

# ***CARDOZO/DUNBAR SCHOOL BASED HEALTH CENTER***

**District of Columbia Department of Health  
Community Health Administration  
Request for Applications  
RFA # CHA\_SBHC\_06.21.2013**

*Submission Deadline Monday, July 15, 2013 by 4:45 pm*



**District of Columbia Department of Health**  
**Terms for Requests for Applications & Funding**

**The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DOH):**

- Funding for an award is contingent on continued funding from the DOH grantor or funding source.
- The RFA does not commit DOH to make an award.
- DOH reserves the right to accept or deny any or all applications if the DOH determines it is in the best interest of DOH to do so. DOH shall notify the applicant if it rejects that applicant's proposal.
- DOH may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
- DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.
- DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application i.
- DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
- DOH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
- DOH shall provide the citations to the statute and implementing regulations that authorize the grant or sub-grant; all applicable federal and District regulations, such as OMB Circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the grantee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the granting Agency; and compliance conditions that must be met by the grantee.
- If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about RFA terms may be obtained at the following site: [www.opgs.dc.tov](http://www.opgs.dc.tov) (click on Information) or click here: [City-Wide Grants Manual](#)

If your agency would like to obtain a copy of the **DOH RFA Dispute Resolution Policy**, please contact the Office of Grants Management and Resource Development at [doh.grants@dc.gov](mailto:doh.grants@dc.gov) or call (202) 442-9237. Your request for this document will not be shared with DOH program staff or reviewers. Copies will be made available at all pre-application conferences.

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## CHECKLIST FOR APPLICATIONS

- The applicant has completed a DOH Application for Grant Funding (NEW) and affixed it to the front of the Application Package. which includes an applicant profile, proposal summary/abstract, contact information, and all assurance and certification documents)
- The Complete **Application Package**, includes the following:
  - ✓ DOH Application for Grant Funding
  - ✓ Project Narrative
  - ✓ Project Workplan
  - ✓ Project Budget & Justification
  - ✓ Package of Assurances and Certification Documents
  - ✓ Other Attachments allowed or requested by the RFA (e.g. resumes, letters of support, logic models, etc.)
- Documents requiring signature have been signed by an AUTHORIZED Representative of the applicant organization
- The Applicant has a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain a DUNS # if needed.
- The Project Narrative is printed on 8½ by 11-inch paper, **double-spaced**, on one side, **Arial or Times New Roman font using 12-point type with a minimum of one inch margins**. Applications that do not conform to this requirement will not be forwarded to the review panel.
- The application proposal format conforms to the “Application Elements” listed in the RFA.
- The Proposed Budget is complete and complies with the Budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- The Proposed Workplan is complete and complies with the forms and format provided in the RFA
- The Applicant is submitting one (1) marked original and (1) hard copy.
- The appropriate attachments, including program descriptions, staff qualifications, individual resumes, licenses (if applicable), and other supporting documentation are enclosed.
- The application is submitted to **DOH, 899 North Capitol St., NE, 3<sup>rd</sup> Floor Reception Area** no later than 4:45 p.m., on the deadline date of July 15, 2013

## I. GENERAL INFORMATION

### A. Key Dates

Notice of Funding Announcement: June 7, 2013

Request for Application Release Date: June 21, 2013

Pre-Application Meeting Date: June 27, 2013

Application Submission Deadline: July 15, 2013 by 4:45 p.m.

Anticipated Award Start Date: October 1, 2013

### B. Overview

School-Based Health Centers bring health care services to children where they are, in schools. These centers and programs provide quality health care services on or near school property that help students be healthy and succeed in school. They are focused on the prevention, early identification and treatment of medical and behavioral concerns that can interfere with a student's learning. The successful applicant will implement a comprehensive school based health center with specific performance objectives to improve access to health care to a critical population and thus significantly increase the chances for improved health outcomes.

**For the purposes of this RFA, please use the following definitions as guidance:**

**Applicant:** A single non-profit organization submitting an application for itself or for multiple organizations.

**Operating Funds:** Funds needed to cover ongoing health center costs not covered by revenue generated from third party payers for billable services.

**Primary Care:** The aims of primary care are to provide the patient with a broad spectrum of care, both preventive and curative, over a period of time and to coordinate all of the care the patient receives. A patient should have a medical home for primary care; the medical home (ideally) assures continuity and integration of health care.

**School Based Health Center:** A health center physically located within a school or on the property of the school. A school-based health center provides comprehensive primary health care services (including preventive services) to students on a school campus. School-based health centers are designed to serve all students with a focus on the uninsured and health underserved.

**School Health Center Standards:** These are the principles, minimum scope of services, and staffing, facility, and operational requirements to which school health service providers must adhere to receive school health center designation from the Department of Health. (Appendix A)

**Target Population:** Students enrolled in the school are the primary population to be served by the school-based health center.

**Underinsured:** Individuals that have health insurance but need service(s) that are not covered or are covered but with a prohibitively high deductible or co-insurance.

**Health Underserved:** Children and families residing in economically challenged communities with limited access to quality health care services.

**C. Source of Funding**

The grant is made available through the District of Columbia, Department of Health, Community Health Administration (CHA), using local appropriated funds.

**D. Amount of funding available**

There will be two awards up to \$337,500.00 per year for two years. Approximately \$675,000 in local appropriated funds is anticipated to be available for this grant in Fiscal Year 2014 (FY14). Additional funding is subject to the availability of funds. The local funds anticipated to be awarded to the eligible provider by the Department of Health’s Community Health Administration are for services to residents of the District of Columbia.

Program Area	Amount	Number of Awards
Cardozo Senior High School	\$337,500	one (1)
Dunbar Senior High School	\$337,500	one (1)

**E. Performance and Funding Period**

The award period for this grant is from the start date on the executed and issued Notice of Grant Award (NOGA) through September 30, 2015, contingent upon availability of funds. No obligation or commitment of funds shall be allowed beyond the grant period of performance. Grant awards are made annually, contingent on demonstrated progress by the Grantee in achieving performance objectives, and contingent upon availability of funds. DOH reserves the right to make partial awards (e.g., providing partial funding for a proposal and/or carving out proposed services) and to fund more than one agency for each target population covered in all program areas.

**F. Eligible Applicants**

Eligible applicants include public and private non-profit organizations serving District residents. Considered for funding shall be organizations meeting the eligibility criteria and having documentation of providing medical or nursing services to School-Based Health Centers.

## II. BACKGROUND & PURPOSE

### A. Background

The mission of CHA is to improve health outcomes for all residents of the District of Columbia with an emphasis on women, infants, children (including children with special health care needs) and other vulnerable groups such as those with a disproportionate burden of chronic disease and disability.

To this end, CHA coordinates and helps develop an integrated, community-based health care delivery system; ensures access to preventive and primary health care; and fosters citizen and community participation towards improving the health outcomes of women, infants, children (including children with special health care needs) and vulnerable family members in the District of Columbia. Addressing the burden of chronic diseases through improving the health and nutritional status of the District's most vulnerable population is critical to the mission of CHA.

CHA embraces the values of accountability, collaboration, and initiative in the pursuit of its mission and fosters public participation in the design and implementation of community health programs.

### B. Purpose

The Government of the District of Columbia, Department of Health (DOH), is soliciting applications from qualified not-for-profit organizations located and licensed to conduct business within the District of Columbia to improve access to care for high school students by operating an existing school-based health center. The overall goal is to help address the primary and urgent care needs of students in the school that will house the school-based health center. This includes assuring appropriate confidentiality and coordination of care, making referrals for specialty care, and serving as a model medical home.

DOH is working with DC Public Schools (DCPS) and the Department of Government Services (DGS) as the construction of the health center is completed. This includes the purchase of furniture and office equipment. The school-based health center will be approximately 2,500 square feet and will include practice space for the school nurse. Please see the health suite specifications in Appendix A for details on the expected layout of the school-based health center.

An applicant may submit an application to operate the school-based health center at the site identified below:

- Cardozo Senior High School
- Dunbar Senior High School

**Cardozo:** Cardozo's modernization has commenced. The school-based health center will be constructed as part of the modernization. DOH and DCPS expect the school-based health center to be operational by August 2013.

**Dunbar:** Dunbar's modernization has commenced. The school-based health center will be constructed as part of the modernization. DOH and DCPS expect the school-based health center to be operational by August 2013.

### III. ADMINISTRATIVE REQUIREMENTS

#### A. Grant Uses

- The grant awarded under this RFA will be used exclusively to pay costs associated with the implementation of the grant.
- Payment requests will be monitored by DOH to ensure compliance with the approved budget and work plan.
- Applicants shall only use grant funds to support the program listed in this RFA consistent with the terms as outlined in this RFA and the ensuing grant agreement.

#### B. Conditions of Award

As a condition of award, a successful applicant who is issued a Notice of Grant Award (NOGA) will be required to:

- Adhere to mutually agreed upon terms and conditions of a grant agreement and Notice of Grant Award issued by the Director of the Department of Health and accepted by the grantee organization. The grant agreement shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by federal agreements.
- Meet Pre-Award requirements, including submission and approval of required assurances and certification documents (see Assurances & Certifications), documentation of non-disbarment or suspension (current or pending) of eligibility to review federal funds.
- Inspections/Licenses and Certifications: All applicants that receive awards under this RFA shall show proof of all applicable inspections, licenses, and certifications as required by federal and state regulations and laws.
- Develop a sustainability plan for the proposed initiative.

#### C. Indirect Cost

Applicants' budget submissions must adhere to a **ten-percent (10%) maximum** for indirect costs. All proposed costs must be reflected as either a direct charge to specific budget line items, or as an indirect cost.

## **D. Insurance**

All applicants that receive awards under this RFA must show proof of all insurance coverage required by law prior to receiving funds.

## **E. Audits**

At any time or times before final payment and three (3) years thereafter, the District may have the applicant's expenditure statements and source documentation audited. Grantees subject to A-133 rules must have available and submit as requested the most recent audit reports, as requested by DOH personnel.

## **F. Nondiscrimination in the Delivery of Services**

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any program activity receiving funds under this RFA.

## **G. Quality Assurance**

DOH will utilize a risk-based management and monitoring assessment to establish a monitoring plan for the grantee. Grantees will submit an interim and final report on progress, successes and barriers.

