

14 SCHOOL-BASED HEALTH CENTERS

Revision Dates: August 15, 2014, September 1, 2016, March 1, 2017, [January 1, 2019](#)

Effective Date: January 1, 2014

SBHC PROGRAM OVERVIEW

[SBHCs are a vital part of the healthcare delivery system in New Mexico. School-Based Health Centers \(SBHCs\)](#) are comprehensive primary health care centers on or adjacent to school grounds that provide physical and behavioral health services to students and community members. SBHCs also promote positive health behaviors and healthcare literacy by increasing health knowledge and decision-making skills in the students they serve. By offering a range of health care services in school settings, SBHCs simultaneously increase access to care and decrease the amount of classroom time missed by students leaving campus for care in traditional settings. As a result, SBHCs can positively impact academic participation as well as health outcomes.

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[The Human Services Department/Medical Assistance Division \(HSD/MAD\) SBHCs play a role in achieving the Centennial Care goal of “Assuring that Medicaid recipients in the program receive the right amount of care at the right time and in the most cost effective or ‘right’ settings”.](#) [HSD/MAD-MAD supports SBHCs by providing -Medicaid reimbursement through Managed Care Organizations \(MCOs\), to SBHCs and their medical providers for Medicaid eligible members as appropriate. A working partnership contracts with the-between New between](#) [New Mexico Department of Health’s, Office of School and Adolescent Health \(DOH/OSAH\) and HSD/MAD to certify that SBHCs meet state quality standards. HSD/MAD contracts with DOH/OSAH](#) [for the provision of funding, leadership, support and oversight to nearly 50-SBHCs across New Mexico. SBHCs may choose to contract for those provisions through the New](#)

Mexico DOH/OSAH. SBHCs that do not wish to establish a contract with DOH/OSAH will follow regulations and policies applicable to their organization.

SBHC Program Terms: This policy uses the following terms which take on a unique application to the SBHC program.

New Mexico's SBHCs are differentiated across three categories:

~~2. **DOH/OSAH Contract Status** SBHCs may choose to contract through a sponsoring organization for funding and administrative support through the New Mexico Department of Health's Office of School and Adolescent Health (DOH/OSAH);~~

~~3.1. **Sponsorship** Through CY2017, SBHCs contracting with DOH/OSAH do so under either medical sponsorship (i.e. an FQHC or medical group) or non-medical sponsorship (i.e. an educational cooperative). A Sponsoring Entity provides its designated SBHC(s) one or more of the following: funding, staffing, medical oversight, liability insurance, and billing support; and~~

~~2. **SBHC Provider Type**- SBHCs may apply for approval for HSD/MAD Certification for Medicaid billing as either a Provider Type 321 (SBHC) or Provider Type 313 (FQHC).~~

~~A. **Provider Type 313 – Federally Qualified Health Center (FQHC)**~~

~~a. This type of SBHC meets the definition of a SBHC according to Social Security Act Section 2110 (c) (9) and is certified by the Centers for Medicare and Medicaid (CMS) as a FQHC. As a result this type of SBHC -meets state requirements of an eligible provider according to NMAC 8.302.1.10.~~

~~b. FQHC Sponsored SBHCs -may also contract with the DOH/OSAH for the provision of funding, leadership, support and oversight.~~

~~B. **Provider Type 321 – Independent/Non-Medical Entity Sponsored Sites (i.e., non-profits, universities, hospitals).**~~

~~a. This type of SBHCs may also contract with DOH/OSAH who provides its designated SBHC(s) one or more of the following: funding, staffing, medical oversight, liability insurance and billing support.~~

~~a.b. SBHCs operating under provider type 321 must do so in collaboration with DOH/OSAH and HSD/MAD. Although the facilities are not licensed as required by the Medicaid General Provider Policy (NMAC 8.302.1.10) to meet the definition of an “eligible provider,” the sites participate under a limited scope of services they are also subject to the New Mexico Standards and Benchmarks for School-Based Health Centers and must pass a periodic on-site review conducted by DOH/OSAH.~~

DOH/OSAH and HSD/MAD will work collaboratively on program planning, policy development, interagency coordination, and education related to health care services, including primary care, behavioral health, and dental services, provided by the SBHC and other school-based health care programs as outlined in the agreement between DOH/OSAH and HSD/MCD.

