families with Dependent Children (AFDC);

- Supplemental Security Income (SSI) beneficiaries;

- Infants less than 1 year of age born to Medicaid-eligible pregnant women;

- Beneficiaries of adoption assistance and foster care under Title IV-E of the Social Security Act; and

- Infants and children under age 6 and pregnant women whose family income is at or below 133 percent of the Federal poverty level.

States are required to extend Medicaid eligibility to all children born after September 30, 1983, in families with incomes at or below 100% of the Federal poverty level. This phases in coverage so that by the year 2002, all children under age 19 in such families will be covered. In addition, States have the option to provide coverage to other groups of individuals.

Some States use their own money to expand coverage. A State can also receive a waiver from the Federal government to do this. Medicaid eligibility is a complicated subject and criteria vary significantly from State to State. Head Start programs should contact their State Medicaid office (Appendix B contains the phone numbers of State EPSDT Coordinators) for more specific information on Medicaid eligibility.

State EPSDT Requirements: What Services are Covered?

Each State must develop a State Plan which lists eligibility criteria, the services covered, and other information required by Federal regulations.

Like other health insurance programs, State Medicaid programs sometimes limit the type of services covered. Children eligible for EPSDT services may receive Medicaid coverage for services that are not covered for adults. States are required to cover the following services under the EPSDT program:

- Screening services, including: a comprehensive health and developmental history, including a physical and mental health assessment; a comprehensive unclothed physical examination; appropriate immunizations according to the Advisory Committee on Immunization Practices (ACIP), American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP) schedule; laboratory tests, including blood lead level; and health education, including anticipatory guidance.

- Dental services;

- Hearing services, including hearing aids;

- Vision services, including eyeglasses; and

- Any other necessary health care to correct or improve illnesses and conditions found in screenings.

The services are to be available in accordance with a State's periodicity schedule (or timetable). States must consult with medical and dental organizations involved in child health care to develop periodicity schedules. Screening services are also covered at times other than the regularly scheduled intervals, if there is reason to suspect an illness or condition that did not exist or was not identified at the regular periodic screening.

Diagnostic services are covered whenever a screening examination indicates the need to conduct a more in-depth evaluation. Treatment services are covered whenever they are medically necessary to correct or improve defects, physical or mental illnesses, or other conditions discovered or found to have worsened through an EPSDT screening.

Some support services are also required under the EPSDT program. Assistance with transportation and scheduling appointments must be offered and provided to ensure that beneficiaries have access to needed EPSDT services.

EPSDT Providers: Who Provides Services?

The use of all types of EPSDT providers is encouraged. Each State, however, has distinct licensing and certification rules. EPSDT services may be provided by physicians, dentists, or other types of providers, such as nurse practitioners in States where they are authorized to provide services. If more than one provider is needed to provide the full range of EPSDT services to a child, the services should be coordinated to ensure that the child receives all necessary services and to avoid duplication. Services may be provided within schools, Head Start programs, State and local health departments, managed care organizations, and physician offices.

Reimbursement under Medicaid

States pay providers for Medicaid services and then are reimbursed by the Federal government for a share of the costs they incur for Medicaid activities. Some administrative expenses for functions such as outreach, follow-up, eligibility determination, provider relations, and some transportation activities, are usually reimbursed by the Federal government at a rate of 50 percent. Expenditures for medical services, including screening, diagnosis, and treatment, are reimbursed by the Federal government at State-specific rates. This rate varies from 50 to 83 percent with poorer States receiving a higher rate for the cost of Medicaid medical services and wealthier States receiving a lower rate.

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Key Medicaid Principles

When developing linkages to Medicaid, Head Start programs must follow certain fundamental Medicaid principles. The fundamental principles are:

- Preserving confidentiality;
- Billing liable third parties;
- Reimbursing for services that would not otherwise be provided without charge;
- Assuring beneficiary freedom of choice of providers.

Preserving confidentiality is important to both Head Start and Medicaid. Medical information is privileged and, in most instances, is only released with the parent's permission.

Probably the most difficult issue for Head Start programs regarding confidentiality has been how to identify Medicaid-eligible children. In some States, if Head Start programs are involved in Medicaid administrative activities, such as outreach or certain case management activities, the Head Start program may obtain lists of Medicaid-eligible children from the State. Otherwise, Head Start programs may only request information to verify Medicaid enrollment status. Head Start programs should contact their Medicaid agency for requirements for release of information.

Medicaid providers are normally responsible for billing liable third parties, such as private health insurance, before billing Medicaid. However, an exception is made for preventive pediatric care, including early and periodic screening and diagnostic services. For preventive pediatric care, the provider can bill Medicaid first. Medicaid then pays the claim to the provider and seeks reimbursement from liable third parties. This is known as "pay and chase." This exception applies to treatment whenever the treatment is provided by the same provider who performs the early and periodic screening and diagnostic services.

The Federal government does not generally match State expenditures for services to Medicaid eligible children that are available to others without charge. Exceptions to this principle include many services furnished by local health departments and certain services to children with disabilities provided under IDEA that are specified in a child's Individual Education Plan or Individual Family Service Plan.

Finally, in the absence of certain Federal waivers, including those for managed care arrangements, Medicaid beneficiaries have the freedom to choose their providers. Head Start programs may encourage, but may not require, Medicaid-eligible children to receive EPSDT services through the Head Start program.

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CHAPTER 2

EPSDT Program Activities

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Head Start programs can play a role in many of the EPSDT activities, especially outreach, case management, screening, diagnosis, and treatment.

Outreach/Informing

States conduct outreach activities to inform and recruit eligible individuals into the Medicaid program. In addition to broad-based outreach, States are required to ensure that all eligible Medicaid beneficiaries under age 21 be informed about EPSDT within 60 days of Medicaid eligibility determination. Both States and providers inform eligible individuals about the program and emphasize the importance of preventive health care.

Head Start programs can help to inform eligible children and families about the EPSDT program. The major advantage that Head Start programs have in this activity is their daily physical access to young children and their parents. Head Start programs can also reach siblings who are not in Head Start. See Chapter 4 for further information about linkages between Head Start and Medicaid.

Eligibility Determination

Medicaid eligibility, which includes EPSDT services, is generally determined by a local social service agency. If a child is determined to be Medicaid eligible, the family is informed of the EPSDT program. They decide whether or not to participate in the EPSDT program. The initial decision to decline EPSDT services does not preclude a child's obtaining such services at a later time.

Participation

Head Start programs may play a role in encouraging EPSDT participation. Head Start can assist families who accept EPSDT services by arranging an appointment for a health screening. They can also obtain lists of Medicaid providers (including managed care entities) from the Medicaid agency to help families select providers.

Scheduling an Appointment and Transportation

The family can make an appointment for screening services independently or the Medicaid agency staff can help set up an appointment for the child. The Medicaid agency must offer and provide transportation assistance to appointments to those in need. Head Start programs may be able to be reimbursed for providing scheduling and transportation assistance as a part of the health services they provide in the health component of the program.

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It's Head Start recruitment time. Carlos' mother, who works at the local dry cleaning store, takes him to the neighborhood Head Start center to enroll him for next September. The Social Services Coordinator, Rebecca, conducts the intake interview. To determine if Carlos is eligible for Head Start, she asks for the family income. Carlos' mother replies that together, she and Carlos' father earn $13,500, which is just over the poverty line for a family of three. Rebecca knows that she can accept Carlos into the Head Start program because 10 percent of the children enrolled can be from families with incomes over the poverty guidelines.

Rebecca is interested in meeting all of the family's needs, and during the interview discovers that the family does not have health insurance that covers Carlos. Rebecca sees that the family income is below the income eligibility guidelines for Medicaid, which is 133 percent of the poverty line - $16,386 for a family of three. Rebecca tells Carlos' mother about the Medicaid program. She emphasizes the importance of the comprehensive preventive health services available through Medicaid's EPSDT component. Carlos' mother is very interested in applying for the Medicaid program so she can be sure Carlos receives all of his health screenings and immunizations. Together, Rebecca and Carlos' mother call the local Medicaid office to make an appointment. Rebecca assures Carlos' mother that she will help her collect the necessary documents before the appointment.*

In some States, Rebecca could have done even more to help families like Carlos'. Some States allow families to mail their Medicaid applications, which makes the process easier on working families. In one of these States, Rebecca could have assisted Carlos' mother in completing the Medicaid application that same day.

Center on Budget and Policy Priorities, Start Healthy, Stay Healthy, August 1994.

**Note: Medicaid income eligibility guidelines may vary from State to State. All States must provide Medicaid coverage to children under age six from families with incomes below 133 percent of the poverty line. A number of States have expanded the income eligibility guidelines for this group.*

Screening

Usually the most common activity for Head Start programs participating in the EPSDT program is providing screening services. These include:

- A comprehensive health and developmental history, which includes a physical and mental health assessment;
- A comprehensive unclothed physical exam;
- Appropriate immunizations according to the (ACIP-AAP-AAFP) schedule;
- Laboratory tests, including blood lead level; and
- Health education, including anticipatory guidance.

Although an oral screening examination may be part of a physical examination, it does not substitute for examination by a dentist. Both the Head Start Performance Standards and the Medicaid periodicity schedule require a dental examination.

Assessment of Results

Results of the screening tests and procedures are noted in the child's health record. In those cases where results do NOT indicate the need for further assessment by a health professional, the Medicaid agency or Head Start program need only notify the child or family when the next periodic screening examination is due.

Cases where problems are indicated are referred for diagnosis. In some cases, diagnostic and treatment services are provided by the provider who completed the screening.

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Jonathan, who is four years old, recently moved to the area. He is late enrolling in the Head Start program, which is home based. The home visitor meets with his mother, who mentions during their conversation that Jonathan is a very picky eater and seems to tire easily. The Home Visitor asks if the family has a health care provider. Jonathan's mother explains that, before they moved to the area, they applied for Medicaid but were denied coverage. Although she does not recall the reason for the denial, she remembers that she had to bring a lot of papers along when she applied.

During her next scheduled visit, the Home Visitor brings an application for Medicaid. She helps Jonathan's mother fill out the application, and assembles the papers she will need when she turns in her Medicaid application. The Home Visitor also explains the EPSDT program to Jonathan's mother. Both she and Jonathan's mother are very happy when they find out that the family has been determined Medicaid eligible.

Diagnosis

The purpose of diagnosis is to determine the nature, cause, and extent of the problem found by the screening examination. Diagnosis may result in the development of a plan for treatment.

Treatment

Treatment services are covered whenever they are medically necessary to correct or improve defects, physical or mental illnesses, or other conditions discovered through an EPSDT screening.

Providers may not be limited to those qualified to furnish all diagnosis and treatment services. However, children with a family health care provider will receive most of their EPSDT screening, diagnosis, and treatment services from the same provider.

