



Volunteer Provider Handbook

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CHILDREN'S VOLUNTEER HEALTH NETWORK, INC.

Children's Volunteer Health Network, Inc. provides free access to quality medical, dental and mental health services to uninsured and underserved children in the area. CVHN was founded in 2005. Our management team consists of the Board of Directors and officers of CVHN who work closely with the Executive Director. The work is divided among committees as CVHN relies heavily on volunteers.

The Services:

CVHN facilitates the delivery of free, comprehensive direct medical, dental and mental health services to school children who are uninsured or underinsured. We do this by utilizing a network of physicians, dentists and other providers who donate their services at no charge. These providers are supported by the efforts of community volunteers, in-house case management staff and school personnel.

The volunteers and staff are the advocates/liaisons coordinating hospital, pharmacy and medical laboratory appointments that may be necessary for a child's treatment.

Medical Services

Allergy/Asthma, Audiology, Dermatology, Ear/Nose/Throat, Family Practice, Internist, Neurology, OB/Gyn, Oncology, Ophthalmology, Orthopedics, Podiatry, Surgery

Ancillary Services

Pharmacy, Lab Work, Diagnostic Imaging

Dental Services

Ongoing referrals to CVHN Dentists, Orthodontic Evaluations & Dental Hygiene
CVHN also owns and operates a two chair Mobile Dental Clinic that visits local elementary schools to provide preventive dental treatments as well as a three chair fully staffed dental clinic in Santa Rosa Beach.

Mental Health Services

Variety of Mental Health Professionals

Insurance Outreach and Advocacy

Helping families obtain affordable health insurance and assisting families to navigate through the health care system

Our work is never finished. The needs of our community continue to grow. If a specialty is not listed above, please contact our office to discuss the option of including this specialty in our network.

P O Box 2142
Santa Rosa Beach, FL 32459
850-622-3200 Fax: 850-888-3731
clientcare@cvhnkids.org



The Market:

Research shows that 30% of children in Walton County are living in poverty and 20% in Okaloosa County. An average of 40.8% of Okaloosa and Walton Counties students are on free or reduced lunch. This figure continues to increase.

As the county grows and prospers, it only makes good economic sense to invest the energy, money and time necessary to get these children the help they need. Many of these kids fall short of being qualified for Florida Kid Care. Or, they *do* qualify and many times Kid Care covers only a fraction of the cost of the service.

One client, a 16-year-old girl, has a 60% hearing loss and needs hearing aids. She is Florida Kid Care qualified, but only \$250 is allocated for the \$5,000 cost of the hearing aids. This is only one of the many examples that these children and their families encounter.

Since our inception in August 2005, we have helped over 18,000 children receive much needed health care. The value of the services provided reaches just over \$5.8 million. We currently have over 90 healthcare providers, including dentists, doctors, and mental healthcare providers in the CVHN network.

CVHN recognizes the need for a coalition of service providers to best utilize the resources available in the community and is actively coordinating a council of community resources to integrate services that are available to our clients.

Financial Consideration:

Our main strategy is the individual ongoing participation of the community. We plan to grow financially through individual donations, corporate benefactors, applying for grants monies and through sponsors. We will continue to grow our network of healthcare professionals. And in 2008, we started a mobile dental clinic program that provides preventive dental care to kids pre-K through 3rd grade in Walton County elementary schools on the free or reduced lunch programs. Additionally, in 2012 we opened the doors to a three-chair dental clinic in Santa Rosa Beach.

Please consider us in your donations and gifting. Our children are our future and they are our hearts.



CHILDREN'S VOLUNTEER HEALTH NETWORK, INC.

QUICK OVERVIEW OF REFERRAL PROCEDURES

(MEDICAL PROVIDER RESPONSIBILITIES ARE FOUND IN SHADED AREA)

- CHILD PRESENTS WITH MEDICAL PROBLEM EITHER AT SCHOOL OR AT HOME.
- CHILD IS REFERRED TO CVHN.
- CVHN VERIFIES INSURANCE STATUS, ELIGIBILITY AND SCREENS APPLICANT.
- CVHN COMPLETES REFERRAL FORM AND OBTAINS PARENTAL CONSENT.
- CVHN OBTAINS APPOINTMENT WITH MEDICAL PROVIDER AND FAXES OVER CHILD'S INFORMATION ALONG WITH APPOINTMENT WALK OUT FORM.
- A COPY OF THE CHILD'S REFERRAL FORMS ARE FAXED TO THE MEDICAL PROVIDER BEFORE SCHEDULED APPOINTMENT TIME. AFTER THE APPOINTMENT, THE MEDICAL PROVIDER FILLS OUT WALK-OUT FORM. **CVHN MUST BE NOTIFIED OF ANY ADDITIONAL APPOINTMENTS OR REFERRALS, AS THEY ARE RESPONSIBLE FOR FOLLOWING UP WITH THE FAMILY AND COORDINATING ADDITIONAL VISITS.** FOLLOW-UP APPOINTMENTS OR REFERRALS TO ANOTHER SPECIALTY CAN BE INDICATED ON THE REFERRAL FORM. IF IMMEDIATE FOLLOW UP IS NECESSARY (I.E. MEDICATION, FURTHER TESTS, ETC.) PLEASE CALL CVHN AT 850-622-3200. PLEASE FEEL FREE TO CALL CVHN IF YOU HAVE QUESTIONS.
- **THE COMPLETED WALK OUT STATEMENT (A DETAILED REPORT LISTING ALL EXPENSES AND COSTS THE PATIENT WOULD HAVE INCURRED) INDICATING "NO CHARGE" ARE THEN FAXED BACK TO CVHN, ALONG WITH ANY COPIES OF BILLING STATEMENTS FROM THE PROVIDER'S OFFICE.**
- CVHN REVIEWS THE WALK OUT STATEMENT AND MAKES NOTE OF ANY FOLLOW-UP APPOINTMENTS. IF A REFERRAL TO ANOTHER SPECIALTY IS INDICATED, CVHN WILL MAKE THAT APPOINTMENT. IF ADDITIONAL TREATMENT IS REQUIRED, CVHN WILL ARRANGE THIS AS WELL.
- CVHN WILL FOLLOW UP WITH THE FAMILY AND ARRANGE FOR ANY ADDITIONAL APPOINTMENTS.

