

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, 2006 to June 30, 2007

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 serves a student population that has a high risk of needing medical and social services as required by s. 402.3026, F.S.

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

Request for Program Design (RPD): A grant application completed by CHDs and LSDs to detail how they intend to meet the requirements specified in s. 381.0057, F.S.

School Health Services Plan and Report: A plan required by s. 381.0056, F.S., to deliver school health services; show accountability and outcome indicators; show strategies for assessing and blending financial resources (both public and private); and establish a data system completed by the Funding Agency in cooperation with the School Health Advisory Committee. The annual report which the Funding Agency will be required to submit each year reflects services provided from July 1 through June 30. The School Health Services Plan and Report will be submitted according to the format established by the Department of Health (DOH), Family and Community Health, School Health Services Program, in cooperation with the Department of Education (DOE), and shall address the following:

Section One: School Health Services Plan and Report
Part III – Full Service Schools Plan.

Section Two: Staffing/Budget
Part IV – School Health Staffing
Part V – Budget and Contracts

Section Three: Annual Report Data
Part III – Full Service Schools
Part IV – Staffing and School Information
Part V – Schedule C Expenditures

2. General Description

- a. **General Statement:** The provider in collaboration with the Funding Agency will provide school health services in the following category:

Full Service Schools: 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.

- b. **Authority**
The provider in collaboration with the Funding Agency Public Health Nurses will deliver school health services required by this contract in compliance with sections 381.0056, 381.0057, 381.0059, and 402.3026, F.S., and with Chapter 64F-6.001- 6.006, F.A.C.

- c. **Scope of Services**

Full Service Schools (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 and the Healthy Schools Initiative.

- d. **Major Program Goals:**

Full Service School Projects

Full-Service School Projects provide integrated education, medical, social, and human services that are beneficial to meeting the needs of students and their families on school district property, as required by s. 402.3026, F.S. and Specific Appropriation 491.

3. Clients to be served

a. General Description:

Full Service Schools: The provider will collaborate with volunteer partners to 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:

Full Service Schools: These project schools will serve students with a population that has a high-risk of needing medical and social services and 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 services if a parent or guardian requests in writing such an exemption.

d. Contract Limits

The provider shall only limit services to students based upon parent or legal guardian's written request for exemption.

B. MANNER OF SERVICE PROVISION

1. Service Tasks

a. Task List

1. The provider shall 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 supervision, and shall also conduct record reviews, and shall document services, referrals, and outcomes. In addition, the CHD and LSD may specify in the School Health Services Plan and Report other tasks and services the provider must deliver.
2. In each Full Service School, the provider in collaboration with the Funding Agency shall participate in the "Healthy School" initiative to promote physical activity and healthy nutrition by implementing growth and development screening utilizing Body Mass Index (BMI) assessment in first, third, sixth, and optionally ninth grades. In addition to BMI assessments, the provider in collaboration with Funding Agency will provide on-site school physical exams and dental screenings at select Full Service Schools.
3. In Full Service Schools, the provider in collaboration with the Funding Agency shall implement measures to improve outcomes for teen pregnancy prevention. The provider shall outline details of specific measures for inclusion in the School Health Services Plan and Report for 2006-2008, and may include any of the following:

i) Activities and education targeting male and female students aimed at keeping teenagers in school, increasing their self esteem, and making wise choices when pressured to engage in risk-taking behaviors which could lead to pregnancy or inability to become productive citizens in the work force.

ii) Activities that encourage pregnant teens to complete their education and to delay repeat births until they are able to become gainfully employed and assume the responsibility of parenthood.

b. Task Limits

The limits of Basic and Full-Service Schools are as provided in:

1. The School Health Services Act, s. 381.0056, F.S., s. 381.0057, F.S., s.381.0059, F.S., and Full Service Schools, s. 402.3026, F.S.
2. Chapter 64F-6.001-6.006, F.A.C.
3. School Health Services Plan and Report.
4. Department of Health, Schedule C Funds, as appropriated for the School Health program.
5. Guidelines in the School Health Services Handbook (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 School Health Services Plan and 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 Health Nurse - a registered nurse or licensed practical nurse, in accordance with 464.0, F.S. and maintains licensure during term of employment. Must be certified in CPR and First Aid and maintain certification during term of employment.

