



Connecticut School-Based Health Center Coordinator's Manual

Connecticut Association of School-Based Health Centers

Version 2.0





The Connecticut Association of School-Based Health Centers

www.ctschoolhealth.org

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School-Based Health Center Coordinator's Manual

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Introduction

Connecticut's School Based Health Centers (SBHCs) are comprehensive primary health care facilities licensed as outpatient clinics or as hospital satellites. The SBHCs are located within or on school grounds and serve students in grades preK-12. SBHCs provide comprehensive primary medical and mental health services to students enrolled at the site school, regardless of ability to pay or insurance coverage. Many sites also provide dental services in the SBHC or in partnership with community dental programs. SBHCs emphasize prevention, as well as the early identification and treatment of physical and mental health concerns. The health centers are staffed by multi-disciplinary teams of pediatric and adolescent health specialists, including nurse practitioners, physician assistants, licensed mental health clinicians, physicians and in some cases, dentists and dental hygienists.

The purpose of this manual is to provide you with information about the procedures and standards for opening and operating a new school-based health center within your community. Depending on the administrative oversight and sponsoring organization of your school-based health center, policies and procedures may vary. The contents of this manual are a basic framework to help you during the early stages of planning a SBHC through the first year or two of operations.

Connecticut school-based health centers are funded through a variety of resources including federal, state, local government grants, private grants, donations, insurance billing, and in-kind support.



Connecticut Association of School Based Health Centers

The Connecticut Association of School Based Health Centers, Inc. (CASBHC) is the single formalized entity that represents all of the state-funded school based health centers in Connecticut, and gives voice to the children and adolescents that benefit from the medical, mental health, and oral health care services provided in their schools. From its beginnings in 1994, CASBHC has matured to become a leader in all aspects of school based health care including strategic development, recruitment and retention of staff, financial viability, clinical care, and administrative operations. CASBHC has a strong history of advocating on behalf of the health care needs of Connecticut's school-aged children, and has garnered the support of educators, health care organizations, legislators, and community supporters that recognize the unique access to health care provided by school based health centers.

Vision: All children are healthy and achieving at their fullest potential.

Mission: The Connecticut Association of School Based Health Centers is an advocacy and networking organization committed to increasing access to quality health care for all children and adolescents in Connecticut schools.

For more information about the Association or to contact the Executive Director for information or a professional consultation, visit our website at www.ctschoolhealth.org or email assistant@ctschoolhealth.org.

Connecticut Association of School-Based Health Centers, Inc.

Mailing Address: PO Box 771
North Haven, CT 06473

Phone Number: (203) 230-9976

Jesse White-Fresé
Executive Director

DPH & State Programs Call List

AIDS and Chronic Diseases	(860) 509-7801
AIDS Health Care and Support Services	(860) 509-7806
Women, Infants and Children (WIC)	(860) 509-8084
Lead Program	(860) 509-7299
Immunization Program	(860) 509-7929
Healthcare Facilities/Organizations	(860) 509-7400
Healthcare Facility Licensing Processing	(860) 509-7444
Facility Licensing & Investigations: General Information (Complaints, Inspections, & Nurse Aide Training)	(860) 509-7400
Child & Adolescent Health Program	(860) 509-8074
Sexually Transmitted Diseases	(860) 509-7920
Laboratory	(860) 920-6500
Nutrition	(860) 509-7803
Obesity	(860) 509-8251
Oral Health	(860) 509-7382
Maternal and Child Health	(860) 509-8074
Children and Youth with Special Health Care Needs	(860) 509-8074
Asthma	(860) 509-7751
Department of Children & Families	(860) 550-6300
Department of Environmental Protection	(860) 424-3000
Department of Developmental Services	(203) 448-3500
Department of Mental Health and Addiction Services	(860) 418-7000
Department of Social Services	(800) 842-1508
Office of Policy and Management	(860) 418-6200
Office of Health Care Access	(860) 418-7001
Infectious Diseases	(860) 509-7995

Advantages of School Based Health Centers

There are many advantages to opening a new school based health center in your community. A school based health center provides accessible, comprehensive care to school age children and adolescents, teaches preventive health behaviors to students, and serves an essential system of care.

SBHCs provide accessible care:

- Reduce school absences by providing medical, dental, and behavioral health services in school
- Students with chronic illnesses like asthma can be treated and returned to class
- Students without access to a medical home or whose families have inadequate or no health insurance can receive care at a SBHC
- Students from all socioeconomic groups, in all types of communities, can benefit from a school based health center

SBHCs provide comprehensive care to school age children and adolescents:

- Provide physical, behavioral health, and oral health services
- Children and adolescents may consult with licensed nurse practitioners or physician's assistants, licensed mental health clinicians, and licensed oral health professionals, operating under the guidance of a medical director

SBHCs teach preventive health behaviors:

- Tobacco prevention
- Health education on topics such as diet, exercise, and oral health care
- Injury and violence prevention

SBHCs are part of an essential system of care:

- School nurses refer students to the SBHC to resolve student health problems
- Students can be referred to resources in the community
- Children benefit from the presence of a team of health professionals, dedicated to effective prevention and treatment of the student's physical and emotional problems.

Certificate of Need Process

According to the most recent public health code section 19a-638, a certificate of need is not required for school-based health centers in Connecticut. Therefore, a letter of intent and certificate of need application is unnecessary for starting a new school-based health center. For any requirements related to certificate of need, please call the Office of Health Care Access at 860-418-7001 or visit http://www.cga.ct.gov/current/pub/chap_368z.htm#sec_19a-638.

Public Health Code

To find public health code information, please visit the CT General Assembly website at www.cga.ct.gov. On the top blue bar click on Statutes. Select Search Statutes. Enter Section 19a-638. Scroll down to:

Section Sec. 19a-638. (Formerly Sec. 19a-154). Certificate of need. When required and not required. Request for office determination. Policies, procedures and regulations.

(b) A certificate of need shall not be required for:

(12) School-based health centers, community health centers, as defined in section 19a-490a, not-for-profit outpatient clinics licensed in accordance with the provisions of chapter 368v and federally qualified health centers.

For more information please go to the DPH website at http://www.cga.ct.gov/current/pub/chap_368z.htm

Sec. 19a-490a. "Community health center" defined. As used in sections 17b-349, 19a-7b, 19a-7e and 19a-59b, "community health center" means a public or nonprofit private medical care facility which (1) is not part of a hospital and is organized and operated to provide comprehensive primary care services; (2) is located in an area which has a demonstrated need for services based on geographic, demographic and economic factors; (3) serves low income, uninsured, minority and elderly persons; (4) makes its services available to individuals regardless of their ability to pay; (5) employs a charge schedule with a discount based on income; (6) provides, on an ongoing basis, primary health services by physicians and, where appropriate, midlevel practitioners, diagnostic laboratory and x-ray services, preventive health services and patient care case management; (7) provides for needed pharmacy services either on-site or through firm arrangement; (8) has at least one-half of the full-time equivalent primary care providers as full-time members of its staff; (9) maintains an ongoing quality assurance program; (10) is a participating title XIX and Medicare provider; (11) has a governing board of at least nine and no more than twenty-five members with authority and responsibility

for policy and conduct of the center, the majority of whom are active users of the center and of the nonuser board members, no more than half may derive more than ten per cent of their annual income from the health care industry; (12) provides primary care services at least thirty two hours per week; and (13) has arrangements for professional coverage during hours when the center is closed.

Outpatient Clinic Licensing Requirements

I. School-based health centers must apply for an outpatient clinic license through the Department of Public Health.

II. A copy of the licensing application, in accordance with section Public Health Code section 19a-491 and/or section 19a-506 (outpatient clinic licensing), and Annual Fire Marshal Certificate of Inspection are located in Appendix C. You can also find these resources on the web at <http://www.cga.ct.gov/2011/pub/chap368v.htm#Sec19a-491.htm>.

Applications can be amended from time to time. When copies of old documents are used this can result in delay in licensure application and need for updated application to be completed.

III. The following items are required for the initial licensing of a facility:

- Application form and attachments
- Local Fire Marshal's Certificate
- Evidence of current compliance with worker's compensation insurance coverage requirements in accordance with the Connecticut General Statute Section 31-284 in the form of one of the following:
 - 1) a certificate of self-insurance issued by a worker's compensation commissioner pursuant to section 31-284; or
 - 2) a certificate of compliance issued by the insurance commissioner pursuant to section 31-286; or
 - 3) a certificate of insurance issued by any stock or mutual insurance company or mutual association authorized to write worker's compensation insurance in this state or its agent

See Appendix B for sample licensing forms.

