

## ATTACHMENT I

### A. Services to be Provided

#### 1. Definition of Terms

- a. Annual School Health Services Report: An annual report submitted to the Department by August 15<sup>th</sup> of each year that reflects reported health conditions, services provided, staffing and expenditures. The reporting period will cover July 1<sup>st</sup> through June 30<sup>th</sup> each year for the duration of this contract.
- b. Contract Manager – The individual designated by the Department to be responsible for the monitoring and management of this contract.
- c. Fiscal Year: July 1<sup>st</sup> to June 30<sup>th</sup>.
- d. Health Management System (HMS): The Department's data system into which documented school health services are entered by service codes identified in the most current School Health Coding Manual, incorporated by reference. This data is used to provide a full accounting of school health services provided.
- e. Local Education Agency (LEA): As defined in the Elementary and Secondary Education Act, a public board of education or other public authority legally constituted within a State for either administrative control or direction of, or to perform a service function for, public elementary schools or secondary schools in a city, county, township, school district, or other political subdivision of a State, or for a combination of school districts or counties that is recognized in a State as an administrative agency for its public elementary schools or secondary schools.
- f. School Health Services Plan: A document created by the Department, the Local Education Agency, and the local School Health Advisory Committee, that describes the school health services to be provided within the county, and the responsibility for provision of the services, as required by Section 381.0056(4)(e), Florida Statutes. The School Health Services Plan is developed every two years.
- g. School Health Advisory Committee (SHAC): Committee that provides a forum for the school community, health professionals, and interested citizens to discuss issues and seek solutions to better wellness in the lives of school children and staff.
- h. Quarter: One-fourth (three months) of a fiscal year. The quarters are July 1 through September 30 (quarter 1); October 1 through December 31 (quarter 2); January 1 through March 31 (quarter 3); and April 1 through June 30 (quarter 4).
- i. Youth Risk Behavior Survey (YRBS): School-based survey that monitors six types of health-risk behaviors and is conducted by the Centers for Disease Control and Prevention in collaboration with local educational and health agencies. The survey is conducted every other odd-numbered year. The health-risk behaviors that it monitors are behaviors that contribute to unintentional injuries and violence; sexual behaviors that contribute to unintended pregnancy and sexually transmitted

diseases, including HIV infection; alcohol and other drug use; tobacco use; unhealthy dietary behaviors, and inadequate physical activity.

2. General Description

- a. General Statement: This contract provides school health services to students enrolled in and attending public and participating non-public schools in \_\_\_\_\_ County.
- b. Authority: Sections 381.0056, 381.0059, and 402.3026, Florida Statutes; and Florida Administrative Code Chapter 64F-6.

3. Clients to be Served

- a. General Description: Provider will provide school health services to students attending public and participating non-public schools identified in Attachment \_\_\_\_.
- b. Client Eligibility: All students (“eligible students”) enrolled in and attending a public or participating non-public school identified in Attachment \_\_\_\_, whose parents do not submit a written opt-out form are eligible to receive services under this contract.

B. Manner of Service Provision

- 1. Scope of Work: Provider will provide basic school health services at all schools listed in Attachment \_\_\_\_, as well as specialized services at schools designated as full service schools in Attachment \_\_\_\_. Provider will also participate in the development of the School Health Services Plan, send opt-out forms to parents/guardians, and create emergency information forms for all students.

a. Task List - Provider must perform the following tasks:

- 1) Collaborate with the Department, the Local Education Agency (LEA), and the School Health Advisory Committee (SHAC) in the development of the School Health Services Plan. The School Health Services Plan must be developed in accordance with Florida Administrative Code Rule 64F-6.002(2) and (3).
- 2) Ensure all parents/guardians receive written information about the school health services offered under this contract and an opt-out form within 30 days of the start of the school year, allowing them to exempt their child from receiving services under this contract.
- 3) Collect emergency information forms for all eligible students which must include at a minimum, emergency contact information, information on the student’s known allergies, list of the student’s medications, and authorization for emergency medical treatment.
- 4) Provide basic school health services at all schools listed in Attachment \_\_\_\_\_. Basic school health services must be provided in accordance with Section 381.0056, Florida Statutes, Florida Administrative Code Chapter 64F-6.001-6.006, and the most recent version of the Florida School Health Administrative Guidelines. For basic school health services, Provider must:

- a) Review student health records for all students by June 30<sup>th</sup> of each contract year.
  - b) Perform vision screenings for all eligible students in kindergarten, first, third, and sixth grade each contract year.
  - c) Perform hearing screenings for all eligible students in kindergarten, first, and sixth grade each contract year
  - d) Perform scoliosis screenings for all eligible students in sixth grade each contract year.
  - e) Perform growth and development screenings which must include a body mass index (BMI) percentile calculation, for all eligible students in first, third, and sixth grade each contract year.
  - f) Refer all students with abnormal screening results to appropriate health care providers for further evaluation and or treatment within 45 days of receiving an abnormal screening result.
  - g) Follow-up with parents of students referred for further evaluation and or treatment to ensure the students received the necessary additional evaluation and or treatment.
  - h) If Provider becomes aware that a student is pregnant, Provider must provide the student with information on interagency collaborations for assistance, counseling, education, and prenatal care.
  - i) Provide additional basic school health services as specified in the most recent version of the School Health Services Plan.
- 5) Provide specialized services in accordance with Section 402.3026, Florida Statutes and as specified in the most recent version of the local School Health Services Plan at schools designated as full service schools in Attachment \_\_\_\_.
  - 6) Participate in the Youth Risk Behavior Survey (YRBS) if one of the schools Provider serves under this contract is selected for the survey.
  - 7) Submit all service and screening data for each month to the Department within 15 days following the end of each month in a format that can be used by the Department for entry into HMS.
  - 8) Maintain the following documentation and information:
    - a) Cumulative health record for each student, which contains:
      - (1) Florida Certificate of Immunization (Form DH 680) or Part A or B exemptions.

- (2) School Entry Health Exam form (DH 3040, 6/02/DH3040-CHP-07-2013) or other form as specified in Section 1003.22, Florida Statutes and Florida Administrative Code Chapter 6A-6.024.
  - (3) Documentation of screenings, results, referrals, follow-up attempts and outcomes.
- b) Individualized healthcare plans, as determined by the nursing process and emergency care plans for chronic or complex health conditions.
  - c) Individualized medication administration records to document medication assistance to students.
  - d) Treatment logs to document medical procedures and treatments.
  - e) Daily Clinic Logs in all public and participating non-public schools pursuant to General Records Schedule GS7 for Public Schools PreK-12 and Adult and Career Education, June 1, 2012.
  - f) Individual confidential student health records and individualized medication administration records, as provided by physicians, psychologists or other recognized health professionals and paraprofessionals, used in connection with the provision of medical treatment on school grounds, field trips, off-campus work, bus transportation.
  - g) Child-Specific training and periodic follow-up monitoring of unlicensed assistive personnel as determined by the nursing process as specified in Sections 1006.062(1)(b)2.(4)(a)-(d) and 1006.062(1)(b)2.(5), Florida Statutes.
  - h) Health records of individual students must be maintained in accordance with Section 1002.22, Florida Statutes.
- 9) Submit all information necessary for the completion of the Annual School Health Services Report to the Contract Manager within 30 days following the end of each contract year.
- b. Deliverables - Provider must complete or submit the following deliverables:
    - 1) Quarterly basic school health services, with supporting documentation as specified in Task B.1.a.1) through B.1.a.4).
    - 2) Quarterly specialized services as specified in Task B.1.a.5).
    - 3) Quarterly administrative support as specified in Tasks B.1.a.6) through B.1.a.8).
    - 4) Annual School Health Services Report as specified in Task B.1.a.9).
  - c. Performance Measures - Deliverables must be met at the following minimum level of service:
    - 1) Deliverable B.1.b.1):

- a) Provider must ensure all parents/guardians receive written information describing the school health services offered under this contract along with an opt-out form within 30 days of the start of the school year.
  - b) Provider must collect emergency information forms for all eligible students by September 30<sup>th</sup>.
  - c) Provider must review student health records for 3% of all students by September 30<sup>th</sup>, 15% of all students by December 31<sup>st</sup>, and 90% of all students by March 31<sup>st</sup>.
  - d) Vision screenings must be performed for 45% of eligible students in kindergarten, first, third, and sixth grade by December 31<sup>st</sup> and 95% of eligible students in kindergarten, first, third, and sixth grades by March 31<sup>st</sup> of each contract year.
  - e) Hearing screenings must be performed for 45% of eligible students in kindergarten, first, and sixth grade by December 31<sup>st</sup> and 95% of eligible students in kindergarten, first, and sixth grade by March 31<sup>st</sup> of each contract year.
  - f) Scoliosis screenings must be performed for 45% of eligible students in sixth grade by December 31<sup>st</sup> and 95% of eligible students in sixth grade by March 31<sup>st</sup> of each contract year.
  - g) Growth and development screenings must be performed for 45% of eligible students in first, third, and sixth grade by December 31<sup>st</sup> and 95% of eligible students in first, third, and sixth grade by March 31<sup>st</sup> of each contract year.
  - h) All students with abnormal screening results must be referred within 45 days of receiving the abnormal screening results.
  - i) Provider must follow-up with all parents/guardians of students who were referred for additional evaluation and or treatment.
- 2) Deliverable B.1.b.2): Provider must provide specialized services at schools designated as full service schools in Attachment \_\_\_\_, as specified.
  - 3) Deliverable B.1.b.3):
    - a) Provider must submit monthly service and screening data to the Contract Manager within 15 days following the end of each month as specified.
    - b) Provider must maintain all student health records as specified at all times during the contract.
  - 4) Deliverable B.1.b.4): Provider must submit all information necessary for the Annual School Health Services Report to the Contract Manager within 30 days following the end of each contract year.

