



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: November 7, 2016

HSS 16 008

OPERATION OF THIRTY-TWO SCHOOL-BASED HEALTH CENTERS FOR
ADOLESCENTS IN NINETEEN SCHOOL DISTRICTS IN DELAWARE
FOR
DIVISION OF PUBLIC HEALTH

Date Due: December 15, 2016
11:00AM

ADDENDUM # 2

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF
THE ABOVE MENTIONED BID.

Responses to questions received by the deadline of October 20,
2016 and at the pre-bid meeting November 7, 2016.

Kieran Mohammed
PROCUREMENT ADMINISTRATOR
(302) 255-9291

William Ingram
(302) 744-4706

HSS 16 008 Request for Proposal Questions and Answers

Please note: Questions are in black type and Answers are in red type. Where applicable, References are underlined in black type.

1. Ref: Section IV, Paragraph B: RFP Submissions, #2, page number 10
“Each proposal must be submitted with 2 paper copies and 6 electronic copies on CD or DVD media disk.”
Q - Is a flash drive also acceptable electronic media?
A - Yes, flash drive (USB memory stick) is acceptable.
2. Ref: Section IV, Paragraph C: RFP Evaluation Process, page number 17
“An evaluation team composed of representatives of the State of Delaware will evaluate proposals on a variety of quantitative criteria.”
Q - What types of individuals will comprise the evaluation team? Will the majority of team members have operational knowledge and experience of SBHCs?
A - The DPH evaluation and selection team has not been selected, at the time of this writing. However, a team will be selected and assembled that has ample knowledge, expertise and background in the programmatic operations, budget and evaluation of school based health centers.
3. Ref: Section F: Attachments, Appendix E, page: 69, Title X/Family Planning Annual Report
Q - Would you please clarify what is to be included in the Title X Annual Report?
A - In order to maintain your Title X/Family Planning affiliation, and as prescribed for all delegates under the Title X/Family Planning Federal Program, all data must be completed in the annual report as referenced in Appendix E of the RFP 16 008 in conjunction with School Community Health Alliance of Michigan (SCHA-MI) or through completion of an Excel template based on the data elements and supplied by DPH.
4. Ref: Section: Availability of Funds; paragraph: 2; pages: 6-7
Q - Were there base funding adjustments for the Wellness Centers in the RFP?
A - The General Assembly does not readjust for school population increases or decreases. Therefore, DPH has not been able to increase the base funding amount per site. Per RFP, the amounts listed were provided as guidance for writing proposals. Further, these amounts are subject to change based on the availability of funds.
5. Ref: Section Number: II Scope of Work; paragraph number : C. Scope of Services; page number: pages 3-5; text of passage being questioned: C. Scope of Services numbers 2,6,8,9,10 and 20
Q - Is it okay to include goals and objectives for the centers in our RFP response following the current format for goals and objectives to address items #2, #6, #8, #9, #10 and #20 in the scope of services?

A - Yes. However, information that is included that does not address the requirements of the RFP can't be used by DPH to evaluate the strength of the RFP.

6. Ref: Section Number: II Scope of Work; paragraph number : B. Program Overview, last paragraph of B; page number: 4; Text of passage being questioned: As opposed to previous years, DPH will not provide the following: assistance with reimbursement rate negotiations with third party payers

Q - Under Section II (Scope of Services), Program Overview, will DPH no longer provide assistance with the reimbursement rate between the Division of Medicaid and Medical Services and the said SBHC Medical Sponsors?

A - DPH does not anticipate the process to change. DPH should still continue to receive a copy of the cost recovery report, however, the rate is determined by Medicaid based on the cost recovery report from each medical sponsor. DPH will not be involved in rate negotiations.

7. Ref: Section Number: Attachments; paragraph number : page 34 it is last bullet, Appendix E/page 74 reference to appendix; page number: pages 34 and 74

Q - Will the Title X form/Appendix E still be completed by SCHA MI if we maintain our contract with them?