Outpatient Clinic Inspection

The outpatient clinic inspection document is a general outline of what type of information licensing personnel will want to obtain. Please see below a more detailed list of what licensing personnel have requested in the past. This list is not a requirement of the Department of Public Health but is an example of what inspectors have requested in the past. These items will have to be reviewed before the inspection can be completed. Please be advised that the inspection is not limited to the following.

1. You will need to have these items onsite for review by licensing personnel.

- Organizational By-Laws
- Business Policies and Procedures
- Personnel Policy and Procedures
- Fire/Emergency/Disaster Policy and Procedures
- A copy of the fire evacuation/escape plan should be on file and posted.
- All exits and hallways should be free of clutter and easily accessible. Storage of items (i.e., medical supplies) should not be stored directly on the floors – items should be placed on pallets.
- Fire drills should be conducted periodically (quarterly) and documented. There should be a list of the staff members who participated in the fire drill and each staff member must place his/her initials after their name.
- Local Fire Marshall Inspection Documentation
- Written agreement for laboratory biohazard waste removal (If applicable)
- A list of staff that will be working in the Primary Care clinic.
- Employee files
 - All updated licenses/credentials, employee application, resume, references, new employee orientations, job description
 - Annual performance appraisals
 - Current CPR certification

- Current job description
- Documentation of medical clearance
- Documentation of attendance of in-service programs (i.e., OSHA)
- Memo stating the annual appointment of the medical and/or dental director.
- OSHA Documentation:
 - Documentation should be available that employees were offered Hepatitis B vaccine within 10 days of employment
 - SBHC sponsoring organizations will require certain vaccinations for healthcare workers, most typically Hepatitis B and a TB test, but others may be required.
 - Manufacturers Safety Data Sheets (MSDS) should be readily available and all staff should know where they are located.
 - Personal protective equipment should be available and disposable. It cannot be taken home to be laundered; if non disposable protective devices are used laundry services must be provided
 - Biohazard containers must be locked and properly sealed

2. During the tour of the facility the inspector will be looking at, but not limited to, the following things.

- Equipment Maintenance:
 - Any equipment that needs to be calibrated will need documentation of inspection.
 - The annual schedule for equipment maintenance should be adhered to. The company performing annual maintenance should give you a report, or place stickers on equipment with the date of the inspection and renewal date (i.e. nebulizer)
 - Other equipment requiring annual calibration includes audiometers and scales. Scales can be checked periodically by the Weights and Measures Dept. free of charge. Scales should be placed where confidentiality can be maintained.
 - If autoclaves are used, spore testing should be performed periodically and results logged. Frequency of testing is determined by the utilization of the autoclave, but should be done at least monthly.
 - There should be a policy and procedure for maintenance and cleaning of autoclaves.
- Space for privacy during examination.
- Sanitary environment: is it clean and in a good state of repair.

- Inspection of sprinklers, smoke detectors, fire extinguishers.
 - Fire extinguishers should be conspicuous.
 - Fire extinguishers should be check annually by the fire department
 - Storage of items on upper shelves must be at least eighteen 18” inches from the nearest sprinkler head

- Medical records storage: safeguarding and confidentiality.

- Infection Control:
 - Acknowledgement of Universal Precautions
 - Reporting of communicable diseases
 - Labeling of open vials of multi-dose medications/solutions (i.e., lidocaine, irrigation solutions)
 - Proper disinfecting of surfaces following spills (ie., body fluids, mercury)
 - Proper handwashing procedures
 - Biomedical waste will be checked to see if secured/locked (i.e., needles syringes/hazardous liquids). Biohazard containers must be locked, and properly secured.
 - Biomedical room (locked/secured) written agreement by whom and how often waste is picked up. A copy of the contract with the Medical Waste Disposal Co. that the site utilizes should be on file

- First aid supply kit / emergency bag.

- Specimen testing, who and when will be picked up.

- Medications- all locked/secured/expiration dates check/check log
 - Any medications that may be kept onsite will be checked for expiration dates and documentation of receiving and dispensing
 - Documentation of rotation/checking monthly for expired medications may be required
 - Medications should be stored and separated according to route of administration (i.e., topicals, orals, injectables, etc.)
 - Syringes should be kept in locked cabinets or drawers

- Refrigerators used for the keeping of medications/immunizations will be checked for refrigerator locks, thermometers and temperature logs.
 - Refrigerators should have thermometer inside to monitor the temperature
 - Temperature must be logged periodically

- Recorded temperature must fall within the acceptable range (35-45° F)
 - Refrigerators cannot be used to store food and medications together
 - If it contains medication and is located in an area that is accessible to non-clinic staff (i.e., custodians) it should have a lock on it.
 - If freezers are used for storage of medications/vaccines, it must contain a thermometer and the temperature must be recorded.
- Areas in which explosive gases (OXYGEN) or radioactive materials are used shall provide for adequate protection of patients and personnel. Secured Ventilated area.
 - For Dental, the sterilization process of dental equipment will be observed. Spore testing logs will be checked.

See Appendix B for sample licensing documents.

Definition of School-Based Health Centers

Substitute Senate Bill No. 917

Public Act No. 15-59

AN ACT CONCERNING SCHOOL-BASED HEALTH CENTERS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective October 1, 2015*) (a) As used in sections 19a-6i of the general statutes, as amended by this act, 19a-7d of the general statutes, as amended by this act, and 19a-638 of the general statutes, as amended by this act:

(1) "School-based health center" means a health center that: (A) Is located in, or on the grounds of, a school facility of a school district or school board or of an Indian tribe or tribal organization; (B) is organized through school, community and health provider relationships; (C) is administered by a sponsoring facility; and (D) provides comprehensive on-site medical and behavioral health services to children and adolescents in accordance with state and local law, including laws relating to licensure and certification.

(2) "Expanded school health site" means a health center that: (A) Is located in, or on the grounds of, a school facility of a school district or school board; (B) is organized through school, community and health provider relationships; (C) is administered by a sponsoring facility; and (D) provides medical or behavioral services, including, but not limited to, dental services, counseling, health education, health

Sec. 3. Subsection (a) of section 19a-7d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) The Commissioner of Public Health may establish, within available appropriations, a program to provide three-year grants to community-based providers of primary care services in order to expand access to health care for the uninsured. The grants may be awarded to community-based providers of primary care for (1) funding for direct services, (2) recruitment and retention of primary care clinicians and registered nurses through subsidizing of salaries or through a loan repayment program, and (3) capital expenditures. The community-based providers of primary care under the direct service program shall provide, or arrange access to, primary and preventive services, referrals to specialty services, including rehabilitative and mental health services, inpatient care, prescription drugs, basic diagnostic laboratory services, health education and outreach to alert people to the availability of services. Primary care clinicians and registered nurses participating in the state loan repayment program or receiving subsidies shall provide services to the uninsured based on a sliding fee schedule, provide free care if necessary, accept Medicare assignment and participate as Medicaid providers, or provide nursing services in school-based health centers and expanded school health

sites, as such terms are defined in section 1 of this act. The commissioner may adopt regulations, in accordance with the provisions of chapter 54, to establish eligibility criteria, services to be provided by participants, the sliding fee schedule, reporting requirements and the loan repayment program. For the purposes of this section, "primary care clinicians" includes family practice physicians, general practice osteopaths, obstetricians and gynecologists, internal medicine physicians, pediatricians, dentists, certified nurse midwives, advanced practice registered nurses, physician assistants and dental hygienists.

Substitute Senate Bill No. 917

Sec. 4. Subsection (b) of section 19a-638 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(b) A certificate of need shall not be required for:

- (1) Health care facilities owned and operated by the federal government;
- (2) The establishment of offices by a licensed private practitioner, whether for individual or group practice, except when a certificate of need is required in accordance with the requirements of section 19a-493b or subdivision (3), (10) or (11) of subsection (a) of this section;
- (3) A health care facility operated by a religious group that exclusively relies upon spiritual means through prayer for healing;
- (4) Residential care homes, nursing homes and rest homes, as defined in subsection (c) of section 19a-490;
- (5) An assisted living services agency, as defined in section 19a-490;
- (6) Home health agencies, as defined in section 19a-490;
- (7) Hospice services, as described in section 19a-122b;
- (8) Outpatient rehabilitation facilities;
- (9) Outpatient chronic dialysis services;
- (10) Transplant services;
- (11) Free clinics, as defined in section 19a-630;
- (12) School-based health centers and expanded school health sites, as such terms are defined in section 1 of this act, community health centers, as defined in section 19a-490a, not-for-profit outpatient clinics licensed in accordance with the provisions of chapter 368v and federally qualified health centers;
- (13) A program licensed or funded by the Department of Children and Families, provided such program is not a psychiatric residential treatment facility;
- (14) Any nonprofit facility, institution or provider that has a contract with, or is certified or licensed to provide a service for, a state agency or department for a service that would otherwise require a certificate of need. The provisions of this subdivision shall not apply to a short term acute care general hospital or children's hospital, or a hospital or other facility or institution operated by the state that provides services that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended;
- (15) A health care facility operated by a nonprofit educational institution exclusively for students, faculty and staff of such institution and their dependents;
- (16) An outpatient clinic or program operated exclusively by or contracted to be operated exclusively by a municipality, municipal agency, municipal board of education or a health district, as described in section 19a-241;

(17) A residential facility for persons with intellectual disability licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for individuals with intellectual disabilities;

(18) Replacement of existing imaging equipment if such equipment was acquired through certificate of need approval or a certificate of need determination, provided a health care facility, provider, physician or person notifies the office of the date on which the equipment is replaced and the disposition of the replaced equipment;

(19) Acquisition of cone-beam dental imaging equipment that is to be used exclusively by a dentist licensed pursuant to chapter 379; (20) The partial or total elimination of services provided by an outpatient surgical facility, as defined in section 19a-493b, except as provided in subdivision (6) of subsection (a) of this section and section 19a-639e;

(21) The termination of services for which the Department of Public Health has requested the facility to relinquish its license; or

(22) Acquisition of any equipment by any person that is to be used exclusively for scientific research that is not conducted on humans.

