

NEW YORK STATE DEPARTMENT OF HEALTH

A Request for Proposal for

Division of Family Health

RFP #16288

**PROGRAM PERFORMANCE MONITORING and QUALITY IMPROVEMENT in
MATERNAL and CHILD HEALTH PROGRAMS**

Schedule of Key Events

RFP Release Date	November 19, 2015
Written Questions Due	December 7, 2015
Response to Written Questions (on or about)	December 21, 2015
Proposal Due Date (on or before)	January 28, 2016 by 5:00 pm ET
Anticipated Contract Start Date	June 1, 2016

Contacts Pursuant to State Finance Law § 139-j and 139-k

DESIGNATED CONTACTS:

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies the following designated contacts to whom all communications attempting to influence this procurement must be made:

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Permissible Subject Matter Contacts:

Pursuant to State Finance Law § 139-j(3)(a), the Department of Health also identifies the following allowable contacts for communications related to the following subjects:

1. Submission of Written Questions

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2. Submission of written proposals or bids and Debriefings

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3. Negotiation of Contract Terms after Award

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For further information regarding these statutory provisions, see the Lobbying Statute summary in Section E, 10 of this solicitation.

TABLE OF CONTENTS

A.	INTRODUCTION	3
B.	BACKGROUND	3
C.	ELIGIBILITY OF BIDDERS.....	7
D.	DETAILED SPECIFICATIONS	7
E.	PROPOSAL	25
F.	SUBMISSION OF PROPOSALS.....	33
G.	EVALUATION PROCESS/CRITERIA.....	34
H.	ADMINISTRATIVE REQUIREMENTS	36
J.	ATTACHMENTS.....	47

A. INTRODUCTION

This document is a request by the New York State (NYS) Department of Health (hereafter referred to as the “Department”) Division of Family Health (hereafter referred to as “the Division”), for proposals from qualified organizations to improve the quality of care provided to maternal and child populations served by Division programs through:

1. Conducting program performance monitoring of providers participating in the Division’s Comprehensive Family Planning and Reproductive Health Program (FPP) and School-Based Health Center (SBHC) and School-Based Health Center-Dental (SBHC-D) Program.
2. Assisting the Department to update SBHC and SBHC-D principles, guidelines and requirements and developing performance measures for SBHC quality improvement.
3. Assisting the Department to review and update criteria for level of perinatal care for all perinatal hospitals in New York State (NYS) and update perinatal hospital designations based on these criteria. The contractor will also assist the Department to develop performance measures for perinatal hospitals.

It is anticipated the term of this project will be 06/01/2016 to 05/31/2021. The Department reserves the right to request best and final offers. In the event NYSDOH exercises this right, all bidders that submitted a proposal that met the minimum mandatory requirements will be asked to provide a best and final offer. Bidders will be informed that should they choose not to submit a best and final offer, the offer submitted with their proposal will be construed as their best and final offer.

B. BACKGROUND

The Division’s mission is to lead NYS’s public health efforts to improve birth outcomes, promote healthy children, youth and families throughout the lifespan, and build healthy communities through community engagement, public-private partnerships, policy analysis, education and advocacy. The Division provides the central focus for NYS’s federally funded Title V Maternal and Child Health Services Block Grant programming. The Division’s programs provide services to new mothers and infants, children, including children with special health care needs, and individuals of reproductive age. The Division’s efforts, including programs and services, promote healthy behaviors, while also assuring access to quality health care. The Division engages in community efforts and systems development to promote health equity for New York’s maternal and child health population.

The Division is responsible for a broad range of public health program initiatives that provide clinical, preventive and support services to women, children and adolescents. Two of these program initiatives, Family Planning and SBHCs, have utilized a selected contractor to conduct program performance monitoring reviews of service providers since 2011. The Division’s Bureau of Dental Health promotes access to oral health services through School Based Health Center Dental programs.

In addition, the Division, in collaboration with the Department’s Office of Primary Care and Health Systems Management (OPCHSM), has responsibility related to perinatal regionalization and quality improvement efforts in birthing hospitals in NYS.

Several of the Division’s initiatives build on these service systems to improve access to quality health care services. The Division oversees the NYS Perinatal Quality Collaborative (NYSPQC), a joint effort with Regional Perinatal Centers (RPCs) and affiliate hospitals, designed to improve

maternal and newborn outcomes through the use of evidence-based healthcare improvement interventions.

The successful bidder awarded pursuant to this Request for Proposals (RFP) will develop and implement performance monitoring and quality improvement initiatives to improve the health of individuals served by the Division.

The Comprehensive Family Planning and Reproductive Health Program (Family Planning)

The Division's Bureau of Women, Infant and Adolescent Health (BWIAH) oversees the Family Planning Program which is a statewide initiative comprised of forty-nine (49) Article 28 facilities (e.g. hospitals, diagnostic and treatment centers, county health departments, Planned Parenthood) that operate 178 family planning clinic sites. The programs provide comprehensive reproductive health services to low-income, uninsured or underinsured individuals with a focus on preventing unintended pregnancies. The range of services includes: contraceptive services; pregnancy testing and related counseling; screening for sexually transmitted infections; HIV counseling and testing; breast and cervical cancer screening; appropriate referrals; and, patient and community education. The programs serve approximately 340,000 individuals annually. All services are delivered in accordance with standards of care and in compliance with NYS Public Health Law and Title X of the Federal Public Health Services Act.

Federal guidelines for Title X funded programs can be found at the following link:

<http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program-guidelines/>

School-Based Health Center Program

The Division's Bureau of Child Health (BCH) oversees the SBHC Program that improves access to comprehensive health care for children and adolescents in high-need underserved areas. The SBHC Program is a statewide initiative that currently includes fifty (50) Article 28 facilities (hospitals, diagnostic and treatment centers) that sponsor SBHCs in 226 schools (from pre-kindergarten through 12th grade) throughout NYS. SBHCs are extension clinics of Article 28 hospitals or diagnostic and treatment centers that are located in school buildings, established through formal agreements between school districts and Article 28 sponsors. Students are enrolled with parental consent. Where applicable, the SBHC works with the students' primary care providers to coordinate services and referrals. SBHCs are expected to bill third party insurance for care provided.

SBHCs provide more than 680,000 health care visits to approximately 160,000 students annually. All SBHCs in NYS are approved by the Division's BCH through an application process and must operate in accordance with the SBHC Principles and Guidelines that can be reviewed by clicking on the following hyperlink:

http://www.health.ny.gov/facilities/school_based_health_centers/docs/principles_and_guidelines.pdf

SBHC services typically are provided by a multi-disciplinary team consisting of a mid-level practitioner and a medical assistant working in consultation with a physician. Most SBHCs also have on-site psychologists or licensed social workers to provide mental health services. SBHCs provide: comprehensive health supervision/well-child care in compliance with NYS's Child/Teen Health Plan and other appropriate guidelines; on-site diagnosis, management and referral as

needed for both acute and chronic health problems; and, mental health services, either on-site or through referral.

Depending on need and feasibility, SBHCs may also provide additional clinical services including reproductive health care services; preventive dental care services; on-site laboratory testing for certain basic tests that are classified as waived; and, health education and promotion activities. Of the SBHCs participating in the Program:

- 172 of the SBHCs provide on-site mental health services;
- 143 of the SBHCs provide prescriptions for contraception and/or dispense contraception;
- 106 of the SBHCs provide on-site preventive dental services sponsored by Article 28 facilities.

School-Based Health Center Dental Program (SBHC-D)

The Division's Bureau of Dental Health (BDH) is responsible for implementing programs focused on preventing, controlling and reducing oral disease and conditions, as well as promoting healthy oral health behaviors. In addition to the 106 SBHCs that provide dental services as part of a larger SBHC program, the Department approves dental-only school-based clinic (SBHC-D) programs. The School-Based Health Center Dental (SBHC-D) program is comprised of fifty-six (56) Article 28 facilities that sponsor school based dental clinics in more than 1,200 schools, pre-schools, Head Start and Early Head Start programs. These clinics provide dental services to 60,000 students to ensure that those children with limited or no access to care may have access to preventive dental care.

All SBHC-D programs are approved by the Department and must operate in compliance with written SBHC-D requirements. The SBHC-D program provides basic screening or comprehensive dental health examinations; diagnosis and treatment of minor, acute and chronic dental conditions; preventive services; and, referrals. The program provides dental services through mobile vans, portable equipment or in a fixed facility within the school. Students are enrolled with parental consent. Where applicable, the SBHC Dental Program works with the students' primary dental providers to coordinate services and referrals.

SBHC-D Program requirements can be reviewed by clicking on the following hyperlink:

http://www.health.ny.gov/prevention/dental/school_based_hc_dental.htm

All SBHC and SBHC-D programs that are requesting to open a new programs or requesting to open new sites, receive a one-day on-site visit to ensure compliance with program requirements.

Perinatal Regionalization/Regional Perinatal Centers (RPC)

Every birthing hospital in NYS is designated at a specific level based upon its ability to provide perinatal care to women and newborns. Hospitals are designated as one of four levels of perinatal care based upon the types of patients that are treated; sub-specialty consultation available; qualifications of staff; types of equipment available; and, volume of high risk perinatal patients treated. Basic or Level I hospitals provide care to normal low-risk pregnant women and newborns, and do not operate neonatal intensive care units (NICUs). Level II hospitals provide care to women and newborns at moderate risk, and Level III hospitals care for patients requiring increasingly complex care. Level II and III hospitals must operate a NICU.

The highest level hospital, the RPC, is either a tertiary care hospital or a combination of tertiary care hospitals, capable of providing all the services and expertise required by the most acutely sick or at-risk pregnant women and newborns. The concentration of high risk patients makes it possible to maintain the substantial expertise and expense required for the care of high risk women and newborns and attending level sub-specialty consultation in maternal-fetal medicine and neonatology. It also facilitates the conduct of perinatal research and clinical studies by regional perinatal centers and fosters maternal-fetal transfers as opposed to the transport of newborns, resulting in improved birth outcomes.

The criteria currently used to designate RPCs includes a requirement for the RPC to have a network of perinatal affiliated hospitals, established through formal affiliation agreements, with cumulative annual births totaling at least 8,000. RPCs deliver support, transport, education and quality of care services to their affiliated hospitals. New York Codes, Rules and Regulations (NYCRR) (10 NYCRR Section 405.21 and Part 721) related to perinatal hospitals can be reviewed via the following link:

<http://w3.health.state.ny.us/dbspace/NYCRR10.nsf/11fb5c7998a73bcc852565a1004e9f87/8525652c00680c3e8525652c00630816?OpenDocument>

There are currently 17 hospitals constituting 16 RPCs. RPCs, by State regulation, are required to assume oversight of quality improvement in their network of affiliated hospitals. Affiliation agreements established between RPCs and their affiliates include the following specifics of quality oversight:

- a. care consultation;
- b. arranging and supporting maternal and newborn transport;
- c. on-site visits, training, educational presentations and grand rounds for affiliates on topics of interest;
- d. participation in the affiliate's quality assurance/improvement committee;
- e. review of sentinel events – maternal and newborn fatalities, morbidity other than natural course of disease or illness, nosocomial infections and newborn high risk procedures;
- f. review of hospital data; and,
- g. provide recommendations related to improving care in affiliates.

RPC quality assurance activities are supported by the Statewide Perinatal Data System (SPDS). The SPDS is the electronic maternal and newborn data collection and analysis system established and maintained by the Department which includes the data elements, organized in modules, which comprise the NYS Certificate of Live Birth for births occurring in NYS outside of New York City, or the New York City (NYC) Certificate of Live Birth for births occurring in NYC, and other data elements which relate to maternal and newborn health and care in hospitals and free-standing birthing centers. The SPDS provides information on birth outcomes and related data for public health surveillance and health care quality improvement. For hospitals outside of NYC, statistical summary reports and data files are available to each hospital for their own quality improvement efforts. Reports and data files are also available to RPCs for affiliate hospitals to support quality improvement efforts within their hospital network.

(Note: The New York City Department of Health and Mental Health (NYCDOHMH) uses a separate system, the Electronic Birth Registration System (EBRS), to capture nearly identical birth data from hospitals located in the five boroughs, but the EBRS does not currently provide

data reporting or file extraction capabilities. A new system to replace the EBRS is currently under construction.)

State regulations related to the (10 NYCRR Section 400.22) SPDS can be viewed via the attached link.

<http://w3.health.state.ny.us/dbspace/NYCRR10.nsf/56cf2e25d626f9f785256538006c3ed7/f147607451d828bf852571f400649e0c?OpenDocument&Highlight=0.400.22>

C. ELIGIBILITY OF BIDDERS

Potential bidders must meet the following minimum requirements in order to be eligible to submit a proposal:

1. Bidders must have a minimum five years of expertise related to health care program performance monitoring and/or health care quality improvement.

NOTE: Article 28 facilities that currently provide, under NYS DOH contract, family planning, school based health center OR school based health center –dental services, or facilities currently designated as perinatal hospitals are **ineligible** to bid.

D. DETAILED SPECIFICATIONS

1. Overall Goals and Objectives

The contractor shall be held accountable for achieving objectives specified in this section, including conducting program performance monitoring and quality of care activities at all sites of care as directed, and providing all deliverables to the Department on a timely basis. Objectives are in support of Divisional goals for its clinical program areas and include to:

- a. ensure that Division clinical programs are in compliance with all applicable federal and State statutory and regulatory requirements and program guidelines and standards;
- b. ensure that the quality of care delivered in maternal and child health clinical programs, meets professionally recognized standards of care;
- c. achieve measurable improvements in the health status of women and children seen in the Division's clinical programs;
- d. reduce racial and ethnic health disparities;
- e. provide education and information regarding evidence-based recommendations and standards of care; and,
- f. provide the Division with current and accurate information to enhance provider monitoring/accountability and quality improvement initiatives.

In the conduct of activities, the contractor must ensure that all individual identifiable information relating to an enrollee is kept confidential pursuant to the Health Insurance Portability and Accountability Act (HIPAA) and other relevant provisions of State and federal law. The contractor will function as the Commissioner's designee to access medical records and evaluate the provision of care.

2. General Contract Requirements

a. Department's Right to Modify, Reduce or Eliminate Program Monitoring/Quality Improvement Activities

The contractor shall complete all activities as required by the Department and as described in the following subsections. As noted in the following description of activities, some projects will not be conducted every year.

It is possible that over the five-year period of the contract that funding limitations; changes in the health care system; changes in health care standards; emerging issues and, changes in Division priorities related to health care improvement may require modifications to the content of the reviews described and to the populations reviewed. Workload and volume projections included in each of the deliverables below are based upon information available at the time of the solicitation issuance and should be considered estimates. The workload and volume projections provided do not represent a commitment or guarantee of actual workload or review volumes. The Division will determine the specific program performance monitoring/quality improvement activities that will take place in June of each year of the contract, based upon available funding and program priorities, if changes are needed.

b. Cooperation with the Department and Other State Offices

In developing the processes and methods to be used though out the life of the contract, the contractor will be required to work cooperatively with the Division and with other Departmental offices whom have an interest in the quality of clinical services, including but not limited to the Office of Primary Care and Health Systems Management (OPCHSM), the Office of Health Insurance Programs (OHIP), and the Office of Quality and Patient Safety (OQPS), as well as with Maternal Child Health (MCH) service providers. The contractor may also be required to cooperate with any audits or investigations conducted by Department's internal audit staff, the NYS Office of the Inspector General, the Medicaid Inspector General, the Attorney General and/or the State Comptroller.

Following procedures defined by the Department, the contractor must immediately communicate to the Department any provider situations identified during monitoring that have potential for imminent health and safety issues, including a potentially unsafe physical plant, as well as any inappropriate fiscal practices.

The contractor will refer policy, programmatic or procedural questions to the Department for response and clarification. All materials and methodologies must be approved by the Department prior to implementation.

c. Meetings with the Department

The contractor will be expected to attend periodic meetings with Department staff to discuss quality programs and policies. The Project Manager needs to be available to meet with Department staff in Albany a minimum of twelve days annually to coordinate and evaluate the progress of contract work products and resolve outstanding problems as identified by the Department. Other contractor staff (direct or subcontracted) may be asked to attend these meetings, when appropriate. At the Department's discretion, these meetings may occur by phone or in person. In addition to the meetings described above,

the Project Manager and other contractor staff need to be available to participate in periodic conference calls with Department staff which will occur minimally on a biweekly basis to report on and discuss work progress, clarify issues, respond to questions, request guidance, and discuss other pertinent related issues related to monitoring activities.

The contractor is responsible for all costs associated with the meetings described above and the costs for attendees working on behalf of the contractor

d. Use of Generally Accepted Medical Criteria for Reviews

The contractor is expected to be familiar with and use nationally defined/accepted medical standards and care criteria to conduct its reviews except where standards/criteria are prescribed or modified with approval by the Department, Department Monitoring of Contractor Performance.

The contractor will be monitored and evaluated to determine its success in conducting the activities set forth in this Statement of Work in a timely, accurate and cost effective manner. The contractor will also be evaluated on performance in assisting the Division in the following areas:

- i. ensuring that Division clinical programs are in compliance with federal and State statutory and regulatory requirements and program guidelines and standards;
- ii. ensuring that the quality of care delivered in MCH clinical programs, including Division quality improvement programs, meets professionally recognized standards of care;
- iii. conducting performance monitoring reviews, site visits, developing surveys, the redesignation of perinatal hospitals, and other contract deliverables required in the Scope of Work, including the timeliness and effectiveness and accuracy of its review determinations;
- iv. accurately and timely report review findings to the Department, including immediate communication to the Department regarding any provider situations identified during monitoring that have potential for imminent health and safety issues, as well as any inappropriate fiscal practices; and,
- v. identifying systemic quality issues and providing clinical consultation and other support to address those issues. Such efforts will be provided through webinars, learning collaboratives and/or other quality improvement efforts;
- vi. developing and maintaining an electronic tracking system (i.e. spreadsheets) to ensure timely and accurate reporting related to provider performance monitoring and perinatal quality improvement initiatives; and,
- vii. collaborating with the Department, specifically related to responsiveness and flexibility to changes in work.

3. Performance Monitoring and Quality Improvement

The contractor will conduct pre-opening on-site reviews for SBHC and SBHC-D programs, and program performance monitoring for SBHC, SBHC-D and Family Planning programs, as well as SBHC and perinatal hospital quality improvement activities as described below.

- a. *Pre-opening On-site Reviews and Program Performance Monitoring of Clinical Providers*
All Article 28 facilities seeking approval to provide services as a SBHC or SBHC-D program must submit an application to be reviewed and approved by Department staff, followed by a one-day on-site review once the applicant's application is deemed complete. During that visit the contractor will verify the information contained in the application and assess the physical plant of the clinic site in accordance with the information in the Performance Effectiveness Review Tools (PERT). On average, these site visits are accomplished in one workday. If the clinic site does not meet the parameters in the PERT, a follow-up visit may be required to ensure the clinic site meets the criteria.

Historically, a total of 22 days for annual on-site reviews and an additional 12 days for preparation and write-up of the review will be required. Of these on-site days, ten (10) of these reviews should occur in the Metropolitan, Long Island, Hudson Valley region. The remaining twelve (12) reviews should be distributed equally in each of the other three (3) regions, with four (4) reviews in the Capital District/North Country, four (4) reviews in the Central Region and four (4) reviews in the Western region. This is an estimation of days and locations based on the program's history and are meant to be representative of the quantities utilized. The numbers provided do not represent a commitment or guarantee by the Department to utilize a specific quantity or type of service. The contractor is requested to be flexible with the location of the pre-opening site visits to accommodate the Department's needs (i.e., there may be a need for additional pre-opening site visits in the Metropolitan region rather than other areas of the state so rather than four (4) on-site reviews in another region of the state, they may be reduced in that area and increased in the Metropolitan region.)

See Attachment K for a sample Performance Effectiveness Review Tool (PERT).

b. *Program Performance Monitoring*

Program Performance Monitoring is an integral part of improving the efficacy of activities and quality of services performed by the programs overseen by the Division. This component of the Statement of Work includes comprehensive monitoring of agencies that are approved and funded by the Department to deliver a range of clinical and preventive services, including, but not limited to, Family Planning, SBHC and SBHC-D Dental Programs.

Monitoring visits may vary in length depending on a number of factors, such as: the complexity of the program; the number of sites of service for a contractor; the number of sites visited; the provider's level of compliance with program standards; as well as other factors. The Department reserves the right to modify the schedule and mix of types of monitoring encounters throughout the contract period.

Program performance monitoring will include the following deliverables:

- i. revise/update the standardized review tool(s) due to changes in program requirements, as needed;
- ii. complete pre and post site review activities;
- iii. arrange site visit scheduling;
- iv. conduct onsite reviews (visits) following a standardized protocol(s) and review tool(s);

- v. develop standardized and/or customized monitoring reports, depending upon the type of monitoring review conducted;
- vi. generate and distribute monitoring results reports to providers and the Division;
- vii. receive and track Corrective Action Plans (CAPs), extensions, and resubmissions and their due dates;
- viii. review of CAPs for completeness;
- ix. develop computer generated management reports; and,
- x. carry out ongoing communication with the Department relative to these activities.

(1) Planning to Conduct Monitoring Reviews

All reviews conducted under this section of the Statement of Work will be program-specific monitoring reviews of programs with a significant clinical component. The protocols and monitoring tools currently used for program monitoring are program specific and are tailored to the needs and requirements of each program. Each monitoring tool contains an administrative component, as well as a clinical services component. Monitoring of the quality of delivery of health care in this component primarily involves ensuring that there is documentation of the delivery of key health care services, for example, that a physical exam has been provided to all students enrolled in a SBHC site.

It is anticipated that each monitoring tool will require some revisions and updates to accommodate changes in program standards and requirements. The contractor will make recommendations to the Department related to improving the monitoring documents and/or process. It is expected that the contractor will work closely with the Department to review and revise each of these current tools in order to make the reviews as objective as possible.

(2) Conduct Monitoring Reviews

On-site visits are estimated to take between 1-4 days. It is anticipated that it will take an average of 3 on-site days per site visit, and the contractor will be required to complete up to 100 site visits per year, for a total of 300 on-site days annually. Further, approximately 60% of the on-site visits will occur downstate in the Hudson Valley, Long Island and New York City area of the state, are anticipated.

Monitoring reviews are comprised of the following components:

- a. **Pre-review activities** - These include review of previous monitoring reports, work plans, quarterly reports and other program deliverables; mailing and review of pre-survey tools; and, scheduling of site visits, in conformance with priorities assigned by the Department, at times acceptable to the facilities to be reviewed. The contractor will also review provider credentials.
- b. **On-site review** - This will include sending appropriately qualified and trained staff to the facility to assess the program's operation using the pre-approved review tool. The on-site review process will include the review of a sample of patient records to assess the appropriate documentation of the delivery of program specific clinical services. The contractor will develop the sampling strategy with approval by the Department. (See Attachment J for examples of program performance monitoring review tools).
- c. **Post-review activities** - After the on-site portion of the review is completed, the monitoring report is completed and sent to the facility reviewed within 30 days of the completion of the on-site visit, with a copy to the Department. The reports sent to

providers will use standard and customized language approved by the Department to: describe the monitoring process; identify the indicators that met the standards; and, identify indicators that did not meet the standards and areas in need for improvement and whether a CAP is required. The Department should be consulted if there are any questions about the content of the report, or any major issues identified that may impact the ability of the facility to continue providing services in a safe and effective manner. The Department should be notified immediately of any issues that could negatively impact upon the health and safety of patients are identified, or if there is any evidence of fiscal impropriety. It is anticipated that initial reviews may require more extensive collaboration with the Department than later reviews, as the reviewers' experience in assessing provider responses increases. (See Attachment J for an example of a program performance monitoring report)

- d. **Site Visit Follow Up Activities** - The contractor will receive and track all CAPs; grant extensions as agreed to by the Department; follow-up on all CAPs when not received or essential components are missing; and, within seven days of the contractor's receipt of the CAP, forward those CAPs to the Department that have been reviewed by the contractor and are determined to be complete. Follow-up related to the review and approval of a provider's CAP and ongoing technical assistance pursuant to the receipt of a monitoring report will be the responsibility of the Department.

Where provider performance is assessed as being potentially problematic to continuation of the program, and/or there is a question of patient endangerment, potential fraud or other fiscal impropriety or non-implementation of a plan of correction, a return site visit may be scheduled and conducted by the contractor to assess compliance with the standards. The Department will be available to provide technical assistance and to follow up when health and safety or other patient endangerment issues are identified during a review.

In cases of potential fraud or other impropriety, the contractor may be required to assist the Department in reporting to the Department's internal audit unit, to the Office of the Inspector General, Medicaid Inspector General, Attorney General and/or to the State Comptroller. The contractor may be required to be engaged in follow-up activities associated with such referrals, as well as potentially testifying in any legal proceedings relating to such referrals.

(3) Maintain Monitoring Application and Data System and Store Monitoring Data

The Department will make available its existing monitoring data application and associated database to the contractor. The contractor will assume responsibility for the system as described in the Statement of Work and will provide all hardware and equipment, including laptop computers for monitoring staff to enter monitoring data on site. The contractor will collect and maintain monitoring data and will maintain the monitoring data application. The existing data application performs the following functions:

- a. allows for the collection of data during monitoring reviews using laptops provided by the contractor to its employees/contract staff;
- b. calculates the number of records examined and findings (as defined by the Department) associated with those records for each comprehensive review for regulatory and clinical standards compliance;

- c. electronically captures notes made by monitoring team members on laptop computers while conducting reviews;
- d. prints monitoring reports for providers that contain:
 - standardized narrative explaining the monitoring process;
 - instructions about how to submit a Corrective Action Plan, if appropriate;
 - standardized phrases, based on system calculations, that explain how many indicators in each topical area met all FPP, SBHC or SBHC-D program requirements;
 - standardized phrases, based on system calculations and type of findings, that explain which indicators/findings in each topical area did not meet FPP, SBHC or SBHC-D or other program requirements and are considered regulatory citations or areas needing improvement, according to Department-defined standards; and,
 - standardized phrases that can be customized, describing specific issues and problems identified during the monitoring review, or by the Department, that resulted in a finding.
- e. captures and tracks data so the contractor can periodically report to the Department the status of various monitoring events, documents and products, on a schedule determined by the Department;
- f. assists with monitoring review scheduling for the contractor;
- g. allows Department staff to directly access, view, and print monitoring reports from the contractor's system;
- h. maintains confidentiality of information and security of the data exchanged among the various selected bidder sites and the Department, according to HIPAA and other federal, State and Department statute, regulations and standards; and,
- i. combines data across providers for each indicator to identify program-wide quality improvement opportunities.

(4) Modifications and Maintenance to the Family Planning, SBHC and SBHC-D Program Performance Monitoring Data Application and Related Systems

During the previous monitoring contract, the Department, in conjunction with the incumbent contractor, developed protocols, tools and criteria and made modifications based on clarifications or new or revised program regulations and/or requirements. The Department requires that the contractor continue to make modifications to the current application as required. The contractor will be expected to work with the Department, throughout the life of the contract, to adjust and improve the data application and data collection system based on clarifications and new or revised program regulations and requirements.

Previously Teleform has been used to track and report on monitoring activities. Teleform is a forms processing application that captures and reports on data, with the following advantages:

- Data structure contains relationally linked tables including process tracking variables, demographic variables, and clinical variables. The data architecture allows cross-tabulation of information across multiple parameters.
- Data integrity of database is protected by validation rules which are run multiple times until no violation of rules occurs.
- Longitudinal data storage allowing results to be compared over time.
- Flexible query power.

- Tool design links to variable properties.

Through Teleform review tools were designed with direct linkage to data fields and data properties to generate standard report and provided for scanning of reports to decrease workload and errors in data entry. Teleform uses four types of optical technologies to process forms:

- Optical Mark Recognition (OMR) - Optical mark recognition is the process of capturing human-marked data from document forms such as surveys and tests.
- Optical Character Recognition (OCR) - Optical character recognition is the mechanical or electronic conversion of scanned images of handwritten, typewritten or printed text into machine-encoded text. It is widely used as a form of data entry from some sort of original paper data source, whether documents, sales receipts, mail, or any number of printed records.
- Intelligent Character Recognition (ICR) - intelligent character recognition is an advanced optical character recognition; specifically, a handwriting recognition system that allows fonts and different styles of handwriting to be learned by a computer during processing to improve accuracy and recognition levels.
- Bar Code Recognition - A barcode is an optical machine-readable representation of data relating to the object to which it is attached.

Programming for adjustments to the established Teleform system as well as programming that will allow the application to continue to operate in an effective and timely manner, will be considered “ongoing maintenance.” “Ongoing maintenance” of the electronic monitoring data application and data system is defined as all activities involved in programming or adjusting for ongoing changes/clarifications of Family Planning, SBHC and/or SBHC-D program requirements and keeping the application and data system in good working order, including any routine adjustments required to correct faults, improve performance or other attributes (e.g. new functions, making the data system faster, or more compatible with other systems), or to otherwise adapt the application to meet the Department’s needs.

Routine adjustments have to be completed on a timely basis and will include:

- adding or deleting tool indicators with corresponding report statements, and changing the corresponding calculations, as approved by the Department. The report database has to be flexible enough to allow for language changes within the report template by the contractor and/or Department staff. These editing activities have to be accomplished within the prescribed timeframes as determined by the Department and at no added cost;
- developing the capability to maintain old data when indicators are no longer used and/or new indicators are added;
- maintaining the capability to link old data, as appropriate, to related new data for purposes of trend analysis. The ad hoc management report system should allow for integration of report findings across all past years of monitoring;
- producing management reports with the content and format determined by the Department, which are directly accessible to Department staff “on demand”. It is anticipated most of these reports will include weekly, monthly and quarterly statistics and lists of providers with associated data reporting on completed contractual activities. The data application needs to also allow for the production of ad-hoc management reports, using data from the monitoring data application

and associated database, with the content and format determined by the Department; and,

- revising the text, content and criteria of tool indicators and corresponding monitoring report statements for the program performance reviews, as determined and approved by the Department.

The above stated routine adjustments needs to be completed within ten business days upon written request (including email) of the Department.

The above stated reports have to be completed within two business days upon written request (including email) of the Department.

Modifications or maintenance to the data collection system have to be completed to the Department's satisfaction within 30 days. Failure to maintain the system in accordance with Department requirements may result in the Department withholding payment from the contractor.

(5) Quality Improvement in SBHC and SBHC-D Program

a. Updating SBHC principles and guidelines and SBHC-D requirements

It has been several years since the requirements, principles and guidelines for SBHC and SBHC-D programs have been substantially updated. In Year 2 of this contract, the contractor will propose revisions to the principles and guidelines and requirements for SBHC and SBHC-D programs (see linkage to current principles and guidelines for SBHCs and requirements for SBHC-D program below) through a review of the literature and assessment of current standards of care. The updated guidelines will be reviewed and finalized in conjunction with an expert workgroup consisting of clinicians and key stakeholders identified by the Department.

http://www.health.ny.gov/facilities/school_based_health_centers/docs/principles_and_guidelines.pdf

http://www.health.ny.gov/prevention/dental/docs/sbhc_guidance_providers.pdf

b. Development of performance measures for SBHCs and SBHC-D programs

In Year 3, the contractor, in conjunction with the Department, will develop a document that defines performance measures for SBHC and SBHC-D programs. The development and selection of performance measures will be done in consultation with a working group that includes representatives from both the Department, experts in the field, SBHC and SBHC-D programs and key stakeholders. The contractor will facilitate this measure development process; conduct background research as needed to identify measures from other sources; finalize documentation for selected measures; develop a written report including this information for the Department for SBHC and SBHC-D programs, and, develop guidance materials for SBHCs and SBHC-D programs on the performance measures. It is anticipated that measure development will be informed by other relevant state and national activities related to quality measurement for SBHC, SBHC-D programs, child and adolescent health and oral health.

(6) Perinatal Hospital Quality Improvement

In conjunction with the Department, the Contractor will review and update requirements for level of perinatal hospital, assist with the redesignation of all perinatal hospitals in NYS, and, develop performance measures for perinatal hospitals.

a. Perinatal Hospital Redesignation

The Division, in collaboration with the OPCHSM, last designated obstetrical hospitals for level of perinatal care in the early 2000s. These designations were based on standards of care and State regulations developed at that time. Changes in standard of care, hospital capacity and affiliations since that time requires a reassessment of perinatal designations and requirements related to perinatal regionalization. The contractor will be responsible for reviewing and determining the appropriateness of the current designations of all birthing hospitals, including current RPCs. The redesignation process will establish the level of perinatal care each hospital is capable of providing, so that pregnant and postpartum women and newborns are admitted or transferred to hospitals that are qualified to deliver the appropriate level of care. The ultimate objective is improved perinatal outcomes statewide.

The contractor will assist the Department in updating perinatal hospital standards and in redesignating all perinatal hospitals in NYS, which must be initiated in Year 1 of the contract and completed by the end of Year 2 of the contract. The contractor will perform the following functions related to standards revisions and redesignation:

- i. **Revise the Standards for Perinatal Hospital Designation** – the contractor will propose revisions to the requirements for New York’s perinatal regionalized hospital system (RPCs, Levels I, II and III) through a review of the literature and current standards of care. In addition to a review of the standards for hospital levels, this review will encompass other components of an effective perinatal regionalization system, for example those related to quality improvement or transport activities. The updated standards will be reviewed and finalized in conjunction with an expert workgroup consisting of clinicians and key stakeholders identified by the Department.

Benchmarks for provision of high risk maternal and neonatal service should be assessed. Case mix indices previously used in these calculations are based on diagnosis-related groupings (DRG) of diagnosis codes derived from hospital discharge data; these have changed significantly since the prior designation process. Additional measures may be considered for use this process, including, but not limited to, risk-adjusted maternal and neonatal mortality and morbidity rates derived from NYS Vital Records data or other appropriate data systems such as the Statewide Planning and Research Cooperative System (SPARCS).

Once updated criteria and a process has been established, the contractor will develop and present one statewide webinar in collaboration with the Department that will provide all perinatal hospitals across NYS with information regarding the criteria and process.

The document resulting from this work will outline standards for perinatal care hospitals and form the basis of the survey and on-site reassessment of hospitals and will guide any necessary regulatory changes. A matrix for evaluation criteria

related to the previous four hospital perinatal designations is included for informational purposes in the Perinatal Designation Matrix, Attachment H. In addition to updating the standards, the contractor will be required to update this matrix based on newly established perinatal designation criteria and advise the Department in developing any necessary regulatory changes.

- ii. **Survey Perinatal Hospitals to Assess Their Capacity** - After updated standards have been developed, the contractor will develop an electronic survey which will be disseminated to all birthing hospitals to assess their appropriate level to provide services. (Refer to Attachment I for original survey format.) Surveys will incorporate criteria that are currently in law, regulation (unless sections of current regulation need revision pursuant to updated standards and requirements), as well as any revised standards related to requirements for each hospital level, such as volume of patients, staffing, specialty and subspecialty and equipment availability. Separate surveys will be developed to designate hospitals that are currently Levels I, II and III and RPCs.

The RPC survey will incorporate elements to assess the RPCs' ability to provide other key functions beyond direct patient care of the highest risk mothers and babies, including:

- a. review and support of maternal and newborn transports within their network of affiliated hospitals;
- b. improvement of the quality of perinatal care at affiliated hospitals, which may include:
 - reviewing affiliate data to identify quality issues;
 - providing clinical consultation and support;
 - providing educational opportunities to affiliates through site visits, training sessions, webinars, grand rounds and other appropriate venues;
 - reviewing poor perinatal outcomes and sentinel events;
 - developing affiliation agreements with affiliated hospitals;
 - participating in affiliate quality assurance/improvement committees;
 - providing recommendations related to improving care in affiliates;
 - assessing affiliate hospitals to ensure recommendations have been implemented; and,
 - reviewing the most current, research-based best practices related to maternal and neonatal care.

Surveys for Levels I through III hospitals will assess the hospitals' ability to provide care at the appropriate level, and the extent of the hospital's participation in its RPC affiliate's quality improvement activities.

- iii. **Review Survey Responses and Site Visit Perinatal Hospitals** – the contractor will:
- a. review all survey responses and follow up with hospitals as needed to ensure complete and clear responses to the surveys. Survey responses will be reviewed to assess if each hospital is able to provide care for patients appropriate for its requested level based upon the updated designation standards. The contractor will review the responses to the RPC survey to assess if the RPC is able to meet its responsibilities to review and support

maternal and newborn transports and to provide leadership to quality improvement within its affiliate network. Level I-III surveys will be reviewed for all hospitals that are affiliated with an RPC to assess if the level I-III hospitals are participating in RPC led quality improvement efforts.

- b. provide a preliminary report to the Department regarding the status of the survey review and survey results by hospital, including hospital current designation and requested designation; the basis for any requested change in designation; any deficiencies in meeting the designation; any identified regionalization issues; and, certified maternal, newborn and neonatal intensive care unit bed capacity versus hospital reported capacity. The report will be completed in a manner and timeframe determined by the Department;
 - c. complete a site visit of all hospitals that are requesting RPC or Level III designations, Level I-II hospitals that are requesting a higher level designation than their current designation, or where information available to the Department through the survey or other sources such as data or complaints suggests a potential problem or lack of level-appropriate services or expertise in the delivery of care. The contractor will develop site visit teams (consisting of maternal-fetal medicine specialists and obstetricians, neonatologists, obstetric and neonatal nurses and a team leader) and conduct on-site validation of survey responses for hospitals. These clinicians should be from outside NYS or outside a RPC's affiliate network and not a contiguous RPC network to avoid conflict of interest. The site visit will be used to verify information in the survey; to review data available to the Department; to view obstetric, nursery and NICU units; and, where appropriate, to resolve outstanding issues and concerns related to the designation process.
 - d. obtain information from the RPCs regarding their transport and quality improvement activities in their affiliate network, as well as any concerns that the RPCs can identify regarding regionalization. Site visit teams visiting Level I-III hospitals will determine if those hospitals are participating in RPC led quality improvement efforts and identify any problems related to regionalization. The site visit team will determine whether hospital certified bed capacities match their actual operating capacities, including NICU and obstetric bed capacity. Contractor should assume on average one full-day on-site for each perinatal hospital.
- iv. **Final Report of Findings** – the contractor will provide a final report to the Department regarding the results of the hospital surveys and site review process in a manner and timeframe determined by the Department. The report will include individual and aggregate level findings as specified by the Department. The report will include the contractor's recommendations regarding perinatal hospital designations, including the basis for each hospital recommendation, as well as any contingencies that have to be addressed for a hospital to receive the designation.

The report will provide an assessment in each affiliate network of the RPCs' leadership role related to quality improvement, and Level I-III perinatal hospitals participation in quality improvement activities. The report will include any concerns identified related to regionalization within each affiliate network,

including higher risk patients being inappropriately treated in lower level facilities; problems with transports; insurance issues impacting upon regionalization; and, any other issues that are identified. For each hospital, the report will indicate whether the hospital's certified capacity matches their actual operating capacity, including maternal, newborn and NICU bed capacity. The contractor will present the final report to Department staff and leadership as identified by the Department in Albany when finalized.

- v. **Additional Requirements Related to Redesignation** - Once the Department approves a hospital redesignation recommendation, the contractor will be responsible for all routine communications with the hospital, including preparing letters to the hospital related to designation and contingencies and addressing phone calls, emails and other correspondence related to the process and designation. The contractor will advise the Department on a timely basis of any issues that arise.

The contractor will ensure that hospitals complete any contingencies in a timely manner and will assist the Department in addressing any appeals related to designation. Hospitals will have 30 days to appeal their preliminary designations. At the end of 30 days, those appealing their designation will be informed of their designation. If there are any contingencies attached to the designation, they have to be fulfilled before the designation is final. The contractor will track completion of all contingencies and will generate reporting to add the designation to the hospital's operating certificate, if there is a change in status. If required due to the inability to resolve contingencies and as requested by the Department, the contractor will arrange for a site visit team to conduct an on-site visit at the hospital to resolve contingency issues.

Article 28 of the Public Health Law requires that hospitals' certified capacities match their actual operating capacities. The Department may choose to use the redesignation process to directly address any minor discrepancies between the hospitals operating capacity, for example, the number of NICU and/or obstetric beds from current certified capacity on the hospital's certificate of need (CON). The contractor will be expected to support this process via reporting of bed capacity on hospital operating certificates in relation to bed capacity confirmed via the redesignation effort.

- vi. **Workload Projections** - The following information is provided for bidding purposes. The actual number of Level I –III hospitals to be site visited may vary based upon survey responses and other factors.

RPC hospitals:	17 (All RPCs will be receiving site visits)
Level I-III hospitals:	111 total
• Level III:	35 (All Level III hospitals will be receiving site visits.)
• Level II	26
• Level I	50

For the purposes of submitting a bid, estimate 20% of Level I and II facilities may receive an on-site visit. In addition, include up to 10 additional days for on-site visits to hospitals appealing their designation that require on-site visits to resolve issues. The numbers and percentage breakdown provided do not represent a commitment or guarantee by NYSDOH to utilize a specific quantity or type of service.

4. Perinatal Hospital Quality Improvement

The contractor will develop performance measures for perinatal hospitals in NYS; make recommendations regarding risk adjusting for level of care; make recommendations regarding variables needed to generate reports based on performance measures; will review data fields from data systems (Vital records data systems, Statewide Planning and Research Cooperative System (SPARCS, etc.) already collected by the Department; and make recommendations regarding additional variables the Department needs to collect in order to generate performance reports. The Division, in collaboration with NYS's Regional Perinatal Centers (RPCs) and the National Institute for Children's Health Quality (NICHQ), launched the NYS Perinatal Quality Collaborative (NYSPQC) in 2010 to address patient care issues; to improve perinatal outcomes; and, to minimize racial disparities. Perinatal hospital quality improvement activities described below will be integrated into the NYSPQC framework.

The contractor, in conjunction with the Department, will, by the end of the second quarter of Year 3 of the contract, develop a document that defines perinatal hospital performance measures by level, and includes information regarding data source, risk adjustment and other information pertinent to the measures. The development and selection of performance measures, as well as risk adjustment, will be done in consultation with a working group that includes representatives from both the Department and the perinatal hospital provider community. The contractor will facilitate this measure development process; conduct background research as needed to identify measures from other sources; finalize documentation for selected measures; develop a risk adjustment process and method for the measures, as appropriate, develop a written report including this information for the Department and, develop guidance materials for perinatal hospitals on the performance measures. It is anticipated that measure development will be informed by other relevant state and national activities related to quality measurement for perinatal health. The performance measures may include perinatal measures established through the National Quality Forum (web site listed below), as well as other measures identified by the working group.

<http://www.qualityforum.org>

Measures may be included to assess whether the regionalized system is functioning in accordance with Department regulations and standards, for example, whether the severity of patients admitted at hospitals at various levels is consistent with the hospitals' designation, or whether high risk patients are being transported to higher level hospitals where care can be more appropriately provided.

The contractor will conduct a webinar for all perinatal hospitals related to the new performance measures.

5. Data Management and Reporting Responsibilities

The Department will make available its existing monitoring data application and associated database to the successful contractor. The contractor will be responsible for providing all

hardware and equipment, including laptop computers for program performance monitoring staff, to successfully support the requirements of this RFP and the subsequent contract. The contractor has to have hardware and software that is adequate to meet the requirements of this RFP and is upgraded or versioned consistent with industry standards. All costs for the technical and system architecture, including such upgrades or versions that are necessary to ensure industry standards are met, needs to be included in the bid. The contractor will notify the Department of any hardware or software changes that may impact upon performance. The Department will be the sole owner of all source code and any software which is developed for use in the application software provided to the Department as a part of this contract.

If this RFP results in procurement of software over \$20,000, or of other technology over \$50,000, or where the department determines that the potential exists for coordinating purchases among State agencies and/or the purchase may be of interest to one or more other State agencies, PRIOR TO AWARD SELECTION, this RFP and all responses thereto are subject to review by the NYS Office for Technology.

The following summarizes the tracking, data bases/data systems required pursuant to this RFP:

- maintaining and updating (as needed) a data base/data system to support program performance monitoring; as described in Section D.3.b.3 and,
- developing, maintaining and updating a data base/data system to support perinatal hospital redesignation as described in Section D.3.b.3 and D.3.b.5. a i-vii; and,
- develop and maintain the aforementioned tracking systems, data bases and data system(s) to support the deliverables of the contract that are identified to be initiated during a contract year, including hardware and software used for each project area and staff for information system support, programming, and other support.

Delays in the development, implementation, modification and maintenance of data systems and generation of reports required to support RFP activities may result in the Department withholding partial or full contractor payment.

The contractor's data processing system has to provide for data backup and recovery. Disaster planning for off-site secure storage of files and a plan for offsite operation in case of a building disaster is required.

The contractor must have strong protections in place to ensure data security and the privacy of individuals whose protected information may be included in data obtained by the contractor. This includes compliance with HIPAA and other federal and state data standards and requirements. This should include, but not be limited to:

- staff training regarding the requirements for protection of an individual's privacy, including compliance with HIPAA and other federal and state data standards and requirements;
- physical security;
- screening process for employees; and
- passwords.

The contractor may be required to sign a Data Exchange Application and Agreement (DEAA) with the Department, as required.

The contractor has to collect, organize, and manage data to provide information resources sufficient to operate, manage, and monitor a statewide initiative as set forth in the RFP. The contractor will be required to produce accurate and timely reports as specified in the RFP. The Department reserves the right to request statewide, regional, or provider-specific findings and information at any time, including profiles of quality of care concerns as needed to meet management information needs. All reports shall be provided in an electronic format acceptable to the Department.

The contractor has to ensure that there is adequate documentation of data system(s) supporting RFP activities and has to turn over this documentation to any vendor that may be selected in a subsequent RFP. Failure to provide documentation to the Department on an ongoing basis and at turnover to a subsequent vendor may result in the Department withholding payment to the contractor.

The contractor will be required to provide management reports as specified by the Department to ensure appropriate management of the contract and also to document for payment of services. The contractor will be required to prepare and submit monthly, quarterly, and/or annual reports as required by the Department, summarizing all core service activities and deliverables completed during the unit of time, as defined within the scope of work.

The contractor is expected to participate in regularly scheduled conference calls with lead Department staff to review expenditures and progress of the contractor's responsibilities for the period.

Refer to Appendix F (Information Data Security Requirements) for a complete description of the security requirements to be used in response to this RFP.

6. Staffing Requirements

The contractor has to ensure that each project is adequately staffed with experienced, knowledgeable personnel who can meet all responsibilities outlined in this RFP. Given the scope and complexity of deliverables in the RFP, it is essential that adequate supervisory staff, in terms of experience and number, is in place. The Department reserves the right to approve or disapprove the contractor's proposed staffing. The contractor may not transfer, reassign or replace a key or core staff person who is proposed or hired without the written approval of the Department, which the Department will not unreasonably withhold. If the Department gives written approval of the transfer, reassignment or replacement of key or core staff, such personnel will remain assigned to the performance of duties under this contract until replacement personnel, approved by the Department, are in place performing the key or core staff functions. Failure to staff the contract in a manner satisfactory to the Department may result in the Department withholding payment from the contractor. Staffing issues unsatisfactory to the Department may include, but not be limited to: not staffing in accordance with contract timeframes; hiring staff with training and experience inadequate to meet contract deliverables; not providing contractor staff with training necessary to understand and successfully carry out their duties; the Project Manager not being available on a full time basis and accessible to the Department during NYSDOH business hours;

failure to replace staff who are performing unsatisfactorily; extended vacancy of positions; and, an excessive rate of employee turnover.

The qualified organization can subcontract with other organizations to perform activities described in this RFP. All subcontractors must be approved by Department. The key position of Project Manager cannot be subcontracted out, nor may the project manager be employed on a consultant basis. This position must be filled by an employee of the contractor.

The Division has also identified specific deliverables for the contract with associated timeframes. The contractor will be required to ensure that appropriate staffing is available to support Division identified projects to ensure completion within the identified timeframe.

Clinical staff, including physicians and nurses with appropriate clinical experience and expertise, including Board certification where applicable, related to the specialty area, and dentists and dental hygienists are needed to support some of the functions required in this contract. Clinical staff must hold a current and valid license to practice in their profession, in New York State and must have appropriate education and experience related to the quality efforts to which they are assigned. Physicians and registered nurses involved in the quality improvement projects experienced in conducting evidence-based quality improvement studies are preferred.

The Department reserves the right to approve or disapprove the contractor's proposed staffing.

a. Project Manager

The contractor has to designate a Project Manager who will be responsible for overall implementation and delivery of contract work products for the duration of the contract period. The Project Manager should have qualifications that include demonstrated knowledge and expertise in the areas of performance review based monitoring and/or quality improvement. The Project Manager needs to be dedicated to the contract with the Department on a full time (100%) basis. The Project Manager will ensure that all work conducted under the contract is performed according to all Department policies, requirements and standards of performance. The Project Manager will be responsible for the overall quality, accuracy, and timeliness of all contract work products and deliverables.

This will include responsibility for periodic quality assurance review of monitoring activities and ensuring that data systems supporting RFP activities are fully operational and modified and maintained in a timely manner consistent with Department requirements. The Project Manager will be the primary contact with the Department regarding day-to-day contract activities, including compliance monitoring activities. S/he will work closely with the Department to successfully address any concerns regarding the implementation, operation or turnover of the project. The Project Manager needs to be accessible by phone or e-mail during NYS business hours and will be available to meet with NYSDOH staff in Albany approximately 12 times annually; other selected staff should be available to attend when appropriate. The Project Director will be required to participate in periodic conference calls with Department staff that will occur minimally on a biweekly basis; other selected staff should be available to attend when appropriate.

In addition to other quality improvement activities required under this RFP, the Project Manager will be responsible for day-to-day implementation of contract deliverables and resolution of problems relating to program performance monitoring activities. S/he will coordinate scheduling, training, and other compliance monitoring activities that require a statewide approach, including issuance and follow up of corrective action plans.

The Project Manager will also be responsible for supervising the review teams that complete monitoring of providers and ensuring that individuals conducting monitoring activities:

- use approved monitoring tools and follow approved monitoring protocols;
- receive up-to-date information regarding revisions to the monitoring protocol and changes to program policies, procedures or standards, or Department policy and procedure;
- receive initial and ongoing training, including orientation and promotion of consistent implementation of the monitoring protocol, tools, and standards;
- are observed while performing onsite activities;
- receive ongoing technical assistance when they have questions;
- are formally evaluated regarding the quality and quantity of their work on a regularly scheduled basis, including direct observation;
- produce high quality, accurate reports and documents; and
- conduct themselves in a professional manner.

The Project Manager will also provide appropriate support and exercise appropriate oversight over other clinical and nonclinical staff engaged in activities related to this contract.

b. Teams to Conduct Statewide Monitoring Reviews

The contractor needs to provide a sufficient number of individuals to comprise teams that will conduct simultaneous program performance monitoring reviews throughout the state as described in this RFP in Section D. 3. a-b (1.)(2.). Pre-opening on-site visits for SBHC and SBHC-D program will consist of one or two individuals depending on the scope and size of the visit. Each monitoring on-site visit will be conducted using a team of one or two individuals (depending on the scope and size of the visit) who meet the following qualifications:

- individuals need to have had some training and/or experience in the administration and/or fiscal management of organizations providing health and human services, preferably in Family Planning in accordance with Title X requirements (Attachment L), School Based Health Centers and/or School-Based Health Center Dental Programs (the Contractor may provide such training, after Departmental approval, and should be prepared to have that training prior to implementation);
- individuals should have demonstrated expertise in the area of quality improvement (e.g. program performance monitoring, quality improvement reviews, utilization review, performance based monitoring, technical assistance and related areas); and
- one of the team members has to possess clinical background and work experience in the program area being monitored (e.g., individuals monitoring a Family Planning Program need to have been either previously employed in a clinical capacity (RN, NP, MD, PA) in a Title X funded Family Planning clinic and/or be familiar with Title X and NYS requirements) and have demonstrated the ability to conduct chart reviews. Team members monitoring School Based Health Centers and School-Based Health Center

Dental Programs should have analogous qualifications for those settings. Individuals monitoring SBHC-D program should have oral health, dental hygiene or similar background.

c. Organizational/Staffing Structure

The contractor has to provide the Department within 30 days of the contract start date and annually thereafter, with an updated NYS project organizational chart, depicting each functional unit of the organization and relationships with subcontractors. The Department may request an updated organizational chart at any time to ensure adequate staffing of the project. The names of management personnel have to be shown on the organizational chart. Job descriptions and résumés of all key staff, minimally the project manager, should also be provided to the Department within 30 days of the contract start date and upon any change once a contract is in place.

