



**PRINCIPLES AND GUIDELINES FOR SCHOOL BASED HEALTH
CENTERS IN NEW YORK STATE**

Table of Contents

I.	Principles and Values of School Based Health Centers	2
II.	Guidelines for School Based Health Centers	4
A.	Services	4
1.	Access	4
2.	Enrollment and Parental Consent	4
3.	Core Services	6
a.	Comprehensive Primary Care	6
b.	Diagnosis and Treatment of Medical Conditions	7
c.	Laboratory Testing	7
d.	Mental Health Services	8
e.	Referral	9
4.	Expanded Services	9
a.	Health Education/Promotion	9
b.	Social Services	10
c.	Other Services	10
B.	Core Staffing	10
C.	Relationships	15
D.	Organization and Function	18
E.	Fiscal Operations	20
F.	Data Management	21
G.	Facility Requirements	21
H.	Quality Management and Improvement	23



I. PRINCIPLES AND VALUES OF COMPREHENSIVE SCHOOL BASED HEALTH CENTERS¹

Comprehensive school-based health centers (SBHCs) provide primary and preventive care, acute or first contact care, chronic care, and referral as needed. They provide services for children and adolescents within the context of their family, social/emotional, cultural, physical, and educational environment.

- A. SBHC services are developed based on local assessment of needs and resources. Schools having students with the highest prevalence of unmet medical and psychosocial needs are targeted for the establishment of SBHCs.
- B. SBHCs are organized through school, community, and health provider relationships and provide services in keeping with state and local laws and regulations, established standards, and community practice.
- C. The SBHC provides or makes available comprehensive primary medical, social, mental health, and health education services designed to meet the psychosocial and physical needs of children and youth within the context of the family, culture, and environment, including:
 - 1. Primary health care services at the SBHC which include: comprehensive health assessments, and diagnosis and treatment of minor, acute and chronic medical conditions
 - 2. Mental health services by referral or at the SBHC which include: mental health assessments, crisis intervention, counseling, and referrals to a treatment continuum of services including emergency psychiatric care, community support programs, inpatient care and outpatient programs
- D. SBHCs are based directly in a school and SBHC services are made available only to the students enrolled in that school.
- E. SBHC services are provided at no out of pocket cost to those students who enroll in the SBHC with parental consent. As appropriate, SBHCs may bill third party payers for services. These revenues must be returned to the SBHC in support of its operations
- F. SBHC services are provided by a multi-disciplinary team, which must include, at a minimum, but is not limited to:
 - 1. Nurse practitioner/Physician Assistant

¹ Adapted from Principles for School based Health Centers developed by the School Health Policy Initiative in "Special Report: Defining School based Health Center Services," NYC: Columbia University, March 1994.



2. Mental health professional
3. Physician
4. Health assistant

The number of staff will depend on the number of students enrolled in the SBHC and the services to be provided.

- G.** The SBHC provides on-site access during the academic day when school is in session, and 24-hour coverage through an on-call system and backup health providers, to ensure access to services on a year-round basis when the school or the SBHC is closed.
- H.** The SBHC can serve as a student's Primary Care Provider (PCP) (the medical home), or complement services provided by an outside PCP.
- I.** The SBHC coordinates care with the child's outside PCP, other medical providers, social service agencies, mental health providers, and other agencies, programs, and organizations in order to ensure continuity of care.
- J.** The SBHC is integrated into the school environment, and plans and coordinates health services with other school personnel, such as administrators, teachers, nurses, counselors, and support personnel, as well as with other community providers co-located at the school.
- K.** The SBHC, in partnership with the school and other co-located service providers, develops policies and systems to ensure confidentiality in the sharing of medical information in order to facilitate case management, in accordance with HIPPA.
- L.** The SBHC and school are committed to operating with mutual respect and a spirit of collaboration. The school/school district facilitates and promotes the utilization of the SBHC services.
- M.** Each SBHC forms and maintains a functional advisory committee to provide input into the development and operation of the program. Advisory committee membership should include school staff, community members, health providers, and especially parents and students.
- N.** The SBHC and the school are committed to working together to ensure the provision of comprehensive health education and a healthy school environment.
- O.** The SBHC sponsoring facility has overall responsibility for SBHC administration, operations, and oversight.