Continuing Care

Ideally, EPSDT services are part of a continuum of care where the child's health care services are delivered by someone familiar with the child's health history and family. Beneficiaries of EPSDT services have the option of enrolling with a continuing care provider who can furnish the full range of EPSDT screening, diagnosis, and treatment services. The provider may provide medical and dental services and assistance with transportation and scheduling. Continuing care providers, such as Head Start, schools, pediatricians, other physicians, managed care organizations, and community health centers, help further the EPSDT goal of connecting children and families with a regular source of health care.

Periodic Renotification

At intervals set by each State, eligible children should be rescreened in order to optimize preventive health efforts. These intervals are relatively short in the first few years of life and get longer as the child gets older. The State is responsible for ensuring that renotification occurs. Many States use contractors to conduct periodic renotification.

The periodic notification process has three purposes: to inform children and families that the next screening examination is due, to remind them of the benefits of participating in EPSDT, and to offer necessary support services for them to successfully complete the screening examination.

Medicaid Managed Care

For this guide, managed care is broadly defined as an arrangement among the State Medicaid agency, the Medicaid beneficiary, and a provider or set of providers that are responsible for the individual's health care. The provider may be reimbursed based on a capitated rate (lump sum), as is done in a Health Maintenance Organization (HMO), or based on fee-for-service.

There are varying degrees of coordination between managed care organizations and Head Start programs. It is important for Head Start to establish a relationship early with a managed care organization in which its students are enrolled. The State Medicaid agency can be helpful in developing an arrangement that is workable for all concerned parties. Arrangements for the reimbursement for care provided can take different forms. The Head Start program can be reimbursed by the managed care organization or the Head Start program can be reimbursed by the State Medicaid agency directly - a common arrangement in rural areas. In some cases, the Head Start program may be prohibited from providing services to the managed care enrollees. In this instance, the Head Start program should work

closely with the managed care organization to ensure there are procedures in place for the sharing of pertinent medical information (with parental permission and in accordance with State confidentiality requirements).

Devonna is a three year old who is entering Head Start this fall. Although she has been diagnosed with allergies and asthma, and has been enrolled in Medicaid for six months, she does not have a regular on-going source of medical care. Recently, the State changed its traditional Medicaid program to a managed care program.

After Devonna enters Head Start, the Health Coordinator, Karen, sits down with Devonna's mother and provides her with information about the various health plans available under the new State Medicaid program. Prior to the meeting, Karen contacted each of the Health Plans to make sure they could provide for all of Devonna's health care needs, especially those related to her asthma and allergies.

Devonna's mother and Karen go over the information very carefully, and after much discussion, decide that Company A can best meet Devonna's health care needs. Karen works with Devonna's family throughout the school year to make sure they have all the necessary forms completed for enrollment and to answer any questions. She also makes a note in Devonna's record to arrange a follow-up meeting with the family later in the school year to make sure they are satisfied with the care Devonna is receiving.

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CHAPTER 3

Head Start's Role in EPSDT

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Introduction

The health of children has been recognized as important by child developmental specialists, educators, and health professionals. Head Start programs are key links in improving child health because of the health component and because Head Start personnel are in regular contact with young children and parents.

This chapter describes the three major roles Head Start programs can play in EPSDT: outreach, case management, and service delivery. EPSDT services may be part of an overall Head Start health program that draws on multiple funding sources (e.g. Medicaid, private insurance, and Head Start funds) and builds on existing community providers.

Outreach

Head Start programs provide information to Head Start families about the importance of preventive health care. As a part of health education to families and EPSDT outreach, Head Start programs can encourage participation in EPSDT. Key parts of an outreach strategy include: describing what EPSDT is, promoting the advantages of early detection and treatment, describing ways to participate, and listing the EPSDT and support services that are available. The following outreach activities can be conducted by Head Start:

- Contacting children and families by telephone or letter to inform them about EPSDT;
- Organizing parent groups or individual parents to reach out and encourage other eligible parents to participate in Medicaid and EPSDT;
- Developing and distributing posters, booklets, and related educational materials that inform the community about the benefits of EPSDT;
- Conducting health fairs on child health which emphasize preventive health care and promote EPSDT;
- Helping families prepare an application for the program; and
- Scheduling appointments.

Many of these activities are a part of the health education and health services already provided by Head Start programs. Before developing a strategy for conducting EPSDT outreach activities, a Head Start program needs first to identify existing community outreach programs to prevent duplication of services. A good starting place is to contact the State Medicaid and Maternal and Child Health (MCH) agencies. Since State MCH programs are required to conduct a needs assessment, they have useful information on health care needs and resources throughout the State.

Travis just turned five years old and will enter kindergarten in the fall. He has attended Head Start for the past two years. This year, while receiving a routine Medicaid/EPSDT dental screening, Travis was found to have dental problems that will require extensive treatment over the next few months.

During the spring, the Health Coordinator reviews his health records to make sure all documentation of screenings, immunizations, and treatment (especially his dental treatment) is included in his file. She also talks to Travis' parents to find out where Travis will be attending kindergarten. The kindergarten is located in a school district that is also a Medicaid provider. The Health Coordinator and Travis' mother contact the local school district to set up a meeting to discuss Travis' ongoing dental treatment. Travis' mother signs the request to forward his records on to the school district and, when the Head Start program ends for the year, the Health Coordinator forwards the records.

Case Management

The purpose of EPSDT case management is to assist enrollees through the often confusing system of health and related services in their communities. Since EPSDT screening, diagnostic, and treatment activities are frequently not conducted at one time or in one place, case management is important to ensure that a child receives appropriate services on a timely basis. Among other activities, case managers:

- Assist families in identifying and choosing providers;
- Use the Head Start program as a resource in scheduling appointments and in providing transportation;

- Facilitate contact between the EPSDT program and the family to verify what activities have taken place, to maintain records, and to assure a timely flow of information;
- Conduct follow-up to assure children receive needed diagnosis and treatment; and
- Help families maintain contact with providers, and
- Provide ongoing counseling to answer questions and reduce fear and confusion.

Head Start programs are well suited to assist in the case management role. Head Start programs currently perform a variety of administrative tasks that are similar to case management services needed for EPSDT. Head Start programs should contact their Medicaid agency to explore reimbursement for these activities.

Service Delivery

There are three basic roles for Head Start programs in delivering EPSDT services to children:

1) Providing screening and referrals;
2) Providing screening and some treatment services; and
3) Full-scale service provision.

To conduct EPSDT screening services at the Head Start program, Head Start must employ or contract with qualified health personnel who are Medicaid providers. In some States, Head Start programs may use nurses or nurse practitioners to conduct EPSDT screenings on-site. Children are referred to community providers for diagnostic and treatment services when such services are not available at the Head Start program.

In order for Medicaid to pay for services provided by Head Start, there must be a provider agreement between the State and the actual provider of services. If the Head Start program employs health professionals, the Head Start program may qualify as the provider, bill Medicaid, and receive payment. Where the Head Start program contracts with the necessary health professionals to provide discrete Medicaid services (e.g., physicians services, physical therapy, or speech therapy) the provider agreement must be executed between the State Medicaid agency and the health professional. If the Head Start program bills for the services provided by health professionals under contract, there must also be an agreement for voluntary reassignment of payment between the provider and the Head Start program. Above all, Head Start programs should work with their State's Medicaid agency, as well as HCFA, to determine the most viable means of establishing Head Start/EPSDT health programs.

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Although all the possible variations of these three basic service delivery roles cannot be cited in this guide, the examples provided in Chapter 4 may prove useful to Head Start staff seeking to increase participation in EPSDT. Staff should keep in mind that there is no one "best" or "correct" way for Head Start programs to relate to EPSDT.

Melissa is a four year old girl who has been enrolled in the Head Start program for about 30 days. During this time, both through direct observation and interview with her family, the Head Start staff have developed specific concerns about Melissa's extremely aggressive and self-abusive behaviors, displayed both at school and at home. The Head Start mental health consultant conducts a screening and determines that further mental health evaluation is necessary. The Health Coordinator arranges to meet with Melissa's parents to discuss the results of the screening and to obtain permission for further assessment.

The Health Coordinator learns that Melissa is enrolled in the Medicaid program, and has had dental services covered by EPSDT. She would like to explore if EPSDT can cover the costs of mental health assessment and treatment, if necessary. The Health Coordinator calls her contact at the local mental health center and learns that the State Medicaid agency will first have to make a determination about whether the assessment/treatment is medically necessary. She then speaks with the mental health consultant who conducted the screening. The consultant contacts the local Medicaid agency to begin the process of getting approval for further medically necessary evaluation and treatment.

Within a few weeks, the Medicaid agency approves the provision of mental health treatment. With permission from Melissa's mother, the health coordinator follows up with the mental health provider and invites her to meet with Head Start staff. The mental health provider visits and recommends program modifications designed to help Melissa develop more appropriate social interaction skills. The mental health provider agrees to visit the Head Start program bi-weekly to consult with staff on Melissa's progress. The initial visits and follow-up consultations are paid for by Medicaid.

CHAPTER 4

Examples of Program Linkages

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Introduction

Head Start and Medicaid programs have collaborated in a variety of ways in locations across the country. This chapter describes and compares several examples of linkages between local Head Start and Medicaid programs. While not an exhaustive list, these particular examples were chosen because they demonstrated the scope of possible arrangements for these partnerships. Although the number of examples provided in this guide is small, these examples may contribute to an understanding of workable, practical approaches to building relationships between Medicaid and Head Start.

When reviewing the examples, Head Start programs should consider the following questions about the structure of the linkage:

- What EPSDT-related services are provided in the Head Start program?
- Which services are reimbursed by the Medicaid program?
- What types of providers are used?
- Who bills Medicaid for services?
- How will Head Start serve children whose families choose other providers or who may be served by Medicaid managed care arrangements?

These questions will be examined more fully in the comparison that follows the descriptions of the individual partnerships.

Examples of Linkages

AUSTIN, TEXAS

Summary

Child Incorporated (Child Inc.) in Austin, Texas, is a large, private, non-profit corporation providing Head Start services to over 1,500 children annually. Ninety percent of Child Inc. families meet the Federal poverty guidelines. Child Inc. became an EPSDT enrolled provider in June 1990. Child Inc. contracts with a private medical clinic to provide EPSDT screenings primarily through health fairs during Head Start enrollment. Outreach and case management are provided by Child Inc. staff. Child Inc. captures EPSDT reimbursement for health care services, such as the health screenings, and some treatment for acute health problems like middle ear infections.

Description

Child Inc. provides outreach, case management, and screening services to approximately 1,500 children enrolled in Head Start. Approximately 550 children and their families are enrolled in Medicaid. Each year when Child Inc. enrolls children in the Head Start program, approximately thirty percent are already enrolled in Medicaid and another 10 percent are provided assistance with enrollment. Other children use private providers, HMO's, or other managed care organizations for these services. Child Inc. has discovered that many families have access to these other providers, and that Medicaid policy directs that each family be able to choose from available providers. Child Inc. uses health component funds to pay for physicals if a child has no other provider and does not qualify for Medicaid.

