



Cindi Dixon, Board Chair

# **AGREEMENT BETWEEN THE YADKIN COUNTY HUMAN SERVICES AGENCY AND YVEDDI-MIGRANT HEAD START**

This Agreement is made between Yadkin Valley Economic Development District, Inc. d/b/a YVEDDI-Migrant Head Start, located at P.O. Box 309, 113 Maple Street, Boonville N.C. 27011 ("Head Start") and the Yadkin County Human Services Agency, located at 217 East Willow Street, Yadkinville, N.C. 27055.

## **1. OBLIGATIONS OF THE YADKIN COUNTY HUMAN SERVICES AGENCY**

### **1. General Obligation:**

The Yadkin County Human Services Agency will provide medical and health-related services to children enrolled at the YVEDDI-Migrant Head Start Center located in Yadkin County, N.C. and in accordance with the Head Start Performance Standards. The specific services to be provided are set forth in paragraph 1.1 through 1.6 below.

### **2. Determining Child Health Status:**

The Yadkin County Human Services Agency will assist YVEDDI-Migrant Head Start in making an assessment of whether each newly-enrolled child at Head Start is up-to-date on a schedule of age appropriate preventative and primary health care, which includes medical, dental and mental health. Such a schedule will incorporate the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis and Treatment program of the North Carolina Medicaid agency, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems. The Yadkin County Human Services Agency will assist YVEDDI-Migrant Head Start in developing and implementing a follow-up plan for any child who is not up-to-date on a schedule of age appropriate preventative and primary health care.

### **3. Screening for Developmental, Sensory and Behavior Concerns:**

As deemed appropriate by the Yadkin County Human Services Agency, the Yadkin County Human Services Agency will provide screening to identify concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, perceptual and emotional skills. The screening will include the following: (a) physical examination; (b) lead screening; (c) sickle cell screening (when applicable); (d) tuberculosis test (for children 12 months or older); (e) height and weight measurements

Head Start  
\* NC Pre-Kindergarten

Migrant Head Start

Community Services

Domestic Violence Program  
\* Sexual Assault  
\* Displaced Homemakers  
\* Family Violence Prevention

Public Transportation

Senior Enrichment Program  
\* Meals on Wheels  
\* Congregate Nutrition Sites  
\* Legal Services

Family Resource Center

Senior Centers of Excellence  
\* East Bend  
\* Yadkin County  
\* Yadkin Valley  
\* Surry County

Pilot Mtn. Senior Center

Retired & Senior Volunteer Program

Weatherization

f) hearing and vision screening; (g) urinalysis; (h) hemoglobin or hematocrit; (i) an assessment of immunizations and necessary updates; and (j) Ages and Stages screening and analysis. To the greatest extent reasonably possible these screening procedures must be sensitive to the child's cultural background. The Yadkin County Human Services Agency will provide guidance to Head Start on how to use the findings from the screening to address identify concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, perceptual and emotional skills. The screening will include the following: (a) physical examination; (b) lead screening; (c) sickle cell screening (when applicable); (d) tuberculosis test (for children 12 months or older); (e) height and weight measurements; (f) hearing and vision screening; (g) urinalysis; (h) hemoglobin or hematocrit; (i) an assessment of immunizations and necessary updates; and (j) Ages and Stages screening and analysis. To the greatest extent reasonably possible these screening procedures must be sensitive to the child's cultural background. The Yadkin County Human Service Agency will provide guidance to Head Start on how to use the findings from the screening to address identified needs.

#### **4. Disability-related Service:**

The Yadkin County Human Services Agency will with reasonable promptness refer children suspected of having a disability to either the local early intervention agency or the local school system, depending upon the age of the child referral

#### **5. WIC/Nutrition:**

The Yadkin County Human Services Agency will assess the nutritional status of children at Head Start only for those children who are enrolled in the WIC program, and this assessment will be limited to nutrition services required by the WIC program.

#### **6. Sick Child Care:**

The Yadkin County Human Services Agency will provide sick child care for children enrolled in Migrant Head Start only when the child is currently enrolled in the Yadkin County Human Services Agency well child clinic and the Health Department is the child's primary care provider or medical home. The YVEDDI-Migrant Head Start staff will notify the sick child's parent of the need to call and schedule a sick appointment at the Health Department for such a child and will request that the parent or guardian accompany the child for a visit. YVEDDI-Migrant Head Start staff may call the Yadkin County Human Services Agency's triage line for medical questions. The Yadkin County Human Services Agency will reasonably assist parents and legal guardians with locating medical providers and medical homes for children when needed.