II. GUIDELINES FOR SCHOOL-BASED HEALTH CENTERS

A. Services

SBHCs provide age-appropriate primary health, mental health, social, and health education services. These services must comply with *New York State Child/Teen Health Plan* requirements.²

1. Access

- a. SBHCs should be located in high need schools and communities.
- b. SBHCs must be open and staffed during all normal school hours.
- c. The back-up health provider must ensure 24-hour/7-day access to services for enrolled students during non-school hours and vacation periods, and ensure the continuity of care for enrollees referred to other providers. Telephone access should ensure contact with a qualified individual for triage purposes.
- d. The complete range of SBHC services must be made available to any student who enrolls, i.e. those students attending a school with an SBHC presence, who have obtained parental consent, or who are 18 years of age, or are otherwise able to give their own consent.
- e. SBHC services must be provided at no out of pocket cost to the student or family.
- f. The SBHC will not turn any student away because of insurance status, health status, or because a student has an existing PCP. If a student has a PCP, the SBHC should make every effort to coordinate services with the student's PCP to avoid any duplication of services.
- g. When providing services by referral, providers should offer as many options as possible. Financial, geographical, and other barriers should be minimized as much as possible.

2. Enrollment and Parental Consent

- a. The provider, through cooperation with the participating school, must make written information about SBHC services available to parents, including:
 - (1) The scope of services offered, including the ability of the SBHC to serve as the

² Adapted from Principles for School based Health Centers developed by the School Health Policy Initiative in "Special Report: Defining School based Health Center Services," NYC: Columbia University, March 1994.



designated PCP, or to provide services in collaboration with the student's PCP.

- (2) The staffing pattern, including how medical coverage will be assured in those schools where the full-time presence of a mid-level practitioner is not provided
 - (3) How students can access 24-hour/7-day coverage when the school is closed.
- b. Providers must make consent forms available to all enrolling students in order to obtain the informed written consent of the parent or legal guardian. If the student receiving services is 18 years of age or older, or is otherwise qualified to give consent under section 2504 of the Public Health Law, and is competent to give such consent, such consent will be obtained.
- c. At a minimum, the enrollment and parental consent forms should request the following information:
- (1) Student name
 - (2) Address
 - (3) Date of birth
 - (4) Parent/guardian name
 - (5) Student's social security number
 - (6) Student health care coverage including the name of the managed care plan
 - (7) Insurance and/or Medicaid identification number
 - (8) Student's PCP name and address, or designation of the SBHC/back up facility as the PCP. If no health care coverage is indicated, the SBHC should assist in referring the student to Medicaid/Child Health Plus.
 - (9) Medical release authorization
- d. Upon enrollment, if the student's PCP is an outside entity, the SBHC must initiate a written communication process. At a minimum, this should include:
- (1) Notification that the student has enrolled in the SBHC
 - (2) The scope of services offered by the SBHC
 - (3) A request for the student's health records, including the most recent physical exam, history, and current treatment plan, along with the transmittal of the appropriate medical release authorization form.

3. Core Services

All SBHCs must provide a core of services that includes primary and preventive health care, diagnosis and treatment of medical conditions, and management of chronic conditions.

Mental health must be addressed within core services, either by referral or on-site services

The services provided by a SBHC will depend on an initial and ongoing assessment of the needs of the population of students served, and will be sensitive to the following differences:

- Ages of the students served
- Availability, utilization, and access to other school and community resources
- The size of the enrolled population of the SBHC

a. Comprehensive Primary Care

SBHCs should consider population based assessments as well as responding to individual needs.

(1) Reproductive Health

All SBHCs must provide age appropriate, on-site, core primary care services that comply, in content and frequency, with *New York State's Child/Teen Health Plan (CTHP)*. Age appropriate reproductive health care is to be considered an essential component of comprehensive primary care.

(2) Risk Behaviors

SBHCs serving adolescents should follow guidelines such as the American Medical Association's Guidelines for Adolescent Preventive Services (GAPS), *Bright Futures of the American Academy of Pediatrics* guidelines, which recommend an annual visit that includes an assessment of recognized risk behaviors, such as tobacco use.

(3) Oral Health

Oral health assessments should be a part of the routine care provided by a SBHC. This assessment should include an oral health history, including who their dentist is and when the last visit was made, an inspection of the mouth, identification of observable problems, and appropriate dental health education and referral, if no preventive appointment was made within the past year, or if



problems are identified.