A - Yes.

Q - If we do not maintain the contract, then we have to provide this data from our database, correct?

A - Yes, as well as provide the data elements in all of the tables (a template may be provided by DPH). In order to maintain ones Title X/Family Planning affiliation, and as prescribed for all delegates under the Title X/Family Planning federal program, all data must be completed in the annual report as referenced in Appendix E of the RFP. DPH can provide centers with an Excel template that they have to fill out.

8. Ref: Monthly Usage Report; Attachment 7; page 42

Q - What is the purpose of the Monthly Usage Report Form on page 42 (Attachment 7)?

A - Information from the Monthly Usage Report Form will be used by the Office of Management and Budget to assess the actual documented value and usage of contracts. Specific instructions on submitting monthly invoices is in Appendix D, pages 67 and 68.

9. Ref: Section Number: D. Availability of Funds; paragraph number: List of funding by district; page number: pages 6 and 7; text of passage being questioned: listed funding amounts for new schools: Conrad, St. Georges and Appoquinimink

Q - Is the funding for Conrad the full \$175,000 for FY17 or will it be prorated based on March 2017 start date?

A - The amount will be based \$175,000 divided by 12 X the number of months based on the actual implementation date. In addition, a one-time start up in the amount of \$5,000 is also included in the budget for equipment needs, as well as \$100 for every student over 1,000 students in the school student population.

Q - Does the funding for each of the new schools include startup funds?

A - Yes, one-time \$5,000 for equipment needs.

Q - Can we do a budget for each of the new schools separate from the budget for the schools in their districts?

A - Yes.

10. Ref: Section Number: D. Availability of Funds; Paragraph Number: List of funding by district; Page Number: pages 6 and 7; Text of passage being questioned: listed funding amounts for each district/school

Q - Are we required to just submit a FY17 and FY18 budget for Conrad?

A - Yes, one-time \$5,000 for equipment needs startup funds. Conrad's budget for FY 17 should be for (estimated) March – June, 2017. For FY 18 the budget should reflect one full year of funding for Conrad.

Q - Are we required to just submit a budget for FY18 for Appoquinimink High School?

A - No.

Q - Are we required to submit budgets for Red Clay School District in FY 18?

A - Yes, for all five schools in Red Clay School District (A. I. DuPont, Conrad, Dickinson, McKean and Wilmington). Budgets should be submitted for all SBHCs by school district for FY 18 except Appoquinimink High School.

Q - Should the budget for Appoquinimink HS just be for FY19?

A - Yes.

11. Ref: Section Number III. C.11; Page 5; "11. How the SBHC will integrate services and share health care information that is HIPAA compliant with community and health care providers"

Q - Electronic Medical Record Systems (EMR) have systems in place to do this. Can we get clarification on how this is to be handled for centers without EMR? Does this imply centers are required to have EMR systems?

A - EMRs are not the only means to integrate services and share health care information. For those without an EMR, please explain how you will be a HIPAA compliant provider.

12. Ref: Section Number III. C. 12; page 5; "12. A plan for eventual submission of health care information collected by the SBHC to the Delaware Health Information Network"

Q - For centers that do not use an Electronic Medical Record System (EMR) how is this to be done? Does this imply an EMR will be required?

A - At the time for this proposal, DPH is not requiring an EMR of each provider, or a connection to DHIN. We are requiring a plan for connectivity to DHIN.

13. Ref: Section Number III.C.16; page 5; "16. A plan to collect standardized data to report on the following 5 performance measures for the basis of evaluation, as recommended by the National School Based Health Center Alliance"

Q - The Delaware School Based Health Alliance was still in the process of considering Evaluation Tools. Why is this mandated before they have completed their discussions and made a recommendation? How will this data be used?

A - We are requiring a plan for submitting this data. We will determine requirements for actual submission during contract negotiations. The data will be used to fulfill DPH reporting requirements.