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clientcare@cvhnkids.org



Date _____

Children's Volunteer Health Network, Inc. Referral Form

Last Name of Child _____ First Name _____ M ___ F ___

Age ___ DOB _____ SS# _____ Race _____

Address _____

City _____ St ___ Zip _____

Phone _____ Cell Phone _____

Name of Parents: Mother _____ Primary Language _____

Father _____ Primary Language _____

Name of Guardian _____ Primary Language _____

Mother Place of Work _____ Phone _____

Father Place of Work _____ Phone _____

School _____ School Grade _____

Home Room Teacher's Name _____

Is child in Exceptional Student Education Program? Yes ___ No ___

Current Medical/Dental Problem _____

Significant Medical History _____ Allergies? _____

Does your child need counseling? Yes ___ No ___

Current Medications _____

Chronic Conditions _____

Immunizations up to date? Yes ___ No ___ If No, what is needed? _____

Medicaid? Yes ___ No ___ Kid Care? Yes ___ No ___

Free/Reduced Lunch Program? Yes ___ No ___ Date of last physical _____

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Santa Rosa Beach, FL 32459
850-622-3200 Fax: 850-888-3731
clientcare@cvhnrkids.org



Email correspondence:
clientcare@cvhnkids.org
Client Care Phone:
850-622-3200 ext.106
P.O. Box 2142
Santa Rosa Beach, FL
32459

Email

Date: _____

Volunteer Provider: _____

From: Lianne McConnell, Client Care Coordinator

Email or Fax: clientcare@cvhnkids.org; 850-888-3731

Contact #: _____

Patient's Name: _____

*****TO BE COMPLETED BY ATTENDING DOCTOR/COUNSELOR*****

Please fill in the areas below.

Please email the **completed Walk Out Statement*** indicating the charges that *would have* been incurred with a **"NO CHARGE"** notation to clientcare@cvhnkids.org

If immediate follow-up is needed (i.e. medication, further tests),
Please call our office at 850-622-3200 ext.106

Brief Description of Services Performed:

Please indicate a value of service & "NO CHARGE" OR 0.00 for charges to patient.

Value of Services \$ _____ Charges to Patient \$ _____

Signed by Doctor/Counselor _____ Date _____

Unless otherwise specified by your recommendation and/or referral, this is a one-time only appointment. If any follow-up appointments are needed, it is important that CVHN be notified of each additional visit, along with the corresponding treatment plan.

If possible, please attach a detailed report listing all procedures performed and fees the patient would have been charged.



**Florida House of Representatives
Tallahassee, Florida 32399-1300
Statutes. State of Florida, Chapter 768.1355**

768-1355 Florida Volunteer Protection Act.

(1) Any person who volunteers to perform any service for any nonprofit organization, including an officer or director of such organization, without compensation from the nonprofit organization, regardless of whether the person is receiving compensation from another source, except reimbursement for actual expenses, shall be considered an agent of such nonprofit organization when acting within the scope of any official duties performed under such volunteer services. Such person, and the source of any such compensation, if the volunteer is not acting as an agent of the source, shall incur no civil liability for any act or omission by such person which results in personal injury or property damage if:

(a) Such person was acting in good faith within the scope of any official duties performed under such volunteer service and such person was acting as an ordinary reasonably prudent person would have acted under the same or similar circumstances; and

(b) The injury or damage was not caused by any wanton or willful misconduct on the part of such person in the performance of such duties.

1. For purposes of this act, the term "nonprofit organization" means any organization which is exempt from taxation pursuant to 26 U.S.C. s. 501, or any federal, state, or local governmental entity.

2. For purposes of this act, the term "compensation" does not include a stipend as provided by the Domestic Service Volunteer Act of 1973, as amended (Pub. L. No. 93-113), or other financial assistance, valued at less than two-thirds of the federal hourly minimum wage standard, paid to a person who would otherwise be financially unable to provide the volunteer service.

(2) Except as otherwise provided by law, if a volunteer is determined to be not liable pursuant to subsection (1), the nonprofit organization for which the volunteer was performing services when the damages were caused shall be liable for such damages to the same extent as the nonprofit organization would have been liable if the liability limitation pursuant to subsection (1) had not been provided.

(3) Members of elected or appointed boards, councils, and commissions of the state, counties, municipalities, authorities, and special districts shall incur no civil liability and shall have immunity from suit as provided in s. 768.28 for acts or omissions by members relating to members' conduct of their official duties. It is the intent of the Legislature to encourage our best and brightest people to serve on elected and appointed boards, councils, and commissions.

(4) This section may be cited as the "Florida Volunteer Protection Act."

History.—s. 1, ch. 93-139; s. 50, ch. 96-399; s. 1, ch. 2011-190.