(4) Physical Exams

Each student should have within their medical chart a record of an up-to-date assessment and comprehensive physical exam in compliance with the Child Health Teen Plan (C/HTP). This may be performed either by the SBHC or an outside provider.

(5) Immunizations

Immunizations should be provided as a necessary part of the comprehensive health assessment.

b. Diagnosis and Treatment of Medical Conditions

(1) On-site diagnosis, treatment, and appropriate triage and referral mechanisms must be in place for minor, acute, and chronic problems, and should be considered part of the required core of SBHC services.

(2) On-site routine management of chronic conditions (asthma, diabetes, etc.) is considered a core service, and is provided in consultation with the child's outside PCP or specialist, as appropriate.

(3) Prescriptions are provided for minor problems, acute problems, and chronic conditions.

c. Laboratory Testing³

(1) Pursuant to state and federal laws, SBHCs may perform on-site certain basic laboratory procedures that are classified as Waived or Provider Performed Microscopy Procedures (PPMP) tests under the Federal Clinical Laboratory Improvement Act (CLIA) legislation. Tests not classified as Waived, or PPMP, must be performed by qualified New York State licensed laboratories holding a Comprehensive permit.

(2) SBHCs performing waived tests must register with the New York State Department of Health –Wadsworth Center, Clinical Laboratory Evaluation Program (CLEP) to obtain a CLIA registration number for either a Certificate of Waiver, or a PPMP Certificate.

(3) Under state Public Health Law, Article 5, Title V, Section 576, and Title 10 NYCRR, Part 58, New York State licensed laboratories receiving specimens are required to provide the sending site with instructions for specimen collection, handling, and transportation.

³Update made 3/06 to accommodate ongoing changes in fee amounts.

Certificate of Waiver

The SBHC must register independently to obtain a unique CLIA registration number to perform limited testing. An application for a permit to do limited testing (DOH-4081) must be obtained from the CLEP program. (See contact information below). An application fee is required. Only waived tests may be performed at the SBHC.

Certificate for Provider Performed Microscopy Procedures (PPMP)

If the SBHC will be performing CLIA approved microscopy testing, the site must register with the CLEP program using form DOH-4081, "Permit Application – Limited Testing". Registration under this option also automatically authorizes the SBHC to perform "waived" test procedures. An application fee is required. Only waived tests and CLIA approved microscopy procedures may be performed at the SBHC.

Note: To obtain an application for CLIA registration (DOH-4081), or for further information about the laboratory requirements, contact the New York State Department of Health Wadsworth Center – Clinical Laboratory Evaluation Program at (518) 485-5378.

d. Mental Health

- (1) All SBHCs must address the mental health needs of enrolled students, either on-site or by referral. It is recommended that all SBHCs serving adolescents provide some level of on-site services.
- (2) The range of on-site mental health services to be offered should be determined by student/family needs and the availability of school and community resources.
- (3) On-site services should include mental health care in both individual and group settings, including assessment, treatment, referral, and crisis intervention. Services include:
 - (a) Primary prevention
 - (b) Individual mental health assessment, treatment, and follow-up
 - (c) Crisis intervention
 - (d) Short and long-term counseling
 - (e) Linkage with community counseling



- (4) The following services must be made available on-site or by referral:
 - (a) Group and family counseling
 - (b) Psychiatric evaluation and treatment

e. Referral

- (1) Services provided by referral must include a follow up including verification the appointment was kept, the services met the student's needs, and the outcome of the referral - including relevant health care findings - are incorporated into the student's SBHC medical record.
- (2) If the student is in a managed care plan, a referral for services should be made within the plan network and should follow the plan's service access requirements.

Note: There are two exceptions:

- For Medicaid family planning services, a plan member can go, without referral or prior approval, to any provider in or out of the plan network who offers those services and accepts Medicaid.
- For Medicaid mental health and alcohol/substance abuse referrals, the plan member, or the SBHC on the student's behalf, may make a referral for one mental health assessment and one alcohol/substance abuse assessment with a participating provider, without referral or prior approval.

4. Expanded Services

The following services can be provided, according to the local need and feasibility, for expanded services.

a. Health Education/Promotion

The SBHC may provide health education for enrolled students, their families, and health center staff. Where possible, it supports the provision of comprehensive health education in the classroom.

Services can include:

- (1) One-on-one patient education
- (2) Group/targeted education at the SBHC
- (3) Family and community health education
- (4) Health education for SBHC and school staff
- (5) Support for comprehensive health education in the classroom



b. Social Services

The SBHC may provide initial assessments and referrals to social service agencies, as well as some on-site services.