Approved June 19, 2015

Procedure for Obtaining Medicaid Provider Number

1. All SBHC Coordinators must obtain a Medicaid provider number for each of the SBHCs funded by DPH.
2. Enrollment is done online through the Connecticut Medical Assistance Program - Provider Assistance Center. Go to the Department of Social Services (DSS) Medical Assistance Program at <https://www.ctdssmap.com/ctportal/>.
3. Under the "Provider" tab select "Provider Enrollment".
3. If the SBHC license is incorporated under a hospital license select "Provider Re-Enrollment".
4. On the next page, read the instructions and select "Next" at the bottom of the screen.
5. If you have questions or require additional support you can contact the Connecticut Medical Assistance Program at:

P.O. Box 5007
Hartford, CT 06104-5007
(860) 832 – 9259
Toll Free: 1-800-842-8440
6. DSS will review your online application and upon approval a provider number is assigned and notification will be sent to the provider. Provider manual and billing forms will be forwarded to provider and billing will be effective upon successful completion of enrollment.
7. It is important to note that all funds generated as a result of Medicaid and other third party billing must be tracked and used to maintain, expand or enhance SBHC services.
8. A SBHC staff member **MUST** provide a social security number in order to receive a Medicaid Facility number. The social security number of an individual is required for security purposes.

Procedure for Obtaining a National Provider Identification Number (NPI)

According to the Health Insurance Portability and Accountability Act (HIPAA), health care organizations and their providers are required to get National Provider Identifier numbers (NPIs) and submit those numbers on all HIPAA electronic standard transactions, including claims. The NPI is a unique identification number for covered health care providers and must be used in lieu of legacy provider identifiers in the HIPAA standards transactions. Medicare is requiring use of the NPIs on the revised paper 1500 claim form.

To apply for an NPI visit the National Plan/Provider Enumeration System (NPPES) website at <http://nppes.cms.hhs.gov/>. *Your staff will each require an individual provider number as well as a NPI for your organization.*

When applying for your NPI, CMS urges you to include your legacy identifiers, not only for Medicare but for all payors. If reporting a Medicaid number, include the associated state name. This information is critical in the development of “crosswalks” to help in the transition to the NPI.

For frequently asked questions visit the Center for Medicare & Medicaid Services’ website:

<http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/index.html?redirect=/nationalprovidentstand>

Medicaid Contracting

School Based Health Centers must be enrolled in the Connecticut Medical Assistance Program to receive reimbursement for services rendered to Medicaid enrollees.

For Medical Services

You must be enrolled in the CT Medical Assistance Program (CMAP) network in order to receive reimbursement for services rendered to HUSKY A, B and Charter Oak members on or after Jan. 1, 2012. The provider enrollment application is available online at www.ctdssmap.com.

If you have questions about enrollment, please call the Provider Assistance Center at HP, between 8 a.m. to 5 p.m. Monday through Friday. The numbers are as follows: In-state callers, 1.800.842.8440; Out-of-State callers, 1.860.269.2028.

For Behavioral Health Services

Effective July 1, 2014, services provided by licensed master's level independent practitioners (LCSW, LMFT, LPC, LADC, and CADC) are reimbursable for HUSKY C and HUSKY D members of all ages. For HUSKY A and HUSKY B members, services provided by these independent practitioners continue to be reimbursable for individuals of any age.

For more information, please call the Connecticut Behavioral Health Partnership at 1-877-552-8247. For more information visit http://www.ctbhp.com/providers/covdrsvcs/Independent-Group_Practitioners-LCSW_LMFT_LPC_LADC.pdf

For Dental Services

If you are interested in becoming a Connecticut dental HUSKY Health participating dentist, please sign up using this link: www.ctdssmap.com

If you have any questions and wish to speak to a Network Development Specialist call 1-860-507-2307. Office hours are Monday through Friday, from 8:00 a.m. to 5:00 p.m.

Private Insurance Contracting

The SBHC Coordinator or sponsoring organization staff will need to apply for a contract with private insurance companies that serve your SBHC area. According to Public Act 10-118, private insurance companies shall offer to contract with school based health centers at the request of the SBHC. This process can take up to 6 months. The organization will need to credential all providers that bill for medical and behavioral health services. Once you receive a contract, an insurance representative should guide the Coordinator/organization through the process.

Many insurance companies provide online application request forms. Please keep in mind there is a separate form for medical professionals, dental providers, and behavioral health professionals online.

Contacts for Contracting:

Aetna

www.aetna.com

- For Medical Professionals: 1-800-353-1232
- Dental Providers (excluding oral/maxillofacial surgeons): 1-800-451-7715
- Behavioral Health Professionals: 1-800-999-5698

Cigna-Anthem*

www.anthem.com

Professional Provider Relations Consultants
(203) 677-8060

Connecticare

Provider Relations
(860) 409-2465

United Health Care

Network Management
(860) 616-7196 or (860) 702-6133

Clinical Laboratory Improvement Amendments (CLIA)

The Centers for Medicare & Medicaid Services (CMS) require that every facility that tests human specimens for the purpose of providing information for diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of a human being to meet certain Federal requirements. CLIA applies to any facility performing laboratory testing, even if only one or a few basic tests are performed, and even if you are not charging for testing. New certification is required every 2 years.

Application form CMS-116 is used when applying for a CLIA certificate. There is a \$100 dollar application fee. Labs owned and operated by a hospital, municipality, the state, the United States or any agency of said municipality, state or United States are exempted from this fee. The appropriate certificate (certificate of waiver, certificate for provider performed microscopy procedures or registration certificate) will be issued upon receipt of payment. After submitting your request DPH will administer the CLIA User Fee Remittance which indicates the amount due for your CLIA Certificate of Waiver or Certificate of Performed Microscopy Procedures (PPMP). The cost of the PPMP certificate is \$250 to \$300.

If you plan to perform tests that are not covered under the Certificate of Waiver or Certificate of PPMP, you must contact your State Agency Office to confirm the change in your certificate type and to ensure that the necessary changes are made to your files for reimbursement purposes.

School-Based Health Centers opened in High Schools must have a provider performed microscopy (PPMP) certificate.

Test Categorization

Each laboratory test procedure is categorized in one of the following categories:

Waived

Moderate Complexity

High Complexity

Provider-Performed Microscopy

Criteria for Waived Tests

Waived tests are simple laboratory examinations and procedures which:

- Are cleared by the FDA for home use;
- Employ methodologies that are so simple and accurate as to render the likelihood of erroneous results negligible; or
- Pose no reasonable risk of harm to the patient if the test is performed incorrectly

CLIA

Waived Tests

Dipstick or tablet reagent urinalysis (non-automated) for the following:

Bilirubin	Hemoglobin
Glucose	Ketone
Leukocytes	Nitrite
pH	Protein
Specific Gravity	Urobilinogen

Fecal Occult Blood

Ovulation test-visual color comparison tests

Urine pregnancy test-visual color comparison tests

Erythrocyte Sedimentation rate; Non-automated

Hemoglobin-Copper Sulfate; Non-automated and Hemocue instruments

Blood glucose by glucose monitoring devices cleared by the FDA specifically for home use

Blood Count; Spun microhematocrit

Hemoglobin by single analyte instruments with self-contained or component features to perform specimen/reagent interaction, providing direct measurement and readout

HemoCue B-Glucose Photometer

Chemtrak Accumeter

Boehringer Mannheim Chemstrip Micral

Cholestech LDX

Serim Pyloritek Test Kit

Quick Vue In-Line One-Step Strep A Test

Boehringer Mannheim Accu-Chek InstantPlus Cholesterol

All qualitative color comparison pH testing – body fluids (other than blood)

