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Self Updates: Services details

 H80CS00119: County of Lake, dba Lake County Health Department and Community Health Center, Waukegan, IL

Grant Number: H80CS00119 **BHCMIS ID:** 058870 **Project Period:** 12/01/2001 - 01/31/2027

Budget Period: 02/01/2024 - 01/31/2025

Resources

View

Form 5A Form 5B Form 5C

Pending Approved Changes					
Required Services	Additional Services	Specialty Services			
Pending Approved Changes (0)	Pending Approved Changes (0)	Pending Approved Changes (0)			

Approved Required Services				
		Service Delivery Method	ds	
Service Type	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Writter Referral Arrangement (Health Center DOES NOT pay)	
General Primary Medical Care	X			
Diagnostic Laboratory	X	X	X	
Diagnostic Radiology		X	Χ	
Screenings	X	X		
Coverage for Emergencies During and After Hours	Х	×		
Voluntary Family Planning	X			
Immunizations	X			
Well Child Services	X			
Gynecological Care	X	X	Χ	
Obstetrical Care				
Prenatal Care	X		X	
Intrapartum Care (Labor & Delivery)			Χ	
Postpartum Care	X		X	
Preventive Dental	X			
Pharmaceutical Services	X	X		
Case Management	X			
Eligibility Assistance	X			
Health Education	X			
Outreach	X			
Transportation	X	X	X	
Translation	X	X		

Logout

Approved Additional Services					
Service Type	Service Delivery Methods				
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)		
Additional Dental Services	X				
Behavioral Health Services					
Mental Health Services	Χ				
Substance Use Disorder Services	X				
Nutrition	X				

Approved Specialty Services				
Service Type	Service Delivery Methods			
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)	
Podiatry - Podiatry			X	
Psychiatry	X	X		
Other - Asthma/Allergy Specialty Care	X			

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