Funding is contingent upon the Grantee's compliance with terms of the agreement and progress in meeting milestones and targets outlined in the approved work plan and performance plan. All programs shall be monitored and assessed by assigned project and grants management personnel. The Grantee will receive a performance rating and subject to review at any time during the budget period.

A final performance report shall be completed by the Department of Health and provided and held for record and use by DOH in making additional funding or future funding available to the applicant. All performance reports are subject to review and oversight by the DOH Office of Grants Management.

# **IV. APPLICATION SECTIONS**

## **A. Background and Need**

- Describe the nature of the gaps in health care services for high school students/older adolescents in this target area. Health care gaps include those described in the RAND assessment, such as types and prevalence of chronic diseases (e.g., diabetes, asthma, etc.), access to primary care, avoidable emergency department visits or inpatient hospitalizations, as well as any other gaps supported by evidence. Such evidence could include another RAND report, *Health and Health Care among District of Columbia Youth*, which was released in October 2009.

- Describe past policy, environmental, programmatic, and infrastructure successes, including lessons learned, if applicable. Identify past policy, environmental, programmatic, and infrastructure successes that have demonstrated improved community outcomes.
- Describe the area in which the project will be located and the intervention population to be served, including population size, and other characteristics. Where feasible and appropriate use local data to describe the health status of the intervention population, including health disparities that characterize the population related to chronic diseases, conditions or risk factors.

## **B. Organizational Capacity**

- Describe the applicant's experience with serving the target population – i.e., students/youth -- in either a health care or non-health care setting. Please list all of the applicant's current programs and projects that provide services in whole or in part to the target population, and describe experience with serving all patients regardless of their ability to pay. Explain how partnerships can enhance the services provided.
- Describe the array of services to be offered (e.g., primary medical, mental health, dental, specialty, social and other services), as well as other health or human services functions (if any) that might be co-located at the school-based health center. Present the staffing plan for the SBHC – i.e., number of FTEs by type of FTE. The staffing plan and services to be provided should be consistent with the School Health Center Standards (Appendix G).
- Describe existing and additional required staff (if any), qualifications, and responsibilities. For vacant proposed positions, identify duties, responsibilities and projected time line for recruitment and time-limited hiring. CV, resumes, position descriptions, and organizational charts may be submitted as appendices.
- Describe projected number of patient visits - Estimate the annual number of patient visits to the school-based health center covered by the application. Indicate whether, and the extent to which, these visits represent a replacement of current capacity at other locations (e.g., the school nurse suite or a primary health center located nearby). Please include an explanation of the method used to make projections.
- Describe how funding will support strategies that align with the goals of the initiative.
- Describe fiscal practices to capture funds leveraged from other sources.
- Describe additional sources of funding the program will pursue.

## **C. Partnerships, Linkages, and Referrals**

- Describe the project team, including partnerships with health care organizations or other organizations involved in the proposed project, and the management structure. Please be sure to include letters of intent or similar documents confirming the roles of each organization cited in the application.

- Describe plans for establishing a new, or engaging an existing, cross-sector network of partners to participate actively in the implementation, and evaluation, if applicable of the applicant’s implementation plan.
- Describe past successes working with agencies and organizations in other sectors to advance a community or public health goal and achieve improved community outcomes.
- Explain the process for tracking linkages and their outcomes, and how collecting and reporting data on referrals.

**D. Project Description (Implementation Narrative) & Work Plan**

- Describe how the project will operate, including how it will ramp up, the rationale for the staffing plan, and allocation of management responsibilities.
- Describe selected strategies/interventions and how they will be implemented to achieve program goals, objectives and outcome measures.
- Include a Work Plan that includes all of the elements found in the work plan example provided in Appendix A. The work plan should propose Process and Outcome Objectives, identify selected activities; describe key milestones/indicators, and timelines; estimated reach, cost per beneficiary, the lead individuals or organizations, and data sources for performance monitoring. **Objectives should be SMART Objectives (Specific, Measurable, Achievable, Relevant, and Time-Framed). (Include your Work Plan as part of the Attachments).**

**E. Performance Monitoring and Evaluation**

- Describe plans for collecting data on the selected outcome measures cited in the work plan.
- Describe how lessons learned will be captured and disseminated.
- Describe a plan for developing at least two unique dissemination products about the successes, lessons learned, and results of your project. Products can include but are not limited to poster for poster session, journal article, report or brief, plan, or abstract/presentation of results at a conference.

**F. Budget Justification and Narrative**

- Include the budget justification and narrative as separate attachments, not to be counted in the narrative page limit. The line item budget justification and narrative should include funding to support all requirements of the RFA, be directly aligned with the stated goals, objectives, outcomes and milestones in the workplan, and training requirements.
- Briefly describe the plan for managing revenues (including reimbursement for services provided and any non-District grant funding) and expenses to achieve break-even status by the third year and thereby make the school-based health center

sustainable over the longer term. Applicants should provide a narrative description as well as a projection of revenues and expenses that covers at least three years.

## V. EVALUATION CRITERIA

Eligible applications will be assessed in each area to extent to which an applicant demonstrates:

### A. Background and Need (10 points)

- Demonstrates a clear understanding of the needs, gaps, and issues affecting the selected population(s) and documents a clear need for the proposed program interventions;
- Demonstrates current capacity to perform the work of the RFA, including past successes in improving health outcomes and discussed challenges and how they were addressed in implementing policy, environmental, programmatic, and infrastructure strategies.

### B. Organizational Capacity (20 Points)

- Demonstrates experience in serving the target population(s). (Please explain how long you have provided services and describe what kinds of services have been provided, the outcomes of services you provided, and your relationship with the community.)
- Describe the applicant's experience with delivering services that specifically meet the preventive, acute and/or mental health needs of young people, as well as its experience providing medical care, including primary care, dental care, mental health, social, and other related services, to a broader population in an ambulatory care setting.
- Describe any experience providing care in a school setting. If the application is on behalf of more than one organization, please describe the experience of each organization/team member.
- Demonstrates that proposed staff and recruitment plans consistent with the applicant's ability to carry out proposed activities.
- Demonstrate how funding will align to provide adequate resources to accomplish the goals of the initiative.
- Demonstrate adequate fiscal management plans and reporting systems to comply with the reporting requirements.
- Has the applicant provided strong sustainability plans including identification of additional sources of funding to leverage and the ability to capture and report that information?

### C. Partnerships, Linkages, and Referrals (15 Points)

- Demonstrate how organization activities support the applicant's ability to carry out activities under this program.

- Describe the applicant’s experience working cooperatively with school nurses, coaches, counselors, classroom teachers, school principals and/or as part of a comparable multidisciplinary team.
- Are appropriate letters of support included, clearly outlining a commitment to proposed activities?
- Demonstrate their experience and past success collaborating with other organizations (in multiple sectors such as public health, transportation, education, health care delivery, etc.) to improve community outcomes.

**D. Implementation Narrative & Work Plan (40 points)**

- Does the applicant’s proposed plan present a cohesive set of strategies/activities? How well do the proposed strategies address the selected outcome measures for the intervention population, including in relation to health disparities?
- Demonstrated patient-oriented approach - Applicants must demonstrate a positive patient-centered rating based on the Institute of Medicine (IOM) criteria for 6 domains of quality health care:
  - Safe: avoiding injuries to patients from the care that is intended to help them;
  - Effective: providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit;
  - Patient-Centered: providing care that is respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions;
  - Timely: reducing waits and sometimes harmful delays for both those who receive and those who give care;
  - Efficient: avoiding waste, including waste of equipment, supplies, ideas and energy; and
  - Equitable: providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status
- Describe any relevant accomplishments, citations, awards, or other types of recognition that convey the applicant’s ability to successfully launch and operate school-based health centers.
- Demonstrate that the proposed plan provides a foundation for sustainability of efforts.
- Are outcome objectives SMART and do milestones representing a logical and realistic plan of action for timely and successful achievement of outcome objectives?

**E. Performance Monitoring and Evaluation (15 Points)**

- Demonstrate how performance monitoring plan likely to allow for continuous program improvement
- Does the measure the program’s success and health impact?
- Demonstrate sufficient ability to collect data specific to identified population(s).
- Are the measures of effectiveness included in the application and related to the performance goals stated in the “Background & Purpose” section?
- Provision of plan for developing at least two unique dissemination products.

**F. Budget and Budget Narrative (Reviewed, but not scored)**

- Is the itemized budget for conducting the project and the justification reasonable and consistent with stated objectives and planned program activities?

**VI. APPLICATION SUBMISSION**

**A. Application Package**

Only one application per organization will be accepted for a Program Area. Multiple applications for a single Program Area submitted by one organization will be deemed ineligible and not forwarded to the external review panel. If an organization is applying for more than one Program Area, the organization has to submit one application per Program Area. A Complete **Application Package** shall contain the following:

- A DOH Application for Grant Funding (NEW FORM)
- Project Narrative (See Section VII B - Application Elements)
- Attachments (See Application VII B – Application Elements)
- Assurance & Certification Packet (See Section VII E – Assurances)

**B. Application Elements - Project Narrative & Attachments**

- Executive Summary
- Background & Need
- Organizational Capacity Description
- Partnership, Linkages and Referrals Description
- Project Description
- Performance Monitoring & Evaluation
- Attachments
  - Work Plan (Attachment - Required Template)
  - Budget (Attachment - Required Template – Not Scored)
  - Logic Model
  - Letters of Support
  - Position Descriptions (if applicable)

### C. Pre-Application Conference

A Pre-Application Conference will be held on June 27, 2013, from 10:00 a.m. to 12:00 p.m. The meeting will provide an overview of CHA’s RFA requirements and address specific issues and concerns about the RFA. No applications shall be accepted by any DOH personnel at this conference. Do not submit drafts, outlines or summaries for review, comment and technical assistance.

The Pre-Application conference will be held in the District of Columbia at 899 North Capitol Street, NE, 3<sup>rd</sup> Floor Conference Room, Washington, DC 20002.

### D. Internet

Applicants who received this RFA via the Internet shall provide the District of Columbia, Department of Health, and Office of Partnerships and Grants Services with the information listed below, by contacting [bryan.cheseman@dc.gov](mailto:bryan.cheseman@dc.gov). Please be sure to put “**RFA Contact Information**” in the subject box.

