

Nevada School-Based Health Centers

STANDARDS FOR CERTIFICATION

Table of contents

Section A: Certification Process Page 4

- A.1 Minimum requirements of certification
- A.2 Administrative procedures
- A.3 Compliance requirements
- A.4 Out of compliance procedure

Section B: Sponsoring Agency/Facility Page 6

- B.1 Sponsoring agency requirements
- B.2 Medical Sponsorship requirements
- B.3 Facility requirements

Section C: Operations/Staffing Page 7

- C.1 Hours of operation minimum requirements
- C.2 Eligibility for services minimum requirements
- C.3 Policies and procedures minimum requirements
- C.4 Staffing minimum requirements

Section D: Laboratory Page 10

- D.1 Laboratory space minimum requirements
- D.2 Laboratory certification minimum requirements
- D.3 Laboratory reporting minimum requirements
- D.4 Policies and procedures for lab tests
- D.5 Laboratory services minimum requirements
 - a. Laboratory/diagnostic services

Section E: Comprehensive Services Page 12

- E.1 Comprehensive services minimum requirements
 - b. Primary care
 - c. Screening
 - d. Dental

-
- e. Pharmacy
 - f. Preventive health
 - g. Mental health
 - h. Social services
 - i. Marketing and outreach activities

- E.2 Equipment requirements
- E.3 Medications guidance
- E.4 Preventive health guidance
- E.5 Social services guidance

Section F: Data Collection and Reporting **Page 14**

- F.1 Data collection requirements
- F.2 Data variable requirements
- F.3 Data reporting requirements

Section G: Billing **Page 15**

- G.1 Medicaid type 17 provider

Section H: Terminology **Page 15**

- H.1 Definitions
- H.2 Acronyms/abbreviations

Section A: Certification process

A.1 Minimum requirements of certification Center meets all required components and minimums as defined in the standards.

All sites are required to meet components for certification and are encouraged to follow recommended components.

A.2 Administrative procedures:

a. Sites submit Application for Certification to the Nevada Division of Public and Behavioral Health (DPBH), Bureau of Child, Family and Community Wellness (BCFCW). The forms are to be emailed to: ehough@health.nv.gov. Contact Eileen Hough with questions at 775-684-4035.

b. A School–Based Health Center (SBHC) system may certify more than one center on the same application providing each center meets each requirement individually.

c. Initial certification will involve both an application (completion of the standards checklist and required assurances) and a site visit. The site visit must occur within one year of application approval to determine compliance with SBHC certification process.

The verification review must include:

- Document review;
- EMR review;
- Review of data reports from EMR systems or other patient registry tracking systems;
- Interviews with practice management and clinical administrative staff;
- On-site evaluation of patient environment and physical environment.

d. Provisional certification may be granted with a waiver request for any standard not met. It must accompany the application and include a satisfactory explanation of why the standard cannot be met and a written plan with a timeline to correct that standard (See Waiver Form).

e. A recertification will occur every two years which includes both an updated standard checklist and required assurances.

f. At the Division of Public and Behavioral Health’s discretion, either a new (initial certification) or recertification will be required if a center’s certification lapses.

A.3 Compliance requirements

- a.** After initial certification, sites must notify the DPBH within 60 days of any changes that bring the site out of compliance with the standards for a period of more than 60 center working days. A waiver that delineates actions including a timeline to return to compliance must accompany the notification (See Waiver Form).
- b.** The DPBH reserves the right to review any or all selected standards for compliance at all certified sites with a minimum notification of at least five center working days if issues of compliance are raised or come into question.

A.4 Out of compliance procedure

- a.** Site notifies DPBH (see compliance requirements, A.3.a). DPBH will review outcomes in accordance with the waiver:
- Remedied - no further action necessary;
 - Not remedied - see step b.
- b.** If a site is determined to be out of compliance with the standards, the DPBH will work with the compliance/complaints section of the DPBH's Bureau of Health Care Quality and Compliance (HCQC) and may choose one of the following actions:
- (1) Require a waiver with a timeline to correct deficiency.
 - (2) Issue a written warning with a timeline to correct deficiency.
 - (3) Issue a letter of non-compliance and
 - (4) Notification to Nevada Medicaid
- c.** For steps b. (1) and b. (2), DPBH will notify HCQC through a complaint process to review outcomes.

Section B: Sponsoring Agency/Facility

B.1 Sponsoring agency requirements

a. A Sponsoring agency is defined as an agency that has a written agreement with the SBHC to provide one or more of the following:

- Funding;
- Staffing;
- Medical oversight;
- Liability insurance.

b. All sponsoring agencies must have a written agreement with the SBHC describing their role in SBHC operations.

c. A SBHC may have more than one sponsor, but at least one of the sponsors must meet the definition of a medical sponsor.