A SBHC that would like to contract with DOH/OSAH must contact DOH/OSAH to initiate an initial Certification. Any SBHC site that experiences a lapse in eligibility validation or is an additional SBHC to the Sponsoring Entity is subject to the same process.

— A SBHC submitting a MAD 335 application as a Provider Type 313 must present a copy of documentation from CMS certifying the center or its sponsoring entity as an FQHC. A DOH/OSAH contracted SBHC submitting a MAD 335 application as a Provider Type 321 must present either (1) evidence of HSD/MAD certification for billing or (2) a letter of exemption from HSD/MAD.

HSD/MAD Certification is a positive determination of a SBHC's administrative eligibility for enrollment for Medicaid billing. It is based upon evidence of licensure by appropriate regulatory agencies and adherence to the *New Mexico Standards and Benchmarks for School Based Health Clinics (sic) (Standards and Benchmarks)* as maintained by DOH/OSAH in collaboration with HSD/MAD. Certification is issued for a period of **three years** and is subject to revocation in the event that HSD/MAD becomes aware of loss of appropriate licensure(s) or significant deviation from the *Standards and Benchmarks*.

HSD/MAD shall be responsible for the initial certification of SBHCs enrolling as Provider Type 321 and for the recertification of all Provider Type 321s with non-medical sponsorship.

The MCOs shall be responsible for the recertification of all Provider Type 321s with medical sponsorship.

CERTIFICATION PROCESS

1. **Contact with DOH/OSAH** will be made by interested SBHC and its sponsoring entity. DOH/OSAH will provide interested parties with Standards and Benchmarks, Self-Assessment Checklist and technical assistance as needed.
2. **SBHC Application Packet** is submitted by the SBHC and Sponsoring Entity to DOH/OSAH electronic mail. The Application Packet consists of the following:
 - A. A hard or electronic copy of an acknowledgement of receipt and attestation of adherence to Standards and Benchmarks, signed by the CEO of the sponsoring entity and the SBHC administrator; and a completed SBHC Site Review Self-Assessment, signed by the CEO of the sponsoring entity and the SBHC administrator.
 - B. Hard or electronic copies of:

- a. The latest fire inspection report by the fire authority having jurisdiction over the site;
- b. Health certificates of all staff;
- c. Current license, registration or certificate of each staff member for which a license, registration, or certification is required by the State of New Mexico;
- d. Valid drug permit from the New Mexico Board of Pharmacy;
- e. Current Clinical Laboratory Improvement Amendments (CLIA) certificate; and
- f. Evidence of other licensure and/or certification by appropriate jurisdictional agencies as requested.

C. Hard or electronic copies of each of the following:

- a. The SBHC's Policy and Procedure Manual, which shall include at a minimum the policies and procedures described in the Standards and Benchmarks; and
- b. Staff training logs, complaint logs, facility licenses, Material Safety Data Sheets (MSDS), pharmacy logs, laboratory logs, and other materials that may be specified by the Site Review Team.

D. Photographs or videos to provide evidence of compliance with such standards as the requirement for "No Smoking" signs, "Handicap Accessibility" signs, and the posting of appropriate licenses.

3. Application Packet Review:

- A. Reviews of the SBHC's submissions are completed within ten (10) business days after the deadline for receipt.
- B. DOH/OSAH will review the contents and request further clarification, if needed.
- C. DOH/OSAH will confirm SBHC readiness for review and communicate readiness to HSD/MAD.