7. Contract Transition

Transition at the end of the Contract Period or Upon Termination of the Contract for Non-Performance.

When this contract concludes, or if the contract is terminated for non-performance, the contractor has to cooperate with the Department and/or the successor contractor while providing all required transition services. This will include meeting with the Division and/or successor and devising work schedules that are agreeable for both the Department and the successor contractor. The contractor will be expected to provide for an orderly and controlled turnover of all contract activities, including all program monitoring and other contract activities to the Division and/or any successor contractor at the end of the contract period, without disruption of contract activities that are ongoing. The contractor will turnover all electronic performance monitoring data application and associated databases and systems, as well as databases and systems associated with perinatal hospital redesignation and quality improvement activities, with title, leasing or license rights to the Department, or at the Department's option, a subsequent successor. The contractor will similarly transfer to the Department or the subsequent successor all nonproprietary system software, data files, application programs and documentation. Additionally, the contractor must turn over all written policies and procedures, training materials, validation tools and any other resources utilized in conducting contract activities. Failure to provide current documentation and other resources may result in the Department withholding final payment to the contractor.

E. PROPOSAL

Overview

This section provides the content outline for technical and cost proposals prepared by bidders in response to this RFP. Bidders are responsible for carefully reading the RFP and responding to all requests for information. Proposals that fail to conform to the specified format, as well as those that do not include all required information, may be considered non-responsive, at the Department's sole discretion. As a result, the Department may reject such proposals. Proposals should be direct, clear and concise. **The bidder must submit separate Technical and Cost Proposals.**

During the course of the contract, the contractor agrees to fulfill the program goals, objectives and responsibilities stated in the Detailed Specifications. Although the Division's needs may change over the course of the contract, to ensure consistency in the preparation of the Technical

and Price proposals, bidders are requested to respond based on descriptions of activities and reporting requirements as described in this RFP and as required in the cost forms.

Bidders should be succinct in their responses.

1. Part 1 - Technical Proposal

The Technical Proposal should include the following:

- Bidder's Certified Statements (Attachment A)
- Bidder's Disclosure of Prior Non-Responsibility Determinations (Attachment C)
- Table of Contents
- Bidder's Eligibility Documentation
- Organizational Background and Experience
- Bidder's Proposed Approach to the RFP Scope of Work, including:
 - Start-Up Plan
 - Monitoring/Quality Improvement Activities
 - Data Management And Reporting
 - Staffing
 - Turnover/Transition
- M/WBE Forms
 - Submit completed Form #1 and/or Form #2, Form #4 and Form #5 as directed in Attachment F, "Guide to New York State DOH M/WBE RFP Required Forms."
- Vendor Responsibility Attestation
 - Bidder's should complete and submit the Vendor Responsibility Attestation Attachment E.
- Encouraging Use of New York Businesses in Contract Performance
 - Submit Attachment G, Encouraging Use of New York State Businesses in Contract Performance to indicate which New York Businesses you will use in the performance of the contract.
- Freedom of Information Law – Proposal Redactions
 - Bidders must clearly and specifically identify any portion of the proposal that a Bidder believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law.

a. Bidder's Certified Statements – Attachment A

Submit Attachment A, Bidder's Certified Statements, which includes information regarding the Bidder. Attachment A must be signed by an individual authorized to bind the Bidder contractually. Please indicate the title or position that the signer holds with the Bidder. DOH reserves the right to reject a proposal that contains an incomplete or unsigned Attachment A or no Attachment A.

If the proposal includes the services of a subcontractor(s), the bidder should include, in an appendix to Attachment A, including the information required below:

- legal name of the subcontractor;
- complete address of the subcontractor;

- general description of the type and scope of work the subcontractor will be performing for this contract;
- description of the experience and expertise of the proposed subcontractor;
- methods utilized to identify and obtain subcontractors;
- percentage of work the subcontractor will be providing;
- statement confirming that the subcontractor is prepared, if requested by the Department, to present evidence of legal authority to do business in NYS, subject to the sole satisfaction of the Department; and
- statement confirming that the subcontractor is also independent from any providers the subcontractor would be required to review.

b. Table of Contents

The Technical Proposal should contain a Table of Contents that includes the beginning page numbers for each subsection of the Technical Proposal.

c. Documentation of Bidder's Eligibility

The bidder's response should describe how the bidder meets the eligibility requirements of the RFP indicated in Section C. Eligibility of Bidders.

d. Organizational Background and Experience

The proposal should describe the bidder's experience in conducting the activities set forth in **Section D. Detailed Project Specifications**, to demonstrate the organization's ability to accomplish the goals and objectives of the RFP.

Specifically, bidders should describe their:

- legal structure of the entity submitting the bid;
- experience with program performance monitoring;
- experience with the development and implementation of large scale quality improvement programs, including the development of clinical standards and measurable outcomes in order to assess quality and performance;
- hiring practices and methods for vetting personnel to ensure only those qualified to provide the services required in this RFP are employed to do such;
- knowledge of and experience related to the types of service providers that are the focus of the quality improvement efforts described in this RFP, including but not limited to the requirements of Title X of the PHS Act (42 U.S.C. 300 et seq.) for family planning providers, school-based health centers, school-based dental providers, and, hospitals providing perinatal services (birthing hospitals);
- experience with developing, modifying, and managing data bases/systems;
- experience tracking status, capturing data and analyzing and reporting on program performance monitoring and other quality improvement information; and
- describe how this project would be integrated and supported within the bidder's organizational structure.

The bidder should provide a list of contracts held, within the last five (5) years from the date of the release of this RFP, which relate to the activities of this RFP. The List should include a contact person(s) name and phone number(s) of someone who has

knowledge of the bidder's performance regarding these contracts, contract dates and contract scope of bidder's efforts on that contract.

e. Bidder's Proposed Approach to Scope of Work

The proposed approach will be evaluated to determine the appropriateness and reasonableness of the bidder's plan for meeting the goals and responsibilities described in the RFP. The proposed approach, in conjunction with RFP requirements, will become the successful bidder's Scope of Work upon implementation of the contract. If necessary, the Department may request minor modifications to the selected bidder's Scope of Work prior to the start of and/or during the contract to ensure that all project requirements are fully being met.

The bidder's proposed approach should address and respond to each of the components described in Section D. Detailed Project Specifications. The bidder's proposed approach should:

- describe how the contractor will ensure that appropriate staffing is available to support the projects identified by the Division within the identified timeframes;
- describe how the bidder's past experiences and lessons learned will be applied to the projects outlined in this RFP;
- disclose where the bidder's plans to locate their primary operations; where they intend to carry out the activities and responsibilities associated to this project,
- describe the bidder's staff deployment plan. The plan should include the mechanism to deploy and the locations from where they intend to deploy their staff from in order to conduct these statewide activities, and
- describe how the bidder intends to coordinate and manage the work among the contractor's staff, any proposed subcontractors and the State.

Any applicable experiences can be included, but bidders should limit descriptions of relevant activities to those that occurred within the last 5 years.

f. Start-up Plan

The bidder should provide a detailed three-month start-up plan that includes all activities to be undertaken to implement the performance compliance review process within 90 days of notification of contract approval from the Office of the State Comptroller. The start-up plan should include:

- description of the activities that are needed to accomplish the initiation of program performance monitoring;
- description of activities needed to maintain the data system supporting performance monitoring;
- methods to notify providers;
- means to hire staff; and
- timeframe for establishing an office in New York State;

Additionally, the bidder should provide a detailed annual work plan for all components listed in Section D. The work plan should or the entire five year term of this contract including:

- how they intend to ramp up staffing;
- development of data systems; and
- description of other processes necessary to support the completion of the deliverables described in this RFP;

g. Performance Monitoring and Quality Improvement Activities

In addition to components discussed in section e, above, the bidder should explain in detail the proposed approach and specific plan for managing and performing the required tasks and activities for each of the project areas described, including the bidder's:

- experience performing Program Performance Reviews of Clinical Providers as described in Section D.3.
- experience performing:
 - pre-opening on-site visits;
 - planning to conduct program performance monitoring reviews;
 - conducting program monitoring compliance review, including pre-review, on-site review, post review and site visit follow up activities;
 - developing principles, guidelines and requirements for reporting findings;
 - developing performance measures for programs similar to the SBHC and SBHC-D programs; and
 - updating standards and redesignation of providers.

In their response, bidders should address the need to initiate program performance monitoring, including maintaining of the data system supporting within the first three months of the contract.

h. Data Management and Reporting

Bidders should provide a detailed description of their plan for administering the data requirements of the RFP consistent with **D. 5. Data Management and Reporting Responsibilities** and the following sections of the RFP.

The bidder's proposed approach should describe:

- Infrastructure being proposed, including specific hardware and software systems, for the data collection systems;
- methods to develop, modify and/or maintain the data collection system on a timely basis;
- security standards being deployed to ensure the safety of the data systems and other confidential information and how these standards meet or exceed all applicable NYS security requirements;
- a plan for backup, recovery and disaster planning;
- a proposed process to complete system required modifications to reviews described in this RFP;
- how they plan to meet the reporting responsibilities outlined in the RFP;
- how they will plan to ensure that systems documentation is updated and submitted to the State on a timely basis; and

In addition to the narrative above, the bidder should be familiar with the requirements in Appendix F- Information Data Security Requirements.

i. Staffing

The bidder's proposed approach should include:

- an organizational chart that includes reporting structure, shows the key staff, the number of positions and geographical placement of program performance monitoring staff.
- a brief description of each of the staff positions that would be initially supported by this contract including the full-time Project Manager. Position descriptions should not include salary level or other employee cost information. Describe the duties and tasks each position will perform, the number of staff in each position and the percentage of time they will spend on the project.
- the Project Manager's resume. The resume should demonstrate the Project Manager's qualifications. Project Manager's qualifications should reflect their knowledge and expertise in the areas of performance review based monitoring and/or quality improvement;
- the resumes of the Key staff; management, clinical and data; directly responsible for conducting all aspects of the scope of work. Resumes should include educational background, specialized training, professional experience, and special qualifications.
- a staffing plan that adequately describes how the bidder will meet the requirements described in **D. 6. Staffing Requirements**. This plan should include detailed information regarding the numbers, types and locations of staff being employed to accomplish the projected workload performing statewide program compliance reviews;
- a proposed process to notify and train employees on required modifications to reviews described in this RFP and to the populations reviewed as described in **D. 2. General Contract Requirements**; and
- Describe the plan for credentialing and training clinicians who serve as reviewers.

Please Note: Clinical staff, including physicians, nurses, dentists and dental hygienists are needed to support some of the functions required in this contract.

Clinical staff must hold a current and valid license to practice in their profession, in New York State and must have appropriate education and experience related to the appropriate specialty areas outlined in the RFP as well as the experience related to the quality efforts to which they are assigned. Physicians and registered nurses involved in the quality improvement projects experienced in conducting evidence-based quality improvement studies are preferred.

j. Turnover/Transition Plan (Section D. 7.)

A transition plan responsive to the requirement in this section should be included in the proposal, including a statement of the bidder's willingness to work with a contractor in a subsequent procurement for these services.

The plan should specify what will be turned over, how the subsequent successor will be trained in protocols and practices; how they will turnover of all systems and documentation to a selected vendor, and timelines for these activities. . The

response should specifically describe the turnover of data systems supporting contract activities, as well as the availability of current documentation of all data systems, as well as documentation of other contract processes and activities.

2. Cost Proposal

The bidder must submit a Cost Proposal separate from the Technical Proposal.

The Cost Proposal should include completed Cost Proposal forms 1 – 2 (Attachment B). Bidders should refer to workload projections, when relevant and available, that have been provided to standardize bidding. Projected workload estimates are not a guarantee of bidder's work under the contract. The unit prices provided in the Cost Proposal form are fixed and will apply for the entire contract period.

Cost Proposal Forms

There are two Cost Proposal Forms that should be completed and submitted in the bidder's Cost Proposal:

a. Cost Proposal Form 1 - Program Performance Monitoring Cost Proposal Bid Detail Sheet

Due to the variability of factors, bids are requested on a per diem basis, inclusive of all activities outlined in **Section D.3.b Program Performance Monitoring**. In addition, preparation time for annual monitoring tool revisions as needed to improve performance monitoring will be allowed. The bid should include the selected bidder's preparation time costs for the reviews, on a per program basis, as well as all post site visit follow up activities. The Department will have the option of reducing the number of programs to be reviewed if projected costs exceed available funds.

For pre-opening site visits, costs should include pre-opening site visits activities for a total of 22 days per year. Bidders will be asked to supply a cost of pre-site visit activities per provider (100 days); a cost per on-site day; and, a cost of post-review activities per provider (100 days), on average. These costs are expected to represent a reasonable average for such activities. Potential bidders should take into consideration the fact that these activities will become easier and less time consuming over the course of the contract, and provide an average cost that reflects these later savings.

Conducting monitoring reviews is expected to comprise the bulk of costs. Site visits are estimated to take between 1-4 days on site. Bidders should assume an average of 3 on-site days per site visit, and 100 site visits required, for a total of 300 on-site days annually. Bidders should also assume that approximately 60% of the on-site visits will occur downstate in the Hudson Valley, Long Island and New York City area of the state.

The amount of funding required by the bidder to complete these revisions to the current program monitoring tools should be provided as a one-time flat fee in year one based on initial review of the tools provided in Attachments J and K, and the total price should be included in the "Monitoring Tool Review" price see D. 3. Planning to Conduct Monitoring Reviews.

There is no separate allowance for administrative costs. Administrative must be built into each price.

b. Cost Proposal Form 2 – Prices for Perinatal and SBHC, SBHC-D Quality Improvement Activities

Costs for all Scope of Work activities described in **Section D.4. – Perinatal hospital quality improvement**, including update of standards and redesignation of perinatal hospitals; developing performance measures for perinatal hospitals, developing updated principles, guidelines and requirements for SBHC and SBHC-D providers and performance measures for SBHCs and SBHC-D programs should be included in Cost Proposal Form 2. Some activities will not be volume based and cost will be provided on an individual price for that activity. All costs for the activity needs to be included in one of the milestones for that activity indicated on the cost form. There will be no additional reimbursement beyond the costs indicated for the milestones. The milestone cost for each project will become the basis for future payments.

Prices for revising the standards for perinatal hospital designation (see D.3.b.(6) should include time for reviewing and compiling information regarding standards for each level of perinatal hospitals), as well as general regionalization requirements, and a mechanism for expert input that will consist of a minimum of 2 full day meetings in Albany, as well as input through other means such as webinars. Prices for the in-person meeting will also include cost of the meeting venue, and payment for travel expenses (including overnight stay) for up to 30 expert participants. All travel costs will be reimbursed in accordance with the Office of the New York Comptroller (OSC) requirements. For the purposes of pricing, include a price for up to 2 webinars with the expert workgroup. Prices for all webinars in this RFP will include the time to develop and present the webinar, as well as notify all perinatal hospitals and stakeholders and accept registration for the webinar.

Price for site visiting perinatal hospitals for an average one full-day on-site for each regional perinatal hospital (17) should be included, including reimbursement each site visit team member as well as travel reimbursement as described in Section D. 3 b.(6) a. iii., Site Visit Perinatal Hospitals. For the purposes of submitting a bid, estimate 20% of Level I and II and all Level III facilities may receive an on-site visit. Refer to D. 3.b.(6) a. iv., Workload Projections

Bidders should submit a price by work activity that will apply for all years of the contract. Project prices are all-inclusive, representing expenses related to staff salaries, fringe benefits, administrative overhead, fees, and all other costs associated with the project such as, but not limited to: furniture and equipment purchase and/or rental, property rental/leasing, travel, systems development and maintenance, meeting room rental fees, printing, and postage. Unit prices provided will be fixed for the entire contract period. There is separate allowance in related to data system development and maintenance and data analysis. There is no separate allowance for administrative costs; all administrative costs should be factored into the milestone costs for the activities.

Prices for updating SBHC principles and guidelines and SBHC-D requirements (see C. 3. b. (5) *should* include time for reviewing and compiling information regarding standards for SBHC and SBHC-D programs, as well as a mechanism for expert input that will consist of up to 4 full day meetings in Albany, as well as input through other means such as webinars. (Two days will be devoted to SBHC and two days will be devoted to SBHC-D programs. It is possible these days will be combined if the expertise of the group overlaps SBHC and SBHC-D services, but for the purposes of pricing, consider four in-person meeting days.) Prices for the in-person meeting will also include cost of the meeting venue, and payment for travel

expenses (including overnight stay) for up to 30 expert participants. All travel costs will be reimbursed in accordance with the Office of the New York Comptroller (OSC) requirements. For the purposes of pricing, include a price for up to 2 webinars each (total of 4 webinars) with each expert workgroup. Prices for all webinars in this RFP will include the time to develop and present the webinar, as well as notify all expert workgroup members and accept registration for the webinar. In addition, include one webinar for SBHCs and one webinar for SBHC-D programs to provide information regarding the updated standards, guidelines and requirements.

Prices for development of performance measures for SBHCs and SBHC-D programs should include time for reviewing and compiling information regarding performance measures for SBHC and SBHC-D programs, as well as a mechanism for expert input that will consist of up to 2 full day meetings in Albany, as well as input through other means such as webinars. Prices for the in-person meeting will also include cost of the meeting venue, and payment for travel expenses (including overnight stay) for up to 30 expert participants. All travel costs will be reimbursed in accordance with the Office of the New York Comptroller (OSC) requirements. For the purposes of pricing, include a price for up to 4 webinars with the expert workgroup. Prices for all webinars in this RFP will include the time to develop and present the webinar, as well as notify all expert workgroup members and accept registration for the webinar. In addition, include one webinar for SBHCs and one webinar for SBHC-D programs to provide information regarding the performance measures.

F. SUBMISSION OF PROPOSALS

A proposal consists of two distinct parts: (1) the Technical Proposal and (2) the Price Proposal. The table below outlines the required format and volume for submission of each part. Proposals should be submitted in all formats as prescribed below.

	Electronic Submission	Original	Copies
Technical Proposal	2 copy in a standard searchable PDF format on a flash drive, with copy/read permissions only.	3 Original Hard Copies	6 Hard Copies
Cost Proposal	2 copy in a standard searchable PDF format on a flash drive, with copy/read permissions only.	3 Original Hard Copies	6 Hard Copies

1. All hard copy proposal materials should be printed on 8.5" x 11" white paper (two-sided) and **be clearly page numbered on the bottom of each page with appropriate header and footer information.** A type size of eleven (11) points or larger should be used. The Technical Proposal materials should be presented in three-ring binder(s) separate from the sealed Cost Proposal. The sealed Cost Proposal should also be presented in separate three-ring binder(s);
2. Where signatures are required, the proposals designated as originals should have a handwritten signature and be signed in ink.
3. The NYSDOH discourages overly lengthy proposals. Therefore, marketing brochures, user manuals or other materials, beyond that sufficient to present a complete and effective proposal, are not desired. Elaborate artwork or expensive paper is not necessary or desired. In order for the NYSDOH to evaluate proposals fairly and completely, proposals should follow the format set out below to provide all requested information. The Bidder should not repeat information in more than one section of the proposal. If information in

- one section of the proposal is relevant to a discussion in another section, the Bidder should make specific reference to the other section rather than repeating the information;
4. Audio and/or videotapes are not allowed. Any submitted audio or videotapes will be ignored by the evaluation team; and
 5. The complete proposal must be received by the NYSDOH, no later than the Deadline for Submission of Proposals specified in Schedule of Key Events. In the event that a discrepancy is found between the electronic and hardcopy proposal, the original hardcopy will prevail.

Proposals should be submitted in two (2) separate, clearly labeled packages: a Technical Proposal and a Cost Proposal, prepared in accordance with the requirements stated in this RFP. Mark the outside envelope of each proposal as “Program Performance Monitoring and Quality Improvement in Maternal and Child Health Programs RFP # 16288 – (Technical) (Administrative) or (Cost) Proposal submitted by (Bidder’s name)”. The two sealed proposals may be combined into one mailing, if desired.

Proposals must be submitted, by U.S. Mail, by courier/delivery service (e.g., FedEx, UPS, etc.) or by hand as noted below, in a sealed package to:

New York State Department of Health (RFP #16288)
Division of Family Health
Bureau of Administration
Empire State Plaza, Corning Tower Room 859
Albany, NY 12237

Late bids will not be considered.

NOTE: You should request a receipt containing the time and date received and the signature of the receiver for all hand-deliveries and ask that this information also be written on the package(s).

Submission of proposals in a manner other than as described in these instructions (e.g., fax, electronic transmission) will not be accepted

1. No Bid Form

Bidders choosing not to bid are requested to complete the No-Bid Form (Attachment D).

2. Term of Contract

This contract term is expected to be for a period five (5) years commencing on the date shown on the Schedule of Key Events, subject to the availability of sufficient funding, successful contractor performance, and approvals from the New York State Attorney General (AG) and the Office of the State Comptroller (OSC).

G. EVALUATION PROCESS/CRITERIA

The Department is seeking a single bidder to fulfill all work requirements in this RFP. The Department will select a bidder using the Best Value methodology of award. Best Value is defined in Article XI, Section 163(1)(j) of the NYS Finance Law as the basis for awarding contracts for services to the vendor which optimizes quality, cost and efficiency, among responsive and responsible vendors. All awards are subject to the approval of the Office of the New York State Comptroller.

The Department will have the option of rejecting bids; not funding specific components of the RFP; selecting the specific RFP components that will be funded in a contract year; within components, reducing the number of activities that take place, for example, the number of site visits or record reviews; or, negotiating other project costs, if projected costs exceed available funds. NYSDOH reserves the right to request best and final offers. In the event NYSDOH exercises this right, all bidders that submitted a proposal that met the minimum mandatory requirements will be asked to provide a best and final offer. Bidders will be informed that should they choose not to submit a best and final offer, the offer submitted with their proposal will be construed as their best and final offer.

The State of New York will perform a fair and comprehensive evaluation of the proposals received in response to this RFP in accordance with the New York State procurement law, guidelines and procedures, as well as policies and procedures approved by the NYSDOH. This section of this RFP describes the evaluation process that will be used to determine which Proposal provides the best value to the NYSDOH.

At the discretion of NYSDOH, all bids may be rejected. In the event of a tie, the determining factor(s) for award, in descending order of importance, will be:

- Lowest cost
- Proposed percentage of MWBE participation

The evaluation process will ensure the selection of the best overall solution for the NYSDOH on a “best value” basis. Scoring will be split 70 percent of a proposal’s total score for the Technical Evaluation and 30 percent of a proposal’s total score for the Cost Evaluation.

The evaluation process will include the following components:

- Review Proposal Mandatory Requirements;
- Evaluate and Score Technical Proposals;
- Evaluate and Score Cost Proposals;
- Technical and Cost Proposals Combined;
- Proposal Ranking and Evaluation Committee Recommendation; and
- NYSDOH Contract Award Decision.

1. Pass/Fail Assessment (Mandatory Requirements)

All proposals will be reviewed to ensure that minimum criteria are met. Proposals that do not meet the following minimum criteria may be removed from further review and evaluation:

- Bid must be received by the Proposal Due Date listed in the Schedule of Key Events.
- Technical and Price Proposal packages must be packaged in separate sealed envelopes.
- Bidder must meet Eligibility of Bidders criteria (See Section C. Eligibility of Bidders).

2. Scoring of Technical Proposals (70 percent)

The evaluation process will be conducted in a comprehensive and impartial manner. A Technical Evaluation Committee comprised of program staff of DOH will review and evaluate all proposals.

The Technical Evaluation Committee members will independently score each Technical Proposal that meets the submission requirements of this RFP. The individual Committee Member scores will be averaged to calculate the raw Technical Score for each responsive Bidder. The scores will be normalized by using the following formulas:

$$Z = (X/Y) * 70\%$$

X is the average raw technical score of the proposal being scored;

Y is the average raw technical score of the highest raw Technical Proposal; and

Z is the Technical score.

3. Scoring of Bidder Cost Proposals (30 percent)

A separate committee will review and score the Price Proposals from all Vendors meeting the mandatory requirements. The Cost Proposal will be evaluated based on the costs proposed in Attachment B Cost Proposal.

The Cost Proposal Evaluation Committee will award up to the full percentage available to the bidder with the lowest overall cost. The financial raw scores will be normalized as follows:

$$C = (A/B) * 30\%$$

A is Total Price of lowest Cost Proposal;

B is Total Price of Cost Proposal being scored; and

C is the Price score.

4. Composite Score

A composite score will be calculated by the DOH by adding the preliminary Technical Proposal points and the Cost points awarded. Finalists will be determined based on preliminary composite scores.

5. Notice of Intent to Award

A Notice of Intent to Award for the contract will be sent by mail to all Vendors who have submitted a timely Proposal. The Notice of Intent to Award is subject to execution of a written contract, approval of the New York State Attorney General and the New York State Office of the State Comptroller.

H. ADMINISTRATIVE REQUIREMENTS

1. Issuing Agency

This Request for Proposal (RFP) is a solicitation issued by the NYS Department of Health. The Department is responsible for the requirements specified herein and for the evaluation of all proposals.

2. Restricted Period

“Restricted period” means the period of time commencing with the earliest written notice, advertisement, or solicitation of a Request for Proposals (“RFP”), Invitation for Bids (“IFB”), or solicitation of proposals, or any other method for soliciting a response from Bidders intending to result in a procurement contract with DOH and ending with the final contract

award and approval by DOH and, where applicable, final contract approval by the Office of the State Comptroller.

This prohibition applies to any oral, written, or electronic communication under circumstances where a reasonable person would infer that the communication was intended to influence this procurement. Violation of any of the requirements described in this Section may be grounds for a determination that the bidder is non-responsible and therefore ineligible for this contract award. Two violations within four years of the rules against impermissible contacts during the “restricted period” may result in the violator being debarred from participating in DOH procurements for a period of four years.

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies a designated contact on face page of this RFP to whom all communications attempting to influence this procurement must be made.

3. Questions

There will be an opportunity available for submission of written questions and requests for clarification with regard to this RFP. All questions and requests for clarification of this RFP should cite the particular RFP Section and paragraph number where applicable and must be submitted via email to PPM.QI.RFP@health.ny.gov. It is the bidder’s responsibility to ensure that email containing written questions and/or requests for clarification is received at the above address no later than the Deadline for Submission of Written Questions as specified in Schedule of Key Events. Questions received after the deadline may not be answered.

4. Right to Modify RFP

DOH reserves the right to modify any part of this RFP, including but not limited to, the date and time by which proposals must be submitted and received by DOH, at any time prior to the Deadline for Submission of Proposals listed in the Schedule of Key Events. Modifications to this RFP shall be made by issuance of amendments and/or addenda.

Prior to the Deadline for Submission of Proposals, any such clarifications or modifications as deemed necessary by DOH will be posted to the DOH website.

If the bidder discovers any ambiguity, conflict, discrepancy, omission, or other error in this RFP, the Bidder shall immediately notify DOH of such error in writing at [insert BML] and request clarification or modification of the document.

If, prior to the Deadline for Submission of Proposals, a bidder fails to notify DOH of a known error or an error that reasonably should have been known, the bidder shall assume the risk of proposing. If awarded the contract, the bidder shall not be entitled to additional compensation by reason of the error or its correction.

5. Payment

The contractor shall submit invoices and/or vouchers to the State's designated payment office:

- a. Preferred Method: Email a .pdf copy of your signed voucher to the BSC at: AccountsPayable@ogs.ny.gov with a subject field as follows:
Subject: <<Unit ID: 345257>> <<Contract #>>

- b. Alternate Method: Mail vouchers to BSC at the following U.S. postal address:
NYS Department of Health
Unit ID 345257
c/o NYS OGS BSC Accounts Payable
Building 5, 5th Floor
1220 Washington Ave.
Albany, NY 12226-1900

Payment for invoices and/or vouchers submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at www.osc.state.ny.us/epay/index.htm, by email at epayments@osc.state.ny.us or by telephone at 518-474-6019. CONTRACTOR acknowledges that it will not receive payment on any invoices and/or vouchers submitted under this Contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

In addition to the Electronic Payment Authorization Form, a Substitute Form W-9 must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information and procedures for enrollment can be found at <http://www.osc.state.ny.us/epay>.

Completed W-9 forms should be submitted to the following address:

NYS Office of the State Comptroller
Bureau of Accounting Operations
Warrant & Payment Control Unit
110 State Street, 9th Floor
Albany, NY 12236

Payment of such invoices and/or vouchers by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

In exchange for the provision of all monitoring reviews, clinical record reviews, modifications and maintenance of the electronic data monitoring, in accordance with the terms and conditions specified in this Request for Proposals and the Department's protocol, the contractor will be entitled to receive payment for each deliverable produced to the satisfaction of the Department. Such payment will be based upon the amount enumerated in the Bidder's Proposal, which will be incorporated into the resultant contract as Appendix C. Unit prices provided will be fixed for the entire contract period. Administrative costs must be built into each price. **There will be no separate reimbursement for administrative costs.** Administrative costs include costs related to

administrative staff overseeing monitoring activities, quality assurance staff and costs for travel to Albany for Department.

6. Vendor Responsibility Questionnaire

Complete, certify, and file a New York State Vendor Responsibility Questionnaire. DOH recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions at www.osc.state.ny.us/vendrep/vendor_index.htm or go directly to the VendRep System online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the OSC Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, www.osc.state.ny.us/vendrep, or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form.

Bidder's should complete and submit the Vendor Responsibility Attestation Attachment E.

7. Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health ("DOH") recognizes its obligation to promote opportunities for maximum feasible participation of certified minority-and women-owned business enterprises and the employment of minority group members and women in the performance of DOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority-and women-owned business enterprises in state procurement contracting versus the number of minority-and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women – owned business enterprises ("MWBE") and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, DOH hereby establishes an overall goal of 30% for MWBE participation, 15% for Minority-Owned Business Enterprises ("MBE") participation

and 15% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the upper right hand side of the webpage under “Search for Certified Firms” and accessed by clicking on the link entitled “MWBE Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting a bid, a bidder agrees to complete an MWBE Utilization Plan (Attachment F, Form #1) of this RFP. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Bidder as being non-responsive under the following circumstances:

- a) If a Bidder fails to submit a MWBE Utilization Plan;
- b) If a Bidder fails to submit a written remedy to a notice of deficiency;
- c) If a Bidder fails to submit a request for waiver (if applicable); or
- d) If DOH determines that the Bidder has failed to document good-faith efforts;

The Contractor will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to DOH, but must be made no later than prior to the submission of a request for final payment on the Contract.

The Contractor will be required to submit a Contractor’s Quarterly M/WBE Contractor Compliance & Payment Report to the DOH, by the 10th day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

If the Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such finding will constitute a breach of Contract and DOH may withhold payment from the Contractor as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

New York State certified Minority- and Women-Owned Businesses (M/WBE) may request that their firm's contact information be included on a list of M/WBE firms interested in serving as a subcontractor for this procurement. The listing will be publicly posted on the Department's website for reference by the bidding community. A firm requesting inclusion on this list should send contact information and a copy of its NYS M/WBE certification to PPM.QI.RFP@health.ny.gov before the Deadline for Questions as specified in Schedule of Key Events. Nothing prohibits an M/WBE Vendor from proposing as a prime contractor.

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

8. Equal Employment Opportunity (EEO) Reporting

By submission of a bid in response to this solicitation, the Bidder agrees with all of the terms and conditions of Attachment E Appendix A including Clause 12 - Equal Employment Opportunities for Minorities and Women. Additionally, the successful bidder will be required to certify they have an acceptable EEO (Equal Employment Opportunity) policy statement in accordance with Section III of Appendix M in Attachment E.

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and subcontractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the Contractor, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

To ensure compliance with this Section, the Bidder should submit with the bid or proposal an Equal Employment Opportunity Staffing Plan (Attachment F, Form #4) identifying the anticipated work force to be utilized on the Contract. Additionally, the Bidder should submit a Minority and Women-Owned Business Enterprises and Equal Employment Opportunity Policy Statement (Attachment F, Form # 5), to DOH with their bid or proposal.

9. Sales and Compensating Use Tax Certification (Tax Law, § 5-a)

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain contractors awarded state contracts for commodities, services and technology valued at more than \$100,000 to certify to the Department of Tax and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies to contracts where the total amount of such contractors' sales delivered into New York State are in excess of \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made, and with respect to any affiliates and subcontractors whose sales delivered into New York State exceeded \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made.

This law imposes upon certain contractors the obligation to certify whether or not the contractor, its affiliates, and its subcontractors are required to register to collect state sales and compensating use tax and contractors must certify to DTF that each affiliate and subcontractor exceeding such sales threshold is registered with DTF to collect New York State and local sales and compensating use taxes. The law prohibits the State Comptroller, or other approving agencies, from approving a contract awarded to an offerer meeting the registration requirements but who is not so registered in accordance with the law.

The successful Bidder must file a properly completed Form ST-220-CA with the Department of Health and Form ST-220-TD with the DTF. These requirements must be met before a contract may take effect. Further information can be found at the New York State Department of Taxation and Finance's website, available through this link: <http://www.tax.ny.gov/pdf/publications/sales/pub223.pdf>.

Forms are available through these links:

- ST-220 CA: http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf
- ST-220 TD: http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf

10. Workers' Compensation and Disability Benefits Certifications

Sections 57 and 220 of the New York State Workers' Compensation Law (WCL) provide that DOH shall not enter into any contract unless proof of workers' compensation and disability benefits insurance coverage is produced. Prior to entering into a contract with DOH, successful Bidders will be required to verify for DOH, on forms authorized by the New York State Workers' Compensation Board, the fact that they are properly insured or are otherwise in compliance with the insurance provisions of the WCL. The forms to be used to show compliance with the WCL are listed below. Any questions relating to either workers' compensation or disability benefits coverage should be directed to the State of New York Workers' Compensation Board, Bureau of Compliance at (518) 486-6307. Failure to provide verification of either of these types of insurance coverage by the time contracts are ready to be executed will be grounds for disqualification of an otherwise successful Proposal. The successful Bidder must submit the following documentation before a contract may take effect.

ONE of the following forms as Workers' Compensation documentation:

- A. Proof of Workers' Compensation Coverage:
Form C-105.2 – Certificate of Workers' Compensation Insurance issued by private insurance carrier (or Form U-26.3 issued by the State Insurance Fund); or
1. Form SI-12 – Certificate of Workers' Compensation Self-Insurance (or Form GSI-105.2 Certificate of Participation in Workers' Compensation Group Self-Insurance); or
 2. Form CE-200 – Certificate of Attestation of Exemption from New York State Workers' Compensation and/or Disability Benefits Coverage.

ONE of the following forms as Disability documentation:

- B. Proof of Disability Benefits Coverage:
1. Form DB-120.1 – Certificate of Disability Benefits Insurance; or
 2. Form DB-155 – Certificate of Disability Benefits Self-Insurance; or
 3. Form CE-200 – Certificate of Attestation of Exemption from New York State Workers' Compensation and/or Disability Benefits Coverage.

Further information is available at the Workers' Compensation Board's website, which can be accessed through this link: <http://www.wcb.ny.gov>.

11. Subcontracting

Bidders may propose use of a subcontractor. The Contractor shall obtain prior written approval from NYSDOH before entering into an agreement for services to be provided by a subcontractor. All subcontractors proposed by the bidder are subject to the same eligibility criteria listed in Section C. of this RFP. The Contractor is solely responsible for assuring that the requirements of the RFP are met. All subcontracts shall contain provisions specifying that the work performed by the subcontractor must be in accordance with the terms of the prime contract, and that the subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the agreement between the DOH and the Contractor. DOH reserves the right to request removal of any Bidder staff or subcontractor's staff if, in DOH's discretion, such staff is not performing in accordance with the Agreement

12. DOH's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all proposals received in response to the RFP;
2. Withdraw the RFP at any time, at the agency's sole discretion;
3. Make an award under the RFP in whole or in part;
4. Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
5. Seek clarifications and revisions of proposals;
6. Use proposal information obtained through site visits, management interviews and the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
7. Prior to the bid opening, amend the RFP specifications to correct errors or oversights, or to supply additional information, as it becomes available;

8. Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
9. Change any of the scheduled dates;
10. Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
11. Waive any requirements that are not material;
12. Negotiate with the successful bidder within the scope of the RFP in the best interests of the state;
13. Conduct contract negotiations with the next responsible bidder, should the department be unsuccessful in negotiating with the selected bidder;
14. Utilize any and all ideas submitted in the proposals received;
15. Every offer shall be firm and not revocable for a period of three hundred and sixty-five days from the bid opening, to the extent not inconsistent with section 2-205 of the uniform commercial code. Subsequent to such three hundred and sixty-five days, any offer is subject to withdrawal communicated in a writing signed by the offerer; and,
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's proposal and/or to determine an offerer's compliance with the requirements of the solicitation.

13. Freedom of Information Law ("FOIL")

All proposals may be disclosed or used by DOH to the extent permitted by law. DOH may disclose a proposal to any person for the purpose of assisting in evaluating the proposal or for any other lawful purpose. All proposals will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. Any portion of the proposal that a Bidder believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the proposal. If DOH agrees with the proprietary claim, the designated portion of the proposal will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

14. Lobbying

Chapter 1 of the Laws of 2005, as amended by Chapter 596 of the Laws of 2005, made significant changes as it pertains to development of procurement contracts with governmental entities. The changes included:

- a) made the lobbying law applicable to attempts to influence procurement contracts once the procurement process has been commenced by a state agency, unified court system, state legislature, public authority, certain industrial development agencies and local benefit corporations;
- b) required the above mentioned governmental entities to record all contacts made by lobbyists and contractors about a governmental procurement so that the public knows who is contacting governmental entities about procurements;
- c) required governmental entities to designate persons who generally may be the only staff contacted relative to the governmental procurement by that entity in a restricted period;

- d) authorized the New York State Commission on Public Integrity, (now New York State Joint Commission on Public Ethics), to impose fines and penalties against persons/organizations engaging in impermissible contacts about a governmental procurement and provides for the debarment of repeat violators;
- e) directed the Office of General Services to disclose and maintain a list of non-responsible bidders pursuant to this new law and those who have been debarred and publish such list on its website;
- f) required the timely disclosure of accurate and complete information from offerers with respect to determinations of non-responsibility and debarment; (Bidders responding to this RFP should submit a completed and signed Attachment C, "Prior Non-Responsibility Determination".)
- g) increased the monetary threshold which triggers a lobbyist's obligations under the Lobbying Act from \$2,000 to \$5,000; and
- h) established the Advisory Council on Procurement Lobbying.

Subsequently, Chapter 14 of the Laws of 2007 amended the Lobbying Act of the Legislative Law, particularly as it related to specific aspects of procurements as follows: (i) prohibiting lobbyists from entering into retainer agreements on the outcome of government grant making or other agreement involving public funding; and (ii) reporting lobbying efforts for grants, loans and other disbursements of public funds over \$15,000.

The most notable, however, was the increased penalties provided under Section 20 of Chapter 14 of the Laws of 2007, which replaced old penalty provisions and the addition of a suspension option for lobbyists engaged in repeated violations. Further amendments to the Lobbying Act were made in Chapter 4 of the Laws of 2010.

Questions regarding the registration and operation of the Lobbying Act should be directed to the New York State Joint Commission on Public Ethics.

15. State Finance Law Consultant Disclosure Provisions

In accordance with New York State Finance Law Section 163(4)(g), State agencies must require all contractors, including subcontractors that provide consulting services for State purposes pursuant to a contract to submit an annual employment report for each such contract.

The successful bidder for procurements involving consultant services must complete a "State Consultant Services Form A, Contractor's Planned Employment From Contract Start Date through End of Contract Term" in order to be eligible for a contract.

The successful winning bidder must also agree to complete a "State Consultant Services Form B, Contractor's Annual Employment Report" for each state fiscal year included in the resulting contract. This report must be submitted annually to the Department of Health, the Office of the State Comptroller, and Department of Civil Service.

State Consultant Services Form A: Contractor's Planned Employment and Form B: Contractor's Annual Employment Report may be accessed electronically at:
<http://www.osc.state.ny.gov/procurement>.

16. Debriefing

Once an award has been made, bidders may request a debriefing of their proposal. Please note the debriefing will be limited only to the strengths and weaknesses of the bidder's proposal, and will not include any discussion of other proposals. Requests must be received no later than ten (10) business days from date of award or non-award announcement.

17. Protest Procedures

In the event unsuccessful bidders wish to protest the award resulting from this RFP, bidders should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found in Chapter XI Section 17 of the Guide to Financial Operations (GFO). Available on-line at:

<http://www.osc.state.ny.us/agencies/guide/MyWebHelp/>

18. Iran Divestment Act

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Bidder/Contractor (or any assignee) certifies that it is not on the "Entities Determined To Be Non-Responsive Bidders/Offerers Pursuant to The New York State Iran Divestment Act of 2012" list ("Prohibited Entities List") posted on the OGS website (currently found at this address: <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>) and further certifies that it will not utilize on such Contract any subcontractor that is identified on the Prohibited Entities List. Additionally, Bidder/Contractor is advised that should it seek to renew or extend a Contract awarded in response to the solicitation, it must provide the same certification at the time the Contract is renewed or extended.

During the term of the Contract, should DOH receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, DOH will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then DOH shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, seeking compliance, recovering damages, or declaring the Contractor in default. DOH reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

19. Piggybacking

New York State Finance Law section 163(10)(e) (see also <http://www.ogs.ny.gov/purchase/snt/sflxi.asp>) allows the Commissioner of the NYS Office of General Services to consent to the use of this contract by other New York State Agencies, and other authorized purchasers, subject to conditions and the Contractor's consent.

20. Encouraging Use of New York Businesses in Contract Performance

Public procurements can drive and improve the State's economic engine through promotion of the use of New York businesses by its contractors. New York State

businesses have a substantial presence in State contracts and strongly contribute to the economies of the state and the nation. In recognition of their economic activity and leadership in doing business in New York State, bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles. All bidders should complete Attachment H, Encouraging Use of New York Businesses in Contract Performance, to indicate their intent to use/not use New York Businesses in the performance of this contract.

I. ATTACHMENTS

- A. Bidder's Certified Statements
- B. Cost Proposal
- C. Bidder's Disclosure of prior Non-Responsibility Determinations
- D. No Bid Form
- E. Vendor Responsibility Attestation
- F. M/WBE Utilization Forms
- G. Encouraging Use of New York Businesses in Contract Performance
- H. Perinatal Designation Matrix
- I. Survey for Redesignation of Perinatal Services in Hospitals
- J. Program compliance monitoring review tools
- K. Sample PERT Tool – SBHC and SBHC-D PERT tool
- L. Title X Requirements
- M. Sample Standard New York State Boilerplate Contract with Appendices
 - a. Appendix A – Standard Clauses for All New York State Contracts
 - b. Appendix X – Modification Agreement Form
 - c. Appendix D – General Specifications
 - d. Appendix H – Federal Health Insurance Portability and Accountability Act (HIPPA)
 - e. Appendix F – Information Data Security Requirements
 - f. Appendix G – General Notices
 - g. Appendix M – Participation by Minority Group Members and Women with Respect to State Contracts: Requirements and Procedures

ATTACHMENT A

BIDDER'S CERTIFIED STATEMENTS

(To be completed and included in the Technical Proposal documents)

RFPXX-XX – TITLE OF RFP
1. Information with regard to the Bidder
A. Provide the Bidder's name, address, telephone number, and fax number.
Name: <input type="text" value="Click here to enter text."/>
Address: <input type="text" value="Click here to enter text."/>
City, State, ZIP Code: <input type="text" value="Click here to enter text."/>
Telephone Number (including area code): <input type="text" value="Click here to enter text."/>
Fax Number (including area code): <input type="text" value="Click here to enter text."/>
B. Provide the name, address, telephone number, and email address of the Bidder's Primary Contact with DOH with regard to this proposal.
Name: <input type="text" value="Click here to enter text."/>
Address: <input type="text" value="Click here to enter text."/>
City, State, ZIP Code: <input type="text" value="Click here to enter text."/>
Telephone Number (including area code): <input type="text" value="Click here to enter text."/>
Email Address: <input type="text" value="Click here to enter text."/>
2. By submitting the bid the Bidder acknowledges and agrees to all of the following: [Please note: alteration of any language contained in this section may render your proposal non-responsive.]
Bidder certifies that either there is no conflict of interest or that there are business relationships and /or ownership interests for the organization for the above named organization that may represent a conflict of interest for the organization as a bidder and attached to this form is a description of how the potential conflict of interest and/or disclosure of confidential information relating to this contract will be avoided.
Bidder certifies that it can and will provide and make available, at a minimum, all services as described in the RFP if selected for award.
Bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with the proposal, such alternate proposals or extraneous terms will not be evaluated by the DOH.
Bidder accepts, without any added conditions, qualifications or exceptions, the contract terms and conditions contained in this RFP including any exhibits and attachments.

Bidder is either registered to do business in NYS, or if formed or incorporated in another jurisdiction than NYS, can provide a Certificate of Good Standing from the applicable jurisdiction or provide an explanation, subject to the sole satisfaction of the Department, if a Certificate of Good Standing is not available, and if selected, the vendor will register to do business in NYS.

Bidder acknowledges that any subcontractors have no conflict of interest with respect to conducting the duties and responsibilities in this RFP and that they are independent from any providers they would be required to review.

If the proposal includes the services of a subcontractor(s), the bidder should include, in an appendix to Attachment A, a subcontractor summary for each subcontractor, including the information required below:
complete name of the subcontractor;

- complete address of the subcontractor;
- a general description of the type and scope of work the subcontractor will be performing;
- description of the experience and expertise of the proposed subcontractor;
- percentage of work the subcontractor will be providing;
- a statement confirming that the subcontractor is prepared, if requested by the Department, to present evidence of legal authority to do business in NYS, subject to the sole satisfaction of the Department; and
- a statement confirming that the subcontractor is also independent from any providers the subcontractor would be required to review.

A. The Bidder is (check as applicable):

- A New York State Certified Minority-Owned Business Enterprise
- A New York State Certified Woman-Owned Business Enterprise
- A New York State Certified Minority and Woman-Owned Business Enterprise (Dual Certified)
- None of the above

B. Provide the name, title, address, telephone number, and email address of the person authorized to receive Notices with regard to the contract entered into as a result of this procurement. See Section ___ of the DOH Agreement (Attachment E), NOTICES.

Name:

Title:

Address:

City, State, ZIP Code:

Telephone Number (including area code):

Email Address:

C. Bidder's Taxpayer Identification Number:

D. Bidder's NYS Vendor Identification Number as discussed in Section 6.1.F, if enrolled:

By my signature on this Attachment A, I certify to the statements made above in Section 2 and that I am authorized to bind the Bidder contractually. Furthermore, I certify that all information provided in connection with its proposal is true and accurate.

Typed or Printed Name of Authorized Representative of the Bidder

Title/Position of Authorized Representative of the Bidder

Signature of Authorized Representative of the Bidder

Date

ATTACHMENT B
Program Performance Monitoring Price Proposal Bid Detail Sheet

A	B	C	D	E	F
CONTRACT DELIVERABLES	# of Visits Annually	Unit Definition	Unit Price	COST Per One Visit	5 Year Cost
Planning Activities (Year One Only – Flat Rate Fee)			\$		\$
Pre-opening on-site visits (SBHC – SBHC-D)	22			\$	\$
Comprehensive Site Reviews (SBHC, SBHC – D & FP)					
<ul style="list-style-type: none"> Pre- Review Site Prep 	100			\$	\$
<ul style="list-style-type: none"> Individual On-Site Reviews (100 visits average 3 days each) 	300			\$	\$
<ul style="list-style-type: none"> Post Review Activities 	100			\$	\$
<ul style="list-style-type: none"> Corrective Action Plan Reviews 	100			\$	\$
Perinatal Redesignation				\$	\$
<ul style="list-style-type: none"> Revise perinatal hospital Standards through literature review and expert work group 		1 Revision	\$		\$
<ul style="list-style-type: none"> Develop and Disseminate RPC Survey, review and create report based on findings 		1 Survey, 1 Review & 1 Report	\$		\$
<ul style="list-style-type: none"> Develop and Disseminate Level I-III hospital Survey, review and create report based on findings 		1 Survey, 1 Review & 1 Report	\$		\$
<ul style="list-style-type: none"> Site Visit RPC's and Level I-III Perinatal Hospitals (refer to section C. Detailed Specifications vi. Workload projections for number of site visits) 		Individual Site Visits	\$		\$
<ul style="list-style-type: none"> Provide Final Report for Perinatal Redesignation 		1 Report	\$		\$
<ul style="list-style-type: none"> Issue letters to all perinatal hospitals with designations; follow up on contingencies and appeals, handle routine communications 		1 Letter and 1 cost for all other requirements	\$		\$
Conduct 6 Statewide Webinars (refer to RFP for scope of webinars)		Cost per webinar	\$		\$
Update SBHC and SBHC – D Principles and Guidelines (Year 2)		2 Documents one for SBHC and 1 for SBHC-D	\$		\$
Program Performance Improvement (Years 3-5)					
<ul style="list-style-type: none"> Develop performance measures for RPCs and Levels I-III perinatal hospitals, SBHCs and SBHC - D 		3 Documents	\$		\$

Instructions for Price Proposal Bid Sheet:

- Complete the price proposal bid detail sheet to calculate the total price for the five year contract period. The price must be inclusive of all costs to the Department.
- The total number of Visits Annually is for each year of the contract is provided for proposal evaluation purposes only. The total number of completed reviews may vary from these estimates.
- Payment will be based on the actual number of reviews completed under the contract.
- Administrative costs include costs related to administrative staff overseeing monitoring activities, quality assurance staff and costs for travel to Albany for Department. Administrative costs must be built into each price. **There will be no separate reimbursement for administrative costs.** Unit prices provided will be fixed for the entire contract period. Specific projects and volumes may be modified by the Department.
- Complete and sign the Attestation below.

Attestation:

I, _____, for and on behalf of the Bidder organization(s), signify that the following information is true and accurate to the best of my knowledge and that the Bidder organization(s) agrees to abide by the terms of the approved proposal and is fully able and willing to carry out the deliverable contained herein. The prices presented in this proposal shall remain in effect for 365 days from the last day to submit a proposal.

Signature

Title

Date

Print Name

ATTACHMENT C

BIDDER'S DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS

Procurement Title:[Type text]

RFP #: [Type text]

Bidder Name: [Type text]

Bidder Address: [Type text]

Bidder SFS Vendor ID #: [Type text]

Bidder Federal ID#: [Type text]

Affirmations & Disclosures related to State Finance Law §§ 139-j & 139-k:

Offerer/Bidder affirms that it understands and agrees to comply with the procedures of the Department of Health relative to permissible contacts (provided below) as required by State Finance Law §139-j (3) and §139-j (6) (b).

Pursuant to State Finance Law §§139-j and 139-k, this *Invitation for Bid or Request for Proposal* includes and imposes certain restrictions on communications between the Department of Health (DOH) and an Offerer during the procurement process. An Offerer/bidder is restricted from making contacts from the earliest notice of intent to solicit *bids/proposals* through final award and approval of the Procurement Contract by the DOH and, if applicable, Office of the State Comptroller ("restricted period") to other than designated staff unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law §139-j(3)(a). Designated staff, as of the date hereof, is/are identified on the first page of this *Invitation for Bid, Request for Proposal, or other solicitation document*. DOH employees are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the Offerer/bidder pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two findings within a 4 year period, the Offerer/bidder is debarred from obtaining governmental Procurement Contracts. Further information about these requirements can be found on the Office of General Services Website at: <http://ogs.ny.gov/acpl/>

1. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years? (Please check):

No

Yes

If yes, please answer the next questions:

1a. Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please check):

No

Yes

1b. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? (Please circle):

No

Yes

1c. If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

Governmental Entity: [Type text]

Date of Finding of Non-responsibility: [Type text]

Basis of Finding of Non-Responsibility: [Type text]

(Add additional pages as necessary)

2a. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please circle):

No Yes

2b. If yes, please provide details below.

Governmental Entity: [Type text]

Date of Termination or Withholding of Contract: [Type text]

Basis of Termination or Withholding: [Type text]

(Add additional pages as necessary)

Offerer/Bidder certifies that all information provided to the Department of Health with respect to State Finance Law §139-k is complete, true and accurate.