Q - The School Board has not permitted STI testing. Are we exempt from Chlamydia Screen or will we report "0"? Do we need to report this on the Exception Form Attachment 3?

A - Providers are not expected to report if they do not provide this service.

14. Ref: Section Number III. C. 17 and 18; page 5; “17. Measurable Process and outcome objectives; 18. an evaluation plan:”
Q - Is that referring to our current Goals and Objectives and how we report semi-annually and annually on our progress? Can you provide more specific info on what is to be measured? Can you be more specific on the Evaluation Plan?
A - DPH would like to know how each provider plans to evaluate their services as referenced in the School-Based Health Center Services Operational Guidance. DPH will not be prescriptive on this matter.
15. Ref: Section II, Paragraph C: Scope of Services, page number 5; “4. Assessment of community needs and resources for a SBHC site in the target community”
Q - Is there a current State of DE community needs assessment that this is referring to? If so, where do we find the exact document? If not, are we to use our past experience in the school district to assess the needs and resources of the community?
A - It is up to each bidder to identify data resources and conduct the analysis necessary to provide this assessment.
16. Section II, Paragraph C: Scope of Services, page number 5; “12. A plan for the eventual submission of health care information collected by the SBHC to the Delaware Health Information Network”
Q - What type of information does Public Health want us to submit to DHIN? What is the expected timeline of such data submission?
A - The timeline is not yet determined. The proposal should include a plan for how connectivity will be established. Specific data elements will be determined at a later date.
17. Section II, Paragraph C: Scope of Services, page number 5; “15. How the following minimum data elements will be reported monthly. If the SBHC intends to be a Title X/family planning provider, include a plan to submit minimum data elements (see Appendix E)”
Q - In order to clarify Appendix E, should the vendor assume that the information requested is only for our students that we see for Title X visits?
A - Yes.
Q - If the vendor elects to use their own electronic health record data for monthly reporting, do we submit it electronically or on paper each month?
A - Centers will be given a template to fill out and send to Public Health.
18. Section II, Paragraph C: Scope of Services, page number 5; “16. A plan to collect standardized data to report on the 5 performance measures for the basis of evaluation as recommended by NSBHCA: depression screen”
Q - How is a depression screen defined? Is the RAAPS tool defined as the depression screen?
A - DPH will not be prescriptive, except that it must comply with the National Assembly on School-Based Health Care (NASBHC) measures as defined.
19. Section II, Paragraph C: Scope of Services, page number 5; “17. Measurable process and outcome objectives”
Q - Is this similar to the previous “center goals and objectives” set by Public Health in previous RFPs?
A - DPH will not be prescriptive.

20. Section II, Paragraph C: Scope of Services, page number 5; “18. An evaluation plan”
Q - Are there elements Public Health expecting to review in an evaluation plan?
A - DPH will not be prescriptive.
21. Section II, Paragraph C: Scope of Services, page number 5; “19. An all funds budget and budget justification”
Q - Do you want to see the total cost of running each center based on our operating plan or do you just want to see where the State of DE provided funding portion only?
A - This should be interpreted as requiring a breakdown of the budget that shows separately all sources of funds that will cover operations.
22. Section II, Paragraph D: Availability of Funds, page number 7; “Milford, Milford High”
Q - Does this mean grades 9-12 only?
A - Grades 8 – 12.
23. Section II, Paragraph D: Availability of Funds, Page number 7; “Woodbridge, Woodbridge Jr and Sr. High”
Q - The Woodbridge Jr. High School and Senior High School are located on separate grounds now that the new high school is operational. The schools are separated by about 7 miles. Should both of these schools be included in the funding package for Woodbridge?
A - Yes, but funding was based on both schools combined.
24. Section II, Paragraph B Program Overview, page number 4; “DPH will NOT provide the following: Assistance with reimbursement rate negotiations with third party payers.”
Q - Does this include Medicaid?
A - This process is expected to remain the same, and includes Medicaid. Except, DPH will not be included in rate negotiations.
25. With regard to Attachment #5, page 40. Q - What is considered an acceptable business reference?
A - An acceptable reference would be a professional relationship reference, which can include financial references and business references (previously referred to as bidder references). State contracts can be used as a reference. If that is the case, include a list of those contracts with the State from the last 5 years.
26. Q - Discussion item from the RFP questions and answers that were read prior to this meeting, a comment was made with regard to Title X Family Planning summary, what was to be discussed?
A - If you are a site that is a Title X Family Planning Affiliate, you are obligated by Federal Law to report the requested data in all of the tables. This federal requirement is already built into the current SCHA-MI database, so it is a seamless process. For those reproductive health sites who may choose not to use this database, the Title X program provides a template of what data is required.
27. Q - Should we submit a budget for Conrad for March 2017 through June 2017?
A – Yes.

