

**SCHOOL HEALTH SERVICES
PROGRAM SPECIFIC
MODEL ATTACHMENT I**

Performance Based Contract

A. SERVICES TO BE PROVIDED

1. Definition of Terms

a. Contract Terms

Fiscal Year	July 1, 2007 to June 30, 2008
Funding Agency	Clay County Health Department (CHD)
The Provider	School Board of Clay County (LSD)

b. Program or Service Specific Terms

Full Service Schools (Interagency Cooperation) Projects: A program that provides all basic school health services, as well as serves a student population that has a high risk of needing medical and social services, such as, nutrition services, basic medical services, aid to dependent children, parenting skills, counseling for abused children, counseling for children at high risk for delinquent behavior and their parents, and adult education, as required by s.402.3026, F.S.

Clients: Students enrolled in Clay County Full Service public schools. Services may be extended to serve high-risk student populations and their families on school district property.

School Health Services Plan: A document, prepared by the CHD along with the LSD, local partners and School Health Advisory Committee, which identifies and outlines how the providers will deliver school health services (Basic, Comprehensive and Full-Service); show accountability and outcome indicators; show strategies for assessing and blending financial resources (both public and private); and establish a documentation system. The plan operates on a two year cycle and for the purpose of this contract, the plan covers years 2006 – 2008.

Annual School Health Services Report: An annual report the provider submits to the funding agency each year that reflects services, staffing and expenditures. For the purpose of this contract, the report will cover the period from July 1, 2007 through June 30, 2008.

General Description

- c. **General Statement:** (Check services which apply to this contract).

Note: All programs and contracted staff must also provide Basic School Health Services as mandated in s. 381.0056, F.S.

Basic School Health Services: General school health services which are available to all students in Florida's public and participating non-public schools in all 67 school districts.

Full Service Schools: Includes Basic School Health Services and additional specialized services that integrate education, medical, social and/or human services to meet the needs of the high risk student population and their families on school district property as required by s. 402.3026, F.S.

- d. **Authority**

The provider will deliver school health services required by this contract in compliance with sections 381.0056, 381.0059, and 402.3026, F.S., and with Chapter 64F-6.001, F.A.C.

- e. **Scope of Services** (Check services which apply to this contract).

Basic School Health Services (s. 381.0056, F.S.)

The provider will provide Basic School Health Services which, at a minimum include: screening of vision, hearing, growth and development (utilizing Body Mass Index percentile for age and gender), and scoliosis; health appraisals, referral and follow-up, maintenance of health records, meeting emergency health needs, nursing assessments, health counseling, medication assistance, and a preventive dental program.

Full Service School Health Services (s. 402.3026, F.S.)

In Full Service Schools, there shall be provision of health services for prevention, treatment, and support services for students and families that need medical and social services in order to succeed, in accordance with the approved School Health Services Plan.

- f. **Major Program Goals:** (Check the services which apply to this contract).

Basic School Health Services

Basic School Health Services are carried out to appraise, protect, and promote the health of students. The provider will meet the requirements of s. 381.0056, F.S., The School Health Services Act, and Chapter 64F-6, F.A.C.

Full Service School Projects

Full Services Schools provide Basic School Health Services and integrated education, medical, social, and human services that are beneficial to meeting the needs of high risk students and their families on school district property, as required by s. 402.3026, F.S. and Specific Appropriation Line 541.

2. Clients To Be Served

a. General Description: (Check services which apply to this contract).

Basic School Health Services

The provider will deliver Basic School Health Services as defined in s. 381.0056, F.S., to serve students in public schools and participating non-public schools.

Full Service School Health Services

The provider will collaborate with volunteer partners to provide Basic School Health Services and set common goals to serve students from schools that have a student population with a high risk of failure due to unmet medical and social services needs, as required by s. 402.3026, F.S.

b. Client Eligibility: (Check services which apply to this contract)

Basic School Health Services

These services will be available to all students enrolled in public and participating non-public schools based upon the availability of funds and in accordance with the School Health Services Plan.

Full Service School Health Services

County designated Full Service Schools will serve student populations with a high risk of needing medical and social services and will be located in facilities established within the grounds of the school.

c. Client Determination

The provider, at the beginning of each school year will inform parents or guardians in writing, about general and specific school health services that students will receive. Students will be exempted from any health service(s), if the parent or guardian requests the exemption in writing.

d. Contract Limits

The provider will provide services to students whose parents or legal guardians did not submit a written request for exemption.