Screening and diagnostic services are provided through a contract with Child Inc. by a Children's Evaluation and Therapy Center. The Children's Evaluation and Therapy Center is staffed by nurse practitioners, a physician, an audiologist, and an occupational therapist.

During enrollment each year, the Child Inc. staff organize a health fair for each Head Start center. Each child who is enrolled during the health fair in the Head Start program receives a medical screening, which includes a comprehensive physical, mental health and developmental history and assessment, laboratory tests (including lead screening), and vision, hearing, and dental screening. The Head Start physical meets all the requirements of the EPSDT comprehensive unclothed physical exam. If children do not receive the physicals at the time of enrollment, then health services are provided on site in the Head Start Center. If a family uses another provider to conduct the child's required physical examination, they may bring the results of the physical examination to Child Inc. or sign a release allowing Child Inc. to request a report from the provider.

Some treatment is provided by the physician and the nurse practitioners through the evaluation and therapy medical clinic. However, most of the treatment services are provided by private providers, such as hospitals or local physicians in the Austin area. Child Inc. establishes a log of services performed on each Head Start child which enables the staff to track the health status of each child and make referrals as needed for further diagnosis and treatment. The Health Coordinator and the health component staff make referrals and schedule appointments when treatment services are needed. Transportation is provided to treatment services by Child Inc. if the family does not have its own transportation and if another agency does not provide transportation.

In Texas the overall administration of the Medicaid program is the responsibility of the Department of Human Services, which contracts with a private insurance company to recruit providers, to make payment to providers, and to conduct provider relations. Child Inc. processes the billing statements for the EPSDT services provided to the Head Start children. All billing statements are forwarded to the private insurance company that performs claims payment. Overall, Child Inc. recovers a small portion of the total cost of the mandatory physicals through the EPSDT reimbursement.

For more information, please contact:

Stuart W. Reynolds, Ph.D.
Health Coordinator, Child Incorporated
818 East 53rd Street
Austin, Texas 78751
(512) 451-7361

MAINE

Summary

In the State of Maine, an agreement between the Bureau of Medical Services and the State Office of Head Start enables the 13 Head Start Programs in the State to provide and bill for EPSDT outreach, case management, screening, diagnostic, and treatment services. (The interagency agreement has been in effect since March 1993.) The Bureau of Medical Services administers the Medicaid program in the State of Maine, including provider enrollment and reimbursement. A Head Start Collaboration Project funds the position of Director of the State Office of Head Start. The Director is responsible for coordinating and developing integrated policies and guidelines for the provision of EPSDT services in the 13 Head Start Programs in the State. These Head Start Programs are reimbursed for both administrative and targeted case management.

Description

The State Office of Head Start reports that 81 percent of the State's 3,000 Head Start children are enrolled in Medicaid. Each of the 13 Head Start programs bill for a full range of EPSDT services on the HCFA Form 1500.

In the area of outreach, the Maine Head Start programs bill for such activities as: informing Medicaid eligible families about the Medicaid program; informing Medicaid

eligible pregnant women of the EPSDT program for children under the age of five; developing and disseminating materials to families who for any reason cannot read or understand printed material; informing eligible families about transportation opportunities; and developing transportation resources for Medicaid eligible families.

Case management in Maine's Head Start programs is discussed at length because, at the time of this manual's publication, very few Head Start Programs are being reimbursed for case management. Case management is reimbursed under the heading of administrative case management or targeted case management. Administrative case management involves the activities related to the Preventive Health Program. The service is designed to assure the availability and accessibility of required health care resources and to help families use the services which are available to them for the health of their child. Administrative case management is reimbursed according to a standard percentage determined by studies of time spent on Medicaid reimbursable functions. Targeted case management is reimbursed according to the actual amount of time devoted to managing the case of a particular Head Start child. Case management is typically conducted by staff in the Health, Social, and Parent Involvement components.

Service delivery varies considerably in the 13 Head Start programs, although the typical services include health screening, examinations, treatment, and counseling. The agreement between the State Office for Head Start and the Bureau of Medical Services includes an integrated program for services to children with disabilities who qualify under P.L. 99-457. Examples of services under screening, treatment, and counseling include vision and hearing screening, primary health care services, EPSDT partial screenings, speech therapy, occupational therapy, physical therapy, psychological testing and evaluation, and counseling for children and their parents. The providers who serve the 13 Head Start Programs include staff hired by Head Start and staff contracted by Head Start.

For additional information, please contact:

Nancy Fossett
Director, Maine State Office of Head Start
Department of Human Services
Bureau of Children and Family Services
221 State Street
Augusta, Maine 04333
(207) 287-5060

MINNEAPOLIS, MINNESOTA

Summary

Parents in Community Action, Inc. (PICA) Head Start serves over 2,000 low-income children and families in Hennepin County, Minnesota. The Department of Human Services (DHS) manages Medicaid EPSDT and contracts with providers to provide screening services. PICA has been a Medicaid EPSDT service provider since the 1970's. In the beginning, PICA received reimbursement for outreach, vision and hearing, heights and weights, and developmental screenings. Local providers (i.e., physicians, nurse practitioners, and dentists) would provide immunizations, physical examinations, laboratory tests, and other screenings. Those providers would bill for their services. In the late 80's, DHS stopped reimbursing PICA and other providers for outreach but continued reimbursement at a negotiated rate for the other screenings. Counties now receive funding to provide outreach.

EPSDT, now called Child & Teen Check Up, has changed in Minnesota. Most Medicaid clients in Minnesota are pre-placed in Managed Care Plans with some exemptions from this rule, for example, foster care children. In Hennepin County, there are three Plans, U-Care (affiliated with the University of Minnesota), Metropolitan Health Plan (MHP, affiliated with Hennepin County), and Medica (a physician payer organization). PICA bills the State of Minnesota for screening for those children who are exempt or who haven't chosen a Plan. If a child is on a Plan, PICA cannot receive reimbursement from the State. DHS has made provision in its contracts with each Plan that services may be subcontracted. After three years negotiation, PICA secured a contract with one of the Managed Care Plans and bills for screening and psychological services. PICA is still in negotiation with the other two plans.

Description

At Parents in Community Action, Inc. (PICA), EPSDT or Child & Teen Check Up screening is only one part of the agency's mission to serve children and families. The screening (later assessments and diagnosis, if necessary) occurs in collaboration with parents, the child's primary health care provider, and PICA's staff. When enrolling at PICA, a child is required to have a complete physical examination. They are also given plenty of time to be screened. If a child is ill or timid, staff can attempt the screening on another day. And because PICA provides door-to-door transportation, missed appointments are never a problem; if one child is missing, another child can

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be screened instead. And finally, because the environment is supportive and children see classmates being screened, they are more receptive to the process and cooperate when it is their turn.

Once children are screened, the results are shared with the child's parent(s)/guardian and are managed in a computer tracking system. If the results are abnormal, the parent(s)/guardian is advised to bring the information to the child's primary health care provider. PICA staff ensure that any screening abnormality is followed-up. Each classroom is made up of a head teacher, assistant teacher, an advocate, and driver. Working with the parent(s)/guardian, the team helps to get the child to the child's primary health care provider. For example, the driver may give the parent(s)/guardian and child a ride to an appointment, or the advocate may arrange for translation services for a non-english speaking parent(s)/guardian. If a abnormality is discovered using the developmental screening, the head teacher observes the child, gathers more information, and then completes a detailed assessment. If more resources are required, PICA has, in a collaboration with the Minneapolis Department of Health and Family Support, two half-time public health nurses available to assist the team members to follow-up on the screening.

If the provider does find a health problem, this information is used in developing a child's Individual Education Plan (IEP), a tool developed jointly by the parent(s)/guardian and staff for all PICA children. If there is a health problem, adaptations are made for that child.

For more information, please contact:

Bryan G. Nelson
Director of Health and Transportation Services
Parents in Community Action, Inc.
700 Humboldt Avenue, North
Minneapolis, Minnesota 55411
(612) 377-7422

PORTSMOUTH, OHIO

Summary

The Portsmouth City Health Department, through an Agreement with the Scioto County Head Start Program in Portsmouth, Ohio, conducts physicals on children prior to their enrollment in Head Start. However, in compliance with Medicaid policy, all

families are allowed to choose any Medicaid provider available to them. In June, parents who are interested in enrolling their children in the Head Start Program in August are provided applications.

Parents are oriented concerning the requirements for enrollment when they receive the application packet. The parents who are interested in enrolling their child in the Scioto County Head Start Program are directed to take their child to the City Health Department or a provider of their choice for a physical. The City Health Department is a Medicaid enrolled provider, and 95 percent of the children enrolled in the Head Start program are Medicaid eligible. Although the Scioto County Head Start Program does not capture any Medicaid reimbursement for outreach, case management, or service delivery, all children who are enrolled obtain physicals at no cost to the Head Start Program.

Description

Starting in May or June, the Scioto County Head Start Social Services Component begins an outreach program to recruit children and their families for enrollment in the Head Start program. Parents are provided application packets at that time. The packets contain an application for enrollment, a pre-enrollment form for WIC, a directory of services in the community, and other brochures concerning immunization, well child clinic, poison control, and others. The packets also contain information concerning the Medicaid program, including how to enroll.

An enrollment letter accompanying the application packet tells parents how to proceed. Parents must complete the pre-enrollment forms and provide proof of income, copies of insurance or Medicaid cards, and copies of the child's birth certificate and immunization record. After the Head Start program has processed the enrollment application, parents are notified to pick up physical and dental forms and complete the application forms. Parents will be notified of the child's orientation date after Head Start receives completed physical and dental forms.

All of the information obtained on the children is placed on a computer. Scioto County Head Start reports that they get 95 percent of the applications returned with completed physicals and dental screening. If a parent does not return the application or the completed physical and dental forms, the child is placed on a waiting list and the Head Start program continues to contact the parent.

The Health Coordinator of the Head Start program reviews the application and physical and dental forms. Then, if the child needs further diagnostics or treatment,

arrangements are made for the child to receive the necessary services. Head Start case management may identify children who need further health or mental health services, arrange appointments for children, provide transportation, and make follow-up appointments as needed.

The City Health Department conducts most of the physicals on children who enroll in Scioto Head Start. The City Health Department is an enrolled Medicaid provider, and receives reimbursement for performing Head Start physicals. The health department has physicians, nurses, nurse practitioners, and a speech and language pathologist on staff. The Scioto Head Start is not an enrolled Medicaid provider.

Scioto County Head Start has been involved with the linkage with the Portsmouth City Health Department for seven years and finds the collaboration and networking to be extremely valuable for the health of the children enrolled in the program. In addition, the Head Start program is linked with the local Department of Human Services to facilitate the enrollment of children and their families in the Medicaid program.