(Officer Signature)

(Date)

(Officer Title)

(Telephone)

(e-mail Address)

ATTACHMENT D

NO-BID FORM

PROCUREMENT TITLE: _____ RFP # _____

Bidders choosing not to bid are requested to complete the portion of the form below:

- We do not provide the requested services. Please remove our firm from your mailing list
- We are unable to bid at this time because:

- Please retain our firm on your mailing list.

(Firm Name)

(Officer Signature) _____
(Date)

(Officer Title) _____
(Telephone)

(e-mail Address)

FAILURE TO RESPOND TO BID INVITATIONS MAY RESULT IN YOUR FIRM BEING REMOVED FROM OUR MAILING LIST FOR THIS SERVICE.

ATTACHMENT E
Vendor Responsibility Attestation

To comply with the Vendor Responsibility Requirements outlined in Section E, Administrative, 8. Vendor Responsibility Questionnaire, I hereby certify:

Choose one:

- An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.

- A hard copy Vendor Responsibility Questionnaire is included with this proposal/bid and is dated within the last six months.

- A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Organization: _____

Date Signed: _____

ATTACHMENT F

NEW YORK STATE DOH MWBE RFP REQUIRED FORMS

All DOH procurements have a section entitled “**MINORITY AND WOMEN OWNED BUSINESS ENTERPRISE REQUIREMENTS.**” This section of procurement sets forth the established DOH goal for that particular procurement and also describes the forms that should be completed with their bid. Below is a summary of the forms used in the DOH MWBE Participation Program by a bidder.

Form #1: Bidder MWBE Utilization Plan - This document should be completed by all bidders responding to RFPs with an MWBE goal greater than zero. The bidder must demonstrate how it plans to meet the stated MWBE goal. In completing this form, the bidder should describe the steps taken to establish communication with MWBE firms and identify current or future relationships with certified MWBE firms. The second page of the form should list the MWBE certified firms that the vendor plans to engage with on the project and the amount that each certified firm is projected to be paid. Plans to work with uncertified firms or women and minority staffed firms do not meet the criteria for participation. The firm must be owned and operated by a Woman and/or Minority and must be certified by NYS Empire State Development to be eligible for participation. If the plan is not submitted or is deemed deficient, the bidder may be sent a notice of deficiency. It is mandatory that all awards with goals have a utilization plan on file.

Form #2: MWBE Utilization Waiver Request - This document should be filled out by the bidder if the utilization plan (Form #1) indicates less than the stated participation goal for the procurement. In this instance, Form #2 must accompany Form #1 with the bid. If Form #2 is provided and goal was initially set higher, revised goal approval will be necessary from DOB. When completing Form #2, it is important that the bidder thoroughly document the steps that were taken to meet the goal and provide evidence in the form of attachments to the document. The list of bidder generated attachments, documenting the bidder’s good-faith efforts, can be found in the “Detailed Instructions for Completing MWBE Forms 1 & 2”, which is found herein. A bidder can also attach additional evidence outside of those referenced attachments. Without evidence of good-faith efforts, in the form of attachments or other documentation, the Department of Health may not approve the waiver and the bidder may be deemed non-responsive.

New MWBE firms are being certified daily and new MWBE firms may now be available to provide products or services that were historically unavailable. If Form #2 is found by DOH to be deficient, the bidder may be sent a deficiency letter which will require a revised form to be returned within 7 business days of receipt to avoid a finding of non-compliance. DOH may work directly with firm to resolve minor deficiencies via e-mail.

Form #3: Replaced by Online Compliance System - <https://ny.newnycontracts.com>

Contractors will need to login and submit payments to MWBE Firms in this online system once payments to these vendors commence.

Form #4 – MWBE Staffing Plan- This form should be completed based on the composition of staff working on the project. Enter the numbers or counts in the corresponding boxes and add up the totals in each column. This form is for diversity research purposes only and has no bearing on MWBE goal achievement.

Form #5 – EEO and MWBE Policy Statement -This is a standard EEO policy that needs to be signed and dated and submitted. If Bidder has their own EEO policy it may be submitted instead of endorsing this document.

- M/WBE Form #1 -
New York State Department of Health
M/WBE UTILIZATION PLAN

Bidder/Contractor Name: <input style="width: 90%;" type="text" value="Click here to enter text."/>	
Vendor ID: <input style="width: 90%;" type="text" value="Click here to enter text."/>	Telephone No. <input style="width: 95%;" type="text" value="Click here to enter text."/> Email: <input style="width: 95%;" type="text" value="Click here to enter text."/>
RFP/Contract Title: <input style="width: 90%;" type="text" value="Click here to enter text."/>	
RFP/Contract No. <input style="width: 95%;" type="text" value="Click here to enter text."/>	

Description of Plan to Meet M/WBE Goals

PROJECTED M/WBE USAGE

	%	Amount
1. Total Dollar Value of Proposal Bid	100	<input style="width: 90%;" type="text" value="Click here to enter text."/>
2. MBE Goal Applied to the Contract	<input style="width: 90%;" type="text" value="Click here to enter text."/>	\$ <input style="width: 90%;" type="text" value="Click here to enter text."/>
3. WBE Goal Applied to the Contract	<input style="width: 90%;" type="text" value="Click here to enter text."/>	\$ <input style="width: 90%;" type="text" value="Click here to enter text."/>
4. M/WBE Combined Totals	<input style="width: 90%;" type="text" value="Click here to enter text."/>	\$ <input style="width: 90%;" type="text" value="Click here to enter text."/>

"Making false representation or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization."

Bidder/Contractor Name: Click here to enter text.	
Vendor ID: Click here to enter text.	Telephone No. Click here to enter text. Email: Click here to enter text.
RFP/Contract Title: Click here to enter text.	RFP/Contract No. Click here to enter text.

Description of Plan to Meet M/WBE Goals

[Click here to enter text.](#)

PROJECTED M/WBE USAGE

	%	Amount
1. Total Dollar Value of Proposal Bid	100	Click here to enter text.
2. MBE Goal Applied to the Contract	Click here to enter text.	\$ Click here to enter text.
3. WBE Goal Applied to the Contract	Click here to enter text.	\$ Click here to enter text.
4. M/WBE Combined Totals	Click here to enter text.	\$ Click here to enter text.

“Making false representation or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization.”

**New York State Department of Health
M/WBE UTILIZATION PLAN**

WOMEN OWNED BUSINESS ENTERPRISE (WBE) INFORMATION

In order to achieve the WBE Goals, bidder expects to subcontract with New York State certified WOMEN-OWNED entities as follows:

WBE Firm (Exactly as Registered)	Description of Work (Products/Services) [WBE]	Projected WBE Dollar Amount
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____

**New York State Department of Health
Waiver Request**

Offeror/Contractor Name: Click here to enter text.		Federal Identification No.: Click here to enter number.	
Address: Click here to enter text.		Solicitation/Contract No.: Click here to enter number.	
City, State, Zip Code: Click here to enter text.		M/WBE Goal: MBE %%% WBE %%% (From Form #1)	
By submitting this form and the required information, the officer or/contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract.			
Contractor is requesting a: <input type="checkbox"/> MBE Waiver – A waiver of the MBE Goal for this procurement is requested. Total Partial <input type="checkbox"/> WBE Waiver – A waiver of the WBE Goal for this procurement is requested. Total Partial <input type="checkbox"/> Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.) Date of such filing with Empire State Development: Click here to enter a date.			
<hr/> PREPARED BY (Signature) _____ Date: _____ SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.			
Name and Title of Preparer (Printed or Typed):		Telephone Number:	Email Address:
Submit with the bid or proposal or if submitting after award submit to: doh.sm.mwbe@health.ny.gov		***** FOR DMWBD USE ONLY *****	
		REVIEWED BY:	DATE:
		Waiver Granted: <input type="checkbox"/> YES <input type="checkbox"/> NO MBE: <input type="checkbox"/> WBE: <input type="checkbox"/> <input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver <input type="checkbox"/> ESD Certification Waiver <input type="checkbox"/> *Conditional <input type="checkbox"/> Notice of Deficiency Issued _____ *Comments:	

**M/WBE Form #4 -
New York State Department of Health
M/WBE STAFFING PLAN**

For project staff, consultants and/or subcontractors working on this grant complete the following plan. This has no impact on MWBE utilization goals, or the submitted Utilization Plan - Form#1. This is for diversity research purposes.

Contractor Name _____

Address _____

—

—

STAFF	Total	Male	Female	Black	Hispanic	Asian/ Pacific Islander	Other
Executive/Senior level Officials							
Managers/Supervisors							
Professionals							
Technicians							
Administrative Support							
Craft/Maintenance Workers							
Laborers and Helpers							
Service Workers							
Totals							

(Name and Title)

(Signature)

Date

**New York State Department of Health
 BIDDER/BIDDER PROPOSED M/WBE UTILIZATION PLAN
 MINORITY OWNED BUSINESS ENTERPRISE (MBE)
 INFORMATION**

In order to achieve the MBE Goals, bidder expects to subcontract with New York State certified MINORITY-OWNED entities as follows:

MBE Firm (Exactly as Registered)	Description of Work (Products/Services) [MBE]	Projected MBE Dollar Amount
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____

**M/WBE Form #5
MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL
EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

M/WBE AND EEO POLICY STATEMENT

I, _____, the (awardee/contractor) _____ agree to adopt the following policies with respect to the project being developed or services rendered at _____

M/WBE This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participations goals set by the State for that area in which the State-funded project is located, by taking the following steps:

- Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
- Request a list of State-certified M/WBEs from AGENCY and solicit bids from them directly.
- Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
- Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
- Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof.
- Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
- Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

EEO (a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.

(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex disability or marital status.

(c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.

(d) Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

(e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

Name & Title

Signature & Date

ATTACHMENT G

Encouraging Use of New York Business in Contract Performance

A. Background

New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the state and the nation. In recognition of their economic activity and leadership in doing business in New York State, bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such partnering may be as sub-bidders, suppliers, protégés or other supporting roles.

Bidders/proposers need to be aware that all authorized users of this contract will be strongly encouraged, to the maximum extent practical and consistent with legal requirements, to use responsible and responsive New York State businesses in purchasing commodities that are of equal quality and functionality and in utilizing service and technology. Furthermore, bidders/proposers are reminded that they must continue to utilize small, minority and women-owned businesses, consistent with current State law.

Utilizing New York State businesses in State contracts will help create more private sector jobs, rebuild New York's infrastructure, and maximize economic activity to the mutual benefit of the bidder and its New York State business partners. New York State businesses will promote the bidder's optimal performance under the contract, thereby fully benefiting the public sector programs that are supported by associated procurements.

Public procurements can drive and improve the State's economic engine through promotion of the use of New York businesses by its bidders. The State therefore expects bidders/proposers to provide maximum assistance to New York businesses in their use of the contract. The potential participation by all kinds of New York businesses will deliver great value to the State and its taxpayers.

II. Required Identifying Information

Bidders/proposers can demonstrate their commitment to the use of New York State businesses by responding to the question below:

ATTACHMENT H

Service/Capacity Issue Codes:
 N = Neonatal Criteria
 M= Maternal Criteria

Perinatal Designation Matrix
 7/6/00

Weighting of Criteria:
 Normal type: Low Weight
 Italics: *Medium Weight*
 Bold Italics: ***High Weight***

NO SINGLE CRITERION ENSURES OR PRECLUDES A SPECIFIC DESIGNATION

Service/ Capacity Issue	Basic Care (Level I)	Specialty Care (Level II)	Subspecialty Care (Level III)	RPC	Source
1. (N) Minimum NICU bed capacity	Does not apply.	<i>Minimum of 10 NICU beds.</i>	<i>Minimum of 15 NICU beds.</i>	<i>Minimum of 25 NICU beds.</i>	Current NYS regs.
2. (N) Minimum NICU volumes	None specified	Greater than 70 NICU discharges per year	Greater than 120 NICU discharges per year	Greater than 200 NICU discharges per year	Data-driven based on 1999 SPARCS data. Reflects practice of hospitals within each level. Includes all but extreme outliers
3. (N) Number of high-risk newborn patient days annually	Does not apply.	No fewer than 1,200 high-risk newborn patient days annually.	No fewer than 2,000 high-risk newborn patient days annually.	No fewer than 4,000 high-risk newborn patient days annually.	Data-driven based on 1999 SPARCS data. Reflects practice of hospitals within each level. Includes all but extreme outliers.
4. (N) Case mix index for high-risk neonatal	Does not apply.	Greater than 1.5000	Greater than 2.0000	Greater than 4.3000	Data-driven based on 1999 CMI data. Reflects practice of hospitals within each level. Includes

Service/ Capacity Issue	Basic Care (Level I)	Specialty Care (Level II)	Subspecialty Care (Level III)	RPC	Source
patients					all but extreme outliers.
5. (N) Chief of Normal Nursery/NICU	None specified.	<i>Full-time board-certified pediatrician with subspecialty certification by the Board of Neonatal-Perinatal Medicine, or equivalent training / experience.</i>	<i>Full-time board-certified pediatrician with subspecialty certification by the Board of Neonatal-Perinatal Medicine.</i>		Current NYS regs.
6. (N) Availability of neonatologists	Not required.	<i>At least one BC/BA neonatologist in-house daytime; nighttime and weekends same or fellow.</i>	One neonatologist for every 6 to 10 patients. <i>Neonatologists with qualifications similar to those of the chief of their service readily available (within 20 minutes and in-house) for consultation 24 hours a day. Personnel in-house qualified to manage obstetric and neonatal emergencies.</i>		Current NYS regs. <u>AAP/ACOG Guidelines for Perinatal Care.</u>
7. (N) Pediatric cardiac surgery	Does not apply.	Does not apply.	Does not apply.	<i>Pediatric cardiac surgery available in less than 4 hours after birth and 365 days/year.</i>	Current NYS regs.
8. (M) Number of high-risk maternal patient days annually	Does not apply.	No fewer than 150 high-risk maternal patient days annually.	No fewer than 250 high-risk maternal patient days annually.	No fewer than 400 high-risk maternal patient days annually.	Data-driven based on 1999 SPARCS data. Reflects practice of hospitals within each level. Includes all but extreme outliers
9. (M)	Does not apply	Greater than 1.05	Greater than 1.10	Greater than 1.15	Data-driven based on 1999 CMI data.

Service/ Capacity Issue	Basic Care (Level I)	Specialty Care (Level II)	Subspecialty Care (Level III)	RPC	Source
Case mix index for high risk maternal patients					Reflects practice of hospitals within each level. Includes all but extreme outliers
10. (M) Chief of Obstetrics	None specified.	Board-certified obstetrician with special interest, experience, and in some situations, certification of special competence in maternal-fetal medicine.	Full-time board-certified obstetrician with interest, experience and special competence in maternal-fetal medicine. Subspecialty maternal-fetal medicine certification recommended.	Must be a full-time board- certified obstetrician with subspecialty certification in maternal-fetal medicine.	<u>AAP/ACOG Guidelines for Perinatal Care.</u>
11. (P) Number of births in the perinatal network	Does not apply.	Does not apply.	Does not apply.	At least 8,000 births.	Current NYS regs.

Service/ Capacity Issue	Basic Care (Level I)	Specialty Care (Level II)	Subspecialty Care (Level III)	RPC	Source
12. (P) Transfers and transport	A basic care hospital may receive back-transfers of high-risk newborns for continuing care after the problems that required neonatal intensive care have resolved.	A specialty care hospital may receive back-transfers of high-risk newborns for continuing care after the problems that required neonatal intensive care have resolved.	A subspecialty care hospital may receive high-risk maternal and newborn transfers from basic or specialty care hospitals or other subspecialty care hospitals.	<p><i>Demonstrates that they are receiving transports from affiliates of mothers/babies needing a higher level of care and that the numbers are appropriate for their service area.</i></p> <p><i>Coordinates, if not performs, all inter-hospital transports for high-risk mothers and newborns among its affiliates. Has the ability to initiate a transport within 30 minutes of receiving a call. Average transport time to each affiliate does not exceed 2 hours.</i></p>	Current NYS regs. DOH.
13. (P) Availability of laboratory facilities	The maternity and newborn service have immediate access to the hospital's laboratory services including a 24-hour capability to provide blood group, Rh type and cross-matching and basic emergency laboratory evaluations. Either ABO Rh-specific or O-Rh-negative blood and fresh frozen plasma available at the facility at all times. Such other procedures required by the maternity and newborn service are performed on a timely basis.				Current NYS regs.
			Micro-techniques available	<i>Micro-techniques available</i>	Work group Perinatal Re-designation.

Service/ Capacity Issue	Basic Care (Level I)	Specialty Care (Level II)	Subspecialty Care (Level III)	RPC	Source
14. (P) Availability and qualifications of other obstetricians and pediatricians	None specified	<i>Care for high-risk pregnant women and neonates provided by appropriately qualified physicians.</i> A general pediatrician can assume the responsibility for acute, though less critical, care of infants.	<i>Other maternal-fetal medicine specialists and neonatologists with qualifications similar to those of the chief of their service. Maternal-fetal medicine specialist and neonatologist readily available for consultation 24 hours a day. Personnel in-house qualified to manage obstetric and neonatal emergencies.</i>		<u>AAP/ACOG Guidelines for Perinatal Care.</u>
15. (P) Availability and qualifications of personnel for perinatal emergencies	<i>The maternity and newborn service shall have available: services for the identification of high-risk mothers and fetuses, anesthesia services available on a 24-hour basis, radiology and ultrasound examination.</i>				Current NYS regs.
	<i>At least one person capable of initiating neonatal resuscitation should be present at every delivery.</i>				
	<i>Personnel with credentials to administer obstetric anesthesia available on a 24-hour basis.</i>	<i>Personnel with credentials to administer obstetric anesthesia readily available.</i>			Additional detail on anesthesia personnel for emergencies comes from <u>AAP/ACOG Guidelines for Perinatal Care.</u>
None specified.	None specified.	<i>Personnel with credentials in administration of neonatal and pediatric anesthesia available as needed.</i>			

Service/ Capacity Issue	Basic Care (Level I)	Specialty Care (Level II)	Subspecialty Care (Level III)	RPC	Source
	<i>Ultrasound machine available to labor and delivery. Radiologist or obstetrician skilled in interpretation of ultrasound scans available within 20 min.</i>	<i>Ultrasound machine available to labor and delivery. Radiologist, or obstetrician skilled in interpretation of ultrasound scans in-house 24 hours a day.</i>	<i>Ultrasound machine available to labor and delivery. Radiologist, obstetrician or maternal-fetal medicine specialist skilled in interpretation of ultrasound scans in-house 24 hours a day.</i>		Current NYS regs (24-hour access is defined by 20-minute availability).
	None specified.	<i>Portable, neonatal-appropriate equipment must be available within 20 minutes as well as appropriately trained personnel to administer needed services.</i>			
	None specified.	None specified.	<i>Obstetric and neonatal diagnostic imaging, provided by radiologists with special interest and competence in maternal and neonatal disease and its complications, available 24 hours a day.</i>		<u>AAP/ACOG Guidelines for Perinatal Care.</u>
	None specified.	None specified.	<i>Radiologist on staff with expertise in pediatric radiology.</i>		
	None specified	<i>Fetal evaluation/ antepartum consultation within 20 minutes.</i>	<i>Fetal evaluation/antepartum unit in-house, staffed by maternal-fetal medicine specialists, obstetricians, registered nurses, available 24 hours a day.</i>		
16. (P) Availability of consultant services	Not specified	<i>Specialized medical and surgical consultation readily available</i>	<i>Adult and pediatric subspecialists in cardiology, neurology, hematology and genetics available for consultation. Consultant services in pediatric nephrology, metabolism, endocrinology, gastroenterology, nutrition, infectious diseases, pulmonology, immunology and pharmacology.</i>		Current NYS regs. <u>AAP/ACOG Guidelines for Perinatal Care.</u>

Service/ Capacity Issue	Basic Care (Level I)	Specialty Care (Level II)	Subspecialty Care (Level III)	RPC	Source
17. (P) Affiliation agreements	Executed and current affiliation agreement(s) with higher level hospital(s) for transfers and consultation, and with a single RPC for quality of care oversight.			Executed and current affiliation agreement with all hospitals in network and with another RPC designated by the Department for its own quality of care oversight.	Current NYS regs.
18. (P) Teaching status	Does not apply.	Does not apply.	<i>Must be a teaching hospital.</i>	<i>Must be a teaching hospital or an academic medical center.</i>	DOH
19. (P) Quality of Care oversight	Does not apply.	Does not apply.	Does not apply.	<i>Comprehensive program of quality improvement activities among affiliate hospitals, including in-service training, review of poor pregnancy outcomes, P&P review, review of pathology related to all deaths and significant surgical specimens, CQI activities, data collection, research, leadership role in the community with regard to improving prenatal care.</i>	Current NYS regs, Work Group on Perinatal Re-designation.
20. (P) Availability of specialty services	Does not apply.	<u><i>Pharmacy Services:</i></u> <i>Specialized pharmaceutical services for newborns including antibiotics, caffeine, theophylline and diurectics.</i>	<u><i>Pharmacy Services:</i></u> <i>Specialized pharmaceutical services for newborns must include antibiotics, caffeine, theophylline, diurectics, amino acid solutions and TPN.</i>		Current NYS regs, <u>AAP/ACOG Guidelines for Perinatal Care</u> , Work Group on Perinatal Re-

Service/ Capacity Issue	Basic Care (Level I)	Specialty Care (Level II)	Subspecialty Care (Level III)	RPC	Source
		<i>Specialized adult and pediatric medical and surgical consultation readily available.</i>			designation.
		<i>Clinical pathologist available 24 hours a day.</i>			
		None specified.	<i>Pathologists with special competence in placental, fetal, and neonatal disease on hospital staff.</i>		
		None specified.	<i>Adult and pediatric surgeons and pediatric surgical subspecialists (e.g. cardiovascular; neurologic; orthopedic, ophthalmologic, urologic, and ENT surgeons) available for consultation and care. General surgeons in-house 24 hours a day, 7 days a week.</i>		
		None specified.	None specified.	<i>Involved in one or more of the following: perinatal research, evaluation of high-risk technologies, provision of highly specialized services, e.g., ECMO, fetal surgery.</i> <i>Agreements with at least one other RPC for clinical services not offered.</i>	
21. (P) Nursing and social work coverage and	<u>Director of Perinatal Nursing:</u> <u>Registered nurse.</u>	<u>Director of Perinatal/</u> <u>Neonatal Nursing:</u> <u>Registered nurse.</u>	<u>Director of Perinatal/ Neonatal Nursing:</u> <u>Nurse with master's-level training in neonatal nursing.</u>		Current NYS regs, <u>AAP/ACOG</u> <u>Guidelines for</u> <u>Perinatal Care</u>

Service/ Capacity Issue	Basic Care (Level I)	Specialty Care (Level II)	Subspecialty Care (Level III)	RPC	Source
qualifications:		<p><u>Other Nursing Staff Requirements:</u> Registered nurse with advanced training and experience in routine and high-risk obstetric care assigned to the labor and delivery area at all times. In the postpartum period, a registered nurse is responsible for providing support for mothers and families with infants who require intensive care and for facilitating visitation and communication with the NICU.</p> <p>Direct patient care provided by a registered nurse who has education or experience in neonatal nursing and experience in the care of ill newborns.</p>			
		<p><u>Social Work Staff:</u> Social work services provided by a social worker with a master's degree in social work, assigned to the department of pediatrics.</p>	<p><u>Social Work Staff:</u> Social work services provided by a social worker with a master's degree in social work, specifically assigned to the neonatal intensive care service.</p>		

ATTACHMENT I

NEW YORK STATE DEPARTMENT OF HEALTH SURVEY FOR RE-DESIGNATION OF PERINATAL SERVICES IN HOSPITALS

7/19/00

Hospital name: _____ PFI #: _____

Contact person(s) for follow-up questions: _____

Name

Title: _____ Telephone number: () _____

Fax # _____ E-mail address (optional): _____

If your facility is:

--an Article 28 hospital CERTIFIED for obstetric services: follow instructions on page 3 for which sections you should complete. Send three complete, signed and dated copies of the entire paper survey, 3 copies of all attachments requested, and the completed survey file in Excel on a computer disk.

--an Article 28 hospital NOT CERTIFIED for obstetric services: only complete the top of this page and the 6 questions immediately below. Send 3 copies of this page of the survey and 3 complete copies of the attachment specified in question 3 in the box below only.

1. Did any deliveries occur in this hospital in 1999? YES NO

If NO, go to #3.

2. If YES, number of deliveries in 1999. Please indicate the number of deliveries at your hospital that fell into each of the following categories:

#

_____ Woman arrived in labor with delivery imminent, too late for transfer

_____ Severe trauma requiring emergency delivery

_____ Other (describe) _____

Please attach the written policies for transfer of a woman who presents in labor in the emergency room.

Name of Chief Executive Officer _____

(Please print)

Signature of CEO _____

Date ____/____/____

Send all materials by 9/29/00 to:

Marilee Grygelko

Bureau of Women's Health NYS Department of Health

Room 1882, Corning Tower Building, ESP Albany, NY 12237

Survey of Article 28 Hospitals Certified for Obstetric Services

BACKGROUND:

This survey was developed with significant input from an outside advisory group - the Work Group on Perinatal Re-designation - composed of obstetricians, neonatologists, midwives, hospital association representatives, representatives from community-based organizations, and hospital administrators. The results of this survey will be used to assign perinatal designations addressing both obstetric and neonatal level of care. Designations will be included on the hospital's operating certificate.

Please note that the *Guidelines for Perinatal Care, Fourth Edition*, published by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists in August, 1997, now uses a functional description of the designation for levels of perinatal care. Appendix 1 describes these new designations and the type of patients who should generally be treated at each level. The functional designations are generally equivalent to the current designations, as listed below:

Basic care Level I
Specialty care Level II
Subspecialty care Level III

Since most states have very few level III subspecialty facilities, the *Guidelines for Perinatal Care* do not describe a separate designation of Regional Perinatal Center. The subspecialty hospitals in those states serve the coordinative functions of the RPCs. For the purposes of perinatal care designation in New York State, a separate RPC level will be maintained.

The three bed types for special neonatal care services in New York State will remain as follows:
continuing care
intermediate care
intensive care.

It is expected that most hospitals with special neonatal care services will have some beds in each of these three categories.

GENERAL ORGANIZATION OF THE SURVEY:

The Department has sent copies of this survey to the Chief Administrator of the hospital, the Chair of Pediatrics, and the Chair of OB/Gyn. The latter was also sent an electronic copy of this survey in Microsoft Excel on a computer diskette.

The entire survey must be completed on the Excel file. By 9/29/00, both the completed diskette as well as 3 printouts of the entire survey, signed in the appropriate places by the individuals indicated, with 3 complete copies of all attachments required (see checklist in Appendix 3) should be returned to:

Marilee Grygelko
Bureau of Women's Health
New York State Department of Health Room 1882, Tower Building, ESP Albany, NY 12237

This survey is organized by sections. You must fill out ALL sections indicated with an X for your hospital's status (without NICU; with NICU or special care nursery; RPC). If your hospital wishes to change its NICU or RPC status, you must complete the sections required of hospitals with the NICU or RPC designation you wish to obtain.

Any section you are not required to complete should be returned in its entirety marked "N/A."

Survey Section	Section Title	HOSPITAL TYPE		
		No NICU	NICU	RPC
A	Obstetric and Maternal-Fetal Services	X	X	X
B	Normal Nursery Services	X	X	X
C	Neonatal Intensive Care Services		X	X
D	Regional Perinatal Center Services			X
E	Transport of Patients Needing Care Elsewhere	X	X	X
F	General Information	X	X	X
G	Estimate of Perinatal (Obstetric and Neonatal) Designation	X	X	X
H	Individual Hospital Data and Information	X	X	X

GENERAL INSTRUCTIONS:

-- This survey is designed in sections that can be separated and given to different people to complete, e.g., section A to the chief of obstetrics and/or maternal-fetal medicine, sections B and C to the chief of newborn and intensive/special neonatal care services, etc. Each survey section has a separate Excel worksheet that corresponds to it, and is labelled appropriately. Please copy the appropriate worksheets on the Excel file if information will be entered in various offices, and then copy the completed surveys onto the appropriate worksheets on a single diskette prior to return. This section is contained in the "Introduction & Instructions" worksheet, and may be copied electronically as well, if desired.

-- Fill in your hospital's name and PFI number at the top of each section in the space indicated.

-- All attachments must also include your hospital's name and PFI number at the top of each page, and must identify the section and question number to which it corresponds.

-- When entering information on the Excel file on the computer diskette: Make entries in at least 10 pt type.

Save your entries frequently to avoid possible loss.

When entering names, dates or other information on Excel files in the beginning of each section, please use *typeover* rather than *insert* mode so the lines are not lengthened outside the print area.

Under no circumstances should the shaded boxes be moved to other lines or positions.

Hard copies must be printed on printers of sufficient quality to ensure legibility.

-- In required sections, make an entry for every item. Enter "0" if zero is appropriate, "N/A" when data or information requested are not applicable, and "N/I" when there is no information. Use "X" for check boxes unless otherwise indicated. In sections that are not required for your facility, mark N/A in the box on the first page of the section, and return the entire section.

-- All information is requested for the full 12-month period of January 1, 1999 through December 31, 1999 (CY 1999), unless otherwise specified.

-- The completed computer disk plus THREE copies of all sections (a signed original printout and 2 photocopies of the signed original printout) and three copies of all required attachments should be sent to the Department as a single package. Retain a legible paper copy as well as a copy of the entire completed file in Excel on a diskette in case questions arise.

EVALUATION -- PERINATAL DESIGNATION

Perinatal levels will be designated based on a constellation of factors, no single one of which will be determinative in and of itself. A grid containing survey evaluation criteria accompanied the cover letter to this survey and should be available from any of the three individuals receiving this survey at your hospital. The majority of the evaluation criteria are based on current regulations and the rest on either the *AAP/ACOG Guidelines for Perinatal Care, 4th Edition*, recommendations from the expert work group, or SPARCS data. The current regulations are available on the internet at:

<http://www.health.state.ny.us/nysdoh/phforum/nycrr10.htm>

Use the search tool on that page to find 405.21 and 708.5(f).

It is expected that a hospital will receive designation at its desired level if it meets survey criteria for a large proportion of the items on the evaluation list. A hospital that falls significantly short of the desired level will be assigned a provisional designation at a lower level, and will be given an opportunity to achieve the desired level by meeting a set of defined contingencies.

Approximately 25 percent of hospitals will receive a site visit from the Department to confirm survey results and aid in making a determination of perinatal level.

A hospital that wishes to contest its perinatal designation should submit a letter to the Department, detailing reasons why a different level should be assigned. The Department will review the case carefully and take appropriate action

DEFINITIONS

To ensure consistent interpretation of and response to the survey, important terms are defined below. The definitions supplied must be applied wherever these terms appear in the survey.

-- Days, nights and weekends: Certain items request the number of FTEs on duty on days, nights and weekends. Please report the number of FTEs typically on duty as of 11:00 a.m. and 1:00 a.m. on Wednesdays and 11:00 a.m. on Saturdays, respectively.

-- Types of corporate mergers or close corporate relationships between Article 28 hospitals (these definitions will be used in Question 45):

Corporate merger: A single, new entity is formed from two or more formerly independent entities. A new operating certificate is generated, reflecting the formal corporate relationship.

"Active parent" relationship: As defined by 405.1(c), two or more participating hospitals delegate at least one of the functions to a separate corporation, e.g., approval of operating and capital budgets or approval of hospital debt and financing.

"Multi-site" hospitals: Two or more general hospitals are operated by a single governing authority or operator and are located in separate premises.

"Passive parent" relationships: Two hospitals reserve their own powers in their own corporation but affiliate through inter-locking boards and for other common purposes such as negotiation with MCOs.

Supply or service affiliation: Two or more hospitals share services such as laundry or group purchasing. THIS TYPE OF AFFILIATION IS NOT ADDRESSED IN THE SURVEY, but is included here for the sake of completeness.

-- Perinatal affiliation: The mutually-agreed upon relationship between a non-Regional Perinatal Center hospital and a Regional Perinatal Center (RPC) for the purposes of: consultation on problematic and/or high-risk deliveries; transfer of high-risk newborns and mothers who need a more intensive level of care; back transfer of newborns who no longer need intensive care; data collection and analysis; quality assurance review; and, continuing professional education. An affiliation agreement must be executed between each non-RPC hospital and an RPC, detailing the conditions of the relationship. It must be reviewed annually by the hospitals for currency and accuracy. Any changes in a hospital's RPC affiliation shall only be made at most once per year. The Department must be notified of all RPC affiliation changes.

-- Perinatal network: For the purposes of this survey, a perinatal network is an RPC and its perinatal affiliates. The perinatal network is not necessarily a legal corporate relationship but a formal affiliation for the purposes of perinatal consultation, transfer, and quality assurance activities.

-- Teaching hospital: A hospital providing accredited post-graduate medical training.

-- Academic medical center: As defined by Section 86-1.54, one of 12 hospitals in NYS that are directly affiliated with a medical school and providing accredited medical training.

- Quality of care reviewer: An RPC that conducts quality assurance review for its perinatal affiliate hospitals, including review of: internal quality assurance programs, policies and procedures, care provided by medical staff associated with the hospital's perinatal service, appropriateness and timeliness of maternal and newborn referrals and transfers, and all maternal and newborn sentinel events.

APPENDICES

The following have been provided to assist hospitals in completing the survey:

-- Appendix 1: AAP/ACOG Guidelines for Perinatal Care, 4th edition, functional descriptions of designations.

-- Appendix 2: Checklist of attachments.

-- Appendix 3: Listing of NYS hospital Permanent Facility Identifier (PFI) numbers. PFI numbers are requested for EVERY hospital name entered on the survey

-- Appendix 4: Listing of your individual hospital's data and information. These data will be used in completing Section H of the survey. THERE IS NO APPENDIX 4 COMPUTER FILE ON THE DISK THAT YOUR HOSPITAL RECEIVED TO COMPLETE THIS SURVEY. If you have questions or comments, contact Marilee Grygelko at 518-474-1911.

-- Appendix 5: Information on DOH's Freedom of Information Law (FOIL) policy.

Is there a separate fetal evaluation/antepartum unit? YES NO

If no, go to Q 11.

If YES, how is the fetal evaluation unit staffed?

Maternal-fetal medicine physicians	
Obstetricians	
Registered nurses	
Lab or Other Technicians	
Radiologists	
Other (specify)____	
# of FTEs	

Availability of attending-level consultations. Please fill in all cells using a response of 1, 2, 3, 4, or 5 as defined below.

(Note: Fellows are excluded from the definition of attending-level.)

Not all personnel are required in all time periods.

Specialty	(1)	(2)	(3)
	Days	Nights	Wknds
a. Cardiology			
b. Cardiovascular surgery			
c. Ear, nose, & throat surgery			
d. Endocrinology			
e. Gastroenterology-Nutrition			
f. General surgery			
g. Hematology			
h. Immunology			
i. Infectious diseases			
j. Neonatal/perinatal medicine			
k. Neurology			
l. Neurosurgery			
m. Orthopedic surgery			
n. Ophthalmologic surgery			
o. Pathology			
p. Pharmacology			
q. Plastic surgery			
r. Psychiatry			
s. Pulmonary medicine			
t. Renal medicine			
u. Urology			
v. Other (please specify)			

- 1 = Available in- house
- 2 = Available within 20 min.
- 3 = Available within 2 hrs
- 4 = Available via telemedicine (real-time video link)
- 5 = Not available

Is there 24-hour coverage for newborn resuscitation and stabilization in the labor and delivery area? If YES, go to question 14. YES NO

If NO, is there 24-hour coverage for newborn resuscitation and stabilization available elsewhere *in-house*? YES NO

Is newborn resuscitation and stabilization always available within 20 minutes? YES NO

Section B -- Normal Nursery Services

Hospital Name: _____

PFI #

For the following questions, please provide all information as of 12/31/99, unless otherwise specified. This section should be completed by the chief of the nursery/ intensive care/special care service, signed (on the hard copy only) and dated below.

Name and title of the physician responsible for implementing and reviewing policy for nursery: _____

Name Title

Signature of chief of service (hard copy) Date: _____

Contact Person if questions arise _____ Telephone # _____

Time committed by the chief of service: Full time Part time

Board certification status of chief of service: Enter code for 2a & 2b; 2c only if applicable. (1=Board Certified, 2=Board Eligible/Admissible, 3=Neither)

Pediatrics

Neonatal or Perinatal Medicine

Other (specify) _____

Number of bassinets in the nursery and as part of any birthing and/or postpartum rooms at your hospital (include LDRP rooms and normal nursery, including isolation and observation areas.)

#

Total # of bassinets

--

Number of full-time equivalent (FTE) nursery staff. (Note: refers to nursing staffing and other titles in the normal newborn nursery. It is not expected that all hospitals will have entries in all of the categories.) If staff are cross-trained, count percentage FTE spent in normal nursery.

- Supervisor responsible for newborn nursery
- Director of maternal and child services
- Assistant director of maternal & child services
- Nurse managers
- Charge nurse
- Physician assistants*
- Licensed midwives*/Nurse practitioners*
- Nurse clinicians/Registered nurses
- LPNs
- Certified lactation consultants
- Others, e.g., patient care associates & aides
- # FTEs

*Include only midwives, PAs and NPs working as newborn service staff, not office-based midwives, PAs and NPs with admitting privileges.

Who provides immediate response (within 5 minutes) to medical emergencies in the normal newborn nursery? Check all that apply. Each person must be represented in ONLY one category.

	Days	Nights	Wknds	See instructions for definitions of "Days," "Nights" and "Wknds."
Registered nurses/NP/PA/midwives				
In-house neonatologists/pediatricians				
Fellows				
Pediatric residents				
Other employed staff physicians				
Other (specify)____				

Do you provide any ventilation services (e.g., mechanical ventilation, CPAP, oxygen) to newborns in the normal nursery? YES NO
 If no, skip to next appropriate section.

If YES, indicate types provided and maximum duration of each in hours:

Provided <u>Type of ventilation</u>	Maximum		duration in hours
	Yes	No	
Mechanical ventilation			
CPAP			
Supplemental oxygen			
Other_			

Section C -- Neonatal Intensive Care Services

If this section is not applicable to your hospital, place an "X" in this box:
 Hospital Name:____PFI# N/A

This section should be completed only by hospitals with an intensive neonatal special care nursery. For the following questions, please provide all information as of the last day of CY 1999, unless otherwise specified. This section should be completed by the chief of the neonatal service and signed (on the hard copy only) and dated below.

Name and title of the chief of neonatology responsible for implementing and reviewing policy:_
 Name Title

Signature of chief of service (hard copy only)____ Date:_____

Time committed by the chief of service: Full time Part time

Board certification status of the chief of service: Enter code for 2a & 2b; 2c only if applicable. (Codes: 1=Board Certified, 2=Board Eligible/Admissible, 3=Neither)

Pediatrics	
Neonatal or Perinatal Medicine	
Other (specify)____	

Number of certified high-risk neonatal beds as of 12/31/99:

<u>Type of bed</u> #	
Neonatal continuing care beds	
Neonatal intermediate care beds	
Neonatal intensive care beds	
Other beds, e.g., isolation, etc.	
Total (a+b+c+d)	

Does your institution sponsor any of the following training programs?

If YES, # of trainees

	YES	NO	in program
Pediatrics residency			
Neonatology fellowship			

Availability of NICU staff in-house and around-the-clock:
Use boxes below to indicate # of full-minutes

Availability of attending, in-house consultations:
Use codes indicated below to describe the availability in each timeframe.

NOTE: If any staff in a given specialty are pediatric subspecialists ON STAFF in your facility, place an "X" in column 4, labelled "Ped."

ALSO NOTE: This question is not meant to imply required availability of all specialties at all times.

	Days	Nights	Wknds
Anesthesiology			
Cardiology			
Cardiovascular surgery			
Ear, nose, & throat surgery			
Endocrinology			
Gastroenterology-Nutrition			
General surgery			
Genetics			
Hematology			
Immunology			
Infectious diseases			
Neurology			
Neurosurgery			
Orthopedic surgery			
Ophthalmologic surgery			
Pathology			
Pharmacology			
Plastic surgery			
Pulmonary medicine			
Radiology - Nuclear medicine			
Renal medicine			
Urology			
Other (please specify)___			

1=Available in-house 2=Available within 20 min.
3=Available within 2 hrs
4=Available via telemedicine
(real-time video link) 5=Not available

What types of pediatric surgical services are performed at your hospital?

Place an "X" in appropriate boxes: Provided?

YES NO

General pediatric surgery		
Pediatric neurosurgery		
Pediatric cardiothoracic surgery		
Pediatric urologic surgery		
Pediatric orthopedic surgery		
Pediatric ENT surgery		

Does your hospital perform cryo or laser surgery for retinopathy of prematurity?

YES NO

Does your hospital have written agreements for transfer of high-risk newborns who need a level of care not available at your hospital and/or back-transfer of infants no longer needing your level of care? YES NO

If NO, please explain below.

Does your facility move babies to other hospitals for the following specific services?

YES NO N/A (available on-site)

ECMO			
Open heart surgery			
Neurosurgery			

Does your hospital have a bioethical review committee for the review of perinatal situations? YES NO

Does your hospital have the ability to do blood testing on newborns using small amounts of blood (microtechniques)? YES NO

Does your hospital provide the following specialized pharmaceutical services for newborns? Respond with either a Yes or No to each item.

YES NO

Antibiotics		
Caffeine		
Theophylline		
Diurectics		
Amino acid solutions		
TPN		

Does your hospital have the following radiological equipment available for newborns?

Portable X-ray equipment; X-ray plates appropriately sized for newborns

YES NO

Portable sonography		
Portable echocardiography		

Section D -- Regional Perinatal Centers

If this section is not applicable to your hospital, place an "X" in this box:

Hospital Name: _____
PFI#

This section should be completed only by designated regional perinatal centers or sub-specialty (Level III) hospitals that wish to be RPCs. (Only teaching hospitals and academic medical centers may apply for and retain designation as an RPC.) This section should be completed by the chiefs of the neonatal and obstetric services, and signed and dated by both (on hard copy only) after completion.

Obstetric Service

Name and title of the chief of OB service: _____
Name Title

Signature of chief of OB service _____

Date: _

Neonatal Service

Name and title of the chief of service: _____
Name Title

Signature of chief of service _____

Date:
hard copy only)

Contact person if questions arise: _

Telephone #_

The review of the RPC section will *not* be competitive. Any hospital that meets the criteria for becoming an RPC will be granted RPC status. Funds for quality assurance and data functions will be distributed to RPCs after the designation process is completed. Hospitals that have merged corporately should decide whether they want to function as a single RPC or as separate RPCs, and complete this section accordingly.

Note the current/proposed availability of services/QI activities below. For any service not currently offered, but proposed, a further written explanation is necessary, with timeframes and other details; mail a hardcopy explanation (2 pages maximum) as part of your total submission.

SERVICES/AFFILIATIONS: Does your hospital...

Have an active pediatric open heart surgery service?
(If no, provide narrative in attachment describing how you ensure timely access to this service for your patients.)

Have certification for at least one other pediatric surgical sub-specialty?

Have a defined perinatal network of affiliated hospitals?

Does your hospital...

Have 25 or more certified in-house NICU beds at this time?

Have ability to be en-route for a transport within 30 minutes of call?

Provide 24-hr. consultation in perinatology & neonatology?

Have executed & updated affiliation agreements with network hospitals?

Provide pediatric echocardiography?

Have a certified cardiac catheterization lab?

Offer fetal surgery?

Participate in evaluation of highly specialized technologies?

Conduct perinatal research?

t. Have affiliation agreements with at least one other RPC for services your hospital does not offer?

PERINATAL QUALITY IMPROVEMENT ACTIVITIES: Does your hospital conduct...

Routine morbidity & mortality conferences with affiliate hospitals?

Routine review of all poor pregnancy outcomes with affiliate hospitals?

Routine review of pathology related to all deaths & significant surgical specimens from affiliate hospitals?

Review of affiliates' procedures & policies?

Perinatal education for professionals at affiliate hospitals?

Please describe your hospital's qualifications for Regional Perinatal Center status.

Address the following factors in an attachment limited to 3 pages, single-spaced, in 10 pt. or larger type font, single side of the paper, with 1 inch margins.

- quality improvement activities among affiliate hospitals
- leadership role exercised in hospital community
- in-service training available to staff and affiliates
- expertise of staff and experience in working with high-risk mothers and infants
- pediatric surgical subspecialties
- outreach and education experience in the community

40. Live births in CY 1999:

(1)

**Total #
live births**

(2)

**# of babies admitted to
intensive care units**

Born at your hospital:

Born at your in-state perinatal affiliates:

Total (a+b)

41. Indicate the distribution of newborn admissions in CY 1999 at your hospital:

	Total newborn admissions	NICU admissions
a. In-borns remaining in your hospital	<input type="text"/>	<input type="text"/>
b. Not born in your hospital but transferred in	<input type="text"/>	<input type="text"/>
c. Transported out of your hospital	<input type="text"/>	<input type="text"/>

List your current in-state affiliates and indicate the average surface travel time for perinatal transports from each to your hospital. If additional lines needed, include as attachment.

Average travel		PFI #	time in minutes
Affiliate			
a.	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.	<input type="text"/>	<input type="text"/>	<input type="text"/>
c.	<input type="text"/>	<input type="text"/>	<input type="text"/>
d.	<input type="text"/>	<input type="text"/>	<input type="text"/>
e.	<input type="text"/>	<input type="text"/>	<input type="text"/>
f.	<input type="text"/>	<input type="text"/>	<input type="text"/>
g.	<input type="text"/>	<input type="text"/>	<input type="text"/>
h.	<input type="text"/>	<input type="text"/>	<input type="text"/>
i.	<input type="text"/>	<input type="text"/>	<input type="text"/>
j.	<input type="text"/>	<input type="text"/>	<input type="text"/>
k.	<input type="text"/>	<input type="text"/>	<input type="text"/>
l.	<input type="text"/>	<input type="text"/>	<input type="text"/>
m.	<input type="text"/>	<input type="text"/>	<input type="text"/>
n.	<input type="text"/>	<input type="text"/>	<input type="text"/>
o.	<input type="text"/>	<input type="text"/>	<input type="text"/>
p.	<input type="text"/>	<input type="text"/>	<input type="text"/>
q.	<input type="text"/>	<input type="text"/>	<input type="text"/>
r.	<input type="text"/>	<input type="text"/>	<input type="text"/>
s.	<input type="text"/>	<input type="text"/>	<input type="text"/>
t.	<input type="text"/>	<input type="text"/>	<input type="text"/>

42a. If you are expecting additional in-state affiliates in the near future, please list the average surface travel time for perinatal transports from each of these proposed in-state affiliates to your hospital. If additional lines needed, include as attachment.

Average travel		PFI #	time in minutes
Affiliate			
a.	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.	<input type="text"/>	<input type="text"/>	<input type="text"/>
c.	<input type="text"/>	<input type="text"/>	<input type="text"/>
d.	<input type="text"/>	<input type="text"/>	<input type="text"/>
e.	<input type="text"/>	<input type="text"/>	<input type="text"/>
f.	<input type="text"/>	<input type="text"/>	<input type="text"/>
g.	<input type="text"/>	<input type="text"/>	<input type="text"/>
h.	<input type="text"/>	<input type="text"/>	<input type="text"/>
i.	<input type="text"/>	<input type="text"/>	<input type="text"/>
j.	<input type="text"/>	<input type="text"/>	<input type="text"/>
k.	<input type="text"/>	<input type="text"/>	<input type="text"/>
l.	<input type="text"/>	<input type="text"/>	<input type="text"/>
m.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section E -- Transport of Patients Needing Care Elsewhere

Hospital Name: _____

PFI # _____

For the following questions, please provide all information as of the last day of CY 1999. This section should be completed by the director of the hospital's high-risk maternal and newborn transport unit or the chief of the obstetric service or the chief of the pediatric service, as appropriate, and signed (on the hard copy of the survey) and dated below:

Name and title of the respondent: _____

Name Title

Signature: _____ Date: _____ (on hard copy only)

Contact person (if questions arise): _____

Telephone #: _____

Number of transports completed by your transport service and/or other transport services in CY1999:

FROM YOUR HOSPITAL: (1) (2) (3)

Surface Air

Maternal:

Maternal/fetal

Maternal postpartum

transports	transports	TOTAL
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Newborn:

For surgery

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

For non-surgical intensive care service not available at your hosp.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Back transfer of babies who no longer need the level of care your hospital provides

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Back transfer of babies for chronic care

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL:

TO YOUR HOSPITAL:

Maternal:

Maternal/fetal

Maternal postpartum

Surface	Air	TOTAL
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Newborn:

j. Newborn for surgery

Surface	Air	TOTAL
<input type="text"/>	<input type="text"/>	<input type="text"/>

k. For non-surgical intensive care available at your hospital

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

l. Back transfer for community care of babies who no longer need a higher level of care

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

m. Back transfer for chronic care

n. TOTAL:

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Section F -- General Information

Hospital Name: _____ PFI#

For the following questions, please provide all information as of the last day of CY 1999. This section should be completed by the hospital's chief executive officer (or representative). The CEO should sign a hard copy after review of the completed survey.

Name and title of CEO: __

Name Title

Signature: _____ Date: __ (On hard copy only)

Name of contact person if questions arise: _____ Telephone #: _____

Has your hospital either merged with another hospital, joined another hospital's network, or developed inter-locking corporate affiliations with another hospital? YES NO

If no, go to Q 46.

If YES, list hospitals with which your institution is affiliated in one of these ways and indicate its PFI # and the date (MM/DD/YY) of execution of the agreement, as well as the code for the type of affiliation (see codes below for type of affiliation).

Date of Type of

	Hospital Name	PFI #	Execution	Affiliation
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				
i.				
j.				
k.				
l.				
m.				
n.				
o.				
p.				
q.				
r.				

Codes for type of affiliation:

1= Corporate merger 3= Multi-site hospitals

2= Active parent relationship 4= Passive parent relationships

See full definitions in Introduction and Instructions Section, under "Definitions"

Section G -- Estimate of Perinatal (Obstetric and Neonatal) Designation

Hospital Name: _____ PFI#

This section should be completed by the hospital's chief executive officer or his/her representative. The CEO should sign a hard copy after review of the completed survey.

Name and title of CEO: __
 Name Title

Signature: _____ Date:_(On the hard copy only)

Name of contact person if questions arise: _____

Telephone #: _____

What is the current designated level of newborn services at your hospital?

1	2	3	RPC	Don't Know

What is the current estimated level of obstetric services at your hospital?
 (See Appendix 1 for level descriptions.)

1	2	3	RPC	Don't Know

At which level would you like to be designated for perinatal (combined obstetric and newborn) care?

Basic care (Level 1)
 Specialty care (Level 2)
 Subspecialty care (Level 3)
 Regional Perinatal Center

This question requests information on your current quality of care reviewer, and any changes you anticipate making following this redesignation process.

NOTE: If you are currently an RPC, write "None" under 4a and skip 4b, since one will be assigned to you.

Any *non-RPC hospital* that does not currently have an RPC designated for quality of care reviews should also write "None" in 49a but *should* fill out 49b.

ALL HOSPITALS:

Current Quality of Care Reviewer PFI #

Current RPCs: Skip to Q50.

ALL HOSPITALS EXCEPT CURRENT RPCS:

Anticipated Quality of Care Reviewer PFI #

This is an indicator only. It is NOT binding.

If you would like to be designated at a level other than your current one, please attach an explanation for your request (two-page maximum, single-spaced, 10 pt. font or larger). Include actual changes and changes expected within the next 12 months in your catchment area, staff and facilities, such as:

- number of admissions
- case mix
- number of women of child-bearing age (15-45) in your catchment area
- upgraded technology, such as different ventilation methods
- new capacity built or under construction with expected completion within 12 mos.
- staffing (including obstetricians & neonatal physicians, midwives, nurse practitioners, & RNs)
- any other factors

Provide birthweight data for neonates born at your hospital in 1998 and 1999 and information on level of risk of women at delivery:

Birthweight:	1998	1999
749 grams or less		
750 - 999 grams		
1000-1499 grams		
1500 - 2499 grams		
2500 - 3499 grams		
3500 grams or more		
Total newborns:		
normal maternal		
high-risk maternal		
Total mothers:		

Section H -- Individual Hospital Data and Information

Hospital Name: _____ PFI#

Name of contact person if questions arise: _____

Telephone #: _____

Estimated high-risk neonatal and maternal case mix indices: The Department will use an algorithm to calculate your hospital's estimated case mix index (CMI) for high-risk newborns.

