

## **MEMORANDUM OF AGREEMENT**

This Memorandum of Agreement is entered into between the State of Florida, Department of Health, Baker County Health Department, hereinafter referred to as the Provider, and the School Board of Clay County, Florida, hereinafter referred to as the School Board, to provide dental services to students in Clay County public schools.

The purpose of the Dental Services Program is to reduce the incidence of dental disease by providing an effective preventive and treatment program. One of the most outstanding unmet needs in public health is that of dental services for the indigent school aged population. The Baker County Health Department Dental Program in conjunction with the School Board will provide a school based dental care program. This program effectively eliminates the barriers which exist for many families seeking the care of a dentist: transportation problems, lack of information on how often children should be seen for check-ups, and time away from the job.

### **RIGHTS AND RESPONSIBILITIES**

#### **I. The Provider agrees to:**

- A. Provide restorative and surgical dental treatment for clients referred by the Clay County School Board.
- B. Provide reports documenting need for further dental services for clients within 30 days of initial service.
- C. Dental services will be rendered at W.E. Cherry Elementary, 420 West Edson Drive, Orange Park, Fl 32073; Keystone Heights Elementary, 335 S. Pecan Street, Keystone Heights, FL 32656 and Wilkinson Elementary, 4965 CR 218, Middleburg, FL 32068 via mobile unit, additional schools may be added if possible and as the assessment of need is identified.
- D. Services rendered under this agreement are funded by Medicaid revenue. The provider will be responsible for billing the appropriate agency for reimbursement of services rendered.
- E. Ensure that all employees of the provider who will come in contact with students have met the background screening requirements in accordance with 1012.465, 1012.467 and 1012.468.

#### **II. The School Board agrees to:**

- A. Refer children who qualify for Medicaid to the Baker County Mobile Dental Bus to receive dental services.
- B. Distribute forms to parents for children referred for dental services including Dental Health History (Attachment I), Dental Services Patient Information (Attachment II), and a Parental Permission Form (Attachment III).
- C. Assist with the transportation of children on a case-by-case emergency need via the School Social Worker to the service location for dental services.

#### **III. Both parties agree:**

- A. The term for this agreement will be one year, with the beginning date of July 1, 2008 and ending date of June 30, 2009.
- B. Either party may terminate this agreement without cause upon thirty (30) days written notice, delivered to the other party by certified mail, return receipt requested, or by hand with proof of delivery.
- C. In the event funds to finance this project become unavailable, the provider may terminate this agreement upon no less than twenty-four (24) hours notice in writing to the Clay County School Board. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The provider shall be the final authority as to the availability of funds.
- D. The contact persons for each party are as follows:

Clay County School Board  
 Donna Wethington, Student Services Supervisor  
 23 South Green Street  
 Green Cove Springs, FL 32043  
 (904) 284-6500 ext. 2458

Baker County Health Department  
 Jamie Williams, Contract Manager  
 480 West Lowder Street  
 Macclenny, FL 32063  
 (904) 259-6291 ext. 2239

IN WITNESS THEREOF, the parties hereto have caused this contract to be executed by their undersigned officials as duly authorized.

Clay County School Board

Baker County Health Department

\_\_\_\_\_  
 Carol Studdard  
 Chairman

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 Kerry Dunlavey, R.N., M.S.H.A.,M.P.H.  
 Administrator

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 Date

\_\_\_\_\_  
 Date