SCHOOL-BASED HEALTH CENTER SERVICES OPERATIONAL GUIDANCE

Mission:

In partnership with schools, families, healthcare providers and community agencies DHSS Division of Public Health will facilitate access to comprehensive preventative primary and mental health care for adolescents in Delaware public high schools.

Guiding Principles:

- a. The school-based health centers reduce barriers to health care by being located in schools and offering confidential care in a safe environment.
- b. School-based health centers inform enrolled students and their parents/guardians of their rights and responsibilities regarding confidentiality, privacy, safety, informed consent, release of information and financial responsibility.
- c. School-based health centers are comprehensive, coordinated and provide a continuum of care including promotion, early detection, intervention and treatment.
- d. School-based health centers facilitate students' use of health care systems by establishing links to primary health care providers and by developing health promoting behaviors.
- e. School-based health centers provide a comprehensive range of services that meet the specific physical and behavioral health needs of adolescents (or provide referrals).
- f. School-based health centers enhance the existing school health services program and work cooperatively within the school community to become an integral part of the school setting.
- g. School-based health centers promote healthy lifestyle choices and empower youth to take responsibility for their health and health care and encourage parent/guardian involvement to support and sustain successful health outcomes.
- h. School-based health centers will be funded by state, federal, in-kind and fee-for-service resources.
- i. Students must have parental written consent to use center services.

The activities of the SBHCs shall address the following goals:

- a. To reduce the critical health problems of adolescents by ensuring the utilization of comprehensive health services provided by the SBHC.
- b. To improve the physical health of students by providing age-appropriate medical services through the SBHC.
- c. To reduce the incidence of high-risk behaviors through health education and risk reduction efforts.
- d. To reduce the mental health and psychosocial problems of adolescents by improving access to utilization of mental health services provided by the wellness center.

- e. To ensure coordination with student's medical home and/or primary care provider.
- f. To improve coordination between the wellness center and the school through the following compliances and/or activities:

1. School-Based Health Centers (SBHCs) function within state and federal laws and established standards of practice, including standing orders or collaborative agreements established by the medical sponsor(s). Administrative oversight of SBHCs is provided by the Division of Public Health, Department of Health and Social Services. As such, the school-based health center and its on-site management team are accountable to the Division's quality assurance plan and regular site visit monitoring review.
2. The School-Based Health Center will be open for services on the agreed upon date as specified in the work plan.
3. Medical and nursing services at the School-Based Health Center will be provided in accordance with the accepted standards of current medical and nursing practice and in conformance with all applicable state and federal laws. The medical sponsor is responsible for ensuring all SBHC staff have current and appropriate licensure and/or certification to provide health services. Collaborative agreements or standing orders implemented at the School-Based Health Center will be consistent in content and format as those utilized by the Division of Public Health clinics or medical sponsor and signed by appropriate SBHC medical staff. The scope of services for school-based health centers shall be within the scope of practice of the providers and can include (but not limited to): sports physicals and routine examinations, acute and minor illness care, mental health counseling, nutrition education , immunizations, health and sexuality counseling, risk-factor reduction counseling, drug and alcohol abuse counseling, and general health education and any other standards that apply to the teenage population (unless otherwise prohibited by local jurisdiction). The School Board may elect to approve the following optional services: diagnosis and treatment of STDs, reproductive health and HIV testing (HIV testing may require additional staff and other medical considerations furnished by the contractor). Collaborative agreements or standing orders will be submitted to the Division of Public Health within 30 days of the clinic opening and on or before October 15th every year thereafter for the duration of this contract.
4. Information and medical records in possession of School-Based Health Clinics and their staff belong to the medical sponsor and are confidential. Disclosure of that information should be made only when appropriately authorized. Contractor must establish a medical record for every client who obtains services and provide updated information. These records must be maintained in accordance with federal and state laws and accepted medical record retentions standards. Records must be complete, legible, accurate, and safeguarded against loss or use by unauthorized persons. All records, when not in use, should be maintained in locked cabinets.