Services include:

- (1) Social services assessment, referral, and follow-up for needs such as:
 - (a) Basic needs (food, shelter, clothing)
 - (b) Legal services
 - (c) Public Assistance
 - (d) Assistance with Medicaid and other health insurance enrollment
 - (e) Employment services
 - (f) Day-care services
- (2) Transportation arrangements to the sponsoring facility or referral site.

c. Other Services

- (1) Age appropriate tobacco-use prevention, assessment, and referral activities should be provided.
- (2) The following services may be provided on-site or by referral:
 - (a) Dental care
 - (b) Nutrition education and counseling
 - (c) Specialty care
 - (d) Well-child care of students' children

B. Core Staffing⁴

1. Staff Training

All core SBHC staff, must be trained in:

- a. Child abuse mandated reporter requirements (Section 413 of the NYS Social Services Law)
- b. Infection control
- c. Emergency care
 - (1) general first aid
 - (2) basic life support
- d. Use of Automated External Defibrillator (AED) equipment.

Training must conform to Community First Aid and Safety, or First Aid/CPR/AED programs, offered by the American Red Cross or their equivalent.

⁴Revisions made 3/06 to incorporate changes from staffing workgroup.



2. Staff Presence

SBHCs must ensure a full-time health staff presence during all normal school hours. This may include the physician, nurse practitioner, physician assistant, or medical or health assistant. In cases where there is an agreement between the school and the SBHC for school nurse coverage of the SBHC, the presence of the school nurse may fulfill this requirement.

3. Staff Minimum

At a minimum, all SBHCs must have the following multi-disciplinary team to provide core services. The time required of the Nurse Practitioner and Physician Assistant to be on site is dependent on the number of students enrolled in the SBHC and the needs of the students.

a. Nurse Practitioner (NP)⁵

- (1) Provides comprehensive primary care services
- (2) Operates under current written practice agreement signed by the collaborating physician when a nurse practitioner has practiced for less than 3600 hours.
- (3) NPs with more than 3600 practice hours can elect to continue under written practice protocols with a collaborating physician, or can choose to have collaborative relationships with one or more physicians to practice
- (4) Supplies evidence that a collaborative relationship with a physician is established and maintains a completed, State Education Department *Collaborative Relationships Attestation Form* for each nurse practitioner who has practiced more than 3600 hours.
- (5) Is available at one full time equivalent per 700 – 1500 SBHC enrollees

b. Physician Assistant (PA)

- (1) Provides comprehensive primary care services
- (2) Operates under current protocols assigned by the supervising physician
- (3) Is available at one full-time equivalent per 700-1500 SBHC enrollees

c. Collaborating/Supervising Physician⁶

- (1) Must be an MD or DO with current NYS registration and should be board Certified, or board eligible, in family practice or pediatrics
- (2) Provides on-going medical consultation for the NP in accordance with NYS Education Law, Article 139, Sections 6902.3 (c) and (e), or
- (3) Provides supervision for PA in accordance with NYS Education Law, Article

⁵ Revisions made 1/15 to incorporate changes from Nurse Practitioner Modernization Act.

⁶ Revisions made 1/15 to incorporate changes from Nurse Practitioner Modernization Act



131-B, Section 6542.3 and Section 6542.4

- (4) Is accessible to the NP/PA at all times via telephone.
 - (5) Provides a minimum of six (6) hours per month of in person collaboration /consultation with all PA's, and each NP who has less than 3600 hours of practice, with the following provisions:
 - (a) Face-to-face consultation/collaboration with NP/PAs must occur at each SBHC site not less than once every two weeks;
 - (b) In addition to the on-site clinical consultations, the collaboration and/or supervision time requirement may be met on-site or off- site through various interactions, including:
 - i. individual or group (multiple NPs/PAs) case discussions
 - ii. clinical care management reviews
 - iii. education sessions
 - (c) Chart reviews must be performed at each site at least once every three months for PAs and NPs who do not meet the minimum 3600 hours of practice
 - (d) Collaborates with NPs who have practiced for more than 3600 hours, through communication in person, by telephone, or through written and/or electronic means
 - (e) Provides more extensive collaboration/supervision as needed based on NP/PA experience, training, and ability
 - (f) May exercise the option of providing full time primary care
 - (g) No physician shall enter into practice agreements with more than four NPs who are not located on the same physical premises as the collaborating physician
- d. Medical Assistant/Health Assistant (MA/HA)
- (1) Performs duties that may include:
 - (a) assisting with screenings
 - (b) weighing and measuring students
 - (c) assisting with preparation for the following activities:
 - i. such as physical examinations
 - ii. providing minor first aid care to students
 - iii. performing various clerical functions, including recording health information, entering data into a computer, making appointments, and following up on missed appointments
 - (2) Is present in the SBHC during all normal school hours. (In cases where there is an agreement between the school and the SBHC, the school nurse may also fulfill this requirement).
 - (3) When there is no school nurse in the school, the MA/HA operates under specific