B. MANNER OF SERVICE PROVISION

1. Service Tasks

a. Task List

1. The provider will make available school health services to all students in school locations listed in Attachment II. These services include, but are not limited to screenings, health assessments, health counseling, health education, medication assistance, conducting record reviews, and documenting services, referrals, and outcomes. In addition, the CHD and LSD will specify, in the School Health Services Plan, other tasks and services the provider must deliver.
2. In each Full Service School, the provider will provide services appropriate to its high-risk population, in accordance with s. 402.3026, F.S. Such services shall include, without limitation, nutritional services, basic medical services, aid to dependent children, parenting skills, counseling for abused children, counseling for children at high risk for delinquent behavior and their parents, and adult education.

b. Task Limits

The limits of Basic and Full Service School Health Services are as provided in:

1. The School Health Services Act, s. 381.0056, F.S., s. 381.0059, F.S., and Full Service Schools, s. 402.3026, F.S.
2. Chapter 64F-6, F.A.C.
3. School Health Services Plan
4. Department of Health Schedule C Funds, as appropriated for the School Health Program.
5. Guidelines in the School Health Services Manual (HRSM 150-25), all of which are hereby incorporated by reference and any subsequent revisions made during the contract period.

2. Staffing Requirements

The staffing configuration for Basic School Health Services and Full Service Schools will be documented in the Annual School Health Services Report, based on funds appropriated and the number of staff required to provide services in compliance with s. 381.0056, F.S. and s. 402.3026, F.S.

a. Professional Qualifications

School Nurse – a registered nurse with a bachelor's degree or a registered nurse with three years of experience either in public health nursing, pediatric nursing, or other applicable nursing experience.

School Health Aide – a minimum of a high school diploma or General Equivalence Diploma (GED), current certification in First Aid and Cardiopulmonary Resuscitation (CPR), and other health support staff training deemed necessary to provide essential health services. These trainings shall be obtained prior to and during employment.

School Health Social Worker – a minimum of a bachelor's degree in social work, and other staff qualifications to be determined according to the project design.

b. Staffing Changes

Changes in staffing patterns will take place only after the provider has submitted an advanced 30 day written notice for review and these changes have been approved by the CHD.

c. Subcontractors

Subcontracting will only take place when the provider does not have the capacity to fulfill service requirements as specified in the School Health Services Plan, or in the mutual agreements for Full Service School Programs. All subcontracts must be reviewed and approved by the CHD Administrator and in accordance with Contract Management System Update #05-2 (Subcontracting Approval Procedures).

3. Service Location and Equipment

a. Location

All school health services will be provided in adequate health room or clinic facilities at school sites in accordance with State Requirements for Educational Facilities and Chapter 4, section 423 of the Florida Building Code., the School Health Services Manual (HRSM 150-25), pp. 2-3, standard 6), the county's approved School Health Services Plan, and in the Full Service School agreement with the CHD. Schools designated as Full Service Schools will be assigned District Area Unit (DAU) numbers identifying school locations. These schools will be listed in Attachment II.

b. Equipment

At a minimum, all public and participating non-public schools will meet the standards for equipment and supplies as specified in the School Health Services Manual (HRSM 150-25), herein incorporated by reference and including any subsequent revisions made during the contract period.

c. Service Times

Services will be provided in accordance with time frames identified in the School Health Services Plan and school year calendar. The provider is responsible for assuring that coding information submitted for entry into the DOH Health Management System (HMS) accurately reflects services provided.

d. Changes in Location

The provider cannot change the school sites specified in Attachment II and in the School Health Services Plan for a Full Service School Program without the written approval of the CHD, the School Health Program Office and an approved amendment to the School Health Services Plan.

4. Deliverables

a. Reports

The provider will complete and submit to the CHD required data and information to prepare the biennial School Health Services Plan and the Annual School Health Services Report, in accordance with the following schedule:

1. Annual School Health Services Report (Due on September 30, 2007)

Any portion of the information in the plan and/or report must be updated when changes are necessary.

b. Data Submission

Aggregate data will be submitted monthly to the CHD in a format that can be used by CHD staff to enter it into the HMS. The data will be coded in accordance with the School Health Personal Health Coding Pamphlet and will be submitted within 15 days following the end of each month.