- Name of Organization
- Key Contact
- Mailing Address
- Telephone and Fax Number
- E-mail Address

This information shall be used to provide updates and/or addenda to the RFA.

### E. Assurances & Certifications

DOH requires all applicants to submit various Certifications, Licenses, and Assurances. This is to ensure all potential grantees are operating with proper DC licenses. The complete compilation of the requested documents is referred to as the Assurance Package. The assurance package must be submitted along with the application. Only ONE package is required per submission.

DOH classifies assurances packages as two types: those “required to submit along with applications” and those “required to sign grant agreements.” Failure to submit the required assurance package will likely make the application either ineligible for funding consideration [required to submit assurances] or in-eligible to sign/execute grant agreements [required to sign grant agreements assurances]. If the applicant does not have current versions of the documents listed below on file with DOH they must be submitted with the application.

- A current business license, registration, or certificate to transact business in the District of Columbia
- 501 (C) (3) certification (for non-profit organizations)
- Current certificate of good standing from local tax authority
- List of board of directors provided by memo on agency letterhead, including names, titles and signed by the authorized representative of the applicant organization.

## **F. Format**

Prepare application according to the following format:

- Font size: Times New Roman or Arial 12-point unreduced
- Spacing: Double-spaced
- Paper size: 8.5 by 11 inches
- Page margin size: 1 inch
- Printing: Only on one side of page
- Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way

## **G. Submission**

Submit one (1) original hard copy and one (1) additional hard copy to CHA by 4:45 pm on July 15, 2013. Applications delivered after that deadline will not be reviewed or considered for funding.

### **Applications must be delivered to:**

District of Columbia Department of Health  
Community Health Administration  
3<sup>rd</sup> Floor Conference Room  
899 North Capitol Street, NE  
Washington DC 20002

## **H. Contact Information**

### **Grants Management**

Bryan Cheseman  
Office of Grants Monitoring & Program Evaluation  
DC Department of Health  
Community Health Administration  
899 North Capitol Street, N.E., 3rd Floor  
Washington, DC 20002  
202.442.9339  
[bryan.cheseman@dc.gov](mailto:bryan.cheseman@dc.gov)

### **Program Contact**

Luigi Buitrago  
Child, Adolescent and School Health  
DC Department of Health  
Community Health Administration  
899 North Capitol Street, N.E., 3rd Floor  
Washington, DC 20002  
202.442.9154  
[luigi.buitrago@dc.gov](mailto:luigi.buitrago@dc.gov)

## VII. APPLICATION REVIEW & SELECTION INFORMATION

- Applications shall be reviewed by an external review panel made up of technical and subject matter experts for the expressed purpose of providing an independent, objective review of applications. This external review panel shall be responsible for providing a score and technical review comments for record.
- Assurance and certification documents will be reviewed by internal DOH personnel assigned to ascertain whether eligibility and certification requirements have been met prior to consideration of review and recommendation of award.
- Applications, external review scores and technical review comments will be reviewed by an internal DOH review panel for the purpose of determining recommendations for award. The panel may be composed of DOH staff and consultants who shall be responsible for making recommendations for award, and include recommendations for funding levels, service scopes and targets, project designs, evaluation plans and budgets.
- In the review phase, applicants may be asked to answer questions or to clarify issues raised during the technical review process. No external review panel member will contact the applicant.
- DOH may request an in-person presentation to answer questions or clarify issues raised during the review process.
- Applicants approved for pre-award review will receive a Notice of Intent to Fund. The notice will outline pre-award requirements and propose any revisions and conditions of awards.
- Successful applicants will receive a Notice of Grant Award (NOGA) from the Department of Health. The NOGA shall be the only binding, authorizing document between the recipient and DOH. The NOGA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NOGA will be mailed to the recipient fiscal officer identified in the application.

## VIII. APPENDICES

The items below must accompany your application submission. The templates and forms are located in the final section of this RFA.

**Work Plan Template**

**Logic Model**

**Budget Format and Guidance**

**DOH Application for Grant Funding (NEW)**

**Applicant Receipt**

**Assurances & Certifications**

**DC School Health Center Standards**

## A. Appendix: Work plan Template 2.0

Applicant Organization  
 Contact Person:  
 Telephone:  
 Email Address:  
 Estimated Reach:

DOH RFA# CHA\_SBHC\_06.21.2013  
 RFA Title: Cardozo and Dunbar SBHC RFA 2013  
 Project Title:  
 Total Request \$:  
 Cost Per Beneficiary: Page 1 of \_\_\_\_\_

### PROPOSED WORK PLAN\*

**SMART GOAL 1: Insert in this space one proposed project goal.** Proceed to outline administrative and project objectives, activities and targeted dates in the spaces below. Identify key persons and roles.

#### Measurable Objectives/Activities:

**Objective #1.1:**

**Key Indicator(s):**

**Key Partners:**

Key activities needed to meet this objective:	Start Date:	Completion Date:	Key Personnel (Title) / Contractor/s
1			
2			
3			

**Objective #1.2:**

**Key Indicator(s):**

**Key Partners:**

Key activities needed to meet this objective:	Start Date:	Completion Date:	Key Personnel (Title) / Contractor/s
1			
2			
3			

**Objective #1.3:**

**Key Indicator(s):**

**Key Partners:**

Key activities needed to meet this objective:	Start Date:	Completion Date:	Key Personnel (Title) / Contractor/s
1			
2			
3			

Continue with this format to outline additional goals and related process objectives.

**B. Appendix: Logic Model Example**

RESOURCES/INPUTS	ACTIVITIES	OUTPUTS	SHORT TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG TERM OUTCOMES
<p>What resources are available to support the program that is being evaluated (e.g. staff, funding, time, partnerships, technology, etc.)?</p>	<p>What specific activities are undertaken or planned to achieve the program outcomes?</p>	<p>What products (e.g. materials, units of services delivered) are produced by your staff as a result of the activities performed?</p>	<p>What occurs between your activities and the point at which you see these ultimate outcomes?</p>	<p>What occurs between your activities and the point at which you see these ultimate outcomes?</p>	<p>What do you ultimately want to change as a result of your activities?</p>

## C. Appendix: Budget Format

For additional guidance <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

The following is a sample format to complete you budget narrative

### A. Salaries and Wages

**Total: \$**

Name	Position Title	Annual Salary	Time	Months	Amount Requested

#### Position Descriptions/Justifications:

##### Program Director

Brief description of role and key responsibilities.

##### Position Title # 2

Brief description of role and key responsibilities.

##### Position Title # 3

Brief description of role and key responsibilities.

### B. Fringe Benefits

**Total: \$**

Fringe benefits are applicable to direct salaries and are treated as direct costs.

### C. Consultants/Contracts

**Total: \$**

<b>Contractor #1</b>		<b>\$</b>
<b>Name of Contractor</b>		
<b>Method of Selection</b> (check appropriate box)	Sole Source*	Competitive
*If Sole Source - include an explanation as to why this institution is the only one able to perform contract services		
<b>Period of Performance</b>	Start Date of Contract	End Date of Contract

<b>Scope of Work</b> Written as outcome measures Specify deliverables Relate to program objectives/activities	
<b>Method of Accountability</b> (describe how the contract will be monitored)	
<b>Budget</b>	

**D. Equipment**

**Total: \$**

**E. Supplies**

**Total: \$**

General office supplies (pens, paper, etc.) \$1,200.00  
(18 months x \$300/year x 2 staff)

The funding will be used to furnish the necessary supplies for staff to carry out the requirements of the grant.

**F. Travel**

**Total: \$**

Provide details and rationale for proposed in-state and out of state travel

**G. Other**

**Total: \$**

Provide details and rationale for any other items required to implement the award.

**H. Total Direct Cost**

**Total: \$**

Salary and Wages	
Fringe	
Contracts	
Equipment	
Supplies	
Travel	
Other	
<b>Total Direct</b>	

**I. Total Indirect Cost**

**Total: \$**

Indirect cost is calculated as a percentage of total award  
(@ 10%)

**J. Total Financial Request Summary**

Salary and Wages	
Fringe	
Contracts/Consultant	
Equipment	
Supplies	
Travel	
Other	
<b>Total Direct</b>	
<b>Indirect Cost</b>	
<b>Total Financial Request</b>	

## D. Appendix: Application for Grant Funding Form

		Department of Health District of Columbia Application for Grant Funding	
<b>RFA #</b>	CHA_SBHC_06.21.2013	<b>RFA Title:</b>	Cardozo and Dunbar SBHC RFA 2013
<b>Release Date:</b>	June 21, 2013	<b>DOH Administrative Unit:</b>	Community Health Administration
<b>Due Date:</b>	July 15, 2013 by 4:45 p.m.	<b>Fund Authorization:</b>	
<input checked="" type="checkbox"/> <b>New Application</b> <input type="checkbox"/> Supplemental <input type="checkbox"/> Competitive Continuation <input type="checkbox"/> Non-competitive Continuation			
The following documents should be submitted to complete the Application Package: <ul style="list-style-type: none"> <li>▪ DOH Application for Grant Funding (inclusive of DOH &amp; Federal Assurances &amp; Certifications)</li> <li>▪ Project Narrative (as per the RFA Guidance)</li> <li>▪ Project Work Plan (per the RFA Guidance)</li> <li>▪ Budget and Narrative Justification</li> <li>▪ All Required attachments</li> <li>▪ An Assurance and Certification Package</li> </ul>			
Complete the Sections Below. All information requested is mandatory.			
<b>1. Applicant Profile:</b>		<b>2. Contact Information:</b>	
Legal Agency Name:		Agency Head:	
Street Address:		Telephone #:	
City/State/Zip		Email Address:	
Ward Location:			
Main Telephone #:		Project Manager:	
Main Fax #:		Telephone #:	
Vendor ID:		Email Address:	
DUNS No.:			
<b>3. Application Profile:</b>			
Select One Only:	<b>Program Area:</b>	<b>Funding Request:</b>	
	[ ] <i>Cardozo School Based Health Center</i>		
	[ ] <i>Dunbar School Based Health Center</i>		
	[ ]		
	[ ]		
<b>Proposal Description: 200 word limit</b>			
Enter Name & Title of Authorized Representative		Date	



## **F. Appendix: Assurances and Certifications**



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health**  
**Statement of Certification for a DOH Notice of Grant Award**

- A. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. The Applicant/Grantee certifies that all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
- D. The Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)
- E. The Applicant/Grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- F. That, if required by the grant making Agency, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- G. That the Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
- H. That the Applicant/Grantee has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
- I. That the Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected

commercial and governmental business commitments;

- J. That the Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the Grantee has otherwise established that it has the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with an Grantee's performance to OPGS which shall collect such reports and make the same available on its intranet website.
- K. That the Applicant/Grantee has a satisfactory record of integrity and business ethics;
- L. That the Applicant/Grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
- M. That the Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
- N. That the Applicant/Grantee complies with provisions of the Drug-Free Workplace Act; and
- O. That the Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
- P. That the Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or subgrant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded, will comply with the above certifications.