The high-risk infant CMI algorithm is generally based on the concept that certain categories of newborns require NICU care, such as those:

- weighing less than 1,500 grams; and/or,**
- with major problems/surgical procedures; and/or**
- those who were transferred**

The algorithm was developed using the actual experience of several NICUs and their patients. The DRGs used to calculate a hospital's high-risk newborn case mix index (CMI) are:

602-619

622-624

626-627

633-634

637-641

The CMI is a weighted average of the service intensity of all high risk newborns. It is calculated as follows: the number of discharges in each DRG is multiplied by the service intensity weight of the DRG; the products are then totaled and the total is divided by the total number of discharges in all of these DRGs. The result is the CMI for the high-risk newborns at a specific hospital. The CMI is a measure of the complexity of the newborns treated at a specific hospital.

A similar calculation will be done for high-risk mothers using DRGs 650-652. To ensure that the Department has the most correct version of your 1999 data, please verify the data attached in Appendix 4 derived from SPARCS data for newborn and obstetric discharges at your hospital. Included are the total number of days for each NYS-specific DRG. Pay particular attention to the high-risk newborn and high-risk maternal DRGs noted above. Also check for obvious data issues such as impossibly low lengths of stay for the highest-risk newborns in DRGs 602-619, 622-624, 626-627, 633-634, and 637-641.

Are the attached 1999 SPARCS data (Appendix 4) correct? Yes No

If there are discrepancies in your SPARCS data for 1999, please note correct figures in the appropriate DRGs below.

<u>DRGs</u>	<u>Neonatal DRGs: Description</u>	# Discharges	Total # Days	Average LOS
a. 602	BW <750g, discharged alive			
b. 603	BW <750g, died			
c. 604	BW 750-999g, discharged alive			
d. 605	BW 750-999g, died			
e. 606	BW 1000-1499g w/ sig. OR proc., disch. alive			
f. 607	BW 1000-1499g w/o sig. OR proc., disch. alive			
g. 608	BW 1000-1499g, died			
h. 609	BW 1500-1999g w/ sig. OR proc, w/ mult maj prob			
i. 610	BW 1500-1999g w/ sig. OR proc, w/o mult maj prob			
j. 611	BW 1500-1999g w/o sig. OR proc, w/ mult maj prob			
k. 612	BW 1500-1999g w/o sig. OR proc, w/ major prob			
l. 613	BW 1500-1999g w/o sig. OR proc, w/ minor prob			
m. 614	BW 1500-1999g w/o sig. OR proc, w/ other prob			
n. 615	BW 2000-2499g w/ sig OR proc, w/ mult maj prob			
o. 616	BW 2000-2499g w/ sig OR proc, w/o mult maj prob			
p. 617	BW 2000-2499g w/o sig OR proc, w/ mult maj prob			
q. 618	BW 2000-2499g w/o sig OR proc, w/ major prob			
r. 619	BW 2000-2499g w/o sig OR proc, w/ minor prob			
s. 620	BW 2000-2499g w/o sig OR proc, w/ norm nb diag			
t. 621	BW 2000-2499g w/o sig OR proc, w/ other prob			
u. 622	BW >2499g w/ sig OR proc, w/ mult maj prob			
v. 623	BW >2499g w/ sig OR proc, w/o mult maj prob			
w. 624	BW >2499g w/ minor abdom proc			
x. 626	BW >2499g w/o sig OR proc, w/ mult maj prob			
y. 627	BW >2499g w/o sig OR proc, w/ maj prob			
z. 628	BW >2499g w/o sig OR proc, w/ min prob			
aa. 629	BW >2499g w/o sig OR proc, w/ norm nb diag			
bb. 630	BW >2499g w/o sig OR proc, w/ other prob			
cc. 631	BPD & other chron resp diseas arising perinatal per			
dd. 633	Mult, other & unspec congenital anomalies w/ cc			
ee. 634	Mult, other & unspec congenital anomalies w/o cc			
ff. 635	Neonatal aftercare for weight gain			
gg. 636	Infant aftercare for weight gain, age>28d & <1yr			
hh. 637	Died w/in 1 day of birth, born here			
ii. 638	Died w/in 1 day of birth, not born here			
jj. 639	Transferred <5 days of birth, born here			
kk. 640	Transferred <5 days of birth, not born here			
ll. 641	Extracorporeal membrane oxygenation, BW>2499g			

#	Total #	Average	# Discharges	Days	LOS mm.	650	High risk c-
<u>Maternal DRGs: Description</u>							
section w/ cc							
nn. 651		High risk c-section w/o cc					
oo. 652		High risk vag del w/ steril &/or D&C					

Attached in Appendix 4 are the numbers of beds that we show as your certified capacity. Are the numbers correct? Yes No

If certified bed capacity in Appendix 4 is incorrect, enter the correct numbers below:

Currently

Type

operating

In pipeline

Obstetric

Neonatal continuing care

Neonatal intermediate care

Neonatal intensive care

If Yes, stop here.

ATTACHMENT J
Program Compliance Monitoring Review Tools - SBHC and SBHC-Dental

Facility Name: _____ Surveyor I.D.: _____
 Date of Review: _____

Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure Interview	Other doc.	Criteria	Finding and Corrective Action
	CLINIC ENVIRONMENT					CLINIC ENVIRONMENT	CLINIC ENVIRONMENT
SBHC Principles and Guidelines (P&G)	The SBHC is accessible to all students enrolled in the school.		X			The SBHC site is clearly identifiable within the school, the school's security measures do not restrict access and clinic hours of operation are clearly posted.	<p>The SBHC site is not accessible per the criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clearly identifiable <input type="checkbox"/> Security measures <input type="checkbox"/> Clinic hours posted <p>The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.</p>

Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria	Finding and Corrective Action
SBHC P&G	The SBHC space is adequate to accommodate staff, afford both verbal and physical privacy and allow for ease in performing the necessary clinical, laboratory and clerical activities.		X				<p>Clinic space, at a minimum, includes:</p> <ul style="list-style-type: none"> • a minimum of one exam room per full-time provider • counseling/private room • laboratory area • designated waiting area • clerical area • supervised infirmary area • a sink, either in exam room or within reasonable access • an accessible toilet facility • designated clean and soiled space • secure storage space • private phone/fax line that affords confidentiality and access to back-up and community providers. 	<p>The clinic space does not have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> one exam room/full-time provider <input type="checkbox"/> counseling/private room <input type="checkbox"/> laboratory area <input type="checkbox"/> waiting area <input type="checkbox"/> clerical area <input type="checkbox"/> supervised infirmary area <input type="checkbox"/> sink in exam room or nearby <input type="checkbox"/> accessible toilet <input type="checkbox"/> clean and soiled space <input type="checkbox"/> secure storage area <input type="checkbox"/> private phone/fax line <p>The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.</p>
SBHC P&G	The SBHC provides access to primary and preventive care, acute or fist contact care, chronic care, and referral as needed.		X		X	X	<p>The daily appointment schedule accommodates the following types of visits:</p> <ul style="list-style-type: none"> • comprehensive physical exams • well child/guidance • acute care based on triage • chronic disease management/medications • urgent • emergent • walk-ins • referrals • follow-up care 	<p>The daily appointment schedule does not accommodate:</p> <ul style="list-style-type: none"> <input type="checkbox"/> comprehensive physical exams <input type="checkbox"/> well child/guidance <input type="checkbox"/> acute care based on triage <input type="checkbox"/> chronic disease management <input type="checkbox"/> urgent <input type="checkbox"/> emergent <input type="checkbox"/> walk-ins <input type="checkbox"/> referrals <input type="checkbox"/> follow-up care <p>The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.</p>

Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure Interview	Other doc.	Criteria	Finding and Corrective Action	
	CLINIC ADMINISTRATION					CLINIC ADMINISTRATION	CLINIC ADMINISTRATION	
	Personnel					Personnel	Personnel	
SBHC P&G	The SBHC has the appropriate staff to ensure a full time health presence.				X	X	A physician, nurse practitioner, physician assistant, OR medical/health assistant is present during all normal school hours. (Where there is an agreement between the school and the SBHC for school nurse coverage of the SBHC, the presence of the school nurse meets this criterion.)	A physician, nurse practitioner, physician assistant OR a medical/health assistant is not present in the SBHC during all normal school hours. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC has a multi-disciplinary team to provide core services.				X	X	At a minimum, the SBHC has a multi-disciplinary team consisting of a nurse practitioner, physician assistant, collaborating/supervising physician, and medical/health assistant.	The multi-disciplinary teams does not include: <input type="checkbox"/> nurse practitioner <input type="checkbox"/> physician assistant <input type="checkbox"/> collaborating/supervising physician <input type="checkbox"/> medical/health assistant The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The collaborating/supervising physician has the appropriate credentials.				X	X	Collaborating/Supervising physician is a MD or DO with current NYS registration and board certified or board eligible in family practice or pediatrics.	Documentation did not demonstrate that the collaborating/supervising physician is a MD or DO with current NYS registration and is board certified or board eligible in family practice or pediatrics. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G NYS	The collaborating/supervising				X	X	The collaborating/supervising physician: <ul style="list-style-type: none">• Provides on-going medical	Documentation did not demonstrate that the collaborating/supervising physician: <input type="checkbox"/> Provides on-going medical

Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria	Finding and Corrective Action
Education Law, Article 139, Section 6902.3 © and (e) NYS Education Law, Article 131-B, Sections 6542.3 and 6542.4	physician provides appropriate supervision.						consultation for the NP in accordance with cited NYS Education Law. <ul style="list-style-type: none"> • Provides supervision for the PA in accordance with cited NYS Education Law. • Is accessible to the NP/PA at all times via telephone. • Provides a minimum of 6 hours/month face-to-face consultation/collaboration with each NP/PA on-site at least once every two weeks. • Conducts chart reviews at each site at least once every 3 months. 	consultation for the NP <ul style="list-style-type: none"> <input type="checkbox"/> Provides supervision for the PA <input type="checkbox"/> Is accessible to the NP/PA at all times via telephone <input type="checkbox"/> Provides a minimum of 6 hours/month face-to-face consultation with each NP/PA on-site at least once every two weeks <input type="checkbox"/> Conducts chart reviews at each site at least once every 3 months The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	Core SBHC staff received required training.				X	X	All core staff are trained in the following: <ul style="list-style-type: none"> • child abuse mandated reporter requirements (Section 413 of the NYS Social Services Law) • infection control • emergency care (including general first aid, basic life support, use of AED equipment). Training conforms to Community First Aid and Safety or First Aid/CPR/AED programs offered by the American Red Cross or their equivalent. 	Documentation did not demonstrate that core staff are trained in: <ul style="list-style-type: none"> <input type="checkbox"/> child abuse mandated reporter requirements <input type="checkbox"/> infection control <input type="checkbox"/> emergency care The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
	The SBHC has current protocols						The NP and PA operate under	Documentation did not demonstrate that the NP and PA are operating

Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria	Finding and Corrective Action
SBHC P&G	regarding the activities to be conducted by the Nurse Practitioner and Physician Assistant.				X	X	current protocols signed by the collaborating/supervising physician.	under current protocols signed by the collaborating/supervising physician. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	If the SBHC provides on-site mental health services, the mental health staff have the appropriate credentials.				X	X	The mental health provider has pediatric/adolescent expertise and is licensed in NYS as one of the following: Masters Social Worker; Clinical Social Worker; Psychiatric Nurse Practitioner; Mental Health Counselor; Marriage and Family Therapist; Psychologist; Psychiatrist; or nationally certified Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing with a current NYS RN license. The Mental Health Services Coordinator of Consultation/Collaboration is a Licensed Clinical Social Worker, a Psychiatric NP, a licensed Psychologist or a Psychiatrist with pediatric/adolescent expertise.	Documentation did not demonstrate that the mental health provider has the required credentials. Documentation did not demonstrate that the Mental Health Services Coordinator of Consultation/Collaboration has the required credentials. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The Mental Health Services Coordinator provides the appropriate supervision.				X	X	The Mental Health Services Coordinator provides face-to-face clinical consultation with the Mental Health Provider a minimum of four hours per month and no less frequently than every two weeks.	Documentation did not demonstrate that the Mental Health Services Coordinator provides face-to-face clinical consultation with the mental health provider a minimum of four hours per month and no less frequently than every two weeks. The provider must submit a CAP which addresses the finding and ensures

Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria	Finding and Corrective Action
								compliance with DOH guidelines.
	Enrollment/Consent						Enrollment/Consent	Enrollment/Consent
SBHC P&G	The SBHC collaborates with the school to inform students and families about SBHC services.				X	X	Written information about SBHC services and how to access 24-hour/7-day coverage when the school is closed is made available to students and parents/guardians.	Documentation did not demonstrate that written information about SBHC services and how to access services when the school is closed is provided to students and parents/guardians. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC obtains appropriate consent documentation.	X					Informed written consent for the student to enroll in the SBHC is obtained from the parent/legal guardian. If the student is 18 years of age or older, or is otherwise qualified to give consent under Section 2504 of the NYS Public Health Law and is competent to give consent, such consent is obtained from the student.	Documentation did not demonstrate that informed written consent is obtained for students enrolled in the SBHC. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC obtains appropriate release to obtain medical records.	X					A signed release for medical records to and from students' other providers is obtained.	Documentation did not demonstrate that a signed release for medical records to and from students' other providers is obtained. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC communicates with outside primary care provider.	X					The SBHC communicates in writing with the student's designated primary care provider (if an outside entity) to notify the provider about the student's enrollment and to request appropriate health	Documentation did not demonstrate that the SBHC notifies the students' designated outside primary care providers about students' enrollment and requests health information about students.

Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure Interview	Other doc.	Criteria	Finding and Corrective Action
						information about the student.	The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC Contract Work Plan	SBHC conducts activities to maximize enrollment.					X At least 75% of school's students are enrolled in the SBHC.	Documentation did not demonstrate that at least 75% of the school's students are enrolled in the SBHC. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
	Policies and Procedures					Policies and Procedures	Policies and Procedures
SBHC P&G	The SBHC maintains a policies and procedures manual.					X A manual of all policies and procedures concerning the operation of the SBHC is maintained at each SBHC site and at the sponsoring facility.	A Policies & Procedures Manual was not maintained at the SBHC and sponsoring facility. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC regularly reviews and updates the policies and procedures.					X Policies and Procedures are reviewed and updated (if needed) on an annual basis.	Documentation did not demonstrate that policies & procedures are reviewed annually and updated (if needed). The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC policies and procedures address all aspects of SBHC operations Note to Reviewer: Use policy and procedures checklist to assess the content and completeness of the policies and procedures.					X At a minimum, the policies and procedures address the following areas: <ul style="list-style-type: none"> • Administration • Personnel • Clinical Services • Physical Environment • Fiscal Management • Data Management • Continuous Quality Improvement 	Documentation did not demonstrate that, at a minimum, the policies and procedures addressed the following areas: <input type="checkbox"/> Administration <input type="checkbox"/> Personnel <input type="checkbox"/> Clinical Services <input type="checkbox"/> Physical Environment <input type="checkbox"/> Fiscal Management <input type="checkbox"/> Data Management <input type="checkbox"/> Continuous Quality Improvement

Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria	Finding and Corrective Action
								The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
	Relationships/Agreements						Relationships/Agreements	Relationships/Agreements
SBHC P&G	The SBHC sponsoring facility maintains a relationship with the school district(s).					X	The MOU between the SBHC sponsoring facility and the school district(s) is current (MOUs should be renewed every 5 years).	The MOU between the SBHC sponsoring facility and school district is not current (older than 5 years). The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC sponsoring facility maintains a relationship with a back-up health care provider.					X	The SBHC sponsoring facility has a documented relationship with a back-up health care provider that ensures 24-hour and 7 days per week services for enrolled students.	The SBHC sponsoring facility does not have a documented relationship with a back-up health care provider that ensures 24-hour and 7 days per week services for enrolled students. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC sponsoring agency maintains a relationship with appropriate health insurance plans.					X	The SBHC sponsoring facility has documented agreements with public/private insurance plans.	The SBHC sponsoring facility does not have documented agreements with public/private health insurance plans. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC maintains a Community Advisory Council.				X	X	The SBHC has a community advisory council that regularly meets and provides input into SBHC program planning, development and evaluation activities.	The SBHC does not have a community advisory council that meets regularly and provides input into program planning, development and evaluation activities. The provider must submit a CAP which addresses the finding and ensures

Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria	Finding and Corrective Action
								compliance with DOH guidelines.
SBHC P&G	The SBHC maintains relationships with students' families.				X	X	When appropriate (considering age, confidentiality and consent issues), the SBHC attempts to involve family members and notifies family members about the provision of services and the outcomes.	Documentation did not demonstrate that the SBHC attempts to involve family members and notifies family members about the provision of services and their outcomes (when appropriate). The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC maintains relationships with students' primary care provider.				X	X	The SBHC has documented relationships with students' outside primary care provider (including the sponsoring facility if it is the students' regular source of primary care) to coordinate the care of the students.	The SBHC does not have documented relationships with students' outside primary care providers. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC maintains relationships with appropriate community agencies as needed.				X	X	The SBHC has documented referral agreements with community agencies to enhance the services provided to students and their families. Such agencies may include: <ul style="list-style-type: none"> • Local/County Department of Health • County Department of Social Services • Mental health service agencies 	The SBHC does not have documented relationships with community agencies, including: <ul style="list-style-type: none"> <input type="checkbox"/> Local/County Health Department <input type="checkbox"/> County Department of Social Services <input type="checkbox"/> Mental health agencies The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
	Fiscal Operations						Fiscal Operations	Fiscal Operations
SBHC P&G	The SBHC fiscal policies and operations ensure students' access to services.					X	On-site services are provided at no out-of-pocket cost to the student or family.	Documentation did not demonstrate that on-site services are provided at no out-of-pocket cost to the student or family.

Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria	Finding and Corrective Action
								The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC fiscal policies and operations maximize revenue.	X				X	Information about all enrolled students' insurance status is obtained and confirmed.	Documentation did not demonstrate that information about all students' insurance status is obtained. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC fiscal policies and operations maximize revenue.	X				X	Assistance is provided regarding enrollment into Medicaid or Child Health Plus.	Documentation did not demonstrate that assistance is provided regarding enrollment into Medicaid or Child Health Plus. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC fiscal policies and operations maximize revenue.	X				X	Encounter forms are generated for all billable visits.	Documentation did not demonstrate that encounter forms are generated for all billable visits. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC fiscal policies and operations maximize revenue.	X				X	Medicaid and other third party insurance are billed for encounters.	Documentation did not demonstrate that Medicaid and other third party insurance are billed for encounters. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC fiscal policies and operations maximize revenue.	X				X	Denied Medicaid and third party insurance claims are followed-up.	Documentation did not demonstrate that denied claims are followed-up. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
	The SBHC has policies and						Third party revenue is identified and	Documentation did not demonstrate that third party is identified and

Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria	Finding and Corrective Action
SBHC P&G	procedures to ensure that third party revenue is used to sustain and enhance SBHC operations.	X			X	X	returned to the program to sustain and enhance the SBHC.	returned to the SBHC program. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G & Contract	The SBHC has policies and procedures to ensure that contract funds are properly managed.					X	Receipts and expenditures are clearly identified an allocated to the correct contract/funding source.	Documentation did not demonstrate that contract-related receipts and expenditures are correctly identified and allocated. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
	Data Management						Data Management	Data Management
SBHC P&G	The SBHC has policies and procedures that ensure the confidentiality of all client data.				X	X	Physical and procedural measures are in place to restrict access and use of computer files; appointment books; client records; and SBHC program data.	Documentation did not demonstrate that measures are in place to restrict access and use of: <input type="checkbox"/> Computer files <input type="checkbox"/> Appointment books <input type="checkbox"/> Client records <input type="checkbox"/> SBHC program data The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC reviews and uses program data to improve operations and services.				X	X	Program data is: <ul style="list-style-type: none"> shared with appropriate sponsoring facility staff shared with the Community Advisory Council incorporated into the CQI process 	Documentation did not demonstrate that program data is: <input type="checkbox"/> shared with sponsoring agency staff <input type="checkbox"/> shared with the Community Advisory Council <input type="checkbox"/> incorporated into the CQI process The provider must submit a CAP which addresses the finding and ensures

Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria	Finding and Corrective Action
								compliance with DOH guidelines.
	Continuous Quality Improvement						Continuous Quality Improvement	Continuous Quality Improvement
SBHC P&G	The SBHC sponsoring facility ensures that a Continuous Quality Improvement (CQI) system is in place to monitor and improve the quality of SBHC operations and services.				X	X	A staff person is designated as the CQI coordinator.	Documentation did not demonstrate that there is a designated CQI coordinator. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC sponsoring facility ensures that a Continuous Quality Improvement (CQI) system is in place to monitor and improve the quality of SBHC operations and services.				X	X	A CQI committee with membership reflecting expertise from all health-related disciplines and program administrative staff is established.	Documentation did not demonstrate that there is a CQI committee with membership reflecting expertise from all health-related disciplines and program administrative staff. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC maintains a Continuous Quality Improvement (CQI) system to monitor and improve the quality of SBHC services.				X	X	A CQI committee meets at least quarterly	Documentation did not demonstrate that a CQI committee meets at least quarterly. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC maintains a Continuous Quality Improvement (CQI) system to monitor and improve the quality of SBHC services.				X	X	There is a written CQI plan and there is evidence of previous CQI projects including goals, performance measures, outcomes and strategies employed to improve SBHC program operations and performance.	Documentation did not demonstrate that there is a written CQI plan that includes" <input type="checkbox"/> goals <input type="checkbox"/> performance measures <input type="checkbox"/> outcomes <input type="checkbox"/> strategies for improving SBHC performance

Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria	Finding and Corrective Action
								The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
SBHC P&G	The SBHC maintains a Continuous Quality Improvement (CQI) system to monitor and improve the quality of SBHC services.				X	X	There is evidence of periodic evaluation to assess the effectiveness of the strategies/activities resulting from a specific previous CQI project.	Documentation did not demonstrate that there are periodic evaluations to assess the effectiveness of the strategies/activities resulting from previous CQI projects. The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.
	CORE SERVICES						CORE SERVICES	CORE SERVICES
NYS Teen Health Plan and SBHC P&G	The SBHC provides primary and preventive health care in compliance with the NYS Teen Health Plan requirements. Note to Reviewer: Randomly select a minimum of 10 patient charts, reflective of the SBHC enrollment, and complete the Clinical Record Review Tool (below) to document the delivery of core services.	X			X	X	Comprehensive Primary Care <ul style="list-style-type: none"> An up-to-date assessment and comprehensive physical exam, performed either by the SBHC or an outside provider, is documented for each enrolled student. Immunizations are provided, as needed, as part of the comprehensive physical exam. Oral health assessments are conducted on a routine basis and appropriate referrals are 	Documentation did not demonstrate that: <ul style="list-style-type: none"> <input type="checkbox"/> An up-to-date assessment and comprehensive exam, performed either by the SBHC or an outside provider, is documented for each enrolled student <input type="checkbox"/> immunizations are provided, as needed, as part of the comprehensive physical exam <input type="checkbox"/> oral health assessments are conducted on a routine basis and appropriate referrals are

Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria	Finding and Corrective Action
							<p>made if no preventive appointment occurred in the past year or if problems are identified.</p> <ul style="list-style-type: none"> Age-appropriate reproductive health care is addressed as part of comprehensive primary care. 	<p>made if no preventive appointment occurred in the past year or if problems are identified</p> <ul style="list-style-type: none"> age-appropriate reproductive health care is addressed as part of comprehensive primary care <p>The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.</p>
<p>SBHC P&G</p>	<p>The SBHC provides diagnosis and treatment of medical conditions and management of chronic conditions.</p> <p>Note to Reviewer: Randomly select a minimum of 10 patient charts, reflective of the SBHC enrollment, and complete the Clinical Record Review Tool (below) to document the delivery of core services.</p>	X			X	X	<p>Diagnosis and Treatment of Medical Conditions</p> <ul style="list-style-type: none"> On-site diagnosis and treatment services, and appropriate triage and referral mechanisms exist for minor, acute and chronic medical conditions. On-site routine management of chronic conditions (e.g. asthma, diabetes, etc.) is provided in consultation with the student's primary care provider or specialist. Prescriptions are provided for minor problems, acute problems and chronic conditions. Follow-up on tests indicating a negative health outcome is conducted in a timely and confidential manner. 	<p>Documentation did not demonstrate that:</p> <ul style="list-style-type: none"> On-site diagnosis and treatment services. And appropriate triage and referral mechanisms exist for minor, acute and chronic medical conditions On-site routine management of chronic conditions is provided in consultation with the student's primary care provider or specialist Prescriptions are provided for minor problems, acute problems and chronic conditions Follow-up on tests indicating a negative health outcome is conducted in a timely and

Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria	Finding and Corrective Action
								<p>confidential manner.</p> <p>The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.</p>
<p>SBHC P&G</p>	<p>The SBHC ensures that required laboratory tests are conducted either on-site or through qualified NYS licensed laboratories.</p> <p>Note to Reviewer: Complete the list of Laboratory Tests and Waived Tests to validate SBHC's practices regarding laboratory testing</p>	<p>X</p>			<p>X</p>	<p>X</p>	<p>Laboratory Testing</p> <ul style="list-style-type: none"> If the SBHC performs, on-site, certain basic laboratory procedures that are classified as waived or Provider Performed Microscopy Procedures (PPMP), the SBHC has the appropriate certification – i.e. <i>Certificate of Waiver</i> to perform limited testing and <i>Certificate for Provider Performed Microscopy Procedures</i> to perform approved microscopy testing. The SBHC complies with instructions for specimen collection, handling and transportation for tests conducted at NYS licensed laboratories. 	<p>Documentation did not demonstrate that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The SBHC has the appropriate certification to perform on-site, the basic laboratory procedures that are classified as waived or as Provider Performed Microscopy Procedures <input type="checkbox"/> The SBHC complies with instructions for specimen collection, handling and transportation for tests conducted at NYS licensed laboratories. <p>The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.</p>
<p>SBHC P&G</p>	<p>The SBHC addresses the mental health needs of enrolled students either on-site or through referrals.</p>	<p>X</p>			<p>X</p>	<p>X</p>	<p>Mental Health Services</p> <ul style="list-style-type: none"> If provided on-site, the mental health services include assessment, treatment, crisis 	<p>Documentation did not demonstrate that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mental health services provided on-site include assessment, treatment, crisis

Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria	Finding and Corrective Action
	Note to Reviewer: Randomly select a minimum of 10 patient charts, reflective of the SBHC enrollment, and complete the Clinical Record Review Tool (below) to document the delivery of core services.						<p>intervention and linkage with community counseling.</p> <ul style="list-style-type: none"> Group and family counseling and psychiatric evaluation and treatment are available on-site or through referrals. 	<p>intervention and linkage with community counseling</p> <ul style="list-style-type: none"> <input type="checkbox"/> Group and family counseling and psychiatric evaluation are available on-site or through referrals <p>The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.</p>
SBHC P&G	<p>The SBHC provides referrals for needed services to ensure that the comprehensive needs of students are addressed.</p> <p>Note to Reviewer: Randomly select a minimum of 10 patient charts, reflective of the SBHC enrollment, and complete the Clinical Record Review Tool (below) to document the delivery of referrals.</p>	X			X	X	<p>Referrals</p> <ul style="list-style-type: none"> Referrals for services are followed-up and include checking that the appointment was kept, the services met the student's needs and the outcome of the referral, including relevant health care findings, is included in the student's medical record. 	<p>Documentation did not demonstrate that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referrals are followed-up including checking that the appointment was kept, the services met the student's needs and the outcomes of the referral are included in the student's medical chart <p>The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.</p>
SBHC Contract Work plan	CLINICAL OUTCOMES						CLINICAL OUTCOMES	CLINICAL OUTCOMES

Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria	Finding and Corrective Action
	<p>The SBHC provides quality comprehensive primary and preventive care and behavioral health services to students to achieve the clinical outcomes detailed in the annual SBHC contract work plan.</p> <p>Note to Reviewer: Randomly select a minimum of 10 patient charts, reflective of the SBHC enrollment, to assess the SBHC's performance in achieving the clinical outcomes.</p>	<p>X</p> <p>X</p> <p>X</p> <p>x</p> <p>X</p> <p>X</p>					<p>At least 95% of students enrolled in the SBHC have a documented annual comprehensive physical exam (CPE) performed either by the SBHC or the student's primary care physician.</p> <p>At least 95% of students enrolled in the SBHC have a documented weight status based on Body Mass Index (BMI) for age percentile</p> <p>100% of students enrolled in SBHC have up-to-date immunizations per the Advisory Committee on Immunization Practices (ACIP) schedule and the NYSDOH Immunization Program Guidelines.</p> <p>At least 95% of students enrolled in the SBHC have documented age-appropriate anticipatory guidance.</p> <p>100% of students enrolled in the SBHC in grades 7 – 12 have an annual behavioral health screening.</p> <p>100% of students in grades 7 – 12 with an annual behavioral health screening who are identified with signs/symptoms of depression are referred to mental health services.</p>	<p>Documentation did not demonstrate that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> At least 95% of students enrolled in the SBHC have a documented annual comprehensive physical exam performed either by the SBHC or the student's primary care physician. <input type="checkbox"/> At least 95% of students enrolled in the SBHC have a documented weight status based on Body Mass Index (BMI) for age percentile <input type="checkbox"/> 100% of students enrolled in SBHC have up-to-date immunizations per the Advisory Committee on Immunization Practices (ACIP) schedule and the NYSDOH Immunization Program Guidelines. <input type="checkbox"/> At least 95% of students enrolled in the SBHC have documented age-appropriate anticipatory guidance. <input type="checkbox"/> 100% of students enrolled in the SBHC in grades 7 – 12 have an annual behavioral health screening. <input type="checkbox"/> 100% of students in grades 7 – 12 with an annual behavioral health screening who are

Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria	Finding and Corrective Action
								<p>identified with signs/symptoms of depression are referred to mental health services.</p> <p>The provider must submit a CAP which addresses the finding and ensures compliance with DOH guidelines.</p>

POLICIES AND PROCEDURES CONTENT CHECKLIST

DIRECTIONS: Note if the SBHC's Policies and Procedures address the indicated content areas.

CLINIC ADMINISTRATION	YES	NO	CLINIC ENVIRONMENT	YES	NO
<ul style="list-style-type: none"> • Maintenance of records at SBHC and at 24 hour back-up facility for after-hours, weekends and vacations • Transfer of records for referrals upon request and consent • Communication with primary care provider (PCP) • Documentation of reportable incidents/findings (in collaboration with school as appropriate) and follow-up • Communication with parents re: non-confidential and emergency services • Communication with appropriate school personnel re: emergency services necessary for enrolled students 			<ul style="list-style-type: none"> • Infection contro • Medical waste, including sharps <ul style="list-style-type: none"> ○ security ○ disposal <ul style="list-style-type: none"> • Routine cleaning and maintenance • Equipment calibration and maintenance • Fire drills • Disaster plan • Medical emergency plan/crisis plan ○ coordination of medical emergencies for enrolled and non-enrolled students ○ defined roles and responsibilities of individual SBHC staff and school personnel 		
PERSONNEL	YES	NO	DATA MANAGEMENT	YES	NO
<ul style="list-style-type: none"> • Personnel files are maintained and include: <ul style="list-style-type: none"> ○ Resume/curricula vitae ○ Job description ○ Credentials ○ Record of health examination prior to employment ○ Record of training/in-services attended (mandatory and optional) 			<ul style="list-style-type: none"> • Maintaining confidentiality of: <ul style="list-style-type: none"> ○ Computer files ○ Logs ○ Schedules and appointment books ○ Client medical records ○ Program data • Program reporting requirements – quarterly and end of year reports 		
CONTINUOUS QUALITY IMPROVEMENT	YES	NO	FISCAL MANAGEMENT	YES	NO
<ul style="list-style-type: none"> • CQI committee membership • CQI meeting schedule • Process of selecting CQI projects • Development of CQI plan • Development of CQI outcome report 			<ul style="list-style-type: none"> • Communication with sponsoring facility fiscal staff • Periodic review of fiscal data – expenditures, billing, etc. • Maintaining contract-related fiscal documents – expenditures, receipts, equipment 		

<ul style="list-style-type: none"> Systems for communicating CQI outcomes with SBHC staff, sponsoring facility staff, SBHC Community Advisory Council 			<ul style="list-style-type: none"> Developing contract budgets, expenditures reports, budget modification requests Systems for maximizing third party revenue Systems for ensuring third party revenue is used to sustain and enhance SBHC operations and services 		
CLINICAL SERVICES – Administration	YES	NO	CLINICAL SERVICES – Administration	YES	NO
<ul style="list-style-type: none"> Nurse Practitioner/Physician's Assistant has current, signed collaborative agreement with physician Current protocols for triage, treatment and comprehensive physical exam exist Staff have access to medical reference materials Medications: prescriptions, stock, administration, security and disposal Laboratory: specimen collection/transport; reporting of results/posting/follow-up Medical record format reflects EPSDT Referrals for off-site services, coordination and follow-up exist 			<p>Systems exist for:</p> <ul style="list-style-type: none"> appointment scheduling and follow-up; logging and tracking walk-ins, including the documentation of chief complaint, clinical assessments and interventions; tracking immunizations, lead, TB, and other EPSDT required screenings; tracking need, timing and documentation for comprehensive physical assessments; maintenance of adequate supplies/equipment 		
CLINICAL SERVICES – DELIVERY	YES	NO	CLINICAL SERVICES – DELIVERY	YES	NO
<p>Comprehensive History and Physical Assessment includes:</p> <ul style="list-style-type: none"> Growth Nutrition Anthropometry Age-appropriate developmental Immunizations Reproductive health Psychosocial/behavioral <p>Interim Exams/Care includes:</p> <ul style="list-style-type: none"> Follow-up acute and/or abnormal findings Chronic disease management/medications New acute Urgent Emergent 			<p>Screenings (per EPSDT) include:</p> <ul style="list-style-type: none"> Vision, including color perception Hearing Speech/articulation Dental Scoliosis Lead (as indicated) Sickle cell testing (as indicated) TB sensitivity/Mantoux <p>Dental (if applicable) includes:</p> <p>Preventive Services</p> <ul style="list-style-type: none"> Examination X-rays Oral prophylaxis 		

<ul style="list-style-type: none"> • Sports/work physicals <p>Health Education and Health Counseling includes:</p> <ul style="list-style-type: none"> • General health and specific diagnosis • Nutrition • Psychosocial/behavioral (smoking, substance abuse, violence) • HIV/AIDS (pre and post test) • Additional health counseling based on high risk indicators <p>Sessions available to: individual ____ group ____ parents only ____ student with parent(s) ____</p> <p>Mental Health includes:</p> <ul style="list-style-type: none"> • Assessment (specify tools used) • Follow-up specific diagnosis • Crisis management • Referral process • Treatment <p>Sessions available to: individual ____ group ____ parents only ____ student with parent(s) ____</p>			<ul style="list-style-type: none"> • Fluoride supplements • Sealants • Referral for diagnosis/treatment • Follow-up <p>Treatment Services</p> <ul style="list-style-type: none"> • Restoration • Extraction • Other (specify) 		
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PATIENT RECORD REVIEW

KEY: D = Documented U = Not Documented N = Not Applicable

CHART NUMBER/PATIENT ID												
Grade												
Age												
Gender												
Enrollment												
Consent												
Comprehensive Physical Exam was performed either by the SBHC or an outside provider												
Immunizations were provided as needed												
Oral health assessment was conducted												
Age -appropriate reproductive health care was provided												
Weight status based on Body Mass Index (BMI) for age percentile was conducted												
Age-appropriate anticipatory guidance was provided												
Behavioral health screening was conducted												
Appropriate referrals to community providers were made*												

*IPRO is developing a form to document that referrals are made and appropriate follow-up is conducted and documented in the patient record.

1. Facility Name: _____ Surveyor I.D.: _____

Date of Review: _____

Indicator	Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria for scanning tool	Report information/Performance Standard	Questions/notes/ comments
CLINIC ENVIRONMENT										
1	SBHC-D Principles and Guidelines	Adequate space is available to support all of the operations of the SBHC-D.		X				Clinic space operations: <ul style="list-style-type: none"> <input type="checkbox"/> At least one exam/treatment area. <input type="checkbox"/> Eighty (80) square feet or more per dental unit. <input type="checkbox"/> Sink within access to exam area. <input type="checkbox"/> Disposable towel dispenser and soap dispenser convenient to sink. <input type="checkbox"/> Counseling room or private area. <input type="checkbox"/> Accessible toilet facility. <input type="checkbox"/> Designated waiting area. <input type="checkbox"/> Secure storage for supplies. <input type="checkbox"/> Clerical area. <input type="checkbox"/> Area for sterilization equipment. <input type="checkbox"/> Disposal area for hazardous waste. <input type="checkbox"/> Private telephone and fax line that affords confidentiality and access to back-up and community providers. 	Adequate space is available to support all of the operations of the SBHC-D, including appropriate accommodations for all dental program staff . Observation did not demonstrate that the SBHC-D conformed to all requirements for clinic space. Specifically, the provider did not demonstrate that the clinic space had, at a minimum: <ul style="list-style-type: none"> • At least one exam/treatment area. • Eighty (80) square feet or more per dental unit. • Sink within access to exam area. • Disposable towel dispenser and soap dispenser convenient to sink. • Counseling room or private area • Accessible toilet facility. • Designated waiting area. • Secure storage for supplies. • Clerical area. • Area for sterilization equipment. • Disposal area for hazardous waste. • Private telephone and fax line 	

Indicator	Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria for scanning tool	Report information/Performance Standard	Questions/notes/ comments
									that affords confidentiality and access to back-up and community providers.	
2	SBHC-D Principles and Guidelines	The SBHC-D has safety requirements for the space implemented.		X				<p>Clinic environment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Exits are clearly marked. <input type="checkbox"/> Passageways and doors are clear and unobstructed. <input type="checkbox"/> Site is clean and free of safety hazards. <input type="checkbox"/> Smoke detectors and fire extinguishers are in working order and accessible. <input type="checkbox"/> Medical, fire, and emergency instructions and emergency telephone numbers are posted 	<p>The SBHC-D has implemented safety requirements for the clinic space.</p> <p>Observation did not demonstrate that the SBHC-D has implemented all safety requirements for the clinic space. Specifically, the provider did not demonstrate that the following were implemented:</p> <ul style="list-style-type: none"> • Exits are clearly marked. • Passageways and doors are clear and unobstructed. • Site is clean and free of safety hazards. • Smoke detectors and fire extinguishers are in working order and accessible. • Medical, fire, and emergency instructions and emergency telephone numbers are posted. 	
CLINIC ADMINISTRATION- PERSONNEL										
3	SBHC-D Principles and Guidelines	The SBHC-D program has one or more dental health professionals present during normal school				X		<ul style="list-style-type: none"> <input type="checkbox"/> A dentist (DDS or DMD) or registered dental hygienist (RDH) is present during all normal school hours. 	<p>The SBHC-D program has one or more dental health professionals present during normal school hours.</p> <p>Staff interview did not demonstrate that SBHC-D had appropriate staff present during all normal school</p>	

Indicator	Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria for scanning tool	Report information/Performance Standard	Questions/notes/ comments
		hours.							hours. Specifically, the SBHC-D did not demonstrate that a dentist or registered dental hygienist is present during normal school hours.	
4	SBHC-D Principles and Guidelines	A licensed physician provides general supervision or administrative oversight of the SBHC-D program.				X		<input type="checkbox"/> A physician (MD, DO, DDS, or DMD) with a current NYS license provides supervision.	<p>A licensed physician provides general supervision or administrative oversight of the SBHC-D program.</p> <p>Staff interview did not demonstrate that the SBHC-D supervising physician is either a MD, DO, DDS, or DMD holding a current NYS license and registration.</p>	
5	SBHC-D Principles and Guidelines	All dental professionals including Dentist (DDS), Registered Dental Hygienist (RDH), Dental Assistant (DA) has current license to practice in NYS.					X	<input type="checkbox"/> All dental professionals (DDS, RDH, DA) have current licenses and registrations.	<p>All dental professionals including Dentist (DDS), Registered Dental Hygienist (RDH), and/or Dental Assistant (DA) hold a current license to practice in NYS.</p> <p>Documentation did not demonstrate that the SBHC-D utilized dental professionals who hold current credentials. Specifically, dental professionals utilized by the SBHC-D did not all evidence current license and/or registration in NYS.</p>	
6	SBHC-D Principles and Guidelines (P&G) NYS	The collaborating/supervising dentist provides appropriate supervision.				X	X	<p>Collaborating /supervising dentist :</p> <input type="checkbox"/> Provides supervision for the RDA and DA. <input type="checkbox"/> Is accessible to the RDH and DA at all times via telephone. <input type="checkbox"/> Provides a minimum of 6 hours/month face-to-face	<p>The collaborating/supervising dentist provides appropriate supervision.</p> <p>Staff interview, and other documentation did not demonstrate that the collaborating/supervising dentist provides appropriate</p>	

Indicator	Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria for scanning tool	Report information/Performance Standard	Questions/notes/ comments
	<p>Education Law, Article 139, Section 6902.3 (c) and (e)</p> <p>NYS Education Law, Article 131-B, Sections 6542.3 and 6542.4</p>							<p>consultation with each RDH and DA on-site at least once every two weeks.</p> <p><input type="checkbox"/> Conducts chart reviews at each site at least once every 3 months.</p>	<p>supervision. Specifically, the provider did not demonstrate that the collaborating/ supervising dentist:</p> <ul style="list-style-type: none"> • Provides supervision for the RDA and DA. • Is accessible to the RDH and DA at all times via telephone. • Provides a minimum of 6 hours per month face-to-face consultation with each RDH and DA on-site at least once every two weeks. • Conducts chart reviews at each site at least once every 3 months. 	
7	SBHC-D Principles and Guidelines	Core SBHC-D staff received required training.				X	x	<p>Core staff training in:</p> <ul style="list-style-type: none"> <input type="checkbox"/> NYS child abuse mandated reporter requirements (interview for DDS and RDH, doc for dental hygienist only) <input type="checkbox"/> Infection control (interview for DDS and RDH, doc for RDH only) <input type="checkbox"/> Emergency care (including general first aid, basic life support, use of AED equipment). (interview DDS only) <input type="checkbox"/> HIPPA requirements. (interview & doc for DDS and RDH) 	<p>Core SBHC-D staff (DDS and RDH) received required training.</p> <p>Staff interview did not demonstrate that the SBHC-D core staff received required trainings. Specifically, the SBHC-D did not demonstrate that all core staff received training in:</p> <ul style="list-style-type: none"> • NYS child abuse mandated reporter requirements. • Infection control. • Emergency care (including general first aid, basic life support, use of AED equipment). • HIPPA requirements. 	

Indicator	Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria for scanning tool	Report information/Performance Standard	Questions/notes/ comments
ENROLLMENT/CONSENT/SERVICES										
8	SBHC-D Principles and Guidelines	The SBHC –D program collaborates with the school to inform students and families about SBHC services.					x	<p>Written information on SBHC-D with annual update:</p> <ul style="list-style-type: none"> <input type="checkbox"/> SBHC-D services. <input type="checkbox"/> Access to 24hour/7day coverage when school is closed. 	<p>The SBHC –D program collaborates with the school to inform students and families about SBHC-D services.</p> <p>Documentation did not demonstrate that the SBHC-D collaborated with the school to provide information to students and families about services on a yearly basis. Specifically, the SBHC-D did not provide written information for students and parents/guardians about:</p> <ul style="list-style-type: none"> • SBHC-D services. • Access to 24 hour/7 day per week coverage when school is closed. 	
9	SBHC-D Principles and Guidelines	The SBHC-D program obtains appropriate consent documentation	X					Assessment information is in: Patient Clinical Record Review – SBHC-D	<p>The SBHC-D program obtains appropriate consent documentation.</p> <p>Documentation reviewed in patient records did not demonstrate that informed written consent is obtained for all students enrolled in the SBHC-D.</p> <p>Specifically, in ____ of ____ patient records reviewed, the SBHC-D did not demonstrate that informed written consent was obtained from the patient’s parent/guardian if the</p>	

Indicator	Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria for scanning tool	Report information/Performance Standard	Questions/notes/ comments
									child is under 18 years of age, or from the student if 18 years or older or is otherwise qualified to give consent under § 2504 of NYS PHL.	
10	SBHC-D Principles and Guidelines	The SBHC-D program has a process in place to follow-up with parents failing to return the informed consent.			X			There is a policy/procedure for follow-up with parent/guardian for missing informed consents.	The SBHC-D program has a process in place to follow-up with parents failing to return the informed consent. Review of written policy did not demonstrate that the SBHC-D has a process to follow-up with parent/guardian if there is a missing informed consent.	
11	SBHC-D Principles and Guidelines	The SBHC obtains appropriate release to obtain medical records.	X					Assessment information in: Patient Clinical Record Review – SBHC-D	The SBHC-D obtains appropriate consent to release and obtain medical records. Documentation reviewed in the patient record did not demonstrate that the SBHC-D obtained appropriate consents to release and obtain medical records. Specifically, in __ of __ patient records reviewed, the SBHC-D did not demonstrate that there were signed consent forms to release or obtain students' medical records from outside providers.	
12	SBHC-D Principles and Guidelines	The School-Based Dental Health Center (SBHC-D)				X	X	SBHC-D education: <input type="checkbox"/> There is a dental health education program that includes educational	The SBHC-D program is available to all students enrolled in the school. Documentation and/or staff interview	

Indicator	Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria for scanning tool	Report information/Performance Standard	Questions/notes/ comments
		program is available to all students enrolled in the school.						materials that are used in individual an/or classroom instruction.	did not demonstrate that the SBHC-D is available to all students enrolled in the school. Specifically, the SBHC-D did not demonstrate that there is a dental health education program available through individual and /or classroom instruction.	
1 3	SBHC-D Principles and Guidelines	The School-Based Dental Health Center (SBHC-D) has a referral system in place for dental services that cannot be provided on site.				x	x	Referral: <input type="checkbox"/> There is a referral system in place for dental services that cannot be provided on-site.	The SBHC-D has a referral system in place for dental services that cannot be provided on site. Staff interview and/or other documentation did not demonstrate that there is a referral system for dental services that cannot be provided on-site.	
1 4	SBHC-D Principles and Guidelines	There is a follow-up system in place for missed appointments.			X			Missed appointments: <input type="checkbox"/> There is a written policy/procedure for missed appointments.	The SBHC-D has a follow-up system in place for missed appointments. Written policy/procedure did not demonstrate that the SBHC-D had a follow-up system for missed appointments.	
POLICIES AND PROCEDURES										
1 5	SBHC-D Principles and Guidelines	The SBHC-D maintains a policies and procedures manual.					X	There is a SBHC-D policies and procedures manual that is reviewed annually and updated (if needed) at the SBHC-D site and sponsoring facility.	The SBHC-D maintains a policies and procedures manual. Documentation did not demonstrate that the SBHC-D maintained a policies and procedures manual.	

Indicator	Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria for scanning tool	Report information/Performance Standard	Questions/notes/ comments
									<ul style="list-style-type: none"> Specifically, the SBHC-D did not maintain the policies and procedures manual at the SBHC-D site and at the sponsoring agency. Specifically, the SBHC-D did not ensure the policies and procedures manual was reviewed and updated (if needed) on an annual basis 	
16	SBHC-D Principles and Guidelines	<p>The SBHC-D policies and procedures address all aspects of SBHC-D operations.</p> <p>Note to Reviewer: Use policy and procedures checklist to assess the content and completeness of the policies and procedures.</p>			X			<p>The policies and procedures manual includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Administration. <input type="checkbox"/> Personnel. <input type="checkbox"/> Outreach and Education. <input type="checkbox"/> Enrollment. <input type="checkbox"/> Informed Consent. <input type="checkbox"/> Confidentiality. <input type="checkbox"/> Dental Services. <input type="checkbox"/> Physical Environment. <input type="checkbox"/> Fiscal Management. <input type="checkbox"/> Data Management. <input type="checkbox"/> Continuous Quality Improvement. <input type="checkbox"/> Sterilization. <input type="checkbox"/> Exposure Control. <input type="checkbox"/> Equipment. 	<p>The SBHC-D policies and procedures address all aspects of SBHC-D operations.</p> <p>Written policies and procedures did not demonstrate that the SBHC-D had a policies and procedures manual that addressed all aspects of SBHC-D operations. Specifically, the policies and procedures manual did not include information regarding:</p> <ul style="list-style-type: none"> Administration. Personnel. Outreach and Education. Enrollment. Informed Consent. Confidentiality. Dental Services. Physical Environment. Fiscal Management. Data Management. Continuous Quality Improvement. 	

Indicator	Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria for scanning tool	Report information/Performance Standard	Questions/notes/ comments
									<ul style="list-style-type: none"> • Sterilization. • Exposure Control. • Equipment. 	
Relationships/Agreements										
17	SBHC-D Principles and Guidelines	The SBHC-D maintains a relationship with the sponsoring agency and/or back-up facility.					X	There is an agreement with a back-up health care provider (e.g. Article 28, dental care provider and/or back- up) for 24 hour and 7 days per week coverage.	<p>The SBHC-D maintains a relationship with the sponsoring agency or other dental care provider for back-up coverage.</p> <p>Documentation did not demonstrate that the SBHC-D has an agreement with a health care provider who provides back-up coverage on a 24-hour and 7-day per week basis for enrolled students.</p>	
18	SBHC-D Principles and Guidelines	The SBHC –D maintains a Community Advisory Council.				X	X	<p>Community Advisory Council:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Meets regularly. <input type="checkbox"/> Provides input into SBHC-D program planning, development and evaluation activities. 	<p>The SBHC –D maintains a Community Advisory Council.</p> <p>Documentation and/or staff interview did not demonstrate that the SBHC-D maintains a Community Advisory Committee. Specifically, the SBHC-D did not demonstrate that the Community Advisory Council:</p> <ul style="list-style-type: none"> • Meets regularly. • Provides input into SBHC-D program planning, development and evaluation activities. 	
19	SBHC-D Principles and Guidelines	The SBHC-D maintains relationships with students'					X	<p>Notification to Family:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The SBHC-D has a system to notify family about provision of 	<p>The SBHC-D maintains relationships with students' families.</p> <p>Documentation and/or staff interview</p>	

Indicator	Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria for scanning tool	Report information/Performance Standard	Questions/notes/ comments
		families.						services and outcomes after each visit.	did not demonstrate that the SBHC-D maintains relationships with the students' families. Specifically, the SBHC-D did not have a system to notify the family about provision of services and outcomes after each visit.	
20	SBHC-D Principles and Guidelines	The SBHC-D maintains relationships with students' regular source of dental care.				X	X	Outside dental care: <input type="checkbox"/> There is a system to maintain relationships with the students' regular outside dental care provider.	The SBHC-D maintains relationships with students' regular source of dental care. Documentation and/or staff interview did not demonstrate that the SBHC-D maintained relationships with students' outside dental care provider. Specifically, the SBHC-D did not demonstrate efforts to contact and coordinate with the students' regular source of dental care.	
FISCAL OPERATIONS										
21	SBHC-D Principles and Guidelines	The SBHC-D fiscal policies and operations ensure students' access to services.					X	Out-of-pocket: <input type="checkbox"/> There is no out-of – pocket cost to the student or family for on-site services. (i.e. letter to families explaining this)	The SBHC-D fiscal policies and operations ensure students' access to services. Documentation did not demonstrate that the SBHC-D had fiscal policies and operations to ensure student access to services. Specifically, documentation did not demonstrate that the SBHC-D maintained a policy to ensure that there will be no out-of-pocket costs to the student or family for on-site services.	