protocols (shared with school staff and school administration) for the delivery of first aid and emergency care to students.

- (4) Performs duties according to established policies that describe the role of the MA/HA when the mid-level practitioner or physician is not present.

e. Program Manager

Acts as the agent of the sponsoring Article 28 facility and plays a key role in ongoing communication with, and administrative direction of, the SBHC.

- (1) Program Manager responsibilities include:

- (a) Data collection
- (b) Oversight of the SBHC budget and related fiscal issues
- (c) Preparation of statistical reports and narratives
- (d) Purchasing supplies and equipment
- (e) Writing grant proposals
- (f) Staff supervision/scheduling
- (g) Advisory committee participation
- (h) Quality assurance coordination
- (i) Program development and evaluation

- (2) Program Manager serves as the liaison with the following staff:

- (a) School administration and staff
- (b) Sponsoring Article 28 provider
- (c) Community stakeholders
- (d) Insurance companies and grantors
- (e) NYS Department of Health

- (3) Devotes no less than 3.5 hours per week per SBHC site

SBHC's which provide on-site Mental Health Services also require the following personnel:

f. Mental Health Provider (MH Provider)

Provides onsite mental health services, including assessment, primary prevention intervention, and referrals (as needed) for individuals, families, and groups.

The MH Provider has pediatric/child/adolescent expertise and is licensed in NYS as one of the following:

- (1) LMSW – Licensed Masters Social Worker
- (2) LCSW – Licensed Clinical Social Worker
- (3) Psychiatric Nurse Practitioner
- (4) Licensed Mental Health Counselor
- (5) Licensed Psychologist
- (6) Psychiatrist
- (7) Nationally Certified Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing with a current NYS RN License



- 8) Is available at one full time equivalent per 700-1500 SBHC enrolled students.

SBHC core services must address mental health needs, either on-site or by referral. It is strongly recommended that on-site mental health services be provided for an SBHC serving adolescents.

The time required of the Mental Health Provider (if services are to be offered on site) is dependent on the number of students enrolled in the SBHC and the needs of the students.

Mental Health services will be provided by the MH Provider and the Mental Health Services Coordinator of Consultation /Collaboration

- g. Mental Health Services Coordinator of Consultation/Collaboration
Is an LCSW, a Psychiatric NP, a licensed Psychologist or a Psychiatrist.
Has pediatric/child/adolescent expertise.
- (1) Has knowledge of, and skill in, negotiating school systems, assessment/diagnosis and use of DSM-4, and provision of comprehensive and on-site school mental health services.
 - (2) Is accessible via telephone at all times to provide clinical consultation and collaboration to the MH Provider.
 - (3) Provides face-to-face clinical consultation with the MH Provider a minimum of four (4) hours per/month and no less frequently than every two weeks. (Clinical consultation/collaboration includes case discussion, peer-group interactive exchanges, and staff development programs that may occur in group or individual settings, on or off the SBHC site).
 - (4) Provides more extended consultation/collaboration time as determined by the MH Provider's experience, training, and ability.

4. Expanded Staff

The following are examples of staff that can be added according to the local need and feasibility for expanded services:

a. Health Educator

- (1) Provides individual and group health education, as well as classroom education where possible



- (2) Is trained specifically in health education (not physical education or some other semi-related field)
- b. Community Outreach Worker
Coordinates social service assessments, referrals, and follow-ups.
- c. School Nurse (RN)
 - (1) Provides triage in the SBHC when NP/PA is not on site
 - (2) Provides services for non-enrolled students
- d. Nutritionist
Provides individual and group nutrition counseling and education, as well as classroom education, if possible.
- e. Dental Hygienist
 - (1) Provides preventive dental services including health education, screenings, prophylaxis, fluoride, and sealants
 - (2) One full time equivalent can provide services for approximately 2,500 students
- f. Dental Assistant
 - (1) Assists the dental hygienist and the dentist in chairside procedures
 - (2) One full time equivalent can provide services for approximately 2,500 students
- g. Supervising Dentist
 - (1) Provides general supervision for dental staff and is available for consultation, diagnosis, and evaluation
 - (2) Authorizes the dental hygienist to perform services, and exercises the degree of supervision appropriate for the circumstances.