B.2 Medical Sponsorship requirements

a. Medical sponsorship shall include:

- Designation of an SBHC medical director (health care provider with a license to practice independently with the population being served and who has prescriptive authority, e.g., M.D., D.O., N.D., N.P.);
- Evidence of ongoing (at least quarterly) involvement of the medical director in clinical policy and procedures development, records review and clinical oversight;
- Medical liability coverage;
- Ownership of medical records.

B.3 Facility requirements

a. A SBHC facility is defined as a space associated with a school building or on the school campus used exclusively for the purpose of providing primary health care, preventive health, mental health and health education services.

b. The facility must meet ADA requirements for accommodation of individuals with disabilities.

c. The facility must meet local building codes, OSHA and any other local, state or federal

requirements for occupancy and use with documented proof.

d. Although there may be differences in SBHCs from site to site, and multiple–use spaces are allowable, the following must be present within the center:

- Waiting/reception area;
- Exam room(s) with sink;
- Bathroom facility;
- Office area;
- Secure records storage area;
- Secure storage area for supplies (e.g. medications, lab supplies);
- Designated lab space with sink and separate clean and dirty areas;
- Confidential phone (placing confidential phone calls and receiving confidential messages);
- Confidential fax (SBHC staff access only).

e. The design of functional spaces shall at all times consider the necessity of maintaining patient confidentiality, secure records, secure storage, and safety.

Section C: Operations/Staffing

C.1 Hours of operation minimum requirements

a. Center must be open for at least 15 hours/week and may include before or after school hours as necessary.

b. Both walk-in and scheduled appointments shall be available for center services.

c. Center must have in place a system to instruct patients where they may seek care after hours (e.g., primary care physician, emergency room, urgent care center or mental health crisis line). These instructions shall be posted outside the main entrance to the SBHC as well as available on a telephone answering system or voice mail system that can be accessed 24 hours per day on a direct phone line.

C.2 Eligibility for services minimum requirements

All students in the school are eligible for services if they have obtained the necessary consent.

-
- a. Students shall not be denied access to services based on insurance status or ability to pay.
 - b. Students shall not be denied access to services based on race, color, national origin, religion, immigration status, sexual orientation, handicap or gender.
 - c. Reasonable accommodation shall be made to provide confidential services to non–English–speaking students.

C.3 Policies and procedures minimum requirements

- a. Center must have written policies set forth and in place for:
 - Non–discrimination;
 - Confidentiality of client services, medical records and data (HIPAA compliance);
 - Consent for medical, mental health, alcohol and other drug services (parent and/or client);
 - Student rights and responsibilities (posted in plain view);
 - Release of information and access to medical records (includes parental access);
 - Data management;
 - Schedule of standard charges (if any) for services rendered;
 - Method of transmitting billing and other fiscal information to agencies, including the handling of explanation of benefits (EOB) statements for confidential patient visits;
 - Emergency procedures (disaster/fire/school violence);
 - Reporting of child abuse and maltreatment;
 - SBHC staff job descriptions with qualifications, responsibilities, supervision, evaluation;
 - Staff vacation and sick leave policies;
 - Quality assurance process;
 - Complaint and incident review;
 - Parental involvement;
 - Coordination of care;
 - HIV management;
 - Information sharing policy between school nurse and SBHC staff ;
 - Operations policy;
 - Referral system;
 - Medication dispensing, storage, security and accountability;

-
- Laboratory testing policies;
 - Equipment monitoring procedures.
- b.** The written policies and procedures shall be reviewed and updated at a minimum of every two years. The review shall be documented in writing and include updated signatures from the medical director for medical/clinical policies and procedures and the SBHC administrator for administrative policies and procedures.