Smith Kline Gastroccult

QuickVue One-Step H. Pylori Test for Whole Blood

Binax NOW Strep A Test

Delta West CLOtest

Wampole STAT-CRIT Hct

SmithKline Diagnostics FlexSure HP Test for IgG Antibodies to H. Pylori in Whole Blood

Wyntek Diagnostics OSOM Strep A Test

GI Supply HP-FAST

Abbott FlexPak HP Test for whole blood

Chemtrak Accumeter H. Pylori Test for Whole Blood

BioStar Aceava Strep A Test (direct specimen only)

LXN Fructosamine Test System

ITC Prottime Microcoagulation System for Prothrombin Time

CoaguCheck PST for Prothrombin Time

SmithKline ICON Fx Strep A Test

Abbott Signify Strep A Test
Bayer Clinitek 50 Urine Chemistry Analyzer – Qualitative Dipstick for Glucose, Bilirubin, Ketone, Specific Gravity, Blood, pH, Protein, Urobilinogen, Nitrite, Leukocytes-Automated
Bayer DCA 2000 – Glycosylated Hemoglobin (Hgb Alc)
Wampole Mono-Plus WB
LXN Duet Glucose Control Monitoring System
ENA C.T. Total Cholesterol Test

Personnel Requirements

Waived Tests: No personnel requirements

Moderate complexity: Director
Technical consultant
Clinical consultant
Testing Personnel

High complexity: Director
Technical consultant
Clinical Consultant
General Supervisor
Testing Personnel

CLIA

Any questions regarding CLIA should be directed to the State Department of Public Health:



The telephone number is (860) 509 - 7400.

For additional information on the Clinical Laboratory Improvement Amendments go online to [cms.hhs.gov/clia](http://www.cms.gov/clia). For a full list of waived tests visit <http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/waivetbl.pdf>

See Appendix C for CLIA documents and applications.

Minimum Primary Care Services Provided By School Based Health Centers

Physical Health/Medical Services

Services must be provided in accordance with standards such as those published by the National Guideline Clearinghouse or the American Academy of Pediatrics. Other nationally recognized and accepted standards may be utilized as a framework for professional practice with prior approval from the Department of Public Health.

<http://www.guideline.gov/browse/by-topic.aspx>

<http://www.aap.org/en-us/Pages/Default.aspx>

1. Primary Health Care

- a. Physical exams/ health assessments / screening for health problems
- b. Diagnosis and treatment of acute illness and injury
- c. Diagnosis and management of chronic illness
- d. Immunizations
- e. Health promotion and risk reduction
- f. Nutrition and weight management
- g. Reproductive health care
- h. Laboratory tests
- i. Prescription/dispensing of medication for treatment

2. Referral and follow up for specialty services beyond the scope of services provided in the School-Based Health Center (e.g., prenatal and postpartum)

Mental Health/Social Services

Services must be provided in accordance with the National Association of Social Workers, Inc.: NASW Standards for Social Work in Health Care Settings. You can find this publication online at <http://www.naswdc.org/practice/standards/naswhealthcarestandards.pdf>. Other nationally recognized and accepted standards may be utilized as a framework for professional practices .

1. Assessment and treatment of psychological, social, and emotional problems
2. Crisis intervention
3. Individual, family, and group counseling or referral for same, if indicated
4. Substance abuse and HIV/AIDS prevention, risk reduction, and early intervention services
5. Outreach to students at risk
6. Support and/or psycho-educational groups focusing on topics of importance to the target population
7. Advocacy and referral for such services as daycare, housing, employment, job training, etc.
8. Referral for students requiring long-term care or residential treatment
9. Consultation to school staff and parents on issues of child and adolescent development.

Health Education Services

Services should be supportive of existing Local Education Agency (LEA) health education activities, and can include topics related to medical, dental, or behavioral health issues.

1. Consultation to school staff regarding issues of child and adolescent growth and development
2. Training
3. Individual and group health education
4. Classroom presentations

SCHOOL BASED HEALTH CENTER -- SCHOOL NURSE COMMUNICATIONS AGREEMENT

PA 12-1 Sec. 96 § 96 — SCHOOL-BASED HEALTH CENTER (SBHC) COMMUNICATIONS AGREEMENT

The act requires, by July 1, 2013, each SBHC that receives operational funding from DPH to enter into an agreement with the school's local or regional board of education to establish minimum standards for the frequency and content of communications between the SBHC and the school's nurses or nurse practitioners. The agreement must comply with state laws on municipal employees (CGS Chapter 113). It is not clear how the agreement would comply with this chapter, which covers a wide variety of municipal employee law. The act also requires the person or entity operating the SBHC to submit a copy of the agreement to the public health commissioner

“School nurses and school based health centers play a critical role in addressing the comprehensive needs of the whole child. School nurses perform early intervention services such as periodic assessments for vision, hearing, special education needs, and dental problems in an effort to remove barriers to learning, and crisis planning and interventions. School nurses use their specialized knowledge, assessment skills and judgment to manage children’s increasingly complex medical conditions, and to develop individualized health care plans, with instructions to educators on emergency care plans.

School nurses also deliver health promotion and disease prevention services, referring students to SBHCs for primary care health concerns. SBHCs complement the care provided by school nurses by offering an additional comprehensive range of services including medical evaluations and assessments, dental, mental health, and other services.

Both models provide access to immunizations, help reduce emergency room visits, provide care planning and work to ensure that children – and in some cases family members – are enrolled in public health insurance programs. Our joint efforts enhance our ability to implement health promotion and disease prevention programs, and effectively detect and prevent chronic health conditions.” (NASN and NASBHC)

Given this broad definition of functions, the following minimum standards for the frequency and content of communications between the SBHC and the school’s nurses or nurse practitioners are:

Content:

Information to be shared by SBHC Provider with the school’s nurses or nurse practitioners:

- Concerns for a student after the SBHC provider performs a physical (as stated on Health Assessment Record (HAR 3);
- Management and care coordination for students who are referred by the school’s nurses or nurse practitioners (except for those confidential issues covered by CT State statute);
 - Communicable Illnesses or conditions of students that may affect the school community;
- Medication Authorizations for students prescribed by SBHC NP;
- Disposition of students referred by school’s nurses or nurse practitioners (such as, return to class/dismissed/need to be evaluated further); and
- “As needed” information in order to effectively care for the student.

Information to be shared by the school’s nurses or nurse practitioners with the SBHC provider:

- height(s) and weight(s),
- immunizations,
- screening results (vision, hearing, scoliosis, tuberculin skin tests),
- blood glucose and hemoglobin,
- allergies
- chronic/acute illnesses or injuries,
- medications,
- demographic data and emergency numbers.

Frequency:

The disposition (other than returning to class) of students referred by school’s nurses or nurse practitioners shall be communicated to them by the SBHC provider. At a minimum the school nurses or nurse practitioners and the SBHC provider shall communicate once a month re: the health concerns for the student population (ex. influenza immunization).

Community Planning

Community planning is an important part of establishing a school based health center. To ensure success, it is critical to involve school boards, parents, youth, health care professionals, community leaders, public health professionals, local foundations, and other funders from the beginning of the planning process. The community planning process involves assessing the need for services, the interest in providing services to the specific school population, and the resources within the community that will complement the school based health center.

❖ Planning and relationship building

The initial phase of planning a successful school based health center involves bringing together community partners who can facilitate or benefit from the services of a school based health center. Identifying community interest and allocating appropriate resources is necessary for the continued support required to sustain a school based health center. Community members offer valuable skills and experience to the school based health center, whether they are parents, educators, or members of the local business community.

❖ Conducting a needs assessment

There are multiple tools that can be utilized to identify the health care need within the community. The purpose of the needs assessment is to identify service gaps and local health disparities in the community before designing program delivery or services.