For additional information, please contact:

Patricia Yinger
Head Start Director, Scioto County Head Start
CAO Head Start
Post Office Box 1525
Portsmouth, Ohio 45662
(614) 782-6341

RUSSELLVILLE, ARKANSAS

Summary

Child Development Incorporated (CDI) in Russellville, Arkansas, has three nurses on staff who work in conjunction with a local physician to conduct Head Start physicals. The local physician volunteers his time to work with the CDI nursing staff to conduct physicals in 11 counties for 951 children. The Head Start physicals are equivalent to the EPSDT comprehensive unclothed physical exam. CDI bills Medicaid for children who are eligible for Medicaid, but are not being served by another Medicaid provider or managed health care organization. Parents are given the choice of which provider they go to for the Head Start physicals. However, CDI reports that very few of its children have other providers or are enrolled in a managed health care organization.

Description

In early spring, CDI starts their outreach program to recruit children for enrollment in Head Start in August. During the recruitment phase, parents are encouraged to apply for Medicaid if they are not currently eligible. In August, CDI staff organize an enrollment day during which 70 to 75 percent of the children are given Head Start physicals. The Head Start physicals are equivalent to the EPSDT comprehensive unclothed physical exam. Four teams of CDI staff conduct the physicals in 11 counties on 951 children. CDI has been billing Medicaid for the health screenings for four years. This year the local health department in each county is making a nurse available during the physicals to give immunizations and to enroll eligible children and their parents in WIC. The remaining 25 to 30 percent of children who do not receive physicals during enrollment receive physicals in the Head Start Center. All physicals are completed within the 45 days of enrollment as required by the Health Component Performance Standards.

All Medicaid billing is done electronically by computer. Billing information is transferred by modem to the main frame computer of the Arkansas Department of Human Services. The Arkansas Department of Human Services is the agency that administers Medicaid reimbursement.

If a child is identified as needing further evaluation or treatment, the child is referred to the local health department or to a private provider. If a child is not Medicaid eligible, the child and parent are assisted in obtaining financial assistance to pay for the needed services. At the present time, CDI does outreach and case management but is not reimbursed for it by Medicaid.

For additional information, please contact:

Mary Lynne Hawkins, R.N.
Health Coordinator
P.O. Box 2110
Russellville, Arkansas 72801
501-968-6493

Comparison of Linkages

The purpose of this comparison is not to evaluate which program has created the most effective linkage or which program most effectively captures Medicaid reimbursement for the services provided. The purpose of the comparison is to help Head Start programs understand

the alternatives which may be available to them through the Medicaid program. The comparison is organized utilizing the five questions listed in the introduction of this chapter.

1. What EPSDT related services are provided in the Head Start Program?

The three services typically included in the Medicaid program are outreach, case management, and service delivery. Service delivery may include screening and referral, screening and treatment, or providing full scale services.

The most common EPSDT related service provided by Head Start is the physical examination. Head Start programs may hire staff to conduct the physicals, contract with a local provider, or conduct a portion of the services and contract for others. The Scioto Head Start Program in Portsmouth, Ohio, requires children to have completed a physical before they enroll. The Portsmouth City Health Department, which is a Medicaid enrolled provider, conducts most of the physicals for Scioto Head Start's children. In Russellville, Arkansas, CDI has three nurses on staff working with a physician who donates his/her time to conduct physicals for Head Start children.

Since Head Start also typically does outreach and case management for its own programs, most Head Start programs are well established to incorporate EPSDT outreach and case management. Many Head Start programs currently encourage Medicaid enrollment and perform EPSDT case management activities, such as making arrangements for treatment and providing transportation to appointments.

2. Which services are reimbursed by the Medicaid program?

Service delivery is the most common EPSDT related service reimbursed by Medicaid. Service delivery reimbursements include Head Start physicals and some treatment of acute medical problems. Child Inc. in Austin, Texas, CDI in Russellville, Arkansas, and PICA in Minneapolis, Minnesota, receive Medicaid reimbursement for service delivery.

Although most Head Start programs conduct EPSDT related outreach and case management, they do not typically get Medicaid reimbursement. Nevertheless, Maine Head Start programs are able to capture reimbursement for administrative and targeted case management because the Maine State Office of Head Start has an agreement with the Maine Bureau of Medical Services.

3. What types of providers are used?

Head Start programs may use hired staff or contract staff. Providers may include nurses, nurse practitioners, audiologists, physicians, speech and language pathologists, occupational therapists, and mental health professionals, among others. Child Inc. in Austin, Texas, contracts staff for most EPSDT related services, while Maine Head Start programs, CDI in Russellville, and PICA in Minneapolis use both contract staff and hired staff.

4. Who bills Medicaid for services?

Head Start must be an enrolled Medicaid provider to receive Medicaid reimbursement for services. If Head Start is an enrolled provider, it may bill for and receive Medicaid reimbursement for services provided by its hired staff or by contracted providers. If Head Start is not an enrolled provider, it may have services provided by an organization or independent practitioner who is an enrolled provider. The enrolled provider who performs the services then bills for and receives Medicaid reimbursement. CDI in Russellville receives Medicaid reimbursement for services provided by hired staff. Child Inc. in Austin receives Medicaid reimbursement for services provided by contracted staff. Maine Head Start programs receive Medicaid reimbursement for services provided by both hired and contracted staff. Scioto County Head Start is not an enrolled Medicaid provider, but has its physicals completed by the Portsmouth City Health Department. The Portsmouth City Health Department is an enrolled provider who bills for and receives Medicaid reimbursement.

5. How will Head Start serve children whose families choose other providers, or who may be served by Medicaid managed care arrangements?

Head Start can serve children who use all types of providers. If the physical is performed by another provider, parents may sign a release allowing Head Start to request a report from the physician, or they may hand-carry the report to Head Start themselves. Head Start's initial strategy is to help families identify other available sources of reimbursement for the physicals, such as HMOs, other managed care arrangements, or Medicaid. When other sources are not available, Head Start has funds to cover the cost of physicals. Most treatment services are provided on a referral basis by providers in the local community. In the absence of a waiver, Medicaid policy allows people enrolled in the Medicaid program to choose their provider.

Refer to Appendix C for a checklist to help you identify current and/or future linkages with Medicaid/EPSDT.

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REGIONAL CONTACTS

For each of the ten Federal regions, contacts are listed in the following order:

- HCFA Associate Regional Administrators
- EPSDT Regional Coordinators
- PHS Regional MCH Program Consultants
- ACF Assistant Regional Administrators

For ACF, Regions XI and XII are listed and include the American Indians and Migrant programs branches.

Region I: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Associate Regional Administrator
HCFA Division of Medicaid
JFK Federal Building, Rm. 2350
Boston, Massachusetts 02203
(617) 565-1223

HCFA MCH/EPSDT Coordinator
(617) 565-1247

Regional MCH Medical Consultant
Public Health Service, DHHS
John F. Kennedy Federal Bldg.
Boston, Massachusetts 02203
(617) 565-1460

Assistant Regional Administrator
Office of Family Supportive Services
ACF/DHHS
Room 401, Federal Building
Government Center
Boston, Massachusetts 02203
(617) 565-1150 or FAX 565-2493

Region II: New Jersey, New York, Puerto Rico, Virgin Islands

Associate Regional Administrator
HCFA, Division of Medicaid
26 Federal Plaza
New York, New York 10278
(212) 264-2504

HCFA MCH/EPSDT Coordinator
(212) 264-2775

Regional MCH Program Consultant
Public Health Service, DHHS
26 Federal Plaza, Room 3337
New York, New York 10278
(212) 264-4628

Assistant Regional Administrator
Office of Family Supportive Services
ACF/DHHS
Room 1243, Federal Building
26 Federal Plaza
New York, New York 10278
(212) 264-2974 or FAX 264-4881

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Region III: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia

Associate Regional Administrator
HCFA, Division of Medicaid
3535 Market Street, Rm. 3100
P.O. Box 7760
Philadelphia, Pennsylvania 19101
(215) 596-1378

HCFA MCH/EPSDT Coordinator
(215) 596-0604

Regional MCH Program Consultant
Public Health Service, DHHS
P.O. Box 13716
Philadelphia, Pennsylvania 19101
(215) 596-6686

Assistant Regional Administrator
Office of Family Supportive Services
ACF/DHHS
3535 Market Street
P.O. Box 13716
Philadelphia, Pennsylvania 19101
(215) 596-1224 or FAX 596-5028

Region IV: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

Associate Regional Administrator
HCFA, Division of Medicaid, Suite 602
101 Marietta Street
Atlanta, Georgia 30323
(404) 331-2418

HCFA MCH/EPSDT Coordinators:
(404) 331-5888, AL, MI and SC;
(404) 331-5028, GA and FL;
(404) 331-8759, KY, NC and TN.

Maternal and Child Health Coordinator
All States
(404) 331-5888

Chief, Family Health Branch
Division of Family Health &
Resources Development
Public Health Service, DHHS
101 Marietta Tower, NW
Atlanta, Georgia 30323
(404) 331-5394

Assistant Regional Administrator
Office of Family Supportive Services
ACF/DHHS
101 Marietta Tower
Suite 903
Atlanta, Georgia 30323
(404) 331-2398 or FAX 331-1776

Region V: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

Associate Regional Administrator HCFA,
Division of Medicaid, 15th Floor
105 West Adams Street
Chicago, Illinois 60603-6201
(312) 886-5354

HCFA MCH/EPSDT Coordinator
(312) 353-8720

Chief, MCH
Family Planning Services Branch
Public Health Service, DHHS
105 West Adams
Chicago, Illinois 60603
(312) 353-1700

Assistant Regional Administrator
Office of Family Supportive Services
ACF/DHHS
105 West Adams Street, 21st Floor
Chicago, Illinois 60603
(312) 353-8322 or FAX 353-2204

Region VI: Arkansas, Louisiana, New Mexico, Oklahoma, Texas

Associate Regional Administrator
HCFA, Division of Medicaid
1200 Main Tower Building
Rm. 2030
Dallas, Texas 75202
(214) 767-6493

HCFA MCH/EPSDT Coordinator
(214) 767-6473

Chief, MCH/Family Planning Branch
Public Health Service, DHHS
1200 Main Tower Building, Room 1800
Dallas, Texas 75202
(214) 767-3072

Assistant Regional Administrator
Office of Family Supportive Services
ACF/DHHS
10th Floor, 1200 Main Tower Building
Dallas, Texas 75202
(214) 767-9648 or FAX 767-3743

Region VII: Iowa, Kansas, Missouri, Nebraska

Associate Regional Administrator
HCFA, Division of Medicaid
Room 235 New Federal Office Bldg.
601 East 12th Street
Kansas City, Missouri 64106
(816) 426-5925

HCFA MCH/EPSDT Coordinator
(816) 426-3406

Regional MCH Program Consultant
Public Health Service, DHHS
601 E. 12th Street, Rm. 501
Kansas City, Missouri 64106
(816) 426-2924

Assistant Regional Administrator
Office of Family Supportive Services
ACF/DHHS
Room 384, Federal Building
601 E. 12th Street
Kansas City, Missouri 64106
(816) 426-5401 or FAX 426-2888

