



SUMMIT SCHOOL BASED HEALTH CENTERS

Healthy Kids Learn Better

Dear Parent/Guardian:

received a dental screening today.

While the screening is not a substitute for a comprehensive dental examination and six month cleaning, at today's screening we did note the following possible problems. Please have them checked by your regular dentist.

- 1. Your child has a suspicious area located on one or more teeth and we recommend he/she see a dentist for an exam and check-up as soon as possible.
 - 2. Your child has obvious dental needs, including signs of infection. We recommend he/she seek dental care immediately.
 - 3. Your child may have dental decay or other dental problems that are undetectable without appropriate dental x-rays. We encourage you to have your child receive a complete dental exam and a cleaning. The American Dental Association recommends a cleaning, exam and fluoride every six months.
 - 4. Your child's teeth and gums show signs that they need to brush their teeth better. We recommend tooth brushing twice daily for two minutes each time.
 - 5. Your child would benefit from dental sealants. Please ask your dentist about sealants at your child's six month cleaning appointment.
 - 6. Your child's gums appear healthy and no dental decay is visible. Please keep your child on a six month cleaning and exam schedule.
 - 7. Your child was unwilling to let us perform a dental screening on him/her today.
- ❖ Fluoride varnish applied every six months is effective in preventing dental caries in the primary and permanent teeth of children and adolescents. The American Dental Association recommends fluoride varnish application at least two times per year. For those at high risk, receiving fluoride varnish every three months may provide an additional caries-prevention benefit.

Fluoride Varnish Application: _____ Yes _____ No

PO Box 4337 | Frisco, CO 80443 | (970) 668-4040 Option #2

SBHC@summitclinic.org



OUR COMMUNITY. OUR MOUNTAINS. OUR FUTURE.
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Memorandum of Understanding

Summit School District Re-1 Summit Community Care Clinic

For the provision of School-Based Health Centers and support of School Clinic services

This Memorandum of Understanding (MOU) is made and entered into this 29th day of June, 2015 by and between Summit School District Re-1, hereinafter "District", and Summit Community Care Clinic, hereinafter "Medical Sponsor", formalize our agreement regarding the implementation and operation of School-Based Health Centers on District property. Additionally, the District and Medical Sponsor may collaborate in order to efficiently meet staffing needs to benefit both the school-based health clinics and the school clinics.

The parties hereby agree to collaborate on the implementation and operation of school-based health centers (hereinafter "SBHCs") at:

Summit High School (SHS) SBHC, located at 16201 Hwy. 9 Breckenridge, CO

Summit Middle School (SMS) SBHC, located at 158 School Rd. Frisco, CO

Silverthorne Elementary (SVE) SBHC, located at 101 Hamilton Creek Rd. Silverthorne, CO

Dillon Valley Elementary (DVE) SBHC, located at 0108 Deerpath Rd. Dillon, CO

The parties additionally agree to collaborate for the provision of SBHC services at:

Summit Cove Elementary (SCE), located at 0727 Cove Blvd. Dillon, CO

Frisco Elementary (FRE), located at 800 8th Ave Frisco, CO

Upper Blue Elementary (UBE), located at 1200 Airport Rd. Breckenridge, CO

Breckenridge, Elementary (BRE), 312 Harris St. Breckenridge CO

Introduction:

The purpose of this MOU is to describe the enterprise and define the roles of the two partner entities, referenced above, involved in the implementation of such an arrangement. This MOU articulates a good faith sense of how critical operating systems, policies and relationships will be established as best known by the above entities as of the date of this MOU.

Governance: Each member of this MOU is governed by an autonomous governing board. Each entity has approval from its governing board to proceed with this enterprise.

Management Oversight Group: Each partner has designated management representatives to fulfill each partner's respective responsibilities and ensure communication among the parties to this MOU.

Summit School District CFO

Summit School District Emergency Coordinator

Summit Community Care Clinic CEO

Summit Community Care Clinic SBHC Director

Insurance and Indemnification: Each party to this MOU shall carry the following minimum insurance coverage:

General Liability	Each occurrence or wrongful act	\$1,000,000
Annual aggregate limit		\$ 3,000,000
Medical expense (per person/per accident)		\$ 10,000

All parties shall, to the extent allowed by law, defend and hold harmless each others' officers, board members, employees and agents from and against any and all claims, demands, judgment, awards and complaints of whatsoever nature asserted as a result of arising out the acts or omissions of one or both of the other parties and/or its officers, agents or employees acting pursuant to this MOU. The foregoing indemnification agreement shall be limited by and subject to the rights, defenses and limitations upon liability available to the District pursuant to Article 11, Section 1 of the Colorado constitution or pursuant to the Colorado Governmental Immunity Act, CRS §24-10-101 et. seq, and nothing herein shall be construed to waive or limit any such rights or defenses.

Medical Sponsor, at its sole expense will, prior to the provision of SBHC services and in addition to the insurance required under "Insurance and Indemnification" above, secure and maintain the following types of insurance coverage during the term of this MOU: commercial general liability insurance covering its employees, with commercially reasonable limits; appropriate workers' compensation insurance as required by Colorado law; and professional liability insurance which covers the provision of the medical services furnished by the Medical Sponsor's employees at the SBHC. The Medical Sponsor is responsible to ensure and verify that contractors, sub-contractors and employees of contractors and subcontractors are likewise covered for general liability, worker's compensation (as appropriate) and malpractice.

Enterprise Coordination: Open and direct communication is highly valued. Management representatives will hold regular meetings to monitor implementation progress, set goals, and assure that goals are being met. All monies collected for patient services in the SBHCs, donations, grants, or billing shall be used to fund the agreed upon business plan of the SBHC and further the mission of the SBHC. The name of the schools SBHCs will remain unchanged and sponsorship from the other parties will appropriately be added to signage and other promotional materials as deemed appropriate by the two parties to the MOU.