Check all services which apply:

Basic School Health Services

The provider will document in HMS all services provided using program component 34 for Basic School Health Services; and,

Full Service School Health Services

The provider will report data for HMS on the services provided by staff hired under funding for these programs. Such data will be identified by six-digit DAU numbers for each school and by using service codes available in the HMS.

c. Documentation

The provider will maintain the following documentation and information for monitoring and review:

1. Cumulative Health Records (DH Form 3041) for each student which contain:
 - immunization certification records or exemptions (DH Form 680)
 - school entry health examination form (DH Form 3040)
 - documentation of screenings, results, referrals and outcomes of referrals
 - individual health care plans for chronic or complex health conditions
2. Daily Clinic Logs in all public and participating non-public schools

3. Individual confidential Student Treatment Records, as maintained by physicians, psychologists or other recognized health professionals and paraprofessionals, used in connection with the provision of medical treatment on school grounds, in accordance with s. 1002.22, F.S.

5. Performance Specifications

a. Outcomes and Outputs

The performance of school health services will be measured by standards outlined in the School Health Services Plan for 2006 – 2008, data submission per the Annual School Health Services Report and performance measures in the DOH Quarterly Performance Indicator System.

At a minimum, the provider will meet the department's 2007 - 2008 goal of 71% completed referral outcomes for abnormal vision and hearing screening results.

The provider will collect and submit data, in the required format to the CHD for completion of the Annual School Health Services Report.

The provider will deliver school health services as specified in the School Health Services Act, s. 381.0056, F.S., 381.0059, F.S., Rule 64F-6.001 – 6.006, F.A.C., Full Service Schools as required by s. 402.3026, F.S., and the School Health Services Manual (HRSM 150-25). These services include health screenings by specified grade levels; provisions for maintaining confidential health information in separate files under lock and key; documentation of screening referrals and outcome results; and methods for measuring progress towards meeting and achieving stated goals and objectives in the School Health Services Plan. The provider is required to develop protocols for the administrative and professional supervision of School Health Services personnel and Full Service School staff to assure that services are provided in accordance with statutory and regulatory requirements, the School Health Services Plan, Annual School Health Services Report, and this contract, as well as meet the professional standards of practice (ss. 464.001 – 464.027, F.S.).

The CHD will arrange with the provider a schedule for periodic on-site program reviews to ensure compliance in the areas of facilities, equipment, supplies, clinical procedures, service delivery, documentation, records maintenance, data collection and submission.

b. Approved Health Core Standards For Fiscal Year 2007 – 2008

The Public Health Core Standards applicable to the provider and explanations or intent are listed below:

1. 100% of students will have appropriate immunizations within 30 days of entry into school except in cases of documented medical or religious exemptions or homeless status.
2. 100% of students in grades Kindergarten, One, Three, and Six at a minimum will receive basic screening services for vision as will students entering Florida schools for the first time in grades Kindergarten through Five.
3. 100% of students in grades Kindergarten, One and Six at a minimum will be provided hearing screening services, as will students entering Florida schools for the first time in grades Kindergarten through Five; and optionally to students in Three.
4. 100% of students in grades One, Three, and Six, at a minimum, will receive growth and development screening services, and optionally students in grade Nine.

5. 100% of students in grade Six, at a minimum, shall be provided scoliosis screening services.
6. 100% of pregnant students who become known to provider staff will be referred for prenatal care and Healthy Start Services.

(These activities are described in sections 7-3, 7-4, 7-5 and 7-6 in the School Health Services Manual (HRSM 150-25).

c. Monitoring and Evaluation Methodology

By execution of this contract, the provider hereby acknowledges and agrees that its performance under the contract must meet the standards set forth in this contract and will be bound by the conditions set forth in this contract. If the provider fails to meet these standards, the CHD, at its exclusive option, may allow up to six months for the provider to achieve compliance with the standards. If the CHD affords the provider an opportunity to achieve compliance and the provider fails to achieve compliance within the specified time frame, the CHD will terminate the contract with a 30 day written notice in the absence of any extenuating or mitigating circumstances at the exclusive determination of the CHD.

The provider will be responsible for approving the provision of services outlined in the School Health Services Plan, including those services subcontracted to other providers. The CHD has the responsibility for monitoring services contracted to other agencies to ensure that they are provided in accordance with the contract. The CHD will carry out periodic program reviews for quality assurance using the Programmatic Monitoring Tool to confirm that services and documentation required in the School Health Plan are performed within acceptable professional standards.