Region VIII: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

Associate Regional Administrator
HCFA, Division of Medicaid
Room 576 Federal Office Building
1961 Stout Street
Denver, Colorado 80294
(303) 844-2121 Ext. 352

HCFA MCH/EPSDT Coordinator
(303) 844-6216 x381

MCH Program Consultant
Public Health Service, DHHS
Federal Building, Room 408
1961 Stout Street
Denver, Colorado 80294
(303) 844-5955

Assistant Regional Administrator
Office of Family Supportive Services
ACF/DHHS, Room 1194, Federal Building
1961 Stout Street
Denver, Colorado 80202
(303) 844-3106 or FAX 844-3642

Region IX: American Samoa, Arizona, California, Guam, Hawaii, Nevada, Northern Marianas Islands

Associate Regional Administrator
HCFA, Division of Medicaid
4th Floor
75 Hawthorne Street
San Francisco, California 94105
(415) 744-3568

HCFA MCH/EPSDT Coordinator
(415) 556-5581
(415) 744-3580

HCFA MCH Specialist
(415) 744-2980

Public Health Service, DHHS
50 United Nations Plaza
San Francisco, California 94102
(415) 556-5581

Assistant Regional Administrator
Office of Family Supportive Services
ACF/DHHS
Room 465, Federal Building
50 United Nations Plaza
San Francisco, California 94102
(415) 566-1039 or FAX 556-3046

Region X: Alaska, Idaho, Oregon, Washington

Associate Regional Administrator
HCFA, Division of Medicaid
2201 6th Avenue, MS RX 43
Seattle, Washington 98121
(206) 615-2331

HCFA MCH/EPSDT Coordinator
(206) 615-0445

Division of Health Services Resources Development
Public Health Service, DHHS
2201 Sixth Avenue, MS RX-27
Seattle, Washington 98121
(206) 615-0215

Assistant Regional Administrator
Office of Family Supportive Services
ACF/DHHS
2201 6th Avenue, Mail Stop RX 32
Seattle, Washington 98121
(206) 553-2430 or FAX 553-0421

Region XI:

American Indian Programs Branch
Head Start Bureau
P.O. Box 1182
Washington, D.C. 20013
202-205-8437

Region XII:

Migrant Programs Branch Chief
Head Start Bureau
P.O. Box 1182
Washington, D.C. 20013
202-205-8437

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STATE CONTACTS

For each State and Territory, contacts are listed in the following order:

- State Medicaid Director
- State EPSDT Coordinator
- * - State Maternal and Child Health Director
- * - State Coordinator for Children with Disabilities
- State Head Start Collaboration Project Coordinator in States with projects

* In some States and Territories, these two contacts may be listed under an umbrella contact (e.g. State health director).

For information about State Head Start Association Presidents, contact the National Head Start Association, 201 Union Street, Suite 320, Alexandria, Virginia, 22314. Phone: 703-739-0875. Fax: 703-739-0878.

Alabama:

Commissioner
Alabama Medicaid Agency
P.O. Box 244201
Montgomery, Alabama 36130-4201
(205) 277-2710 ext. 200

EPSDT Coordinator
(205) 277-2710

President, Alabama Head Start Association
Director, OCAP Head Start
507 N. Three Notch Street
P.O. Box 908
Troy, Alabama 36081
(205) 566-1712

F.A.C.O.G. Director
Bureau of Family Health Serv.
Alabama Dept. of Public Health
434 Monroe Street, Room 381
Montgomery, Alabama 36130-1701
(205) 242-5661

Assistant Director
Division of Rehab. and Crippled Children's Services
2129 East South Boulevard
Montgomery, Alabama 36111-0586
(205) 281-8780

Alaska:

Health Program Specialist
Medicaid Services Unit
Division of Public Health
PO Box H
Juneau, Alaska 99811-0611
(907) 465-2485

EPSDT Coordinator
(907) 465-3388

President, Alaska H.S. Directors Association
Tanana Chiefs Conference
122 First Avenue
Fairbanks, Alaska 99701
(907 452-8251, Ext. 3127

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Chief, Section of Maternal, Child, & Family Health
Alaska Dept. of Health and Social Services
1231 Gambell, Rm. 314
Anchorage, Alaska 99501-4627
(907) 274-7626

Handicapped Children's Program
Alaska Dept. of Health and Social Services
1231 Gambell
Anchorage, Alaska 99501-4627
(907) 274-7626

State Head Start Collaboration Project Coordinator
(907) 465-4861
(907) 465-3212 (fax)

American Samoa:

Medicaid Program Director
LBJ Tropical Medical Center
Department of Health
Pago, American Samoa 96799
011-684-633-4559

EPSDT Coordinator
(011) 684-633-4559

Director, Dept. of Health
Pago, American Samoa 96799
(011) 684-633-1222

Arizona:

Director
Arizona Health Care Cost Containment System
801 East Jefferson
Phoenix, Arizona 85034
(602) 234-3655 ext. 4053

MCH/EPSDT Coordinator
(602) 234-3655

President, Arizona Head Start Association
Child Parent Centers, Inc.
602 E. 22nd Street
Tucson, Arizona 85713
(602) 882-0100

Chief, Office of MCH
Div. of Family Health Services
Arizona Dept. of Health
1740 West Adams Street
Phoenix, Arizona 85007
(602) 542-1870

Chief, Office of Children's Rehab. Serv.
Arizona Dept. of Health
1740 West Adams, Rm 205
Phoenix, Arizona 85007
(602) 542-1860

Arkansas:

Assistant Director
Division of Economic and Medical Services
Department of Human Services
P.O. Box 1437
Little Rock, Arkansas 72203-1437
(501) 682-8292

EPSDT Coordinator
(501) 682-8297

President, Arkansas Head Start Association
Assistant Head Start Director
Black River Area Development Corporation
1403 Hospital Drive
Pocahontas, Arkansas 72455
(501) 892-4547

ERIC

Div. of MCH
Arkansas Dept. of Health
4815 West Markham
Little Rock, Arkansas 72201
(501) 661-2251

Administrator
Children's Medical Services
Dept. of Human Serv.
P.O. Box 1437
Little Rock, Arkansas 72203
(501) 682-2277

California:

Director
Medical Care Services
Department of Health Services
714 P Street, Room 1253
Sacramento, California 95814
(916) 657-5173

EPSDT Coordinator
(916) 445-1995

President, California Head Start Association
Head Start Transition Project Director
Santa Clara County Office of Education
100 Skypoint Drive, MC #225
San Jose, California 95110
(408) 286-1726

Chief, MCH Branch
Div. of Family Health Services
State Dept. of Health
Room 750
714 P Street
Sacramento, California 95814
(916) 323-8181

Chief, California Children's Serv.
State Dept. of Health
714 P Street, Room 323
Sacramento, California 94234-7320
(916) 322-2090

EPSDT Coordinator Child Health and Disability Prevention Program
Children's Medical Services
714 P Street
Sacramento, California 94234-7320
(916) 6557-3768

State Head Start Collaboration Project Coordinator
(916) 323-1353
(916) 323-6853 (fax)

Colorado:

Manager, Health and Medical Services
Department of Social Services
1575 Sherman St. - 10th Floor
Denver, Colorado 80203-1714
(303) 866-6092

EPSDT Coordinator
(303) 866-5532

President, Colorado Head Start Association
Community Partnership for Child Development
2132 East Bijou, Room 211
Colorado Springs, Colorado 80909
(719) 635-1536

Director, Family and Community Health Services
Colorado Dept. of Health
4300 Cherry Creek Dr. S.
Denver, Colorado 80222-1530
(303) 692-2315

Program Administrator
Family and Community Health Services
Colorado Dept. of Health
4300 Cherry Creek Dr. S.
Denver, Colorado 80222-1530
(303) 692-2389

State Head Start Collaboration Project Coordinator
(303) 866-3075
(303) 866-2003 (fax)

Connecticut:

Deputy Commissioner, Health Care Financing
Department of Social Services
1049 Asylum Avenue
Hartford, Connecticut 06105
(203) 566-8750

EPSDT Coordinator
(203) 566-6493

President, Connecticut Head Start Association and Director
WACAP Head Start
231 Broad Street
Danielson, Connecticut 06239
(203) 774-0400

Interim Director, MCH
Connecticut Department of Public Health and Addiction Services
150 Washington Street
Hartford, Connecticut 06106
(203) 566-8401

Director, Div. of Children with Special Health Needs
Bureau of Community Health
150 Washington Street
Hartford, Connecticut 06106
(203) 566-2057

Delaware:

Medicaid Director
Department of Health and Social Services
1901 N. DuPont Highway
New Castle, Delaware 19720
(302) 577-4901

EPSDT Coordinator
(302) 577-4900 Ext. 44

President, Delaware Head Start Association
Director
Wilmington Head Start, Inc.
2401 N.E. Boulevard
Wilmington, Delaware 19802
(302) 762-8038

Director, MCH Services
Div. of Public Health
Jesse S. Cooper Memorial Bldg.
P.O. Box 637
Dover, Delaware 19903
(302) 736-4785

Director, Child Health/CSHN
Div. of Public Health
P.O. Box 637
Dover, Delaware 19903
(302) 736-4786

District of Columbia:

Commissioner
Commission on Health Care Financing
Department of Human Services
2100 ML King, Jr. Ave., S.E.
Suite 302
Washington, D.C. 20020
(202) 727-0735

ERIC

EPSDT Coordinator
(202) 727-0725

President, D.C. Head Start
Association
United Planning Organization
810 Potomac Avenue, S.E.
Washington, D.C. 20003
(202) 546-7300

Chief, Bureau of MCH
Dept. of Human Services
1660 L Street, NW, Suite 904
Washington, D.C. 20036
(202) 673-6665

Director
Handicapped Children's Unit
D.C. General Hospital, Bldg. 10
19th and Massachusetts Ave., SE
Washington, D.C. 20003
(202) 675-5214

Florida:

Director of Medicaid
Agency for Health Care
Administration
1317 Winewood Boulevard
Building 6, Room 233
Tallahassee, Florida 32399-0700
(904) 488-3560

EPSDT Coordinator
(904) 487-2641

President, Florida Head Start
Association and Executive Director
Child Development and Family
Services Head Start
12351 134th Avenue North
Largo, Florida 34644
(813) 584-7115

Chief
Health Program Policy & Devel.
Dept. of Health/Rehab Services
Family Health Services
1317 Winewood Boulevard
Tallahassee, Florida 32399-0700
(904) 487-1321

Director
Children's Medical Serv. Program
Dept. of Health/Rehab Services
Building 5, Room 127
1323 Winewood Boulevard
Tallahassee, Florida 32301
(904) 487-2690

Georgia:

Acting Commissioner
Department of Medical Asst.
27th Floor
2 Peachtree Street, S.E.
Atlanta, Georgia 30303-3159
(404) 656-4479