\_\_\_\_\_  
Applicant /Grantee Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Application Number and/or Project Name

\_\_\_\_\_  
Grantee IRS/Vendor Number

\_\_\_\_\_  
Typed Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

**Department of Health**

**Statement of Assurances to Comply with Federal Assurances**

The Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A- 87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements -28 CFR, Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The Grantee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31,1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of

the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.

10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.

It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.

12. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
13. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
14. It will comply with the provisions of the Coastal Barrier resources Act (P.L 97-348) dated October 19, 1982, (16 USC 3501 et. Seq) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
15. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
  - a) The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.)
  - b) The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.)
  - c) The Clean Air Act (Subgrants over \$100,000) Pub. L. 108-201, February 24, 2004, 42 USC cha. 85et.seq.
  - d) The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970, 84 Stat. 1590 (26 U.S.C. 651 et.seq.)
  - e) The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
  - f) Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
  - g) Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)

- h) Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, (8 U.S.C. 1101)
- i) Executive Order 12459 (Debarment, Suspension and Exclusion)
- j) Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.)
- k) Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C. 1352)
- l) Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 et seq.)
- m) Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
- n) District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
- o) District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official Code § 2-1931 et seq.)
- p) Federal Funding

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded, will comply with the above certifications.

---

Applicant /Grantee Name

---

Street Address

---

City

---

State

---

Zip Code

---

Application Number and/or Project Name

---

Grantee IRS/Vendor Number

---

Typed Name and Title of Authorized Representative

---

Signature

---

Date



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health**

**Certifications Regarding Lobbying, Debarment and Suspension, Other Responsibility Matters, and Requirements for a Drug-Free Workplace**

Grantees should refer to the regulations cited below to determine the certification to which they are required to attest. Grantees should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

**1. Lobbying**

As required by Section 1352, Title 31 of the U.S. Code and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the Grantee certifies that:

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress; an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned

shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;

- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.

## **2. Debarments and Suspension, and Other Responsibility Matters (Direct Recipient)**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510-

### ***The Grantee certifies that it and its principals:***

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- B. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
- D. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default; and

Where the Grantee is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

## **3. Drug-Free Workplace (Awardees Other Than Individuals)**

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for Awardees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620;

The Grantee certifies that it will or will continue to provide a drug-free workplace by:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- B. Establishing an on-going drug-free awareness program to inform employee's about:

- (1) The dangers of drug abuse in the workplace;
- (2) The Grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- (5) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
- (6) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee would---
- (7) Abide by the terms of the statement; and
- (8) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
- (9) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: The Office of the Senior Deputy Director for Health Promotion, 825 North Capitol St. NE, Room 3115, Washington DC 20002. Notice shall include the identification number(s) of each effected grant.
- (10) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted ---
  - (a) Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.
  - (c) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (l), (c), (d), (e), and (1).
- (11) The Grantee may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Drug-Free Workplace Requirements (Awardees who are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for Awardees as defined at 28 CFR Part 67; Sections 67615 and 67.620-

- (12) As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and
- (13). If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:

D.C. Department of Health, 899 N. Capitol St., NE, Washington, DC 20002

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded, will comply with the above certifications.

\_\_\_\_\_  
Applicant/Grantee Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Application Number and/or Project Name

\_\_\_\_\_  
Grantee IRS/Vendor Number

\_\_\_\_\_  
Typed Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **G. Appendix: DC SCHOOL HEALTH CENTER STANDARDS**

### **VISION, MISSION, AND GOALS**

#### **Vision:**

All students in the District of Columbia will have access to quality comprehensive medical, oral and mental health services and education.

#### **Mission:**

The mission of the SHC is to complement and enhance the existing health care delivery system in the District of Columbia by providing services to students whose access to quality healthcare is limited and students whose health problems are barriers to learning.

#### **Goal:**

The goal of the school health centers in DC is to improve the overall health of students in accordance with The *Child Health Action Plan* (DC Department of Health, 2008). The target areas of health intervention are inclusive of the following:

- Obesity
- Asthma
- Mental Health
- Substance Abuse
- Lead Exposure
- Well Child Care
- Oral Health
- Sexual Health (STIs/ HIV)
- Sexual Health (Teen Pregnancy)

This is accomplished by establishing strong, visible and effective school and community collaboration. The capacity to support comprehensive and coordinated school health center programs must be present and the program must be designed to identify and minimize specific priority health risks and serious health problems among youth.

## **GUIDING PRINCIPLES AND VALUES OF SCHOOL HEALTH CENTERS**

Comprehensive SHCs provide primary and preventative care, acute or first contact care, chronic care, and referral as needed. They provide services for children and adolescents within the context of their family, social/emotional, cultural, physical and educational environment.

- A. SHC services are developed based on local assessment of needs and resources. Schools having students with the highest prevalence of unmet medical and psychosocial needs are targeted for the establishment of centers.
- B. SHCs are organized through school, community and health provider relationships and provide service in keeping with local laws and regulations, established standards and community practice.
- C. The SHC provides or makes available comprehensive primary medical, oral, social, mental health and health education services designed to meet the psychosocial and physical needs of children and youth within the context of the family, culture and environment, including:
  - a. Primary health care services at the SHC which include EPSDT exams, and diagnosis and treatment of minor, acute and chronic medical conditions
  - b. Mental health services by referral or at the SHC which include: mental health assessments, crisis intervention counseling, and referrals to a treatment continuum of services including emergency psychiatric care, community support programs, inpatient care and outpatient services.
- D. SHCs are based directly in a school and SHC services are made available only to the students enrolled in that school.
- E. SHC services are provided at no out-of-pocket cost to those students who enroll in the SHC with parental consent. As appropriate, SHCs may bill third party payers for services. These revenues must be returned to support the operation of the SHC.
- F. SHC services are provided by a multi-disciplinary team, which must include at a minimum, but not be limited to: PNP/PA, mental health professional, physician, and health assistant. The number of staff will depend on the number of students enrolled in the SHC and the services to be provided.
- G. The SHC provides onsite access during the academic day when school is in session and linkages to community health care providers to ensure access to services on a year round basis when the school or the SHC is closed.
- H. The SHC can serve as a student's primary care provider (the medical home) or complement services provided by an outside primary care provider. The SHC also coordinates care with the child's outside primary care provider, other medical

providers, social service agencies, mental health providers, and other agencies, programs, and organizations in order to ensure continuity of care.

- I. The SHC is integrated into the school environment and plan, and coordinates health services with school personnel including administrators, teachers, counselors, and support personnel as well as the school nurse and other health care providers co-located at the school.
- J. The SHC, in partnership with the school and other co-located service providers, develops policies and systems to insure confidentiality in the sharing of medical information and allow for case management. The SHC follows HIPAA guidelines when dealing with patient records and patient confidentiality.
- K. The SHC and school are committed to operating with mutual respect and a spirit of collaboration. The school/school district facilitates and promotes the utilization of the center's services.
- L. An advisory committee shall be established for the entire SHC system in DC to provide input into the development and operation of the program. The advisory committee membership should include parents and students, school staff, community members, health providers, representatives from appropriate DC Government agencies and the DC Assembly on School Health Care.
- M. The SHC and the school are committed to working together to ensure the provision of comprehensive health education and a healthy school environment.
- N. The SHC sponsoring facility has overall responsibility for the SHC administration, operation and oversight
- O. Providing primary health and mental health care means understanding the nature, role, and impact of a child's health, illness, disability, or injury in terms of the family's structure, function, and dynamics.

## **RELATIONSHIPS**

*SHCs are organized through family, school, community, and health provider relationships. There should be established relationships with:*

### **1. The Student's Family**

- SHC providers should make every effort to be family centered and to involve the student's family when appropriate and with consent as necessary, in regard to the care of the student.
- Being family-centered means that policies regarding access, availability, and flexibility take into consideration the various structures and functions of families in the community being served.
- As appropriate, parents should also receive notification after services are provided, informing them of the outcome of the encounter.

- Whenever possible, the family should receive education on the importance of prevention and the appropriate use of the health care system, including the role of the primary care provider.

## **2. The School and School District**

- The SHC is integrated into the school environment, and both the SHC and the school are committed to operating with mutual respect and a spirit of collaboration.
- The SHC and the school should act collaboratively to identify student health issues and needs and to develop programming to address them.
- The SHC attempts to meet with the school principal at the beginning of each semester to discuss health issues, needs, programming and other ways to be mutually supportive. Participants from the SHC should include representatives from the school nurse program, the nurse practitioner, the mental health counselor, and any other appropriate representatives of the school health center services.
- The school staff and teachers, as appropriate, assist the SHC in many ways, including:
  - Marketing the SHC;
  - Helping to obtain informed parental consent;
  - Helping to obtain information on insurance status and Medicaid status, including any enrollment in a managed care plan;
  - Maintaining the SHC facility, as stipulated in the MOA between the school system and the SHC provider;
  - Providing space (but not necessarily renovations) at no cost; and
  - Collaborating in the establishment of the Local School Health Center Advisory Council, as indicated in DCMR V Chapter 24.
- The relationship between the school district and the SHC sponsor should include the following:
  - Meetings between the school district and/or school building administration and the SHC sponsor should be held on a regular basis, with frequency determined by the above-named parties
  - There must be a current MOA between the health care provider and the school district.

## **3. The Community**

- The SHC recognizes that it functions within the community and should draw upon and contribute to its resources.
- SHC providers contribute to and participate in community diagnosis; health surveillance, monitoring and evaluations conducted as a routine function of public health agencies.
- Community-oriented care assures that the views of community members are incorporated into decision-making processes involving policies, priorities and plans related to the delivery

of SHC services.