Indicator	Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria for scanning tool	Report information/Performance Standard	Questions/notes/ comments
2 2	SBHC-D Principles and Guidelines	The SBHC-D fiscal policies and operations maximize revenue.			X		X	<input type="checkbox"/> Documentation of information about student's insurance status. <input type="checkbox"/> Documentation that sponsoring facility is billing for billable services. (ask for super bill) <input type="checkbox"/> Documentation that third party revenue is identified and collected. <input type="checkbox"/> Denied Medicaid and third party insurance claims are followed-up.	<p>The SBHC-D fiscal policies and operations maximize revenue.</p> <p>Documentation and patient records did not demonstrate that the SBHC-D had fiscal policies and operations to maximize revenue. Specifically, the SBHC-D did not demonstrate that there was:</p> <ul style="list-style-type: none"> • Documentation of information about student's insurance status. • Documentation that sponsoring facility is billing for billable services. • Documentation that third party revenue is identified and collected. • Denied Medicaid and third party insurance claims are followed-up. 	Wait for SDOH feedback on this indicator – by patient record or ask if there is a procedure
DATA MANAGEMENT										
2 3	SBHC-D Principles and Guidelines	The SBHC-D has policies and procedures that ensure the confidentiality of all client data.			X	X	X	<p>Confidentiality: Physical and procedural measures to ensure confidentiality and restrict access to all client data:</p> <input type="checkbox"/> Computer files. <input type="checkbox"/> Appointment books. <input type="checkbox"/> Client records. <input type="checkbox"/> SBHC-D program data.	<p>The SBHC-D has policies and procedures that ensure the confidentiality of all client data.</p> <p>Written policy and/or staff interview and/or documentation did not demonstrate that the SBHC-D had policies and procedures to ensure the confidentiality of all client data. Specifically, the SBHC-D did not</p>	

Indicator	Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria for scanning tool	Report information/Performance Standard	Questions/notes/ comments
									demonstrate that there was restriction of access to: <ul style="list-style-type: none"> • Computer files. • Appointment books. • Client records. • SBHC-D program data. 	
2 4	SBHC-D Principles and Guidelines	A designated individual is responsible for overseeing data collection activities and preparing quarterly reports.			X			Data activities: <ul style="list-style-type: none"> <input type="checkbox"/> Designated person assigned to collect data and prepare quarterly reports. 	The SBHC-D has designated an individual who is responsible for overseeing data collection activities and preparing quarterly reports. Documentation did not demonstrate that the SBHC-D has a designated individual to collect data and prepare quarterly reports.	
CONTINUOUS QUALITY IMPROVEMENT										
2 5	SBHC-D Principles and Guidelines	The SBHC –D sponsoring facility ensures that a Continuous Quality Improvement (CQI) system is in place to monitor and improve the quality of SBHC-D operations and services.				X	X	CQI Coordinator: <ul style="list-style-type: none"> <input type="checkbox"/> There is a designated individual that is responsible for a Continuous Quality Improvement (CQI) system. 	The SBHC –D sponsoring facility ensures that a Continuous Quality Improvement (CQI) system is in place to monitor and improve the quality of SBHC-D operations and services. Staff interview and/or other documentation did not demonstrate that the SBHC-D has a Continuous Quality Improvement (CQI) system in place to monitor and improve the overall quality of the SBHC-D operations and services. Specifically, the SBHC-D did not demonstrate that there was a	

Indicator	Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria for scanning tool	Report information/Performance Standard	Questions/notes/ comments
									designated individual responsible for a Continuous Quality Improvement (CQI) system.	
26	SBHC-D Principles and Guidelines	The SBHC –D sponsoring facility ensures that a Continuous Quality Improvement (CQI) system is in place to monitor and improve the quality of SBHC operations and services.				X	X	CQI committee: <ul style="list-style-type: none"> <input type="checkbox"/> CQI committee with members reflecting expertise from health related disciplines including dental/oral health and program administrative staff. <input type="checkbox"/> CQI committee meets at least quarterly. 	The SBHC –D sponsoring facility ensures that a Continuous Quality Improvement (CQI) system is in place to monitor and improve the quality of SBHC-D operations and services. Documentation and/or staff interview did not demonstrate that the SBHC-D has a Continuous Quality Improvement (CQI) Committee. Specifically, the SBHC-D did not demonstrate that: <ul style="list-style-type: none"> • There was a CQI committee with membership reflecting expertise from dental/oral health disciplines, and program administrative staff. • The CQI committee meets at least quarterly. 	
27	SBHC-D Principles and Guidelines	The SBHC –D maintains a Continuous Quality Improvement (CQI) system to monitor and improve the quality of				X	x	Written CQI plan that includes <ul style="list-style-type: none"> <input type="checkbox"/> Written plan <input type="checkbox"/> goals <input type="checkbox"/> measures <input type="checkbox"/> outcomes <input type="checkbox"/> strategies for improving SBHC-D performance. 	The SBHC –D sponsoring facility ensures that a Continuous Quality Improvement (CQI) system is in place to monitor and improve the quality of SBHC-D operations and services. Documentation and/or staff interview did not demonstrate that the SBHC-	

Indicator	Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria for scanning tool	Report information/Performance Standard	Questions/notes/ comments
		SBHC services, that includes a written plan.							D has a written CQI plan including appropriate components. Specifically, the provider did not demonstrate that the CQI system includes: <ul style="list-style-type: none"> • A written plan. • Goals. • Performance measures. • Outcomes. • Strategies for improving SBHC-D performance. 	
INFECTION CONTROL										
28	SBHC-D Principles and Guidelines	The SBHC –D sponsoring facility ensures that infection control procedures and standard precautions are used for patients treat all blood and other potentially infectious materials (OPIM) as if known to be infectious for HBV, HIV, and other blood borne pathogens.			X	X		There are infection control measures in place for: <ul style="list-style-type: none"> <input type="checkbox"/> Barrier protection used at all times. <input type="checkbox"/> Gloves worn when handing blood and OPIM. <input type="checkbox"/> Gloves changed between patients. <input type="checkbox"/> Facial protection worn during procedures in which splashing or aerosolization can occur. <input type="checkbox"/> Hands washed with soap and water after removing gloves. <input type="checkbox"/> Hands washed if accidentally contaminated and upon leaving the work station. <input type="checkbox"/> Steps taken to avoid accidental injuries. <input type="checkbox"/> Rigid, puncture resistant containers used for sharps. <input type="checkbox"/> Personnel do not handle needles 	The SBHC –D sponsoring facility ensures that infection control procedures and standard precautions are used for patients treat all blood and other potentially infectious materials (OPIM) as if known to be infectious for HBV, HIV, and other blood borne pathogens. Documentation and staff interview did not demonstrate that the SBHC-D has infection control procedures and standard precautions in place for patients. Specifically, the SBHC-D did not demonstrate that there was infection control measures for: <ul style="list-style-type: none"> • Barrier protection used at all times. • Gloves worn when handing blood and OPIM. • Gloves changed between patients. 	

Indicator	Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria for scanning tool	Report information/Performance Standard	Questions/notes/ comments
								<p>unnecessarily.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Device is available to avoid mouth-to-mouth contact in resuscitation. <input type="checkbox"/> Sound work practices incorporated to minimize spatters. <input type="checkbox"/> All surfaces and devices decontaminated after each patient. 	<ul style="list-style-type: none"> • Facial protection worn during procedures in which splashing or aerosolization can occur. • Hands washed with soap and water after removing gloves. • Hands washed if accidentally contaminated and upon leaving the work station. • Steps taken to avoid accidental injuries. • Rigid, puncture resistant containers used for sharps. • Personnel do not handle needles unnecessarily. • Device is available to avoid mouth-to-mouth contact in resuscitation. • Sound work practices incorporated to minimize spatters. • All surfaces and devices decontaminated after each patient. 	
HANDWASHING										
29	SBHC-D Principles and Guidelines	Proper hand washing techniques are maintained by all SBHC-D staff in order to remove resident bacteria and transient			X	X		<p>Hand washing techniques include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use of running water. <input type="checkbox"/> Use of non-contaminated soap in a dispenser. <input type="checkbox"/> Development of lather <input type="checkbox"/> Maintenance of friction <input type="checkbox"/> Complete rinsing. <input type="checkbox"/> Avoidance of recontamination for handles or towels. 	<p>Proper hand washing techniques are maintained by all SBHC-D staff in order to remove resident bacteria and transient organisms that can be transmitted to other individuals.</p> <p>Documentation and/or staff interview did not demonstrate that hand washing techniques included:</p>	Add policy/procedure manual

Indicator	Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria for scanning tool	Report information/Performance Standard	Questions/notes/ comments
		organisms that can be transmitted to other individuals.						<input type="checkbox"/> Washing hands between every patient. <input type="checkbox"/> Washing hands after de-gloving and re-gloving procedures. *Note: If portable equipment is used by SBHC-D program, a sink with soap may not be available. In this case, proper sanitation utilizing hand sanitizer is acceptable.	<ul style="list-style-type: none"> • Use of running water. • Use of non-contaminated soap in a dispenser. • Development of lather • Maintenance of friction • Complete rinsing. • Avoidance of recontamination for handles or towels. • Washing hands between every patient. • Washing hands after de-gloving and re-gloving procedures. 	
30	SBHC-D Principles and Guidelines	Soap dispensers are appropriately used and maintained.		X		X		Soap dispensers are appropriately used and maintained: <ul style="list-style-type: none"> <input type="checkbox"/> Soap and/or container is not easily contaminated. <input type="checkbox"/> Soap containers are regularly cleaned or disposable containers/dispensers are used. 	The SBHC-D ensures that soap dispensers are appropriately used and maintained. Observation and/or staff interview did not demonstrate that soap dispensers were appropriately used and maintained. Specifically, the SBHC-D did not ensure that: <ul style="list-style-type: none"> • Soap and/or container is not easily contaminated. • Soap containers are regularly cleaned or disposable containers/dispensers are used. 	

Dental Chart Review

Indicator	Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria for scanning tool	Report information/Performance Standard	Questions/notes/ comments
3 1	SBHC-D Principles and Guidelines	Dental charts are properly documented.	X					<p>Dental chart includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Date of Birth. <input type="checkbox"/> Age <input type="checkbox"/> Grade. <input type="checkbox"/> Gender. <input type="checkbox"/> Race or Ethnic Background. <input type="checkbox"/> Home Phone Number (if available). <input type="checkbox"/> Home Address (if available) . <input type="checkbox"/> Emergency Contact. <input type="checkbox"/> Parental Consent. <input type="checkbox"/> Medical History (updated yearly). <input type="checkbox"/> Screening/Assessment Report. <input type="checkbox"/> Education . <input type="checkbox"/> List of Patient Reported Problems. <input type="checkbox"/> Plan for patient care or treatment plan. <input type="checkbox"/> Progress notes up to date and signed by treating dentist. <input type="checkbox"/> Parental notification of dental visit and outcome. <input type="checkbox"/> Referral. <input type="checkbox"/> Follow-up. <input type="checkbox"/> Resolution. <input type="checkbox"/> Chart Legible/Dated/Signed. <input type="checkbox"/> Allergies 	<p>The SBHC-D ensures that dental charts are properly documented.</p> <p>Review of patient records did not demonstrate that the SBHC-D had properly documented dental charts. Specifically, documentation did not demonstrate:</p> <ul style="list-style-type: none"> • In ____ of ____ charts reviewed, that the patient's date of birth was recorded. <ul style="list-style-type: none"> • In ____ of ____ charts reviewed, that the patient's age was recorded. • In ____ of ____ charts reviewed, that the patient's grade was recorded. • In ____ of ____ charts reviewed, that the patient's gender was recorded. • In ____ of ____ charts reviewed, that the patient's race or ethnic background was recorded. • In ____ of ____ charts reviewed, that the patient's home phone number (if available) was recorded. • In ____ of ____ charts reviewed, that the patient's home address (if available) was recorded . • In ____ of ____ charts reviewed, that the patient's 	

Indicator	Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria for scanning tool	Report information/Performance Standard	Questions/notes/ comments
									<p>emergency contact information was recorded.</p> <ul style="list-style-type: none"> • In ____ of ____ charts reviewed, that consent to release and obtain records was obtained. • In ____ of ____ charts reviewed, that the patient's medical history (updated yearly) was recorded. • In ____ of ____ charts reviewed, that the patient's Screening/Assessment Report was recorded. • In ____ of ____ charts reviewed, that the patient's education was recorded. • In ____ of ____ charts reviewed, that the patient's List of Patient Reported Problems was maintained. • In ____ of ____ charts reviewed, that the plan for patient care or treatment plan was maintained. • In ____ of ____ charts reviewed, that the patient's progress notes were up to date and signed by the treating dentist. • In ____ of ____ charts reviewed, that parental notification of the dental visit and outcome was 	

Indicator	Reference (Regulation or Guideline)	Indicator	Patient Record	On site	Policy/ Procedure	Interview	Other doc.	Criteria for scanning tool	Report information/Performance Standard	Questions/notes/ comments
									<p>documented.</p> <ul style="list-style-type: none"> • In ____ of ____ charts reviewed, that referral information was documented. • In ____ of ____ charts reviewed, that follow-up information was recorded. • In ____ of ____ charts reviewed, that the resolution to the patient's visit was recorded.. • In ____ of ____ charts reviewed, that the patient's chart was legible, dated, and signed. • In ____ of ____ charts reviewed, that the patient's allergies were recorded. 	

(a) Patient Clinical Record Review : SBHC-Dental

Patient ID: Patient name: DOB: Chart number: Gender: Initial enrollment date: Grade: Age:	Information reported in the indicator listed.	Criteria (review one full year of patient records)	Assessment	Comments
Race or Ethnic Background	31	Check for 1x , initial enrollment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Home Phone Number (if available)	31	Check for 1x , initial enrollment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Home Address (if available)	31	Check for 1x , initial enrollment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Emergency Contact	31	Check for 1x , initial enrollment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Consent – signed, informed written consent by parent/guardian if child is under 18 yrs, or student if 18 yrs or older or otherwise qualified to give consent under NYS PHL	9	Check for 1x , initial enrollment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Medical History (updated yearly)	31	Check for 1x , initial enrollment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Screening/Assessment Report	31	Check for 1x , initial enrollment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Education	31	Check for 1x , initial enrollment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
List of Patient Reported Problems	31	Check for 1x , initial enrollment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Plan for patient care or treatment plan	31	Check for 1x , initial enrollment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Progress notes up to date and signed by treating dentist	31	Check for 1x , initial enrollment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Parental notification of dental visit and outcome	31	Check for 1x , initial enrollment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Referral	31	Check for 1x , initial enrollment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Follow-up	31	Check for 1x , initial enrollment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Resolution	31	Check for 1x , initial enrollment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chart Legible/Dated/Signed	31	Check for 1x , initial enrollment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Allergies	31	Check for 1x , initial enrollment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Consent to release/obtain records	31	Check for 1x , initial enrollment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Policies and Procedures Content Checklist		
Directions: Note if the SBHC-D Policies and Procedures address the indicated content areas (Chart will populate Indicator #15)		
Topic Area	Yes	No
Enrollment/Consent/Services		
1) Systems for missed appointments (Indicator 14)		
a. Administration		
2) Personnel		
3) Outreach and Education		
4) Enrollment		
5) Informed consents		
6) Follow- up with parent/guardian for missing informed consents (indicator 10)		
a. Confidentiality		
7) Dental Services		
8) Fiscal Management (Indicator 22)		
9) Systems for maximizing third party revenue		
a. Systems for ensuring third party revenue		
b. Systems for ensuring third party revenue is used to sustain and enhance SBHC operations and services		
c. Data Management (Indicator 23 and 24)		
10) Maintaining confidentiality of: Computer files		
a. Maintaining confidentiality of: Appointment books		
b. Maintaining confidentiality of: Client records		
c. Maintaining confidentiality of: SBHC-D program data		
d. Designated person to collect data and prepare quarterly reports		
e. Continuous Quality Improvement		
11) Sterilization		
12) Exposure Control/Infection Control (indicator 28)		
13) barrier protection used at all times		
a. Gloves worn when handing blood and OPIM		
b. Gloves changed between patients		
c. Facial protection worn during procedures in which splashing or aerosolization can occur		
d. Hands washed with soap and water after removing gloves		
e. Hands washed if accidentally contaminated and upon leaving the work station		
f. Steps taken to avoid accidental injuries		
g. Rigid, puncture resistant containers used for sharps		
h. Personnel do not handle needles unnecessarily		
i. Device is available to avoid mouth-to-mouth contact in resuscitation		
j. Sound work practices incorporated to minimize spatters		
k. All surfaces and devices decontaminated after each patient		

l. Exposure Control/Handwashing (Indicator 29)		
14) Use of running water.		
a. Use of non-contaminated soap in a dispenser.		
b. Development of lather.		
c. Maintenance of friction		
d. Complete rinsing.		
e. Avoidance of recontamination for handles or towels		
f. Washing hands between every patient		
g. Washing hands after de-gloving and re-gloving procedures		

PURPOSE:

The Performance Effectiveness Review Tool (**PERT**) is a document that includes the compilation of New York State Department of Health (**NYSDOH**) regulations, program guidelines and administrative policies. The PERT is completed to determine the quality and effectiveness of a School-Based Health Center (**SBHC**) and its compliance with contractual requirements. The self-assessment and validation sections of the PERT provide assurance that the required Principles and Guidelines for School-Based Health Centers in New York (**Guidelines**) are being adequately met.

Early, Periodic Screening, Diagnosis and Treatment (**EPSDT**), also known as Child/Teen Health Plan (**C/THP**) in New York State is a federally mandated program that establishes standards for pediatric care, including a periodicity schedule that helps ensure that all children (0-21 years) receive quality, comprehensive health care services that are age specific to their growth and development. The current schedule is generally consistent with American Academy of Pediatrics (**AAP**) guidelines and recommendations, and compliance is **required** for all Medicaid (**MA**), Medicaid/Managed Care (**MA/MC**), and Child Health Plus (**CHP**) providers in New York State.

PERT PROCESS:

SELF ASSESSMENT - completed by the SBHC staff

- The PERT utilizes a process of provider self assessment and subsequent validation by a NYSDOH review team.
- This process provides the SBHC with an opportunity to assess its program's quality and effectiveness by determining if the SBHC has **met** the various components of the Guidelines, as identified by specific items throughout the PERT. The SBHC staff **describes** how each item listed is used to carry out SBHC activities. For those items that are "**not met**", staff must describe reasons why and what efforts and progress have been made to address that item.
- If an item is met, the box should be checked. If an item is not met, the box should be left blank.
- The SBHC staff should also identify the areas where they need additional technical assistance (**TA**).
- This portion is completed by the SBHC and returned to NYSDOH one week prior to the on-site review.

VALIDATION completed by NYSDOH staff

- The validation process includes (1) review of the self assessment portion of the PERT; (2) a Comprehensive Site Review visit at selected SBHC site(s) by NYSDOH staff; and (3) completion of the Review Summary which outlines the SBHC's strengths, needs and priority actions and recommendations needed for program improvement.
- This portion is completed during the NYSDOH site review.

EXIT CONFERENCE

- The Comprehensive Site Review visit concludes with an exit conference during which findings are summarized and recommendations for improvement are made.

FOLLOW-UP

- After completion of the Comprehensive Site Review, NYSDOH regional staff will send a letter to the SBHC Program Director. It will include a copy of the completed and validated PERT, including the Clinical Record Review and the Site Review Summary which addresses strengths, areas needing improvement and priority items that require immediate attention and an action plan. An **ACTION PLAN** must be submitted to NYSDOH within six weeks of receipt of the summary. It should include strategies for approval and activities to correct the item, policies and procedures to support the activities, a timeline and staff responsible for implementation, and evaluation measures. Technical assistance from NYSDOH is available as needed throughout the process. Additional on-site visits to evaluate changes, operational improvements and the degree of progress will be scheduled as necessary.

DIRECTIONS

SECTION I: ADMINISTRATIVE REVIEW:

To be completed by the SBHC staff.

SECTION II: SITE SPECIFIC REVIEW:

To be completed by the SBHC staff.

SELF ASSESSMENT:

For the items/requirements in Sections I and II, the SBHC staff should check the () next to each item, if met. As applicable, describe where it can be found in the **LOCATION** column (i.e. policy and procedure manual #). Where indicated, describe how the SBHC uses the checked items to carry out the required SBHC activities, including those noted in the workplan. Staff must also identify areas where TA is needed.

To complete the self-assessment, the SBHC must check all appropriate items specific to its program. As an example, see Section IB Outreach/Education #4. At the bottom of the page the SBHC **DESCRIBES** how any checked items are used to carry out SBHC activities, ex: "SBHC staff is present for all pre-K enrollments. School office provides a packet of information for other new school enrollees and refers to SBHC for further information. School-Based Health Center is staffed during all school "open house" nights for enrollment, health information or tours by parents visiting the school. Direct mailings are used to remind parents to re-enroll/update demographic information. Telephone calls are also used for this purpose. The SBHC has its own "Homework Hotline" telephone number listed in the newspaper for pre-recorded information, as well as information on health topics. The SBHC now publishes its own newsletter quarterly. Articles are still submitted to school and local newspapers."

NYSDOH VALIDATION:

In Sections I and II, NYSDOH staff will provide comments and/or an explanation noting whether or not the item/requirement is fully met.

SECTION III: CLINICAL RECORD REVIEW:

To be completed by the NYSDOH review team. Generally, the NYSDOH review team will randomly select and review a minimum of ten charts per site that are reflective of the SBHC enrollment. Depending on the number of students enrolled, the review team will have the discretion of either reviewing more or fewer records. The chart review tool to be used is attached.

SECTION IV: COMPREHENSIVE SITE REVIEW SUMMARY:

To be completed by the NYSDOH review team. Based on the information obtained from the Self-Assessment, Validation, and Clinical Record Review Sections, the NYSDOH review team will summarize the SBHC's strengths, needs, and priority actions and recommendations needed for program improvement.

GLOSSARY

COMPREHENSIVE SITE REVIEW

An official program review to be conducted by a NYSDOH team to evaluate all aspects of the operation of SBHC projects. This evaluation will be conducted at a minimum of every three years.

FOCUSED SITE REVIEW

An official program review to be conducted by a NYSDOH team to review selected aspects of the operation of a SBHC(s). This review may be conducted between comprehensive site reviews based on performance as measured by previous comprehensive site reviews and the ability to achieve workplan goals and objectives.

INTERIM VISITS/CONTACT

Site visits or telephone calls made by regional or central office staff for follow-up on comprehensive site reviews and/or to provide needed technical assistance and consultation between review visits.

“NEW SITE”

A SBHC that has not previously been in operation. This may apply to a provider who already operates other SBHC sites or one who has never operated any sites.

PERT

The PERT is used to evaluate the operation of the SBHC(s). The tool includes an administrative and site-specific self-assessment to be completed by the SBHC provider and an on-site validation to be completed by NYSDOH school health regional and/or central office staff. The tool is used for pre-opening certification, focused reviews and comprehensive site reviews.

PRE-OPENING CERTIFICATION VISIT

A site visit to a newly established SBHC site by NYSDOH regional staff to conduct an evaluation of the provider's readiness to provide services. Selected portions of the PERT, including the self-assessment and NYSDOH validation, will be used to determine program readiness.

PRE-OPENING TECHNICAL ASSISTANCE

Technical assistance and consultation provided by regional and/or central office staff to the provider in preparation for the opening of a new SBHC.

SELF-ASSESSMENT

A narrative description of strategies employed by a SBHC provider to meet programmatic guidelines and/or achieve goal and objectives of a workplan. This narrative is completed by the SBHC provider using the PERT prior to a pre-opening, focused or comprehensive site review.

SITE-REVIEW TEAM

New York State Department of Health staff comprised of regional and central office staff and other resource persons as needed to conduct the Comprehensive Site Review. Regional office staff will act as team leader in the coordination of the site review. Central and regional office staff will jointly determine the other team members, when indicated.

SECTION I
ADMINISTRATIVE REVIEW

DIRECTIONS: Check () next to item if met. Leave () blank if not met. As applicable, describe where the item can be found in the **LOCATION** column. NYSDOH staff completes the **NYSDOH VALIDATION** column.

A. ORGANIZATION/ADMINISTRATION	LOCATION	NYSDOH VALIDATION
() 1. Current Mission Statement		
() 2. Organizational Chart (Attach copy which shows Article 28/SBHC relationship and annual renewal/revision.)		
() 3. Agreements/Contracts/MOUs () NYSDOH approval () Article 28 (A28) provider. *() Clinical training and internships () School district(s), including in-school resources () 24 hour back-up facility () Medicaid Managed Care Organizations () Child Health Plus Organizations () Third party payors () Transfer/referral agreements as applicable: () County Public Health () County Social Services Departments () County Mental Health Services () NYC Board of Education () Adolescent Pregnancy Prevention Program(s) () PCAPs/MOMS () Others (list) *Should include description of duties, orientation, and supervision in the SBHC per A28 guidelines		

SUMMARIZE how the SBHC uses the above items/requirements to carry out SBHC activities. If the item/requirement is “not met”, describe the reason(s) and what effort(s)/progress has been made to address that item/requirement. Please identify area(s) where TA is needed. (Use additional sheets if necessary.)

DIRECTIONS: Check () next to item if met. Leave () blank if not met. As applicable, describe where the item can be found in the **LOCATION** column. NYSDOH staff completes the **NYSDOH VALIDATION** column.

B. OUTREACH/EDUCATION AND ENROLLMENT	LOCATION	NYSDOH VALIDATION
<input type="checkbox"/> 1. SBHC staff and school personnel cooperate/coordinate publicity and outreach.		
<input type="checkbox"/> 2. A person(s) is designated for outreach.		
<input type="checkbox"/> 3. Information of SBHC enrollment eligibility and services is shared with whole student body and faculty/staff at least twice a year.		
4. Students are recruited. Procedures include: <input type="checkbox"/> school enrollment <input type="checkbox"/> mailings <input type="checkbox"/> bulletin board/posters <input type="checkbox"/> student newspapers <input type="checkbox"/> campaign/PSAs <input type="checkbox"/> newspaper articles <input type="checkbox"/> other (specify) _____ _____		
5. Enrollment process includes: <input type="checkbox"/> securing the consent for care <input type="checkbox"/> securing a signed release for medical records (to and from other providers) <input type="checkbox"/> assisting with MA or CHP enrollment and <input type="checkbox"/> transmitting all billing/fiscal information to A28.		

SUMMARIZE how the SBHC uses the above items/requirements to carry out SBHC activities. If the item/requirement is “not met”, describe the reasons and what efforts and progress have been made to address that item/requirement. Please identify area(s) where TA is needed. (Use additional sheets if necessary.)

DIRECTIONS: Check () next to item if met. Leave () blank if not met. As applicable, describe where the item can be found in the **LOCATION** column. NYSDOH staff completes the **NYSDOH VALIDATION** column.

C. PERSONNEL	LOCATION	NYSDOH VALIDATION
() 1. The program assures recruitment and employment without regard to age, sex, race, religion or sexual orientation.		
() 2. Standards exist for provider credentials, assuring employees are qualified by license and registration (where applicable).		
() 3. Job descriptions/orientation plan, curricula vitae and resumes are on file.		
() 4. Copies of staff licenses, registrations and certifications are up-to-date.		
() 5. Employee records are maintained in accordance with Title 10/NYCRR. () Medical requirements Staff Development: () Child Abuse/Neglect () Infectious Disease Control () Right to Know () CPR/First Aid Training () Confidentiality (HIV and general) () Other professional training () Annual Performance Evaluation		
() 6. Procedures exist for staff reporting illnesses, which may impact personnel and/or student health.		

SUMMARIZE how the SBHC uses the above items/requirements to carry out SBHC activities. If the item/requirement is “not met”, describe the reasons and what efforts and progress have been made to address that item/requirement. Please identify area(s) where TA is needed. (Use additional sheets if necessary.)

DIRECTIONS: Check () next to item if met. Leave () blank if not met. As applicable, describe where the item can be found in the **LOCATION** column. NYSDOH staff completes the **NYSDOH VALIDATION** column.

D. WRITTEN POLICIES, PROCEDURES & PROTOCOLS	LOCATION	NYSDOH VALIDATION
<p>() 1. ADMINISTRATION Policies, procedures & protocols are: () developed, reviewed and/or revised annually () available at each site</p> <p>Policies, procedures and protocols include: () maintenance of records at SBHC and at 24 hour back-up facility for after-hours, weekends and vacations () transfer of records for referrals upon request and consent () communication with primary care provider (PCP) () documentation of reportable incidents/findings (in collaboration with school as appropriate) and follow-up () communication with parents re: non-confidential and emergency services () communication with appropriate school personnel re: emergency services necessary for enrolled students () School-Based Health Center Guidelines</p>		

SUMMARIZE how the SBHC uses the above items/requirements to carry out SBHC activities. If the item/requirement is “not met”, describe the reasons and what efforts and progress have been made to address that item/requirement. Please identify area(s) where TA is needed. (Use additional sheets if necessary.)

DIRECTIONS: Check () next to item if met. Leave () blank if not met. As applicable, describe where the item can be found in the **LOCATION** column. NYSDOH staff completes the **NYSDOH VALIDATION** column.

D. WRITTEN POLICIES, PROCEDURES & PROTOCOLS	LOCATION	NYSDOH VALIDATION
<p>2. a. CLINICAL SERVICES – ADMINISTRATION</p> <ul style="list-style-type: none"> () Nurse Practitioner/Physician’s Assistant has current, signed collaborative agreement with physician. () Current protocols for triage, treatment and comprehensive physical exam exist. () Staff have access to medical reference materials * () Medications: prescriptions, stock, administration, security and disposal * () Laboratory <ul style="list-style-type: none"> * () Specimen collection/transport * () Reporting of results/posting/follow-up () Medical record format reflects EPSDT. () Referrals for off-site services, coordination and follow-up exist. Systems exist for: <ul style="list-style-type: none"> () appointment scheduling and follow-up () logging and tracking walk-ins, including the documentation of chief complaint, clinical assessments and interventions () tracking need, timing and documentation for comprehensive physical assessments () tracking immunizations, lead, TB and other EPSDT required screenings () maintenance of adequate supplies/equipment 		

*Describe procedures and attach A28 policies and procedures for these items.		
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SUMMARIZE how the SBHC uses the above items/requirements to carry out SBHC activities. If the item/requirement is “not met”, describe the reasons and what efforts and progress have been made to address that item/requirement. Please identify area(s) where TA is needed. (Use additional sheets if necessary.)

DIRECTIONS: Check () next to item if met. Leave () blank if not met. As applicable, describe where the item can be found in the **LOCATION** column. NYSDOH staff completes the **NYSDOH VALIDATION** column.

D. WRITTEN POLICIES, PROCEDURES & PROTOCOLS	LOCATION	NYSDOH VALIDATION
<p>2.b. CLINICAL SERVICES – DELIVERY This is a review of your written policies and procedures. The actual practice of these protocols will be evaluated</p> <p style="text-align: center;">in the Site Specific section of the PERT.</p>		
<p>COMPREHENSIVE HISTORY AND PHYSICAL ASSESSMENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> growth <input type="checkbox"/> nutrition <input type="checkbox"/> anthropometry <input type="checkbox"/> age-appropriate developmental <input type="checkbox"/> immunizations <input type="checkbox"/> reproductive <input type="checkbox"/> psychosocial/behavioral 	<p>Please attach a blank medical record and assessment tools that are used</p>	
<p>SCREENINGS (per EPSDT)</p> <ul style="list-style-type: none"> <input type="checkbox"/> vision, including color perception <input type="checkbox"/> hearing <input type="checkbox"/> speech/articulation <input type="checkbox"/> dental <input type="checkbox"/> scoliosis <input type="checkbox"/> lead (as indicated) <input type="checkbox"/> sickle cell testing (as indicated) <input type="checkbox"/> TB sensitivity/Mantoux 		
<p>INTERIM EXAMS/CARE</p> <ul style="list-style-type: none"> <input type="checkbox"/> follow-up acute and/or abnormal findings <input type="checkbox"/> chronic disease management/medications <input type="checkbox"/> new acute <input type="checkbox"/> urgent <input type="checkbox"/> emergent <input type="checkbox"/> sports/work physicals 		

SUMMARIZE how the SBHC uses the above items/requirements to carry out SBHC activities. If the item/requirement is “not met”, describe the reasons and what efforts and progress have been made to address that item/requirement. Please identify area(s) where TA is needed. (Use additional sheets if necessary.)

DIRECTIONS: Check () next to item if met. Leave () blank if not met. As applicable, describe where the item can be found in the **LOCATION** column. NYSDOH staff completes the **NYSDOH VALIDATION** column.

D. WRITTEN POLICIES, PROCEDURES & PROTOCOLS	LOCATION	NYSDOH VALIDATION		
2. b. CLINICAL SERVICES - DELIVERY				
<p>HEALTH EDUCATION AND HEALTH COUNSELING</p> <p>() general health and specific diagnosis</p> <p>() nutrition</p> <p>() psychosocial/behavioral (smoking, substance abuse, violence)</p> <p>() HIV/AIDS (pre and post test)</p> <p>() other</p> <p>Sessions available to:</p> <p>() individual () parents only</p> <p>() group () student with parent</p> <p>Materials and resources used:</p> <p>() Additional health counseling based on high risk indicators</p>				
<p>DENTAL (if applicable)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Preventive Services</td> <td style="width: 50%;">Treatment</td> </tr> </table> <p>Services</p> <p>() examination () restoration</p> <p>() x-rays () extractions</p> <p>() oral prophylaxis () other (specify)</p> <p>() fluoride supplements (drops/tabs)</p> <p>() sealants</p> <p>() referral for diagnosis/treatment</p> <p>() follow-up</p> <p>() other (specify)</p>	Preventive Services	Treatment		
Preventive Services	Treatment			
<p>MENTAL HEALTH</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">() assessment (specify tools used)</td> <td style="width: 50%;">Sessions available to:</td> </tr> </table> <p>() follow-up specific diagnosis () individual</p> <p>() crisis management () group</p> <p>* () referral process () parents only</p> <p>() treatment () student with parent(s)</p>	() assessment (specify tools used)	Sessions available to:		
() assessment (specify tools used)	Sessions available to:			

Materials and resources used: *Describe relationship with any in-school mental health resources		
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SUMMARIZE how the SBHC uses the above items/requirements to carry out SBHC activities. If the item/requirement is “not met”, describe the reasons and what efforts and progress have been made to address that item/requirement. Please identify area(s) where TA is needed. (Use additional sheets if necessary.)

DIRECTIONS: Check () next to item if met. Leave () blank if not met. As applicable, describe where the item can be found in the **LOCATION** column. NYSDOH staff completes the **NYSDOH VALIDATION** column.

D. WRITTEN POLICIES, PROCEDURES & PROTOCOLS	LOCATION	NYSDOH VALIDATION
3. ENVIRONMENTAL (OSHA standards are applied.) <input type="checkbox"/> infection control <input type="checkbox"/> medical waste, including sharps <input type="checkbox"/> security <input type="checkbox"/> disposal <input type="checkbox"/> routine cleaning and maintenance <input type="checkbox"/> equipment calibration and maintenance <input type="checkbox"/> fire drills <input type="checkbox"/> disaster plan <input type="checkbox"/> medical emergency plan/crisis plan <input type="checkbox"/> coordination of medical emergencies for enrolled and non- enrolled students <input type="checkbox"/> defined roles and responsibilities of individual SBHC staff and school personnel		

SUMMARIZE how the SBHC uses the above items/requirements to carry out SBHC activities. If the item/requirement is “not met”, describe the reasons and what efforts and progress have been made to address that item/requirement. Please identify area(s) where TA is needed. (Use additional sheets if necessary.)

DIRECTIONS: Check () next to item if met. Leave () blank if not met. As applicable, describe where the item can be found in the **LOCATION** column. NYSDOH staff completes the **NYSDOH VALIDATION** column.

E. FISCAL MANAGEMENT	LOCATION	NYSDOH VALIDATION
<p>1. ADMINISTRATION</p> <p>() A28 has identified staff responsible for SBHC fiscal management. Name(s), title(s), and location: _____</p> <p>() A system of routine periodic communication between SBHC and A28 exists.</p> <p>() Periodic review and discussion of encounter and financial data to assess program stability, growth, and financial viability occurs.</p> <p>() An annual SBHC budget is calculated (reflects total cost of operations and projected revenue). In-kind and other funding streams are identified (attach current budget).</p> <p>() Written policies and procedures exist for fiscal management of the SBHC.</p>		
<p>2. ACCOUNTING/RECORD KEEPING:</p> <p>() The A28 maintains an accounting manual which is consistent with general accounting principles for program/fiscal management.</p> <p>() Date of last fiscal audit _____</p> <p>() Receipts and expenditures are identified for each contract/source of funds.</p> <p>() FTE levels are consistent with operating budget.</p> <p>() DOH purchased equipment is tagged.</p> <p>() Inventories for purchased equipment are maintained, current, and annually updated.</p> <p>Person responsible: _____</p> <p>() For funded programs, vouchers are prepared at least quarterly.</p>		

<p>and submitted to NYSDOH with a copy to the regional office. A copy is maintained on site with original supporting documentation.</p> <p>() Budget modification requests are submitted to regional staff for review and recommendations.</p>		
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SUMMARIZE how the SBHC uses the above items/requirements to carry out SBHC activities. If the item/requirement is “not met”, describe the reasons and what efforts and progress have been made to address that item/requirement. Please identify area(s) where TA is needed. (Use additional sheets if necessary.)

DIRECTIONS: Check () next to item if met. Leave () blank if not met. As applicable, describe where the item can be found in the **LOCATION** column. NYSDOH staff completes the **NYSDOH VALIDATION** column.

E. FISCAL MANAGEMENT	LOCATION	NYSDOH VALIDATION
<p>3. BILLING:</p> <p>() Staff responsible for billing SBHC services Name(s), title(s), location(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>() On site SBHC services are provided with no out-of-pocket expense to the family.</p> <p>() A sliding fee scale that is consistent with expanded MA and Child Health Plus guidelines is in place and operationalized. (Attach copy.)</p> <p>() Procedures are in place for determining and verifying third party insurance status including:</p> <ul style="list-style-type: none"> () Medicaid () Child Health Plus () Managed Care () Private Insurance 		

<input type="checkbox"/> There is third party notification and billing for all eligible visits using the appropriate locator codes. <input type="checkbox"/> There is follow-up of all claim denials. <input type="checkbox"/> Third party revenues are readily identifiable and returned to the program to enhance and sustain the SBHC.		
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SUMMARIZE how the SBHC uses the above items/requirements to carry out SBHC activities. If the item/requirement is “not met”, describe the reasons and what efforts and progress have been made to address that item/requirement. Please identify area(s) where TA is needed. (Use additional sheets if necessary.)

DIRECTIONS: Check next to item if met. Leave blank if not met. As applicable, describe where the item can be found in the **LOCATION** column. NYSDOH staff completes the **NYSDOH VALIDATION** column.

F. DATA MANAGEMENT POLICIES/PROCEDURES	LOCATION	NYSDOH VALIDATION
1. CONFIDENTIALITY restricts access and use of: <input type="checkbox"/> computer files/logs <input type="checkbox"/> schedules and appointment books <input type="checkbox"/> client records <input type="checkbox"/> SBHC data		
2. COLLECTION/USE OF AGGREGATE DATA is: <input type="checkbox"/> shared with A28 Board of Directors <input type="checkbox"/> shared with SBHC Advisory Council <input type="checkbox"/> incorporated into CQI/QA Process		
3. REPORTING REQUIREMENTS: <input type="checkbox"/> Quarterly Report preparation <input type="checkbox"/> Annual Profile preparation <input type="checkbox"/> Annual End of Year Report preparation		<input type="checkbox"/> submitted to NYSDOH, with copy to the Regional Staff, within 45days of the end of the reporting period

SUMMARIZE how the SBHC uses the above items/requirements to carry out SBHC activities. If the item/requirement is “not met”, describe the reasons and what efforts and progress have been made to address that item/requirement. Please identify area(s) where TA is needed. (Use additional sheets if necessary.)

DIRECTIONS: Check next to item if met. Leave blank if not met. As applicable, describe where the item can be found in the **LOCATION** column. NYSDOH staff completes the **NYSDOH VALIDATION** column.

G. CONTINUOUS QUALITY IMPROVEMENT	LOCATION	NYSDOH VALIDATION
<p>() 1. A SBHC person is designated as the CQI Coordinator. Designated individual: _____</p> <p>This individual should be a member of the Health Advisory Council.</p>		
<p>() 2. The CQI committee membership reflects expertise from all health-related disciplines and is responsible for approving the overall CQI plan as well as reviewing and responding to the results. (Attach member's names, titles & affiliations.)</p>		
<p>() 3. Critical school and community input is achieved through the reporting of CQI results to the Advisory Council by the CQI Coordinator.</p>		
<p>() 4. Together the committee and council review the delivery of SBHC services and provide guidance for ongoing program development.</p>		
<p>() 5. The CQI committee meets at least quarterly. (Attach minutes for the previous year.)</p>		

SUMMARIZE how the SBHC uses the above items/requirements to carry out SBHC activities. If the item/requirement is “not met”, describe the reasons and what efforts and progress have been made to address that item/requirement. Please identify area(s) where TA is needed. (Use additional sheets if necessary.)

DIRECTIONS: Check () next to item if met. Leave () blank if not met. As applicable, describe where the item can be found in the **LOCATION** column. NYSDOH staff completes the **NYSDOH VALIDATION** column.

G. CONTINUOUS QUALITY IMPROVEMENT	LOCATION	NYSDOH VALIDATION
<p>6. The CQI Plan developed and implemented is based on needs assessment and previous CQI 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 () periodic re-evaluation of new strategies to assess effectiveness</p>		
<p>7. A written CQI Outcome Report (based on the activities in #6) includes the following elements and is reviewed by the CQI Committee: () SBHC policies and procedures that reflect workgroup outcomes and programmatic requirements () strong evidence of continuous communication with staff</p>		

SUMMARIZE how the SBHC uses the above items/requirements to carry out SBHC activities. If the item/requirement is “not met”, describe the reasons and what efforts and progress have been made to address that item/requirement. Please identify area(s) where TA is needed. (Use additional sheets if necessary.)

DIRECTIONS: Check () next to item if met. Leave () blank if not met. As applicable, describe where the item can be found in the **LOCATION** column. NYSDOH staff completes the **NYSDOH VALIDATION** column.

H. ADVISORY COUNCIL	LOCATION	NYSDOH VALIDATION
<input type="checkbox"/> 1. The SBHC has an Advisory Council with active member participation, representative of its constituency		
<input type="checkbox"/> 2. Advisory council membership reflects areas of needed expertise. List members names and titles: (may attach listing). Chair: _____ Administration A28 Provider: _____ SBHC CQI Coordinator: _____ School: _____ School School Nurse: _____ Faculty: _____ Students: _____ Community/Parents: _____ Mental Health: _____ Other: _____		
<input type="checkbox"/> 3. The SBHC Advisory Council is oriented to its role and the SBHC services.		
<input type="checkbox"/> 4. Advisory Council meetings are scheduled on a regular basis (at least quarterly). (Attach schedule and minutes.)		

SUMMARIZE how the SBHC uses the above items/requirements to carry out SBHC activities. If the item/requirement is “not met”, describe the reasons and what efforts and progress have been made to address that item/requirement. Please identify area(s) where TA is needed. (Use additional sheets if necessary.)

DIRECTIONS: Check box next to item if test is ordered. Leave box blank if test is not ordered. Check appropriate box if lab specimen is collected and/or performed on site. NYSDOH staff completes the **NYSDOH VALIDATION** column.

CLIA # _____		Permanent Facility Identifier _____		
I. LABORATORY TESTS	ORDERED	COLLECTED DDD	PERFORMED	NYSDOH VALIDATION
Hemoglobin/Hematocrit				
Sickle Cell Test				
Lead Screening				
Urinalysis – Microscopic (ppmp only)				
Stool Examination/Culture				
Throat Culture				
Wound Culture				
G.C. Culture				
Syphilis Serology				
Chlamydia Testing				
Pregnancy Test (serum)				
HIV Testing				
Other				

SUMMARIZE how the SBHC uses the above items/requirements to carry out SBHC activities. If the item/requirement is “not met”, describe the reasons and what efforts and progress have been made to address that item/requirement. Please identify area(s) where TA is needed. (Use additional sheets if necessary.)

DIRECTIONS: Check box next to item if test is ordered. Leave box blank if test is not ordered. Check appropriate box if lab specimen is collected and/or performed on site. NYSDOH staff completes the **NYSDOH VALIDATION** column.

I. LABORATORY WAIVED TESTS	ORDERED	COLLECTED	PERFORMED	NYSDOH VALIDATION
Dipstick or tablet reagent urinalysis				
Fecal occult blood				
Ovulation test				
Urine pregnancy test (by waived kit)				
Erythrocyte sediment rate				
Blood glucose (approved for home use)				
Hemoglobin-copper sulfate				
Spun micro hematocrit				
Hemoglobin by single analyte instrument				
Blood cholesterol test (by waived instrument)				
Cholesterol L*D*X system				
Strep test (by waived test)				
Serum Pyloritek Test Kit				
Smith Kline Gastrocult				

SUMMARIZE how the SBHC uses the above items/requirements to carry out SBHC activities. If the item/requirement is “not met”, describe the reasons and what efforts and progress have been made to address that item/requirement. Please identify area(s) where TA is needed. (Use additional sheets if necessary.)

J. WORKPLAN: (dates) _____ to _____

Directions:

- Attach a copy of the current workplan for all SBHC sites.
- For each objective, put an ‘S’ if the activities are the same or a ‘C’ if the activities have changed from current work plans.
- In the ‘Outcomes Achieved’ column, specify the progress that has been made for each objective.
- If additional objectives were added, please add them to the end of the workplan. Use additional sheets if needed.

WORKPLAN

Formal needs assessment
Completed:

Goal 1: SBHCs provide quality comprehensive primary and preventive health and behavioral health services to students.
Date _____

OBJECTIVE	STATU S	OUTCOMES ACHIEVED/DATE	NYSDOH VALIDATION
1. By the end of the school year, at least 75% of the students at the school(s) served by the SBHC will be enrolled in the SBHC (including all schools served by a SBHC site).	S _____ C _____		
2. By the end of the school year, at least 95% of students enrolled in the SBHC will have a documented annual comprehensive physical exam (CPE) performed by the PCP or SBHC, with a copy of the CPE in the record.	S _____ C _____		
3. By the end of the school year, at least 95% of students enrolled in the SBHC will have a documented weight status based on Body Mass Index (BMI)-for-age percentile.	S _____ C. _____		
4. One hundred percent of students enrolled in the SBHC will have complete immunizations per NYSDOH Immunization Program Guidelines. <i>Current NYSDOH Immunization Program Guidelines are available through the Department's website at:</i>	S _____ C _____		

http://www.health.state.ny.us/prevention/immunization			
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23

OBJECTIVE	STATUS	OUTCOMES ACHIEVED/DATE	NYSDOH VALIDATION
5. At least 95% of students enrolled in the SBHC with age appropriate anticipatory guidance, and documentation of the anticipatory guidance is in the record.	S _____ C _____		
6. School-Based Health Centers will identify and document insurance status of all children enrolled in the SBHC.	S _____ C _____		

J. WORKPLAN: (dates) _____ to _____

Directions:

- **Attach a copy of the current workplan for all SBHC sites.**
- **For each objective, put an ‘S’ if the activities are the same or a ‘C’ if the activities have changed from current work plans.**
- **In the ‘Outcomes Achieved’ column, specify the progress that has been made for each objective.**
- **If additional objectives were added, please add them to the end of the workplan. Use additional sheets if needed.**

WORKPLAN

Goal 2: School-Based Health Centers will have the capacity to comply with data collection and reporting Requirements as set forth by the New York State Department of Health, Bureau of Child and Adolescent Health

Formal needs assessment
Completed:

School-Based Health Program.

Date

OBJECTIVE	STATU S	OUTCOMES ACHIEVED/DATE	NYSDOH VALIDATION
1. By the end of the program year, all SBHCs will implement steps to assure basic capacity for data collection, review, and reporting, including: <ul style="list-style-type: none"> • Access to a computer with internet connection for exchanging information with DOH (Recommended on-site access if feasible). • Identification of staff responsible for data management. • Establishment of HPN account(s) for all relevant staff. 	S _____ C _____		
2. Quarterly reports submitted to DOH by the SBHC will be accurate, complete and received by DOH no later than 45 days from the end of each quarter.	S _____ C _____		
3. End-of-Year reports submitted to DOH by the SBHC will be accurate, complete and received by DOH no later than 45 days from the end of the fourth quarter.	S _____ C _____		
(Add any optional here)	S _____ C _____		
(Add any optional here)	S _____ C _____		

DIRECTIONS: Attach copy of the current site profile for each SBHC site. A blank copy is attached here for your reference. On the form that follows on page 32 entitled, "Changes to Profile", list each SBHC site in the first column and note any operational or staffing changes in the second column. New York State Department of Health staff completes **NYSDOH VALIDATION**.

K. SITE-SPECIFIC INFORMATION

SBHC - Site Profile - Please complete one form per SBHC site

**SBHC Site Name:
SBHC Site Profile -Identifiers**

Information is Correct? Circle Correct
Response (Yes/No):

Please Enter Corrected Data Below

SBHC Site Name:		(Yes/No)	
SBHC Number:		(Yes/No)	NYSDOH Assigned
SBHC Sponsor Name:		(Yes/No)	
SBHC Sponsor Number:		(Yes/No)	NYSDOH Assigned

SBHC Site Profile -Primary Contact Information

Information is Correct? Circle Correct
Response (Yes/No):

Please Enter Corrected Data Below

Site Primary Contact ID:		(Yes/No)	NYSDOH Assigned
* Title:		(Yes/No)	
* First Name:		(Yes/No)	
* Last Name:		(Yes/No)	
Degree:		(Yes/No)	
Address Line1:		(Yes/No)	
* Address Line2:		(Yes/No)	
* City:		(Yes/No)	
* State:		(Yes/No)	
* Zip:		(Yes/No)	
* WorkPhone:		(Yes/No)	
* Fax Phone:		(Yes/No)	
* Email:		(Yes/No)	
* Health Commerce System UserID:		(Yes/No)	
* County:		(Yes/No)	

SBHC - Site Profile - Please complete one form per SBHC site

SBHC Site Name:

SBHC Site Profile - Physical Location

Information is Correct? Circle Correct
Response (Yes/No):

Please Enter Corrected Data Below

Department:		(Yes/No)	
* Address Line1:		(Yes/No)	
Address Line2:		(Yes/No)	
* City:		(Yes/No)	
* State:		(Yes/No)	
* Zip:		(Yes/No)	
* County:		(Yes/No)	

SBHC Site Profile -Other Administrative Data

Information is Correct? Circle Correct
Response (Yes/No):

Please Enter Corrected Data Below

	(Yes/No)	(Located on operating certificate)	Data Key
* PFI:			SBHC Status Open Closed Geographic Community Type Urban Rural Upstate Small Cities Upstate Suburbs Downstate Suburbs FHQ and 340B Yes No
* BEDScode:		(Assigned by State Ed Dept)	
* SBHCStatus:		Circle "Open", "Closed",	
* SBHC Date Approved:		DOH Defined	
* Geographic Community Type:		DOH Defined	
* Federally Qualified Health Center:		(Answer "Yes" or "No")	
* Participates in Sponsor's 340B Pharmaceutical Program:		(Answer "Yes" or "No")	

** Please circle "no" response when fields are blank, and fill-in the space under "Please Enter Corrected Data Below" column

SBHC - Site Profile - Please complete one form per SBHC site

SBHC Site Name:

SBHC Site Profile – Describe the Primary Method for Providing Services at this SBHC Location

MENTAL HEALTH SERVICES:

	Onsite by SBHC Provider	Onsite at SBHC by Other Non-SBHC Provider	Offsite by SBHC Sponsor Provider	Offsite by Referral to Other Provider	Service Not Provided	Circle Correct Response (Yes/No)	Onsite by SBHC Provider	Onsite at SBHC by Other Non-SBHC Provider	Offsite by SBHC Sponsor Provider	Referral to Other Provider	Offsite by Service Not Provided
* Mental Health Services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Yes/No)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REPRODUCTIVE HEALTH SERVICES:

Please Enter Corrected Data Below

* Reproductive Services:	<input type="checkbox"/>	(Yes/No)	<input type="checkbox"/>								
* STI Screening:	<input type="checkbox"/>	(Yes/No)	<input type="checkbox"/>								
* Contraceptives Dispensing:	<input type="checkbox"/>	(Yes/No)	<input type="checkbox"/>								
Contraceptives Prescribing:	<input type="checkbox"/>	(Yes/No)	<input type="checkbox"/>								
* Pregnancy Testing Performed:	<input type="checkbox"/>	(Yes/No)	<input type="checkbox"/>								
* Full Pregnancy Options Counseling:	<input type="checkbox"/>	(Yes/No)	<input type="checkbox"/>								
* Prenatal Care:	<input type="checkbox"/>	(Yes/No)	<input type="checkbox"/>								

DENTAL HEALTH SERVICES:

Please Enter Corrected Data Below

* Dental Services Provided:	<input type="checkbox"/>	(Yes/No)	<input type="checkbox"/>								
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** Please circle "No" response when fields are blank, and fill-in the space under "Please Enter Corrected Data Below" column.