2. Financial Consequences - If Provider does not complete the deliverables in the time and manner specified in Section B.1.b., the following financial consequences will be assessed:

a. Deliverable B.1.b.1):

- 1) Failure to provide all parents/guardians with written information on the school health services offered under this contract and an opt-out exemption form within 30 days of the start of the school year will result in a 1% reduction to the first quarter's invoice.
- 2) Failure to collect an emergency form for all eligible students by September 30<sup>th</sup> will result in a 1% reduction to the first quarter's invoice.
- 3) Failure to review student health records for 3% of all students by September 30<sup>th</sup> will result in a 1% reduction to the first quarter's invoice. Failure to review student health records for 15% of all students by December 31<sup>st</sup> will result in a 1% reduction to the second quarter's invoice. Failure to review student health records for 90% of all students by March 31<sup>st</sup> will result in a 1% reduction to the third quarter's invoice.
- 4) Failure to provide vision screenings to 45% of eligible students in kindergarten, first, third, and sixth grades by December 31<sup>st</sup> will result in a 1% reduction to the second quarter's invoice. Failure to provide vision screenings to 95% of eligible students in kindergarten, first, third, and sixth grades by March 31<sup>st</sup> will result in a 1% reduction to the third quarter's invoice.
- 5) Failure to provide hearing screenings to 45% of eligible students in kindergarten, first, and sixth grade by December 31<sup>st</sup> will result in a 1% reduction to the second quarter's invoice. Failure to provide hearing screenings to 95% of eligible students in kindergarten, first, and sixth grade by March 31<sup>st</sup> will result in a 1% reduction to the third quarter's invoice.
- 6) Failure to provide scoliosis screenings to 45% of eligible students in sixth grade by December 31<sup>st</sup> will result in a 1% reduction to the second quarter's invoice. Failure to provide scoliosis screenings to 95% of eligible students in sixth grade by March 31<sup>st</sup> will result in a 1% reduction to the third quarter's invoice..
- 7) Failure to provide growth and development screenings to 45% of eligible students in first, third, and sixth grade by December 31<sup>st</sup> will result in a 1% reduction to the second quarter's invoice. Failure to provide growth and development screenings to 95% of eligible students in first, third, and sixth grade by March 31<sup>st</sup> will result in a 1% reduction to the third quarter's invoice.
- 8) Failure to refer all students with abnormal screening results to an appropriate health care provider within 45 days following the abnormal screening will result in a 1% reduction to the quarterly invoice.
- 9) Failure to follow-up with all parents/guardians whose child received a referral, will result in a 1% reduction to the quarterly invoice.

- b. Deliverable B.1.b.2): Failure to provide specialized services as specified in the School Health Services Plan at all full service schools will result in a 1% reduction to the quarterly invoice for each quarter the deliverable is not met.
- c. Deliverable B.1.b.3):
  - 1) Failure to submit monthly service data within 15 days following the end of each month in a format that can be entered into HMS will result in a 1% reduction to the quarterly invoice for each month within the quarterly reporting period the deliverable is not met.
  - 2) Failure to maintain all student health records as specified will result in a 1% reduction to the quarterly invoice each quarter the deliverable is not met.
- d. Deliverable B.1.b.4): Failure to submit all information necessary for the Annual School Health Service Report to the Contract Manager within 30 days following the end of each contract year will result in a 1% reduction to the fourth quarter's invoice.

### 3. Service Location and Equipment

#### a. Service Delivery Location

All school health services will be provided in adequate health room or clinic facilities at school sites in accordance with the most recent version of the State Requirements for Educational Facilities, Florida School Health Administrative Guidelines, and the county's approved School Health Services Plan.

