

## **14 School-Based Health Centers**

Revision Dates: August 15, 2014, September 1, 2016

Effective Date: January 1, 2014

### **SBHC Program Overview**

School-Based Health Centers (SBHCs) are a vital part of the healthcare delivery system in New Mexico. They are comprehensive primary health care centers on school grounds that provide physical and behavioral health services to students. Working with the NM Department of Health, Office of School and Adolescent Health (DOH/OSAH) and the Managed Care Organizations (MCOs) who help insure Medicaid-eligible students and families, the HSD/MAD/~~SHO~~ strives to offer “the right care, at the right time, in the right setting” – in this case at schools where students spend much of their time.

Through contractual agreements, the DOH/OSAH in collaboration with the HSD/MAD provider funding, leadership, support and oversight to nearly 50 New Mexico SBHCs. In 2012-2013, the 56 school campuses with SBHCs supported by Human Services Department, Medical Assistance Division School Health Office (HSD/MAD/~~SHO~~) and DOH/OSAH served 14,500 students and were accessible to 33,000 students in various regions and demographics throughout New Mexico. Of those served, 40% do not have (or do not know of) another place to receive healthcare.

SBHCs have been found to be especially effective in offering developmentally and culturally appropriate primary care, preventative services, and behavioral health services for students in rural areas where other health care options are limited. Areas of particular focus and strength of services offered by SBHCs include: but not limited to:

- Health screenings - Early and Periodic Screening, Diagnosis, Treatment (EPSDT)
- Asthma screening and management
- Obesity and Diabetes type-2 screening and management
- Depression and anxiety screening and treatment
- Sexually Transmitted Infection and reproductive health services

Care coordination

SBHCs promote positive health behaviors and healthcare literacy by increasing healthy knowledge and decision-making skills in the students they serve. And by serving students in a school setting, SBHCs limit the amount of time students miss school to receive healthcare services, leading to increased in-class time and fewer absences for a positive effect on student academics as well as positive health outcomes.

~~SBHCs are uniquely positioned to be on the ground members of the care coordination team and should be centrally involved in reaching and working with student members: SBHCs can assist the MCO with reaching the student member to conduct the initial risk level assignment. SBHCs use a comprehensive risk and resiliency screening instrument called the Student Health Questionnaire (SHQ). The SHQ identifies a student's current health needs, presence of mental health issues and/or substance abuse, and living arrangements. Through the SHQ, SBHCs often identify higher risk students, i.e., those who are medically complex or fragile, have high emergency room use, have a high risk mental health diagnosis or are seriously and persistently mentally ill, and homeless; SBHCs can be utilized after the initial risk assignment to complete a more comprehensive assessment of the student member who appears to have a higher level need for care coordination; SBHCs, based on the assessment, can then participate with students, families and the MCOs in development and implementation of the students' care plans.~~

~~The HSD/MAD/SHO supports School-Based Health Centers by providing Medicaid claims reimbursements through MCOs, ensuring that SBHCs and their medical providers get paid for their services to Medicaid clients as appropriate. Working with DOH/OSAH, HSD/MAD/SHO helps certify SBHCs to ensure they meet state quality standards. HSD/MAD/SHO also promotes quality improvement of SBHCs so they can offer the best services possible.~~

#### SBHC Certification Site Review Process

#### FQHC/Medical Entity Sponsored Sites

A SBHC funded by DOH/OSAH is eligible to become certified by HSD/MAD indicating a demonstrated adherence to SBHC Standards and Benchmarks and is eligible to bill Medicaid upon passing initial site review certification and a recertification site review once every 3 years.

#### MCO Responsibilities

1. MCOs will perform site reviews for SBHCs sponsored by Medical Entities after initial certification. HSD/MAD will provide the MCOs with a list of SBHCs in need of

recertification, recertification due date, and the MCO responsible for performing the site review.