Conflict Resolution: Conflicts are to be managed through open and honest communication at the staff level. If management needs to be involved, referrals will be made in the following manner:

1. Clinical issues shall be forwarded to the Summit Community Care Clinic
2. Non-clinical matters will be forwarded to the Management Oversight Group
3. Changes in financial arrangements or contracts are referred to the chief executive officers or their designees

Term and Termination: The initial term of this MOU shall commence on the execution of this Agreement by all parties hereto and shall end on June 30, 2016.

- The MOU shall automatically renew for up to five (5) successive one (1) year terms beginning on July 1, 2016 and ending June 30, 2021.
- This MOU may be terminated without cause by District or the Medical Sponsor. The effective date of termination will be ninety (90) days after a party's written notice of desire to terminate is issued, or upon a mutually agreed upon termination date.
- This MOU shall be binding on all parties, their successors and assignees as long as it is in effect. The Management Oversight Group shall review terms and conditions of the MOU as it pertains to their respective roles in the MOU during March of each year. Any amendment desired by one

party to the MOU will be proposed to the other parties by April 1. Any proposed amendments will be negotiated and decided upon prior to the last day of the school year, and will become effective and binding on July 1.

- Notwithstanding the above termination provision, if at any time any party is unable to perform its obligation under this MOU consistent with such party's statutory and regulatory mandates, the affected party shall immediately provide written notice to the other party and seek a mutually agreed upon resolution.
- A written notice of termination, and all other communication related to this MOU, shall be communicated to the designated representatives of all parties. Subject to the ninety day notice provision stated above, it is the intention of the parties that continued participation under this MOU is voluntary, and does not constitute a multiple fiscal year financial obligation.

All Parties further agree that:

1. This MOU shall not become effective or binding on any party hereto until it has been fully executed by all parties.
2. The MOU reflects the entire understanding between the parties with respect to the subject matter hereof and supersedes all other prior oral or written statements, understandings or correspondence.
3. The persons signing the MOU have been fully authorized to execute this agreement and to validly and legally bind the District and the Medical Sponsor to all the terms, performances and provisions herein set forth.
4. Children receiving SBHC services shall be charged the usual and customary fee for said service by the Medical Sponsor or designee. However, no eligible child shall be denied services due to an inability to pay. A sliding fee schedule will be developed by the Medical Sponsor. It is expressly understood by and between all parties that the District shall, in no event, be liable for any charges for services rendered to its students by the Medical Sponsor.
5. The Medical Sponsor will be responsible for the submission of claims to the appropriate insurance carrier, i.e. Medicaid, Child Health Plan Plus and private insurers. Reimbursements collected either through co-pays or reimbursement by insurance will be appropriately accounted for.

Obligations of Summit School District Re-1 :

Facilities

1. Designate, renovate, or maintain as needed an interior space for SBHCs rent-free. The space, as renovated, will ideally aim to provide a reception/waiting area, at least one exam room with accessible hand-washing sink, one counseling/health education room, one provider office, a unisex bathroom, designated lab space with clean and dirty areas, a secure area for storage of supplies and medications, and a secure area for records storage. The space will also be electrical, phone and internet ready. The SBHC space provided by the District will be furnished appropriately for the SBHC functions. The SBHC will retain the name of the school in which it is located.
2. Provide all utilities, telephones, internet access, janitorial services, routine maintenance and repairs, removal of non-hazardous waste, security services.

Program Components

1. Actively promote the SBHC to school personnel, students and families.
2. Designate a school representative as liaison between school personnel and SBHC personnel in planning and problem solving around issues concerning the District's interface with the SBHC.
3. Medicine Administration Training for Health Aide personnel to ensure the appropriate administration of medicines to students with Medication Authorization. Medication must be received by the school

nurse, health aide, school secretary or principal. A Health Aide may be district staff or SBHC personnel dependent on building staffing.

4. Provide limited access to information that is reasonably required to ensure the safe and efficient performance of services to designated employees of the Medical Sponsor.
5. Obtain consent from the parents or legal guardians of children under the age of 18 years at the time of annual school registration who wish to be served by the SBHC. This consent adheres to HIPAA & FERPA compliance standards. The wording of the consent form(s) will be agreed upon in advance by the District and the Medical Sponsor.

Obligations of Summit Community Care Clinic, as Medical Sponsor:

1. Develop and implement medical records management protocols as mandated by HIPAA and other applicable federal and state laws.
2. Arrange for hazardous/biological waste disposal in compliance with federal and state laws.
3. Employ a Director who will oversee the administration of the SBHC program. The role the Director will include:
 - Develop a list of achievable goals based on capacity and financial resources.
 - Develop a time line for achieving goals agreed upon by all parties.
 - Design and annually execute an evaluation of SBHC processes, students' health status, and student health needs.
 - ◆ Results will be used to improve the SBHCs' efficiency, effectiveness, utilization and financing in order to increase students' access to services
 - ◆ Results will be reported to the Health Advisory Committee (HAC) biannually.
 - Insure continuity, quality, and confidentiality of all services provided at the SBHC.
 - Ensure the SBHC takes appropriate measures for the responsible use, storage and destruction of student data.
4. Create and implement a coordinated care delivery model that includes the following health services for eligible children:
 - treatment of minor acute injury and illness
 - well-child/well-adolescent exams and sports physicals
 - immunizations
 - routine (CLIA-waived) laboratory tests
 - management of chronic illness
 - mental health assessment and treatment
 - substance abuse screenings
 - ◆ case management and referral
 - age-appropriate reproductive health services
 - health education and health promotion
 - basic psychotropic medication management