C.4 Staffing minimum requirements

a. SBHC staff shall include at a minimum:

- Support staff (office assistant)
- Primary care provider (M.D., D.O., N.P., N.D., P.A.)

b. A Qualified Mental Health Professional and alcohol and other drug assessment capacity shall be available either on site or through referral. If not available on site, a written agreement with the outside provider(s) must be in place to provide services and for sharing information between the provider and SBHC.

c. Each SBHC shall have a designated site coordinator, with administrative duties outlined in a job description. The site coordinator shall be employed by the sponsoring agency (or one of the sponsoring agencies) and may be one of the staff listed above.

d. Each SBHC shall have a designated medical director who is accessible to staff by phone to discuss clinical issues and available to provide clinical assistance as needed.

e. All SBHC program staff shall have the appropriate training, background check, experience and qualifications to work with the SBHC population (children and adolescents), including basic first aid and basic cardiac life support (BCLS) certification.

f. All staff members shall maintain their licensure through appropriate professional standards.

g. Providers (M.D., D.O., N.P., N.D., P.A., R.N.) must be eligible for reimbursement from Medicaid and/or Medicare programs, as determined by the Medical sponsor.

h. A provider (medical sponsor, M.D., D.O., N.P., N.D., P.A.) must be enrolled in the Vaccines for Children (VFC) program and an immunization coordinator must be designated.

Section D: Laboratory/Diagnostic Services

D.1 Laboratory space minimum requirements

a. Center must have a clearly designated lab space, which includes a sink and separate clean and dirty lab areas (see Facilities B.3.d).

D.2 Laboratory certification minimum requirements:

a. Center must meet requirements and hold a Clinical Laboratory Improvement Amendments (CLIA) Waiver. This license needs to be posted in the lab.

D.3 Laboratory reporting minimum requirements

a. Center must have written protocols that assure timely review of lab results, documentation and follow-up of abnormal labs.

b. Center must have a written policy in place that assures confidential handling of lab results.

D.4 Policies and procedures for lab tests

a. Center must have policies and procedures for each of the lab tests provided on-site.

b. Center must have policies and procedures for the follow-up of labs performed off-site.

D.5 Laboratory services minimum requirements

- a. In reference to the lab services table A (below), the following services must be available either
- (On) On site at the SBHC;
 - (Ref) Direct referral required if not on site (see definition section G.)

NOTE: Family Planning/gynecological services cannot be provided in some schools so there is no need for a waiver if these services are not being offered

A. Laboratory/diagnostic services Minimum Requirements	Elementary (K-5)	Check if Present ✓	Middle School (6-8 or K-8)	Check if Present ✓	High School (9-12 or K- 12)	Check if Present ✓
Urinalysis (dip)	On		On		On	
Hgb and /or Hct	On		On		On	
Blood glucose	On		On		On	
Strep throat ¹	On		On		On	
Venipuncture	Ref		Ref		Ref	
PPD ²	Ref		Ref		Ref	
Pregnancy test ³	Ref		On		On	
Pap smear	N/A		N/A		N/A	
HIV test	Ref		Ref		Ref	
Wet mount /KOH	Ref		Ref		Ref	
Blood lead level	Ref		Ref		Ref	
Sickle cell test	Ref		Ref		Ref	
Imaging (x-ray, etc.)	Ref		Ref		Ref	

1 Rapid or culture

2 Unless significant high-risk population is present

3 UHCG – done mostly at some sites before prescribing medications

4 Chlamydia, GC, syphilis

Section E: Comprehensive Services

E.1 Comprehensive services minimum requirements

- a. The following includes services that must be available either
- (On) On site at the SBHC;
 - (Ref) Direct referral required if not on site (see definition section G.)

B. Primary Care Minimum Requirements	Elementary (K-5)	Check if Present ✓	Middle School (6-8 or K-8)	Check if Present ✓	High School (9-12 or K-12)	Check if Present ✓
Comprehensive medical and psychosocial histories	On		On		On	
Comprehensive physical exams per EPSDT	On		On		On	
Immunizations ¹	On		On		On	
Developmental assessments	Ref		Ref		Ref	
Pre-assessment of educational, achievement and attendance issues	On		On		On	
Evaluation and treatment of:						
- Non-urgent issues	On		On		On	
- Acute issues	On		On		On	
- Chronic issues	On		On		On	
Triage of medical emergencies	On		On		On	
Medical case management	Ref		Ref		Ref	
Medical specialty services	Ref		Ref		Ref	

¹ Includes all required vaccines for school attendance excluding Varicella, which may be provided by referral given its unique storage requirements

C. Screening Minimum Requirements	Elementary (K-5)	Check if Present ✓	Middle School (6-8 or K-8)	Check if Present ✓	High School (9-12 or K-12)	Check if Present ✓
Height/weight/body mass index (BMI)	On		On		On	
Blood pressure	On		On		On	
Vision Screening	On		On		On	
Hearing Screening	Ref		Ref		Ref	
Scoliosis screening	On		On		On	

D. Dental Minimum Requirements	Elementary (K-5)	Check if Present ✓	Middle School (6-8 or K-8)	Check if Present ✓	High School (9-12 or K-12)	Check if Present ✓
Visual inspection of teeth and gums	On		On		On	
Preventive dental treatment (Fluoride available by prescription)	On		On		On	
Comprehensive dental evaluation and treatment	Ref		Ref		Ref	