Public Health Nurse- A registered nurse in accordance with Florida Statute 464 or eligible to practice nursing in accordance with Florida Administrative Code 210-8.27 with experience in public health nursing.

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

b. Staffing Changes

Changes in staffing patterns shall take place only after the provider and/or Funding Source has submitted an advanced 30 day written notice for review and mutual approval.

c. Subcontractors

Subcontracting shall 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 sub-contracts must be reviewed and approved by the CHD Administrator.

3. Service Location and Equipment

a. Location

All school health services shall be provided in adequate facilities on school sites in accordance with the county's approved School Health Services Plan and Report, and in the Full-Service School agreement with the county health department. Schools designated as Full Service Schools will be assigned District Area Unit (DAU) numbers identifying school locations. These schools shall be listed in Attachment II.

b. Equipment

At a minimum, all Full Service Schools shall meet the standards for equipment and supplies as specified in the School Health Services Handbook (Manual HRSM 150-25), herein incorporated by reference and including any subsequent revisions made during the contract period.

c. Service Times

Services shall be provided in accordance with time frames identified in the School Health Services Plan and school year calendar. The provider (Social Worker) is responsible for assuring that coding information submitted on a monthly basis to the School Health office for entry into the DOH Health Management Component (HMC) accurately reflects services provided and the time spent delivering school health services.

d. Changes in Location

The provider cannot change the school sites specified in Attachment II and in the School Health Services Plan and Report for a Full Service School program without the written approval of the CHD and amendment of the School Health Services Plan and Report.

4. Deliverables

a. Reports

The provider of services delivered under this contract in collaboration with Funding Agency will be responsible for completing and submitting to the CHD data and information for the following reports:

- 1) School Health Services Plan and Report:
School Health Plan (September every two years)
Annual School Health Services Report (September each year)

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

- 2) Monthly submission of data which reflects the services rendered by the provider, in a format conducive to be entered into the HMC Data System, for:

FULL-SERVICE SCHOOLS

The provider shall report data on the services provided by staff hired under funding for these programs. Such data shall be identified by DAU numbers for each school and by using program codes available in the HMC.

- 3) The provider shall maintain for monitoring and review:
 - a) Cumulative Health Records (3041) for each student, which contain:
 - Immunization Certification records or Exemptions (DH Form 680),
 - School entry health examination form (DH Form 3040)
 - Screening documentation and outcomes of results and referrals; and
 - Individual health care plans for chronic or complex health conditions
 - b) Daily Clinic Logs in all Full Service Schools (Attachment II)
 - c) 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 (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 Section One of the School Health Services Plan and Report for 2006-2008, performance data in Section Two and Three of the School Health Services Plan and Report and in the department's HMC quarterly performance measures.

The provider in collaboration with the Funding Source will meet the department's goal of 75% outcome completion rate on referrals for abnormal vision and hearing screenings that are mandated by s.381.056, F.S.

The provider in collaboration with the Funding Source will collect and report data to the county health department in a manner that reflects measurable outcome data as specified in the School Health Services Plan and Report, and document on the appropriate forms for reporting through the DOH HMC system. Additionally, the provider will submit annual report data utilizing the format of Section Two and Three of the School Health Services Plan and Report.

The provider in collaboration with the Funding Agency will meet the department's Recommended Core Standards for performance specification Full-Service Schools (Section B.5 paragraph b).

The provider in collaboration with Funding Agency shall deliver school health services as specified in the School Health Services Act, sections 381.0056, and s. 381.0059, Chapter 64F-6.001-6.006, F.A.C., Full-Service Schools as required by s. 402.3026, F.S., and the School Health Services Handbook (Manual HRSM 150-25). These services include health screenings by specified grade levels; provision for maintaining confidential information in a separate file under lock and key; documentation of referrals and outcome results; and methods for measuring progress towards meeting and achieving stated goals and objectives in the School Health Services Plan and Report. The Director of Student Services and School Health Coordinator are 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 and Report, and this contract, as well as meet the professional standards of practice.