Tools for Needs Assessments:

- Surveys
- Focus groups
- Interviews
- Other information-gathering resources

Identify:

- Existing data resources such as census data
- Community's perception of health care
- Types of services needed in the community
- Needs of the particular age group
- Which services are being utilized in the community
- What school health resources already exist

Establishing a Community Advisory Committee

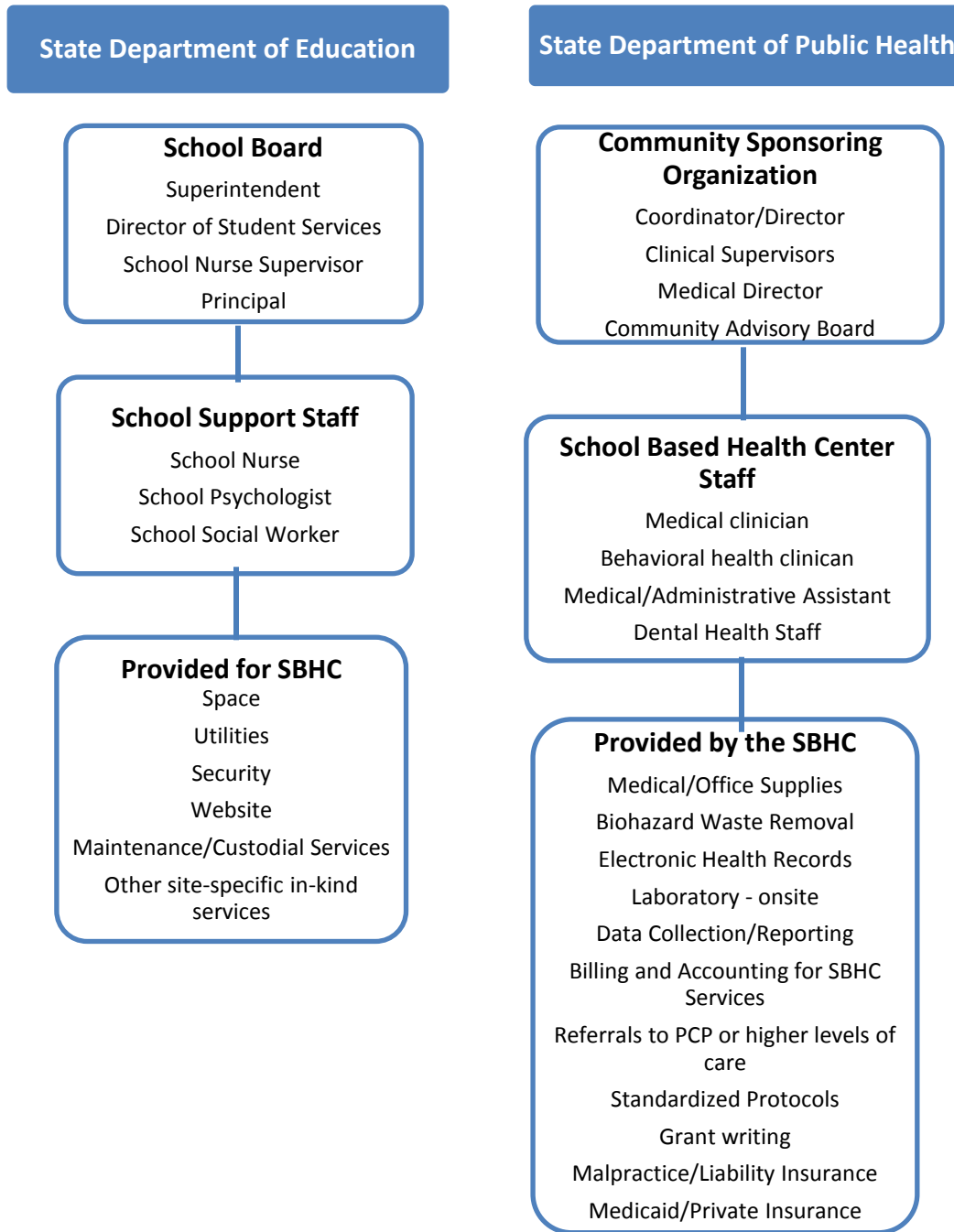
It is recommended that the SBHC sponsoring organization maintain an independent community-based SBHC advisory body that meets a minimum of two (2) times per year, with minutes of these meetings to document attendance and content. The advisory body should be involved in program planning and development, implementation and evaluation, review and approval of the SBHC Quality Improvement Plan, review of utilization trends, and decisions about governance, management, services and funding. It is recommended that the membership of this advisory board shall consist of, at a minimum, representatives from the following:

- a) One parent of a student enrolled in the program
- b) Individuals in the community involved with health issues
- c) Social service providers
- d) The SBHC Coordinator and SBHC staff, and
- e) School faculty or administrators.

Other advisory committee members may include dental health professionals, public health professionals, and students when age-appropriate.

All community advisory committees should reflect the gender and racial/ethnic diversity of the students in the selected school. Advisory committee members may also review budgets, scope of service, operation policies, community partnerships and advocacy efforts.

Management Structure for a School-Based Health Center



SBHC Staffing Standards

All School-Based Health Center staff are expected to have experience working with children and adolescents similar in age, race, and ethnicity to those within the school population. Knowledge of the community, cultural competence and experience in working in an independent setting are desirable.

Center Coordinator/Director

The center coordinator/director must possess a graduate degree and experience in health/mental health systems management, supervision and administration.

Nurse Practitioners

Nurse Practitioners must be licensed by the State of Connecticut, Department of Public Health. If utilized, their roles and responsibilities must be clearly defined and may not duplicate those of the school nurse (see statutes chapter 378, section 20-87a).

Physician's Assistant

Physician Assistants must meet all educational and examination requirements as specified in Connecticut's General Statutes (CGS) Chapter 370, as amended by Public Acts 90-2011 and 91-211. Physician supervision must be clearly outlined and delineated in the above statutes.

Medical Doctors, Dentists, Psychiatrists and Psychologists

Medical Doctors, Psychiatrists, Dentists and Psychologists must hold a current license issued by the State of Connecticut, Department of Public Health. (See CGS Chapter 370, 379, 383, Section 20-186)

Social Workers

Social Workers must possess a graduate degree from a school of social work accredited by the Council on Social Work Education (CSWE) with a concentration in casework or group work. Regular supervision and consultation as recommended by NASW must be available. They must hold or be eligible for licensure by the State of Connecticut, Department of Public Health (See CGS Chapter 383b, Section 20-195m)

Marriage and Family Therapist

Marriage and family therapist must be licensed professionals and eligible for certification by the State of Connecticut, Department of Public Health as outlined in Chapter 383a, Section 20-195a of the Connecticut General Statutes.

Licensed Professional Counselors

Professional counselors must possess, from a regionally accredited institution of higher education a master's or doctoral degree in social work, marriage and family therapy, counseling, psychology or a related mental health field determined to be in the discipline of

professional counseling by the Department (See CGS Chapter 383c, Section 20-195aa). The individual must have successfully completed the National Counselor Examination for Licensure and Certification (NCE) or the National Clinical Mental Health Counseling Examination (NCMHCE) administered by the National Board for Certified Counselors.

Health Educators

Health Educators must possess a bachelor's degree in social work, public health, or a related field. Experience in developing and/or implementing health education programs preferred.

Dental Hygienists

Dental Hygienist must be licensed by the State of Connecticut, Department of Public Health (see CGS Chapter 379a, Section 20-111).

Nutritionists

Nutritionists must be registered as dietitians by the Commission on Registration of Dietitians of the American Dietetic Association.

Student Interns/Residents

Student interns/residents must be enrolled in an accredited degree program, with parameters regarding their responsibilities clearly defined. On site supervision must be provided.

Substance Abuse Prevention Counselors

Substance Abuse Prevention Counselors must be certified by the Alcohol and Drug Certification Board, Inc. (See CGS Chapter 376b, Section 20)

Prevention Professionals

Prevention professionals must be certified by the Connecticut Association of Prevention Professionals.

Community Educator, Outreach Worker, Medical Assistant, Parent Aide, Family Health Liaison, Substance Abuse Prevention Specialist

These individuals must have a high school diploma or equivalent. They must possess the education, training and/or experience consistent with the services they will be providing as noted in the job description. All must demonstrate good interpersonal and communication skills. Supervision of these positions must be stated in the job descriptions.

See Appendix D for mental health practice and Appendix E for APRN regulations.

SBHC Coordinator/Director

Supervision

The SBHC Coordinator reports to the parent/sponsoring organization and/or its governing board.

Supervision Exercised

The SBHC Coordinator provides administrative supervision to all the SBHC staff, and is responsible for any subcontractors that provide services to the SBHC.

Example of Duties

1. Plans and develops DPH grant applications in conjunction with SBHC clinical and administrative staff. In addition, is responsible for resource development, which includes fundraising.
2. Coordinates and negotiates subcontracts in collaboration with other appropriate personnel. (i.e., finance dept.)
3. Monitors the performance of all subcontractor services to assure compliance with contractual agreements
4. Acts as a liaison between the SBHC and the DPH. Attends Coordinator's meetings if scheduled, submits narrative and financial reports to DPH as outlined in the contract.
5. Acts as a liaison between the SBHC and School Administrators and staff.
6. Acts as a liaison between the SBHC and local health providers including the DPH, local hospitals, community health centers, community-based organizations, etc.
7. Calls meeting of the Community Advisory Board of School-Based Health Centers, updates Advisory Board on program development, budget status, and other activities.
8. Carries out tasks formulated by the Advisory Board.
9. Conducts periodic SBHC staff meetings.
10. Periodically updates the needs assessment.
11. Assures compliance with identified goals and objectives.