C. Relationships

SBHCs are organized through family, school, community, and health provider relationships. There should be established relationships with:

1. The Student's Family

- a. SBHC providers should make every effort to be family centered and to involve the student's family, as age appropriate and with consent as necessary, regarding the care of the student
- b. Whenever possible, and within the guidelines of adolescent confidentiality, parents/guardians should receive prior notification of any services to be provided to a child and should be given the option of joining their child during the provision of



the services

- c. As appropriate, parents should also receive notification after services are provided, informing them of the outcome of the encounter
- d. Being family-centered means that policies regarding access, availability, and flexibility take into consideration the various structures and functions of families in the community being served
- e. Providing primary care means understanding the nature, role, and impact of a child's health, illness, disability, or injury in terms of the family's structure, function, and dynamics
- f. Whenever possible, the family should receive education on the importance of prevention and the appropriate use of the health care system, including the role of the primary care provider

2. The School, School Board, and School District

The SBHC is integrated into the school environment, and both the SBHC and the school are committed to operating with mutual respect and a spirit of collaboration.

- a. The school assists the SBHC in many ways, including:
 - (1) marketing the SBHC
 - (2) helping to obtain informed parental consent
 - (3) helping to obtain information on insurance status and Medicaid status, including any enrollment in a managed care plan
 - (4) providing appropriate access to school health records
 - (5) maintaining the SBHC facility
 - (6) providing space (but not necessarily renovations) at no cost
 - (7) collaborating in the establishment of School Health Program Advisory Board
- b. The relationship between the school district and the SBHC sponsor should include the following:
 - (1) Meetings between the school district and/or school building administration and the SBHC sponsor should be held on a regular basis
 - (2) There must be a current (every five years) MOU between the health care provider and the school district
 - (3) Methods for addressing priorities and resolving differences should be spelled out in the MOU
 - (4) The MOU should provide assurances that there will be a collaborative relationship between the SBHC staff and school personnel such as health educators, school nurses, drug abuse counselors, social workers, etc.



- (a) The MOU should describe how the provider will provide 24-hour access to services when the school based health center is closed.
- (b) The SBHC's relationship with the school involves routinely publicizing SBHC services to the student body at least twice a year.

Methods of outreach include:

- i. Contacts during school registration
- ii. PTA meeting attendance
- iii. Mail outs/send home notes
- iv. Bulletin boards/posters
- v. Student newspapers
- vi. Teacher/staff referrals

3. The Community

- a. The SBHC recognizes that it functions within the community and should draw upon and contribute to its resources.
- b. SBHC providers contribute to and participate in community diagnosis - health surveillance, monitoring and evaluations conducted as a routine function of public health agencies.
- c. Community-oriented care assures that the views of community members are incorporated into decisions involving policies, priorities, and plans related to the delivery of SBHC services.

4. The Sponsoring Facility

The sponsoring facility must be actively involved in the ongoing administration and operation of the SBHC. Policies and procedures articulating this involvement must be in place.

They should address:

- a. Ongoing communication
- b. 24 hour/7-day coverage
- c. Maintenance of medical records in accordance with HIPPA laws
- d. Continuous quality improvement
- e. Fiscal and billing procedures
- f. Coordination of services
- g. Security, inventory control, and accountability for medications and related supplies

5. The Student's Regular Source of Primary Health Care



Policies and procedures should be in place for those instances in which a student enrolled in an SBHC has an outside PCP, or when the PCP is the SBHC sponsoring facility.

In the case in which the student has an outside PCP, the policies and procedures should serve to strengthen the services of the PCP, by fostering comprehensive and coordinated health care delivery, while avoiding service duplication.

Topics to be addressed in these policies and procedures include:

- a. Appropriate information and sharing of medical records
- b. Mechanisms to ensure confidentiality
- c. Referral for specialty care
- d. Coordination of treatment

6. Local/County Department of Health

The SBHC and the County Department of Health should coordinate, rather than duplicate, provision of mandated health services when those health services are the obligation of the County Department of Health.

