

**MASSACHUSETTS SCHOOL-BASED HEALTH CENTER QUALITY STANDARDS**

**1.0 ACCESS STANDARD: School-based health center (SBHC) services are easily accessible and designed to eliminate or diminish barriers to care and participation by students and their families.**

**A) Availability of Services**

- 1.1 The SBHC must operate each day when school is in session at regularly scheduled hours that:
  - a) to the maximum extent possible, accommodate communication with parents/guardians who participate in the care of their children;
  - b) allow for urgent appointments within the same day;
  - c) to the maximum extent possible, permit scheduled appointments that do not unnecessarily interrupt the student's classroom time; and
  - d) are displayed in several public locations throughout the school, in multiple languages, if appropriate to the student population and in accordance with school regulations.
- 1.2 The SBHC must display signage in accordance with school protocols that includes: (a) the official SBHC name and sponsoring agency name and logo; (b) SBHC room number; (c) SBHC phone number; (d) SBHC hours of operation; (e) SBHC services offered; and (f) SBHC staff persons listed by name, role, and preferably with identifying photograph.
- 1.3 The SBHC must develop written procedures for the SBHC and its sponsoring health agency to offer care to SBHC enrolled students 24 hours a day and 12 months a year.
- 1.4 The SBHC must have in place telephone answering methods that notify students and parents/guardians where and how to access emergency and 24-hour back-up services at all times when school is not in session, including summer break. The message should be available in multiple languages, as needed.
- 1.5 The SBHC must provide mental health and substance abuse prevention and treatment services, either within the SBHC (by SBHC clinician or through contracted providers) or by documented referral agreements that offer:
  - a) immediate response to emergency/crisis situations and follow-up;
  - b) urgent appointments whenever possible within the same day and no later than three calendar days after the request for services are made; and
  - c) non-urgent appointments within seven calendar days.
- 1.6 In compliance with National Standards on Culturally and Linguistically Appropriate Services (CLAS)<sup>1,2</sup>, the SBHC must offer services that are mindful of the cultural and language diversity of the student body and their families by: (a) conducting annual cultural/language needs assessments and offering services in response to the cultural and language needs of the student body; (b) ensuring that SBHC staff are educated in cultural diversity; (c) providing health education materials in multiple languages; and (d) offering translation services, appropriate to the major school population(s), provided by staff or interpreters in a confidential manner and in accordance with state and federal regulations.
- 1.7 The SBHC conducts and documents annual student/family satisfaction assessments and delivers services in response to feedback.

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<sup>1</sup> CLAS Standards - <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>

<sup>2</sup> Making CLAS Happen - <http://www.mass.gov/eohhs/docs/dph/health-equity/clas-intro.pdf>

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- 1.8 SBHC registration must be offered to every student enrolled in the school and must provide for effective collection and documentation of information, including third party insurance data and the identification of a primary care provider/medical home.
- 1.9 The SBHC must provide services to all SBHC-registered students regardless of their ability to pay.
- 1.10 The SBHC must assist uninsured students in determining eligibility for and enrollment into a state health insurance plan.
- 1.11 The SBHC must provide services to students in a manner which ensures the student's and his/her family's right to privacy by (a) posting "patient rights and responsibilities statement" in a visible area within the SBHC; and (b) educating students and families about "patient rights and responsibilities."

**B) Physical Plant**

- 1.12 Prior to commencing service delivery, the SBHC space must be inspected and approved by the Massachusetts Division of Health Care Quality<sup>3</sup> such that appropriate SBHC state licensure can be obtained. State licensure regulations should be updated and maintained in accordance with state regulations.
- 1.13 The SBHC must be accessible to all individuals enrolled in the school including those with disabilities.
- 1.14 The SBHC must include: (a) adequate waiting and reception areas, (b) office space, (c) private examination and treatment room(s) with sink(s), (d) bathroom(s), (e) secure storage area(s), (f) utility area(s), and (g) medical use refrigerator with a freezer.
- 1.15 The SBHC staff must have documented training, supplies, and equipment necessary to follow infection control practices (including environmental sanitation, cleaning and sterilization of equipment and supplies and the disposal of hazardous and medical waste, pursuant to 105 CMR 480.000<sup>4</sup> et seq.).
- 1.16 The SBHC must comply with laws and regulations regarding reportable diseases and conditions, pursuant to 105 CMR 300.000<sup>5</sup> et seq. and must develop and comply with sponsoring agency employee health policies.