Qualifications

The SBHC coordinator/director must possess a graduate degree and experience in health/mental health systems management, supervision and administration.

Skills and Abilities

1. Must be able to communicate effectively in an oral and written manner.
2. Must be able to work independently.
3. Must possess interpersonal, decision making and negotiation skills.
4. Must possess the ability to prioritize and handle multiple tasks simultaneously.

Other

Must be willing to travel as required.

Staffing Standards: Nurse Practitioner

Supervision

The Nurse Practitioner receives consultation from the Medical Director with regard to clinical matters. The SBHC Coordinator is responsible for providing supervision for administrative matters.

Supervision Exercised

The Nurse Practitioner may supervise paraprofessional staff.

Examples of Duties

1. Provides primary health care to the student population enrolled in the SBHC.
2. Manage health problems through assessment, treatment, counseling, and education of students.
3. Evaluates the effectiveness of clinical care provided to clients.
4. Consults with and/or leads members of the interdisciplinary teams and community representatives to assess, plan, implement and evaluate health services.
5. Assists in the establishment of criteria for the monitoring of standards of direct client care.
6. Prescribes and administers medications per site protocols.
7. May instruct and counsel clients in preventive care, diet, and prescribed treatments.
8. May perform minor surgical procedures.
9. Performs diagnostic testing as needed (i.e., cultures, urinalysis, strep test, microscopy)
10. Makes referrals for clinically complicated and specialty services that are beyond the scope of practice.
11. Provides comprehensive health promotions and education to various audiences including classroom presentations, parent groups, and the SBHC community.
12. Participates in SBHC staff meetings; may be involved in periodic meetings with school health personnel.

Qualifications

1. Must possess considerable knowledge of the principles and practice of nursing, treatment modalities and concepts.
2. Considerable knowledge of the dynamics of behavior at the individual, group and family level is expected.
3. Must possess knowledge of research and methodology.

Skills and Abilities

1. Must possess interpersonal and communications skills.
2. Must be able to teach health concepts to the student population.

Other

1. May be required to travel within the community in the course of his/her daily work.
2. Fluency in a foreign language may be required.

Staffing Standards: Physician Assistant

Supervision

The Physician Assistant works under the supervision of a licensed physician with regards to clinical matters and under the SBHC coordinator with regard to administrative matters.

Supervision Exercised

The Physician Assistant may supervise paraprofessional staff.

Examples of Duties

1. Provides primary health care to the student population enrolled in the SBHC.
2. May perform minor surgical procedures.
3. Perform diagnostic testing as needed (i.e., cultures, urinalysis, strep test, microscopy).
4. Prescribes and administers medication per site protocols.
5. May instruct and counsel clients in preventive care, diet and prescribed treatments.
6. Consults with and/or leads members of the interdisciplinary teams and community representatives to assess, plan, implement and evaluate health services.
7. Makes referrals for clinically complicated and specialty services that are beyond the scope of practice.
8. Provides comprehensive health promotion and education to various audiences including classroom presentations, parent groups and the SBHC community.
9. Participates in SBHC staff meetings; may be involved in periodic meeting with school health personnel.
10. Evaluates the effectiveness of clinical care provided to clients.

Qualifications

1. Must possess knowledge of principles and practices of general medicine, treatment modalities and concepts.
2. Considerable knowledge of the dynamics of behavior at the individual, group and family level is expected.
3. Must possess knowledge of research and methodology.

Skills and Abilities

1. Must possess interpersonal and communication skills.
2. Must be able to teach health concepts to the student population.

Other

1. May be required to travel within the community in the course of his/her daily work.
2. Fluency in foreign language may be required.

Staffing Standards: Outreach Worker

Guidelines for Use

The Outreach Worker provides direct linkage to at-risk students; builds bridges between families and the SBHC; and assists families in securing necessary community resources.

Supervision

The Outreach Worker reports to the SBHC coordinator. Clinical case supervision will be provided by the Social Worker.

Example of Duties

1. Assists professionals in providing necessary support services and addressing basic needs to clients and/or their families.
2. Provides assistance to the SBHC clients by identifying the client's problem or need and referring the client to appropriate resources to meet the need.
3. Assists clients in the completion of forms related to assistance or service requests.
4. Provides follow up on referral.
5. Assists client in developing plans to overcome problems.
6. Promotes SBHC services by conducting classroom and/or community presentations.
7. May be required to prepare reports relating to his/her work.

Qualifications

1. The Outreach Worker must have a high school diploma or equivalent.
2. They must possess the education, training, and/or experience consistent with the services they will be providing as noted in the job description.

Skills and Abilities

1. Must possess oral and written communication skills.
2. Must possess interpersonal skills.
3. Must be able to follow oral and written instructions.
4. Must be able to maintain records and prepare reports.
5. Must be able to work independently.

Other

1. Will be required to travel within the community in the course of his/her work.
2. Fluency in a foreign language may be required.

Staffing Standards: Mental Health Clinician

Supervision

The mental health clinician works under the administrative supervision of the SBHC coordinator. Clinical consultation/supervision must be provided by the parent organization or a sub contractual relationship with a community agency.

Supervision Exercised

The mental health clinician may provide supervision to the Outreach Worker, Substance Abuse Prevention Specialist, and Family Health Liaison, Parent Aide and/or other social service staff as assigned.

Examples of Duties

1. Conducts in depth interviews with clients, their families, medical psychiatric professionals and other resource individuals in order to obtain complete client histories.
2. Assesses psycho-social needs and strengthens and develops treatment plans to address the needs.
3. Provides referral to assist in the treatment of client problems.
4. Provides case management services; conducts individual, group and family counseling and therapy.
5. Provides crisis intervention.
6. Provides consultation to colleagues, school staff, families and community organizations.
7. Prepares evaluations and reports as required.

Qualifications

1. Must possess knowledge of the social, psychological, economic and medical factors that influence the behavior of individuals.
2. Must possess knowledge of group dynamics.

Skills and Abilities

1. Must possess oral and written communication skills.

2. Must possess interpersonal skills.
3. Must be able to plan service programs that meet identified client needs.
4. Supervisory experience is an additional asset.

Other

1. May be required to travel within the community in the course of his/her daily work.
2. Fluency in a foreign language may be required.

Staffing Standards: Nutrition Consultant

Supervision

The Nutrition Consultant works under the administrative supervision of the School Based Health Center Coordinator.

Supervision Exercised

The Nutrition Consultant may supervise student interns or other staff as assigned.

Example of Duties

1. Provides direct dietary counseling and nutrition education.
2. May work with students individually or in groups.
3. Provides consultation and technical assistance to school based health center staff.
4. Develops and presents nutrition workshops.
5. Reviews nutrition educational material for appropriateness.

Qualifications

1. Must possess considerable knowledge of nutrition, dietetics, and nutrition education for children and adolescents.

Skills and Abilities

1. Must possess considerable interpersonal skills.
2. Considerable oral and written communications skills required.
3. Must possess ability to teach nutritional concepts to the target population.

Other

1. May be required to travel within the community in the course of his/her daily work.
2. Fluency in a foreign language may be required.

Staffing Standards: Medical Assistant

Supervision

The Medical Assistant receives clinical supervision from the medical provider, and receives administrative supervision from the SBHC Coordinator.

Examples of Duties

1. Make appointments for students to see the SBHC providers.
2. Answer the telephone; takes appropriate messages.
3. Under the direction of the SBHC providers, makes referral appointments for students; and/or follow-up on attendance of students at appointments with outside providers.
4. Assists in providing the following assessment functions: measuring heights, weights, vital signs, vision and hearing tests.
5. Triage walk-in students appropriately i.e., determining emergencies requiring immediate medical, social service, or dental attention and non-emergencies which can be scheduled as appointments are available.
6. Performs simple lab procedures for medical provider.
7. Completes all necessary clinic forms, including data information sheets for computer program.
8. Completes correspondence, reports, and meeting minutes.
9. Enters relevant data into the MIS for compilation of student demographics and visit information.
10. Files charts, lab results, correspondence, etc.

Qualifications

Medical assistants have a high school diploma or equivalent. They must possess the education, training and/or experience consistent with the services they will be providing as noted in the job description. All must demonstrate good interpersonal and communication skills. Supervision of these positions must be stated in the job descriptions.

Skills and Abilities

1. Must possess knowledge and experience with personal computers.
2. Must be able to understand and abide by policies regarding confidentiality.
3. Must possess exceptional communication and interpersonal skills.

Other

1. May be required to travel within the community in the course of his/her daily work.
2. Fluency in a foreign language may be required.

Staffing Standards: Medical Director

Supervision

The Medical Director administratively reports to SBHC Coordinator and/or the parent organization.

Supervision Exercised

The Medical Director provides direct and on call supervision/consultation to the medical providers of the SBHCs.