The Department, after giving reasonable notice, shall have access to such books, records, documents, and other evidence for the purpose of inspection, auditing, and copying during normal business hours of the centers. The Contractor will provide facilities for such access and inspection. Contractor shall retain this information for a period of five (5) years from the date services were rendered by the Contractor.

The cost of any Contract audit disallowances resulting from the examination of the Contractor's financial records will be borne by the Contractor. Reimbursement to the Department for disallowances shall be drawn from the Contractor's own resources and not charged to Contract costs or cost pools indirectly charging Contract costs.

5. All advertising and materials produced and distributed for the School-Based Health Center Program will include the Department of Health and Social Services logo as imprinted here:



***DELAWARE HEALTH
AND SOCIAL SERVICES***
Division of Public Health

When the DHSS logo is used on materials concerning service delivery, they must be approved by DPH prior to publication.

6. Any clinical preceptorships, including medical, social work, and nutrition interns in the School-Based Health Center must be reviewed and approved by the school administration.
7. The SBHC may have limited hours of operation during summer if deemed appropriate by the school and medical sponsor. Centers will return to full operations one week prior to the opening of the high school year (August). Hours of operation will be posted. Any change in operating hours will be reported to the Division of Public Health in writing.
8. All key staff will be in place within 30 days of the opening of the facility. The Division of Public Health must be notified in writing if all key staff cannot be in place at this time.
9. All staff must undergo a criminal background check as required by law. Results of the check must be submitted to the Division of Public Health within 30 days of completion.
10. Curricula vitae/resumes for new staff members and/or subcontractors will be forwarded to the Division of Public Health upon hiring and prior to onset of employment. The Division reserves the right to veto staff hiring decisions if the potential employee's credentials do not meet the stated minimum requirements for that job classification. In case of a vacancy, the contractor must send a School-Based Health Centers Resume

Transmission Form supplied by the Division of Public Health for its review before the new staff is hired. The Division of Public Health must be notified in writing within 10 business days of critical staff vacancies and submit a written interim plan to address service delivery.

11. Staffing models will support third-party billing and DPH evaluation requirements. Each sponsor must provide written description of the following items :
- days and specific hours of operation and staff hours for each center during the school year and during the summer;
 - detailed scope of services;
 - list any subcontractor services including days and hours of staff for the school year and for the summer if applicable;
 - provide Center Coordinator oversight, direction and administration for the center;
 - Center Coordinator must provide a regular presence within the center and provide posted hours;
 - Administrative support sufficient to meet the administrative and data entry needs of the center operations.

There must be at least one health provider (PA, APN, LPC, LPCMH, NP, LCSW, etc.) at each site during the center's regularly scheduled hours (during the school year). *Exceptions must be approved by Public Health.*

Deviations from the above requirements must be approved by DPH.