#### **4. The Sponsoring Facility**

- The sponsoring facility must be actively involved in the ongoing administration and operation of the SHC. Policies and procedures articulating this involvement must be in place. They should address:
  - ongoing communication;
  - coverage when the school and the SHC are closed;
  - maintenance of medical records in accordance with confidentiality laws;
  - continuous quality improvement;
  - fiscal and billing procedures; and
  - coordination of services.

#### **5. The Student's Regular Source of Primary Health & Mental Health Care**

- Policies and procedures should be in place for those instances where a student enrolled in a SHC has an outside primary care and/or mental health provider or when the provider is the SHC sponsoring facility. These policies and procedures should serve to strengthen the services of the SHC and the primary care or mental health provider by fostering comprehensive and coordinated health care delivery while avoiding service duplication.
- Topics to be addressed in these policies and procedures include:
  - appropriate information and sharing of medical records;
  - mechanisms to ensure confidentiality;
  - referral for specialty care; and
  - coordination of treatment.

#### **6. Other District of Columbia Health Service Providing Agencies**

- The SHC and the DC government agencies should coordinate rather than duplicate provision of mandated health services when those health services are the obligation of the District agencies. These agencies and their programs include, but are not limited to:
  - DC Department of Health (*School Health Nursing Program*);
  - DC Department of Mental Health (*School Mental Health Program*);
  - DC Department of Human Services; and
  - School based and other health providers serving students with IEPs.

## **ORGANIZATION AND FUNCTION**

### **1. Organizational Structure:**

- The MOA between the school system and the sponsoring agency should clearly delineate roles, responsibilities, and authority for administration of the SHC.
- Pursuant to the MOA, the SHC provider must develop and keep on hand an organizational chart that is reviewed at least annually and is revised as needed. It must be distributed to the Local Education Agency, the school health center, and the principal of the school. The organizational chart must:
  - A. Reflects clear lines of authority for the administration of the SHC;
  - B. Reflects clear roles of the sponsoring facility, the SHC and the school; and
  - C. Defines the various staff roles.
- The MOA between the school system and the sponsoring agency must also include:
  - Methods for addressing priorities and resolving differences;
  - Assurances that there will be a collaborative relationship between the SHC staff and school personnel such as health educators, school nurses, drug abuse counselors, social workers, etc;
  - Description of how the provider will provide access to services when the school health center is closed.
- The SHC collaborates with the school nurse to address the health needs of the student population. Each SHC is required to develop policies and procedures that outline this collaboration and partnership with the school nurse.
- The SHC collaborates with the school mental health professional (i.e., school counselor, school social worker, school psychologist) to address the mental health needs of the student population. Each SHC is required to develop policies and procedures that outline this collaboration with all school mental health professionals.

### **2. Policies and Procedures**

- The SHC must operate under written administrative and clinical policies and procedures that must be reviewed and updated at least annually. At a minimum the SHC must have the following written policies set forth and in place:
  - Non-discrimination, confidentiality, parent consent, student rights/responsibilities, release of information, conflict of interest/disclosure, equal opportunity employment, Americans with Disabilities Act, disaster and fire safety.

- Job descriptions that define the qualifications, responsibilities and supervision of all SHC personnel and contractors.
- Services provided by the SHC, including the administration and delivery of services, coordination of care with other providers, and continuity of care (24 hour, 7 day/week coverage).
- Medical emergency procedures that include notifying the school administrator and/or school nurse before a student is transferred to any nearby hospitals and/or emergency departments. Parents are to be notified of any emergencies involving their children. Procedures should also include a plan for transferring students to outside medical, mental health, and dental facilities.
- Fiscal Management, including the budgets and the recording, billing, and bill collection for services rendered.
- Data Management.
- Maintenance of all medical records.
- Continuous Quality Improvement / Quality Assurance/Evaluation of Services.
- Clinical policies and procedures that are based on expected clinical standards for delivery of health care services within an ambulatory care setting.

### **3. Community Advisory Council**

- a. A Local School Health Center Advisory Council (LSHCAC) shall be established before a SHC begins to provide services. The LSHCAC shall provide advice and direction to each school health center.
- b. The LSHCAC shall be representative of the constituency and is oriented to SHC services. At a minimum, advisory council membership shall include school staff, community members, health providers (including the professional school nurse representative), parents and students. LSHCAC meetings should be scheduled on a regular basis and minutes from the meeting should be distributed to all who participate.
- c. The principal of the school with which the SHC is affiliated shall convene the initial meeting of each LSHCAC. At the first meeting, the members present shall select the leadership of the Council.
- d. The Advisory Council should be involved in program planning and development, identification of emerging health issues and appropriate interventions, assisting in identifying funding for the SHC, and providing advocacy for the program.

## ACCESS

**1.0 Access Standard:** SHC services are easily accessible and are designed to eliminate or reduce barriers in obtaining health care services.

□ *Availability of Services*

1.1 The SHC must operate each day when school is in session at regularly scheduled hours that:

- are displayed in a public location, and in multiple languages, appropriate to the student population.
- are convenient to all students and include, as necessary, some before or after school hours;
- provide access to 24 hour coverage, 12 months a year, including summer and holiday vacations;
- to the extent possible, accommodate working parents/guardians schedules to allow them to participate in the care of their child;
- allow for urgent appointments within the same day;
- offer non-urgent appointments or provide referrals;
- permit scheduled appointments to minimize interruption of the student's classroom time; and
- facilitate ongoing communication with parents and primary care providers.

1.2 The SHC must have in place telephone answering methods that notify students and parents/guardians where and how to access 24-hour back-up services when the SHC is not open. In addition, instructions for after-hours care must be prominently displayed outside the SHC site's entrance(s) and must be printed and made available to patients in the reception area and exam rooms and to parents through the consent form, consistent with Section 1.3.

1.3 The SHC, in response to the cultural and language needs of the student body, must ensure that staff is educated in cultural competency, and that all documents and phone messages are translated as determined by D.C. regulations/law regarding language access.

1.4 The SHC may not discriminate against prospective consumers based upon race, ethnicity, color, religion, national origin, age, handicap, gender, or sexual orientation.

1.5 The SHC will not turn away any student because of insurance status, health status, immigration status, inability to pay, or because a student has an existing primary care provider.

1.6 The SHC shall routinely publicize services to the student body and the community. Marketing methods may include, but are not limited to:

- a. contacts during the school registration process;
- b. attendance at PTA meeting;
- c. mailings, notes sent home to parents and intercom announcements;
- d. bulletin boards and posters;
- e. student newspapers and newsletters;
- f. workshop for teachers and other school staff;
- g. newspaper articles;
- h. community education offerings;
- i. flyers, posters;
- j. radio and TV announcements;
- k. videos;
- l. open house;
- m. contests;
- n. SHC newsletters; and
- o. collaborative activities with other SHCs or medical entities, when appropriate.
- p. School website

1.7 The SHC must provide services that are HIPAA compliant and in a manner that ensures the student's and his/her family's right to privacy.

1.8 The SHC can serve as a student's Primary Care Provider (PCP) / Medical Home or complement services provided by an outside PCP. The SHC shall also coordinate care with the child's outside PCP, other medical providers, social service agencies, mental health providers, and other agencies, programs, and organizations in order to ensure continuity of care.

1.9 When providing services by referral, SHC providers should offer as many options as possible. Financial, geographical and other barriers should be minimized.

1.10 The SHC facility provides access to routine and urgent care, telephone appointments and advice. It is not required to provide emergent care, but can stabilize patients and facilitate access to emergent care, as necessary.

1.11 The SHC must be accessible to individuals with disabilities.

## **FACILITY REQUIREMENTS**

### **1. Facility Space Requirements**

*These following standards will apply to **school-based health centers (SBHCs)**.*

#### □ *Overview*

In planning a site for a school-based health center (SBHC), it is imperative to provide the clients with a clinical area that is clean, safe, and orderly. Of utmost importance is to ensure that client confidentiality is observed at all times. School-based health centers must be housed in an area of the school building that allows for client confidentiality and safety. Examination/counseling rooms need to be situated to protect the client's rights and to allow for maximum privacy.

- The SBHC facility must be a permanent space located within a school building or on the school campus and used exclusively for the purpose of providing school health services.
- Strong consideration should be given to having the SBHC co-located with the health suite.
- The facility must meet Americans with Disabilities Act requirements for accommodation of individuals with disabilities.
- The facility must meet local building codes (including lights, exit signs, ventilation, etc.) and comply with applicable Occupational Safety and Health Administration (OSHA) regulations and , and any other local, state or federal requirements for occupancy and use within the permanent space allocated for SBHC.
- The MOA with the school must outline responsibilities for maintenance of the physical plant.
  - The school is responsible for maintenance of the physical plant as it pertains to electrical and plumbing needs. It is also responsible for Information Technology wiring and maintenance needs.
  - The sponsoring agency is responsible for all other maintenance and facility requirements.
- The SBHC must be easily and safely accessible to students.
- All pharmaceuticals are to be kept in a locked cabinet or refrigerator (if indicated). The physician, nurse practitioner, and/or physician assistant and staff nurse are the only personnel who may have access to medications. If vaccines/medications are stored in the refrigerator or freezer, the electrical circuit for that refrigerator and/or freezer must

remain active 24 hours per day and tied to an emergency generator. Vaccine storage must be in compliance with DOH immunization standards.