The CHD shall arrange with the provider a schedule for periodic on-site program reviews to ensure compliance in all areas of service delivery, documentation, and data collection.

b. Approved Health Core Standards For Fiscal Year 2006-2007

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

S12. 100% of students will have appropriate immunizations within 30 days of entry into school except in cases of documented medical or religious exemptions.

S13. 100% of students will receive basic screening services for vision and hearing in kindergarten and grade one and grade six, as will all new entrants to grade kindergarten through grade five. All students will receive scoliosis screening in grade six. *(These activities are described in sections 7-3, 7-4 and 7-6 in the School Health Guidelines, HRSM 150-25).*

S14. 100% of pregnant students who become known to provider staff must be referred for prenatal care and Healthy Start services.

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 with 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 in collaboration with the Funding Agency shall deliver school health services as specified in the School Health Services Act, sections 381.0056 and 381.0059, F.S., Chapter 64F-6.001-6.006, F.A.C., and the requirements for Full Service Schools as specified in s. 402.3026, F.S. The School Health Services Plan and Report shall include methods for measuring progress towards meeting and achieving stated goals and objectives of the program.

School health services will be monitored, in conjunction with the quality improvement reviews of all CHD programs, by DOH, Office of Performance Improvement, according to the approved county schedule.

6. Funding Agency Responsibilities

- a. The CHD shall be responsible for approving the provision of services outlined in the School Health Services Plan and Report, 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 shall carry out periodic program reviews for quality assurance to confirm that services required in the School Health Plan and Report are performed within acceptable professional standards.
- b. The CHD is responsible for attaching to the School Health Plan and Report a copy of this contract, including subcontracts, disclosing the exact amount of contract funding used for employees.

C. METHOD OF PAYMENT

1. This is a fixed price (fixed fee) contract. The Department shall 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 ten equal monthly amounts of \$ 6,009.70, subject to the availability of funds.
2. Invoice Requirements: In order to receive the monthly payment, the provider shall 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.
3. The department reserves the right to withhold any payment, or pro rate any payment, if the provider fails to perform any task or other activity required by this contract in accordance with the terms and conditions of this contract. 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 shall be used solely for the operation of Basic School Health Services and where applicable, Full-Service School programs.
5. Supporting Documentation Requirements: The provider will maintain records documenting the total number of recipients and names (or unique identifiers) of recipients to whom services were provided so that the CHD can review the audit trail documenting the provision of each service.

6. Any provision of this contract to the contrary notwithstanding, funds provided by the CHD to the provider under this contract shall be repaid by the provider to the CHD within 60 days of the termination of this contract under any of the termination provisions of this contract, as follows. The repayment shall include all funds from the CHD that the provider has misappropriated or not expended in accordance with the performance standards and specifications of this contract.

D. SPECIAL PROVISIONS

1. School Health Services Plan and Report:

The provider shall assist the CHD, prior to August 15, in the preparation of Section One of the School Health Services Plan and Report (every two years), and Section Two and Three of the School Health Services Plan and Report (annually), which determine how health services and full service schools services will be provided in its county. Section Two of the Plan and Report shall include a current budget and staffing configuration. The approved document shall be submitted by the CHD to the Department of Health, Family and Community Health, School Health Program.

2. Coordination with Other Providers/Entities

The provider shall coordinate with the CHD, and the School Health Advisory Committee, in the development of the School Health Services Plan and Report, budget, staffing configuration, and any RPD or other grant that becomes available. The provider shall coordinate with the CHD any interagency agreements with applicable community resources to comply with the plan for Full Service Schools.

3. 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 county health department, local school district, 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 shall 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.

4. Background Screening Requirement

Any person who provides services under a school health services plan pursuant to s. 381.0056, F.S., must complete level 2 screening as provided in 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. Payment for the screening and the abuse registry check must be submitted to the Department of Health.

END OF TEXT