- oral hygienist services as available
5. Medical services excluded from the SBHC model are:
 - hospitalization
 - after- hours emergency care
 - treatment of complex medical or mental health conditions
 - medical x-rays
 - any other medical procedure that cannot be performed by an advance practice nurse or physician assistant under state law or that requires facilities beyond those available in the SBHC
 6. Oversight of the provision of preventive dental services and coordination of and referral to other dental services.
 7. Ensure that physicians and/or advanced practice nurses providing services in the SBHC are operating within their scope of practice as defined by state law.
 8. Maintain compliance for the SBHCs with all applicable federal and state regulations regarding medical facilities and medical practice including those of the Occupational Health and Safety Administration (OHSA) and the Clinical Laboratory Improvement Amendments (CLIA) administered by the Center for Medicare and Medicaid Services, and the Colorado Board of Pharmacy.
 9. Develop procedures to treat all individuals in a nondiscriminatory manner, regardless of race, ethnicity, religion, national origin, citizenship, age, sex, sexual orientation, preexisting medical condition, physical or mental handicap, source of payment, economic status or ability to pay for services provided.
 10. Maintain appropriate records and strict accountability for all funds exchanged between the District and Medical Sponsor for implementation and operation of the SBHC.
 11. Develop a SBHC budget with input from the Management Oversight Group.
 12. Seek grant funding to compensate Health Service Providers and maintain appropriate records and strict accountability for all funds so obtained and ensure grant requirements are met.

Further Agreements of the Parties:

1. All parties will jointly sponsor a Health Advisory Council (HAC) made up of representatives of each party to this MOU, representatives of the community at large, and SBHC users. The Management Oversight Group will convene and support meetings of HAC. The HAC will review the service delivery model of the SBHC, utilization of services provided, and the need for additional services or expansion of services annually. The HAC will be responsible for developing plans for fundraising as needed, and meet twice a year
2. Medical Sponsor will require its employees and any non-employee providers of the SBHC to undergo criminal background checks. Notwithstanding the foregoing, the Medical Sponsor agrees that upon District's request, each employee of Medical Sponsor or non-employee providers of the SBHC may be subject to another criminal background check as required by the District. The Medical Sponsor agrees to honor any request by District to not use any individual to provide services in the SBHC based on the results of the background check.
3. In the case of a medical emergency on campus, Summit School District staff is the primary

provider of first aid and is the first line of response.

- Neither the School Clinics nor the SBHC are meant to provide extended emergency care. Calling 911 is an essential step in responding to a campus-based emergency.
 - District staff and Medical Sponsor staff will work together in emergency situations to ensure students receive appropriate care.
 - The District will communicate all emergency procedures to the Medical Sponsor, so that these can be taken into account in emergency response planning.
4. With the purpose of benefitting both the SBHC and school clinics, the District and Medical Sponsor may choose to jointly fund “Health Aide” positions. The purpose of such an arrangement would be staffing efficiency, service coordination and managing information sharing guidelines. These positions may be either District or Medical Sponsor employees. Decisions about the implementation, structure and fiscal responsibility of these positions will be made by the Management Oversight Group. Important points to be addressed in any such collaboration:
- Job descriptions / job duties / necessary job elements
 - Information sharing guidelines and limits
 - Medical supervision, including medication administration responsibilities

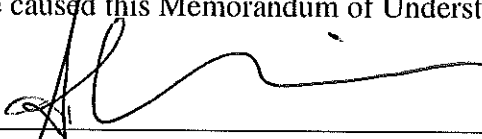
Information Sharing and Privacy Protection:

The District and Medical Sponsor will use the following guidelines with regards to information sharing:

1. The ownership and right to control all medical records, test results and supporting documents prepared in connection with the delivery of services in the SBHC will vest exclusively in the Medical Sponsor. The Medical Sponsor will follow all applicable federal or state law related to medical records and releases information contained therein. All parties to this MOU expressly agree that such medical records will not be released to District nor will the District have access to any of the contents of such medical records and agree said records are not considered “educational records” as such term is defined in the Family Education Rights and Privacy Act of 1974. This section will survive termination of this MOU.
2. The Family Educational Rights and Privacy Act (FERPA) guides management and protection of personal information in education records maintained by District employees including school nurses and school psychologists, social workers and counselors. Education records, including immunization records, are specifically exempted from HIPAA privacy regulations. Education and immunization records are subject to FERPA regulations and will be treated accordingly.
3. Health records maintained by the SBHC are considered medical records under the Health Insurance Portability and Accountability Act (HIPAA) and applicable state law and are not covered under FERPA. It is the understanding and intention of the parties that the SBHC, the Medical Sponsor, and the Health Care Providers are considered “covered entities” under HIPAA, and that the District and BOCES are not considered “covered entities.”
4. The District and Medical Sponsor agree to use appropriate safeguards to prevent use or disclosure of personal health information consistent with HIPAA privacy rules and state regulations; The District and Medical Sponsor will not use or routinely disclose students’ health status information maintained in educational records in a manner that would violate the requirements of FERPA or Colorado laws regarding provision of confidential services to minors.
5. The District and Medical Sponsor will develop a practice and procedures document to define the specific actions and safeguards that will be taken to ensure appropriate information sharing takes place while protecting student privacy and data.

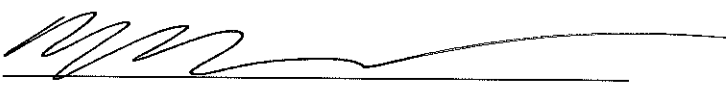
IN WITNESS WHEREOF, the parties have caused this Memorandum of Understanding to be executed.