Example of Duties

1. Provides clinical consultation services as needed to the SBHC medical staff.
2. Monitors clinical care provided by the SBHC medical staff to determine appropriateness and effectiveness, including provision of medical guidance according to the SBHC's outlined policies, and protocols.
3. Reviews and signs clinical protocols on an annual basis.
4. Provides at least bi-weekly on-site visits to the SBHC to sign and/or audit charts of students seen by the NP/PA.
5. Provides consultation to the NP/PA on specific cases and/or issues, and evaluates, diagnosis, and treats students referred by the NP/PA.
6. Provides guidance and assistance in establishing and reviewing the SBHC's Quality Assurance Plan, and recommends program changes and/or activities for improvement.
7. Provides feedback on medical staff performance/competency to the SBHC Coordinator.
8. Provides staff in-service on medical issues as need arises.

Qualifications

1. Must be a licensed MD in the State of Connecticut. (Board certification as either pediatrician or family practitioner is desirable).
2. Experience in providing health care services to the pediatric and adolescent population is preferred.

Staffing Standards: Health Educator

Supervision

The Health Educator works under the supervision of the Nurse Practitioner. If the individual employed is a Social Worker, he/she will also receive direction from the Social Work Supervisor.

Example of Duties

1. Conducts health education/promotion workshops and classes.
2. Conducts obesity and weight management programs.
3. Works in collaboration with the physical education and food services dept. in implementing programs on healthful food choices and exercise/fitness programs.
4. May provide parenting courses to build parents' self-esteem, and help students set goals.
5. Collaborates with substance abuse counselor/prevention personnel to promote abstinence from alcohol, tobacco, and illicit drugs.
6. Works in collaboration with other health center staff to conduct sex education/ STD prevention classes.
7. Conducts other workshops, health education activities as deemed necessary by the school and SBHC staff.

Qualifications

Two years of experience in developing and/or implementing health education/promotion programs is preferred.

Skills and Abilities

1. Must possess considerable interpersonal skills.
2. Considerable oral and written communication skills required.

Other

1. May be required to travel within the community in the course of his/her daily work.
2. Fluency in foreign language may be required.

Minimum Contents for Policy and Procedure Manual

This outline is meant to serve as a guide; the sponsoring organization may require additional information in the policy and procedure manual.

I. Composition of Manual

- A. Cover Sheet
 - 1. Should show documentation of annual review
 - 2. Must be signed by SBHC staff
- B. Table of Contents

II. Organizational Structure

- A. Organizational Chart
- B. Advisory Committee
 - 1. Composition
 - 2. Functions
- C. Job Descriptions

III. Operational Policies

- A. Client Policies
 - 1. Confidentiality
 - 2. Grievances process
 - 3. Cultural competency
 - 4. Afterhours policy
 - 5. Consent to treat
 - 6. Patient rights and responsibilities
- B. Quality Assurance Plan
- C. Fire/Disaster Evacuation Plan
- D. OSHA/Infection Control Policy
- E. Accident/Incident Policy
- F. Personnel Policies
 - 1. Non-discrimination
 - 2. Job Descriptions
 - 3. Performance Evaluations
 - 4. Grievance process

5. Clinical coverage in the event of staff absence

G. Records Policy

1. Retention: must be retained for 5 years
2. Security: must be stored in locked space

H. Mandated Reporting

1. Child abuse reporting: DCF form no. 136. This form may be completed online here:

http://www.ct.gov/dcf/lib/dcf/child_welfare_services/pdf/child_abuse_neglect_dcf_136.pdf

2. Reportable diseases: State form PD-23. This form may be completed online here:

http://www.ct.gov/dph/lib/dph/infectious_diseases/pdf_forms_/pd23_form.pdf

I. Obtaining STD Supplies from DPH

1. Call STD Program Coordinator at (860) 509-7920
2. DPH and the State Laboratory provides screening supplies for chlamydia, gonorrhea, and herpes.
3. Visit <http://www.ct.gov/dph/cwp/view.asp?a=3136&q=419718> to learn more

J. Bio-hazardous Waste Disposal

1. Must have current contract on file
2. Record equipment maintenance
3. Record medication administration, storage, security, accountability, and disposal of waste.

K. Clinical Laboratory Improvement Amendments (CLIA)

1. Must have certificate indicating CLIA status

L. Referral Tracking Procedure

M. Affirmative Action Policy/ADA

IV. Services

A. Medical Protocols

B. Social Work/Mental Health Protocols

C. Dental Protocols

E. Quality Assurance

1. Student Satisfaction Survey
2. Chart review
3. Cultural competency

- 4. Staff development
- F. Lab Testing

V. Sample SBHC Forms

- A. School Based Health Center Enrollment Form
- B. Registration Form
- C. Physical Exam and Mental Health Screener
- D. SBHCS Encounter Form-Connecticut
- E. Medical Visit Encounter Form
- F. Psychosocial Visit Encounter Form
- G. School Based Health Center Permission Form
- H. Notice of Receipt of Privacy Practices and Access to School Health Records
- I. Request for Registered Services
- J. Student Satisfaction Form

Guidelines for Client Records (for paper and electronic records)

1. A medical record shall be started for each student at the time of the first visit to the School Based Health Center.
2. The medical record will include sufficient information to justify the medical diagnosis or social work assessments made and warrant the treatment given or services rendered.
3. Each entry must be signed and dated by the person responsible for it.
4. All entries must be made in black ink.
6. Errors will be corrected by a single line drawn through words and the initials of the person responsible will be placed above it.
7. Records are not to be removed from the clinic.
8. All records must be kept for a minimum of 5 years after discharge of the student.
9. All records are to be treated as confidential information. Records must be kept in a locked cabinet and be accessible only to the SBHC staff.
10. All records must include a signed parental permission form.

Medical Records

1. A medical history form must be on file. It may be part of the parental permission form, or a separate history form. Either form should be completed prior to, or during the student's first visit to the health center.
2. The record must contain a problem list; it must include all chronic problems, but may also list acute illnesses.
3. If the student is receiving any chronic medications, the medications should be listed on a medication sheet (i.e., inhalers, anticonvulsants, etc.) in an easily identifiable form. This information should not be buried in a progress note.
4. Identification of allergies or lack of allergies (NKA) should be indicated on a face sheet or by the use of a sticker. This information may be located on the medical history form.
5. Information regarding risk taking behaviors (alcohol, tobacco, sexual activity, etc.) should be part of the history, or included in a risk assessment checklist form.

Medical protocols must be reviewed and signed annually by the Medical Director/Consultant and by the medical staff at the SBHC.

Mental Health/Social Services

1. If sites use initial assessment forms, they should not be utilized for more than three visits.
2. Information regarding risk taking behaviors/environments (physical abuse, sexual abuse, weapons, substance use, etc.) should be noted on a risk appraisal checklist. This information may also be located on other forms the site is using (i.e., interview forms, psycho-social assessments, etc.)
3. If the student is taking psychotropic medications, it should be listed on the medication sheet and not buried in a progress note.
4. An “agency contact” form may be used to summarize the different social work and/or outreach contacts made by the SBHC.

Social Work/Mental Health protocols must be reviewed and signed annually by the Social Work Consultant/Supervisor, and by the social work/mental health staff at the SBHC.

Protocols should include the frequency in which treatment plans are to be updated (i.e., 90 days, etc.)

Record Content: Mental Health

(records must contain the following)

1. Intake (including identifying information, presenting problem, referral source, etc.)
2. History (background information)
3. Risk Appraisals
4. Psycho-social assessment
5. Treatment Plan (plan of prevention and intervention)
6. Reports from other health care providers
7. Progress note
8. Discharge note (usually note indicating student has terminated services due to transfer, graduation, etc.)

Record Content: Medical Records

(Records must contain the following)

1. Intake (including identifying information, presenting problem, referral source, etc.)
2. History
3. Physical Assessment

4. Health Risk Appraisal/Assessment
5. Treatment Plan (usually part of “SOAP” note)
6. Progress note
7. Reports from other health care providers
8. Discharge note

Record Content: Dental

(records must contain the following)

1. Intake (including identifying information, presenting problem, referral source, etc)
2. History
3. Dental Exam/Evaluation/Charting of the teeth
4. Treatment Plan
5. Progress note
6. Discharge note

SBHC Management Information System Requirements

All school based health centers receiving funding from the Department of Public Health (DPH) are required to submit registration and standard visit data as electronic data files in a ACCESS database or Electronic Health Records system. For those sites using Electronic Health Records, Johanna Davis from the DPH can work with you on how to export an EHR file compatible for review by DPH. Johanna can be reached at (860) 509 – 8057. Each site is expected to provide a computer for recording, storing, and manipulating data as well as internet access. The use of a printer is not required for reporting purposes by DPH, although a computer printer is indispensable for the operation of a school based health center.