12. **The sponsor must conduct an annual satisfaction survey**, using a sample of students, parents and/or school staff and report written findings to the Division of Public Health.
13. The Policy and Procedures Manual will be developed by the contractor with annual updates and forwarded to the Division of Public Health on or before October 15th of each year. This policy manual will include, but not be limited to, the appropriate policy/procedure for:
- a) Consent for Treatment
 - b) Emergency Care
 - c) Emancipated Minor Designation
 - d) Informed Consent
 - e) Liability of School and Contractor
 - f) Financial and/or Legal Responsibility for Referral/Treatment
 - g) Policy on sponsor responsibility for communicating with parents on regarding financial liability for services
 - h) Policy on writing off bad debt related to SBHCs (including statements that no family should be sent to collections for unpaid SHBC services and services are to be provided at no cost for students who are uninsured or are unable to pay)
 - i) Standing Orders or Collaborative Agreements

- j) Coordination/Communications with Primary Care Providers
- k) Billing and retaining revenue procedures
- l) Policy and procedures for the following optional services where approved:
 - 1a) sexually transmitted diseases
 - 1b) reproductive health
 - 1c) HIV testing and counseling

These policies and procedures will be consistent with Delaware legal code, current standards of practice and third-party billing mandates. New sites must submit the initial Policy and Procedures Manual within 60 days after the center opening.

14. School-Based Health Center staff will be required to attend operational meetings and/or delegate/provider meetings (those centers approved for reproductive health services) as deemed appropriate by DPH.
15. The sponsor contractor's administrator for each School-Based Health Center will meet at least two times during the school year with the school principal and/or District Superintendent to review progress and clarify expectations. Written reports of these meetings will be submitted to the Division of Public Health within 10 days of the meeting.
16. A standardized monthly statistical report will be submitted to the Division of Public Health on or before the 25th of each month and must be submitted according to DPH instructions and include the following:
 - Visit information utilizing the **ICD/ CPT** codes.
 - Number of Physical Exams (Well Child) Sports Physicals and Administrative Physicals.
 - Immunizations by ICD Code
 - Nutritional counseling
 - **STD** screening and number of positive tests if applicable
 - Number of HIV screens if applicable
 - Pregnancy screening and number of positive tests
 - Alcohol abuse/dependence screen
 - Substance abuse/dependence screening
 - Tobacco use screenings
 - Suicide Ideation
 - Bullying
 - Initiation of contraceptive management if applicable
 - Contraceptive management and surveillance if applicable
17. Each SBHC is required to conduct an annual risk assessment on each active enrolled student per year. This assessment can be accomplished by utilizing a DPH approved evidence-based risk assessment tool (example Rapid Assessment for Adolescent

Preventive Services –RAAPS, other approved tool, etc.). The purpose of this is to monitor provider assessment and follow up based on the student’s identified risks.

A summary of student risk assessments should be included in the annual report due on or before August 15th of every year. At a minimum, the report should include:

- a. Contractual versus the actual number of completed assessments
- b. Overview of the assessment of the data based on rank order of identified risks
- c. Demographics, to include as a minimum
 - Gender of participating students.
 - Ethnicity of participating students
 - Age level of participating students
- d. Intervention strategies that were provided based on risk assessment
- e. How referrals were followed
- f. Baseline information and subsequent risk data to assess trends in risk reduction, if any, over time

18. A six-month narrative progress report along with the physician sample chart reviews are due on or before the February 15th. The progress report should provide an overview on how health care services are coordinated through the center and give major operational, enrollment, visit and program updates. The report should also identify the center challenges encountered during the period with providing third-party billing and make recommendations on how to improve the process. In addition, the narrative should describe how the center is involved with the school community including how it works with school staff and parents in providing health center services to students. The annual progress report with the above information is due on or before August 15th.