Dated: 6/29, 2015

BY: 

Sarah Vaine, Executive Director
Summit Community Care Clinic (Medical Sponsor)
representative

Dated: June 29, 2015

BY: 

Mark Rydberg, Director of Business Services
Summit School District RE-1 representative

SIGNATURE PAGE TO FOLLOW

Summit County Dentists

Medicaid and CHP+ Providers:

Pediatric Dental Group	970-668-8668	Dr. David Strange	Frisco
Summit Community Care Clinic	970-668-4055	Dr. Dan Young Dr. Stephany Barnett	Frisco Frisco
Frisco Dental	970-668-1029	Dr. Molly Smith	Frisco
Comfort Dental	970-262-2273	Dr. Lorraine Loustalet Dr. John Rollow	Silverthorne Silverthorne

Private Insurance:

Backcountry Family Dental	970-368-6091	Dr. Erin Sain	Silverthorne
Breckenridge Dental Group	970-453-9615	Dr. John Warner Dr. Darcy Rehn	Breckenridge Breckenridge
Family Dental	970-468-5995	Dr. Greg Jungman Dr. Kami Wallner Dr. Bob Meister	Dillon Dillon Breckenridge
Frisco Dental	970-668-1029	Dr. Molly Smith	Frisco
Mountain View Family Dental	970-262-2002	Dr. Jeff Erickson Dr. Stephany Barnett	Keystone Keystone
Ridge Street Dental	970-453-1996	Dr. Curtis Slack	Breckenridge
Summit Dental Group	970-468-2471	Dr. Bryan Hilton	Dillon
Summit Smile Center	970-668-0330	Dr. Ron Gilligan	Frisco
Ten Mile Dental	970-668-1010	Dr. Brett Amedro	Frisco
Dr. Nicholas Brown	970-453-4244	Dr. Nicholas Brown	Breckenridge

Specialists:

Dr. Sara Ackermann	970-262-7664	Endodontist	Dillon
Dr. Karl Heggland	970-668-1314	Oral Surgeon	Frisco
Dr. Andrew Crabill	970-668-3118	Orthodontist	Frisco
Dr. Alton Bishop	970-662-2662	Orthodontist	Frisco

Registration

[Introduction](#) > **FORMS**
> [Review and Submit](#)

[Student](#) > [New Student](#) > [Family](#) > [Emergency](#) > [Health](#) > **COMMUNITY**
FormsPARTNERS > [Transportation](#) > [Consent/Agreements](#) > [Technology](#) > [School Organizations](#) > [Electronic Signature](#)

Healthy Smiles Program

Summit School District, in partnership with Summit School-Based Health Center and Vail Epic Promise, provides an oral-health screening, fluoride varnish and tooth sealant program at Summit Schools. There will be no out of pocket charge for these services.

Please indicate which portions of the Healthy Smiles Program you would like your child to participate in.

I give consent for my child to receive an oral health screening.

*

I give consent for my child to receive fluoride varnish application.

*

I give consent for my child to participate in the dental sealant program.

*

When was your child's last visit to a dentist?

*

Please select your child's dental insurance type

*



Dental Screening Permission Slip



Students Name: _____

Birthdate: _____

Teacher: _____ Grade: _____

Your child's oral health is an important factor in their overall development and in the ability to reach their academic potential.

With your permission, the Summit Dental Alliance will be screening your child for obvious dental decay and other oral health problems. Your child will be receiving a note with the screening results, however this is not a complete dental examination and you are encouraged to have your child seen by a dentist on a regular basis.

Please complete and sign the permission slip below to allow your child to participate. Thank you for helping us to improve the oral health of Colorado's children.

_____ Yes, I give permission for my child to have his/her teeth checked and the information released to the Summit Dental Alliance

_____ No, I do not give permission for my child to have his/her teeth checked.

Please answer the next questions (whether you give permission or not) to help us learn more about access to dental care. Your answers will remain private and will not be shared. If you do not want to answer the questions, you may still give permission for your child to have his/her teeth checked.

1. During the past six months, did your child have a toothache more than once, when biting or chewing? _____ Yes _____ No _____ Don't Remember

2. About how long has it been since your child has seen a dentist?

Check One:

_____ 6 months or less

_____ More than 6 months, less than 1 year

_____ More than 1 year, less than 3 years

_____ More than 3 years ago

_____ Never been to see a dentist

_____ Don't know/ don't remember

3. What type of insurance do you have that helps pay for all or some of your child's Dental Care?

_____ Medicaid # _____ CHP+ _____ Dental Insurance _____ None

4. If your child has Medicaid or CHP+, please provide the ID number and expiration date. I authorize Summit Youth Services Center to bill Medicaid or CHP+ for this screening.

ID # _____ Expiration Date _____

Parent's Name _____ Date _____

Address _____

Parent's Signature _____ Phone _____



SUMMIT SCHOOL BASED HEALTH CENTERS

Healthy Kids Learn Better

Summit School Based Health Center is pleased to add dental cleanings and radiographs (x-rays) for students at Summit County Schools this year. This is an addition to the dental screenings, sealants, and fluoride varnish we have previously provided. Dental services can be billed to your insurance. Uninsured persons may access care on a sliding fee scale.

If you would like your student to participate in the Summit School Based Health Center dental services please complete the following information.

I, _____ (parent) give permission for my child, _____ to receive the following dental health services in their Summit school this year. Please mark all that apply:

Dental Cleaning _____ Sealants _____ Fluoride Varnish _____ Screening _____

Student Name _____ Student Date of Birth _____
Parent's Name _____
Cell Phone _____ Home Phone _____
Mailing Address _____ City _____ Zip Code _____
Email Address _____
Race: White _____ American Indian/Alaska Native _____ Black/African American _____ Asian _____ Hawaiian/Other Pacific Islander _____ Not Provided _____
Ethnicity: Hispanic/Latino _____ Not Hispanic/Latino _____

Insurance Information:

_____ Medicaid # _____

_____ CHP # _____

_____ Private Insurance: Name of Insurance _____ Group Plan # _____

Name of Primary Insured _____ Date of Birth _____

_____ Uninsured

I authorize Summit Community Care Clinic to bill the insurance listed for services rendered at my child's dental visit performed at his/her school. If you do not have insurance, there will be a \$20.00 fee.

Parent Signature _____ Date _____

PO Box 4337 | Frisco, CO 80443 | (970) 668-4040 Option #2

SBHC@summitclinic.org





SUMMIT SCHOOL BASED HEALTH CENTERS

Niños saludables aprenden mejor

El Programa Sonrisas Saludables de la Clínica Comunitaria del Condado de Summit se complace en proveer un servicio de salud oral preventivos en las escuelas de Summit este año. Este servicio incluye: limpiezas dentales Los servicios Dentales pueden ser cubiertos por su seguro dental. Personas sin seguro pueden tener acceso a servicios en una escala de tarifas de acuerdo con sus ingresos.

