DIRECT CARE SERVICES

A wide variety of services are offered through the Tribal Health Program. These services can be offered through direct care and contract health services. Direct Care Services are those services offered at the Health department at no cost to the client. All federally recognized Indians are eligible for these services to the extent that funding is available and scheduling allows.

Medical Ser	vices
-------------	-------

Family Practice Annual Physicals School Physicals Sports Physicals Routine Gynecology (Pap Smears, Internal Exams)

Breast Exams Small Growth Removal Immunizations Referrals for Diagnostic Services Referrals for Specialty Services

Referral to Community

Patient Transportation

Health Nursing

Community Outreach

Note: Not eligible if patient lives outside CHSDA

Home Visits Limited Screening Patient Education and General Assistance

Advocacy

Nutrition Services

Podiatry Services

Community Health Nursing

Health Histories and Assessments Well Child Care Monitoring Screening for Specific Conditions Health Education Counseling and Advisory

Services Home Care Services

Crisis Intervention AIDS information, Referral and Counseling Referrals to Physicians, Dentists, Optometrists Case Management Communicable Disease Screening and Follow-up

Behavioral Health

Assessments and Evaluations Prevention Education Crisis Intervention

Counseling 1. Individual 2. Small group 3. Family

Community Injury Control

Note: Not eligible if patient lives outside CHSDA

Community Bases Education Injury Surveillance Youth Safety Projects

CONTRACT HEALTH SERVICES

When the Mashantucket Pequot Health department is unable to provide certain services at the clinic, the Health department will refer the patient to a contract provider for treatment. The monies used to pay for these services/referrals are known as Contract Health Services (CHS) and are provided through the Mashantucket Pequot Health Department's contract with IHS. Payment is made on medical claims provided the following conditions are met:

> (1) Eligibility (2) Availability of alternate resources (3) Notification requirements (4) Authorization of payment (5) Health services priorities.

> > Rev. 7-27-2012