SBHC - Site Profile - Please complete one form per SBHC site

SBHC Site Name:

SBHC Site Profile -Operations Data

*Grades Served (check all that apply):

PreK K 1 2 3 4 5 6 7 8 9 10 11 12 Post12

***SBHC SCHOOL SESSION SCHEDULE OF OPERATION (Check box of days open enter time open/closed e.g. 8:00 AM 4:30 PM)**

Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>	Sunday <input type="checkbox"/>
Open <input type="checkbox"/> Closed	Open <input type="checkbox"/> Closed	Open <input type="checkbox"/> Closed	Open <input type="checkbox"/> Closed	Open <input type="checkbox"/> Closed	Open <input type="checkbox"/> Closed	Open <input type="checkbox"/> Closed

*** SBHC SUMMER SESSION SCHEDULE OF OPERATION (check box of days open, enter time open/closed e.g. 8:00 AM 4:30 PM)**

Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>	Sunday <input type="checkbox"/>
Open <input type="checkbox"/> Closed	Open <input type="checkbox"/> Closed	Open <input type="checkbox"/> Closed	Open <input type="checkbox"/> Closed	Open <input type="checkbox"/> Closed	Open <input type="checkbox"/> Closed	Open <input type="checkbox"/> Closed

SBHC Sponsor – Approval

* Approved by:

Name of Individual
Approving this Profil

**Please circle "No" response when fields are blank, and fill-in the space under "Please Enter Corrected Date Below" column

SBHC - Site Profile - Please complete one form per SBHC site

SBHC Site Name:

* Enter hours and FTE of staff dedicated to this SBHC site including education, administration, supervision and direct clinical services, add more lines if necessary

* List Staff Staff Name	Hours Per Week	Staff Title/Job	% FTE	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				Hours Per Day						
				OnSite						

Staff Title Data Key

Database Manager	Nurse Practitioner
Dentist	Nutritionist
Dental Hygienist	Other Specify
Health Aide	Physician
Health Educator	Physician Assistant
Licensed Clinical Social Worker	Practical Nurse
Licensed Master Social Worker	Psychiatrist
Medical Clerk	Psychologist
	Registered Nurse

** Please circle "No" response when fields are blank, and fill-in the space under "Please Enter Corrected Data Below" column

DIRECTIONS: Check the 'New' column if the SBHC is a new site since the SBHC program's last site visit. List the SBHC site in the first column and note any operational or staffing changes in the second column. NYSDOH staff completes **NYSDOH VALIDATION**.

K. SITE-SPECIFIC INFORMATION CHANGES TO SITE PROFILE

SBHC Site	NEW	CHANGES	NYSDOH VALIDATION
1.			
2.			
3.			
4.			

DIRECTIONS: Signatures must be included with the self-assessment. Signature pages must be submitted in hard copy.

I certify that this information in Section I A-K is true and correct to the best of my knowledge.

Name (Please print)

Title (administrative)

Signature
E-Mail

Date

Phone

Name (Please print)

Title (fiscal)

Signature

Date

Phone

E-Mail

SECTION II.
SITE SPECIFIC REVIEW
(Duplicate sections for each site as needed)

DIRECTIONS: Check () if requirement is met. Leave () blank if not met. Under **DESCRIPTION**, describe how the SBHC is consistent with the SBHC guidelines for that issue. NYSDOH staff completes **NYSDOH VALIDATION**.

A. ACCESSIBILITY	DESCRIPTION	NYSDOH VALIDATION
() 1. SBHC space is clearly marked.		
() 2. Security measures do not unduly restrict access.		
() 3. Clinic hours are clearly posted.		
() 4. Clients and their families are informed that services are available year round, 24 hours a day, seven days a week.		
() 5. The site provides a summer program. (Optional)		
() 6. Enrollees are informed that walk-in services are available.		
() 7. Clients are seen as close to their appointment time as possible.		

DIRECTIONS: Check () if requirement is met. Leave () blank if not met. Under **DESCRIPTION**, describe how the SBHC is consistent with the SBHC guidelines for that issue. NYSDOH staff completes **NYSDOH VALIDATION**.

A. ACCESSIBILITY	DESCRIPTION	NYSDOH VALIDATION
<input type="checkbox"/> 8. Appointment compliance is within acceptable limits ($\geq 80\%$ at each site).		
<input type="checkbox"/> 9. Daily appointment schedule accommodates the following types of visits: <input type="checkbox"/> comprehensive physical examinations (EPSDT) <input type="checkbox"/> well child/health guideline <input type="checkbox"/> acute care based on triage <input type="checkbox"/> chronic disease management/medications <input type="checkbox"/> urgent <input type="checkbox"/> emergent <input type="checkbox"/> walk-ins <input type="checkbox"/> referrals <input type="checkbox"/> follow-up care		
<input type="checkbox"/> 10. Mental health services are provided on site and/or by referral.		
B. RECORD KEEPING	DESCRIPTION	NYSDOH VALIDATION
<input type="checkbox"/> 1. All clinical records (including mental health), and any logs are maintained on site in a confidential manner.		
<input type="checkbox"/> 2. A tickler/tracking system is in place for: <input type="checkbox"/> periodicity of comprehensive PE's <input type="checkbox"/> subsequent follow-up to treatment or care <input type="checkbox"/> follow-up of laboratory testing <input type="checkbox"/> follow-up of referrals <input type="checkbox"/> follow-up of missed appointments <input type="checkbox"/> other		

DIRECTIONS: Check () if requirement is met. Leave () blank if not met. Under **DESCRIPTION**, describe how the SBHC is consistent with the SBHC guidelines for that issue. NYSDOH staff completes **NYSDOH VALIDATION**.

At a minimum, comprehensive and interim visits include the following components: - chief complaint(s), review of systems (ROS), evaluation/re-evaluation of treatment, plan of care per clinical protocols and referral and follow-up.

C. SERVICES AVAILABLE	DESCRIPTION	NYSDOH VALIDATION
<p>1. COMPREHENSIVE HISTORY AND PHYSICAL ASSESSMENT (per EPSDT)</p> <ul style="list-style-type: none"> () review of systems () growth () nutrition () anthropometry () age-appropriate developmental () reproductive () psychosocial/behavioral () immunizations 	<p>Please attach a blank medical record and assessment tools that are used.</p>	
<p>2. SCREENINGS (per EPSDT)</p> <ul style="list-style-type: none"> () vision, including color perception () hearing () speech/articulation () dental () scoliosis () lead (as indicated) () sickle cell testing (as indicated) () TB sensitivity/Mantoux 		
<p>3. INTERIM EXAMS/CARE</p> <ul style="list-style-type: none"> () follow-up acute and/or abnormal findings () chronic disease management/medications () new acute () urgent () emergent () sports/work physicals 		

DIRECTIONS: Check () if requirement is met. Leave () blank if not met. Under **DESCRIPTION**, describe how the SBHC is consistent with the SBHC guidelines for that issue. NYSDOH staff completes **NYSDOH VALIDATION**.

C. SERVICES AVAILABLE	DESCRIPTION	NYSDOH VALIDATION																		
<p>4. HEALTH EDUCATION & HEALTH COUNSELING</p> <p>() general health and specific diagnosis () nutrition () psychosocial/behavioral (i.e. smoking, substance abuse, violence) () HIV/AIDS () other Sessions available to: () individual () parents only () group () student with parents Materials & resources used:</p> <p>() Additional health counseling is based on high-risk indicators.</p>	<p>Describe programs/activities</p>																			
<p>5. DENTAL (if applicable)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Preventive Services</td> <td style="width: 50%;">Treatment</td> </tr> </table> <p>Services</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">() examination</td> <td style="width: 50%;">() restoration</td> </tr> <tr> <td>() x-rays</td> <td>() extractions</td> </tr> <tr> <td>() oral prophylaxis</td> <td>() other (specify)</td> </tr> <tr> <td colspan="2">() fluoride supplements (drops/tabs)</td> </tr> <tr> <td colspan="2">() sealants</td> </tr> <tr> <td colspan="2">() referral for diagnosis/treatment</td> </tr> <tr> <td colspan="2">() follow-up</td> </tr> <tr> <td colspan="2">() other (specify)</td> </tr> </table>	Preventive Services	Treatment	() examination	() restoration	() x-rays	() extractions	() oral prophylaxis	() other (specify)	() fluoride supplements (drops/tabs)		() sealants		() referral for diagnosis/treatment		() follow-up		() other (specify)			
Preventive Services	Treatment																			
() examination	() restoration																			
() x-rays	() extractions																			
() oral prophylaxis	() other (specify)																			
() fluoride supplements (drops/tabs)																				
() sealants																				
() referral for diagnosis/treatment																				
() follow-up																				
() other (specify)																				

<p>6. MENTAL HEALTH</p> <ul style="list-style-type: none"><input type="checkbox"/> systematic assessment (specify tools used)<input type="checkbox"/> treatment plan<input type="checkbox"/> crisis intervention<input type="checkbox"/> referral for psychiatric evaluation and treatment<input type="checkbox"/> other referrals <p>Sessions available to:</p> <ul style="list-style-type: none"><input type="checkbox"/> individual <input type="checkbox"/> parents only<input type="checkbox"/> group <input type="checkbox"/> student with parents <p>List most-used referral professional/agencies:</p> <p>Materials & resources used:</p>		
--	--	--

DIRECTIONS: Check () if requirement is met. Leave () blank if not met. Under **DESCRIPTION**, describe how the SBHC is consistent with the SBHC guidelines for that issue. NYSDOH staff completes **NYSDOH VALIDATION**.

D. CLINICAL ENVIRONMENT	DESCRIPTION	NYSDOH VALIDATION
<p>1. GENERAL SAFETY/EMERGENCY</p> <ul style="list-style-type: none"> () All water used is provided from an approved public water source or alternate source acceptable to NYS. () Medical, fire, & emergency instructions and other procedures, including telephone numbers, are posted. () Smoke detectors and general purpose and chemical fire extinguishers are in working order and within easy access of SBHC. () Exits are clearly marked with escape routes posted. () Passages, corridors, doorways and other means of exit are kept clear and unobstructed. () The SBHC staff have keys for all bathrooms with inside locks; all bolt locks have been removed. () There are no safety hazards from chemical, electrical, temperature-controlled, and/or from mechanical devices. () Cleaning materials are appropriately labeled and stored in a locked, separate area. () Toys in the waiting area are clean, safe, and age appropriate. 		

2. PHYSICAL SPACE

- () Type, size and location of rooms are consistent with SBHC guidelines.
- () Exam rooms are well lit and ventilated.
- () The patient's bill of rights is posted and available in other languages as necessary.
- () The SBHC is equipped with a private phone/fax, affording confidentiality.
- () Toilet facilities are accessible, clean, and in working order.
- () There are designated clean and dirty areas.
- () Hand-washing is located in a sanitary area with hot/cold water, antibacterial liquid soap, and hands-free operation.
- () There is a designated laboratory area.
- () There is a supervised infirmary area where students may recline and rest.

DIRECTIONS: Check () if requirement is met. Leave () blank if not met. Under **DESCRIPTION**, describe how the SBHC is consistent with the SBHC guidelines for that issue. NYSDOH staff completes **NYSDOH VALIDATION**.

D. CLINICAL ENVIRONMENT	DESCRIPTION	NYSDOH VALIDATION
<p>3. SUPPLIES AND EQUIPMENT</p> <p>() Laboratory and other clinical equipment are calibrated at regular intervals with quality control measures in place.</p> <p>() Logs are maintained daily. Person responsible _____</p> <p>() Expiration dates on laboratory supplies are regularly checked and supplies are replaced. Person responsible _____</p> <p>() Refrigerator/freezer for "biologicals only" is operational.</p> <p>() Functional thermometers are located in refrigerator, freezer, and incubators if used.</p> <p>() Temperature logs are maintained daily for equipment. Person responsible _____</p> <p>() Covered waste receptacles, appropriately labeled with biohazard stickers, are in the exam, lab, bathroom, and other needed areas.</p> <p>() Medical waste is clearly marked with biohazard stickers, is in red bags and disposed of in an approved manner.</p> <p>() Sharp containers are locked, appropriately labeled with biohazard stickers and disposed of properly.</p> <p>() A functional eye wash set up is available.</p>		

<p>4. MEDICINE</p> <p>() A formulary or current PDR is available for use on site.</p> <p>() Medication and sharps are appropriately stored in a locked area. This includes biologicals which are stored in refrigerators.</p> <p>() Expiration dates on medications, including emergency meds, are routinely checked and expired medications replaced. Person responsible _____</p> <p>() Medication inventory process is in place.</p> <p>() Expired drugs are disposed of appropriately.</p> <p>() A labeled emergency box is available, appropriately equipped, and routinely checked for completeness and for expiration dates. Person responsible _____</p>		
--	--	--

40

DIRECTIONS: Signatures must be included with the self-assessment. Signature pages must be submitted in hard copy. A signature page is required for each site.

I certify that this information in Section II A-D is true and correct to the best of my knowledge.

Name (Please print)

Signature

E-Mail

Title

Date

Phone

SECTION III.
CLINICAL RECORD
REVIEW
(Duplicate as needed)

MEDICAL RECORDS
(For Reviewer use only)

PROVIDER _____
SBHC Site _____
Date _____

VISIT CODES: C – Complete physical I – Interim acute or follow-up visit
 M – Mental Health C/PCP – Complete physical by student's own provider

CHART NUMBER												
TYPE OF VISIT (SEE CODE)												
DATE												
Grade												
Age												
Sex												
Enrollment												
Consent												
Complete History												
Complete Psycho-Social Assessment												
Review of Systems												
Nutrition Assessment												
Age Appropriate Developmental Assessment												
Immunization												
Tuberculin Screen/Testing												
Lead Screening/Testing												
Sickle Cell Status: Assess./Screen												
Anthropometry												
Reproductive Assessment												
Tanner Staging												
Hearing Screening												
Vision Screening												
Dental Screening												
Scoliosis Screening												
B/P												
Labs/Diagnostics												

Impression															
Plan															
Care Coordination															
Health Ed./Counseling															
Referral															
Follow-up															
Resolution															
Chart Legible Dated Signed															
Mental Health Assessment															
Impression															
Plan															
Care Coordination															
Referral															
Follow-up															
Resolution															
Chart Legible Dated Signed															

DOCUMENTATION CODES: T – Thorough documentation in record P – Inconsistent/partial documentation in record N/A – Not applicable in this record
M – Minimal documentation in record U – Not documented in record

CHART AUDIT: ADDITIONAL DISCUSSIONS OF SELECTED FINDINGS

PROVIDER _____

DATE _____

SITE _____

PAGE _____

Identified Issue(s)

Identified Issue(s)

3. Chart #/Name: _____

Identified Health Issue(s):

4. Chart #/Name: _____

Identified Health Issue(s):

5. Chart #/Name: _____

Identified Health Issue(s):

6. Chart #/Name: _____

Identified Health Issue(s):

7. Chart #/Name: _____

Identified Health Issue(s):

8. Chart #/Name: _____

Identified Health Issue(s):

General Comments/Recommendations for Improvement:

**SECTION IV.
COMPREHENSIVE SITE REVIEW SUMMARY NEW YORK STATE DEPARTMENT OF HEALTH
SCHOOL BASED HEALTH CENTER PROGRAM**

PERFORMANCE EFFECTIVENESS REVIEW TOOL (PERT)

SECTION IV: COMPREHENSIVE SITE REVIEW SUMMARY

Provider: _____

Date of Review: _____
Reviewers: _____

Facility Provider Administration:

Name _____
Mailing Address _____

Phone _____ **Fax** _____
E-Mail _____

SBHC Program Director:

Name _____
Mailing Address _____

Phone _____ **Fax** _____
E-Mail _____

Action Plan due within six weeks of receipt of summary

School Based Health Center Dental PERT TABLE OF CONTENTS

SECTION I: INTRODUCTION	PAGE
PURPOSE OF THE PERT	1
PERT PROCESS	1
DIRECTIONS FOR COMPLETING THE PERT	3
GLOSSARY	5
COVER PAGE	6
SECTION II: ADMINISTRATIVE REVIEW	
TARGETING/POPULATION PROFILE	8
OUTREACH AND PROMOTION	9
SERVICES AVAILABLE	10
ACCESS TO SERVICES	12
ENROLLMENT AND PARENTAL CONSENT	13
RELATIONSHIPS/COMMUNITY PARTNERSHIPS	14
MAINTENANCE OF RECORDS	15
STAFFING	16
DATA MANAGEMENT/EVALUATIONS	17
FISCAL OPERATIONS/THIRD PARTY BILLINGS	18
QUALITY ASSURANCE	19
POLICIES AND PROCEDURES	21
SECTION III: PHYSICAL AND ENVIRONMENTAL REQUIREMENTS	
CLINIC SPACE	23
INFECTION CONTROL	24
HANDWASHING	25
PERSONAL PROTECTIVE EQUIPMENT	26
HOUSEKEEPING & LAUNDRY	27
ENGINEERING AND WORK PRACTICE	28
CLEANING, DISINFECTION & STERILIZATION	30
EQUIPMENT	33
EXPOSURE CONTROL PLAN	34
SECTION IV: CLINICAL RECORD REVIEW	
DENTAL RECORD REVIEW	36
SECTION V: COMPREHENSIVE SITE REVIEW SUMMARY	
SITE REVIEW SUMMARY	40

SECTION I: INTRODUCTION

PURPOSE

The Performance Effectiveness Review Tool (**PERT**) is a document that brings together outcome-based evaluations with program process standards to define the quality and effectiveness of a School-Based Health Center Dental Program (**SBHC-D**) and compliance with New York State Department of Health (**NYSDOH**) regulations, program requirements, administrative policies, and, where applicable, State and federal laws and requirements. The tool engages in a process of self-evaluation and subsequent validation by a NYSDOH review team. Under this framework, the SBHC-D is an active participant in all aspects of the monitoring and evaluation process.

The self-assessment and validation sections of the PERT provide assurance that the **Requirements for a School-Based Health Center Dental Program in New York State** (**Requirements**) are being adequately met.

PERT PROCESS

PROGRAM STANDARDS – On the far left side of the document, program standards are listed with a citation as to their origin. Each item within the standard is coded by symbols indicating the law, regulation, or requirements from which the standards are derived:

- ✘ **Requirements for a School-Based Health Center Dental Program in New York State**
- ◇ Article 28: Diagnostic and Treatment Center
- ∅ New York State Confidentiality Law
- ☐ Health Insurance Portability and Accountability Act (HIPAA)
- Family Educational Rights and Privacy Act (FERPA)
- 📁 Maintenance of Medical Records
- △ Infection control requirements
- ◆ Chapter 198 of the Laws of New York State
- Title 8 of the Education Law
- ⊕ Radiographic Equipment
- ✦ Environmental Conservation Law, 6 NYCRR Subpart 374-4

Please refer to pages 19-20 in the **Requirements for a School-Based Health Center Dental Program in New York State** for web-based resources on state and federal laws, rules, and regulations related to the establishment of a SBHC-D Program.

SELF-ASSESSMENT – completed by SBHC-D staff

The SBHC-D is given the opportunity to assess the quality and effectiveness of its program by determining if it is meeting the various dental health components of the Requirements, regulations, or law, as identified by specific items (Program Standards) throughout the PERT.

The middle portion of each page is designed as a self-assessment to be completed by SBHC-D staff. In the Self-Code column, SBHC-D staff codes the document as to whether:

- M** the standard is met,
- U** the standard is unmet,
- P** there has been progress toward meeting the standard, and
- TA** additional technical assistance required interpreting or meeting the standard.

SBHC-D staff has the opportunity to describe in the Self-Assessment column how the standard is met and how each item listed is used to carry out SBHC-D activities, or the reasons why a standard has not met and the efforts and progress being made to address the standard. Some sections of the Self-Assessment column contain a list of items/ requirements; the SBHC-D staff should check (✓) the box next to each item, if met.

VALIDATION – completed by NYSDOH staff

The two columns on the right of each page are used by the reviewer or review team to validate the status of each standard. The validation process takes place in the context of site visits to the SBHC-D and utilizes the self-assessment data and information gathered onsite.

EXIT CONFERENCE

Onsite reviews end in an exit interview or conference during which the findings are summarized and recommendations for improvement are made. SBHC-D staff has the opportunity to discuss the various findings, clarify their assessments, and request any consultation or technical assistance that is needed.

REVIEWER SUMMARY

The overall evaluation of the SBHC-D is then summarized in the Reviewer Summary; this section of the PERT outlines the SBHC-D's strengths, needs, and priority actions and the recommendations needed to be implemented for program improvement. Here, reviewers and the SBHC-D jointly prioritize areas for improvement in the form of key recommendations.

FOLLOW-UP

After completion of the onsite review, NYSDOH staff will send a letter to the SBHC-D Program Director, along with copies of the completed and validated PERT, the Clinical Record Review, and the Reviewer Summary. The letter addresses strengths, areas needing improvement, and the items contained in the prioritized list that require immediate attention and that should be incorporated into the SBHC-D's quality improvement process/action plan.

ACTION PLAN

An Action Plan must be submitted to the NYSDOH Bureau of Dental Health within 6 weeks of receipt of the follow-up letter. The Action Plan should include:

- strategies for approval,
- activities to correct all referenced items,
- policies and procedures to support the activities,
- a timeline for implementation,
- staff responsible, and
- evaluation measures.

Technical assistance from the NYSDOH Bureau of Dental Health is available, as needed, throughout the process. Additional on-site visits to evaluate changes, operational improvements and the degree of progress will be scheduled as necessary.

DIRECTIONS FOR COMPLETING THE PERT

SECTION I: COVER PAGE

Under the Self-Assessment portion of the Cover Page, enter the name of the sponsoring agency, the SBHC-D Program Director or contact, and date the self-assessment component of the PERT was completed. List each SBHC-D site at which services are to be provided and the name and telephone number of SBHC-D staff member responsible for site operations.

SECTION II: ADMINISTRATIVE REVIEW

Self-Assessment:

- The middle portion of this section is completed by SBHC-D staff. All Self-Code and Self-Assessment columns for each performance standard and corresponding items listed in the first column of the form are to be addressed.
- Indicate in the **Self-Code** column if the standard is met (**M**) or unmet (**U**) and whether technical assistance (**TA**) is required. If the standard is unmet, indicate, as applicable, if progress (**P**) has been made toward meeting the standard.
- In the Self-Assessment column, describe how the standard is met and how each item listed is used to carry out SBHC-D activities. If the standard is not met, give the reasons why and describe what is being done to achieve the standard. In some sections of the Self-Assessment column, a list of items/requirements is presented; check (✓) the box next to each item, if met.
- A **W** next to the Program Standard heading means that **ALL** items in this section must be completed for the pre-opening certification.

Validation by NYSDOH Staff:

- The right side of the PERT form is completed by NYSDOH staff.
- In the **Reviewer Code** column, the reviewer indicates if the standard has been met (**M**) or unmet (**U**), if technical assistance (**TA**) is required, and if the standard is unmet, if progress (**P**) has been made toward meeting the standard.
- The **Validation by Reviewer** column is used to record any comments and/or explanations noting whether or not the performance standard/item/requirement has been fully met. The reviewer also indicates if the findings are based on:
 - I** interviews
 - O** observations
 - P/P** Policy and Procedure Manual review
 - Min** review of meeting minutes
 - R/R** record review

The following Program Standards are included in the Administrative Review Section:

- targeting/population profile
- outreach and promotion
- services available
- access to services
- enrollment and parental consent
- maintenance of records
- relationships/community partnerships
- staffing
- data management/evaluations
- fiscal operations/third party billings
- quality assurance
- policies and procedures

SECTION III: PHYSICAL AND ENVIRONMENTAL REQUIREMENTS

Self-Assessment:

- Indicate in the **Self-Code** column if the standard is met (**M**) or unmet (**U**) and whether technical assistance (**TA**) is required. If the standard is unmet, indicate, as applicable, if progress (**P**) has been made toward meeting the standard.
- In the Self-Assessment column, describe how the standard is met and how each item listed is used to carry out SBHC-D activities. If the standard is not met, give the reasons why what is being done to achieve the standard. In some sections of the Self-Assessment column, a list of items/requirements is presented; check (✓) the box next to each item, if met.
- A **W** next to the Program Standard heading means that **ALL** items in this section must be completed for the pre-opening certification.

Validation by NYSDOH Staff:

- The reviewer indicates in the **Reviewer Code** column if the standard has been met (**M**) or unmet (**U**), if technical assistance (**TA**) is required, and if the standard is unmet, whether progress (**P**) has been made toward meeting the standard.
- The **Validation by Reviewer** column is used to record any comments and/or explanations noting whether or not the performance standard/item/requirement has been fully met. The documentation used to determine if the standard has been met is also indicated.

The following Program Standards are included in the Physical and Environmental Requirements section:

- clinic space
- infection control
- hand washing
- personal protective equipment
- housekeeping & laundry
- engineering and work practice
- cleaning, disinfection & sterilization
- equipment
- exposure control plan

Once the self-assessment portion of the PERT is completed, it is to be **returned** to the NYSDOH Bureau of Dental Health **one week prior to the on-site review**.

SECTION IV: CLINICAL RECORD REVIEW

This section is completed by the NYSDOH review team. Generally, a minimum of 10 charts per site reflective of SBHC-D enrollment will be randomly selected and reviewed. Depending on the number of students enrolled, the review team will have the discretion of either reviewing more or fewer records. The chart review tool to be used is included in the PERT.

SECTION V: COMPREHENSIVE SITE REVIEW SUMMARY

The NYSDOH review team completes the site review summary report based on information obtained from the Self Assessment, Validation, and Clinical Record Review Sections of the PERT. The strengths and needs of the SBHC-D are summarized and all priority actions and recommendations needed for program improvement are identified.

GLOSSARY

COMPREHENSIVE SITE REVIEW

An official program review conducted by a NYSDOH review team to evaluate all aspects of the operation of the SBHC-D. This evaluation will be conducted at a minimum, once every three years.

FOCUSED SITE REVIEW

An official program review conducted by a NYSDOH review team to review selected aspects of the operation of a SBHC-D. This review may be conducted between comprehensive site reviews based on program performance measured by previous comprehensive site reviews and the ability of the program to implement and achieve work plan activities.

INTERIM VISITS/CONTACT

Site visits or telephone calls made by regional office staff or Bureau of Dental Health staff for follow-up on comprehensive site reviews and/or to provide needed technical assistance and consultation between review visits.

“NEW SITE”

A SBHC-D not previously in operation. This may apply to a sponsoring agency that already operates one or more other SBHC-D sites or to one that has never operated any sites.

PERT

The Performance Effectiveness Review Tool is a tool used to evaluate the operation of the SBHC-D. The tool includes a self assessment of administrative performance standards and physical requirements completed by the SBHC-D provider and an on-site validation by the NYSDOH Bureau of Dental Health and/or regional office staff. The tool is used for pre-opening certification, focused reviews, and comprehensive site reviews.

PRE-OPENING CERTIFICATION VISIT

This is a site visit to a newly established SBHC-D and one or more sites by NYSDOH regional staff to conduct an evaluation of the provider's readiness to provide services. Selected portions of the PERT, including the self-assessment and NYSDOH validation, will be used to determine program readiness.

PRE-OPENING TECHNICAL ASSISTANCE

Technical assistance and consultation provided to the provider by NYSDOH regional and/or central office staff in preparation for the opening of a new school-based health center dental program.

SELF-ASSESSMENT

A narrative description of the strategies employed by a SBHC-D provider to meet programmatic requirements and/or to accomplish work plan activities. This narrative is completed by the SBHC-D provider using the PERT prior to a pre-opening, focused, or comprehensive site review.

SITE-REVIEW TEAM

NYSDOH staff comprised of regional and central office staff and other resource persons, as needed, to conduct the Comprehensive Site Review.

SECTION II
ADMINISTRATIVE REVIEW

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
ix) TARGETING/POPULATION PROFILE				
Population-based community needs assessment performed to determine current oral health status of the population. [✘]	<input type="checkbox"/>	List oral health data resources used:	<input type="checkbox"/>	
Population-based needs assessment performed to identify predominant and changing oral health needs of the population using wide variety of data sources. [✘]	<input type="checkbox"/>	Analysis includes: <input type="checkbox"/> pertinent national, state, regional, or local baseline data <input type="checkbox"/> patterns of dental disease <input type="checkbox"/> emerging trends <input type="checkbox"/> current dental resources <input type="checkbox"/> access to and utilization of dental services <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
Community needs assessment process allows for input from community members. [✘]	<input type="checkbox"/>	Input obtained from: <input type="checkbox"/> community leaders <input type="checkbox"/> school administrators and teachers <input type="checkbox"/> parents <input type="checkbox"/> dental care providers <input type="checkbox"/> surveys <input type="checkbox"/> local Social Services District <input type="checkbox"/> county Health Department <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
Population-based data and community needs assessment data used to locate services in areas of highest need and target high risk groups. [✘]	<input type="checkbox"/>	Analysis: <input type="checkbox"/> detects gaps in services <input type="checkbox"/> identifies schools with greatest needs <input type="checkbox"/> identifies needed actions <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
PROGRAM PROMOTION AND OUTREACH				
Program promoted within the community. <div style="text-align: right;">[✖]</div>	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Program promoted within the school to school staff and administrators. <div style="text-align: right;">[✖]</div>	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Program promoted to parents and children. <div style="text-align: right;">[✖]</div>	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Outreach activities conducted to reach highest need children within the school. <div style="text-align: right;">[✖]</div>	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
ix SERVICES AVAILABLE				
Dental health education is provided. [✘]	<input type="checkbox"/>	<input type="checkbox"/> individual counseling <input type="checkbox"/> group or classroom	<input type="checkbox"/>	
A variety of age-appropriate education topics are covered. [✘]	<input type="checkbox"/>	List topics:	<input type="checkbox"/>	
Dental services provided: [✘]	<input type="checkbox"/>	On-Site Referral <input type="checkbox"/> screenings <input type="checkbox"/> oral evaluations <input type="checkbox"/> oral prophylaxis <input type="checkbox"/> sealants <input type="checkbox"/> topical fluoride <input type="checkbox"/> minor restorations <input type="checkbox"/> extractions <input type="checkbox"/> minor complaints <input type="checkbox"/> other – specify:	<input type="checkbox"/>	
Dental services provided through the SBHC-D are coordinated with the child's dental care provider. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Communication with parent when preventive or treatment services required. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Referral system is in place for dental services that cannot be provided on-site. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Referral system contains a follow-up component to ensure that children receive all necessary services and treatment. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
Ⓜ SERVICES AVAILABLE – CONTINUED				
Appointment scheduled is used. <div style="text-align: right;">[✘]</div>	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
There is follow-up system in place for missed appointments. <div style="text-align: right;">[✘]</div>	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Procedures are in place for referring children in Medicaid Managed Care Plans to network providers. <div style="text-align: right;">[✘]</div>	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Parents are informed of the outcome of preventive and treatment visits. <div style="text-align: right;">[✘]</div>	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
5) ACCESS TO SERVICES				
SBHC-D staff are fluent in the predominate language of the population to be served. <div style="text-align: right;">[✘]</div>	<input type="checkbox"/>		<input type="checkbox"/>	
Dental services provided during normal school hours. <div style="text-align: right;">[✘]</div>	<input type="checkbox"/>		<input type="checkbox"/>	
Procedures are in place for parents to contact the SBHC-D 24/7 when access to dental treatment services is needed when the school is closed. <div style="text-align: right;">[✘]</div>	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Treatment services during non-school hours are provided. <div style="text-align: right;">[✘]</div>	<input type="checkbox"/>	Services are provided by: <input type="checkbox"/> Article 28 sponsor <input type="checkbox"/> arrangements with a dental care provider <input type="checkbox"/> back-up facility <input type="checkbox"/> other:	<input type="checkbox"/>	
There is a system in place to document referrals made during non-school hours.	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
There is a system in place to follow-up on the outcome of referrals made during non-school hours.	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
ENROLLMENT AND PARENTAL CONSENT				
Parents are informed of the availability of school-based dental services, the types of services provided, and how to access emergency treatment services during non-school hours. <p style="text-align: right;">[✘]</p>	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Informed consent forms are used to obtain parental permission for participation in the SBHC-D, provision of services, and the subsequent disclosure of information. <p style="text-align: right;">[✘, ◇, ⚡, □, ○]</p>	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Informed consent forms contain all necessary components. <p style="text-align: right;">[✘, ◇, ⚡, □, ○]</p>	<input type="checkbox"/>	Check all that apply: <input type="checkbox"/> child's name <input type="checkbox"/> address <input type="checkbox"/> date of birth <input type="checkbox"/> name of parent or guardian <input type="checkbox"/> child's social security number <input type="checkbox"/> child's dental services insurance carrier <input type="checkbox"/> child's insurance identification number <input type="checkbox"/> name and address of child's dental care provider <input type="checkbox"/> authorization for release of dental information	<input type="checkbox"/>	
Informed consent is obtained when treatment services are needed. <p style="text-align: right;">[✘, ◇, ⚡, □, ○]</p>	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
A system is in place to follow-up with parents failing to return the informed consent form. <p style="text-align: right;">[✘]</p>	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
8) RELATIONSHIPS and COMMUNITY PARTNERSHIPS				
Relationships are established with the child's family. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Relationships are established with the school, school district, and school board. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Relationships are established with the child's regular source of dental care. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Relationships are established with the sponsoring agency. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Relationships are established with the community. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
A Community Advisory Committee is used to provide input and oversight to the program. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
SBHC-D staffs participate in local oral health coalitions. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
MAINTENANCE OF DENTAL RECORDS A dental record is maintained on each child enrolled in the SBHC-D. <div style="text-align: right;">[✘, 📁]</div>	<input type="checkbox"/>	The dental record contains the following information: <input type="checkbox"/> name of child <input type="checkbox"/> address <input type="checkbox"/> date of birth <input type="checkbox"/> race/ethnicity <input type="checkbox"/> name of parent or guardian <input type="checkbox"/> telephone number of parent/guardian <input type="checkbox"/> name of insurance carrier and identification number <input type="checkbox"/> name of closest relative and telephone number for emergency contact <input type="checkbox"/> medical and dental history <input type="checkbox"/> signed consent forms <input type="checkbox"/> list of client reported problems <input type="checkbox"/> finding from dental evaluations <input type="checkbox"/> patient care and/or treatment plan <input type="checkbox"/> progress notes <input type="checkbox"/> documentation of parental notifications and/or follow-up	<input type="checkbox"/>	
Client dental records and related documents are stored in a locked cabinet except when in use and electronic client records are secure from unauthorized use. <div style="text-align: right;">[✘, ✧, ⚡, 📁, ○, 📁]</div>	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Client information is not released to outside sources without the written informed consent of the client's parent or guardian. <div style="text-align: right;">[✘, ✧, ⚡, 📁, ○]</div>	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
STAFFING				
One or more dental health professionals are present during normal school hours. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
A licensed physician provides general supervision or administrative oversight of the SBHC-D. [✘, ◆]	<input type="checkbox"/>	Describe: <input type="checkbox"/> SBHC-D in a school with a SBHC <input type="checkbox"/> SBHC-D in a school without a SBHC	<input type="checkbox"/>	
A supervising dentist is available. [✘]	<input type="checkbox"/>		<input type="checkbox"/>	
All dental professionals have a current New York State license. [✘, ●]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Direct service staffs have completed appropriate training. [✘, △, ●]	<input type="checkbox"/>	Training includes: <input type="checkbox"/> child abuse <input type="checkbox"/> infection control <input type="checkbox"/> emergency care, including general first aid, CPR, and the Heimlich maneuver <input type="checkbox"/> other:	<input type="checkbox"/>	
Written duties descriptions are available for all SBHC-D staff. [✘]	<input type="checkbox"/>		<input type="checkbox"/>	
Personnel records are maintained for all SBHC-D staff. [✘]	<input type="checkbox"/>	Personnel records contain: <input type="checkbox"/> copy of license <input type="checkbox"/> performance evaluations <input type="checkbox"/> continuing education courses/credits <input type="checkbox"/> fingerprints <input type="checkbox"/> documentation of completion of required trainings	<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
DATA MANAGEMENT AND EVALUATIONS				
When client data are used, access to and use of the data are restricted to ensure confidentiality. [◇, Ⓢ, □, ○]	<input type="checkbox"/>		<input type="checkbox"/>	
A data collection plan is in place that identifies the types and frequency of data to be collected. [✘]	<input type="checkbox"/>	Types of data collected: Frequency of data collection:	<input type="checkbox"/>	
A designated individual is responsible for overseeing data collection activities and preparing NYSDOH quarterly reports. [✘]	<input type="checkbox"/>	Identify:	<input type="checkbox"/>	
Quarterly reports are submitted to the NYSDOH Bureau of Dental Health within the required timeframe. [✘]	<input type="checkbox"/>		<input type="checkbox"/>	
Strategies and procedures are in place for program evaluations. [✘]	<input type="checkbox"/>		<input type="checkbox"/>	
Program evaluation strategies include both process and impact/outcome measures. [✘]	<input type="checkbox"/>	Process measures: Impact/Outcome:	<input type="checkbox"/>	
A designated individual is responsible for overseeing and conducting program evaluations. [✘]	<input type="checkbox"/>	Identify:	<input type="checkbox"/>	
Evaluation results shared with school administration, the Community Advisory Committee, and the CQI Committee. [✘]	<input type="checkbox"/>		<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
VI FISCAL OPERATIONS AND THIRD PARTY BILLINGS				
Appropriate administrative support is provided by the Article 28 sponsoring agency for overseeing all program expenditures and third party billings. [X]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Procedures are in place for obtaining information on the Medicaid, Child Health Plus, and other 3 rd party eligibility of enrolled children. [X]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Encounter forms are generated for all billable visits. [X]	<input type="checkbox"/>		<input type="checkbox"/>	
Procedures are in place to ensure Medicaid and 3 rd party billing of all eligible encounters. [X]	<input type="checkbox"/>		<input type="checkbox"/>	
Billing procedures adequately address rejected claims. [X]	<input type="checkbox"/>		<input type="checkbox"/>	
Medicaid and 3 rd party revenues are readily identifiable through the use of correct Medicaid billing codes. [X]	<input type="checkbox"/>		<input type="checkbox"/>	
Procedures are in place to return all revenues back to the SBHC-D. [X]	<input type="checkbox"/>		<input type="checkbox"/>	
Total service costs and revenues are calculated on both a quarterly and annual basis. [X]	<input type="checkbox"/>		<input type="checkbox"/>	
A zero-based sliding fee scale is used for treatment services. [X]	<input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> procedures in place to notify parents <input type="checkbox"/> procedures in place for billing and obtaining reimbursements	<input type="checkbox"/>	
If SBHC-D is granted funded: [X]	<input type="checkbox"/>	<input type="checkbox"/> vouchers prepared/submitted quarterly <input type="checkbox"/> file copy with proper documentation <input type="checkbox"/> annual equipment inventory completed	<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
QUALITY ASSURANCE				
The Article 28 sponsor provides support to the SBHC-D with respect to continuous quality improvement and quality management. <div style="text-align: right;">[✘]</div>	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
The SBHC-D CQI Plan is integrated into the CQI Plan of the Article 28 sponsor. <div style="text-align: right;">[✘]</div>	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
There is a designated individual responsible for the quality management and improvement of the SBHC-D. <div style="text-align: right;">[✘]</div>	<input type="checkbox"/>	Identify:	<input type="checkbox"/>	
The SBHC-D CQI Plan addresses the full range of program activities. <div style="text-align: right;">[✘]</div>	<input type="checkbox"/>	The plan addresses: <ul style="list-style-type: none"> <input type="checkbox"/> management of clinical conditions <input type="checkbox"/> documentation of care <input type="checkbox"/> use of services <input type="checkbox"/> staff qualifications <input type="checkbox"/> system organization <input type="checkbox"/> patient satisfaction <input type="checkbox"/> patient knowledge <input type="checkbox"/> changes in patient behaviors <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/>	
Written quality management policies and procedures are in place. <div style="text-align: right;">[✘]</div>	<input type="checkbox"/>	Policies and procedures cover: <ul style="list-style-type: none"> <input type="checkbox"/> provider credentials and maintenance <input type="checkbox"/> professional continuing education <input type="checkbox"/> pre-employment procedures <input type="checkbox"/> staff and program evaluation <input type="checkbox"/> measures of patient satisfaction <input type="checkbox"/> medical record review <input type="checkbox"/> complaint and incident review <input type="checkbox"/> corrective actions and time frame <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)												
ix) POLICIES AND PROCEDURES																
There is a dental services operating manual specific to the SBHC-D and provision of dental services. [✘]	<input type="checkbox"/>		<input type="checkbox"/>													
Copies of the most recently available manual are maintained at the Article 28 sponsoring agency and at each SBHC-D site. [✘]	<input type="checkbox"/>		<input type="checkbox"/>													
There is an individual responsible for implementation/oversight of each policy and procedure. [✘]	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Policy:</th> <th style="width: 50%;">Responsible Person:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table>	Policy:	Responsible Person:											<input type="checkbox"/>	
Policy:	Responsible Person:															
The Policy and Procedure Operating Manual for the SBHC-D includes and address all required components. [✘]	<input type="checkbox"/>	The Manual includes the following: <input type="checkbox"/> organization and administration <input type="checkbox"/> personnel <input type="checkbox"/> outreach and education <input type="checkbox"/> enrollment <input type="checkbox"/> informed consent and parental involvement <input type="checkbox"/> confidentiality <input type="checkbox"/> clinical services <input type="checkbox"/> fiscal management <input type="checkbox"/> third party billings and reimbursements <input type="checkbox"/> data management <input type="checkbox"/> CQI and quality insurance <input type="checkbox"/> environmental controls and management <input type="checkbox"/> tracking and follow-up of off-site referrals <input type="checkbox"/> record maintenance <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>													

SECTION III
PHYSICAL AND ENVIRONMENTAL REQUIREMENTS

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
<p>INFECTION CONTROL</p> <p>Infection control procedures and standard precautions used for patients treat all blood and other potentially infectious materials (OPIM) as if known to be infectious for HBV, HIV, and other blood borne pathogens.</p> <p>[✘, ◇, △]</p>	<input type="checkbox"/>	<p>The following procedures are in place:</p> <ul style="list-style-type: none"> <input type="checkbox"/> barrier protection used at all times <input type="checkbox"/> gloves worn when handling blood and OPIM <input type="checkbox"/> gloves changed between patients <input type="checkbox"/> facial protection worn during procedures in which splashing or aerosolization can occur <input type="checkbox"/> hands washed with soap and water after removing gloves <input type="checkbox"/> hands washed if accidentally contaminated and upon leaving the work station <input type="checkbox"/> steps taken to avoid accidental injuries <input type="checkbox"/> rigid, puncture resistant containers used for sharps <input type="checkbox"/> personnel do not handle needles unnecessarily <input type="checkbox"/> devise is available to avoid mouth-to-mouth contact in resuscitation <input type="checkbox"/> sound work practices incorporated to minimize spatters <input type="checkbox"/> all surfaces and devices decontaminated after each patient 	<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
Ⓜ HANDWASHING Proper hand washing techniques are maintained by all SBHC-D staff in order to remove resident bacteria and transient organisms that can be transmitted to other individuals. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>	Hand washing techniques include: <input type="checkbox"/> use of running water <input type="checkbox"/> use of non-contaminated soap <input type="checkbox"/> avoidance of bar soap <input type="checkbox"/> development of lather <input type="checkbox"/> maintenance of friction <input type="checkbox"/> complete rinsing <input type="checkbox"/> avoidance of recontamination for handles or towels <input type="checkbox"/> washing hands between every patient <input type="checkbox"/> washing hands after de-gloving and re-gloving procedures	<input type="checkbox"/>	
Soap dispensers are appropriately used and maintained. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>	<input type="checkbox"/> soap is dispensed from a container in such a way that neither the soap nor container is contaminated <input type="checkbox"/> regular cleaning or reusable soap containers are maintained or disposable containers and dispensers are used	<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
PERSONAL PROTECTIVE EQUIPMENT				
<p>Appropriate personal protective equipment is used whenever performing dental procedures on clients.</p> <p style="text-align: right;">[✘, △]</p>	<input type="checkbox"/>	<p>Personal protective equipment consists of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> gloves whenever patient contact is expected <input type="checkbox"/> masks that cover both the mouth and nose when splashing, aerosolization, or close patient contact expected <input type="checkbox"/> face shields worn over glasses or in place of glasses whenever a mask is worn <input type="checkbox"/> glasses with side protection worn in place of a face shield <input type="checkbox"/> cotton/poly or disposal outer garments with long sleeves and a high neck that cover all exposed skin <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/>	
<p>All personal protective equipment are cleaned or replaced whenever visibly soiled.</p> <p style="text-align: right;">[✘, △]</p>	<input type="checkbox"/>		<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
HOUSEKEEPING AND LAUNDRY				
A supervisor is assigned to oversee all housekeeping activities. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>	Identify: <input type="checkbox"/> The supervisor ensures that a daily schedule or routine is followed for all housekeeping activities.	<input type="checkbox"/>	
A written schedule is used for cleaning and decontaminating work surfaces. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>		<input type="checkbox"/>	
A written checklist is used for ensuring completion of all housekeeping activities. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>		<input type="checkbox"/>	
Specific cleaning instructions are listed. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>		<input type="checkbox"/>	
All cleaners and disinfectants used are listed. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>		<input type="checkbox"/>	
The SBHC-D has a designated individual responsible for both the handling and cleaning of laundry. <div style="text-align: right;">[✘]</div>	<input type="checkbox"/>	Identify: <input type="checkbox"/> The handling of laundry is outlined in the individual's written job classification.	<input type="checkbox"/>	
A container or bag that is recognizable as containing hazardous contaminated laundry is provided. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>		<input type="checkbox"/>	
Gloves are worn whenever an employee handles laundry. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>		<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
ENGINEERING AND WORK PRACTICE				
Engineering and work practice controls are used to prevent or minimize exposure to blood borne pathogens. [✘, △]	<input type="checkbox"/>	Describe:		
Engineering controls reduce exposure in the workplace by either removing the hazard or isolating the worker from it. [✘, △, ✦]	<input type="checkbox"/>	Describe:		
Proper procedures are followed to prevent or minimize exposure to blood or OPIM. [✘, △]	<input type="checkbox"/>	<input type="checkbox"/> proper planning, set-up, and clean-up are employed <input type="checkbox"/> all OPIM are placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping <input type="checkbox"/> equipment and materials which may become contaminated with blood or OPIM are examined prior to shipping and decontaminated as necessary <input type="checkbox"/> all procedures involving blood and OPIM are performed in such a manner as to minimize splashing, spattering, and the generation of droplets		
Sharps are appropriately handled and disposed of. [✘, △]	<input type="checkbox"/>	<input type="checkbox"/> a puncture-resistant disposal container is used for all contaminated sharps <input type="checkbox"/> sharps containers are available at all work site stations <input type="checkbox"/> the bending or shearing of needles is prohibited <input type="checkbox"/> the recapping of needles is prohibited <input type="checkbox"/> a self-sheathing needle is used <input type="checkbox"/> <input type="checkbox"/>		

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
ENGINEERING AND WORK PRACTICE - CONTINUED				
Appropriate practices and standards are in place to avoid contamination. [✖, △, ✦]	<input type="checkbox"/>	<input type="checkbox"/> eating of food or drinking is prohibited in all work areas where blood or OPIM are, or are likely to be present <input type="checkbox"/> edibles are never stored in refrigerators where blood or OPIM are also stored <input type="checkbox"/> food and drink are not allowed in the operatory area <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
Impermeable paper, plastic wrap, or aluminum foil are used to cover regularly handled items used in the work area. [✖, △]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
An eyewash station is maintained. [✖, △]	<input type="checkbox"/>	<input type="checkbox"/> eyewash stations are located at each site where expected hazard to eyes is anticipated Sites include: <input type="checkbox"/> each sink location <input type="checkbox"/> where sterilization is performed <input type="checkbox"/> where instruments are prepared <input type="checkbox"/> where laboratory equipment is used <input type="checkbox"/> where chemical splattering may occur	<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
ix) CLEANING, DISINFECTING, AND STERILIZATION				
All items are cleaned first before attempting disinfection or sterilization. [✘, △]	<input type="checkbox"/>		<input type="checkbox"/>	
Heavy duty rubber utility gloves are worn whenever handling or cleaning instruments and equipment. [✘, △]	<input type="checkbox"/>		<input type="checkbox"/>	
Procedures for disinfecting dental units and equipments are appropriately followed. [✘, △]	<input type="checkbox"/>	<input type="checkbox"/> intermediate level disinfectants are the lowest level of disinfectants used by staff <input type="checkbox"/> intermediate level disinfection is used on all non-invasive equipment that contacts intact skin <input type="checkbox"/> dental units and equipment are disinfected when visibly soiled or daily <input type="checkbox"/> the intermediate level disinfectants that are used are labeled as tuberculoidal by the manufacturer	<input type="checkbox"/>	
Sterilization practices minimize exposure to blood and OPIM and clearly identify items in need of sterilization. [✘, △]	<input type="checkbox"/>	<input type="checkbox"/> all reusable items that penetrate tissue, bone, or pulp or that contact mucosal surfaces are sterilized <input type="checkbox"/> all items to be sterilized are bagged and dated <input type="checkbox"/> the number of instruments bagged is appropriate for when these instruments will be used next on patients <input type="checkbox"/> bags are not overstuffed Items that are routinely sterilized include: <input type="checkbox"/> reusable mirrors <input type="checkbox"/> amalgam condensers <input type="checkbox"/> air/water tips <input type="checkbox"/> high-speed hand pieces <input type="checkbox"/> low-speed terminal attachments <input type="checkbox"/> ultrasonic scaler attachments	<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
8) CLEANING, DISINFECTING, AND STERILIZATION - CONTINUED				
Blood and OPIM are not allowed to dry on instruments. [✘, △]	<input type="checkbox"/>		<input type="checkbox"/>	
Holding solutions are used to prevent the drying of blood, serum, saliva, and other debris on instruments in order to ensure more efficient and thorough cleaning. [✘, △]	<input type="checkbox"/>	<input type="checkbox"/> an ultrasonic bath is used for pre-cleaning instruments <input type="checkbox"/> holding trays containing instruments are stored away from clean and sterile instruments <input type="checkbox"/> the holding solution is changed at the end of each day <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
The sterilization process follows acceptable standards and procedures. [✘, △]	<input type="checkbox"/>	<input type="checkbox"/> steam autoclaves are used for all instruments requiring sterilization <input type="checkbox"/> anti-rust agents are used before sterilizing <input type="checkbox"/> <input type="checkbox"/> an alternative process other than a steam autoclave is used Type: _____	<input type="checkbox"/>	
Process indicators are used to monitor the sterilization of equipment and all sterilization procedures. [✘, △]	<input type="checkbox"/>	<input type="checkbox"/> checks are made by viewing the dials each time a batch is run to ensure that the proper temperature and pressure is reached <input type="checkbox"/> an external process indicator is present on each bag to be sterilized <input type="checkbox"/> an internal process indicator is placed on one bag of instruments for each batch processed to check sterilization uniformity <input type="checkbox"/> instruments are allowed to cool, undisturbed on a rack to avoid contamination	<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
8) CLEANING, DISINFECTING, AND STERILIZATION - CONTINUED				
Appropriate procedures are followed if external or internal process indicators identify a potential problem with the batch. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>	<input type="checkbox"/> if only one of the external process indicators shows the correct color change, the bag of instruments is re-bagged and reprocessed <input type="checkbox"/> if the internal process indicator shows an incorrect color change, the instruments are re-bagged and reprocessed <input type="checkbox"/>		
Biological monitoring is conducted once each week to test the reliability of steam autoclaves. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>	<input type="checkbox"/> a log is kept to record each time/date when biological monitoring is conducted <input type="checkbox"/> an outside service is employed to conduct the bacterial spore test		
In the event that biological monitoring is not performed during any given week, all required conditions have been met. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>	<input type="checkbox"/> no patients were seen and no instruments were processed during the week <input type="checkbox"/> an unusually small number of cycles were performed during the week and the autoclave operator believes that the autoclave is functioning well and achieving sterilization <input type="checkbox"/> all exceptions are documented with a written explanation and kept with other recordings of biological indicator testing		
A designated employee is named and responsible for maintaining supplies and materials for proper sterilization of instruments to ensure compliance with standards. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>	Identify:		

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
IV EQUIPMENT X-ray units meet all State requirements and are operating in accordance with standards. <div style="text-align: right;">[✘, 中]</div>	<input type="checkbox"/>	<input type="checkbox"/> all X-ray units have up-to-date NYS certification and registration <input type="checkbox"/> a minimum of 6 feet of space is available to avoid exposure to X-rays by the deliverer <input type="checkbox"/>	<input type="checkbox"/>	
Equipment available to the SBHC-D is adequate for the services provided. <div style="text-align: right;">[✘]</div>	<input type="checkbox"/>	List equipment: 1. 2. 3. 4. 5. 6. 7. 8.	<input type="checkbox"/>	
Lighting is sufficient to perform all activities of the SBHC-D. <div style="text-align: right;">[✘]</div>	<input type="checkbox"/>		<input type="checkbox"/>	
Assistance is available and provided on site, when necessary, to help set up the service delivery site and ensure sufficient support to operate all equipment. <div style="text-align: right;">[✘]</div>	<input type="checkbox"/>		<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
EXPOSURE CONTROL PLAN				
There is a written Exposure Control Plan for the SBHC-D. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>	The Exposure Control Plan contains: <ul style="list-style-type: none"> ■ _____ ■ _____ ■ _____ ■ _____ ■ _____ 	<input type="checkbox"/>	
A copy of the Exposure Plan is available at each site at which services are being provided. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>		<input type="checkbox"/>	
Training on the Exposure Control Plan and work place practices is provided to all employees. <div style="text-align: right;">[✘, △, ●]</div>	<input type="checkbox"/>		<input type="checkbox"/>	
Employees are knowledgeable about what procedures to follow if an exposure event occurs and when to seek medical assistance and treatment. <div style="text-align: right;">[✘, △, ●]</div>	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	

**SECTION IV
DENTAL RECORD REVIEW**

DENTAL RECORD REVIEW
 (For reviewer use only)

Provider: _____
 SBHC-D Site: _____
 Date: _____

OCUMENTATION: D – Documentation in record
N – Not documented or incomplete record
N/A – Not applicable in this record

CHART NUMBER						
Age or DOB						
Grade						
Sex						
Race or ethnic background						
Phone number, if available						
Home or base address, if available						
Closest relative or other emergency contact						
Parental consent						
Medical History (updated at least yearly)						
Screening/assessment report						
Education						
List of patient reported problems						
Plan for patient care or treatment plan						
Sealant program report						
Progress notes up to date & signed by treating dentist						
Parents notified of each dental visit and its outcome						
Referral						
Follow-Up						
Resolution						
Chart Legible/Dated/Signed						

CHART AUDIT: ADDITIONAL DISCUSSIONS OF SELECTED FINDINGS

PROVIDER: _____

DATE: _____

SITE: _____

PAGE: _____

Identified Issue(s)	Identified Issue(s)
<u>Chart #/Name:</u> <u>Identified Health Issue(s):</u>	<u>Chart #/Name:</u> <u>Identified Health Issue(s):</u>
<u>Chart #/Name:</u> <u>Identified Health Issue(s):</u>	<u>Chart #/Name:</u> <u>Identified Health Issue(s):</u>
<u>Chart #/Name:</u> <u>Identified Health Issue(s):</u>	<u>Chart #/Name:</u> <u>Identified Health Issue(s):</u>

General Comments/Recommendations for Improvement:

SECTION V
COMPREHENSIVE SITE REVIEW SUMMARY

NEW YORK STATE DEPARTMENT OF HEALTH
SCHOOL-BASED DENTAL PROGRAM

PERFORMANCE EFFECTIVENESS REVIEW TOOL (PERT)

COMPREHENSIVE SITE REVIEW SUMMARY

Provider: _____

Date of Review: _____

Reviewers: _____

Facility Provider – Administration:

Name: _____
Mailing Address: _____

Phone: _____
Fax: _____
E-Mail: _____

SBHC-D Program Director:

Name: _____
Mailing Address: _____

Phone: _____
Fax: _____
E-Mail: _____

COMPREHENSIVE SITE REVIEW SUMMARY

1. PROGRAM STRENGTHS: For each PERT section, summarize program strengths.
(Administration, Site Specific and Record Review)

2. AREAS IN NEED OF IMPROVEMENT

Administration:

Site Specific:

Dental Record Review - See *Dental Review for each site.*

3. PRIORITIES REQUIRING ACTION PLAN

Administration:

Site Specific:

Action Plan due within six weeks of receipt of summary

ATTACHMENT L

**Program Requirements for
Title X Funded Family Planning Projects**

Version 1.0 April 2014

Table of Contents

Commonly Used References	3
Introduction	5
Overview of Program Requirements	6
1. Applicability.....	6
2. Definitions.....	6
3. Eligibility	8
4. Application.....	8
5. Criteria for Funding	9
6. Notice of Award.....	10
7. Use of Grant Funds.....	10
8. Project Management and Administration.....	10
8.1 Voluntary Participation	10
8.2 Prohibition of Abortion	11
8.3 Structure and Management	11
8.4 Charges, Billing, and Collections	12
8.5 Project Personnel	13
8.6 Staff Training and Project Technical Assistance	14
8.7 Planning and Evaluation.....	14
9. Project Services and Clients.....	15
10. Confidentiality	17
11. Community Participation, Education, and Project Promotion	17
12. Information and Education Materials Approval	17
13. Additional Administrative Requirements.....	18
13.1 Facilities and Accessibility of Services.....	18
13.2 Emergency Management	19
13.3 Standards of Conduct	19
13.4 Human Subjects Clearance (Research)	19
13.5 Financial and Reporting Requirements	20
14. Additional Conditions	20
15. Closeout	20
16. Other Applicable HHS Regulations and Statutes	20
17.	