Si desea que su estudiante participe en el programa Sonrisas Saludables por favor complete la siguiente información.

Yo, _____ (padre/madre) doy permiso que mi hijo(a), _____ reciba los servicios de salud oral en la escuela de Summit este año. Por favor marque todas las que apliquen:

Limpieza Dental _____ Selladores _____ Floruro _____ Evaluacion Dental _____

Nombre del Estudiante _____	Fecha de Nacimiento _____	
Nombre del Padre/Madre _____		
Número de celular _____	Dirección Física _____	
Caja Postal (P.O. Box) _____	Ciudad _____ Código Postal _____	
Raza: Blanco _____	Indio Americano/Nativo de Alaska _____	Negro/Afroamericano _____
Asiático _____	Hawaiano/Otro Isleño del Pacifico _____	Desconocido _____
Etnicidad: Hispano/Latino _____	No Hispano/Latino _____	

Información de seguro Dental:

____ Medicaid # _____
____ CHP # _____
____ Seguro Privado: Nombre del Seguro Dental _____ Grupo del Plan # _____
Nombre del Asegurado Principal _____ Fecha de Nacimiento _____
____ No asegurado

Yo autorizo a la Clínica Comunitaria a cobrar a mi seguro listado aquí por los servicios prestados a mi hijo en su visita dental en la escuela. Si no tiene seguro, el balance de el paciente se deberá en el momento de la visita.

Firma del Padre/Madre _____

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If you would like your student to participate in the Summit School Based Health Center dental services please complete the following information.

I, _____ (parent) give permission for my child, _____ to receive the following dental health services in their Summit school this year. Please mark all that apply:

Dental Cleaning _____

Radiographs _____

Student Name _____	Student Date of Birth _____	
Parent's Name _____		
Cell Phone _____	Home Phone _____	
Mailing Address _____	City _____ Zip Code _____	
Email Address _____		
Race: White _____	American Indian/Alaska Native _____	Black/African American _____
Asian _____	Hawaiian/Other Pacific Islander _____	Not Provided _____
Ethnicity: Hispanic/Latino _____	Not Hispanic/Latino _____	

Insurance Information:

_____ Medicaid # _____

_____ CHP # _____

_____ Private Insurance: Name of Insurance _____ Group Plan # _____

Name of Primary Insured _____ Date of Birth _____

_____ Uninsured

I authorize Summit Community Care Clinic to bill the insurance listed for services rendered at my child's dental visit performed at his/her school. If you do not have insurance, there will be a \$20.00 fee.

Parent Signature _____ Date _____

PO Box 4337 | Frisco, CO 80443 | (970) 668-4040

SBHC@summitclinic.org



OUR COMMUNITY. OUR MOUNTAINS. OUR FUTURE



Basic Screening Survey Tool

Students Name _____

School _____

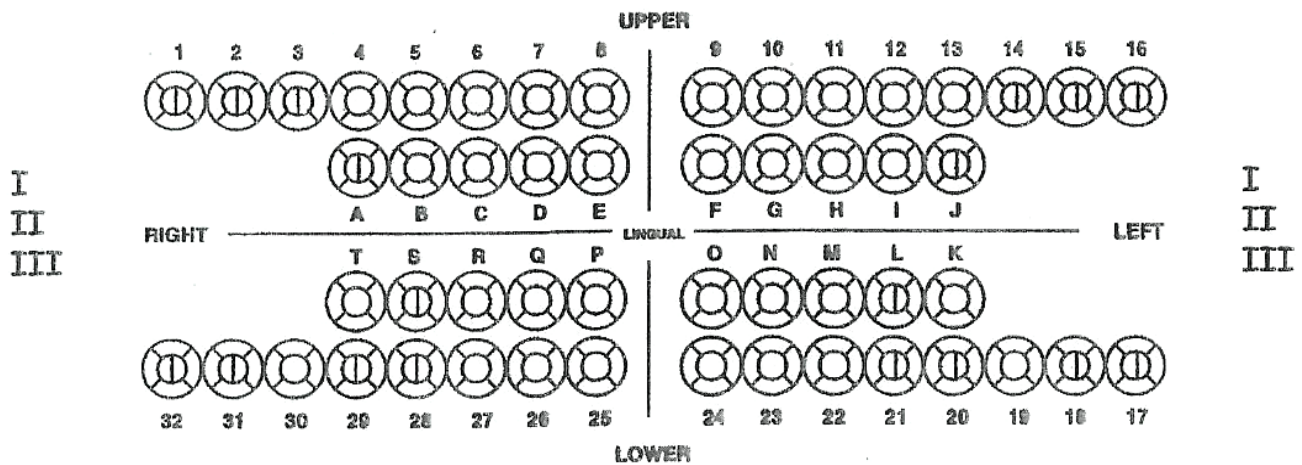
Grade _____

DOB _____

Fluoride Y N

D=Decay, F=Filled, M=Missing

Fluoride Treatment Yes ___ No ___



Caries Risk Assessment: _____ Low _____ Moderate _____ High

Untreated Cavities 0=No untreated cavities
1=Untreated cavities **Total Untreated Caries** _____

Caries Experience 0=No treated decay
1=Treated decay **Total Experience** _____

Tx Urgency 0/6=No obvious problem 3= Due for Recall
1=Early dental care 4=Improve Homecare
2=Urgent care 5=Sealants recommended
7=Uncooperative