- An intercom system (which may be through a telephone instrument), internal to the SBHC, must be provided. The school's central office intercom system must also be connected to the SBHC.
- Technology outlets and computer stations must be available.
- Each space must have adequate lighting.
- Although there may be differences in SBHC from site to site, and some rooms/areas are used for multiple purposes, the following must be present within the center:

**AREAS:**

- Designated waiting/reception area
- At least two exams room (one of which can accommodate a speculum table)
- At least one sink with hot and cold water, in each exam room
- At least two counseling rooms/private areas
- At least two private toilet facilities with a sink with hot and cold water (at least one of which is contiguous with an exam room)
- Multipurpose room (for meetings, teacher/practitioner counseling, teaching venues, lunch area)
- Office/clerical area (for each: SNP, full-time Nurse Practitioner (this space doubles as clinical space), rotating/swing office, SMHP, social worker)
- Secure storage area for supplies (e.g. medications, lab supplies)
- Designated lab space with sink with hot and cold water<sup>1</sup>
- Secure, locked, and confidential medical and mental health records storage area
- Must comply with ADA standards

**OTHER:**

- Phone line, with extensions available to the various SBHC staff, exclusively dedicated to the SBHC
- Data, voice, video connections in all areas
- Dedicated entrance for after school hours service, if applicable.
- Oxygen in wall

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<sup>1</sup> Maryland Occupational Safety and Health Act (MOSHA) Requirement

- It is recommended that the health suite (SBHC space including the school nurse suite) meet the following minimum requirements:

Area	Qty	Dimensions	Total Sq. Feet
<b>DCPS School Nurse Suite:</b>			<b>300</b>
Office	1	10 x 10	100
Records room	1	10 x 10	100
Exam room	1	10 x 10	100
<b>Joint SBHC/Nurse Use:</b>			<b>1606</b>
Reception/waiting area	1		250
ADA restrooms	2	8 x 8	128
Exam rooms	4	10 x 10	400
Lab/drawing station*	1	10 x 10	100
Medical supplies storage	1		50
Office supplies storage	1		50
Rest area (2 cots near nurse or recep.)	1	10 x 10	100
Multipurpose space	1	20 x 20	400
Employee restroom	1	8 x 8	64
Small kitchenette	1	8 x 8	64
<b>SBHC Medical Area:</b>			<b>948</b>
Records storage area**	1		50
Provider office	1	10 x 10	100
Mental health provider office	1	15 x 10	150
Medical provider office	1	10 x 10	100
Medical assistant cubicle	1	8 x 6	48
Dental operator	1	10 x 10	100
Dental supply and equipment room	1	10 x 10	100
Additional provider office w/cubicles	2	10 x 10	200
Additional office***	1	10 x 10	100
<b>TOTAL</b>			<b>2854</b>

\*For clean and dirty \*\*Medical and mental health \*\*\*Mental health or program management

- In instances in which school design issues preclude adherence to the space requirements in the table above, these requirements may be adjusted. It is suggested that the following areas could be eliminated or reduced in size: additional provider office with cubicles, multipurpose room, employee restroom, exam room(s), and additional office for mental health provider or program management.

## **2. Equipment Requirements**

- All pieces of equipment and furniture that need electrical or plumbing connections must have their requirements specifically met.
- The equipment must be maintained and calibrated regularly in compliance with all state licensing requirements including documentation of compliance checks.
- Each center must have the following equipment at a minimum:
  - Wall mounted or portable oto/ophthalmoscope with insufflator
  - Stethoscope
  - Reflex hammer
  - Exam table with stirrups (middle school and high school)
  - Rolling stool
  - Exam light
  - Mouth guard and/or ambu bag
  - Snellen chart/E chart/titmus machine
  - Audiometer
  - Nebulizer
  - Refrigerator with a separate freezer if storing immunizations (needed to store varicella at 5° F)
  - Refrigerator/freezer thermometer
  - Standing scale with measuring bar
  - Glucometer
  - Infectious waste containers and sharps containers
  - Locked file cabinet(s)
  - Locked cabinet for medications
  - Fax machine or access to a confidential fax machine (recommended dedicated to SBHC)
  - BP cuffs, either wall mounted or portable, with Child/Adult/Large/Thigh cuffs depending on age of students
  - Computer with Internet connectivity - one computer for each: administrative, clinical services (minimum of 1 per each type of service provider – i.e. SMHP, oral health), and billing
  - Answering machine or voice mail system
  - Eye wash equipment

- Specula (disposable or metal; if metal, must have autoclave)
- Defibrillator (AED) with pediatric and adult capabilities
- Oxygen tank with carrier

### **Optional Equipment**

- Centrifuge
- Trans-illuminator light for speculums
- Phlebotomy chair
- Microscope (middle/high school)
- Equipment to measure hemoglobin or hematocrit e.g. Hemacue

### **If Oral Health Services Are Provided On Site**

- Autoclave
- Vacuum system
- Compressor
- Doctor's Cart with Air/Water syringe and Fiber Optic Hand piece attachments
- Portable patient chair
- Portable light
- X-ray unit
- Wall mounted cabinets
- Mouth Camera
- X-ray Developer or/and Computer Generated X-rays Images
- Dentist's stool
- Computer
- Small refrigerator for storing of dental sealants and other products
- Dental software program for collecting data
- Assistant's stool (if dental assistant available)
- Curing light
- Mental Health Service supplies
- Oral Health Service supplies

### **Supplies**

Supplies will vary based on services offered, and age of student enrollees. The following supplies may be required:

- Chemstrips
- Finger stick collection supplies
- Digital thermometers and covers
- Ear cures (disposable or reusable with appropriate sterilization method)
- Peak flow meters and disposable mouth pieces
- Patient gowns and drapes
- Gloves
- Disinfectant
- Hemacult slides and developers
- Glass slides and covers

- KOH and normal saline in dropper bottles
- Quick strep tests
- Pregnancy test (middle and high school)
- GYN exam supplies (middle and high school)
- STI screening supplies (middle and high school)
- Exam paper rolls
- Nebulizer tubing and masks
- Band aids, bandages and tape
- Specimen containers and blood collection tubes
- Tourniquets
- Alcohol swabs and liquid
- Venipuncture supplies
- Code bag

**When Oral Health Services Are Provided:**

- Bibs
- Hazard Red Bags
- Prophylaxis Angles
- Developer and Fixer Solution
- Glove Dispenser
- Short Attachment
- Slow Speed Handpieces
- Highspeed Fiber Optic Handpieces
- Curing Light
- Automatic Developer – Peri Pro III
- Cotton Rolls
- Liquid Fluoride
- Amalgamator
- Cotton Roll Dispenser
- Peds Lead Apron
- Disposable Mouth Mirrors
- Bib Clips
- Surgical Masks
- Toothbrushes
- Nitrile Gloves – Small
- Nitrile Gloves – Medium
- Nitrile Gloves – Large
- Sealants
- Mouthwash
- Paper Cups
- Prophylaxis paste – bubble gum
- Vinyl gloves – Medium
- Vinyl gloves – Large
- Occlusal x-ray films – size 4

- PA X-ray film – size 1
- Dental Exam Kits

### **3. Administrative Requirements**

- Medical, fire and emergency instructions and other procedures, including telephone numbers, must be posted in a central location.
- “No Smoking” signs must be posted in the SBHC facility.
- The Privacy Practice Act must be posted and available in other languages as necessary.<sup>2</sup>
- Designated SBHC staff must have keys for all locked areas, including bathrooms with inside locks. All bolt locks must be removed.
- The facility must have appropriate liability coverage.
- SBHC administration must communicate with school building facilities staff to ensure that refrigerators in SBHC are kept on at all times.
- The facility must have appropriate clinician liability coverage.
- The MOA between the SHC provider and the school should stipulate responsibility for private telephone, fax and internet access.

## **ENROLLMENT AND CONSENT**

SHC provides enrollment forms and parental consent forms to all enrolling students, as well as information to parents about the school health center and the services available.

### **1. Providing Information to Parents / Guardians about the SHC:**

- A. The SHC provider, through cooperation with the participating school, must disseminate written information that is available to parents about center services, including:
  1. The scope of services offered;
  2. The staffing pattern, including how medical coverage will be assured in those schools where the full-time presence of a practitioner is not provided; and
  3. How students can access 24-hour/7 day coverage when the school is closed.

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<sup>2</sup> HIPAA requirement

## **2. Enrollment**

- A. All students enrolled in the school are eligible to be registered in the school health center regardless of insurance status or ability to pay.
- B. The sponsoring agency may, with the approval of the school system, develop a policy concerning registration of children not enrolled in the school.
- C. If a student/patient has a primary care provider (PCP), the SHC must make every effort to communicate/coordinate services with the student's PCP to avoid duplication of services.
- D. SHC registration information must be updated annually.
- E. At a minimum, the enrollment forms should request the following information:
  - 1. Student name
  - 2. Address
  - 3. Date of birth
  - 4. Parent/guardian name
  - 5. Emergency contact information
  - 6. Student's social security number
  - 7. Student health care coverage including the name of the managed care plan
  - 8. Insurance and/or Medicaid identification number
  - 9. Student's primary care provider name and address, or designation of the SHC/back up facility as the primary care provider.
  - 10. Current or past mental health provider or counselor for the child
  - 11. Medical release authorization
  - 12. Photo (with EMR)

## **3. Consent**

- A. All students under the age of 18 are eligible for services if they have written consent from their parent/guardian for all services not covered by the minor consent law.
- B. Consent forms must include the requirements articulated in the contract between DOH and the sponsoring agency. They must also include a provision allowing consent for the sponsoring agency to communicate between the health care providers (health, mental health, and oral health) concerning a patient's care and health care needs.
- C. The sponsoring agency, with input from the school system, must have a written policy concerning minor consent as outlined in the DC Minor Consent Law.
- D. The sponsoring agency must also have a written policy concerning the right to consent if the minor is emancipated or over the age of 18 years.
- E. Consent does not need to be signed annually unless guardian or consent restrictions have changed. If a student changes schools and enrolls in a different health center, consent is required.

- F. The use of student/patient photos for marketing shall be done only with parent/guardian consent.