4. Centennial Care Enrollment:

- A. SBHCs must submit to Centers for Medicare and Medicaid Services (CMS) for individual NPI and a MAD 335 application to Conduent as either provider type 313 or provider type 321.
 - a. SBHCs with Provider Type 313 must present a copy of documentation from CMS certifying the center as an FQHC.
 - b. SBHCs with Provider Type 321 must present a copy of the MAD Medicaid Eligibility Letter.
- B. Upon completion of the initial Certification, SBHCs will finalize agreements with MCOs and HSD fiscal agent for Fee for Service billing.
 - a. SBHCs with Provider Type 321 will submit the HSD/MAD letter of New Mexico Medicaid Eligibility as evidence of certification to Conduent.
 - b. SBHCs that are already established in Centennial Care will provide evidence of provider type 313 or provider type 321.
- C. SBHC will also affiliate with MCO(s).
 - a. It is the SBHC's responsibility to contact each MCO.

b. Managed Care Organizations are required to make best efforts to contract with School-Based Health Centers (SBHCs) per Medicaid Managed Services Agreement subsection 4.8.13.1.

D. SBHC will also affiliate every rendering provider with SBHC in –New Mexico Medicaid System

5. On-Site Review:

A. DOH/OSAH will conduct a telephone or video interview with the SBHC staff and sponsor to discuss findings, questions, concerns, and recommendations.

B. 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 ten (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 sixty (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 60th day.

iii. HSD/MAD will determine what documentation and in what format 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 the 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.

Initiation:

~~1. A DOH contracted SBHC or its sponsoring entity may petition for HSD/MAD certification any time after the finalization of its contract with DOH/OSAH and receipt of the *Standards and Benchmarks*.~~

~~1. Requests shall be made in writing to HSD/MAD's Centennial Care Contracts Bureau. (Electronic communications shall be acceptable.)~~

- ~~1. Within ten business days of the receipt of a request for SBHC site certification, a representative of HSD/MAD will specify in writing to both the DOH contracted SBHC and its sponsoring entity a deadline for the submission of all documentation required for certification. Unless to accommodate a request made by the applicant site, this deadline shall not be less than four weeks from the date upon which notification is sent.~~

PACKET SUBMISSION

The applicant site and sponsoring entity shall submit:

- ~~0. A hard or electronic copy of an acknowledgement of receipt and attestation of adherence to *Standards and Benchmarks*, signed by the CEO of the sponsoring entity and the SBHC administrator; and a completed SBHC Site Review Self Assessment, signed by the CEO of the sponsoring entity and the SBHC administrator.~~
- ~~0. A hard or electronic copies of:
 - ~~— The latest fire inspection report by the fire authority having jurisdiction over the site;~~
 - ~~— Health certificates of all staff;~~
 - ~~— Current license, registration or certificate of each staff member for which a license, registration, or certification is required by the State of New Mexico;~~
 - ~~— Valid drug permit from the New Mexico Board of Pharmacy;~~
 - ~~— Current Clinical Laboratory Improvement Amendments (CLIA) certificate; and~~
 - ~~— Evidence of other licensure and/or certification by appropriate jurisdictional agencies as requested.~~~~
- ~~0. A hard or electronic copies of each of the following:
 - ~~— The SBHC's Policy and Procedure Manual, which shall include at a minimum the policies and procedures described in the *Standards and Benchmarks*; and~~
 - ~~— Staff training logs, complaint logs, facility licenses, Material Safety Data Sheets (MSDS), pharmacy logs, laboratory logs, and other materials that may be specified by the Site Review Team.~~~~
- ~~0. Photographs or videos to provide evidence of compliance with such standards as the requirement for "No Smoking" signs, "Handicap Accessibility" signs, and the posting of appropriate licenses.~~

SITE REVIEW

A Site Review Team comprised of at least one member of HSD/MAD and one member of DOH/OSAH shall:

- ~~1. Convene to review the SBHC's submissions within 10 business days after the deadline for receipt.~~

1. ~~Conduct a telephone or video interview with the SBHC staff and sponsor to discuss findings, questions, concerns, and recommendations.~~
1. ~~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.~~
 - ~~— If the SBHC/Sponsor passed, the HSD/MAD letter will include the effective date the SBHC and Sponsor are eligible to begin billing Medicaid.~~
 - ~~— 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).~~
 - ~~— The CAP must address each noted deficiency, action steps required to correct the deficiency, and the desired outcome with a due date.~~
 - ~~— 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 60th day.~~
 - ~~— HSD/MAD will determine what documentation in what form is required based on the CAP and resolution of deficiencies.~~
 - ~~— 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.~~
 - ~~— If the 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.~~

RECERTIFICATION PROCESS

The HSD/MAD letter of New Mexico Medicaid Eligibility is issued for a period of three years and is subject to revocation in the event that HSD/MAD becomes aware of loss of appropriate licensure(s) or significant deviation from the Standards and Benchmarks. Recertification must be conducted prior to the expiration of the initial certification and every three (3) years after.