2. The recertification site review will be conducted by the assigned MCO by the last day of the month in which the site review is due.
3. The MCO will schedule the site review with the Medical Sponsor.
4. The SBHC Standards and Benchmarks, SBHC Site Review Self-Assessment, and the Site Review Guide will be sent by the MCO to the Medical Sponsor one month prior to the site review.
5. One month prior to the site review, the MCO will instruct the Medical Sponsor on selection process for medical records for review. A minimum of fifteen medical records per SBHC must be made available to the Site Review Team.

  - a. The selection of medical records must include a minimum of five from each type of service (Physical Health, Behavioral Health, Dental) provided at the SBHC.
  - b. Preferred records are those of students who receive more than one type of service. These records can be counted as one of the five for each service type.
  - c. If the SBHC has provided services to fewer than fifteen students, then the medical records of all students served must be made available for review.
6. The MCOs will instruct the Medical Sponsor to have the following items available, hard copy or electronic, at the site review:

  - a. SBHC Policy and Procedure Manual, including the policies and procedures described in the SBHC Standards and Benchmarks and the SBHC Site Review Self-Assessment,
  - b. Staff training logs, complaint logs, personnel files, facility licenses, Material Safety Data Sheets (MSDS), pharmacy logs, laboratory logs, and requested medical records, and
  - c. The completed SBHC Site Review Self-Assessment.
7. The MCO is not required to perform site reviews at the SBHC locations. The SBHCs may use photographs or audiovisuals to provide evidence that the clinics have required items such as “No Smoking” signs, “Handicap Accessibility” signs, or possession of appropriate licenses.
8. On the day of the site review, the review team will:

- a. Meet with the clinic staff and sponsor representatives to review the site review process,
  - b. Review the completed SBHC Site Review Self-Assessment,
  - c. Use the HSD/MAD electronic Assessment Tool to determine adherence to the SBHC Standards and Benchmarks. The Medical Record review can include all 15 or a random selection of medical records per SBHC, and
  - d. Conduct an exit interview with the staff and sponsor to discuss findings, questions, concerns, and recommendations. A verbal indication will be given of the certification status.
9. The MCO will deliver the site review documentation to HSD/MAD to compile the data and make the final determination for recertification.  
~~The MCOs will be responsible for doing the certification visits for SBHC sites that are sponsored by a FQHC or other medical entity (i.e., hospital). The MCOs will visit and certify the sponsoring entity and sponsoring entities will then be responsible for making sure that the sites adhere to the Standards and Benchmarks for Participation as required by DOH/OSAH. The MCOs will communicate the results of these visits with DOH/HSD.~~

#### DOH/HSD Responsibilities

1. Initial certification for new SBHCs, SBHCs with new sponsors, and Independent/Non-Medical Entity sponsored sites will receive a joint site review by DOH/OSAH and HSD/MAD for certification. DOH/OSAH and HSD/MAD will follow the same process as the MCOs for site reviews.
2. HSD/MAD will compile the data from all site reviews and determine if the SBHC and Sponsor have passed the site review and earned certification/recertification.
3. HSD/MAD will issue a letter to the SBHCs, Sponsor, DOH/OSAH, and the MCOs within 10-15 business days after completion of site review indicating whether the SBHC has passed or failed the review.
  - a. If the SBHC/Sponsor passed, the HSD/MAD letter will include the effective date the SBHC and Sponsor are eligible to begin billing Medicaid.

- b. If the SBHC/Sponsor failed, the HSD/MAD letter will include the reasons and requirements the SBHC must complete to pass the certification/recertification process. If the SBHC/Sponsor is not able to correct the noted deficiencies within 10 business days from receipt of letter, HSD/MAD will send notification to the SBHC/Sponsor requesting a Corrective Action Plan (CAP).
- i. The CAP must address each noted deficiency, action steps required to correct the deficiency, and the desired outcome with a due date.
  - ii. The SBHC/Sponsor will have 60 calendar days upon receipt of the notification to implement the CAP and correct all deficiencies. Evidence of the corrections must be submitted to HSD/MAD before or on the 60<sup>th</sup> day.
  - iii. HSD/MAD will determine if another site visit is required based on the CAP and resolution of deficiencies.
  - iv. HSD/MAD will send a letter of certification/recertification to the SBHC, Sponsor, DOH/OSAH, and the MCOs within 5 business days of resolution of deficiencies and completion of the CAP..
  - v. If CAP is not completed and deficiencies are not resolved, HSD/MAD will collaborate with DOH/OSAH to determine if certification/recertification is possible and next steps.
  - vi. HSD/MAD will retain the ability to suspend Medicaid billing privileges for any SBHC that does not adhere to the SBHC Standards and Benchmarks.