**SCOPE OF SERVICES**

**1. Services Requirements**

The following tables include services that must be available either:

- On-site at the school health center (**Onsite**)
- By direct referral (**Referral**) from the Center

<b>Preventive Health Services and Health Education</b>	<b>Location</b>
Provision of age-appropriate anticipatory guidance	Onsite
Standardized, age-appropriate risk factor assessment (e.g. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening and Bright Futures, available through the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services)	Onsite
Age-appropriate reproductive and sexual health education	Onsite or in coordination with the school
Social Services	Onsite or Referral
Public Health Assistance Services	Onsite or Referral

<b>Primary Care</b>	<b>Location</b>
Comprehensive medical and psychosocial histories	Onsite
Comprehensive physical exams per EPSDT	Onsite
Immunizations	Onsite
Nutritional Assessment	Onsite
Evaluation and treatment of:	
• Non-urgent problems	Onsite
• Acute problems	Onsite
• Chronic problems	Onsite
Triage of medical emergencies	Onsite
Medical case management of known and chronic conditions in conjunction with specialty and/or primary care provider	Onsite
Routing screening laboratories	Onsite or Referral
Referral to primary care provider and specialty referrals within the community and in accordance with the child’s insurance coverage	Onsite
Reproductive health services	Onsite
Sports physicals	

<b>Oral Health Services (see Oral Health Services standard)</b>	<b>Location</b>
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Oral health screening	Onsite
Oral health treatment	Onsite or Referral

<b>Medication</b>	<b>Location</b>
Capacity to write prescriptions for non-urgent, acute, and chronic care problems	Onsite
Administration of over the counter (OTC) and prescription medication	Onsite
Provision of medication for acute illness and chronic conditions	Onsite or Referral

<b>Substance Use and Abuse Services</b>	<b>Location</b>
Substance abuse risk assessment	Onsite
Substance abuse counseling and treatment	Onsite or Referral

<b>Mental Health Services</b>	<b>Location</b>
Individual mental health assessment	Onsite
Mental health treatment	Onsite or Referral
Mental health crisis	
<ul style="list-style-type: none"> <li>• Triage of mental health crisis</li> </ul>	Onsite
<ul style="list-style-type: none"> <li>• Mental health crisis intervention</li> </ul>	Onsite or Referral
Group therapy	Onsite or Referral
Family therapy	Onsite or Referral
Consultation with school administrators, parent/guardian, teachers, and students about individual MH condition	Onsite
Psychiatric evaluation	Onsite or Referral
Psychiatric medication management	Onsite or Referral
Primary and secondary prevention	Onsite

**OPTIONAL SERVICES: The following table includes suggested optional services to include, if there is local need and resources to provide any of these services:**

<b>Optional Services</b>
Nutrition Education and Counseling
Well child care of students' children
Care of faculty, siblings and other community members

## **COLLABORATION AND INTEGRATION WITH THE SCHOOL HEALTH NURSING PROGRAM**

Critical to the success of the school health center is the partnership with the school health nursing program. School health centers function optimally when the school nurse and the school-based health center staff partner to function as a single, integrated, cohesive team dedicated to managing the health needs of the patients they serve.

To operate within this team approach:

- The school health center and the school nurse program must be co-located in a suite designed to house both programs in a manner that facilitates cooperation yet distinctiveness; and
- Clearly defined mission, goals and objectives for the collaboration of the programs must be developed and implemented.

The following principles developed by the American School Health Association (ASHA), the National Assembly on School-Based Health Care (NASBHC), and the National Association of School Nurses (NASN) describe the ideal conditions under which a collaborative partnership between the school health center and school health nursing program should exist:

- School nurses and school health center staff share an important mission: protecting and advancing the health and well-being of our nation's school-aged children.
- Although multiple health professionals in a school setting may have distinctive and complementary functions, funding, and accountability, their objectives are met effectively and efficiently through collaboration.
- Working as partners, school nurses and school health center staff are able to increase compliance with treatment plans, facilitate access to needed health and mental health care, monitor outcomes of care, uniformly document care, collect data about health needs and outcomes of care, and provide case management – all critical for improving the quality of health care and academic outcomes for school-aged children and youth.

Using a collaborative approach:

- While school health centers exist in schools, they do not take the place of nursing services.
- School health nurses are responsible for the day-to-day management of the health of all students to ensure their ability to participate in the classroom setting and to learn to their greatest potential.

- School health nurses routinely assess students' needs, utilizing and valuing the additional easily accessible, and user-friendly, resource of the school health center for students who need health, mental health, and social services.
- The school health nurses seeks assistance from the school health center, which either provides or makes available age-appropriate primary services such as health, dental, mental health, social services, and health education.

Ultimately, the goals for the school health center and school health nursing collaborative partnership are to:

Goal #1: To promote collaborative relationships between the school health nursing program and the school health center to facilitate the delivery of high quality, cost-effective, and efficient care and services to school-aged children.

Goal #2: To implement a collaborative practice model designed to meet the health needs of students and which positively impacts student health and academic success.

The success of this collaborative partnership is contingent upon achieving the following objectives:

1. To clearly describe, delineate and arrive at consensus regarding the role and responsibilities of school nurses and school health center staff.

The National Association of School Nurses' distinction between medical services and health services in the school setting and its definitions of these two services provide a good working basis for determining the role and scope of services of the school nurse and school health center practitioners. It is important to look at guidelines and/or parameters as established by NASN, NASBHC, and DC laws, regulations, and policies to help determine who within these two programs will perform what functions and where collaboration will occur. It is also important to bear in mind that both programs will move toward a paradigm shift requiring all entities involved to review and evaluate current programs and operations and to design a collaborative model that helps meet identified goals.

2. To collaboratively establish interdisciplinary policies and procedures that provide operational guidelines to govern the provision of health care and related services.

## **INTEGRATION WITH THE SCHOOL MENTAL HEALTH PROGRAM**

*The following standards apply when a School Health Center and the DC Department of Mental Health School Mental Health Program (SMHP) are present at the same school.*

### **1. Co-location**

- a. The School Health Center and the School Mental Health Program should be co-located at the school site.
- b. Facilities Requirements (*see Facilities Standard*):
  - i. A separate office must be provided for the mental health practitioner.
  - ii. A private counseling room must also be available for use by the SMHP.

### **2. Policies : The SHC and the SMHP shall develop policies that address the following:**

- a. Access to medical and mental health records.
- b. Information sharing and any legal issues pertaining to authorizations for release of information.
- c. Referral procedures to delineate how referrals are made, how follow-up is conducted, and how to triage cases.
- d. Methods and frequency of communication between the two programs to discuss scope of services and other issues pertinent to the collaboration between programs.
- e. Delineation of roles and responsibilities, which may include assessment, prevention, early intervention, consultation, and treatment services.
- f. If the programs are co-located, allocation of space and sharing of the facilities.

### **3. Consent**

- a. Consent to receive mental health services, separate from enrollment in the School Health Center, must be obtained and renewed, as necessary, in compliance with the Mental Health Information Act and regulations set forth by the DC Department of Mental Health.

### **4. Early Intervention Team**

- a. Every School Health Center will have an early intervention team (“Team”) where all mental health professionals (both school-hired and community-hired) meet to plan individual or school-wide programs, assign services, review progress, and discuss challenges/barriers. This team will include relevant health professionals (i.e. the school nurse and a representative of the SHC) as well as a DCPS liaison.

- b. The Team shall meet at least monthly.

## **5. Records Maintenance, Access and Storage**

- a. All mental health records shall be maintained in a locked filing cabinet and in accordance with federal and D.C. laws concerning storage and maintenance of mental health records.
- b. Policies regarding access to mental health records shall be developed in compliance with the Mental Health Information Act and HIPAA.

## **6. Enrollment**

- a. Access to the School Health Center is available to all students in the school in which the SMHP is located. If a student accesses the SMHP, the student is provided the opportunity to enroll in the school health center.

## **INTEGRATION OF ORAL HEALTH SERVICES**

### **Scope of Services:**

1. Where feasible, comprehensive oral health services should be included as part of the School Health Center Program scope of services. Services should be targeted to include prevention and control of oral and dental disease, oral and facial injury prevention, and personal health practices that promote oral health.
2. At a minimum, the SHC must provide periodic oral screening and oral health education by a healthcare provider with referrals to an established dental network or licensed dental office for those services beyond the scope of the SHC.
3. SHCs that have an Oral Health Clinician must provide at a minimum oral examinations (comprehensive and periodic), oral hygiene instruction, teeth and gum cleaning, dental sealant treatment (in elementary and middle schools only) and, when indicated, topical fluoride treatment.
4. The following services and activities are recommended for inclusion and integration into the other service components of the SHC program, identified in the Scope of Services Standard:
  - Oral Health Services
  - Oral Health Education
  - Nutrition Services
  - Counseling, Psychological & Social Services
  - Health Promotion for Staff
  - Family & Community Involvement

The following chart identifies recommended services to be provided in the SHC and the appropriate staff mix required to perform these services:

Procedure <sup>1</sup>	General Dentist	Pediatric Dentist	Dental Hygienist	Dental Assistant
ORAL EXAMINATION – Comprehensive, Periodic	X	X		
ORAL EXAMINATION – Limited- Problem focused	X	X		
ORAL EXAMINATION- Preliminary <sup>2,3</sup>			X	
PROPHYLAXIS- i.e., teeth cleaning	X	X	X	
FLUORIDE TREATMENT	X	X	X	
PRESCRIBE FLUORIDE SUPPLEMENTS	X	X		
SEALANT TREATMENT	X	X	X	
PALLIATIVE TREATMENT <sup>1</sup>	X	X		
COMPREHENSIVE TREATMENT – OFF SITE	X	X		
ORAL HYGIENE INSTRUCTIONS	X	X	X	X
FLUORIDE VARNISH <sup>4</sup>	X	X	X	

1: Procedures provided are dependent upon equipment available on site

2: In accordance with DC law concerning allowed duties of auxiliaries, this examination can be rendered by the hygienist before the comprehensive or periodic exam, but must be reviewed and approved by the licensed general or pediatric dentist of record for the site

3: A dental hygienist may perform the following functions under the general supervision of a licensed dentist in a public school setting before a preliminary dental examination; a complete prophylaxis (teeth and gum (cleaning) including the removal of any deposit, accretion, or stain from the surface of a tooth or a restoration (filling); the polishing of a tooth or a restoration (filling).

4: Patient must be diagnosed by licensed dentist before fluoride varnish can be administered by Registered Dental Hygienist

## **MEDICAL RECORDS AND CONFIDENTIALITY**

### **1. Health/Medical Records Contents**

- Each school health center must initiate a health/medical record on all clients seen in the health center for the first time. This record must be linked, as appropriate, with the health record maintained by the school nurse.
- At a minimum, the record must consist of the following:
  - Signed consent form
  - Personal/Biographical data (including: student name, address, phone number and Social Security number; parent/legal guardian name, address, and phone number)
  - Individual and Family Medical, Mental Health, and Dental History
  - Primary Care Physician contact information
  - Insurance information, when available
  - Problem List
  - Medication list
  - Immunization record
  - Screening and Diagnostic Tests including Laboratory Findings
  - Progress Notes/Encounter Forms
  - Treatment Plan
  - Referrals
- The SHC must ensure that the records contain sufficient information to justify the diagnosis(es) and treatment, and accurately document all health assessments and services provided to the student.
- Each entry into the student's record must be dated and authenticated by the staff member making the entry by providing a signature, name, and title.