#### **7. Parental Authorization:**

The Yadkin County Human Services Agency shall not be required to provide any services for any child unless the Yadkin County Human Services Agency has received written authorization from the child's parent or legal guardian that is deemed sufficient by the Yadkin County Human Services Agency to authorize those services.

#### **8. Location of Services:**

Services are to be rendered at the Yadkin County Human Services Agency

## **9. Reimbursement for Services:**

The Yadkin County Human Services Agency agrees to submit bills on a monthly basis to YVEDDI-Migrant Head Start, **Attn. Yolanda Saffo**, P.O. Box 309, and 113 Maple Street, Boonville N.C. 27011. A list of children receiving treatment as well as the Yadkin County Human Services Agency's tax identification number must accompany each bill. All bills must be received by YVEDDI-Migrant Head Start no later than the last day of each month to be eligible for reimbursement. YVEDDI-Migrant Head Start will promptly pay all invoices received from the Yadkin County Human Services Agency.

## **2. OBLIGATIONS OF YVEDDI-MIGRANT HEAD START:**

### **1. General Obligation:**

The Yadkin County Human Services Agency will not charge YVEDDI-Migrant Head Start for services provided pursuant to Paragraph 1.1 through 1.6 unless payment for such services is not reasonably available from third party payors (such as insurance), and the Yadkin County Human Services Agency reasonably concludes that the child's parents or guardians are unable pay for the services based on the Yadkin County Human Services Agency's sliding fee scale. In those situations, YVEDDI-Migrant Head Start will compensate the Yadkin County Human Services Agency for the services provided pursuant to Paragraphs 1.1 through 1.6 at the rates set forth in attached Schedule A. In all instances, YVEDDI-Migrant Head Start is to be the payor of last resort. Contractor shall not pay Contractive more than **\$90.00** per physical examination per child.

YVEDDI-Migrant Head Start will comply with all Head Start Performance Standards for the delivery of health care services to children enrolled at the Head Start Center.

## **2. DURATION OF AGREEMENT**

This Agreement commences on **June 1, 2016** and will terminate on **June 1, 2017**.

## **3. CONFIDENTIALITY**

The Yadkin County Human Services Agency and YVEDDI-Migrant Head Start each agree to comply with all applicable federal, state, and local laws and regulations governing the confidentiality and disclosure of patient information.

## **4. NOTICES**

Each party to this Agreement agrees to designate the following individuals to serve as contacts relating to the administration of services under this Agreement:

**For the Yadkin County Human Services Agency:**

Trish Belton: Administrative Office  
Yadkin County Human Service Agency  
P.O Box 548, Yadkinville, N.C. 27055  
Tel.: (336) 679-4203 / (336) 679-6358(fax)

**YVEDDI-Migrant Head Start:**

Yolanda Saffo  
Center Director  
P.O. Box 309, 113 Maple Street: Boonville N.C. 27011  
Tel.: (336) 367-3450 / (Fax) (336) 367-3553

**Either party can change their contact information by providing written notice of the change to the other party.**

In witness whereof, the parties have executed this Agreement:

**Yadkin Valley Economic Development, Inc. d/b/a YVEDDI:**

By: Kathy Payne 2-23-16  
Executive Director Date

**Yadkin County Human Services Agency**

By: K. Kurell 3/24/16  
~~Administrative Office~~ Director Date

**YVEDDI Migrant Head Start:**

By: Yolanda Saffo 2/23/16  
Program Coordinator / Center Director Date

## SCHEDULE A

### Medical Services with Dental Screening- Medicaid Medical Provider

<b>Fees for Physicals including TB Risk Assessment, Immunizations, Height/Weight, Head Circumference (under 24 mos), Lead Screening (12 and 24 mos or as indicated), Vision (3-5 years), Hearing(4-5 years)</b>			
	Usual & Customary Rate	YVEDDI-MHS Cost	In-kind (if applicable)
Physical Fees: New Patient (<1 year and 1-5 years)			
Physical Fees: Established Patient (<1 year and 1-5 years)			
<b>Lab Testing, Blood Pressure, Immunization, PPD, Vision/Hearing and Developmental Screening if NOT done as part of EPSDT exam)</b>			
Hemoglobin/Hematocrit			
Urinalysis			
Lead Testing			
Immunization			
Vision Screening (ages 3-5)			
Hearing Screening (ages 4-5)			
PPD			
Developmental Screening (Ages & Stages)			
WIC Services/ Nutrition Consultation			
Disability Related Services			
<b>Fees for Oral Screening including Fluoride Varnish (provided by medical provider other than dentist)</b>			
	Usual & Customary Rate	YVEDDI-MHS Cost	In-kind (if applicable)
Oral Screening			
Fluoride Varnish			