7. Local Mental Health Departments

8. Local Department of Social Services

9. School Based and Other Health Providers Serving Students with IEP's

D. Organization and Function

1. Policies and Procedures

- There should be a manual of all policies and procedures, including specifications of the responsible person for each policy or procedure.
- A current manual should be maintained at the sponsoring facility and each SBHC site. It should be reviewed and updated on an annual basis.

Policies and procedures should include and address, but not be limited to, the following areas:

- a. Organization/Administration
- b. Personnel
- c. Sponsoring facility requirements
- d. SBHC job descriptions/responsibilities/annual performance evaluations
- e. Outreach/Education and Enrollment
- f. Address policy on informed consent
- g. Clinical Services
- h. Administration



- i. Delivery
- j. Coordination of care with other provider
- k. Continuity of care – 24 hour, 7day/week coverage
- l. Maintenance of medical/clinical records as per Section 751.7 of Title 10 NYCRR (the Health portion of NYS Code of Rules and Regulations)
- m. Security, inventory control and accountability for medications and related supplies (i.e., syringes and needles)
- n. Other policies and procedures, as appropriate, should be included in the manual

2. Organizational Structure

There should be an organizational chart reflecting clear lines of authority for the administration of the SBHC, as well as the roles of the sponsoring facility, the SBHC, and the school. This chart should be reviewed periodically and revised as needed.

3. Community Advisory Council

- a. The SBHC should have a community advisory council, which is representative of the constituency and is oriented to SBHC services
- b. Community advisory council meetings should be scheduled on a regular basis and minutes from the meeting should be distributed to all who participate
- c. Advisory council membership should include school staff, community members, health providers, parents, and students
- d. The Advisory Council should be involved in:
 - (1) program planning and development
 - (2) identification of emerging health issues and appropriate interventions
 - (3) assisting in identifying funding for the SBHC
 - (4) providing advocacy for the program
- e. An Advisory Council is required for the planning period and the first three years of operation of the SBHC. After three years of operation, the SBHC/sponsor should assess the functioning of the Council and may delegate the role and activities of the Council to another representative body.

E. Fiscal Operations

The SBHC sponsor should ensure that appropriate administrative support is provided to address the following:

1. Program

- a. Receipts and expenditures should be adequately identified for each contract/source of funds.
- b. Equipment inventories, budget analysis, and total service cost calculations should be completed annually.

2. Medicaid and Other Third Party Reimbursement.⁷

- a. There should be established procedures for confirming and obtaining information on Medicaid, Child Health Plus, and other third party eligibility, and for helping families in the enrollment process if the student is not enrolled.

IMPORTANT: Medicaid eligibility must be confirmed at each encounter.

- b. There should be established procedures for confirming and obtaining information on Medicaid eligibility, and managed care plan enrollment, using methods such as the Name Search and E-PACES.

Note: For more information on these and other options for eligibility verification, call the NYS Department of Health Medicaid fiscal agent, Computer Sciences Corporation (CSC) at 1-800-343-9000 or, on the internet, visit www.emedny.org, click on Provider Manuals, and under the section entitled Supplemental Documentation, click on MEVS Provider Manual.

- c. Encounter forms should be generated for all billable visits.
- d. Procedures should be in place to ensure Medicaid and any other third party insurance is billed for encounters.
- e. Procedures should adequately address follow-up on any denied Medicaid, or other third party, claims.
- f. Medicaid, and other third party revenues, should be readily identifiable by using correct Medicaid billing codes
- g. Medicaid revenues must be returned to the school health center program for the support and development of the program.

F. Data Management

⁷ Update made 3/06 for Medicaid contact information



1. There should be written policies to dictate the access to and use of school based health center data.
2. A designated individual should be responsible for preparation of NYSDOH quarterly and other reporting forms, which should be submitted to the School Health Program within 30 days of the end of the reporting period.

