

**The following documents must be included for site approval. Please mail signed original copies to:**

Rochester Primary Care Network  
Attn: Sherilee Callahan  
Coordinator of Dental Health Services  
259 Monroe Avenue, Lower Level  
Rochester NY 14607  
(585) 325-2280 Ext. 7325

- Three (3) original copies
  - o One (1) original copy (each) for the NYSDOH, NYSED, and RPCN
  - o The School is to keep the fourth copy
- A signed Business Associates Agreement
- A Hold Harmless Agreement for the School District
- Completed Attachment A
- Completed Table E (High-lighted areas)
- Blue Print Floor Plan with the **dimensions** of all rooms to be used for the provision of dental and treatment services. Plan should identify the possible location of all dental operatory equipment, including the chair, hand wash sink, sterilization set-up, desk and chair for staff and the location of the School's Main Office.



## Memorandum of Understanding

**Memorandum of Understanding** made and entered into this 19<sup>th</sup> day of July, 2016 by and between **Nathan Cohen Middle** (hereinafter referred to as “**School**”) located at **100 Robinwood Ave. Elmira Heights**, part of the **Elmira Heights Central School District** (hereinafter referred to as “**District**”) and **Rochester Primary Care Network, Inc.** (hereinafter referred to as “**RPCN**”) located at 259 Monroe Avenue, Rochester, NY 14607 on behalf of its School Based Health Community Dentistry Program (hereinafter referred to as “**CDP**”).

**Whereas** the **CDP** as a provider of New York State School Based Health Dental Services agrees to provide dental services to students of the **School** through a portable program and has students who may benefit from such services,

**Now therefore**, it is agreed as follows:

- I. The School agrees to provide the following support to the CDP staff and shall identify such services on **Attachment A**:
  - A. **FACILITIES**:
    - i. Space for the CDP that **includes room** for the following and as documented on school Blue Print/ Floor Plan:
      - a. Dental Chair
      - b. Dental operatory room, sterilization set-up and
      - c. Computers
    - ii. Sink with running hot water and
    - iii. Use of internet services
  - B. **EQUIPMENT AND SUPPLIES**:
    - i. The availability of telephone usage for contacting staff, parents and other community dental personnel and
    - ii. At least **one desk and 2 chairs** for CDP staff
  - C. **EMERGENCIES**:
    - i. System to notify the CDP site manager in the event of school closures or a declared emergency situation
  - D. **PROGRAMMATIC COMPONENTS**:
    - i. Appoint a **liaison** as the School contact person
    - ii. Provide assistance with:

- a. Submitting a list of students to be seen which includes scheduling students and providing the schedule to the CDP staff at least three school days in advance of the scheduled site visit.\*
- b. Collecting materials such as the informed parental consent, program enrollment paperwork and delivering to the CDP staff at least three school days in advance of the scheduled site visit.\*

(\*A school mailbox system may be used for a. and b. above.)

- c. Accommodating parental/guardian presence during dental services (if parents/guardians request to be present)
- d. Assisting the CDP Social Work Navigator with the scheduling of parents or guardians to meet on school premises in a confidential location so that they may assist them with an application for government insurance programs, RPCN's Sliding Fee Program other applicable social programs.
- e. Assist the CDP staff with the rescheduling and follow-up of broken or missed appointments due to illness, classroom testing etc.
- f. Marketing the program and availability of dental services as follows:
  - i. Distributing communication and application materials.
  - ii. Allowing the CDP program the option to use the automated school phone systems for reminders and announcements of CDP visits.
  - iii. Implementing joint health education workshops/health fairs.

II. The CDP agrees to provide the following dental support services:

**A. PRIMARY AND PREVENTIVE DENTAL HEALTH SERVICES:**

- i. For children in accordance with dental health guidelines.
- ii. Working with the School nurse as appropriate under NYS Education, NYS Health and the HITECH Privacy Act.

**B. REFERRAL AND FOLLOW-UP:**

- i. For needed dental care identified during dental visits.

**C. HEALTH EDUCATION:**

- i. Offered for parents and school staff in cooperation with the school.

**D. SPECIALIZED SERVICES:**

- i. Ensuring ongoing coordination of care to assist students and families.

**E. FIRST AID AND EMERGENCY CARE:**

- i. Available to all students in the school by trained and certified CDP program staff

**F. ADHERENCE TO RELEVANT DISTRICT AND SCHOOL POLICIES/PROCEDURES**

- i. To assure the safety of the CDP staff and students

**G. REFERRAL TO AN RPCN FACILITY AS A SOURCE OF CARE:**

- i. Services to assure continuity of care are available to students enrolled in the program (24 hours a day, 7 days a week) either for in-person care or by phone through or one of our Community Health Centers (CHC) at:

**Rushville CHC**  
**2 Rubin Drive**  
**Rushville, NY 14544**  
**585-554-4400**

**Livingston CHC**  
**1 Murray Hill Drive**  
**Building #1, Room 140**  
**Mount Morris, NY 14510**  
**585-243-7840**

**Wayne CHC**  
**1519 Nye Road**  
**Lyons, NY 14489**  
**315-871-317**

**III. TERMS OF AGREEMENT-** This agreement shall be automatically renewed for one year terms upon the anniversary date of full execution. This agreement shall only be modified in writing by mutual agreement of both parties. This agreement is subject to changes in statutory regulation or compliance with local, state and federal law.

**IN WITNESS WHEREOF,** the parties have executed this Agreement:

**Rochester Primary Care Network, Inc.**

BY: *Michael Kearney*  
 Chief Executive Officer

DATE: 8/2/16

Nathan Cohen Middle School  
 School Name

Elmira Heights Central  
 School District Name



BY: \_\_\_\_\_  
 Superintendent: Mary Beth Fiore

DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
 Principal: Dawn Hanrahan

DATE: \_\_\_\_\_