1. "In January of each year, no later than the first quarterly meeting of the MCO SBHC Advisory Committee, HSD/MAD will provide the MCOs with a list of medically-sponsored DOH/OSAH contracted SBHCs with expiring certifications, including recertification due dates, and the MCO responsible for performing the site review.
1. **For Provider Type 321s with Non-Medical Sponsorship:**
2. ~~—~~
3. **HSD/MAD shall be responsible for the recertification of DOH-funded SBHCs sponsored by non-medical entities.**

~~4.~~

~~5.2. Provider Type 321s with Non-Medical Sponsorship Recertification Process:~~ The recertification site review will be conducted by the HSD/MAD Site Review Team no later than six weeks before the expiration of current certification.

- A. ~~HSD/MAD/DOH/OSAH~~ will schedule the site review through the SBHC's Sponsoring Entity.
- B. ~~HSD/MAD/DOH/OSAH~~ shall ensure that the Sponsoring Entity has access to the most recent copy of the Standards and Benchmarks, SBHC Site Review Self-Assessment, and the Site Review Guide within one month of the site review.
- C. The site review will be conducted as outlined in Certification Process above.

~~6.~~

~~7. For Provider Types 321 with Medical Sponsorship:~~

~~8.~~

~~9. The MCOs shall be responsible for the recertification of DOH-funded SBHCs sponsored by medical entities.~~

~~10.~~

~~11. SBHC sponsored by FQHCs and contracted DOH/OSAH Recertification Process: "In January of each year, no later than the first quarterly meeting of the MCO SBHC Advisory Committee, HSD/MAD will provide the MCOs with a list of medically-sponsored DOH/OSAH contracted SBHCs with expiring certifications, including recertification due date, and the MCO responsible for performing the site review.~~

~~12.3.~~ The designated MCO will conduct the site review no later than six (6) weeks before the expiration of current certification.

- A. The MCO will schedule the site review with the Medical Sponsor. The review may be conducted remotely. There is no requirement for a site visit.
- B. The MCO shall ensure that the Medical Sponsor has access to the most recent copy of the Standards and Benchmarks, SBHC Site Review Self-Assessment, and the Site Review Guide within one month of the site review.
- C. The designated MCO shall instruct the Medical Sponsor and SBHC to make available hard or electronic copies of:
 - a. SBHC Policy and Procedure Manual, including the policies and procedures described in the *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. Copies of licensure by jurisdictional agencies including The New Mexico Board of Pharmacy;
 - d. Any other documentation as deemed necessary after consult with HSD/MAD; and

- e. The completed SBHC Site Review Self-Assessment.
- D. The SBHC 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.
- E. The designated MCO review team shall:
 - a. Meet with the clinic staff and sponsor representatives in person, by phone or by video conference to discuss 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; 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.
- F. The MCO will deliver the site review documentation to HSD/MAD within ten (10) business days. HSD/MAD will compile the data and make the final determination for recertification.

Confidential Services and Suppression of Explanation of Benefits (EOBs) for SBHC Services under New Mexico law:

There are a number of circumstances in which an adolescent (an un-emancipated minor) may consent to receive services without parental consent, including the following:

1. 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.”
2. 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.
3. 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.
4. 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 **MCO Responsibilities for Confidential Services and Suppression of Explanation of Benefits (EOB)**

1. The HSD and MCOs contracts require that the MCOs adopt and implement written confidentiality policies and procedures that conform to state and federal laws and regulations.
2. The MCOs are contractually required to preserve adolescent members’ confidentiality rights.
3. 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.
4. SBHCs should not bill private payors for services rendered to an adolescent who, according to state law, consented to receive them without parental knowledge.
5. The MCOs are to suspend the distribution of Explanation of Benefits (EOBs) for all confidential services provided at SBHCs.