DOH/OSAH will communicate with the MCOs which SBHC sites are under the sponsorship of a FQHC or other medical entity. DOH/OSAH will do visits to individual SBHC sites to ensure that the Standards and Benchmarks for Participation are being appropriately adhered to. If DOH/OSAH finds serious deficiencies that they feel may affect Medicaid billing, they will place the site on a Corrective Action Plan (CAP) and request that HSD/MAD/SHO participate in a return visit to ensure the CAP has been properly implemented. HSD/MAD/SHO will retain the ability to suspend Medicaid billing privileges for any sites that does not adhere to the Standards and Benchmarks for Participation.

### Independent/Non-Medical Entity Sponsored Sites

~~DOH/OSAH and HSD/MAD/SHO will maintain the current process of a joint certification site review process for “independent” sites that are sponsored by non-medical entities (i.e., non-profits, universities, Regional Education Cooperatives (RECs)) to ensure that the Standards and Benchmarks for Participation are being appropriately adhered to. This site review will also serve as the certification to the MCOs that the site is allowed to participate in Medicaid billing. Sites found to be in non-compliance with the Standards and Benchmarks for Participation will be placed on a Corrective Action Plan that will be monitored by DOH/OSAH and HSD/MAD/SHO. All deficiencies will need to be corrected before a site is certified/re-certified for participation in Medicaid billing. The results of the site reviews will be communicated with the MCOs.~~

Confidential Services and Suppression of Explanation of Benefits (EOBs) for SBHC Services

Under New Mexico law:~~s~~ ~~t~~ There are a number of circumstances in which an adolescent (an unemancipated minor) may consent to receive services without parental consent, including the following:

Treatment for Sexually Transmitted Diseases:

Under Section 24-1-9 (capacity to consent to examination and treatment for a sexually transmitted disease), any person regardless of age has the capacity to consent to an examination and treatment by a licensed physician for any sexually transmitted disease; however, under Section 24-1-9.4, disclosure of the test results is authorized “to the subject of the test or the subject’s legally authorized representative, guardian or legal custodian.”

Pregnancy Examination and Diagnosis:

Under Section 24-1-13 (pregnancy; capacity to consent to examination and diagnosis), any person, regardless of age, has the capacity to consent to an examination by a licensed physician for pregnancy.

Family Planning Services:

Under Section 24-8-5 (prohibition against imposition of standards and requirements as prerequisites for receipt of requested family planning services) there are no prerequisites for parental consent to obtain family planning services.

Behavioral Health Services:

Under Section 32A-6-14 (treatment and habilitation of children; liability), parental consent is not required to receive “individual psychotherapy, group psychotherapy, guidance, counseling or other forms of verbal therapy that do not include any aversive stimuli or substantial deprivations.”

MCO Responsibilities

The ~~New Mexico Human Services Department's (HSD's) contracts with the~~ and MCOs ~~contracts~~ require that the MCOs adopt and implement written confidentiality policies and procedures that conform to state and federal laws and regulations.

The MCOs are contractually required to preserve adolescent members' confidentiality rights.

The MCOs are required to honor adolescent members' rights to receive confidential services to the same extent that they are required to ensure adult members' privacy rights under HIPAA and other state and federal confidentiality provisions.

~~The MCOs are contractually required by HSD to identify third-party coverage and coordinate benefits with applicable third parties. However, for purposes of the SBHC/MCO project, this requirement has been waived by HSD since it applies to seeking coverage of confidential services first from private third-party payors.~~ SBHCs should not bill private payors for services rendered to an adolescent who, according to state law, consented to receive them without parental knowledge.

The MCOs are to suspend the distribution of Explanation of Benefits (EOBs) for all services provided at SBHCs.