EPSDT Coordinator
(404) 656-4034

President, Georgia Head Start
Association
Director
Central Savannah River Authority EOA, INC
Head Start
1029 Green Street
Augusta, Georgia 30903-2704
(706) 722-0493

Director, Family Health Serv. Section
Georgia Dept of Human Resources
Div of Public health
878 Peachtree Street, NE, Suite 217
Atlanta, Georgia 30309
(404) 894-6622

APPENDIX B

Acting Chief, Children's Health Serv.
Georgia Dept of Human Resources
Div. of Physical Health
2600 Skyland Drive (lower level)
Atlanta, Georgia 30319
(404) 679-0529

State Head Start Collaboration Project Coordinator
(404) 656-5957
(404) 656-5976 (fax)

Guam:

Administrator
Bureau of Health Care Financing
Department of Public Health and Social Services
P.O. Box 2816
Agana, Guam 96910
(011) 671-734-7269

EPSDT Coordinator
(011) 671-734-2944

Director, Dept. of Public Health and Social Services
P.O. Box 2816
Agana, Guam 96910
(011) 671-734-2083

Hawaii:

Administrator
Health Care Administration Division
Department of Human Services
P.O. Box 339
Honolulu, Hawaii 96809-0339
(808) 586-5391

EPSDT Coordinator
(808) 548-8429

President, Hawaii Head Start Association
1475 Linapuni Street
Room 117A
Honolulu, Hawaii 96819
(808) 847-3285

MCH Branch
Hawaii Dept. of Health
741-A Sunset Avenue
Honolulu, Hawaii 96816
(808) 737-8229

Chief, Children with Special Health Care Needs Branch
Hawaii Dept of Health
741 Sunset Avenue
Honolulu, Hawaii 96816
(808) 732-3197

Idaho:

Administrator
Division of Welfare
Department of Health and Welfare
450 West State Street, 2nd Floor
Boise, Idaho 83720
(208) 334-5747

EPSDT Coordinator
(208) 334-4323

President, Idaho Head Start Association
1720 Addison Avenue
Twin Rivers, Idaho 83301
(208) 733-0739

Chief, Bureau of MCH
Idaho Dept of Health/Welfare
450 West State Street
Boise, Idaho 83720
(208) 334-5965

ERIC

Program Manager
Children with Special
Health Needs Program
Bureau of MCH
Idaho Dept of Health/Welfare
450 West State Street
Boise, Idaho 83720
(208) 334-5963

Illinois:

Deputy Director
Medical Operations
Department of Public Aid
201 South Grand Avenue, East
Springfield, Illinois 62763-001
(217) 782-2570

EPSDT Coordinator
(217) 524-7163

President, Illinois Head Start
Association
Interim Executive Director
The Peoria Citizens Committee for
Economic Opportunity, Inc.
711 W. McBean Street
Peoria, Illinois 61605
(309) 671-3960

Chief, Div. of Family Health
Illinois Dept of Public Health
535 West Jefferson Street
Springfield, Illinois 62761
(217) 782-2736

Director, Div. of Specialized
Care for Children
Univ. of Illinois at Chicago
2815 West Washington, Suite 300
P.O. Box 19481
Springfield, Illinois 62794-9481
(217) 793-2340

Indiana:

Assistant Secretary
Medicaid Policy and Planning
Family and Social Services
Administration
Room W382
402 W. Washington Street
Indianapolis, Indiana 46204-2739
(317) 233-4455

Health Watch Consultant
Indiana Family & Social Services
Administration
402 West Washington Street
Indianapolis, Indiana 46204
(317) 232-7382

EPSDT Coordinator
(317) 232-4347

President, Indiana Head Start
Association
Deputy Director
Comm. Action Against Poverty
2801 North Capitol
Indianapolis, Indiana 46208
(917) 927-5739

Director, Div. of MCH Services
Indiana Dept. of Health
1330 W. Michigan Street
P.O. Box 1964
Indianapolis, Indiana 46206-1964
(317) 633-8478

Director, Children's Special Health
Care Serv. Div.
Indiana State Dept. of Health
1330 W. Michigan Street
P.O. Box 1964
Indianapolis, Indiana 46206-1964
(317) 633-8522

Iowa:

Administrator
Division of Medical Services
Department of Human Services
Hoover St. Ofc. Bldg., 5th Fl.
Des Moines, Iowa 50319
(515) 281-8794

EPSDT Coordinator
(515) 281-5796

President, Iowa Head Start
Association
Director
Hawkeye Area Community Action
Program
P.O. Box 789
Cedar Rapids, Iowa 52404
(319) 366-7631

Medical Director
Division of Family and Community Health
Iowa Department of Public Health
Lucas State Office Building
Des Moines, Iowa 50319-0075
(515) 281-4912

Chief, Bureau of Family Services
Division of Family and Community Health
Iowa Department of Public Health
Lucas State Office Building
Des Moines, Iowa 50319-0075
(515) 281-4911

State Head Start Collaboration Project
Coordinator
(515) 242-6024
(515) 242-6025 (fax)

Kansas:

Medical Services
Department of Social and
Rehabilitation Services
Room 628-S
Docking State Ofc. Building
915 Harrison Street
Topeka, Kansas 66612
(913) 296-3981

EPSDT Coordinator
(913) 296-3667

President, Kansas Head Start Association
Kansas Children's Service League
705 Ballinger
Garden City, Kansas 67846

Director
Bureau of Family Health
Kansas Dept of Health & Environ.
Landon State Office Bldg-10th Floor
900 S.W. Jackson
Topeka, Kansas 66612-1290
(913) 296-1300

Director, Children and Families Section
Bureau of Family Health
Kansas Dept of Health & Environ.
Landon State Office Building
900 SW Jackson, 10th Floor
Topeka, Kansas 66612-1290
(913) 296-1303

Kentucky:

Commissioner
Dept. for Medicaid Services
3rd Floor
275 East Main Street
Frankfort, Kentucky 40621
(502) 564-4321

ERIC

Acting EPSDT Coordinator
(502) 564-6890

Director
Licking Valley Community Action Agency
203 High Street
Flemingsburg, Kentucky 41041
(606) 849-4321

Director, Division of MCH
Kentucky Dept. of Human Resources
275 East Main Street
Frankfort, Kentucky 40621
(502) 564-4830

Executive Director
Commission for Handicapped Children
Kentucky Dept of Human Resources
1405 East Burnett Avenue
Louisville, Kentucky 40217
(502) 588-3264

State Head Start Collaboration Project Coordinator
(502) 564-3010
(502) 564-6952 (fax)

Louisiana:

Director
Bureau of Health Services Financing
Department of Health and Hospitals
P.O. Box 91030
Baton Rouge, Louisiana 70821-9030
(504) 342-3891

EPSDT Coordinator
(504) 342-3928

President, Louisiana Head Start Association
St. Landry Parish Head Start
P.O. Drawer 1510
Opelousas, Louisiana 70571-1510
(318) 948-3651

Acting Administrator
MCH Section
Dept. of Health & Hospitals
P.O. Box 60630
New Orleans, Louisiana 70160
(504) 568-5073

Administrator
Handicapped Children's Services
Office of Public Health
Dept. of Health & Hospitals
P.O. Box 60630
New Orleans, Louisiana 70160
(504) 568-5055

Maine:

Acting Director
Bureau of Medical Services
Department of Human Services
State House Station 11
Augusta, Maine 04333
(207) 287-2674

EPSDT Coordinator
(207) 287-3835

President, Maine Head Start Association and Director
Penquis Head Start
P.O. Box 1162
Bangor, Maine 04401
(207) 941-2830

Director, Division of MCH
Maine Dept of Human Services
State House Station 11
151 Capitol Street
Augusta, Maine 04333
(207) 289-3311

Acting Director, Coordinated Care Services
for Children with Spec. Health Needs
State House Station 11
151 Capitol Street
Augusta, Maine 04333
(207) 289-3311

State Head Start Collaboration Project
Coordinator
(207) 287-5060
(207) 626-5555 (fax)

Maryland:

Secretary
Dept. of Health and Mental
Hygiene
201 West Preston St., 5th Floor
Baltimore, Maryland 21201
(410) 225-6505

EPSDT Coordinator
(301) 225-1485

President, Maryland Head Start
Association
Frederick County Head Start
520 North Market Street
Frederick, Maryland 21701
(301) 694-1024

Director, Child & Adolescent Health
Dept of Health/Mental Hygiene
201 W Preston Street
Baltimore, Maryland 21201
(301) 225-6749

Chief, Division of CCS
Dept of Health/Mental Hygiene
Mental Retardation/D D Admin
201 W. Preston Street, 4th Floor
Baltimore, Maryland 21201
(301) 225-5580

State Head Start Collaboration Project
Coordinator
(410) 333-8100
(410) 333-3199 (fax)

Massachusetts:

Commissioner
Division of Medical Assistance
600 Washington Street
Boston, Massachusetts 02111
(617) 348-5690

EPSDT/MCH Program Manager
(617) 348-5313

President, Massachusetts Head Start
Association
Director
ABCD Head Start Program
178 Tremont
Boston, Massachusetts 02111
(617) 357-6000, Ext. 280

Assistant Commissioner
Bureau of Parent/Child/Adol Health
Mass. Dept of Public Health
150 Tremont Street, 4th Floor
Boston, Massachusetts 02111
(617) 727-3372

Director
Division for CSHN
Bureau of Parent/Child/Adol Health
Mass. Dept of Public Health
150 Tremont Street, 4th Floor
Boston, Massachusetts 02111
(617) 727-5812

Michigan:

Director, Medical Services Adminis.
Department of Social Services
P.O. Box 30037
Lansing, Michigan 48909
(517) 335-5001

EPSDT Coordinator
(517) 335-5121

President, Michigan Head Start Association
Head Start Preschool Director
Chippewa-Luce-McKinaw CAA Head Start
524 Ashmun Street
P.O. Box 70
Sault Ste Marie, Michigan 49783
(906) 632-3363

Chief, Bureau of Comm. Serv.
Mich. Dept of Public Health
3500 North Logan Street
P.O. Box 30195
Lansing, Michigan 48909
(517) 335-8955

Acting Chief, Children's Special Health Care Services
Bureau of Community Services
Michigan Dept. of Public Health
3500 North Logan Street
P.O. Box 30195
Lansing, Michigan 48909
(517) 335-8961

Minnesota:

Assistant Commissioner
Health Care Administration
Department of Human Services
444 Lafayette Road, 6th Floor
St. Paul, Minnesota 55155-3815
(612) 297-3374

EPSDT Coordinator
(612) 296-6040

President, Minnesota Head Start Association
Director
SEMCAC Head Start
204 South Elm Street
P.O. Box 549
Rushford, Minnesota 55971
(507) 864-7741

Acting Director, Div. of MCH
Minnesota Dept. of Health
717 Delaware Street, SE
P.O. Box 9441
Minneapolis, Minnesota 55440
(612) 623-5166