Sealants Present Yes No

Ortho Present Yes No

Referred for Tx Yes No Where: _____

Expander/Space Maintainer **Yes** **No** **Tooth #/Quadrant:** _____

Gingivitis **Yes** **No**

Perio Disease **Yes** **No**

Comments _____

Appointment Book <SHS - SCHOOL SCREENINGS> <SHS>

File View Status Setup Appt Lists Move to Pinboard Help



MONTHLY Note RVU Fee: 065 Monday - October 12, 2015

	SCREEN5	SCREEN6	SCREEN7
8:00am	SCREEN, LOWCARIES	Varnish, SCREEN, LOWCARIES	Varnish, SCREEN, LOWCARIES
:10			
:20	Varnish, SCREEN, TRDEC, LOWCARIES	SCREEN, LOWCARIES	Varnish, SCREEN, TRDEC, LOWCARIES
:30			
:40	Varnish, SCREEN, TRDEC, LOWCARIES	Varnish, SCREEN, LOWCARIES	Varnish, SCREEN, LOWCARIES
:50			
9:00am	Varnish, SCREEN, LOWCARIES	Varnish, SCREEN, LOWCARIES, SEALPR	Varnish, SCREEN, LOWCARIES
:10			
:20	Varnish, SCREEN, TRDEC, LOWCARIES	Varnish, SCREEN, LOWCARIES, SEALPR	Varnish, SCREEN, LOWCARIES
:30			
:40	Varnish, SCREEN, LOWCARIES, SEALPR	NEEDS CALL	Varnish, SCREEN, LOWCARIES, SEALPR
:50			
10:00am	Varnish, SCREEN, LOWCARIES	Varnish, SCREEN, LOWCARIES	
:10			
:20	Varnish, SCREEN, LOWCARIES, SEALPR	SCREEN, LOWCARIES	
:30			
:40	NEEDS CALL	Varnish, SCREEN, TRDEC, LOWCARIES	
:50			
11:00am	Varnish, SCREEN, TRDEC, LOWCARIES	Varnish, SCREEN, LOWCARIES	
:10			
:20	Varnish, SCREEN, LOWCARIES	Varnish, SCREEN, TRDEC, LOWCARIES	
:30			
:40	Varnish, SCREEN, LOWCARIES, SEALPR	SCREEN, LOWCARIES, SEALPR	
:50			
12:00pm	NEEDS CALL	Varnish, SCREEN, TRDEC, LOWCARIES	
:10			
:20	Varnish, SCREEN, TRDEC, LOWCARIES	NEEDS CALL	
:30			
:40	Varnish, SCREEN, LOWCARIES	Varnish, SCREEN, TRDEC, LOWCARIES	
:50			
1:00pm	Varnish, SCREEN, LOWCARIES	Varnish, SCREEN, LOWCARIES	
:10			
:20	Varnish, SCREEN, LOWCARIES	Varnish, SCREEN, LOWCARIES	
:30			
:40	Varnish, SCREEN, LOWCARIES, SEALPR	Varnish, SCREEN, LOWCARIES	
:50			
2:00pm	Varnish, SCREEN, LOWCARIES	Varnish, SCREEN, TRDEC, LOWCARIES	
:10			
:20	SCREEN, LOWCARIES	Varnish, SCREEN, LOWCARIES	
:30			
:40	Varnish, SCREEN, TRDEC, LOWCARIES	SCREEN, LOWCARIES, SEALPR	
:50			
3:00pm	Varnish, SCREEN, LOWCARIES	Varnish, SCREEN, TRDEC, LOWCARIES, SEALPR	
:10			
:20	Varnish, SCREEN, LOWCARIES	NEEDS CALL	
:30			
:40	Varnish, SCREEN, TRDEC, LOWCARIES	Varnish, SCREEN, TRDEC, LOWCARIES, SEALPR	
:50			
4:00pm	Varnish, SCREEN, LOWCARIES, SEALPR		
:10			
:20	Varnish, SCREEN, LOWCARIES, SEALPR	Varnish, SCREEN, LOWCARIES, SEALPR	
:30			
:40	Varnish, SCREEN, LOWCARIES, SEALPR	Varnish, SCREEN, LOWCARIES, SEALPR	
:50			
5:00pm	Varnish, SCREEN, LOWCARIES	SCREEN, LOWCARIES, SEALPR	
:10			
:20	NEEDS CALL	NEEDS CALL	
:30			
:40	Varnish, SCREEN, TRDEC, LOWCARIES	NEEDS CALL	
:50			
6:00pm	Varnish, SCREEN, LOWCARIES	Varnish, SCREEN, TRDEC, LOWCARIES, SEALPR	
:10			
:20	SCREEN, LOWCARIES, SEALPR	NEEDS CALL	
:30			
:40	Varnish, SCREEN, LOWCARIES, SEALPR	Varnish, SCREEN, LOWCARIES, SEALPR	
:50			
7:00pm	NEEDS CALL	SCREEN, LOWCARIES	
:10			
:20	Varnish, SCREEN, LOWCARIES	NEEDS CALL	
:30			

Appointment Book <SCE - SCHOOL SCREENINGS> <SCE>

File View Status Setup Appt Lists Move to Pinboard Help

Appointment Information - (Simmons, Marcus) November 13, 2015 03566

Prov: EMLLNER >> Continuing Care Attached >> Use Reason To Auto Update CC

Reason:

- Initial C Fluoride Varnish (Completed) Delete
- C Screening (Completed)
- Add Tx C TREATED DECAY PRESENT - SCH (Completed) Del. All
- C Caries Risk Assessment - HI (Completed)
- Misc. C UNTREATED DECAY - SCHOOL (Completed)

Desc: NEEDS CALL

Length: 20 min >> Status: <COMPLETE> Op: SCREE14 >>

Amount: 90.00 Schedule: FIXED Date: 11/13/2015 >>

RVU: 0.70 Type: General Time: 10:00am >>

Staff: >>

Orig. Sched. Operator: VBARAY2 Date Sched.: 11/13/2015

Notes:

----- Fri - Nov 27, 2015 -----#1: Distal filling fell out LCH----->

Tue - Dec 1, 2015 ----- Tue - Dec 1, 2015 -----Follow up call; LVM-VB >

PRE-MED Needs new HH Update Contact info RCT Concent

SBIRT HIPAA Signature No Show Policy Crown/Bridge Conce SRP Concent

Care Card Update Review Finances Ext Cons

Tramias, Marcus Wrenholt, Jesse

Varnish, SCREEN, LOW/CARIES Varnish, SCREEN, TRDEC, MOD/CARIES, SEAL PR

Hibby, Jayden Wrenholt, Jesse

SCREEN, TRDEC, MOD/CARIES Varnish, SCREEN, LOW/CARIES

Houston, Kyle

Varnish, SCREEN, LOW/CARIES

Hurd, Shannon R

Varnish, SCREEN, LOW/CARIES

Jardon, Sophie

Varnish, SCREEN, LOW/CARIES

Kalina, Ellen

Varnish, SCREEN, LOW/CARIES

7:00am - 10:00am - 1:00pm - 3:00pm

SCREE15 SCREE16

10:40 AM



Dental Health Pop Quiz!!!

1. What is the minimum amount of time you should brush your teeth?
 - a. 30 seconds
 - b. 1 minute
 - c. 2 minutes
 - d. 5 minutes
2. What might lead to cavities? (circle all that apply)
 - a. Drinking too much soda pop
 - b. Bacteria in our mouth
 - c. Not exercising enough
 - d. Eating too many carbohydrates (crackers, candy, pasta, etc)
 - e. Eating too much cheese and nuts
3. Along with brushing our teeth, what else should we do every day to help them stay clean?

4. Along with brushing our teeth, what 2 other surfaces should we brush to keep our mouth healthy? _____
5. Which is the best afterschool snack to have for our teeth?
 - a. Starburst
 - b. Milk and cookies
 - c. Goldfish crackers
 - d. Apples and Peanut butter
6. Based on this nutrition label, how many grams of sugar are in the ENTIRE bottle?

Supplement Facts		
Serving Size 8.0 fl. oz. (240 mL)		
Servings Per Container: 2		
Amount Per Serving	%Daily Value	
Calories	100	
Total Carb	27g	9%*
Sugars	27g	†
Riboflavin	1.7mg	100%
Niacin	20mg	100%
Vitamin B6	2mg	100%
Vitamin B12	6mcg	100%
Sodium	180mg	8%
Taurine	1000mg	†
Panax Ginseng	200mg	†
Energy Blend	2500mg	†
L-Carnitine, Glucose, Caffeine, Guarana, Inositol, Glucuronolactone, Maltodextrin		
*Percent Daily Values are based on a 2000 calorie diet. †Daily Value not established.		

NAME	TITLE AND AGENCY	REPRESENTNG WHAT CONSTITUENCY?
Erin Major	Community Health Director- SCCC Program Director- SYSC	Parent Summit Youth Services Center Summit Community Care Clinic
Sarah Vaine	Executive Director- SCCC	Parent SCCC
Deb Crook	Executive Director	Public Health
Rhonda Khoen	Chief Executive Officer	Parent High Country Health Care
Lisa Brozovich	Physician Assistant- HCHC	Parent HCHC-primary care provision
Molly Lee	Nurse Practitioner-SCCC	Reproductive Health
Helen Royal	Behavioral Health Director-SCCC	Behavioral Health
Holly Baldwin	High School Counselor	Summit School District
Julie Comstock	Middle School Counselor	Summit Middle School
Joanna Rybak	Summit Prevention Alliance	Community Partner
Barb Buehner	School Nurse	Parent Summit School District
Linda Doran	School Nurse	Parent Summit School District
Gayle Jones	Principal	Parent Dillon Valley Elementary
Iva Katz-Hesse	Principal	Summit Middle School
Gretchen Nies	Vice-Principal	Summit High School
Sheila Groneman	Director- Head Start Board of Education-SSD	Head Start Summit School District
Margaret Carlson	Board of Education	Parent Summit School District
Paulina Cuadrado	Parent	Parent Hispanic Community
Rebecca Lohrenz	Student	Students
Kay Atteberry	Student	Students
Jaime Alvarez	Student	Students Hispanic Community

Summit

This top section is for all enrolled for all services (like what goes to CDPHE)

	Y1 - 11/12	Y2 - 12/13	Y3 - 13/14	Y4 - 14/15
Informed Consent:	1798	2218	2489	2147
Number of forms distributed	3010	3159	3243	3341
% forms returned	60%	70%	77%	64%
Enrollment:	1759	2218	2489	2189

Number of children enrolled in the program by age, grade level, and insurance coverage (Medicaid, CHIP, and third party insurance)

PVT INS.	Unknown	991	1097	639
MEDICAID	Unknown	460	623	635
CHP	Unknown	233	234	88
OTHER Includes sliding scale	Unknown	534	535	827
TOTAL	Unknown	2218	2489	2189

Healthy Families

Wait time for 1st appointment from time of enrollment

no wait time no wait time no wait time 1 week

This section is relative to Delta Services only

Reimbursements:

	Grantee provided data but not able to determine if the data is for eligibility or claims paid.	Grantee provided data but not able to determine if the data is for eligibility or claims paid.	Grantee provided data but not able to determine if the data is for eligibility or claims paid.	
Number of claims eligible for Medicaid and CHIP				1894
% claims billed from Medicaid and CHIP	unknown	unknown	unknown	100
% claims paid from Medicaid and CHIP	unknown	unknown	unknown	99.79%
Number of claims eligible for other 3rd party reimbursement	unknown	unknown	unknown	1

% claims billed from 3rd party	unknown	unknown	unknown	100
% of claims paid from 3rd party	unknown	unknown	unknown	100