G. Facility Requirements

1. Space must be adequate to accommodate the multi-disciplinary staff, and to afford the client verbal/physical privacy, and to allow for ease in performing necessary clinical, clerical and laboratory activities.
2. For a SBHC with an enrollment of 700, approximately 1,500 to 2,000 square feet is recommended. The size of this space may be adjusted according to school enrollment, the staffing plan, local needs and available resources. Space for the SBHC should include:
 - a. A minimum of one exam room, and preferably 2 exam rooms, per full-time provider
 - b. A sink, either in the exam room(s) or within reasonable access
 - c. A counseling room/private area
 - d. A laboratory area
 - e. An accessible toilet facility
 - f. A designated waiting area
 - g. Secure storage space for sterile supplies, pharmaceutical supplies, and other materials
 - h. A clerical area
 - i. A supervised infirmary area
 - j. A designated clean space for clinic functions
 - k. A designated soiled space for clinic functions
3. The SBHC must be equipped with a private telephone and fax line to ensure confidentiality, and adequate access to the community and back-up providers.
4. The SBHC provider must ensure that:
 - a. Solid wastes, including biological infectious wastes, are collected, stored, and disposed of according to current bio-hazardous protocols
 - b. All exits, and access to exits, are marked with prominent signs
 - c. Sites, which operate after sundown, are provided with access to all exits and adequate lighting
 - d. Adequate ventilation is provided
 - e. Passage ways, corridors, doorways, and other means of egress are kept clear and unobstructed



- f. Sites are kept clean, and free of safety hazards
- g. Medical, fire, emergency instructions, and other procedures, including telephone numbers, are posted
- h. Smoke detectors, general purpose and chemical fire extinguishers, are in working order and within easy access of the SBHC
- i. SBHC staff have keys for all bathrooms with inside locks and all bathroom bolt locks have been removed
- j. The patient's Bill of Rights is posted, and available in other languages as necessary
- k. Sponsor-supplied medications, and related supplies (i.e., syringes and needles), are secured, controlled, and there are measures in place to establish accountability of transactions.⁸

Accountability Documentation

Documentation of all sponsor-supplied medications, and related supply transactions, includes the following:

1. Performance of physical inventories of medications and sensitive medical supplies kept on site at SBHC to be conducted quarterly
2. Reconciliation of inventory discrepancies as needed
3. Disposition of expired medications

- l. In those circumstances in which the SBHC stores student-supplied medication, it is recommended that all transactions include the following:
 - (1) Date, name, and quantity of each medication received by the SBHC from the parent/guardian
 - (2) Parent/guardian contacts made by the SBHC regarding expired/unused medication
 - (3) Date, name, and quantity of each medication returned by the SBHC to the parent /guardian
 - (4) Date, name, and quantity of any medication disposed of by the SBHC

H. Quality Management and Improvement

⁸ Updated 1/15 to Policies and Procedures re medications and related supplies.



The SBHC sponsor should ensure that appropriate facility involvement and support is provided to address quality management and improvement.

1. Quality management and improvement can address a full range of activities including but not limited to:
 - a. management of clinical conditions
 - b. documentation of care
 - c. use of services
 - d. staff qualifications
 - e. system organization
 - f. patient satisfaction
 - g. patient knowledge
 - h. changes in patient behaviors
2. There should be one person designated as the Quality Management and Improvement Coordinator.
3. The program should establish goals, objectives, and standards of care that clearly identify the program mission and goals. These should be reviewed regularly and updated annually. The standards of care should be consistent with current practices.
4. The program should identify activities which lead to accomplishing its stated goals.
5. The program should regularly measure its performance, comparing and contrasting achievements to performance goals, and describe actions to address identified issues.
6. There should be written, specified, quality management policies and procedures, which include:
 - a. Provider credentials and maintenance protocols
 - b. Professional continuing education
 - c. Pre-employment procedures
 - f. Staff and program evaluation
 - g. Measures of patient satisfaction
 - h. Medical record review
 - i. Complaint and incident review
 - j. Corrective actions, including time frame
 - i. Appropriate security, inventory controls, and accountability for medications and related supplies
7. The SBHC should develop and implement a needs based Quality Management and



Improvement Plan (QMIP) that includes previous quality improvement activities.

The plan should include a distinct focus on each of the following areas:

- (1) Administration
 - (2) Clinical
 - (3) Consumer satisfaction (patient/student, family and school personnel)
 - (4) Community outreach
 - (5) Education
 - (6) Complaint investigation
- b. Quarterly structure, process, and outcome measures appropriate to the area of study
 - c. Quarterly collection and analysis of data for each area studied/assessed
 - d. The development and implementation of strategies to address areas of concern that need improvement
 - e. Periodic re-evaluation of new strategies to assess effectiveness