State Head Start Collaboration Project Coordinator
(612) 297-1094
(612) 294-5745 (fax)

Mississippi:

Executive Director
Division of Medicaid
Office of the Governor
Suite 801, Robert E. Lee Bldg.
239 North Lamar Street
Jackson, Mississippi 39201-1399
(601) 359-6056

Director EPSDT
(601) 359- 6152

President, Mississippi Head Start Association
Director
Hinds County Project Head Start
2050 Martin Luther King Drive
P.O. Box 22657
Jackson, Mississippi 39225
(601) 353-5818

Deputy Chief
Bureau of Health Services
MS Department of Health
2423 North State Street
Jackson, Mississippi 39215-1700
(601) 960-7463

Director
Children's Medical Program
Mississippi Department of Health
P.O. Box 1700
Jackson, Mississippi 39205-1700
(601) 987-3965

Missouri:

Director
Division of Medical Services
Department of Social Services
615 Howerton Court
P.O. Box 6500
Jefferson City, Missouri 65102-6500
(314) 751-6922

EPSDT Coordinator
(314) 751-3277

Director, Division of Maternal, Child, and Family Health
Missouri Department of Health
1738 E. Elm
P.O. Box 570
Jefferson City, Missouri 65102
(314) 751-6174

Chief, Bureau of Perinatal and Child Health
Div of Maternal, Child, and Family Health
1738 E. Elm
P.O. Box 570
Jefferson City, Missouri 65102
(314) 751-6215

Montana:

Administrator
Medical Services Division
Department of Social and Rehabilitation Services
P.O. Box 4210
111 N. Sanders
Helena, Montana 59604-4210
(406) 444-4140

EPSDT Coordinator
(406) 444-4142

President, Montana Head Start Association
Director
316 N. 3rd Street
Hamilton, Montana 59840
(406) 363-6101

Bureau Chief
Family & MCH Bureau
MT Dept of Health & Environ. Sciences
Cogswell Building
Helena, Montana 59620
(406) 444-4740

Nebraska:

Administrator
Medical Services Division
Department of Social Services
301 Centennial Mall South
5th Floor
Lincoln, Nebraska 68509
(402) 471-9147

EPSDT Coordinator
(402) 471-3121

President, Nebraska Head Start
Association
Hall County Head Start
318 South Clark
Grand Island, Nebraska 68801
(308) 385-5115

Director, Div of MCH
Nebraska Dept of Health
301 Centennial Mall South, 3rd Fl
P.O. Box 95007
Lincoln, Nebraska 68509-5007
(402) 471-2907

Administrator
Special Services for
Children & Adults
Nebraska Dept. of Social Services
301 Centennial Mall South, 5th Floor
Lincoln, Nebraska 68509-5026
(402) 471-9345

State Head Start Collaboration Project
Coordinator
(402) 471-2980
(402) 471-0117 (fax)

Nevada:

Deputy Administrator
Welfare Division
Department of Human Resources
2527 North Carson Street
Carson City, Nevada 89710
(702) 687-4867

EPSDT Coordinator
(702) 885-4767

President, Nevada Head Start
Association
Administrator
Child and Family Services
Economic Opportunity Board of
Clark County
2228 Comstock Drive
Las Vegas, Nevada 89030

Manager, MCH/CSHCS
Nevada State Health Division
Room 205
505 East King Street
Carson City, Nevada 89710
(702) 687-4885

New Hampshire:

Administrator
Office of Medical Services
Division of Human Services
Department of Health and
Human Services
6 Hazen Drive
Concord, New Hampshire 03301-6521
(603) 271-4353

EPSDT Coordinator
(603) 271-4350

BEST COPY AVAILABLE

President, New Hampshire Head
Start Association
Director
Tri-County Head Start
610 Sullivan Street
Berlin, New Hampshire 03570
(603) 752-7138

Chief, Bureau of MCH
NH Div. of Public Health Serv
6 Hazen Drive
Concord, New Hampshire 03301-6527
(603) 271-4516

Chief, Bureau of Special
Medical Services
NH Div. of Public Health Serv.
6 Hazen Drive
Concord, New Hampshire 03301-6527
(603) 271-4596

New Jersey:

Acting Director
Division of Medical Assistance
and Health Services
Department of Human Services
CN-712, 7 Quakerbridge Plaza
Trenton, New Jersey 08625
(609) 588-2600

EPSDT Coordinator
(609) 588-2718

President, New Jersey Head
Start Association
Executive Director
Concerned Parents for Head Start
90 Martin Street
Paterson, New Jersey 07501
(201) 345-9555, Ext. 111

Director
Parental & Child Health Services
New Jersey Dept. of Health
CN 364
363 W. State Street
Trenton, New Jersey 08625-0360
(609) 292-5656

Chief, Special Child Health
Services Program
New Jersey Department of Health
CN 364
363 W. State Street
Trenton, New Jersey 08625-0364
(609) 292-5676

State Head Start Collaboration Project
Coordinator
(609) 984-0459
(609) 984-5449 (fax)

New Mexico:

Director
Medical Assistance Division
Human Services Department
P.O. Box 2348
Santa Fe, New Mexico 87504-2348
(507) 827-4369

EPSDT Coordinator
(505) 827-4407

President, New Mexico Head
Start Association
Executive Director
Carlsbad Head Start
408 N. Canyon
Carlsbad, New Mexico 88220
(505) 887-5265

Chief, Bureau of MCH
Dept of Health & Environment
1190 St. Francis Drive
P.O. Box 968
Santa Fe, New Mexico 87504-0968
(505) 827-2350

Program Manager
Children's Medical Services
Dept. of Health & Environment
P.O. Box 968
Santa Fe, New Mexico 87504-0968
(505) 827-2350

State Head Start Collaboration Project Coordinator
(505) 242-6024
(505) 242-6025 (fax)

New York:

Deputy Commissioner
Div. of Health and Long-Term Care
Department of Social Services
40 North Pearl Street
Albany, New York 12243
(518) 474-9132

EPSDT Coordinator
(518) 473-5565

President, New York Head Start Association
Erie County Community Action Agency Organization
70 Harvard Place
Buffalo, New York 14209
(716) 881-5150

Bureau of Child/Adol. Health
New York Dept of Health
Corning Tower Bldg., Rm 780
Empire State Plaza
Albany, New York 12237
(518) 474-2084

State Head Start Collaboration Project Coordinator
(518) 473-3652
(518) 473-2570 (fax)

North Carolina:

Division of Medical Assistance
Department of Human Resources
1985 Umstead Drive
P.O. Box 29529
Raleigh, North Carolina 27626-0529
(919) 733-2060

EPSDT Coordinator
(919) 733-2833

President, North Carolina Head Start Association
Director
Sampson County Head Start
303 E. Rowan Road
P.O. Box 127
Clinton, North Carolina 28328
(919) 592-7323

Director, Div. of MCH
North Carolina Dept. of Environment, Health, and Natural Resources
P.O. Box 27687
Raleigh, North Carolina 27611-7687
(919) 733-3816

Chief, Children and Youth Section
North Carolina Dept. of Environment, Health, and Natural Resources
P.O. Box 27687
Raleigh, North Carolina 27611-7687
(919) 733-7437

State Head Start Collaboration Project Coordinator
(919) 662-4543
(919) 662-4568 (fax)

North Dakota:

Medicaid Director
Department of Human Services
600 East Boulevard
Bismarck, North Dakota 58505-0261
(701) 224-2321

EPSDT Coordinator
(701) 224-2323

President, North Dakota Head Start Association
Director
Bismarck Public Schools District #1
Bismarck, North Dakota 58501
(701) 221-3490

Director, Division of MCH
North Dakota Dept. of Health
State Capitol Building
600 East Boulevard Avenue
Bismarck, North Dakota 58505
(701) 224-2493

Administrator
Crippled Children's Services
North Dakota Dept. of Human Services
State Capitol Building
600 E. Boulevard Avenue
Bismarck, North Dakota 58505-0269
(701) 224-2436

Northern Mariana Islands:

Medicaid Administrator
Dept. of Public Health and Environmental Services
Commonwealth of the Northern Mariana Islands
P.O. Box 409 CK
Saipan, Micronesia Pacific 96950
(011)-670-234-8950 Ext. 2905

EPSDT Coordinator
(011) 670-234-8950, ext. 2905

Director
Dept. of Public Health and Environment Serv.
Commonwealth of the Northern Mariana Islands
Saipan, Micronesia Pacific 96950
(011) 670-234-8950

Ohio:

Deputy Director
Office of Medicaid
Department of Human Services
30 East Broad St., 31st Fl.
Columbus, Ohio 43266-0423
(614) 644-0140

EPSDT Coordinator
(614) 466-4966

☆ U.S. GOVERNMENT PRINTING OFFICE: 1995 - 615-032 - 1302/25009

President, Ohio Head Start
Association
Project Dirrctor for Proj. Partners
Child Dev. Council of Franklin
County, Inc.
2150 Agler Road
Columbus, Ohio 43224
(614) 337-3825

Chief, Division of MCH
Ohio Dept of Health
246 North High street
P.O. Box 118
Columbus, Ohio 43266-0118
(614) 466-3263

State Head Start Collaboration Project
Coordinator
(614) 644-7368
(614) 466-9354 (fax)

Oklahoma:

Acting Division Administrator
Division of Medical Services
Department of Human Services
P.O. Box 25352
Oklahoma City, Oklahoma 73125
(405) 557-2539

EPSDT Coordinator
(405) 557-2539

President, Oklahoma Head Start
Association
Head Start Director
Cookson Hills Head Start
212 S. Water Street
P.O. Box 745
Tahlequah, Oklalhoma 74465
(918) 456-0571

Medical Director
MCH Services
State Dept of Health
Room 703
1000 NE 10th Street
Oklahoma City, Oklahoma 73152
(405) 271-4476

Director
Children's Medical Services Division
4th Floor
4545 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73103
(405) 557-2539

Oregon:

Director
Office of Medical Assistance
Programs
Department of Human Resources
203 Public Service Building
Salem, Oregon 97310
(503) 945-5767

EPSDT Coordinator
(503) 945-6488

President, Oregon Head Start
Association
Parent Child Services, Inc.
4117 S.E. 80th Avenue
Portland, Oregon 97206
(503) 771-0702

Assistant Administrator
Office of Health Services
Oregon State Health Division
800 NE Oregon, #21
Portland, Oregon 99201
(503) 229-6381

ERIC

Acting Director
Child Development/Rehab. Center
Oregon Health Sciences Univ.
P.O. Box 574
Portland, Oregon 99207
(503)494-8362

State Head Start Collaboration Project Coordinator
(503) 378-5585
(503) 373-7968 (fax)

Pennsylvania:

Deputy Secretary for Medical Assistance Programs
Department of Public Welfare
P.O. Box 2675
Health and Welfare Building
Harrisburg, Pennsylvania 17105-2675
(717) 787-1870