### **2. Electronic Medical Records**

- School health centers must maintain an electronic medical record system capable of maintaining a health record for each SHC enrollee, as well as tracking and reporting data.
- The school health center EMR must have interface capability with that of the school nurse program and any other appropriate health care EMR systems.

### **3. Health/Medical Records Confidentiality**

- Release of records can only occur after physician review of the records and with a signed consent to release by the parent/guardian or a student 18 years of age or older, or by students receiving services under the minor consent law.

- The Family Educational Rights and Privacy Act (FERPA) governs educational records, including the health record maintained by the school system. The Health Insurance Portability and Accountability Act (HIPAA) governs health records in the health centers and the Mental Health Information Act governs the collection and distribution of mental health information. The SHC must maintain compliance with HIPAA, FERPA, and the Mental Health Information Act at all times.
- The following must be addressed when establishing a school health center:
  - Determine to whom the school health center record belongs (e.g., the sponsoring organization, the SHC program)
  - The federal/state regulation that governs the record
  - The process for sharing the contents of the record and with whom those contents may be shared (in accordance with HIPAA)
  - The storage of the record once the student has left the school, including the length of time that records must be kept

#### **4. Medical Records Storage and Access**

- SHC records must be maintained and stored according to HIPAA guidelines in a secure location and manner that limits access to the records to SHC staff.
- Records must be kept separate from any health information that is part of the student's educational record.
- The SHC must lock and maintain records and copies of records in a secure manner that protects them from unauthorized use. Access to records shall be limited to SHC staff providing care to the student, unless proper consent has been obtained. SHC records are the property of the sponsoring provider and must be maintained separately from school records.
- If the SHC is closed during school and summer vacations, the SHC must ensure that student medical records are accessible by the SHC provider during this time and in a manner that ensures continuity of care.

#### **5. Sharing of SHC Information**

SHC staff is often asked to participate in school team meetings regarding students who are enrolled in the SHC, as well as share information regarding those students. Compliance with HIPAA regulations must be followed. In addition the following must be followed regarding sharing of information:

- Parents/guardians must be informed that SHC staff will be attending a school meeting on their child's behalf. This notification/permission to attend must be documented. If SHC teams regularly attend school team meetings, the FERPA required annual parental notification of parent rights must include SHC as those professionals that may be attending school meetings on individual students.

- Immunization information may be shared with school personnel, parents/guardian, and other health providers without written consent.
- Communication between SHC healthcare practitioners and school nurses regarding treatment orders can take place without parental permission according to HIPAA and Maryland's Nurse Practice Act.
- If a student has a primary care or mental health provider, the SHC must make every effort to communicate/coordinate services with the student's provider to avoid duplication of services.
- Sharing / reporting data for public health purposes

## **LABORATORY**

- 1. SHC Laboratory Certification Requirements
  - The SHC laboratory must maintain current CLIA certification and standards.
  
- 2. SHC Laboratory Space Requirements (*see Facility Requirements*)
  
- 3. SHC Laboratory Reporting, Documentation and Confidentiality
  - Requirements
    - The SHC must have written protocols that assure timely review of lab results, documentation, and follow-up of abnormal results.
  
    - The SHC must have a written policy that assures confidential handling of lab results.
  
- 4. Laboratory and Diagnostic Services Requirements
  - The SHC will provide testing as clinically indicated on site.
  
  - The SHC will refer patients to a fully licensed lab for services not available on site or restricted by the site license.
  
  - The SHC will provide venipuncture services on site or by referral.

### **5. Equipment Requirements**

- The SHC will maintain and calibrate all equipment regularly in compliance with state licensing requirements.

## **DATA COLLECTION AND REPORTING**

### **1. Data Collection Requirements**

- The SHC must maintain an electronic data collection system, which allows for ongoing data input, export, aggregation, and analysis.
- The SHC must collect data on identified variables that are established by DOH and its partners.

### **2. Data Variable Requirements**

- The variables that are used in data collection must allow for tracking of both process and outcome data, specifically for individual users of the SHC. These variables will comprise a set of core metrics defined by DOH, its partners, and the sponsoring agency.

### **3. Data Reporting Requirements**

- A designated individual at each SHC must submit periodic data reports to the sponsoring agency.
  - Quarterly (October 15, January 15, and March 15), process data on the use of services should be submitted for the prior three months.
  - Annually (July 15), a comprehensive data report should be submitted that documents trends in individual and aggregate service use and individual health outcomes for SHC users using variables determined by DOH and its partners. This annual report should include 4<sup>th</sup> quarter process data as provided in other quarterly reports.
- The sponsoring agency must submit the quarterly reports in aggregate to DOH by the 30<sup>th</sup> day of each quarter. The annual report must be submitted to DOH by July 30<sup>th</sup>.

### **□ 4. Data Management**

- Policies shall be developed to specify the access to and use of school health center data. This should include policies protecting confidentiality of client information and listing approved users of the data.

## **QUALITY ASSURANCE AND IMPROVEMENT**

### **1. Continuous Quality Improvement (CQI) Requirements**

- SHCs must develop a mechanism to monitor their clinical services and evaluate the goals of their overall program.
- This monitoring can be done by (1) setting up only a continuous quality improvement program, or (2) developing a comprehensive practice management improvement plan (PMI) that incorporates CQI monitoring.
- In the first year that the CQI plan is implemented, chosen sentinel conditions must be reported to DOH for monitoring, and then again when CQI initiatives have been in place for six months. Thereafter, quarterly CQI reports must be submitted to DOH for review. These reports may coincide with quarterly periodic data reports.
- CQI audits will be conducted by DOH at least once a year.

### **2. Continuous Quality Improvement Recommendations**

- It is recommended that SHCs use CQI and PMI tools that have been field-tested.
- The SHC sponsor should ensure that appropriate facility involvement and support is provided to address quality management and improvement.
- Quality management and improvement can address a full range of activities including but not limited to: management of clinical conditions, documentation of care, use of services, staff qualifications, system organization, patient satisfaction, patient knowledge and changes in patient behaviors.
- One individual from each sponsoring provider should be designated as the quality management and improvement coordinator for their respective SHC.
- The program should establish goals, objectives and standards of care that clearly identify what the program wants to accomplish. These should be reviewed regularly and updated annually. The standards of care should be consistent with current practice.
- The program should identify activities which lead to accomplishing its goals.
- The program should regularly measure the achievement of its desired performance and take actions to address problems identified.

- There should be written specified quality management policies and procedures which include:
  - provider credentials and maintenance;
  - professional continuing education;
  - pre-employment procedures;
  - staff and program evaluation;
  - measures of patient satisfaction;
  - medical record review;
  - complaint and incident review; and
  - corrective actions and time frame.
  
- The SHC should develop and implement a quality management and improvement plan that is based on needs assessment and previous quality improvement activities and includes at least the following on a quarterly basis:
  - a distinct focus on each of the following areas: administration, clinical, consumer satisfaction (patient/student, family and school personnel), community outreach and education and complaint investigation;
  - structure, process and outcome measures appropriate to the area of study;
  - the collection and analysis of data for each area studied/assessed;
  - the development and implementation of strategies to address areas of concern that need improvement; and
  - periodic re-evaluation of new strategies to assess effectiveness.

## **EVALUATION**

### **1. Needs Assessment**

- The sponsoring provider must conduct a school health services needs assessment as part of the development of the SHC in the first year. The assessment should summarize the health needs of students in the school, with attention to types of health services needed as well as topics for health education and prevention efforts.
- The sponsoring provider must conduct this school needs assessment in partnership with the Local School Health Center Advisory Council. The needs assessment should be repeated every three years to monitor the concerns and resources for the physical, mental and oral health of its children and adolescents.

### **2. Process Evaluation**

- An SHC process evaluation plan, developed by DOH and partners, will be implemented by the SHC provider annually.
- The process evaluation should address service delivery, center management and client satisfaction at a minimum.
- The process evaluation plan will incorporate the variables identified by DOH and its partners.

### **3. Outcome/Impact Evaluation**

- An outcome evaluation plan must be developed by DOH in collaboration with the sponsoring agency within the first year that the center has opened.
- The outcome evaluation should address client outcomes, continuity of outcomes, mental health, oral health, and physical outcomes of the children and adolescents served.
- The outcome evaluation plan will incorporate the variables identified by DOH and its partners.

## **PATIENT RIGHTS and RESPONSIBILITIES**

1. The rights and responsibilities of enrolled patients will be clearly defined in a written statement and translated into the language(s) of the major population groups served. This written statement is provided to patients at the time of SHC enrollment, is posted in the SHC, and is provided to all staff at the time of employment.

2. The SHC will demonstrate its commitment to treating patients in a respectful manner through a written statement of principles that recognizes the following rights of enrolled patients:

- Patients have a right to receive information about the SHC, its services, its practitioners and providers, and patients' rights and responsibilities.
- Patients have a right to be treated with respect, courtesy, and recognition of their right to privacy.
- Patients have a right to be told about their proposed treatment plans and to participate with practitioners in decision-making regarding their health care (including the right to refuse treatment).
- Patients have a right to voice complaints about the SHC or the care provided, through an established system that ensures a prompt response.
- Patients have a right to review their written record. Parents/guardians may also have access to the written record as outlined by established regulations and with appropriate releases as needed.

3. The SHC must have a written policy that addresses patient responsibilities for cooperating with those providing health care services. The written policy addresses the following patient responsibilities:

- Patients have a responsibility to provide, to the extent possible, accurate information that the SHC staff requires in order to care for them.
- Patients have a responsibility to follow the plans and instructions for care that they have agreed upon with their practitioners.
- Patients have a responsibility to treat SHC personnel with courtesy and respect.

4. Patients and their parents, when appropriate, shall be educated upon the SHC's confidentiality regulations (HIPAA) and any other relevant laws or regulations and will be given the opportunity to approve or refuse the release of personal information.