Guidance for Requesting P.O./ Tracking Numbers for Dental and Physical Initial Exams

Instructions for Head Start/ Early Head Start Home Visitors:
When families are making appointments for children at their doctor and dentist’s offices make sure you take the following steps, to assure that our families are receiving all the services necessary.

THIS IS FOR INITIAL WELL CHILD EXAMS AND DENTAL EXAMS ONLY

I. Children with medical cards.
   A. On the Child Wellness Exam Cover Letter and/ or Dental Exam Cover Letter, write the child’s Medicaid number on the right top corner of the page.
   B. Remind parents to bring their Medicaid card with them to their appointment.
   C. Please tell the parents to allow a few days when scheduling their appointments to allow time for you to mail the form.
   D. Mail the form to the physician’s office.
   E. Document in the child’s file where/ when you sent the forms.

II. Children without medical coverage.
   A. Tell the parents to make an appointment with their physician for a physical exam. And an appointment with the dentist for a dental exam.
   B. Please tell the parent to allow at seven working days for PO/Tracking Number processing and mail delivery time.
   C. Fax in the form to Cami at Central Office requesting a PO/ Tracking Number for a Dental Exam and /or Child Wellness Exam. If other screenings such as Hematocrit, Lead Testing, or Immunizations are needed please write it on the PO request form and on the checklist on the Wellness Exam Cover Letter.
   D. Write the P.O./ Tracking Number on the Child Wellness Exam Cover and /or the Dental Exam Cover make sure to complete all other information, including your center name and mail or fax the exam form to the physician or dentist’s office.
   E. Document in the child’s file where/ when you sent the forms.

Other Guidance: Get to know the dental and medical office personnel of the offices where you are referring your families to. Forming a relationship with dental and medical office personnel may help you obtain your release of information in a timely manner.

Smiles Count and Baby Smiles Dental Curriculum has a list of dental providers that have entered into an agreement with our program. Let them know that Head Start participants will have a P.O. tracking number if they don’t have Medicaid. Drop off blank copies of our forms. And don’t forget to drop in once in a while to check if they need more forms or if we help streamline the paperwork process.
Guidance for Requesting Funds for **Medical & Dental Follow-Up**

Instructions for Head Start/ Early Head Start Home Visitors:
Follow up services must be authorized *prior* to the service. Please do not assume that Head Start will pay for follow-up services. If it wasn’t pre-authorized with a PO /Tracking Number, The Program is **not responsible for the bill.**

I. **Home Visitor: Assist the family in completing the Health/Dental and Special Needs Follow Up Authorization Request form.**
   A. Please write the name of doctor or clinic, what the follow up treatment is.
   B. Include a copy of a treatment plan with **estimated costs.**
   C. Parent should write the reason for requesting Head Start funds.
   D. Parent must initial the bottom of page (bolded)
   E. Family Educator signs
   F. Center Supervisor signs
   G. Keep a copy in child’s file
   H. Fax or mail to Central Office Attention: Health Specialist or Early Head Start Coordinator.

II. **All Resources must be exhausted before utilizing Program funds. Head Start/Early Head Start is the payer of last resort.** This means that the family must:
   A. Apply for CHIPS /Medicaid if they qualify by income and legal status.
   B. If they were denied, attach a copy of the *Medicaid Denial letter* to the Health/Dental and Special Needs Follow Up Authorization Request Form and fax in to Central Office attention: Health Specialist or Early Head Start Coordinator.
   C. Apply for Caring Foundation (for Dental), if they do not qualify for CHIPS/ Medicaid
   D. Use available child’s insurance. Does either parent have insurance? If so we must use this resource. Family can request for Program funds to pay for the portion that the insurance doesn’t cover.
   E. Explore all available resources.
      • Is there a Church that can help pay for costs?
      • Are there foundations that can help pay for any portion?
      • Have they contacted Idaho Migrant Council?
      • Have they checked Community Action Agency?
      • Is there a family member (grandparents or friends) that can help pay for any portion of the costs?
      • Can the family pay for any portion of the work?
      • Can they make payments?