EPSDT Coordinator
(717) 787-6081

President, Pennsylvania Head Start Association
Executive Director
Community Services for Children
431 E. Locust Street
Bethlehem, Pennsylvania 18018
(215) 691-1819

Director, Division of MCH
Pennsylvania Dept. of Health
Health & Welfare Bldg
P.O. Box 90, Rm 725
Harrisburg, Pennsylvania 17108
(717) 787-7192

Director
Division of Rehabilitative Services
Pennsylvania Dept. of Health
Health & Welfare Building
P.O. Box 90, Room 714
Harrisburg, Pennsylvania 17108
(717) 783-5436

State Head Start Collaboration Project Coordinator
(412) 842-8595
(412) 787-8614 (fax)

Puerto Rico:

Acting Medicaid Director
Office of Economic Assistance to the Medically Indigent
Department of Health
G.P.O. Box 70184
San Juan, Puerto Rico 00936
(809) 765-1230

EPSDT Coordinator
(809) 765-1230

President, Puerto Rico Head Start Association
Director
New York Foundling Hospital
P.O. Box 191274
San Juan, Puerto Rico 00919
(809) 753-1321

MCH, Department of Health
Commonwealth of Puerto Rico
Call Box 70184
San Juan, Puerto Rico 00936
(809) 754-9580

ERIC

Acting Director
MCH & CSHN
Department of Health
Commonwealth of Puerto Rico
Call Box 70184
San Juan, Puerto Rico 00936
(809) 767-0870

Rhode Island:

Associate Director for
Medical Services
Department of Human Services
600 New London Avenue
Cranston, Rhode Island 02920
(401) 464-1876

EPSDT Coordinator
(401) 464-2176

President, Rhode Island Head
Start Association
Director
Cranston Community Action H.S.
848 Atwood Avenue
Cranston, Rhode Island 02920
(401) 943-5160

Medical Director, Division of Family Health
Rhode Island Dept. of Health
Three Capitol Hill
Providence, Rhode Island 02908-5098
(401) 277-2312

Assistant Medical Director
Services for Handicapped Children
Rhode Island Dept. of Health
Three Capitol Hill
Providence, Rhode Island 02908-5098
(401) 277-2312

South Carolina:

Health and Human Services
Finance Commission
P.O. Box 8206
Columbia, South Carolina 29202-8206
(803) 253-6100

EPSDT Coordinator
(803) 253-6121

President, South Carolina Head
Start Association
Director
Sunbelt Human Advancement Resources
652 Rutherford Road
P.O. Box 10204
Greenville, South Carolina 29609
(803) 233-4128

Director, Bureau of MCH
South Carolina Department of
Health & Environmental Control
2600 Bull Street
Columbia, South Carolina 29201
(803) 737-4190

Director
Division of Children's Rehab. Services
South Carolina Dept. of
Health & Environmental Control
Robert Mills Complex, Box 101106
2600 Bull Street
Columbia, South Carolina 29211
(803) 737-4050

State Head Start Collaboration Project
Coordinator
(803) 253-6281
(803) 253-6152 (fax)

South Dakota:

Program Administrator
Office of Medical Services
Department of Social Services
Richard F. Kneip Building
700 Governors Drive
Pierre, South Dakota 57501-2291
(605) 773-3495

EPSDT Coordinator
(605) 773-3495

Chairperson of the Board
South Dakota Head Start
Association
602 Circle Drive First Street W.
P.O. Box 933
Clear Lake, South Dakota 57226
(605) 874-2395

Director, MCH
South Dakota Dept. of Health
118 W. Capitol
Pierre, South Dakota 57501
(605) 773-3737

State Head Start Collaboration Project
Coordinator
(605) 773-4640
(605) 224-7968 (fax)

Tennessee:

Assistant Commissioner
Bureau of Medicaid
Department of Health
729 Church Street
Nashville, Tennessee 37247-6501
(615) 741-0213

EPSDT Coordinator
(615) 741-0169

Director
N.W. Tennessee Head Start
526 W. Walnut
McKenzie, Tennessee 38201
(901) 352-7951

Director, MCH Programs
Tennessee Dept. of Health & Environment
525 Cordell Hull Building
Nashville, Tennessee 37247-4701
(615) 741-0323

Coordinator
Children's Special Services
Tennessee Dept. of Health & Environment
525 Cordell Hull Building
Nashville, Tennessee 37247-4701
(615) 741-7353

Texas:

State Medicaid Director
Health and Human Services
Commission
Post Office Box 13247
Austin, Texas 78711
(512) 502-3224

EPSDT Coordinator
(512) 338-6933

President, Texas Head Start
Association
Director
Central Texas Opportunity, Inc.
800 E. 2nd Street
P.O. Box 820
Coleman, Texas 76834
(915) 625-4167

ERIC

Director, Bureau of MCH
Texas Dept. of Health
1100 West 49th Street
Austin, Texas 78756
(512) 458-7700

Chief, Bureau of Chronically Ill
& Disabled Children Services
Texas Dept. of Health
1100 West 49th Street
Austin, Texas 78756-3179
(512) 458-7355

State Head Start Collaboration Project
Coordinator
(512) 502-3257
(512) 463-1975 (fax)

Utah:

Director
Div. of Health Care Financing
Department of Health
288 North 1460 West
Salt Lake City, Utah 84116-0580
(801) 538-6406

EPSDT Coordinator
(801) 538-6303

President, Utah Head Start
Association
Rural Utah Child Development
P.O. Box 508
Wellington, Utah 84542
(801) 637-4960

Director, Child Health Bureau
Utah Department of Health
Cannon Building-Box 16650
288 North 1460 West
Salt Lake City, Utah 84116-0650
(801) 584-6140

Director, Children's Special
Health Services Bureau
Utah Dept of Health
Cannon Building
288 North 1460 West
Salt Lake City, Utah 84116-0650
(801) 538-6957

Vermont:

Director
Medicaid Division
Department of Social Welfare
Agency of Human Services
103 South Main Street
Waterbury, Vermont 05671-1102
(802) 241-2880

EPSDT Coordinator
(802) 241-2880

Director
CVCAC Head Start
15 Ayers Street
Barre, Vermont 05641
(802) 479-1053

Director, Maternal and Child Health
Vermont Dept. of Health
P.O. Box 70
Burlington, Vermont 05402
(802) 863-7383

Director, Handicapped Children's Services
Vermont Dept. of Health
1193 North Avenue. P.O. Box 70
Burlington, Vermont 05401
(802) 863-7338

State Head Start Collaboration Project
Coordinator
(802) 241-2220
(802) 241-2979 (fax)

APPENDIX B

Virginia:

Director
Department of Medical
Assistance Services
600 East Broad Street
Suite 1300
Richmond, Virginia 23219
(804) 786-8099

EPSDT Coordinator
(804) 786-1465

President, Virginia Head
Start Association
Director
Russell County Head Start
123 W. Main Street
P.O. Box 1087
Lebanon, Virginia 24266
(703) 889-4893

Director, Bureau of MCH
Virginia Dept. of Health
1500 East Main St
P.O. Box 2448
Richmond, Virginia 23218
(804) 786-7367

Director, Children's Specialty Services
Bureau of MCH
Virginia Dept. of Health
1500 East Main Street
Room 135, P.O. Box 2448
Richmond, Virginia 23218
(804) 786-7367

State Head Start Collaboration Project
Coordinator
(804) 371-8603
(804) 371-6571 (fax)

Virgin Islands:

Director
Bureau of Health Insurance
and Medical Assistance
Frostco Center
Altona 21039
St. Thomas, Virgin Islands 00802
(809) 774-4624

EPSDT Coordinator
(809) 774-4624

President, Virgin Island Head
Start Association
Department of Human Services
Box 612
Barbel Plaza South
Charlotte Amalie, Virgin Islands 00802
(809) 774-0930

MCH Director
U.S. Virgin Islands Dept. of Health
Charles Harwood Hospital
North 3500 Estate Richmond
St. Croix, Virgin Islands 00820-4370
(809) 776 1311

Washington:

Assistant Secretary
Medical Assistance Administration
Department of Social and
Health Services
P.O. Box 45080
Olympia, Washington 98504-5080
(206) 753-1777

EPSDT Coordinator
(206) 586-5929

ERIC

President, Washington Head
Start Association
Snohomisha County Head Start
917 134th Street, S.W., #A5
Everett, Washington 98204
(206) 745-4868

Assistant Secretary
Division of Parent Child Health Services
Dept. of Health
Mailstop LC-11A
Olympia, Washington 98504
(206) 753-7021

Program Manager, CSHN
Division of Parent Child Health Services
Dept. of Health
Mailstop LC-11A
Olympia, Washington 98504
(206) 753-0908

West Virginia:

Director
Office of Medical Services
Department of Health and
Human Resources
Building 6, State Capitol
Complex, Room 717B
Charleston, West Virginia 25305
(304) 926-1700

EPSDT Coordinator
(304) 926-1700

President, West Virginia Head
Start Association
Project Director
Multi-CAP Head Start
1007 Bigley Avenue
P.O. Box 3228
Charleston, West Virginia 25302
(304) 342-1390

Acting Director, Programs
Division of MCH
West Virginia Dept. of Health/Human Services
1411 Virginia Street, East
Charleston, West Virginia 25301
(304) 348-5388

Administrative Director
Division of Handicapped Children
West Virginia Dept. of Health/Human Services
1116 Quarrier Street
Charleston, West Virginia 25301
(304) 348-6330

Wisconsin:

Director, Bureau of Health Care Financing
Division of Health
Department of Health and Social
Services
1 West Wilson Street
P.O. Box 309
Madison, Wisconsin 53701
(608) 266-2522

EPSDT Coordinator
(608) 266-9438

Chairperson, Wisconsin H.S.
Directors Association
Western Dairyland E.O.C.
501 Whitehall Road, Box 45
Independence, Wisconson 54747
(715) 985-2391

Administrator
Family and Community Health Section
Wisconsin Division of Health
Dept. of Health and Social Services
One West Wilson Street
P.O. Box 309
Madison, Wisconson 53701-0309
(608)266-2003

Supervisor
Wisconsin Division of Health
Dept. of Health and Social Services
One West Wilson Street
P.O. Box 309
Madison, Wisconsin 53701-0309
(608) 266-3886

Wyoming:

Administrator
Division of Health Care
Financing
Department of Health
6101 Yellowstone Road
North Building, Room 259-B
Cheyenne, Wyoming 82002
(307) 777-7531

EPSDT Coordinator
(307) 777-5398

President, Wyoming Head Start
Association
Forth Washaki Head Start
Forth Washaki, Wyoming 82332
(307) 332-7163

Administrator, Division of Public Health
Wyoming Dept. of Health
Hathaway Building
Cheyenne, Wyomina 82002-0710
(307) 777-6186

Program Manager
Maternal and Child Health
Wyoming Dept. of Health
Hathaway Building
Cheyenne, Wyoming 82002-0710
(307) 777-7941

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