

Previously Asked and Answered Questions About SMART[®] Student Health

1. How will the staffing of the SMART[®] Center Model look?

At each PPS SMART[®] Center, at minimum, there will be a PPS Registered Nurse (RN), a PPS Certified Registered Nurse Practitioner (CRNP), and a PPS Licensed Social Worker supported by a collaborating physician who will also function as a provider.

2. How are all Clinicians credentialed?

All PPS Clinicians working in the SMART[®] Center will be credentialed under a Center ally, supervised by the medical provider partner that will provide professional liability insurance.

3. Will all of the nurses working at the SMART[®] Center be PPS employees and paid according to the union contract?

Yes. All nurses (RN and CRNP) will be school district employees and paid according to the union contract.

4. What are the responsibilities of Nurse Practitioners working in a school with a SMART[®] Center?

Nurse Practitioners will work as a part of a team of five staff members to fully execute the SMART[®] full services model. Please see the Job Description.

5. Will any school nurses lose employment, benefits, union status, or seniority because of the SMART[®] Center?

No. In the history of the SMART[®] Model implementation around the United States, no school nurse has ever involuntarily lost their employment because of SMART[®]. The two school nurses currently at Pittsburgh Milliones and Westinghouse may work in the Center. They do need to apply and interview for the position, mainly because the work in the Center will be different, and we need to make sure that they agree to the new job description and the credentialing/competency requirements of the role. We do not want to force any nurse to work in the Center. Additional questions about this are answered in the MOU.

6. Does SMART[®] comply with student health information and privacy laws (i.e., FERPA, HIPPA, Data sharing concerns)

SMART[®] operations and policies have been carefully reviewed by school district and health care law attorneys and comply with all federal and state statutes. SMART[®] holds the designation of a “school official” under FERPA and therefore has access to student directory information prior to and in order to communicate with parents and gain parental consent to treat. It is operating in the school as a third party with legitimate educational interests. Additionally, HIPAA allows for communication of health information from one health entity to another as part of a transition or continuity of care to a third party, therefore all pertinent information can and should be shared. The “school official” status allows the school to share

basic student directory information with the Center in order for it to conduct its operations. In order to provide a higher level and more comprehensive care to students, the exchange of information to support this process is a continuation and coordination of care under HIPAA and ensures all students' needs are met. All parents are contacted in advance to gain consent and discuss plans of care for students prior to treatment.

7. Will SMART® have access to student records without following PPS release of information guidelines?

See the answer above. Additionally, per a letter dated June 10, 2021, from PPS's Office of Data, Research, Evaluation and Accountability and the Director of Research and Evaluation: "The district understands medical data collection by these Centers will be covered by HIPPA and will be used to improve the provision of services, and not for research purposes. Educational data will be provided via a direct data feed from the PPS data warehouse, and will be used to enhance the provision of services, and not for research purposes. These data will be used to prepare aggregate tallies of demographics, attendance, behavioral infraction referrals, academic attainment, and graduation rates."

8. What if the student is not consented to receive treatment at the SMART® Center?

If a student who has not been consented presents an emergent need, the SMART® Center can treat under Good Samaritan Law and/or call an ambulance.

- Urgent Complaint Assessment (UCA) — SMART® will see student to determine the need for emergent care, providing temporary remedy/first aid care to reduce the risk of infection and stop active bleeding. The interaction will be documented in the SMART® EHR, and the parent will receive written communication/phone call to notify of any follow-up needed. Additionally, the Principal will be notified of UCAs.
- Urgent Complaint Screening (UCS) — Screen to determine the need for additional urgent or emergent care and apply appropriate first aid remedies as needed, per UCS formulary. The interaction will be documented in the SMART® her, and the parent will receive written communication/phone call to notify of the intervention and any follow-up needed. Additionally, the Principal will be notified.
- Any state-mandated free screenings that can be done at school, e.g., screening and vision, without explicit parental consent, by school personnel, can be done by the SMART® Center free of charge per the PA Code.
- As always, students are provided personal hygiene products at no charge.