E. Pharmacy Minimum Requirements	Elementary (K-5)	Check if Present ✓	Middle School (6-8 or K-8)	Check if Present ✓	High School (9-12 or K-12)	Check if Present ✓
Capacity to write prescriptions for non-urgent, acute and chronic issues	On		On		On	
F. Preventive health services Minimum Requirements						
Provision of age appropriate anticipatory guidance	On		On		On	
Risk factor assessment	On		On		On	
Targeted patient education						
- Individual (one-on-one)	On		On		On	
- Group	On		On		On	
G. Mental health services Minimum Requirements						
Individual mental health assessment	On		On		On	
Counseling and treatment	Ref		Ref		Ref	
Alcohol and other drug pre-assessment	On		On		On	
Alcohol and other drug counseling and treatment	Ref		Ref		Ref	
Group counseling	Ref		Ref		Ref	
Family counseling	Ref		Ref		Ref	
Crisis intervention (coordinated with school plan)	On		On		On	
H. Social services Minimum Requirements						
Assessment and management	Ref		Ref		Ref	
I. Marketing and outreach activities Minimum Requirements						
Marketing and outreach activities: (SBHC services and resources, health promotion/health education activities, classroom, school and community activities, etc.)	On		On		On	

Section F: Data Collection/Reporting

F.1 Data collection requirements

a. Center must maintain an electronic data collection system which has the capacity to collect the required variables listed below. Data must be reasonably complete and emphasis during collection should be placed on maintaining complete records for export.

F.2 Data variable requirements

a. Certain data variables shall be collected at each encountered visit including:

- Unique patient identifier (not name);
- Date of birth;
- Gender;
- Race (as defined by DPBH);
- Ethnicity;
- Grade (grade and student status codes as defined when possible);
- Insurance status including a minimum of the following categories:
(Medicaid/Nevada Check-Up, private, none, unknown);
- Date of visit;
- Location of visit (site identification);
- Provider type;
- CPT visit code(s);
- Diagnostic code(s) (ICD-9 or 10, DSM IV).

F.3 Data reporting requirements

a. Reports will be requested by the state as a means of monitoring sites' data collection operations and to provide technical assistance if problems are noted.

Section G: Billing

G.1 Medicaid Provider Type 17

- a. Center must submit a Medicaid application after they have received the Certificate of SBHC Certification
- b. Appropriate staff will enroll and receive the necessary training provided by Medicaid.

Section H: Terminology

H.1 Definitions

- a. Administer refers to any medications given, injected or applied by a licensed medical professional inside the clinic.
- b. Dispense refers to the process of preparation and labeling of any medications given to the patient to be taken outside of the clinic.
- c. Referral means that there is an identified resource for that service. A contract for services, memorandum of understanding or statutory access must facilitate those services. Protocols and necessary information in order to execute a referral must be documented and available within the centers.

H.2 Acronyms/Abbreviations

ADA - Americans with Disabilities Act
AOD - Alcohol and other drugs
CLIA - Clinical Laboratory Improvement Amendments
CQI - Continuous quality improvement
CQIRT - Continuous quality improvement review tool
CPT - Current procedural terminology
D.O. - Doctor of Osteopathy
DMAP - Department of Medical Assistance Programs (Medicaid)
DSM IV - Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
EPSDT - Early and Periodic Screening, Diagnosis, and Treatment Program
FTE - Full-time equivalent
FPEP - Family Planning Expansion Project
GC – Gonorrhea
Hgb/Hct - Hemoglobin/ hematocrit
HIV/AIDS - Human immunodeficiency virus/acquired immune deficiency syndrome
ICD-9 or 10 - International Classification of Disease- Version 9 or 10
IUD - Intrauterine device (contraceptive)
KOH - Potassium hydroxide preparation (fungal smear)
L.P.N. - Licensed Practical Nurse
M.D.- Doctor of Medicine
N.D. - Naturopathic Doctor
N.P.- Nurse Practitioner
P.A. - Physician assistant
PAP - Papanicolaou smear (cervical screening test)
PPD - Intradermal tuberculosis screening test
QA - Quality assurance
QMHP - Qualified Mental Health Professional
R.N. - Registered Nurse
RX - Prescription medication
SBHC - School-based health center
STI - Sexually transmitted infection – Urine human chorionic gonadotropin (qualitative pregnancy test)

VFC - Vaccines for Children