Links

Title X Statute <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations/> Title X Regulations <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations/> Appropriations Language/Legislative Mandates <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/legislative-mandates/> Sterilization of Persons in Federally Assisted Family Planning Projects Regulations <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations/> Department of Health and Human Services Regions <http://www.hhs.gov/opa/regional-contacts/>

ACRONYMS

The following is a list of acronyms and abbreviations used throughout this document.

ACRONYM/ ABBREVIATION	
CFR	Code of Federal Regulations
FDA	U.S. Food and Drug Administration
FPL	Federal Poverty Level
HHS	U.S. Department of Health and Human Services
HIV	Human Immunodeficiency Virus
I&E	Information and Education
NOA	Notice of Award
OASH	Office of the Assistant Secretary for Health
OGM	Office of Grants Management
OMB	Office of Management and Budget
OPA	Office of Population Affairs
OSHA	Occupational Safety and Health Administration
PHS	U.S. Public Health Service
STD	Sexually Transmitted Disease

COMMONLY USED REFERENCES

As a Federal grant program, requirements for the Title X Family Planning Program are established by Federal law and regulations. For ease of reference, the law and regulations most cited in this document are listed below. Other applicable regulations and laws are cited throughout the document.

Law	Title X Public Law ("Family Planning Services and Population Research Act of 1970")	Public Law 91-572
Law	Title X Statute ("Title X of the Public Health Service Act")	42 U.S.C.300, <i>et seq.</i>
Regulation	Sterilization Regulations ("Sterilization of persons in Federally Assisted Family Planning Projects")	42 CFR part 50, subpart B
Regulation	Title X Regulations ("Project Grants for Family Planning Services") (42 CFR part 59, subpart A
Regulation	HHS Grants Administration Regulations	45 CFR parts 74

Program Requirements for Title X Funded Family

	(“Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations” (part 74) and “Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Tribal Governments” (part 92))	and 92
Regulation	“Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-profit Organizations”	2 CFR 215 (OMB Circular A-110)
OMB Circular	“Grants and Cooperative Agreements with State and Local Governments”	OMB Circular A-102

INTRODUCTION

To assist individuals in determining the number and spacing of their children through the provision of affordable, voluntary family planning services, Congress enacted the Family Planning Services and Population Research Act of 1970 (Public Law 91-572). The law amended the Public Health Service (PHS) Act to add Title X, "Population Research and Voluntary Family Planning Programs." Section 1001 of the PHS Act (as amended) authorizes grants "to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents)."

The Title X Family Planning Program is the only Federal program dedicated solely to the provision of family planning and related preventive health services. The program is designed to provide contraceptive supplies and information to all who want and need them, with priority given to persons from low-income families. All Title X-funded projects are required to offer a broad range of acceptable and effective medically (U.S. Food and Drug Administration (FDA)) approved contraceptive methods and related services on a voluntary and confidential basis. Title X services include the delivery of related preventive health services, including patient education and counseling; cervical and breast cancer screening; sexually transmitted disease (STD) and human immunodeficiency virus (HIV) prevention education, testing, and referral; and pregnancy diagnosis and counseling. By law, Title X funds may not be used in programs where abortion is a method of family planning.

The Title X Family Planning Program is administered by the Office of Population Affairs (OPA), Office of the Assistant Secretary for Health (OASH), within the U.S. Department of Health and Human Services (HHS). OASH is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth in 42 CFR 59.7(a). Final award decisions are made by the Regional Health Administrator for the applicable Public Health Service Region in consultation with the Deputy Assistant Secretary for Population Affairs and the Assistant Secretary for Health or their designees. The HHS Regional Offices monitor program performance of Title X grantees in each respective region.

The Title X Family Planning Guidelines consist of two parts, 1) *Program Requirements for Title X Funded Family Planning Projects* (hereafter referred to as *Title X Program Requirements*) and 2) *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs*.

These documents have been developed to assist current and prospective grantees in understanding and implementing the family planning services grants program authorized by Title

X of the PHS Act (42 U.S.C. 300 *et seq.*). These documents also form the basis for monitoring projects under the Title X program.

OVERVIEW OF PROGRAM REQUIREMENTS

This document is organized into 16 sections that describe the various requirements applicable to the Title X program, as set out in the Title X statute and implementing regulations (42 CFR part 59, subpart A), and in other applicable Federal statutes, regulations, and policies. Links to the Title X statute and implementing regulations, other statutory provisions that are applicable to the Title X program, regulations related to sterilization, and additional resources to maximize the quality of services offered by Title X projects are provided on page 2 of this document.

The concise explanation of general program requirements that follows can be used to help prepare a grant application or monitor funded programs for compliance with Title X requirements. In addition, prospective applicants and grantees should consult all of the resources and references identified in this document for more complete information and to ensure that the project application and program operations comply with these and other Federal requirements.

Additional documents, including the annual *Announcement of Anticipated Availability of Funds for Family Planning Services Grants* (Title X Funding Opportunity Announcement), other Funding Opportunity Announcements for OPA priority areas, and relevant language in Federal appropriations laws, contain the most current information about Title X program requirements and are generally updated annually. The Title X Funding Opportunity Announcement includes the most recent list of program priorities and key issues, and identifies geographic areas where there will be a grant competition for the applicable fiscal year. Subject to the availability of funds, the funding announcement is published annually and posted on the HHS [Grants.gov](http://www.hhs.gov/grants) Website Portal. The *Program Requirements for Title X Funded Family Planning Projects* is posted on the OPA website (<http://www.hhs.gov/opa>). In general, the requirements that apply to the direct recipients of Title X funds also apply to sub-recipients and contractors (HHS Grants Policy Statement, 2007).

APPLICABILITY

As stated above, the requirements set forth in this document apply to the award of grants under section 1001 of the PHS Act (42 U.S.C. 300) to assist in the establishment and operation of voluntary family planning projects. These projects consist of the educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children (42 CFR 59.1).

DEFINITIONS

Terms used throughout this document include:

TERM	DEFINITION
The Act or Law	Title X of the Public Health Service Act, as amended
Family	A social unit composed of one person, or two or more persons living together, as a household
Low-income family	A family whose total annual income does not exceed 100% of the most recent Federal Poverty Guidelines; also includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services. Unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources
Grantee	The entity that receives Federal financial assistance via a grant and assumes legal and financial responsibility and accountability for the awarded funds and for the performance of the activities approved for funding
Nonprofit	Any private agency, institution, or organization for which no part of the entity's net earnings benefit, or may lawfully benefit, any private stakeholder or individual.
Project	Activities described in the grant application and any incorporated documents supported under the approved budget. The "scope of the project" as defined in the funded application consists of activities that the total approved grant-related project budget supports.
Secretary	The Secretary of Health and Human Services and any other officer or employee of the U.S. Department of Health and Human Services to whom the authority involved has been delegated.
Service Site	The clinics or other locations where services are provided by the grantee or sub-recipient.
Sub-recipients	Those entities that provide family planning services with Title X funds under a written agreement with a grantee. May also be referred to as delegates or contract agencies.
State	Includes the 50 United States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the U.S. Outlying Islands (Mid-way, Wake, et. al), the Marshall Islands, the Federated States of Micronesia and the Republic of Palau.

ELIGIBILITY

Any public or nonprofit private entity located in a state (which includes the 50 United States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the U.S. Outlying Islands (Mid-way, Wake, et. al), the Marshall Islands, the Federated States of Micronesia and the Republic of Palau) is eligible to apply for a Title X family planning services project grant (42 CFR 59.2, 42 CFR 59.3).

Even where states apply for a family planning services grant, local and regional entities may also apply directly to the Secretary for a family planning services grant. Faith-based organizations and American Indian/Alaska Native/Native American organizations are eligible to apply for Title X family planning services grants. Private nonprofit entities must provide proof of nonprofit status during the application process.

Although State agencies are eligible for funding, the Title X statute specifically protects the right of local and regional entities to apply directly to the Secretary for a family planning services grant (Section 1001(b), PHS Act).

APPLICATION

The Office of Population Affairs publishes, at a minimum, an annual announcement of the availability of Title X family planning services grant funds that sets forth specific application requirements and evaluation criteria. Applications must be submitted to OASH, Office of Grants Management (OGM) on the forms required by HHS, in the manner required, and approved by an individual authorized to act for the applicant. The application process is conducted through an electronic grants system.

If an application relates to consolidation of service areas or health resources or would otherwise affect the operations of local or regional entities, the applicant must document that these entities have been given, to the maximum feasible extent, an opportunity to participate in the development of the application. Local and regional entities include existing or potential sub-recipients that have previously provided or propose to provide family planning services to the area to be served by the applicant (42 CFR 59.5 (a)(10)(i)).

Unless otherwise instructed, applicants should respond to the standard instructions contained in the grant application package as well as any HHS supplemental instructions.

Successful applications must include:

- a narrative description of the project and the manner in which the applicant intends to conduct the project and comply with all requirements of the law and regulations;
- a budget that includes an estimate of project income and costs, with justification of the amount of grant funds requested (42 CFR 59.4(c)(2)) and which is consistent with the terms of Section 1006(a) of the Act, as implemented by regulation (42 CFR 59.7(b));
- a description of the standards and qualifications the project will use for all personnel and facilities; and
- other pertinent information as may be required by the Secretary (42 CFR 59.4(c)(4)).

Title X grant funds cannot constitute 100% of a project's estimated costs; therefore, applicants must clearly specify all other sources of funding that will be used to support the Title X project (42 CFR 59.7(c)).

CRITERIA FOR FUNDING

Within the limits of funds available for these purposes, grants are awarded for the establishment and operation of projects that will best promote the purposes of Section 1001 of Title X of the PHS Act. The application must address all seven points contained in section 59.7(a) of the regulations. These are the criteria HHS uses to determine which family planning projects to fund and in what amount.

In making funding decisions, HHS takes into account:

- the number of patients, and, in particular, the number of low-income patients to be served;
- the extent to which family planning services are needed locally;
- the relative need of the applicant;
- the capacity of the applicant to make rapid and effective use of the Federal assistance;
- the adequacy of the applicant's facilities and staff;
- the relative availability of non-Federal resources within the community to be served and the degree to which those resources are committed to the project; and
- the degree to which the project plan adequately provides for the requirements set forth in the Title X regulations.

Funding of applications that propose to rely on other entities to provide services will take into consideration the extent to which the applicant indicates it will be inclusive in considering all entities that are eligible to receive Federal funds to best serve individuals in need throughout the anticipated service areas.

NOTICE OF AWARD

The Notice of Award (NOA) is the document that informs the grantee of the duration of HHS support for the project without requiring it to recompetete for funds (42 CFR 59.8 (a)). This period of funding is called the "project period." The project is generally funded in increments known as "budget periods." Each budget period is typically 12 months, although shorter or longer budget periods may be established for compelling administrative or programmatic reasons.

Decisions regarding whether and at what level to continue awards are based on factors such as the adequacy of the grantee's programmatic progress, management practices, compliance with the terms and conditions of the previous award, program priorities, and the availability of appropriations. In all cases, subsequent budget periods, also known as non-completing continuation awards, require a determination by HHS that continued funding is in the best interest of the government.

The U.S. government is not obligated to make any additional, supplemental, continuation, or other award with respect to any approved application or portion of an approved application (42 CFR 59.8(c)).

Grantees must provide the awarding agency with timely and unrestricted access to examine all records, books, papers, and documents related to the award (45 CFR 74.53 and 92.42). Records must be maintained generally for 3 years from submission of the final federal financial report (45 CFR 74.53)

USE OF GRANT FUNDS

All funds granted for Title X family planning services projects must be expended only for the purpose for which the funds were awarded and in accordance with the approved application and budget. Funds may not be used for prohibited activities, such as abortion as a method of family planning, or lobbying. The Notice of Award (NOA) provides other stipulations regarding the use of funds. Funds must be used in accordance with the Title X family planning services projects regulations, the terms and conditions of the award, and the HHS grants administration regulations set out at 45 CFR parts 74 and 92.

PROJECT MANAGEMENT AND ADMINISTRATION

All projects receiving Title X funds must provide services of high quality and be competently and efficiently administered.

Voluntary Participation

Family planning services are to be provided solely on a voluntary basis (Sections 1001 and 1007, PHS Act; 42 CFR 59.5 (a)(2)). Clients cannot be coerced to accept services or to use or not use any particular method of family planning (42 CFR 59.5 (a)(2)).

A client's acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in any other program that is offered by the grantee or sub-recipient (Section 1007, PHS Act; 42 CFR 59.5 (a)(2)).

Personnel working within the family planning project must be informed that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure (Section 205, Public Law 94-63, as set out in 42 CFR 59.5(a)(2) footnote 1).

Prohibition of Abortion

Title X grantees and sub-recipients must be in full compliance with Section 1008 of the Title X statute and 42 CFR 59.5(a)(5), which prohibit abortion as a method of family planning. Grantees and sub-recipients must have written policies that clearly indicate that none of the funds will be used in programs where abortion is a method of family planning. Additional guidance on this topic can be found in the July 3, 2000, Federal Register Notice entitled *Provision of Abortion-Related Services in Family Planning Services Projects*, which is available at 65 Fed. Reg. 41281, and the final rule entitled *Standards of Compliance for Abortion-Related Services in Family Planning Services Projects*, which is available at 65 Fed. Reg. 41270.

Grantees are also responsible for monitoring sub-recipients' compliance with this section.

Structure and Management

Family planning services under a Title X grant may be offered by grantees directly and/or by sub-recipient agencies operating under the umbrella of a grantee. However, the grantee is accountable for the quality, cost, accessibility, acceptability, reporting, and performance of the grant-funded activities provided by sub-recipients. Where required services are provided by referral, the grantee is expected to have written agreements for the provision of services and reimbursement of costs as appropriate.

- 1.1.1 The grantee must have a written agreement with each sub-recipient and establish written standards and guidelines for all delegated project activities consistent with the appropriate section(s) of the Title X Program Requirements, as well as other applicable requirements (45 CFR parts 74 and 92).
- 1.1.2 If a sub-recipient wishes to subcontract any of its responsibilities or services, a written agreement that is consistent with Title X Program Requirements and approved by the grantee must be maintained by the sub-recipient (45 CFR parts 74 and 92).



- 1.1.3 The grantee must ensure that all services purchased for project participants will be authorized by the project director or his designee on the project staff (42 CFR 59.5(b)(7)).
- 1.1.4 The grantee must ensure that services provided through a contract or other similar arrangement are paid for under agreements that include a schedule of rates and payment procedures maintained by the grantee. The grantee must be prepared to substantiate that these rates are reasonable and necessary (42 CFR 59.5(b)(9)).
- 1.1.5 Sub-recipient agencies must be given an opportunity to participate in the establishment of ongoing grantee policies and guidelines (42 CFR 59.5 (a)(10)).
- 1.1.6 The grantee and each sub-recipient must maintain a financial management system that meets Federal standards, as applicable, as well as any other requirements imposed by the Notice of Award, and which complies with Federal standards that will support effective control and accountability of funds. Documentation and records of all income and expenditures must be maintained as required (45 CFR parts 74.20 and 92.20).

Charges, Billing, and Collections

The grantee is responsible for the implementation of policies and procedures for charging, billing, and collecting funds for the services provided by the projects. Clients must not be denied project services or be subjected to any variation in quality of services because of inability to pay.

Projects should not have a general policy of no fee or flat fees for the provision of services to minors, or a schedule of fees for minors that is different from other populations receiving family planning services

- 8.4.1 Clients whose documented income is at or below 100% of the Federal Poverty Level (FPL) must not be charged, although projects must bill all third parties authorized or legally obligated to pay for services (Section 1006(c)(2), PHS Act; 42 CFR 59.5(a)(7)).

Within the parameters set out by the Title X statute and regulations, Title X grantees have a large measure of discretion in determining the extent of income verification activity that they believe is appropriate for their client population. Although not required to do so, grantees that have lawful access to other valid means of income verification because of the client's participation in another program may use those data rather than re-verify income or rely solely on clients self-report.

- 8.4.2 A schedule of discounts, based on ability to pay, is required for individuals with family incomes between 101% and 250% of the FPL (42 CFR 59.5(a)(8)).
- 8.4.3 Fees must be waived for individuals with family incomes above 100% of the FPL who, as determined by the service site project director, are unable, for good cause, to pay for family planning services (42 CFR 59.2).
- 8.4.4 For persons from families whose income exceeds 250% of the FPL, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. (42 CFR 59.5(a)(8)).

Program Requirements for Title X Funded Family

- 8.4.5 Eligibility for discounts for unemancipated minors who receive confidential services must be based on the income of the minor (42 CFR 59.2).

- 8.4.6 Where there is legal obligation or authorization for third party reimbursement, including public or private sources, all reasonable efforts must be made to obtain third party payment without the application of any discounts(42 CFR 59.5(a)(9)).

Family income should be assessed before determining whether copayments or additional fees are charged. With regard to insured clients, clients whose family income is at or below 250% FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied.

- 8.4.7 Where reimbursement is available from Title XIX or Title XX of the Social Security Act, a written agreement with the Title XIX or the Title XX state agency at either the grantee level or sub-recipient agency is required (42 CFR 59.5(a)(9))

- 8.4.8 Reasonable efforts to collect charges without jeopardizing client confidentiality must be made.

- 8.4.9 Voluntary donations from clients are permissible; however, clients must not be pressured to make donations, and donations must not be a prerequisite to the provision of services or supplies.

Project Personnel

Title X grantees must have approved personnel policies and procedures.

- 8.5.1 Grantees and sub-recipients are obligated to establish and maintain personnel policies that comply with applicable Federal and State requirements, including Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, Title I of the Americans with Disabilities Act, and the annual appropriations language. These policies should include, but are not to be limited to, staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits, and grievance procedures.

- 8.5.2 Project staff should be broadly representative of all significant elements of the population to be served by the project, and should be sensitive to, and able to deal effectively with, the cultural and other characteristics of the client population (42 CFR 59.5 (b)(10)).

- 8.5.3 Projects must be administered by a qualified project director. Change in Status, including Absence, of Principal Investigator/Project Director and Other Key Personnel requires pre-approval by the Office of Grants Management. For more information, see HHS Grants Policy Statement, 2007 Section II-54.

- 8.5.4 Projects must provide that family planning medical services will be performed under the direction of a physician with special training or experience in family planning (42 CFR 59.5 (b)(6)).

- 8.5.5 Appropriate salary limits will apply as required by law.

Staff Training and Project Technical Assistance

Title X grantees are responsible for the training of all project staff. Technical assistance may be provided by OPA or the Regional Office.

- 8.5.6 Projects must provide for the orientation and in-service training of all project personnel, including the staff of sub-recipient agencies and service sites (42 CFR 59.5(b)(4)).
- 8.5.7 The project's training plan should provide for routine training of staff on Federal/State requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape or incest, as well as on human trafficking
- 8.5.8 The project's training plan should provide for routine training on involving family members in the decision of minors to seek family planning services and on counseling minors on how to resist being coerced into engaging in sexual activities.

8.7 Planning and Evaluation

Grantees must ensure that the project is competently and efficiently administered (42 CFR 59.5 (b) (6) and (7)). In order to adequately plan and evaluate program activities, grantees should develop written goals and objectives for the project period that are specific, measurable, achievable, realistic, time-framed, and which are consistent with Title X Program Requirements. The program plan should be based on a needs assessment. Grantee project plans must include an evaluation component that identifies indicators by which the program measures the achievement of its objectives. For more information on quality improvement, see *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs*.

PROJECT SERVICES AND CLIENTS

Projects funded under Title X are intended to enable all persons who want to obtain family planning care to have access to such services. Projects must provide for comprehensive medical, informational, educational, social, and referral services related to family planning for clients who want such services.

- 1.2 Priority for project services is to persons from low- income families (Section 1006(c)(1), PHS Act; 42 CFR 59.5(a)(6)).
- 1.3 Services must be provided in a manner which protects the dignity of the individual (42 CFR 59.5 (a)(3)).
- 1.4 Services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status (42 CFR 59.5 (a)(4)).
- 1.5 Projects must provide for social services related to family planning including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinic attendance (42 CFR 59.5 (b)(2)).
- 1.6 Projects must provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs (42 CFR 59.5 (b)(8)).

- 1.7** All grantees should assure services provided within their projects operate within written clinical protocols that are in accordance with nationally recognized standards of care, approved by the grantee, and signed by the physician responsible for the service site.
- 1.8** All projects must provide for medical services related to family planning and the effective usage of contraceptive devices and practices (including physician's consultation, examination, prescription, and continuing supervision, laboratory examination, contraceptive supplies) as well as necessary referrals to other medical facilities when medically indicated (42 CFR 59.5(b)(1)). This includes, but is not limited to emergencies that require referral. Efforts may be made to aid the client in finding potential resources for reimbursement of the referral provider, but projects are not responsible for the cost of this care.
- 1.9** All projects must provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents). If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of family planning services. (42 CFR 59.5(a)(1)).
- 1.10** Services must be provided without the imposition of any durational residency requirement or requirement that the client be referred by a physician (42 CFR 59.5(b)(5)).
- 1.11** Projects must provide pregnancy diagnosis and counseling to all clients in need of this service (42 CFR 59.5(a)(5)).
- 1.12** Projects must offer pregnant women the opportunity to be provided information and counseling regarding each of the following options:
- prenatal care and delivery;
 - infant care, foster care, or adoption; and
 - pregnancy termination.

If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any options(s) about which the pregnant woman indicates she does not wish to receive such information and counseling (42 CFR 59.5(a)(5)).

- 1.13** Title X grantees must comply with applicable legislative mandates set out in the HHS appropriations act. Grantees must have written policies in place that address these legislative mandates:

"None of the funds appropriated in the Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary of Health and Human Services that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities."

"Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest."

CONFIDENTIALITY

Every project must have safeguards to ensure client confidentiality. Information obtained by the project staff about an individual receiving services may not be disclosed without the individual's documented consent, except as required by law or as may be necessary to provide services to the individual, with appropriate safeguards for confidentiality. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual (42 CFR 59.11).

COMMUNITY PARTICIPATION, EDUCATION, AND PROJECT PROMOTION

Title X grantees are expected to provide for community participation and education and to promote the activities of the project.

- 1.14** Title X grantees and sub-recipient agencies must provide an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served; and by persons in the community knowledgeable about the community's needs for family planning services (42 CFR 59.5(b)(10)).
- 1.15** Projects must establish and implement planned activities to facilitate community awareness of and access to family planning services (42 CFR 59.5(b)(3)). Each family planning project must provide for community education programs (42 CFR 59.5(b)(3)). The community education program(s) should be based on an assessment of the needs of the community and should contain an implementation and evaluation strategy.
- 1.16** Community education should serve to enhance community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning may be beneficial (42 CFR 59.5 (b)(3)).

INFORMATION AND EDUCATION MATERIALS APPROVAL

Every project is responsible for reviewing and approving informational and educational materials. The Information and Education (I&E) Advisory Committee may serve the community participation function if it meets the requirements, or a separate group may be identified .

- 1.17** Title X grantees and sub-recipient agencies are required to have a review and approval process, by an Advisory Committee, of all informational and educational materials developed or made available under the project prior to their distribution (Section 1006(d)(2), PHS Act; 42 CFR 59.6(a)).
- 1.18** The committee must include individuals broadly representative (in terms of demographic factors such as race, color, national origin, handicapped condition, sex, and age) of the population or community for which the materials are intended (42 CFR 59.6 (b)(2)).

- 1.19** Each Title X grantee must have an Advisory Committee of five to nine members, except that the size provision may be waived by the Secretary for good cause shown (42 CFR 59.6(b)(1)). This Advisory Committee must review and approve all informational and educational (I&E) materials developed or made available under the project prior to their distribution to assure that the materials are suitable for the population and community for which they are intended and to assure their consistency with the purposes of Title X (Section 1006(d)(1), PHS Act; 42 CFR 59.6(a)).
- 1.20** The grantee may delegate I&E functions for the review and approval of materials to sub-recipient agencies; however, the oversight of the I&E review process rests with the grantee.
- 1.21** The Advisory Committee(s) may delegate responsibility for the review of the factual, technical, and clinical accuracy to appropriate project staff; however, final responsibility for approval of the I&E materials rests with the Advisory Committee.
- 1.22** The I&E Advisory Committee(s) must:
- consider the educational and cultural backgrounds of the individuals to whom the materials are addressed;
 - consider the standards of the population or community to be served with respect to such materials;
 - review the content of the material to assure that the information is factually correct;
 - determine whether the material is suitable for the population or community to which it is to be made available; and
 - establish a written record of its determinations (Section 1006(d), PHS Act; 42 CFR 59.6(b)).

ADDITIONAL ADMINISTRATIVE REQUIREMENTS

This section addresses additional requirements that are applicable to the Title X program and are set out in authorities other than the Title X statute and implementing regulations.

Facilities and Accessibility of Services

Title X service sites should be geographically accessible for the population being served. Grantees should consider clients' access to transportation, clinic locations, hours of operation, and other factors that influence clients' abilities to access services.

Title X clinics must have written policies that are consistent with the HHS Office for Civil Rights policy document, *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons* (August 4, 2003) (HHS Grants Policy Statement 2007, II-23).

Projects may not discriminate on the basis of disability and, when viewed in their entirety, facilities must be readily accessible to people with disabilities (45 CFR part 84).

Emergency Management

All grantees, sub-recipients, and Title X clinics are required to have a written plan for the management of emergencies (29 CFR 1910, subpart E), and clinic facilities must meet applicable standards established by Federal, State, and local governments (e.g., local fire, building, and licensing codes).

Health and safety issues within the facility fall under the authority of the Occupational Safety and Health Administration (OSHA). Disaster plans and emergency exits are addressed under 29 CFR 1910, subpart E. The basic requirements of these regulations include, but are not limited to:

- Disaster plans (e.g. fire, bomb, terrorism, earthquake, etc.) have been developed and are available to staff.
- Staff can identify emergency evacuation routes.
- Staff has completed training and understand their role in an emergency or natural disaster.
- Exits are recognizable and free from barriers.

Standards of Conduct

Projects are required to establish policies to prevent employees, consultants, or members of governing/advisory bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others (HHS Grants Policy Statement 2007, II-7).

Human Subjects Clearance (Research)

Research conducted within Title X projects may be subject to Department of Health and Human Services regulations regarding the protection of human subjects (45 CFR Part 46). The grantee/sub-recipient should advise their Regional Office in writing of any research projects that involve Title X clients (HHS Grants Policy Statement 2007, II-9).

Financial and Reporting Requirements

Audits of grantees and sub-recipients must be conducted in accordance with the HHS grants administration regulations (45 CFR parts 74.26 and 92.26), as applicable, by auditors meeting established criteria for qualifications and independence (OMB A-133).

Grantees must comply with the financial and other reporting requirements set out in the HHS grants administration regulations (45 CFR parts 74 and 92), as applicable. In addition, grantees must have program data reporting systems which accurately collect and organize data for program reporting and which support management decision making and act in accordance with other reporting requirements as required by HHS.

Grantees must demonstrate continued institutional, managerial, and financial capacity (including funds sufficient to pay the non-Federal share of the project cost) to ensure proper planning, management, and completion of the project as described in the award (42 CFR 59.7(a)).

Grantees must reconcile reports, ensuring that disbursements equal obligations and drawdowns. HHS is not liable should the recipient expenditures exceed the actual amount available for the grant.

ADDITIONAL CONDITIONS

With respect to any grant, HHS may impose additional conditions prior to or at the time of any award, when, in the judgment of HHS, these conditions are necessary to assure or protect advancement of the approved program, the interests of public health, or the proper use of grant funds (42 CFR 59.12).

CLOSEOUT

Within 90 days of the end of grant support, grantees must submit:

- a final Federal Financial Report (FFR)
- a final progress report

Following closeout, the recipient remains obligated to return funds due as a result of later refunds, corrections, or other transactions, and the Federal Government may recover amounts based on the results of an audit covering any part of the period of grant support (HHS Grants Policy Statement, II-90).

For a complete list of requirements, grantees should review the HHS Grants Policy Statement, available at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>

OTHER APPLICABLE HHS REGULATIONS AND STATUTES

Attention is drawn to the following HHS Department-wide regulations that apply to grants under Title X. These include:

- 37 CFR Part 401: Rights to inventions made by nonprofit organizations and small business firms under government grants, contracts, and cooperative agreements;
- 42 CFR Part 50, Subpart D: Public Health Service grant appeals procedure;
- 45 CFR Part 16: Procedures of the Departmental Grant Appeals Board;
- 45 CFR Part 74: Uniform administrative requirements for awards and sub-awards to institutions of higher education, hospitals, other nonprofit organizations, and commercial organizations; and certain grants and agreements with states, local governments, and Indian tribal governments;
- 45 CFR Part 80: Nondiscrimination under programs receiving Federal assistance through HHS effectuation of Title VI of the Civil Rights Act of 1964;
- 45 CFR Part 81: Practice and procedure for hearings under Part 80 of this Title;
- 45 CFR Part 84: Nondiscrimination on the basis of disability in programs and activities receiving or benefitting from Federal financial assistance;
- 45 CFR Part 91: Nondiscrimination on the basis of age in HHS programs or activities receiving Federal financial assistance;
- 45 CFR Part 92: Uniform administrative requirements for grants and cooperative agreements to State and local governments; and
- 45 CFR Part 100: Intergovernmental Review of Department of Health and Human Services Programs and Activities.

In addition, the following statutory and regulatory provisions may be applicable to grants under Title X:

- The Patient Protection and Affordable Care Act (Public Law 111-148);
- The Trafficking Victims Protection Act of 2000, as amended (Public Law 106-386);
- Sex Trafficking of Children or by Force, Fraud, or Coercion (18 USC 1591);
- The Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191); and
- Appropriations language that applies to the Title X program for the relevant fiscal year.

MISCELLANEOUS / CONSULTANT SERVICES

STATE AGENCY (Name and Address):

Department of Health
Corning Tower
Albany, NY 12237

NYS COMPTROLLER'S NUMBER: C#

ORIGINATING AGENCY GLBU: DOH01
DEPARTMENT ID: 3450437

CONTRACTOR (Name and Address):

TYPE OF PROGRAM(S):

CHARITIES REGISTRATION NUMBER:

CONTRACT TERM

FROM:
TO:

CONTRACTOR HAS () HAS NOT () TIMELY
FILED WITH THE ATTORNEY GENERAL'S
CHARITIES BUREAU ALL REQUIRED
PERIODIC OR ANNUAL WRITTEN REPORTS

FUNDING AMOUNT FOR CONTRACT
TERM:

FEDERAL TAX IDENTIFICATION NUMBER:

STATUS:
CONTRACTOR IS () IS NOT () A
SECTARIAN ENTITY

NYS VENDOR IDENTIFICATION NUMBER:

CONTRACTOR IS () IS NOT () A
NOT-FOR-PROFIT ORGANIZATION

MUNICIPALITY NO. (if applicable)

CONTRACTOR IS () IS NOT () A
N Y STATE BUSINESS ENTERPRISE

() IF MARKED HERE, THIS CONTRACT IS RENEWABLE FOR ___ ADDITIONAL ONE-YEAR PERIOD(S)
AT THE SOLE OPTION OF THE STATE AND SUBJECT TO APPROVAL OF THE OFFICE OF THE STATE
COMPTROLLER.

BID OPENING DATE:

APPENDICES ATTACHED AND PART OF THIS AGREEMENT

Precedence shall be given to these documents in the order listed below.

- | | | |
|----------|-----------------------------|--|
| <u>X</u> | APPENDIX A | Standard Clauses as required by the Attorney General for all State Contracts. |
| <u>X</u> | APPENDIX X | Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods) |
| ___ | APPENDIX Q | Modification of Standard Department of Health Contract Language |
| <u>X</u> | STATE OF NEW YORK AGREEMENT | |
| <u>X</u> | APPENDIX D | General Specifications |
| <u>X</u> | APPENDIX B | Request For Proposal (RFP) |
| <u>X</u> | APPENDIX C | Proposal |
| <u>X</u> | APPENDIX E-1 | Proof of Workers' Compensation Coverage |
| <u>X</u> | APPENDIX E-2 | Proof of Disability Insurance Coverage |
| <u>X</u> | APPENDIX H | Federal Health Insurance Portability and Accountability Act Business Associate Agreement |
| <u>X</u> | APPENDIX F | Information Data Security Requirements |
| <u>X</u> | APPENDIX G | Notices |
| <u>X</u> | APPENDIX M | Participation by Minority Group Members and Women with respect to State Contracts: Requirements and Procedures |

**APPENDIX A: STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS
REVISED Appendix A dated January 2014**

APPENDIX A

STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS

PLEASE RETAIN THIS DOCUMENT
FOR FUTURE REFERENCE.

TABLE OF CONTENTS

	Page
1. Executory Clause	3
2. Non-Assignment Clause	3
3. Comptroller's Approval	3
4. Workers' Compensation Benefits	3
5. Non-Discrimination Requirements	3
6. Wage and Hours Provisions	3
7. Non-Collusive Bidding Certification	4
8. International Boycott Prohibition	4
9. Set-Off Rights	4
10. Records	4
11. Identifying Information and Privacy Notification	4
12. Equal Employment Opportunities For Minorities and Women	4-5
13. Conflicting Terms	5
14. Governing Law	5
15. Late Payment	5
16. No Arbitration	5
17. Service of Process	5
18. Prohibition on Purchase of Tropical Hardwoods	5-6
19. MacBride Fair Employment Principles	6
20. Omnibus Procurement Act of 1992	6
21. Reciprocity and Sanctions Provisions	6
22. Compliance with New York State Information Security Breach and Notification Act	6
23. Compliance with Consultant Disclosure Law	6
24. Procurement Lobbying	7
25. Certification of Registration to Collect Sales and Compensating Use Tax by Certain State Contractors, Affiliates and Subcontractors	7
26. Iran Divestment Act	7

STANDARD CLAUSES FOR NYS CONTRACTS

The parties to the attached contract, license, lease, amendment or other agreement of any kind (hereinafter, "the contract" or "this contract") agree to be bound by the following clauses which are hereby made a part of the contract (the word "Contractor" herein refers to any party other than the State, whether a contractor, licensor, licensee, lessor, lessee or any other party):

1. EXECUTORY CLAUSE. In accordance with Section 41 of the State Finance Law, the State shall have no liability under this contract to the Contractor or to anyone else beyond funds appropriated and available for this contract.

2. NON-ASSIGNMENT CLAUSE. In accordance with Section 138 of the State Finance Law, this contract may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet or otherwise disposed of without the State's previous written consent, and attempts to do so are null and void. Notwithstanding the foregoing, such prior written consent of an assignment of a contract let pursuant to Article XI of the State Finance Law may be waived at the discretion of the contracting agency and with the concurrence of the State Comptroller where the original contract was subject to the State Comptroller's approval, where the assignment is due to a reorganization, merger or consolidation of the Contractor's business entity or enterprise. The State retains its right to approve an assignment and to require that any Contractor demonstrate its responsibility to do business with the State. The Contractor may, however, assign its right to receive payments without the State's prior written consent unless this contract concerns Certificates of Participation pursuant to Article 5-A of the State Finance Law.

3. COMPTROLLER'S APPROVAL. In accordance with Section 112 of the State Finance Law (or, if this contract is with the State University or City University of New York, Section 355 or Section 6218 of the Education Law), if this contract exceeds \$50,000 (or the minimum thresholds agreed to by the Office of the State Comptroller for certain S.U.N.Y. and C.U.N.Y. contracts), or if this is an amendment for any amount to a contract which, as so amended, exceeds said statutory amount, or if, by this contract, the State agrees to give something other than money when the value or reasonably estimated value of such consideration exceeds \$10,000, it shall not be valid, effective or binding upon the State until it has been approved by the State Comptroller and filed in his office. Comptroller's approval of contracts let by the Office of General Services is required when such contracts exceed \$85,000 (State Finance Law Section 163.6-a). However, such pre-approval shall not be required for any contract established as a centralized contract through the Office of General Services or for a purchase order or other transaction issued under such centralized contract.

4. WORKERS' COMPENSATION BENEFITS. In accordance with Section 142 of the State Finance Law, this contract shall be void and of no force and effect unless the Contractor shall provide and maintain coverage during the life of this contract for the benefit of such employees as are required to be covered by the provisions of the Workers' Compensation Law.

5. NON-DISCRIMINATION REQUIREMENTS. To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex (including gender identity or expression), national origin, sexual orientation, military status, age, disability, predisposing genetic characteristics, marital status or domestic violence victim status. Furthermore, in accordance with Section 220-e of the Labor Law, if this is a contract for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies, and to the extent that this contract shall be performed within the State of New York, Contractor agrees that neither it nor its subcontractors shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. If this is a building service contract as defined in Section 230 of the Labor Law, then, in accordance with Section 239 thereof, Contractor agrees that neither it nor its subcontractors shall by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. Contractor is subject to fines of \$50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this contract and forfeiture of all moneys due hereunder for a second or subsequent violation.

6. WAGE AND HOURS PROVISIONS. If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law. Additionally, effective April 28, 2008, if this is a public work contract covered by Article 8 of the Labor Law, the Contractor understands and agrees that the filing of payrolls in a manner consistent with Subdivision 3-

a of Section 220 of the Labor Law shall be a condition precedent to payment by the any State approved sums due and owing for work done upon the project.

7. NON-COLLUSIVE BIDDING CERTIFICATION. In accordance with Section 139-d of the State Finance Law, if this contract was awarded based upon the submission of bids, Contractor affirms, under penalty of perjury, that its bid was arrived at independently and without collusion aimed at restricting competition. Contractor further affirms that, at the time Contractor submitted its bid, an authorized and responsible person executed and delivered to the State a non-collusive bidding certification on Contractor's behalf.

8. INTERNATIONAL BOYCOTT PROHIBITION. In accordance with Section 220-f of the Labor Law and Section 139-h of the State Finance Law, if this contract exceeds \$5,000, the Contractor agrees, as a material condition of the contract, that neither the Contractor nor any substantially owned or affiliated person, firm, partnership or corporation has participated, is participating, or shall participate in an international boycott in violation of the federal Export Administration Act of 1979 (50 USC App. Sections 2401 et seq.) or regulations thereunder. If such Contractor, or any of the aforesaid affiliates of Contractor, is convicted or is otherwise found to have violated said laws or regulations upon the final determination of the United States Commerce Department or any other appropriate agency of the United States subsequent to the contract's execution, such contract, amendment or modification thereto shall be rendered forfeit and void. The Contractor shall so notify the State Comptroller within five (5) business days of such conviction, determination or disposition of appeal (2NYCRR 105.4).

9. SET-OFF RIGHTS. The State shall have all of its common law, equitable and statutory rights of set-off. These rights shall include, but not be limited to, the State's option to withhold for the purposes of set-off any moneys due to the Contractor under this contract up to any amounts due and owing to the State with regard to this contract, any other contract with any State department or agency, including any contract for a term commencing prior to the term of this contract, plus any amounts due and owing to the State for any other reason including, without limitation, tax delinquencies, fee delinquencies or monetary penalties relative thereto. The State shall exercise its set-off rights in accordance with normal State practices including, in cases of set-off pursuant to an audit, the finalization of such audit by the State agency, its representatives, or the State Comptroller.

10. RECORDS. The Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance under this contract (hereinafter, collectively, "the Records"). The Records must be kept for the balance of the calendar year in which they were made and for six (6) additional years thereafter. The State Comptroller, the Attorney General and any other person or

entity authorized to conduct an examination, as well as the agency or agencies involved in this contract, shall have access to the Records during normal business hours at an office of the Contractor within the State of New York or, if no such office is available, at a mutually agreeable and reasonable venue within the State, for the term specified above for the purposes of inspection, auditing and copying. The State shall take reasonable steps to protect from public disclosure any of the Records which are exempt from disclosure under Section 87 of the Public Officers Law (the "Statute") provided that: (i) the Contractor shall timely inform an appropriate State official, in writing, that said records should not be disclosed; and (ii) said records shall be sufficiently identified; and (iii) designation of said records as exempt under the Statute is reasonable. Nothing contained herein shall diminish, or in any way adversely affect, the State's right to discovery in any pending or future litigation.

11. IDENTIFYING INFORMATION AND PRIVACY NOTIFICATION. (a) Identification Number(s). Every invoice or New York State Claim for Payment submitted to a New York State agency by a payee, for payment for the sale of goods or services or for transactions (e.g., leases, easements, licenses, etc.) related to real or personal property must include the payee's identification number. The number is any or all of the following: (i) the payee's Federal employer identification number, (ii) the payee's Federal social security number, and/or (iii) the payee's Vendor Identification Number assigned by the Statewide Financial System. Failure to include such number or numbers may delay payment. Where the payee does not have such number or numbers, the payee, on its invoice or Claim for Payment, must give the reason or reasons why the payee does not have such number or numbers.

(b) Privacy Notification. (1) The authority to request the above personal information from a seller of goods or services or a lessor of real or personal property, and the authority to maintain such information, is found in Section 5 of the State Tax Law. Disclosure of this information by the seller or lessor to the State is mandatory. The principal purpose for which the information is collected is to enable the State to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by law. (2) The personal information is requested by the purchasing unit of the agency contracting to purchase the goods or services or lease the real or personal property covered by this contract or lease. The information is maintained in the Statewide Financial System by the Vendor Management Unit within the Bureau of State Expenditures, Office of the State Comptroller, 110 State Street, Albany, New York 12236.

12. EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITIES AND WOMEN. In accordance with Section 312 of the Executive Law and 5 NYCRR 143, if this contract is: (i) a written agreement or purchase order instrument,

providing for a total expenditure in excess of \$25,000.00, whereby a contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the contracting agency; or (ii) a written agreement in excess of \$100,000.00 whereby a contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess of \$100,000.00 whereby the owner of a State assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then the following shall apply and by signing this agreement the Contractor certifies and affirms that it is Contractor's equal employment opportunity policy that:

(a) The Contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on State contracts and will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. Affirmative action shall mean recruitment, employment, job assignment, promotion, upgradings, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation;

(b) at the request of the contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein; and

(c) the Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the State contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

Contractor will include the provisions of "a", "b", and "c" above, in every subcontract over \$25,000.00 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor. Section 312 does not apply to: (i) work, goods or services unrelated to this contract; or (ii) employment outside New York State. The State shall consider compliance by a contractor or subcontractor with the requirements of any

federal law concerning equal employment opportunity which effectuates the purpose of this section. The contracting agency shall determine whether the imposition of the requirements of the provisions hereof duplicate or conflict with any such federal law and if such duplication or conflict exists, the contracting agency shall waive the applicability of Section 312 to the extent of such duplication or conflict. Contractor will comply with all duly promulgated and lawful rules and regulations of the Department of Economic Development's Division of Minority and Women's Business Development pertaining hereto.

13. CONFLICTING TERMS. In the event of a conflict between the terms of the contract (including any and all attachments thereto and amendments thereof) and the terms of this Appendix A, the terms of this Appendix A shall control.

14. GOVERNING LAW. This contract shall be governed by the laws of the State of New York except where the Federal supremacy clause requires otherwise.

15. LATE PAYMENT. Timeliness of payment and any interest to be paid to Contractor for late payment shall be governed by Article 11-A of the State Finance Law to the extent required by law.

16. NO ARBITRATION. Disputes involving this contract, including the breach or alleged breach thereof, may not be submitted to binding arbitration (except where statutorily authorized), but must, instead, be heard in a court of competent jurisdiction of the State of New York.

17. SERVICE OF PROCESS. In addition to the methods of service allowed by the State Civil Practice Law & Rules ("CPLR"), Contractor hereby consents to service of process upon it by registered or certified mail, return receipt requested. Service hereunder shall be complete upon Contractor's actual receipt of process or upon the State's receipt of the return thereof by the United States Postal Service as refused or undeliverable. Contractor must promptly notify the State, in writing, of each and every change of address to which service of process can be made. Service by the State to the last known address shall be sufficient. Contractor will have thirty (30) calendar days after service hereunder is complete in which to respond.

18. PROHIBITION ON PURCHASE OF TROPICAL HARDWOODS. The Contractor certifies and warrants that all wood products to be used under this contract award will be in accordance with, but not limited to, the specifications and provisions of Section 165 of the State Finance Law, (Use of Tropical Hardwoods) which prohibits purchase and use of tropical hardwoods, unless specifically exempted, by the State or any governmental agency or political subdivision or public benefit corporation. Qualification for an exemption under this law will be the responsibility of the contractor to establish to meet with the approval of the State.

In addition, when any portion of this contract involving the use of woods, whether supply or installation, is to be performed by any subcontractor, the prime Contractor will indicate and certify in the submitted bid proposal that the subcontractor has been informed and is in compliance with specifications and provisions regarding use of tropical hardwoods as detailed in §165 State Finance Law. Any such use must meet with the approval of the State; otherwise, the bid may not be considered responsive. Under bidder certifications, proof of qualification for exemption will be the responsibility of the Contractor to meet with the approval of the State.

19. MACBRIDE FAIR EMPLOYMENT PRINCIPLES.

In accordance with the MacBride Fair Employment Principles (Chapter 807 of the Laws of 1992), the Contractor hereby stipulates that the Contractor either (a) has no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles (as described in Section 165 of the New York State Finance Law), and shall permit independent monitoring of compliance with such principles.

20. OMNIBUS PROCUREMENT ACT OF 1992. It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority and women-owned business enterprises as bidders, subcontractors and suppliers on its procurement contracts.

Information on the availability of New York State subcontractors and suppliers is available from:

NYS Department of Economic Development
Division for Small Business
Albany, New York 12245
Telephone: 518-292-5100
Fax: 518-292-5884
email: opa@esd.ny.gov

A directory of certified minority and women-owned business enterprises is available from:

NYS Department of Economic Development
Division of Minority and Women's Business
Development
633 Third Avenue
New York, NY 10017
212-803-2414
email: mwbcertification@esd.ny.gov
<https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp>

The Omnibus Procurement Act of 1992 requires that by signing this bid proposal or contract, as applicable, Contractors certify that whenever the total bid amount is greater than \$1 million:

(a) The Contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors, including certified minority and women-owned business enterprises, on this project, and has retained the documentation of these efforts to be provided upon request to the State;

(b) The Contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-261), as amended;

(c) The Contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Service Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The Contractor agrees to document these efforts and to provide said documentation to the State upon request; and

(d) The Contractor acknowledges notice that the State may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with the State in these efforts.