9. Is there a fee for services?

All care provided by SMART® is free to students. The SMART® Foundation covers any applicable co-pays or sliding scale fees. The SMART® Center bills insurance for clinical encounters. There are no co-pays and no sliding scale fees collected from

students or bills sent home. Faculty, staff, and adults are cared for at whatever rate their standard insurance coverage entails.

10. How is SMART® able to pay co-pays and sliding scale fees?

Our legal research shows that while FQHC (or other insurance contracted entities) must indeed have certain policies and procedures in place to qualify students and their families for discounts in a sliding-fee schedule, the HRSA policy manual goes on to state:

“If a health center has a funding source that subsidizes or covers all or part of the fees for certain services for specific patients (in accordance with the terms and conditions of such funding sources), the health center may use such funding sources to support discounts greater than those available through the health center’s sliding fee discount program.” (Quoted from Chapter 16 of the HRSA Health Center Program, Program Requirements.)

Therefore, it is acceptable to rely upon a funding source that would subsidize or cover all or part of the fees for services, including grant monies received by GGC. Recognizing this source of funding is simple enough to draft, and certainly, HRSA would be pleased to learn that at least some of the funding burden has been lifted from students and families least prepared to shoulder those fees.

11. Can these services be provided by Alma Illery or another FQHC in Pittsburgh?

Three of the largest FQHCs in Pittsburgh were invited to apply to be the Certified SMART® Medical Provider Partner. All three declined to complete the required application. It should be noted that Alma Illery had previously operated a Center at Westinghouse and chose to close it over eight years ago, with the space sitting empty since that time. It is GGC’s contracted role to evaluate, screen, select, and train a local medical provider to be the District’s local partner to deliver the Model’s elements with fidelity in order to maximize student outcomes.

12. Are we bringing an outside agency into our school?

SMART® is a national model gifted to schools by GGC, a national company that contracts with local medical professionals to provide care that is best for students. All costs for the GGC team over the 3-year implementation period are underwritten by philanthropic donors, the SMART Foundation or GGC itself. The SMART® Model operates in multiple states, is nationally evaluated and acclaimed, and is recognized for its 10-year track record of improved student health and academic outcomes, which no other school health model has ever delivered. Additionally, the GGC SMART® Team Members are based all over the U.S. The model is customized to meet local needs and designed to be a sustainable asset in the school, managed in perpetuity by local stakeholders.

13. Where does the money come from and where does it go?

A cohort of long-term funders has contracted with GGC over the past 12 years to build, equip and staff new SMART® Centers. Per the contract, the funding covers the medical providers' start-up operational costs, including staffing, the physical space, medical equipment, supplies and furnishings, and all costs for GGC to customize, establish, and sustain the Centers.

14. Is the SMART® Model Sustainable?

Yes. The original SMART® Flagship Center is commencing its ninth year of operations in Chicago. When SMART® Centers are implemented and operated in full fidelity to the Model, they are sustainable and remain in perpetuity as normative assets in the school.

15. What happens to school district staff working for a SMART® Center if the Center closes?

Any closure of a SMART® Center or the need for a reduction in staff will be managed through the school district's human resources department in compliance with the union contract and SMART® MOU.

16. Why were school district nurses and nurse practitioners not consulted or engaged at the beginning of the discussions about the SMART® Model?

The school district and representatives from the SMART® Center met with Pittsburgh Federation of Teachers (PFT) union leadership. After the contract was approved on June 15, 2021, the engagement process started immediately.

17. What if existing personnel do not want to work for a SMART® Center?

The position is posted externally, and the best candidate is hired as a school district employee. Existing personnel not interested in working for the SMART® Center will maintain their employment and work with student services/human resources for placement.

18. Who supervises the staff working at the SMART® Center?

All SMART® Center staff are credentialed, and day-to-day function is supervised by the Medical Provider Partner. The Director of Health Services will continue to evaluate the PPS staff. Please see the MOU.

19. Why will the SMART® Centers be in shared spaces and not separate?

Comprehensive care in one location is best for students.

20. Who sees students that are having an emergency?

The SMART® Center team and Provider.

21. What non-union staff are a part of the team for the SMART® Centers?

The non-union personnel include the collaborating Physician, Utilization and Engagement Director, and Health and Wellness Coordinator.