19. **The School-Community Health Alliance of Michigan (SCHA-MI), the automated computer data collection system, will be used for all data collection and statistical reporting unless another standardized, alternate database that captures the specific data elements as mandated by DPH (including data reporting parameters, Title X reporting tables where appropriate, Maternal and Child Health data requirements) is otherwise approved by the Division of Public Health. This software will be provided by the DPH while the licensing will come from SCHA-MI at a cost of **\$1800** per user per year unless otherwise specified. Licensing fees are the responsibility of the sponsors. All centers will be oriented on how to use the appropriate database management system. The SCHA-MI will provide initial and ongoing training on the automated computer data collection system.**

19a) In addition to automated database information, SBHC are required to manually collect and send to SCHA-MI with a copy to the Division of Public Health the total number of school enrollment as of October 1.

20. **Medical vendor(s) electing not to utilize the School-Community Health Alliance of Michigan, Third-Party Billing service are required to provide the Division of Public Health with a monthly billing report. This report will contain as a minimum:**
- a. **The number of claims submitted during the month.**
 - b. **The amount of revenue generated by third- party private insurers billed during the month.**
 - c. **The amount of revenue generated by third-party billing from Medicaid during the month.**
 - d. **The amount of revenue generated by MCO third-party billing during the month if applicable.**
 - e. **The in-kind amount rendered on “non-billable” /confidential services, etc.**
 - f. **Medical sponsors are also to provide DPH annually with the letter and/or e-mail indicating the established rate for services from both the Medicaid MCO’s and all third party private insurer billings.**
21. Annual budgets and program objectives must be submitted on or before May 15th for the upcoming school year. The objectives must be measureable. Budgets are based on either the initial base amount as described in the RFP or based on the most current contracted amount unless otherwise indicated in the final state operating budget.
22. Line item budget changes of less than 10% can occur without prior written approval from the Division of Public Health. However, line item budget changes of more than 10% must be submitted to the Division of Public Health for approval. All budget modifications must be submitted to DPH on or before May 7 of the current fiscal year for the upcoming fiscal year.
23. The contractor's annual audit will be made available to the Division of Public Health. The Division of Public Health will have access to financial records as requested. The Division of Public Health reserves the right to require an audit if deemed necessary.
24. The contractor will present a monthly invoice by site for payment to the Division of Public Health. All expenses are to be recorded by categories, i.e., salaries, fringe, supplies, etc. To assure timely reimbursement, invoices will be received on or before the 25th of each month with itemized cost of services provided in the previous month. Contract number and purchase order number must be indicated on the invoice. The invoice must be on sponsor letterhead and contain an original signature and title of the designated official authorized to submit invoices. The “heading” portion of each invoice must contain: the period covered (month), the school name, DPH’s purchase order number and the DPH contract number. The invoice must include the prior year-to date expenses, current month’s expenses and current year-to-date expense. Centers cannot bill

for multiple months but must submit an invoice for each month of service. Where medical sponsors are responsible for multiple sites, a separate invoice must be submitted for each site along with a combined sheet for expenses for all sites.

25. Final year and expenditure reports by school should be submitted to the Division of Public Health 30 days after the close of the contract period.
26. Any fee collected or third-party insurance payments obtained for services rendered by the on-site school health center staff will be belong to the sponsor. Sponsors are responsible for negotiating covered services and payment amount with third-party payers. Sponsors must report collections information to DPH. **Any revenue generated in excess of the actual vendor cost to administer the program is subject to decreases in the based funding.**
27. The contractor will provide consent forms as part of the registration process in order for students to receive services. The contractor will use consent forms that reflect the services that have been approved by the respective School Board (i.e. diagnosis and treatment of sexually transmitted diseases and reproductive health services) and that are age appropriate (example some centers have enrollees under 12 years of age).
28. Addition of any services and/or change in service mix beyond those initially implemented at each center must be approved by the corresponding School Board and reviewed by the Division of Public Health.
29. All deliverables and the contractor's response to the RFP are a part of this contract and attached. Continuation of the contracts is contingent upon the submission of required reports, goals and objectives, and budgets for each year. All products are expected to be free of misspellings and typos, as well as punctuation, grammatical and design errors.