Recommendations for Electronic Health Records

What is an EHR?

An electronic health record (EHR)—sometimes called an electronic medical record (EMR)—allows healthcare providers to record patient information electronically instead of using paper records. However, EHRs are often capable of doing much more than just recording information. The EHR Incentive Program asks providers to use the capabilities of their EHRs to achieve benchmarks that can lead to improved patient care. You may qualify for the Center for Medicaid & Medicare Service’s EHR Incentive Program. CMS and the Office of the National Coordinator for Health Information Technology (ONC) have established standards and other criteria for structured data that EHRs must use in order to qualify for this incentive program. Meaningful use is used to determine if your school-based health program qualifies.

Meaningful Use

School-based health centers must meaningfully use their electronic health records in ways that can positively affect the care of their patients. The Medicare and Medicaid EHR Incentive Programs provide financial incentives for the “meaningful use” of certified EHR technology to improve patient care. To receive an EHR incentive payment, providers have to show that they are “meaningfully using” their EHRs by meeting thresholds for a number of objectives.

You can access the Meaningful Use Attestation Calculator here: <http://www.cms.gov/apps/ehr/>

For more information regarding the Center for Medicare & Medicaid Services EHR Incentive Program visit: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/beginners_guide.pdf

2014 Clinical Quality Measures

Beginning in 2014, the reporting of clinical quality measures (CQMs) will change for all providers. EHR technology that has been certified to the 2014 Edition standards and certification criteria will have been tested for enhanced CQM-related capabilities, Eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) will be required to report using the new 2014 criteria. All providers are required to report on CQMs in order to demonstrate meaningful use.

Pediatric Recommended Core Measures

- Appropriate Testing for Children with Pharyngitis
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- Chlamydia Screening for Women
- Use of Appropriate Medications for Asthma
- Childhood Immunization Status
- Appropriate Treatment for Children with Upper Respiratory Infection (URI)
- ADHD: Follow-Up Care for Children Prescribed with Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
- Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- Children who have dental decay or cavities

In 2009, the American Recovery and Reinvestment Act was passed and includes funding to support the use of EHRs. Billions of dollars are available to eligible providers who:

- Use certified EHR in a meaningful manner
- Use certified EHR technology for electronic exchange of health information to improve quality of health care
- Use certified EHR technology to submit clinical quality measures (CQM) and other such measures

The goals of the EHR Incentive program include:

- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and families
- Improve care coordination, and population and public health
- Maintain privacy and security
- Meaningful Use of Electronic Health Records

How to Plan, Select and Implement an Electronic Health Record: Explore Health Information Technology Resources

<http://www.schoolhealthcenters.org/start-up-and-operations/electronic-health-records-am/>

Pediatric Specific EHR Functionality

The pediatrics specialty requires some additional or enhanced EHR functionality. In addition to the standard EHR functionality listed above, pediatric systems generally include the following:

Well Child Exam Templates: Includes well child exam templates by age group.

Sick Visit Templates for Common Pediatric Problems: Includes standard templates for common pediatric illness, injury, first aid and triage.

Immunization Management: Supports the ability to track immunizations needed, immunizations given, including detailed information about administration of immunizations. Electronic health record Interfaces with immunization registries.

Growth Charts: Growth charts that accommodate child growth records. Height, weight and other parameters to be measured should be easy to enter and then automatically plotted on the growth charts.

Asthma Flow Charts/Action Plans: Supports ability to track asthma action plans and peak flow charts.

Weight-Based Dose Calculators: Supports the ability to calculate medications dosing using age and weights.

School, Sports and Camp Forms Management: Supports the ability to utilize the data collected in templates to be printed out in formats required by various agencies.

Confidential Documents for Adolescent Assessments: Ability to designate all or part of a chart as confidential for staff viewing and parental access.

Consent Management: Ability to track consents needed for various types of treatment.

SBHCS AND ELECTRONIC HEALTH RECORDS

Electronic Health Record (EHR) Systems are computer applications that support the clinical and patient workflow functions of a health center or medical office. EHR systems have several “modules” with functionality to support the clinical workflow of a health care facility. Typical functional modules include:

- **Patient Demographic Data:** Supports the collection of patient information.
- **Clinical History Documentation:** Supports the collection of patient’s family, social and medical history.

- **Clinical Visit/Encounter Documentation:** Supports the collection of clinical information obtained during an office visit, such as vital signs, chief complaint, provider documentation, physical examination, impression and plan.
- **Medication Management:** Supports the collection of information regarding current medications, medication allergies and facilitates electronic prescribing, medication administration and medication reconciliation activities.
- **Orders and Results Management:** Supports the ability for the provider to place an order and document results for a lab test, diagnostic test, medication and/or procedure.
- **Charge Capture:** Supports the ability to generate charges for a visit based on documentation and orders placed, and in some cases send the billing data to a billing system.
- **Workflow Management:** Includes tools for users to manage the current day's schedule and tasks, such as approving orders and signing off on notes.
- **Reporting:** Supports the ability to run reports to assist with managing daily patient flow, proactively managing patient flow and other aggregate information needed to support your organization.
- **Scanning:** Supports the ability to scan paper documents and attach them to the electronic chart.
- **Patient Portal:** Supports the ability for the patient to log into a secure website and fill out forms, request an appointment, view their chart (or portions of their chart) and communicate with a provider.

EHR systems can be stand alone, but are typically found in conjunction with a Practice Management System, which is used for registration, scheduling and billing purposes

From the School Based Health Alliance: <http://www.schoolhealthcenters.org/start-up-and-operations/electronic-health-records-am/sbhcs-and-electronic-health-records/>

Additional EHR resources:

www.eHealthconnecticut.org

Centers for Medicaid & Medicare Awareness

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html

Quality Assurance Plan

Objective

The Quality Assurance Plan (QAP) serves as a road map for assessing the quality of patient care and staff competency.

Scope

The scope of the QAP should include a range of activities and methodologies that will be used to monitor and evaluate patient care and services. The scope of a QA program may address the following:

Professional staff status qualification (credentialing):

- Verification of licensure
- Continuing education
- Orientation
- Performance appraisal

Risk Management:

- Incident reporting
- Unusual occurrence trending
- Safety committee

Standards:

- Performance Standards
- Standards of care/practice
- Policies and Procedures (protocols)

Patient Care Studies/Survey: CASBHC offers a comprehensive Student Satisfaction Survey for your school-based health center. The responses are tallied and the results are presented in a report which can help you update your quality assurance plan.

Methods

Suggested activities and methodologies that can be used to address these issues are developing committees, periodic chart reviews/audits, peer reviews, etc.

Quality Improvement vs. Quality Assurance

Differences between quality improvement and quality assurance include the following:

- A move away from negative connotations;
- Proactive versus reactive monitoring;
- A switch from focusing primarily on clinical care;
- Improving the norm versus focusing only on outliers;
- An organization wide change in culture; and
- The use of intensive aggregate data and scientific methods.

Quality Improvement does not replace quality assessment; rather, the two are integrated. Quality improvement can actually be seen as a branching out of quality assurance.

References and other Resources:

Quality improvement tools and resources for school-based health centers can be found on the website of the School Based Health Alliance:

http://www.sbh4all.org/site/c.ckLQKbOVLkK6E/b.7548609/k.123E/Quality_Improvement.htm

Other Resources:

National Committee on Quality Assurance: www.ncqa.org

The Joint Commission: www.jointcommission.org

School Based Health Alliance

The School-Based Health Alliance (formerly the National Assembly on School Based Health Care) was founded in 1995 and is the national voice for school-based health centers (SBHCs). Built from the grassroots up by individuals from state and federal government agencies, national and regional foundations, child health and education organizations, and SBHCs, the School Based Health Alliance is a true reflection of the field they support. The School-Based Health Alliance advocates for national policies, programs, and funding to expand and strengthen SBHCs, while also supporting the movement with training and technical assistance.

Vision

All children and adolescents are healthy and achieving at their fullest potential.

Mission

To improve the health status of children and youth by advancing and advocating for school-based health care.

Core Values

School-Based Health Alliance believes that:

- Children and adolescents need high quality, accessible, culturally competent, comprehensive health care.
- The school setting is a sensible and appropriate place to deliver health care because that is where the students are.
- Ideally, the full scope of services is provided directly in a SBHC; alternative models may be dictated by resources and the needs of the community.
- SBHCs reduce health inequities and improve health outcomes for underserved youth.
- SBHCs should be fairly reimbursed for the high-quality health services they provide.

Learn more about the School Based Health Alliance at www.sbh4all.org



Connecticut Association of School Based Health Centers

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For additional information regarding the Association visit: www.ctschoolhealth.org

See Appendix K for more CASBHC articles and publications.