22. Is it true that nurses lost their jobs in the Providence, Rhode Island, SMART® Center and subcontractors were used?

No. Nurses did not lose their employment as school nurses. In fact, they were asked to work as a member of the SMART® Center Team, in writing, by the Superintendent, and declined the position. The Providence SMART® Centers are operated by a non-profit FQHC, Providence Community Health Centers, and those Centers were issued licensure through the Rhode Island Department of Health.

23. Will a child's health insurance be charged every time they are seen at a SMART® Center?

Yes. With the exception of screening mandated by the state, first aid, and hygiene products, each time a child with insurance sees a provider through the SMART® Center for services, their insurance is billed. Most non SMART providers who provide services to PPS students bill insurance.

24. What is the role of CSN in the SMART® Center?

Please see the two job descriptions for Nurses in the SMART® Center.

25. Who is the medical provider for the Pittsburgh Public Schools SMART® Centers?

The medical provider entity is Dr. Martin Gregorio, PLLC. FQHCs are not the only entity eligible to serve as Certified SMART® Medical Providers. GGC has successfully worked with private physicians to establish not-for-profit operations in other regions. Through initial district-level analysis of PPS's Health Services, GGC learned of the valuable resource PPS has in long-term Collaborating Physician Dr. Martin Gregorio, a trusted professional with over 20 years of institutional knowledge of PPS's student needs. This presented an extraordinarily beneficial opportunity for the District to partner with Dr. Gregorio to help operationalize the initial Flagship Center under his PLLC license as a not-for-profit operation supported by philanthropic funding attached to this project. Dr. Gregorio's willingness to contribute his time and expertise to innovation will improve and expedite the entire Flagship system. Dr. Gregorio is contracting with a highly esteemed emergency medicine and sports medicine physician to serve as the Medical Director and Collaborating Physician for the two SMART® Centers.

As part of their routine due diligence, GGC maps out area health care providers by geographic region and service footprint, particularly those charged with caring for underserved populations. Based on those findings, additional analysis, and requests for referrals from local stakeholders, GGC reached out to and met with three FQHCs: Primary Care Associates, Squirrel Hill, and East Liberty. Unfortunately, none of these entities opted to provide GGC requested data on their organizations, which would have enabled a full analysis of their feasibility to serve as the first Medical Provider Partner for the new Centers.

26. Will SMART® Centers manage sports physicals?

Yes. A PPS Nurse in the SMART® Center will manage sports physicals.

27. Will students receive services from the SMART® Center even if they do not have health insurance?

Yes. SMART® sees ALL students regardless of insurance or immigration status and there is NO out of pocket costs for students. This means no co-pays, sliding scale fees, or bills home to parents. We see adults, family members, faculty, and staff at the standard amounts of their insurance contracts.

28. Why were Milliones and Westinghouse schools chosen?

Milliones and Westinghouse were chosen because they are Community Schools and because of their achievement metrics and principal support.

29. Will SMART® Centers serve families?

Yes. Family members will be required to follow all protocols when visiting the school to be seen at the SMART® Center.

30. Who is establishing the policy and procedures for the SMART® Centers?

The SMART® Model is set up to work in partnership with district health professionals to adapt/integrate and align all policies and procedures. Once the MOU is finalized, this process will begin.

31. Has a legal team been consulted?

Yes. The SMART® Model was developed in consultation with a legal team, and the District's legal team is managing the language in the MOU.

32. Who is responsible for providing annual competency training?

The SMART® Medical Providers.

33. What has been SMART®'s impact on other schools?

Below is a cumulative snapshot of SMART® impact for school years 2013–2020.



Cumulative Transformational Impact for SMART® Clinics Operating During School Years 2013 - 2020

POPULATION ENGAGEMENT LEVELS



ACADEMIC IMPACT



Data Powered by eTHOS™ – SMART® Knowledge Management System (US Patent Pending)

Additional school-by-school data is available in the 2019 SMART® Chronicle on GGC's website: ginngroupcollaborative.com. Furthermore, the SMART® Legacy White paper, also available on GGC's website, includes data from the 2020–2021 school year.