Preventive Dental Services: comprehensive oral exam, x-rays, oral prophylaxis, fluoride, sealant, education					***Original
% of enrolled children who received preventive services	72% received screening				percentage
For each type of preventive service, the distribution of children by age, grade level, and insurance coverage (Medicaid, CHIP, and 3rd party insurance)					
Comprehensive oral exam	Unknown	280	261	10.20%	
X-rays	Unknown	0	0	7.91%	
Oral prophylaxis	264	202	203	17.34%	
Fluoride	219	508	22	38.22%	
Sealant	Unknown	161	122	8.96%	
Education	Unknown	1070	1552	100.00%	
Medicaid	Unknown	Unknown	Unknown	35.55%	
CHIP	Unknown	Unknown	Unknown	5.23%	
3rd party	Unknown	Unknown	Unknown	0.05%	
None/Sliding Fee	Unknown	Unknown	Unknown	59.16%	

Treatment services: restoration, extractions, other (specify)					
% of enrolled children who received treatment services		2.84%	2%	2.65%	
For each type of treatment service, the distribution of children by age, grade level, and insurance coverage (Medicaid, CHIP, and 3rd party insurance)					
Restorations	201	63	57	58	
Extractions	unknown	38	37	23	
Other (specify)	Screening - 1209	Screening - 1070	Screening - 1552	Screening - 1834	
Other (specify)	unknown	unknown	unknown		
Medicaid	unknown	unknown	unknown	35.55%	
CHIP	unknown	unknown	unknown	5.23%	

3rd party	unknown	unknown	unknown	0.05%
Unknown	unknown	unknown	unknown	59.16%

Dental Caries:					
Prevalance of dental caries among students who were recruited into the program	in progress	6.00%	11.00%	26.23%	***This wo Total is 139
Utilization of dental services (for students enrolled in the program):	in progress	in progress	in progress	83.78%	
% of children having annual diagnostic dental examination	in progress	in progress	11%	8.54%	
% of children having teeth cleaned in past year	in progress	in progress	8%	14.53%	
% of all children having completion of treatment plan in one year	in progress	in progress	in progress	7.00%	

lly these were entered as totals and not

s. The last year, they are entered as percentages

uld be a direct reflection of adding Lake County into the scope
6 currently (since July 1st, 2015 for all schools)

School	Screenings Y1	Screenings Y2	Screenings Y3	Screenings Y4	Screenings Y5 July 2015-Dec 2015	Totals
Breck		63	128	90	122	403
Dillon Valley		141	406	285	256	1088
Frisco		87	173	136	107	503
Silverthorne		63	193	256	250	762
Summit Cove		58	73	138	203	472
Upper Blue		101	252	174	163	690
Summit Middle		188	185	167	223	763
Summit High		134	142	114	164	554
Outreach Locations		235	0	474	202	911
TOTALS	1209	1070	1552	1834	1690	6146

School	Fluoride Varnish Y2	Fluoride				Totals
		Fluoride Varnish Y2	Fluoride Varnish Y3	Fluoride Varnish Y4	Varnish Y5 July 2015-Dec 2015	
Breck		47	106	75	97	325
Dillon Valley		97	362	227	229	915
Frisco		37	141	122	84	384
Silverthorne		48	155	191	227	621
Summit Cove		43	66	129	168	406
Upper Blue		73	254	147	133	607
Summit Middle		4	160	163	194	521
Summit High		2	112	120	144	378
Outreach Locations			25	388	154	567
TOTALS		219	351	1381	1430	4724

****Y3 - No

ot all screenings were in Dentrix for Y3, so unable to verify quantities for outreach locations

School	Sealants Y1	Sealants Y2	Sealants Y3	Sealants Y4	Sealants Y5	Totals
Breck		0	0	0	0	0
Dillon Valley		39	60	55	4	158
Frisco		0	0	25	0	25
Silverthorne		34	0	52	10	96
Summit Cove		0	0	0	0	0
Upper Blue		33	76	69	0	178
Summit Middle		0	0	49	70	119
Summit High		0	0	8	66	74
Outreach locations		13	14	32	69	128
TOTALS	361	119	150	290	219	778

School	Sealants Present Y2	Sealants Present Y3	Sealants Present Y4	Sealants Present Y5	Totals
					0
Breck				22	22
Dillon Valley				47	47
Frisco				20	20
Silverthorne				40	40
Summit Cove				47	47
Upper Blue				49	49
Summit Middle				92	92
Summit High				50	50
Outreach locations				18	18
TOTALS		335	365	385	1085

***Total Sealants present for all screenings Y3/Y4 - 335 total students

<u>Billing Reimbursements</u>	2012-2013	2013-2014	2014-2015
SBHC			
Self Pay	\$ 20,668.37	\$ 14,934.00	\$ 17,898.00
Medicaid	\$ 11,756.57	\$ 122,746.89	\$ 168,557.96
CHP	\$ 4,277.29	\$ 2,806.00	\$ -
Oustanding Medicaid	\$ 35,000.00	\$ 4,159.00	\$ 3,800.00
Total Reimbursements	\$ 71,702.23	\$ 144,645.89	\$ 190,255.96

All of Dental recorded \$1,278,927.25 in Revenue during 2014-2015 span

SCCC	2012-2013	2013-2014	2014-2015
Self Pay	\$ 342,228.14	\$ 351,528.76	\$ 361,537.52
Medicaid	\$ 50,181.88	\$ 111,892.25	\$ 329,831.71
CHP			\$ -
Oustanding Medicaid	\$ -	\$ -	\$ -
Total Reimbursements	\$ 392,410.02	\$ 463,421.01	\$ 691,369.23
Total for SBHC and SCCC	\$ 464,112.25	\$ 608,066.90	\$ 881,625.19

SCCC Patient Revenue 11-12 **\$ 352,578.53**

July-December 2015

\$ 4,870.00
\$ 143,192.60
\$ -
\$ 23,386.54
\$ 171,449.14

***CHP for 14/15 is in with Medicaid, as we now get encounter rate and not fee for :

July-December 2015

\$ 139,022.81
\$ 135,030.99

\$ 72,526.25
\$ 346,580.05

\$ 518,029.19

***CHP is included with Medicaid for all years listed

***Could only provide a solid number for 2015 Year end because we didn't track it p

service

rior