#### b. Service Times

Services will be provided in accordance with time frames identified in the current approved school year calendar.

#### c. Changes in Location

Provider cannot change the school sites designated in Attachment \_\_\_\_ as full service schools without the prior written approval of the Contract Manager, the School Health Program Office, and an approved amendment to the School Health Services Plan.

#### d. Equipment

It is the responsibility of Provider, in collaboration with the Department school health coordinator or his/her designee, to determine and make available the equipment and supplies needed to complete the terms and deliverables of this contract.

### 4. Staffing Requirements

#### a. Staffing Levels

Provider will maintain an administrative organizational structure sufficient to discharge its contractual responsibilities. Provider must replace any employee

whose continued presence would be detrimental to the success of the program with an employee of equal or superior qualifications. Information to document staffing configuration for basic school health services and specialized services will be provided to the Contract Manager for inclusion in the Annual School Health Services Report each year for the duration of this contract.

b. Professional Qualifications

All Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) performing services under this contract must be licensed pursuant to Chapter 464, Florida Statutes. All Unlicensed Assistive Personnel (UAPs) must have a high school diploma, General Equivalence Diploma (GED), or \_\_\_\_ years of experience performing duties similar to that of a UAP. UAPs must also be certified in First Aid and Cardiopulmonary Resuscitation (CPR), and have received medication administration and other training necessary to provide health services under this contract. See \_\_\_\_\_.

c. Staffing Changes

- 1) Provider must notify the Contract Manager in writing within ten days of all position vacancies.
- 2) Provider must minimize the disruption of services due to position vacancies. If problems arise such that Provider can no longer fulfill the requirements of this contract, Provider must contact the Contract Manager within 24 hours of making this determination.

d. Subcontractors

Subcontracting will only take place when Provider does not have the capacity to fulfill service requirements as specified in the current School Health Services Plan. Provider must obtain written approval from the Contract Manager before entering into any subcontracts.

C. Method of Payment

1. This is a fixed price (fixed fee) contract. The Department will pay Provider for completion of deliverables in accordance with the terms and conditions of this contract \$\_\_\_\_\_ per quarter for a total dollar amount not to exceed \$\_\_\_\_\_.
2. A unit of service consists of one quarter of deliverables as specified in Section B.1.b. A quarter of deliverables includes all deliverables due in that quarter, including monthly or annual deliverables.
3. Invoice Requirements: Provider will request payment on a quarterly basis through submission of a properly completed invoice (Attachment \_\_\_\_ ) within 15 days following the end of the quarter for which payment is being requested.

D. Special Provisions

1. Background Screening Requirements



Any person who provides services under a School Health Services Plan pursuant to Section 381.0056, Florida Statutes, must complete a level two background screening as provided in Section 381.0059, Florida Statutes and Chapter 435, Florida Statutes. Any person required to obtain a background screening or his or her employer must pay the fees required to obtain the background screening.

2. Contract Renewal

This contract may be renewed on a yearly basis for no more than three years beyond the initial contract period or for the term of the original contract, whichever is longer. Such renewals must be in writing, made by mutual agreement, and are contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the Department and are subject to the availability of funds.

3. Non-expendable Property Clause

Non-expendable property is defined as tangible personal property of a nonconsumable nature that has an acquisition cost of \$1000 or more per unit and an expected useful life of at least one year, and hardback-bound books, which are not circulated to students or the general public, with the value or cost of \$250 or more. Hardback books with a value or cost of \$250 or more should be classified as OCO expenditure.

All such property purchased under this contract must be listed on the property records of Provider. Provider must include a description of the property, model number, manufacturer's serial number, funding source, information needed to calculate the federal and/or state share, date of acquisition, unit cost, property inventory number, and information on the location, use and condition, transfer, replacement or disposition of the property.

All such property purchased under this contract must be inventoried annually and an inventory report must be submitted to the Department along with the final expenditure report. A report of non-expendable property must be submitted to the Department along with the expenditure report for the period in which it was purchased.

Title (ownership) to all non-expendable property acquired with funds from this contract is vested in the Department upon completion or termination of this contract.

At no time will Provider dispose of non-expendable property purchased under this contract except with the permission of the Department and in accordance with the Department's instructions.

A formal contract amendment is required prior to the purchase of any item of non-expendable property not specifically listed in the approved contract budget.

All property bought with state funds, regardless of dollar amount, is property of the state, unless otherwise noted in this contract. As such, the state is entitled to the return of all property once this contract has expired.

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