6. Funding Agency Responsibilities

- a. The CHD will be responsible for approving the provision of services outlined in the School Health Services Plan, including those services subcontracted to other providers. The School Health Coordinator for the CHD is responsible for monitoring services contracted to other agencies to ensure that they are provided in accordance with the contract. The CHD School Health Coordinator will also carry out periodic program reviews for quality assurance using the Programmatic Monitoring Tool to confirm that services and documentation required in the School health Plan are performed within acceptable professional standards.
- b. Where applicable, the CHD will review audit reports submitted by contracted providers using the Checklist for Reviewing Single Audit CPA Reports.
- c. The CHD School Health Coordinator is responsible for attaching a copy of this contract and any subcontracts, disclosing the exact amount of funds contracted in the 2007 – 2008 Annual School Health Services Report.
- d. The CHD School Health Coordinator is responsible for submitting a completed DOH Programmatic Monitoring Tool for all 2006 – 2007 contracts along with the Annual School Health Report that is due on September 30, 2007.

C. METHOD OF PAYMENT

1. This is a fixed price (fixed fee) contract. The department will pay the provider, upon satisfactory completion of both the service (s) and all terms and conditions specified in this contract, the amount of \$60,097, paid in equal monthly amounts of \$6,009.70, subject to the availability of funds.
2. Invoice Requirements: In order to receive the monthly payments, the provider will request payment on a monthly basis through submission of a properly completed invoice within 20 days following the end of the month for which payment is being requested. A monthly service report will accompany each invoice.
3. The Department reserves the right to withhold any payment or prorate any payment, if the provider fails to perform any task or other activity required by this contract in accordance with the terms and conditions thereof. Additionally, the Department will not honor any requests submitted after the time period specified in paragraph C.2 of this Attachment.
4. Funds provided under this contract will be used solely for the operation of Basic School Health Services and where applicable, Full Service School Health Services Programs.

D. SPECIAL PROVISIONS

1. School Health Services Plan and Annual School Health Services Report

The provider will assist the CHD in preparation for the 2007- 2008 Annual School Health Services Report. The approved document will be submitted by the CHD to the Department of Health, family and Community Health/School Health Program.

2. Youth Risk Behavior Survey

The provider agrees to participate every two years in the Youth Risk Behavior Survey (YRBS) from the Centers for Disease Control (CDC), if any of their schools are randomly selected for the survey.

3. Coordination with Other Providers/Entities

The provider will coordinate with the CHD, LSD and the School Health Advisory Council in the development of the School Health Services Plan, the Annual School Health Services Report and any other Request for Program Design or grant that becomes available. The provider will coordinate with the CHD on any interagency agreements with community health and social service providers to comply with the plan for Full Service Schools.

4. Insurance (Entity or Partnership)

Health care entity means a unit of local government or a political subdivision of the state; a hospital licensed under Chapter 395, F.S.; a health maintenance organization certified under Chapter 641, F.S.; a health insurer authorized under Florida Insurance Code; a community health center; a migrant health center; a federally qualified health center; an organization that meets the requirements for nonprofit status under Section 501 (C) (3) of the Internal Revenue Code; a private industry or business; or a philanthropic foundation that agrees to participate in a public-private partnership with a CHD, LSD or school in the delivery of school health services and agrees to the terms and conditions for the delivery of such services as required by this section and as documented in the local School Health Services Plan.

If the provider contracts with a public-private partnership to provide school health services, the contract must require the entity or the partnership on behalf of the entity, to obtain general liability insurance coverage with any additional endorsement necessary to insure the entity for liability assumed by its contract with the Department. Each entity or

partnership of entities must purchase insurance pursuant to s. 381.0056 (10), F.S., to cover all liability claims and under no circumstances will the State or the Department be responsible for payment of any claims or defense cost for claims brought against the entity or its subcontractor for services performed under the contract with the Department.

5. Background Screening Requirements

Any person who provides services under a School Health Services Plan pursuant to s. 381.0056, F.S., must complete a level 2 background screening as provided in s. 381.0059, F.S. and Chapter 435, F.S. The person subject to the required background screening or his or her employer must pay the fees required to obtain the background screening.

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