2/16

## Billing Authorization for Child Health Services Rendered

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Provider: \_\_\_\_\_

Center Name: \_\_\_\_\_

Service to be Rendered:

☐ Physical

☐ Vision Screening

☐ Eye Exam

☐ Dental Screening

☐ Hearing Screening

☐ ENT follow-up appointment

☐ Mental Health   ☐ Restorative Dental Care (specify): \_\_\_\_\_

☐ Other (specify): \_\_\_\_\_

The above named child does not have Medicaid/Health Choice or other third party reimbursement.  
Services rendered at today's appointment should be billed under contractual agreement to:

East Coast Migrant Head Start Project

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Attn: Health/Disability Services Specialist

\_\_\_\_\_  
Signature of Center Director

\_\_\_\_\_  
Date

If you have questions, please contact:

\_\_\_\_\_  
Health/Disability Services Coordinator

\_\_\_\_\_  
Phone

Staff: Send original with child to the appointment. Make a copy to keep at the center and attach the Child Health Services Rendered Form.

## Well Child Physical Exam

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
ECMHSP - (Center Name and Address) \_\_\_\_\_

Significant Health History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Immunizations – Today: Hep B \_\_\_\_\_ Rota \_\_\_\_\_ DTaP \_\_\_\_\_ Hib \_\_\_\_\_ Pneumo \_\_\_\_\_  
IPV \_\_\_\_\_ MMR \_\_\_\_\_ Varicella \_\_\_\_\_ Hep A \_\_\_\_\_ Influenza \_\_\_\_\_

Date Next Immunizations are due: \_\_\_\_\_ Up to Date? \_\_\_\_\_

TB exposure Risk Assessment: Completed Yes/No: \_\_\_\_\_ PPD Testing Required? Yes/No \_\_\_\_\_

Screening	Results	Comments
Height – Inches (All ages)		
Weight – Pounds (All ages)		
Blood Pressure – value (>3 years)		
Head Circumference (<2 years)		
Vision (Subjective 0-3; Objective 3-5)		
Hearing (Subjective 0-4 Objective 45)		
Hct or Hbg (>9 months)		
Lead (12 m & 24 m & <6 yrs not previously tested)		
Tuberculosis (as required)		
Dental Screening (Circle all that apply):		
A) Visible caries and/or oral infection		
B) Possible caries and/or oral infection		
C) Teeth and tissues healthy		
D) Fluoride Varnish		
E) Anticipatory Guidance		

Physical Examination	Normal	Abnormal	Comments
General Appearance			
Posture/Gait			
Head			
Skin			
Eyes			
Ears			
Nose/Throat			
Heart			
Lungs			
Abdomen			
Genitalia			
Muscular			
Skeletal			
Neurological			
Developmental (attach screening)			
Behavioral/Mental Health			

Needs a referral to an R.D, for Nutritional Assessment? YES or NO \_\_\_\_\_ Diagnosis/Plans: \_\_\_\_\_

Provider Name (Please Print): \_\_\_\_\_ Exam Date: \_\_\_\_\_ Next Exam: \_\_\_\_\_  
Provider Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Clinic Name: \_\_\_\_\_

Health/Disability Coordinator Review: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

RFP Number (if applicable): \_\_\_\_\_

Name of Vendor or Bidder: \_\_\_\_\_

YVEDDI Migrant Headstart

**IRAN DIVESTMENT ACT CERTIFICATION  
REQUIRED BY N.C.G.S. 143C-6A-5(a)**

As of the date listed below, the vendor or bidder listed above is not listed on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. 143-6A-4.

The undersigned hereby certifies that he or she is authorized by the vendor or bidder listed above to make the foregoing statement.

*Kathy Payne*

Signature

3-15-16

Date

Kathy Payne

Printed Name

Executive Director

Title

*Notes to persons signing this form:*

N.C.G.S. 143C-6A-5(a) requires this certification for bids or contracts with the State of North Carolina, a North Carolina local government, or any other political subdivision of the State of North Carolina. The certification is required at the following times:

- When a bid is submitted
- When a contract is entered into (if the certification was not already made when the vendor made its bid)
- When a contract is renewed or assigned

N.C.G.S. 143C-6A-5(b) requires that contractors with the State, a North Carolina local government, or any other political subdivision of the State of North Carolina must not utilize any subcontractor found on the State Treasurer's Final Divestment List.

The State Treasurer's Final Divestment List can be found on the State Treasurer's website at the address [www.nctreasurer.com/iran](http://www.nctreasurer.com/iran) and will be updated every 180 days.