

**School-Based Health Center (SBHC) /Medicaid Program
Guidelines for Communication Among SBHCs, MCOs,
PCPs and Parents/Legal Guardians**

Introduction

Communication among SBHCs managed care organizations (MCOs), primary care providers (PCPs), and parents or legal guardians on behalf of students served in SBHCs is critical to providing quality care and ensuring successful outcomes. The following scenarios serve as examples of the flow of communication from the SBHC when a student presents for care.

Communication Case Examples	Communication Flow
<p>A 10 year-old female presents with a headache, rhinitis and feels hot.</p> <ul style="list-style-type: none"> • <i>Salud!</i> membership and PCP are verified. • SBHC confirms that there is a signed parental permission form on file. • SBHC provider examines child and makes diagnosis of sinusitis. • SBHC provider prescribes antibiotic (after discussing with parent). 	<ul style="list-style-type: none"> • Call is placed to the parent; inquiry made if child has any allergies. If unable to reach parent, SBHC contacts school nurse regarding possible allergies. • PCP notification form completed and faxed to the PCP. • Arrangements made for parent to pick up child; if not possible, child waits in nurse's office at school.
<p>A 15 year-old female comes to the SBHC for second consecutive pregnancy test. Both are negative.</p> <ul style="list-style-type: none"> • <i>Salud!</i> membership and PCP are verified. • SBHC confirms that there is a signed parental consent form on file or the student signs a confidential consent. • STD screening and pap smear performed, if meets guidelines. • Situation explored with student, who wants family planning information. Health teaching provided. • Permission requested from student to notify the PCP about treatment. 	<ul style="list-style-type: none"> • Student referred for follow-up on STD in SBHC and for family planning services at student's choice of provider. • If student gives permission, PCP notification form is completed and faxed to the PCP. If student does not give permission, PCP is notified that confidential services have been provided and no further details are forwarded. • Student counseled to share information about current medications and pertinent medical history with any clinician she sees. • If student wishes to remain confidential, parents should not be contacted.
<p>A 13 year-old male presents with symptoms of wheezing after physical education. Diagnosis is asthma.</p> <ul style="list-style-type: none"> • <i>Salud!</i> membership and PCP are verified. • Student knows that he is a <i>Salud!</i> member and his PCP is following him for asthma. • SBHC confirms that there is a signed parental permission form. • SBHC provider performs nebulizer treatment and dispenses an inhaler. Arrangements made for student to be treated at the SBHC every week for four weeks. • Student identified as a child with special health care needs. 	<ul style="list-style-type: none"> • SBHC provider contacts PCP for information regarding treatment and collaborates with PCP on treatment plan. • Parent/Guardian notified and teaching provided. • School nurse is notified of diagnosis to enroll student in school asthma program, if available. • MCO care coordinator notified about student as potential CSHCN. • PCP notification form completed and faxed to PCP.
<p>A 14 year-old high school male whose teacher notes lethargic, sleeping at desk, inattentive, and does not look well is referred to SBHC.</p> <ul style="list-style-type: none"> • Student identifies as <i>Salud!</i> member and PCP is identified; parental consent confirmed. 	<ul style="list-style-type: none"> • SBHC refers student to PCP for additional comprehensive work-up. Diagnosed with leukemia. • PCP will coordinate with appropriate MCO care coordinator/case manager for follow-up with student and family. • Student identified as a child with special health care needs

Communication Case Examples, cont.	Communication Flow, cont.
<p>A 9 year-old child received a dog bite over the weekend and was treated by his PCP. 4 days later, the school nurse notes that the wound is reddened and oozing and refers the child to the SBHC.</p> <ul style="list-style-type: none"> • <i>Salud!</i> membership and PCP are verified. • No permission to treat form found; parent must be contacted. • SBHC provider cleans wound and dispenses antibiotic ointment. 	<ul style="list-style-type: none"> • Parent notified by SBHC and permission to treat obtained and verified by 2 SBHC staff. • Mother instructed on wound care and referred to PCP for follow-up. • PCP notification form completed and faxed to PCP
<p>A 16 year-old female presents to SBHC with complaint of late menstrual period. Pregnancy test positive. Student crying and frightened; doesn't want her mother to know.</p> <ul style="list-style-type: none"> • Seen by SBHC providers who establish that the student lives at home with her mother. Student has a one-year old son and is worried about bringing another baby into the house and caring for two children. • <i>Salud!</i> membership and PCP are verified. • Parental consent form verified/student signs confidential consent form. • SBHC provider administers Teen Health Questionnaire and does initial health history and assessment. • SBHC assesses student's strengths and resources. • SBHC works with student in planning how to tell her mother and, if student desires, SBHC will be present when she tells her mother. • SBHC gives student options for prenatal care, based on the MCO's provider network, and assists student to access prenatal care as needed. • SBHC refers student for behavioral health care. • SBHC follows-up with student to be sure she is receiving prenatal and behavioral health care. 	<ul style="list-style-type: none"> • SBHC refers students to the appropriate MCO for prenatal case management. • Student may be potential Children with Special Health Care Needs (CSHCN). • With student's consent, PCP notification form completed and faxed to PCP.
<p>A 17 year-old male is referred to the SBHC by a teacher who was concerned about a poem he wrote that contained violent and graphic references.</p> <ul style="list-style-type: none"> • <i>Salud!</i> membership and PCP are verified. • Student informed that due to risk of harm to self and others, this visit will not be confidential. • Parent permission to treat obtained. • SBHC provider administers Teen Health Questionnaire and performs initial assessment; observes self-mutilation of student's arms and discovers that he was hospitalized two years ago for depression. • SBHC Behavioral Health provider will write crisis plan. • SBHC refers student to SBHC psychiatrist for behavioral health follow-up. • Psychiatrist in SBHC sees student, makes ICD-9 diagnosis and, following consent from the student's mother, and prescribes medication and therapy. 	<ul style="list-style-type: none"> • Student's parent/guardian notified and permission obtained to treat with medication. • Student registered with Statewide Entity for Behavioral Health for behavioral health visits. • PCP notification form completed and faxed to PCP.

Key Care Coordination/Case Management Contacts:

- Lovelace Community Health Plan: Shirley Lopez (505) 727-5195
- Molina Health Care: Ken Haas (505) 348-0245
- Presbyterian *Salud!*: Sigrid Monaghan (505) 923-8769
- OptumHealth NM: Christina Bustamante (505)798-55701