

PHYSICIAN /NON-PHYSICIAN HEALTH ASSESSOR AGREEMENT

This document is an agreement of scope of practice between:

CHDP Approved Physician

NP/PA Applicant

FACILITY NAME: _____

This agreement includes the following guidelines:

1. The CHDP provider must follow the Medi-Cal Program requirement for non-physician practitioners.
2. The procedures to be included in the CHDP health assessment performed by the NP/PA are:
 - a. A complete health, nutritional, anticipatory guidance and developmental history
 - b. A head to toe unclothed physical examination
 - c. Developmental, nutritional, and dental assessments
 - d. Ancillary tests as appropriate: e.g. sickle cell, lead screening, etc.
 - e. Referral of identified problems to appropriate resources
3. The NP / PA is to verify that the following have been completed (according to the CHDP Periodicity schedule) and recorded appropriately:
 - a. Height, weight, head circumference, blood pressure, etc.
 - b. Vision screening
 - c. Audiometric screening, using the pure tone audiometer
 - d. Hematocrit or hemoglobin determination
 - e. Urine test by dipstick
 - f. Mantoux test for tuberculosis screening
 - g. Lead testing
 - h. Immunizations administered as recommended by the State of California Department of Health Services (ACIP/AAP)
4. The NP / PA will work under the direction of a CHDP approved physician who is available for consultation at all times, in person or by telephone.
5. The physician must check all questionable findings, e.g. pathologic vs. functional heart murmur, at no charge to the parent or the CHDP Program.
6. The physician and NP/PA agree to abide by the Riverside County CHDP Program requirements, CHDP Provider Manual Rules and Regulations, Policies and CHDP Health Assessment Guidelines.
7. Whenever a referral is indicated, the NP/PA shall provide three appropriate referral resources.
8. Standard protocols/procedures for practice by the NP/PA will be available in the physician's office for review by the local CHDP Program office.

SIGNED: (in blue ink)

CHDP Approved Supervising Physician

Date

Nurse Practitioner / Physician Assistant Applicant

Date