21. RECIPROCITY AND SANCTIONS PROVISIONS.

Bidders are hereby notified that if their principal place of business is located in a country, nation, province, state or political subdivision that penalizes New York State vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act 1994 and 2000 amendments (Chapter 684 and Chapter 383, respectively) require that they be denied contracts which they would otherwise obtain. NOTE: As of May 15, 2002, the list of discriminatory jurisdictions subject to this provision includes the states of South Carolina, Alaska, West Virginia, Wyoming, Louisiana and Hawaii. Contact NYS Department of Economic Development for a current list of jurisdictions subject to this provision.

22. COMPLIANCE WITH NEW YORK STATE INFORMATION SECURITY BREACH AND NOTIFICATION ACT. Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208).

23. COMPLIANCE WITH CONSULTANT DISCLOSURE LAW. If this is a contract for consulting services, defined for purposes of this requirement to include analysis, evaluation, research, training, data processing, computer programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal or similar services, then, in accordance with Section 163 (4-g) of the State Finance Law (as amended by Chapter 10 of the Laws of 2006), the Contractor shall timely, accurately and properly comply with the requirement to submit an annual employment report for the contract to the agency that awarded the contract, the Department of Civil Service and the State Comptroller.

24. PROCUREMENT LOBBYING. To the extent this agreement is a "procurement contract" as defined by State Finance Law Sections 139-j and 139-k, by signing this agreement the contractor certifies and affirms that all disclosures made in accordance with State Finance Law Sections 139-j and 139-k are complete, true and accurate. In the event such certification is found to be intentionally false or intentionally incomplete, the State may terminate the agreement by providing written notification to the Contractor in accordance with the terms of the agreement.

25. CERTIFICATION OF REGISTRATION TO COLLECT SALES AND COMPENSATING USE TAX BY CERTAIN STATE CONTRACTORS, AFFILIATES AND SUBCONTRACTORS.

To the extent this agreement is a contract as defined by Tax Law Section 5-a, if the contractor fails to make the certification required by Tax Law Section 5-a or if during the term of the contract, the Department of Taxation and Finance or the covered agency, as defined by Tax Law 5-a, discovers that the certification, made under penalty of perjury, is false, then such failure to file or false certification shall be a material breach of this contract and this contract may be terminated, by providing written notification to the Contractor in accordance with the terms of the agreement, if the covered agency determines that such action is in the best interest of the State.

26. IRAN DIVESTMENT ACT. By entering into this Agreement, Contractor certifies in accordance with State Finance Law §165-a that it is not on the "Entities Determined to be Non-Responsive Bidders/Offerers pursuant to the New York State Iran Divestment Act of 2012" ("Prohibited Entities List") posted at: <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf> Contractor further certifies that it will not utilize on this Contract any subcontractor that is identified on the Prohibited Entities List. Contractor agrees that should it seek to renew or extend this Contract, it must provide the

same certification at the time the Contract is renewed or extended. Contractor also agrees that any proposed Assignee of this Contract will be required to certify that it is not on the Prohibited Entities List before the contract assignment will be approved by the State.

During the term of the Contract, should the state agency receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, the state agency will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then the state agency shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the Contractor in default. The state agency reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

**APPENDIX X
GLBU: DOH01**

Contract Number: _____

Contractor: _____

Amendment Number X-_____

BSC Unit ID: 345<XXXX>

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through NYS Department of Health, having its principal office at Albany, New York, (hereinafter referred to as the STATE), and _____ (hereinafter referred to as the CONTRACTOR), having its mailing address at _____, for amendment of this contract.

This amendment makes the following changes to the contract (check all that apply):

- _____ Modifies the contract period at no additional cost
- _____ Modifies the contract period at additional cost
- _____ Modifies the budget or payment terms
- _____ Modifies the work plan or deliverables
- _____ Replaces appendix(es) _____ with the attached appendix(es) _____
- _____ Adds the attached appendix(es) _____
- _____ Other: (describe) _____

This amendment *is* / *is not* a contract renewal as allowed for in the existing contract.

All other provisions of said AGREEMENT shall remain in full force and effect.

Additionally, Contractor certifies that it is not included on the prohibited entities list published at <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf> as a result of the Iran Divestment Act of 2012 (Act), Chapter 1 of the 2012 Laws of New York. Under the Act, the Commissioner of the Office of General Services (OGS) has developed a list (prohibited entities list) of "persons" who are engaged in "investment activities in Iran" (both are defined terms in the law). Contractor (or any assignee) also certifies that it will not utilize on such Contract any subcontractor that is identified on the prohibited entities list.

Prior to this amendment, the contract value and period were:

\$ _____ From ____ / ____ / ____ to ____ / ____ / ____
(Value before amendment) (Initial start date)

This amendment provides the following modification (complete only items being modified):

\$ _____ From ____ / ____ / ____ to ____ / ____ / ____

This will result in new contract terms of:

\$ _____ From ____ / ____ / ____ to ____ / ____ / ____
(All years thus far combined) (Initial start date) (Amendment end date)

Signature Page for:

Contract Number: _____

Contractor: _____

Amendment Number: X-_____

BSC Unit ID: 345<XXXX>_____

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under their signatures.

CONTRACTOR SIGNATURE:

By: _____ Date: _____
(signature)

Printed Name: _____

Title: _____

STATE OF NEW YORK)
) SS:
County of _____)

On the ___ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Signature and office of the individual taking acknowledgement)

STATE AGENCY SIGNATURE

"In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

By: _____ Date: _____
(signature)

Printed Name: _____

Title: _____

ATTORNEY GENERAL'S SIGNATURE

By: _____ Date: _____

STATE COMPTROLLER'S SIGNATURE

By: _____ Date: _____

STATE OF NEW YORK
AGREEMENT

This AGREEMENT is hereby made by and between the State of New York Department of Health (STATE) and the public or private agency (CONTRACTOR) identified on the face page hereof.

WITNESSETH:

WHEREAS, the STATE has formally requested contractors to submit bid proposals for the project described in Appendix B for which bids were opened on the date noted on the face pages of this AGREEMENT; and

WHEREAS, the STATE has determined that the CONTRACTOR is the successful bidder, and the CONTRACTOR covenants that it is willing and able to undertake the services and provide the necessary materials, labor and equipment in connection therewith;

NOW THEREFORE, in consideration of the terms hereinafter mentioned and also the covenants and obligations moving to each party hereto from the other, the parties hereto do hereby agree as follows:

I. Conditions of Agreement

- A. This AGREEMENT incorporates the face pages attached and all of the marked appendices identified on the face page hereof.
- B. The maximum compensation for the contract term of this AGREEMENT shall not exceed the amount specified on the face page hereof.
- C. This AGREEMENT may be renewed for additional periods (PERIOD), as specified on the face page hereof.
- D. To exercise any renewal option of this AGREEMENT, the parties shall prepare new appendices, to the extent that any require modification, and a Modification Agreement (the attached Appendix X is the blank form to be used). Any terms of this AGREEMENT not modified shall remain in effect for each PERIOD of the AGREEMENT. The modification agreement is subject to the approval of the Office of the State Comptroller.
- E. Appendix A (Standard Clauses as required by the Attorney General for all State contracts) takes precedence over all other parts of the AGREEMENT.
- F. For the purposes of this AGREEMENT, the terms "Request for Proposals" and "RFP" include all Appendix B documents as marked on the face page hereof.
- G. For the purposes of this AGREEMENT, the term "Proposal" includes all Appendix C documents as marked on the face page hereof.

II. Payment and Reporting

- A. The CONTRACTOR shall submit complete and accurate invoices and/or vouchers, together with supporting documentation required by the contract, the State Agency and the State Comptroller, to the STATE's designated payment office in order to receive payment to one of the following addresses:

1. Preferred Method: Email a .pdf copy of your signed voucher to the BSC at: accountspayable@ogs.ny.gov with a subject field as follows:
Subject: <<Unit ID: 3450437>> <<Contract #>>

(Note: **do not** send a paper copy in addition to your emailed voucher.)

2. Alternate Method: Mail vouchers to BSC at the following U.S. postal address:

**NYS Department of Health
Unit ID 3450437
PO Box 2117
Albany, NY 12220-0117**

- B. Payment of such invoices and/or vouchers by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law.

Payment for invoices and/or vouchers submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at www.osc.ny.gov/epay/index.htm, by email at helpdesk@sfs.ny.gov or by telephone at 1-855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any invoices and/or vouchers submitted under this Contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

In addition to the Electronic Payment Authorization Form, a Substitute Form W-9, must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information and procedures for enrollment can be found at <http://www.osc.ny.gov/vendors/vendorguide/guide.htm>.

III. Term of Contract

- A. Upon approval of the Commissioner of Health, this AGREEMENT shall be effective for the term as specified on the cover page.
- B. This Agreement may be terminated by mutual written agreement of the contracting parties.
- C. This Agreement may be terminated by the Department for cause upon the failure of the Contractor to comply with the terms and conditions of this Agreement, including the attachments hereto, provided that the Department shall give the contractor written notice via registered or certified mail, return receipt requested, or shall deliver same by hand-receiving Contractor's receipt therefor, such written notice to specify the Contractor's failure and the termination of this Agreement. Termination shall be effective ten (10) business days from receipt of such notice, established by the receipt returned to the Department. The Contractor agrees to incur no new obligations nor to claim for any expenses made after receipt of the notification of termination.
- D. This Agreement may be deemed terminated immediately at the option of the Department upon the filing of a petition in bankruptcy or insolvency, by or against the Contractor. Such termination shall be immediate and complete, without termination costs or further

obligations by the Department to the Contractor.

- E. This agreement may be canceled at any time by the Department of Health giving to the contractor not less than thirty (30) days written notice that on or after a date therein specified this agreement shall be deemed terminated and canceled.

IV. Proof of Coverage

Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:

- A. Workers' Compensation, for which one of the following is incorporated into this contract as Appendix E-1:
 - 1. CE-200, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR
 - 2. C-105.2 – Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the U-26.3; OR
 - 3. SI-12 – Certificate of Workers' Compensation Self-Insurance, OR GSI-105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance.
- B. Disability Benefits coverage, for which one of the following is incorporated into this contract as Appendix E-2:
 - 1. CE-200, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR
 - 2. DB-120.1 – Certificate of Disability Benefits Insurance OR
 - 3. DB-155 – Certificate of Disability Benefits Self-Insurance

V. Indemnification

- A. The CONTRACTOR shall be solely responsible and answerable in damages for any and all accidents and/or injuries to persons (including death) or property arising out of or related to the services to be rendered by the CONTRACTOR or its subcontractors pursuant to this AGREEMENT. The CONTRACTOR shall indemnify and hold harmless the STATE and its officers and employees from claims, suits, actions, damages and costs of every nature arising out of the provision of services pursuant to this AGREEMENT.
- B. The CONTRACTOR is an independent contractor and may neither hold itself out nor claim to be an officer, employee or subdivision of the STATE nor make any claims, demand or application to or for any right based upon any different status.

APPENDIX D GENERAL SPECIFICATIONS

- A. By signing the "Bid Form" each bidder attests to its express authority to sign on behalf of this company or other entity and acknowledges and accepts that all specifications, general and specific appendices, including Appendix-A, the Standard Clauses for all New York State contracts, and all schedules and forms contained herein will become part of any contract entered, resulting from the Request for Proposal. Anything which is not expressly set forth in the specifications, appendices and forms and resultant contract, but which is reasonable to be implied, shall be furnished and provided in the same manner as if specifically expressed.
- B. The work shall be commenced and shall be actually undertaken within such time as the Department of Health may direct by notice, whether by mail, e-mail, or other writing, whereupon the undersigned will give continuous attention to the work as directed, to the end and with the intent that the work shall be completed within such reasonable time or times, as the case may be, as the Department may prescribe.
- C. The Department reserves the right to stop the work covered by this proposal and the contract at any time that the Department deems the successful bidder to be unable or incapable of performing the work to the satisfaction of the Department, and in the event of such cessation of work, the Department shall have the right to arrange for the completion of the work in such manner as the Department may deem advisable, and if the cost thereof exceeds the amount of the bid, the successful bidder and its surety shall be liable to the State of New York for any excess cost on account thereof.
- D. Each bidder is under an affirmative duty to be informed by personal examination of the specifications and location of the proposed work and by such other means as it may select, of character, quality, and extent of work to be performed and the conditions under which the contract is to be executed.
- E. The Department of Health will make no allowance or concession to a bidder for any alleged misunderstanding or deception because of quantity, quality, character, location or other conditions.
- F. The bid price is to cover the cost of furnishing all of the said services, materials, equipment, and labor to the satisfaction of the Department of Health and the performance of all work set forth in said specifications.
- G. The successful bidder will be required to complete the entire work or any part thereof as the case may be, to the satisfaction of the Department of Health in strict accordance with the specifications and pursuant to a contract therefore.
- H. CONTRACTOR will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
- I. Non-Collusive Bidding By submission of this proposal, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief:
 - a. The prices of this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
 - b. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly to any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition;
 - c. No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

NOTE: Chapter 675 of the Laws of New York for 1966 provides that every bid made to the state or any public department, agency or official thereof, where competitive bidding is required by statute, rule or regulation, for work or services performed or to be performed or goods sold or to be sold, shall contain the foregoing statement subscribed by the bidder and affirmed by such bidder as true under penalties of perjury.

A bid shall not be considered for award nor shall any award be made where (a), (b) and (c) above have not been complied with; provided however, that if in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefore. Where (a), (b) and (c) above have not been complied with, the bid shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the state, public department or agency to which the bid is made or its designee, determines that such disclosure was not made for the purpose of restricting competition. The fact that a bidder has published price lists, rates, or tariffs covering items being procured, has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or has sold the same items to other customers at the same price being bid, does not constitute, without more, a disclosure within the meaning of the above quoted certification.

Any bid made to the State or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods, sold or to be sold, where competitive bidding is required by statute, rule or regulation and where such bid contains the certification set forth above shall be deemed to have been authorized by the board of directors of the bidder, and such authorization shall be deemed to include the signing and submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation.

- J. A bidder may be disqualified from receiving awards if such bidder or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
- K. The Department reserves the right to make awards within ninety (90) days after the date of the bid opening, during which period bids shall not be withdrawn unless the bidder distinctly states in the bid that acceptance thereof must be made within a shorter specified time.
- L. Any contract entered into resultant from this request for proposal will be considered a "Work for Hire Contract." The Department will be the sole owner of all source code and any software which is developed for use in the application software provided to the Department as a part of this contract.
- M. Technology Purchases Notification --The following provisions apply if this Request for Proposal (RFP) seeks proposals for "Technology"
 - 1. For the purposes of this policy, "technology" applies to all services and commodities, voice/data/video and/or any related requirement, major software acquisitions, systems modifications or upgrades, etc., that result in a technical method of achieving a practical purpose or in improvements of productivity. The purchase can be as simple as an order for new or replacement personal computers, or for a consultant to design a new system, or as complex as a major systems improvement or innovation that changes how an agency conducts its business practices.
 - 2. If this RFP results in procurement of software over \$20,000, or of other technology over \$50,000, or where the department determines that the potential exists for coordinating purchases among State agencies and/or the purchase may be of interest to one or more other State agencies, PRIOR TO AWARD SELECTION, this RFP and all responses thereto are subject to review by the New York State Office for Technology.
 - 3. Any contract entered into pursuant to an award of this RFP shall contain a provision which extends the terms and conditions of such contract to any other State agency in New York. Incorporation of this RFP into the resulting contract also incorporates this provision in the contract.

N. Date/Time Warranty

- 1. Definitions: For the purposes of this warranty, the following definitions apply:

May 2013

- a. "Product" shall include, without limitation: when solicited from a vendor in a State government entity's contracts, RFPs, IFBs, or mini-bids, any piece or component of equipment, hardware, firmware, middleware, custom or commercial software, or internal components or subroutines therein which perform any date/time data recognition function, calculation, comparing or sequencing. Where services are being furnished, e.g., consulting, systems integration, code or data conversion or data entry, the term "Product" shall include resulting deliverables.
- b. "Third Party Product" shall include product manufactured or developed by a corporate entity independent from the vendor and provided by the vendor on a non-exclusive licensing or other distribution Agreement with the third party manufacturer. "Third Party Product" does not include product where vendor is : (a) a corporate subsidiary or affiliate of the third party manufacturer/developer; and/or (b) the exclusive re-seller or distributor of product manufactured or developed by said corporate entity.

2. Date/Time Warranty Statement

CONTRACTOR warrants that Product(s) furnished pursuant to this Contract shall, when used in accordance with the Product documentation, be able to accurately process date/time data (including, but not limited to, calculating, comparing, and sequencing) transitions, including leap year calculations. Where a CONTRACTOR proposes or an acquisition requires that specific Products must perform as a package or system, this warranty shall apply to the Products as a system.

Where CONTRACTOR is providing ongoing services, including but not limited to: i) consulting, integration, code or data conversion, ii) maintenance or support services, iii) data entry or processing, or iv) contract administration services (e.g., billing, invoicing, claim processing), CONTRACTOR warrants that services shall be provided in an accurate and timely manner without interruption, failure or error due to the inaccuracy of CONTRACTOR's business operations in processing date/time data (including, but not limited to, calculating, comparing, and sequencing) various date/time transitions, including leap year calculations. CONTRACTOR shall be responsible for damages resulting from any delays, errors or untimely performance resulting therefrom, including but not limited to the failure or untimely performance of such services.

This Date/Time Warranty shall survive beyond termination or expiration of this contract through: a) ninety (90) days or b) the CONTRACTOR's or Product manufacturer/developer's stated date/time warranty term, whichever is longer. Nothing in this warranty statement shall be construed to limit any rights or remedies otherwise available under this Contract for breach of warranty.

- O. No Subcontracting: Subcontracting by the CONTRACTOR shall not be permitted except by prior written approval of the Department of Health. All subcontracts shall contain provisions specifying that the work performed by the subcontractor must be in accordance with the terms of this AGREEMENT, and that the subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the AGREEMENT between the STATE and the CONTRACTOR.
- P. Superintendence by Contractor: The CONTRACTOR shall have a representative to provide supervision of the work which CONTRACTOR employees are performing to ensure complete and satisfactory performance with the terms of the Contract. This representative shall also be authorized to receive and put into effect promptly all orders, directions and instructions from the Department of Health. A confirmation in writing of such orders or directions will be given by the Department when so requested from the CONTRACTOR.
- Q. Sufficiency of Personnel and Equipment: If the Department of Health is of the opinion that the services required by the specifications cannot satisfactorily be performed because of insufficiency of personnel, the Department shall have the authority to require the CONTRACTOR to use such additional personnel, to take such steps necessary to perform the services satisfactorily at no additional cost to the State.
- R. Experience Requirements: The CONTRACTOR shall submit evidence to the satisfaction of the Department that it possesses the necessary experience and qualifications to perform the type of services required under this contract and must show that it is currently performing similar services. The CONTRACTOR shall submit at least two references to substantiate these qualifications.

- S. Contract Amendments: This agreement may be amended by written agreement signed by the parties and subject to the laws and regulations of the State pertaining to contract amendments. This agreement may not be amended orally.

The CONTRACTOR shall not make any changes in the scope of work as outlined herein at any time without prior authorization in writing from the Department of Health and without prior approval in writing of the amount of compensation for such changes.

T. Provisions Upon Default

1. In the event that the CONTRACTOR, through any cause, fails to perform any of the terms, covenants or promises of this agreement, the Department acting for and on behalf of the State, shall thereupon have the right to terminate this agreement by giving notice in writing of the fact and date of such termination to the CONTRACTOR.
2. If, in the judgment of the Department of Health, the CONTRACTOR acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate this agreement by giving notice in writing of the fact and date of such termination to the CONTRACTOR. In such case the CONTRACTOR shall receive equitable compensation for such services as shall, in the judgment of the State Comptroller, have been satisfactorily performed by the CONTRACTOR up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the CONTRACTOR was engaged in at the time of such termination, subject to audit by the State Comptroller.

U. Upon termination of this agreement, the following shall occur:

1. CONTRACTOR shall make available to the State for examination all data, records and reports relating to this Contract; and
2. Except as otherwise provided in the Contract, the liability of the State for payments to the CONTRACTOR and the liability of the CONTRACTOR for services hereunder shall cease.

- V. Conflicts If, in the opinion of the Department of Health, (1) the specifications conflict, or (2) if the specifications are not clear as to (a) the method of performing any part of the work, or as to (b) the types of materials or equipment necessary, or as to (c) the work required to be done in every such situation, the CONTRACTOR shall be deemed to have based his bid upon performing the work and furnishing materials or equipment in the most inexpensive and efficient manner. If such conflicts and/or ambiguities arise, the Department of Health will furnish the CONTRACTOR supplementary information showing the manner in which the work is to be performed and the type or types of material or equipment that shall be used.

W. Contract Insurance Requirements

1. The successful bidder must without expense to the State procure and maintain, until final acceptance by the Department of Health of the work covered by this proposal and the contract, insurance of the kinds and in the amounts hereinafter provided, in insurance companies authorized to do such business in the State of New York covering all operations under this proposal and the contract, whether performed by it or by subcontractors. Before commencing the work, the successful bidder shall furnish to the Department of Health a certificate or certificates, in a form satisfactory to the Department, showing that it has complied with the requirements of this section, which certificate or certificates shall state that the policies shall not be changed or canceled until thirty days written notice has been given to the Department. The kinds and amounts of required insurance are:
 - a. A policy covering the obligations of the successful bidder in accordance with the provisions of Chapter 41, Laws of 1914, as amended, known as the Workers' Compensation Law, and the contract shall be void and of no effect unless the successful bidder procures such policy and maintains it until acceptance of the work (reference Appendix E).

- b. Policies of Bodily Injury Liability and Property Damage Liability Insurance of the types hereinafter specified, each within limits of not less than \$500,000 for all damages arising out of bodily injury, including death at any time resulting therefrom sustained by one person in any one occurrence, and subject to that limit for that person, not less than \$1,000,000 for all damages arising out of bodily injury, including death at any time resulting therefrom sustained by two or more persons in any one occurrence, and not less than \$500,000 for damages arising out of damage to or destruction of property during any single occurrence and not less than \$1,000,000 aggregate for damages arising out of damage to or destruction of property during the policy period.
 - i. CONTRACTOR's Liability Insurance issued to and covering the liability of the successful bidder with respect to all work performed by it under this proposal and the contract.
 - ii. Protective Liability Insurance issued to and covering the liability of the People of the State of New York with respect to all operations under this proposal and the contract, by the successful bidder or by its subcontractors, including omissions and supervisory acts of the State.
 - iii. Automobile Liability Insurance issued to and covering the liability of the People of the State of New York with respect to all operations under this proposal and the contract, by the successful bidder or by its subcontractors, including omissions and supervisory acts of the State.

X. Certification Regarding Debarment and Suspension: Regulations of the Department of Health and Human Services, located at Part 76 of Title 45 of the Code of Federal Regulations (CFR), implement Executive Orders 12549 and 12689 concerning debarment and suspension of participants in federal programs and activities. Executive Order 12549 provides that, to the extent permitted by law, Executive departments and agencies shall participate in a government-wide system for non-procurement debarment and suspension. Executive Order 12689 extends the debarment and suspension policy to procurement activities of the federal government. A person who is debarred or suspended by a federal agency is excluded from federal financial and non-financial assistance and benefits under federal programs and activities, both directly (primary covered transaction) and indirectly (lower tier covered transactions). Debarment or suspension by one federal agency has government-wide effect.

Pursuant to the above-cited regulations, the New York State Department of Health (as a participant in a primary covered transaction) may not knowingly do business with a person who is debarred, suspended, proposed for debarment, or subject to other government-wide exclusion (including any exclusion from Medicare and State health care program participation on or after August 25, 1995), and the Department of Health must require its prospective contractors, as prospective lower tier participants, to provide the certification in Appendix B to Part 76 of Title 45 CFR, as set forth below:

1. APPENDIX B TO PART 76-CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS

Instructions for Certification

- a. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- b. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered and erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- c. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
- d. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered Transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules

- implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- e. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
 - f. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions.
 - g. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of parties Excluded from Federal Procurement and Non-procurement Programs.
 - h. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
 - i. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions
 - a. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily exclude from participation in this transaction by any Federal department agency.
 - b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Y. Confidentiality Clauses

1. Any materials, articles, papers, etc., developed by the CONTRACTOR under or in the course of performing this AGREEMENT shall contain the following, or similar acknowledgment: "Funded by the New York State Department of Health". Any such materials must be reviewed and approved by the STATE for conformity with the policies and guidelines for the New York State Department of Health prior to dissemination and/or publication. It is agreed that such review will be conducted in an expeditious manner. Should the review result in any unresolved disagreements regarding content, the CONTRACTOR shall be free to publish in scholarly journals along with a disclaimer that the views within the Article or the policies reflected are not necessarily those of the New York State Department of Health. The Department reserves the right to disallow funding for any educational materials not approved through its review process.
2. Any publishable or otherwise reproducible material developed under or in the course of performing this AGREEMENT, dealing with any aspect of performance under this AGREEMENT, or of the results and accomplishments attained in such performance, shall be the sole and exclusive property of the STATE, and shall not be published or otherwise disseminated by the CONTRACTOR to any other party unless prior written approval is secured from the STATE or under circumstances as indicated in paragraph 1 above. Any and all net proceeds obtained by the CONTRACTOR resulting from any such publication shall belong to and be paid over to the STATE. The STATE shall have a perpetual royalty-free, non-exclusive and irrevocable right to reproduce, publish or otherwise use, and to authorize others to use, any such material for governmental purposes.

3. No report, document or other data produced in whole or in part with the funds provided under this AGREEMENT may be copyrighted by the CONTRACTOR or any of its employees, nor shall any notice of copyright be registered by the CONTRACTOR or any of its employees in connection with any report, document or other data developed pursuant to this AGREEMENT.
4. All reports, data sheets, documents, etc. generated under this contract shall be the sole and exclusive property of the Department of Health. Upon completion or termination of this AGREEMENT the CONTRACTOR shall deliver to the Department of Health upon its demand all copies of materials relating to or pertaining to this AGREEMENT. The CONTRACTOR shall have no right to disclose or use any of such material and documentation for any purpose whatsoever, without the prior written approval of the Department of Health or its authorized agents.
5. The CONTRACTOR, its officers, agents and employees and subcontractors shall treat all information, which is obtained by it through its performance under this AGREEMENT, as confidential information to the extent required by the laws and regulations of the United States and laws and regulations of the State of New York.

Z. Provision Related to Consultant Disclosure Legislation

1. If this contract is for the provision of consulting services as defined in Subdivision 17 of Section 8 of the State Finance Law, the CONTRACTOR shall submit a "State Consultant Services Form B, Contractor's Annual Employment Report" no later than May 15th following the end of each state fiscal year included in this contract term. This report must be submitted to:
 - a. The NYS Department of Health, at the following address New York State Department of Health, Bureau of Contracts Room -2756, Corning Tower, Albany, NY 12237 ; and
 - b. The NYS Office of the State Comptroller, Bureau of Contracts, 110 State Street, 11th Floor, Albany NY 12236 ATTN: Consultant Reporting -or via fax at (518) 474-8030 or (518) 473-8808; and
 - c. The NYS Department of Civil Service, Albany NY 12239, ATTN: Consultant Reporting.

AA. Provisions Related to New York State Procurement Lobbying Law: The STATE reserves the right to terminate this AGREEMENT in the event it is found that the certification filed by the CONTRACTOR in accordance with New York State Finance Law §139-k was intentionally false or intentionally incomplete. Upon such finding, the STATE may exercise its termination right by providing written notification to the CONTRACTOR in accordance with the written notification terms of this AGREEMENT.

BB. Provisions Related to New York State Information Security Breach and Notification Act: CONTRACTOR shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208). CONTRACTOR shall be liable for the costs associated with such breach if caused by CONTRACTOR'S negligent or willful acts or omissions, or the negligent or willful acts or omissions of CONTRACTOR'S agents, officers, employees or subcontractors.

CC. Lead Guidelines: All products supplied pursuant to this agreement shall meet local, state and federal regulations, guidelines and action levels for lead as they exist at the time of the State's acceptance of this contract.

DD. On-Going Responsibility

1. General Responsibility Language: The CONTRACTOR shall at all times during the Contract term remain responsible. The CONTRACTOR agrees, if requested by the Commissioner of Health or his or her designee, to present evidence of its continuing legal authority to do business in New York State, integrity, experience, ability, prior performance, and organizational and financial capacity.
2. Suspension of Work (for Non-Responsibility) :The Commissioner of Health or his or her designee, in his or her sole discretion, reserves the right to suspend any or all activities under this Contract, at any time, when he or she discovers information that calls into question the responsibility of the CONTRACTOR. In the event of such suspension, the CONTRACTOR will be given written notice outlining the particulars of such suspension. Upon issuance of such notice, the CONTRACTOR must comply with the terms of the suspension

order. Contract activity may resume at such time as the Commissioner of Health or his or her designee issues a written notice authorizing a resumption of performance under the Contract.

3. Termination (for Non-Responsibility) : Upon written notice to the CONTRACTOR, and a reasonable opportunity to be heard with appropriate Department of Health officials or staff, the Contract may be terminated by Commissioner of Health or his or her designee at the CONTRACTOR's expense where the CONTRACTOR is determined by the Commissioner of Health or his or her designee to be non-responsible. In such event, the Commissioner of Health or his or her designee may complete the contractual requirements in any manner he or she may deem advisable and pursue available legal or equitable remedies for breach.

EE. Provisions Related to Iran Divestment Act: As a result of the Iran Divestment Act of 2012 (Act), Chapter 1 of the 2012 Laws of New York, a provision has been added to the State Finance Law (SFL), § 165-a, effective April 12, 2012. Under the Act, the Commissioner of the Office of General Services (OGS) has developed a list (prohibited entities list) of “persons” who are engaged in “investment activities in Iran” (both are defined terms in the law). Pursuant to SFL § 165-a(3)(b), the initial list has been posted on the OGS website at <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>.

By entering into this Contract, CONTRACTOR (or any assignee) certifies that it will not utilize on such Contract any subcontractor that is identified on the prohibited entities list. Additionally, CONTRACTOR agrees that should it seek to renew or extend the Contract, it will be required to certify at the time the Contract is renewed or extended that it is not included on the prohibited entities list. CONTRACTOR also agrees that any proposed Assignee of the Contract will be required to certify that it is not on the prohibited entities list before the New York State Department of Health may approve a request for Assignment of Contract. During the term of the Contract, should New York State Department of Health receive information that a person is in violation of the above referenced certification, New York State Department of Health will offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment which is in violation of the Act within 90 days after the determination of such violation, then New York State Department of Health shall take such action as may be appropriate including, but not limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the CONTRACTOR in default.

New York State Department of Health reserves the right to reject any request for assignment for an entity that appears on the prohibited entities list prior to the award of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the prohibited entities list after contract award.

APPENDIX B: REQUEST FOR PROPOSAL

To be added upon award

APPENDIX C: PROPOSAL OF BIDDER

To be added upon award.

APPENDIX H: HIPAA CONFIDENTIALITY

for CONTRACTOR that creates, receives, maintains or transmits individually identifiable health information on behalf of a New York State Department of Health HIPAA-Covered Program

- I. Definitions. For purposes of this Appendix H of this AGREEMENT:
 - A. “Business Associate” shall mean CONTRACTOR.
 - B. “Covered Program” shall mean the STATE.
 - C. Other terms used, but not otherwise defined, in this AGREEMENT shall have the same meaning as those terms in the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act (“HITECH”) and implementing regulations, including those at 45 CFR Parts 160 and 164.
- II. Obligations and Activities of Business Associate:
 - A. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by this AGREEMENT or as Required By Law.
 - B. Business Associate agrees to use the appropriate administrative, physical and technical safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this AGREEMENT and to comply with the security standards for the protection of electronic protected health information in 45 CFR Part 164, Subpart C. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this AGREEMENT.
 - C. Business Associate agrees to report to Covered Program as soon as reasonably practicable any use or disclosure of the Protected Health Information not provided for by this AGREEMENT of which it becomes aware. Business Associate also agrees to report to Covered Program any Breach of Unsecured Protected Health Information of which it becomes aware. Such report shall include, to the extent possible:
 1. A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;
 2. A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
 3. Any steps individuals should take to protect themselves from potential harm resulting from the breach;
 4. A description of what Business Associate is doing to investigate the Breach, to mitigate harm to individuals, and to protect against any further Breaches; and
 5. Contact procedures for Covered Program to ask questions or learn additional information.
 - D. Business Associate agrees, in accordance with 45 CFR § 164.502(e)(1)(ii), to ensure that any Subcontractors that create, receive, maintain, or transmit Protected Health Information on behalf of the Business Associate agree to the same

restrictions and conditions that apply to Business Associate with respect to such information.

- E. Business Associate agrees to provide access, at the request of Covered Program, and in the time and manner designated by Covered Program, to Protected Health Information in a Designated Record Set, to Covered Program in order for Covered Program to comply with 45 CFR § 164.524.
 - F. Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that Covered Program directs in order for Covered Program to comply with 45 CFR § 164.526.
 - G. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Program to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528; and Business Associate agrees to provide to Covered Program, in time and manner designated by Covered Program, information collected in accordance with this AGREEMENT, to permit Covered Program to comply with 45 CFR § 164.528.
 - H. Business Associate agrees, to the extent the Business Associate is to carry out Covered Program's obligation under 45 CFR Part 164, Subpart E, to comply with the requirements of 45 CFR Part 164, Subpart E that apply to Covered Program in the performance of such obligation.
 - I. Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Program available to Covered Program, or to the Secretary of the federal Department of Health and Human Services, in a time and manner designated by Covered Program or the Secretary, for purposes of the Secretary determining Covered Program's compliance with HIPAA, HITECH and 45 CFR Parts 160 and 164.
- III. Permitted Uses and Disclosures by Business Associate
- A. Except as otherwise limited in this AGREEMENT, Business Associate may only use or disclose Protected Health Information as necessary to perform functions, activities, or services for, or on behalf of, Covered Program as specified in this AGREEMENT.
 - B. Business Associate may use Protected Health Information for the proper management and administration of Business Associate.
 - C. Business Associate may disclose Protected Health Information as Required By Law.
- IV. Term and Termination
- A. This AGREEMENT shall be effective for the term as specified on the cover page of this AGREEMENT, after which time all of the Protected Health Information provided by Covered Program to Business Associate, or created or received by Business Associate on behalf of Covered Program, shall be destroyed or returned to Covered Program; provided that, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Appendix H of this AGREEMENT.
 - B. Termination for Cause. Upon Covered Program's knowledge of a material breach by Business Associate, Covered Program may provide an opportunity for

Business Associate to cure the breach and end the violation or may terminate this AGREEMENT if Business Associate does not cure the breach and end the violation within the time specified by Covered Program, or Covered Program may immediately terminate this AGREEMENT if Business Associate has breached a material term of this AGREEMENT and cure is not possible.

C. Effect of Termination.

1. Except as provided in paragraph (c)(2) below, upon termination of this AGREEMENT, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Program, or created or received by Business Associate on behalf of Covered Program. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.
2. In the event that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Program notification of the conditions that make return or destruction infeasible. Upon mutual agreement of Business Associate and Covered Program that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this AGREEMENT to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

V. Violations

- A. Any violation of this AGREEMENT may cause irreparable harm to the STATE. Therefore, the STATE may seek any legal remedy, including an injunction or specific performance for such harm, without bond, security or necessity of demonstrating actual damages.
- B. Business Associate shall indemnify and hold the STATE harmless against all claims and costs resulting from acts/omissions of Business Associate in connection with Business Associate's obligations under this AGREEMENT. Business Associate shall be fully liable for the actions of its agents, employees, partners or subcontractors and shall fully indemnify and save harmless the STATE from suits, actions, damages and costs, of every name and description relating to breach notification required by 45 CFR Part 164 Subpart D, or State Technology Law § 208, caused by any intentional act or negligence of Business Associate, its agents, employees, partners or subcontractors, without limitation; provided, however, that Business Associate shall not indemnify for that portion of any claim, loss or damage arising hereunder due to the negligent act or failure to act of the STATE.

VI. Miscellaneous

- A. Regulatory References. A reference in this AGREEMENT to a section in the Code of Federal Regulations means the section as in effect or as amended, and for which compliance is required.
- B. Amendment. Business Associate and Covered Program agree to take such action as is necessary to amend this AGREEMENT from time to time as is necessary for Covered Program to comply with the requirements of HIPAA, HITECH and 45 CFR Parts 160 and 164.

- C. Survival. The respective rights and obligations of Business Associate under (IV)(C) of this Appendix H of this AGREEMENT shall survive the termination of this AGREEMENT.
- D. Interpretation. Any ambiguity in this AGREEMENT shall be resolved in favor of a meaning that permits Covered Program to comply with HIPAA, HITECH and 45 CFR Parts 160 and 164.
- E. HIV/AIDS. If HIV/AIDS information is to be disclosed under this AGREEMENT, Business Associate acknowledges that it has been informed of the confidentiality requirements of Public Health Law Article 27-F.

APPENDIX F
New York State Department of Health
Information Data Security Requirements

A. General Requirements

Contractor agrees that it shall perform the requirements of the contract in a manner consistent with the following requirements:

1. Maintain all Department Data and implement procedures to physically and logically segregate Department's Data from Contractor's data and data belonging to Contractor's other customers.
2. Establish and maintain appropriate environmental, safety and facility procedures, data security procedures and other safeguards against the destruction, corruption, loss or alteration of any Department Data, and to prevent unauthorized access, alteration or interference by third parties of the same.
3. Utilize industry best practices and technology (including appropriate firewall protection, intrusion prevention tools, and intrusion detection tools) to protect, safeguard, and secure the Department Data against unauthorized access, use, and disclosure. Contractor shall constantly monitor for any attempted unauthorized access to, or use or disclosure of, any of such materials and shall immediately take all necessary and appropriate action in the event any such attempt is discovered, promptly notifying the Department of any material or significant breach of security with respect to any such materials.

B. Data Location and Related Restrictions

All Data shall remain in the Continental United States (CONUS). Any Data stored, or acted upon, must be located solely in Data Centers in CONUS. Services which directly or indirectly access Data may only be performed from locations within CONUS.

C. Contractor portable devices

Contractor shall not place Data on any portable Device unless Device is located and remains within Contractor's CONUS Data Center.

D. Data breach - Required Contractor Actions

Unless otherwise provided by law, in the event of a Data Breach, the Contractor shall:

1. Notify the Department or their designated contact person(s), by telephone as soon as possible.
2. Consult with and receive authorization from the Department as to the content of any notice to affected parties prior to notifying any affected parties to whom notice of the Data Breach is required, either by statute or by the Department;
3. Coordinate all communication regarding the Data Breach with the Department;
4. Cooperate with the Department in attempting (a) to determine the scope and cause of the breach; and (b) to prevent the future recurrence of such data breaches; and
5. Take corrective action in the timeframe required by the Department. If Contractor is unable

complete the corrective action within the required timeframe the Department may contract with a third party to provide the required services until corrective actions and services resume in a manner acceptable to the Department, or until the Department has completed a new procurement for a replacement service system. The Contractor will be responsible for the cost of these services during this period. Nothing herein shall in any way (a) impair the authority of the OAG to bring an action against Contractor to enforce the provisions of the New York State Information Security Breach Notification Act (ISBNA) or (b) limit Contractor's liability for any violations of the ISBNA or any other applicable statutes, rules or regulations.

E. Data Ownership

All Department Data is, or will be and shall remain the property of the Department and shall be deemed Confidential Information of the Department. Without the Department's approval Department Data shall not be (1) used by the Contractor or Contractor's Agents other than in connection with providing the Services, (2) disclosed, sold, assigned, leased, or otherwise provided to third parties by Contractor or Contractor's Agents, or (3) commercially exploited by or on behalf of Contractor or Contractor Agents.

F. Contractor Access to Data

The Contractor shall not copy or transfer Data unless authorized by the Department. In such an event the Data shall be copied and/or transferred in accordance with the provisions of this Section. Contractor shall not access any Data for any purpose other than fulfilling the service. Contractor is prohibited from Data Mining, cross tabulating, monitoring Department's Data usage and/or access, or performing any other Data Analytics other than those required under this contract. At no time shall any Data or processes (e.g. workflow, applications, etc.), which either are owned or used by the Department be copied, disclosed, or retained by the Contractor or any party related to the Contractor. Contractors are allowed to perform industry standard back-ups of Data. Documentation of back-up must be provided to the Department upon request.

G. Requests for data by third parties

Unless prohibited by law, Contractor shall notify the Department in Writing within 24 hours of any request for Data (including requestor, nature of Data requested and timeframe of response) by a person or entity other than the Department, and the Contractor shall secure Written acknowledgement of such notification from the Department before responding to the request for Data. Unless compelled by law, the Contractor shall not release Data without the Department's prior written approval.

H. Transfer of Data at end of Contract

At the end of the Contract, Contractor may be required to transfer Data to a new Contractor and/or to the Department. This transfer must be carried out as specified by the Department. This transfer may include, but is not limited to, conversion of all Data into or from an industry standard format(s) including comma/delimited files, txt files, or Microsoft standard file formats.

I. Return of Data

Upon expiration or termination of this Contract, the Contractor shall return Data in a format required by the Department. When requested by the Department, the Contractor must certify that all Data has been removed from its system/s and removed from backups.

J. Secure Data Disposal Certification

If requested by the Department, the Contractor shall destroy Data in all of its forms, including all backups. Data shall be permanently deleted and shall not be recoverable, according to New York State Information Technology Standard Number NYS- S13-003 Sanitization/Secure Disposal or successor and

Standard Number NYS-S14-003 Information Security Controls or successor. Certificates of destruction, in a form acceptable to the Department, shall be provided by the Contractor to the Department.

K. Destruction of Data

The Data, and/or the storage medium containing the Data, shall be destroyed in accordance with applicable New York State Information Technology Standard for destruction (Standard Number NYS-S13-003 Sanitization/Secure Disposal and Standard Number NYS-S14-003 Information Security Controls or successor) when the Contractor is no longer contractually required to store and maintain the Data.

L. Background Checks

The Department may require the Contractor to conduct background checks on certain Contractor staff who has access to Department data at no charge to the Department.

M. Separation of Duties

The Department may require the separation of job duties, and limit staff knowledge of Data to that which is absolutely needed to perform job duties.

N. Business continuity/disaster recovery operations

The Contractor shall provide a business continuity and disaster recovery plan if required by the Department.

O. Compliance with federal, state and local regulations

The Department may require the Contractor to provide verification of compliance with specific Federal, State and local regulations, laws and IT standards that the Department is required to comply with.

P. Ownership/title to project deliverables

The Department will be the sole owner of all deliverables furnished under this Contract by or through Contractor including, but not limited to: a) printed materials (including but not limited to training manuals, system and user documentation, reports, drawings), whether printed in hard copy or maintained on diskette, CD, DVD or other electronic media; and b) source code or any software that is developed for use in the application software provided to the Department. Effective upon creation of any deliverable, Contractor hereby conveys, assigns and transfers to the Department the sole and exclusive rights, title and interest in deliverable, whether preliminary, final or otherwise, including all trademark and copyrights.

APPENDIX G: NOTICES

All notices permitted or required hereunder shall be in writing and shall be transmitted either:

- (a) via certified or registered United States mail, return receipt requested;
- (b) by facsimile transmission;
- (c) by personal delivery;
- (d) by expedited delivery service; or
- (e) by e-mail.

Such notices shall be addressed as follows or to such different addresses as the parties may from time to time designate:

State of New York Department of Health

Name:
Title:
Address:
Telephone Number:
Facsimile Number:
E-Mail Address:

[Insert Contractor Name]

Name:
Title:
Address:
Telephone Number:
Facsimile Number:
E-Mail Address:

Any such notice shall be deemed to have been given either at the time of personal delivery or, in the case of expedited delivery service or certified or registered United States mail, as of the date of first attempted delivery at the address and in the manner provided herein, or in the case of facsimile transmission or email, upon receipt.

The parties may, from time to time, specify any new or different address in the United States as their address for purpose of receiving notice under this AGREEMENT by giving fifteen (15) days written notice to the other party sent in accordance herewith. The parties agree to mutually designate individuals as their respective representative for the purposes of receiving notices under this AGREEMENT. Additional individuals may be designated in writing by the parties for purposes of implementation and administration/billing, resolving issues and problems, and/or for dispute resolution.

APPENDIX M PARTICIPATION BY MINORITY GROUP MEMBERS AND WOMEN WITH RESPECT TO STATE CONTRACTS: REQUIREMENTS AND PROCEDURES

I. General Provisions

- A. The New York State Department of Health is required to implement the provisions of New York State Executive Law Article 15-A and 5 NYCRR Parts 142-144 (“MWBE Regulations”) for all State contracts as defined therein, with a value (1) in excess of \$25,000 for labor, services, equipment, materials, or any combination of the foregoing or (2) in excess of \$100,000 for real property renovations and construction.
- B. The Contractor to the subject contract (the “Contractor” and the “Contract,” respectively) agrees, in addition to any other nondiscrimination provision of the Contract and at no additional cost to the New York State New York State Department of Health (the “New York State Department of Health”), to fully comply and cooperate with the New York State Department of Health in the implementation of New York State Executive Law Article 15-A. These requirements include equal employment opportunities for minority group members and women (“EEO”) and contracting opportunities for certified minority and women-owned business enterprises (“MWBEs”). Contractor’s demonstration of “good faith efforts” pursuant to 5 NYCRR §142.8 shall be a part of these requirements. These provisions shall be deemed supplementary to, and not in lieu of, the nondiscrimination provisions required by New York State Executive Law Article 15 (the “Human Rights Law”) or other applicable federal, state or local laws.
- C. Failure to comply with all of the requirements herein may result in a finding of non-responsiveness, non-responsibility and/or a breach of contract, leading to the withholding of funds or such other actions, liquidated damages pursuant to Section VII of this Appendix or enforcement proceedings as allowed by the Contract.

II. Contract Goals

- A. For purposes of this Amendment X-?, the New York State Department of Health hereby establishes an overall goal of **30%** for Minority and Women-Owned Business Enterprises (“MWBE”) participation, **15%** for Minority-Owned Business Enterprises (“MBE”) participation and **15%** for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs).
- B. For purposes of providing meaningful participation by MWBEs on the Contract and achieving the Contract Goals established in Section II-A hereof, Contractor should reference the directory of New York State Certified MBWEs found at the following internet address:
<http://www.esd.ny.gov/mwbe.html>

Additionally, Contractor is encouraged to contact the Division of Minority and Woman Business Development ((518) 292-5250; (212) 803-2414; or (716) 846-8200) to discuss additional methods of maximizing participation by MWBEs on the Contract.

- C. Where MWBE goals have been established herein, pursuant to 5 NYCRR §142.8, Contractor must document “good faith efforts” to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract. In accordance with Section 316-a of Article 15-A and 5 NYCRR §142.13, the Contractor acknowledges that if Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such a finding constitutes a breach of contract and the Contractor shall be liable to the New York State Department of Health for liquidated or other appropriate damages, as set forth herein.

III. Equal Employment Opportunity (EEO)

A. Contractor agrees to be bound by the provisions of Article 15-A and the MWBE Regulations promulgated by the Division of Minority and Women's Business Development of the Department of Economic Development (the "Division"). If any of these terms or provisions conflict with applicable law or regulations, such laws and regulations shall supersede these requirements.

B. Contractor shall comply with the following provisions of Article 15-A:

1. Contractor and Subcontractors shall undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, EEO shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation.
2. The Contractor shall submit an EEO policy statement to the New York State Department of Health within seventy two (72) hours after the date of the notice by New York State Department of Health to award the Contract to the Contractor.
3. If Contractor or Subcontractor does not have an existing EEO policy statement, the New York State Department of Health may provide the Contractor or Subcontractor a model statement (see Form #5 - Minority and Women-Owned Business Enterprises Equal Employment Opportunity Policy Statement).
4. The Contractor's EEO policy statement shall include the following language:
 - a. The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force.
 - b. The Contractor shall state in all solicitations or advertisements for employees that, in the performance of the contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.
 - c. The Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union, or representative will not discriminate on the basis of race, creed, color, national origin, sex age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
 - d. The Contractor will include the provisions of Subdivisions (a) through (c) of this Subsection 4 and Paragraph "E" of this Section III, which provides for relevant provisions of the Human Rights Law, in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the Contract.

C. Form #4 - Staffing Plan

To ensure compliance with this Section, the Contractor shall submit a staffing plan to document the composition of the proposed workforce to be utilized in the performance of the Contract by the specified categories listed, including ethnic background, gender, and Federal occupational categories. Contractors shall complete the Staffing plan form and submit it as part of their bid or proposal or within a reasonable time, but no later than the time of award of the contract.

D. Form #6 - Workforce Employment Utilization Report ("Workforce Report")

1. Once a contract has been awarded and during the term of Contract, Contractor is responsible for updating and providing notice to the New York State Department of Health of any changes to the previously submitted Staffing Plan. This information is to be submitted on a quarterly basis during the term of the contract to report the actual workforce utilized in the performance of the contract by the specified categories listed including ethnic background, gender, and Federal occupational categories. The Workforce Report must be submitted to report this information.
 2. Separate forms shall be completed by Contractor and any subcontractor performing work on the Contract.
 3. In limited instances, Contractor may not be able to separate out the workforce utilized in the performance of the Contract from Contractor's and/or subcontractor's total workforce. When a separation can be made, Contractor shall submit the Workforce Report and indicate that the information provided related to the actual workforce utilized on the Contract. When the workforce to be utilized on the contract cannot be separated out from Contractor's and/or subcontractor's total workforce, Contractor shall submit the Workforce Report and indicate that the information provided is Contractor's total workforce during the subject time frame, not limited to work specifically under the contract.
- E. Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

IV. MWBE Utilization Plan

- A. The Contractor represents and warrants that Contractor has submitted an MWBE Utilization Plan (Form #1) either prior to, or at the time of, the execution of the contract.
- B. Contractor agrees to use such MWBE Utilization Plan for the performance of MWBEs on the Contract pursuant to the prescribed MWBE goals set forth in Section III-A of this Appendix.
- C. Contractor further agrees that a failure to submit and/or use such MWBE Utilization Plan shall constitute a material breach of the terms of the Contract. Upon the occurrence of such a material breach, New York State Department of Health shall be entitled to any remedy provided herein, including but not limited to, a finding of Contractor non-responsiveness.

V. Waivers

- A. For Waiver Requests Contractor should use Form #2 – Waiver Request.
- B. If the Contractor, after making good faith efforts, is unable to comply with MWBE goals, the Contractor may submit a Request for Waiver form documenting good faith efforts by the Contractor to meet such goals. If the documentation included with the waiver request is complete, the New York State Department of Health shall evaluate the request and issue a written notice of acceptance or denial within twenty (20) days of receipt.
- C. If the New York State Department of Health, upon review of the MWBE Utilization Plan and updated Quarterly MWBE Contractor Compliance Reports determines that Contractor is failing or refusing to comply with the Contract goals and no waiver has been issued in regards to such non-compliance, the New York State Department of Health may issue a notice of deficiency to the Contractor. The Contractor must respond to the notice of deficiency within seven (7) business days of receipt. Such response may include a request for partial or total waiver of MWBE Contract Goals.

VI. Quarterly MWBE Contractor Compliance Report

Contractor is required to submit a Quarterly MWBE Contractor Compliance Report (Form #3) to the New York State Department of Health by the 10th day following each end of quarter over the term of the Contract documenting the progress made towards achievement of the MWBE goals of the Contract.

VII. Liquidated Damages - MWBE Participation

- A. Where New York State Department of Health determines that Contractor is not in compliance with the requirements of the Contract and Contractor refuses to comply with such requirements, or if Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals, Contractor shall be obligated to pay to the New York State Department of Health liquidated damages.
- B. Such liquidated damages shall be calculated as an amount equaling the difference between:
 - 1. All sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and
 - 2. All sums actually paid to MWBEs for work performed or materials supplied under the Contract.
- C. In the event a determination has been made which requires the payment of liquidated damages and such identified sums have not been withheld by the New York State Department of Health, Contractor shall pay such liquidated damages to the New York State Department of Health within sixty (60) days after they are assessed by the New York State Department of Health unless prior to the expiration of such sixtieth day, the Contractor has filed a complaint with the Director of the Division of Minority and Woman Business Development pursuant to Subdivision 8 of Section 313 of the Executive Law in which event the liquidated damages shall be payable if Director renders a decision in favor of the New York State Department of Health.