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<sup>3</sup> Division of Health Care Quality - <http://www.mass.gov/dph/dhcq>

<sup>4</sup> 105- 480 CMR - <http://www.mass.gov/eohhs/docs/dph/regs/105cmr480.pdf>

<sup>5</sup> 105-300 CMR - <http://www.mass.gov/eohhs/docs/dph/cdc/reporting/rdiq-reg-summary.pdf>

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**2.0 PROFESSIONAL QUALIFICATIONS STANDARD: SBHC services are delivered in accordance with professional standards and by qualified licensed and/or registered staff.**

- 2.1 Each student's care must be provided by licensed and/or registered health professionals who are trained and experienced in community and school health, and who have knowledge of health promotion and illness prevention strategies for children and adolescents.
- 2.2 If the SBHC contracts with an outside agency for the provision of mental health and/or substance abuse prevention and treatment services, the contracted agency must have experience in providing care to children and adolescents and be duly licensed, if subject to such licensure.
- 2.3 The SBHC must demonstrate that staff annually participates in ongoing professional development programs to update and enhance their knowledge of community and school health and health promotion and illness prevention strategies for children and adolescents.
- 2.4 The SBHC must ensure that staff is: (a) assigned responsibilities consistent with their education and experience, (b) supervised, (c) annually evaluated, and (d) trained in the SBHC sponsoring agency's policies and procedures.
- 2.5 SBHC staff must be annually certified to deliver: (a) First Aid, (b) Cardiopulmonary Resuscitation including the operation of the A.E.D. (Automatic External Defibrillator), and (c) Heimlich Maneuver.<sup>6</sup>
- 2.6 The SBHC must: (a) have a written emergency care plan for disasters that is adopted from and/or in accordance with the school's plans and coordinated with the community emergency response system; and (b) document staff training in implementing the plan.

**3.0 MANAGEMENT AND CLINICAL STRUCTURE STANDARD: The SBHC operates according to written management and clinical protocols that ensure that health services are delivered to students in an organized manner and in accordance with evidence-based medical practices.**

- 3.1 The sponsoring agency must have a memorandum of understanding that connects the agency's administrative structure with a clinical structure that will provide clinical and programmatic oversight.
- 3.2 The SBHC sponsoring agency and the school/school department must have a memorandum of understanding regarding the operation of the SBHC.
- 3.3 The SBHC must operate under SBHC-specific written administrative and clinical policies and procedures that: (a) accurately describe SBHC services provided; and (b) include job descriptions that define the qualifications, responsibilities, and supervision of all SBHC personnel.
- 3.4 Organizational charts and staffing plans must be created to establish SBHC hierarchy and to describe the responsibilities of all parties involved.
- 3.5 A formal meeting schedule between sponsoring agency and SBHC representatives must be established.
- 3.6 The SBHC's organizational structure must include an administrator responsible for: (a) the overall management of the SBHC; and (b) serving as a liaison with SBHC clinicians, SBHC sponsoring agency, and host school/school department.

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<sup>6</sup> First Aid/CPR/AED for Professional Responders - <http://www.redcross.org/ux/take-a-class>

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- 3.7 The SBHC organizational structure must include support and clerical staff to carry out required administrative functions, including the collection of third party insurance and other billing information.
- 3.8 The SBHC must have (a) telephone, (b) fax, (c) personal computer, and (d) Internet access.
- 3.9 A system and staffing plan should be in place and developed in collaboration with the SBHC and its sponsoring agency to ensure the capacity of third party billing for SBHC encounters.
- 3.10 To the maximum extent possible, the SBHC must bill third party insurers for covered services and have the ability to track reimbursement.
- 3.11 The SBHC must have at least one nurse practitioner, physician, or physician assistant available onsite at the SBHC to provide primary care services during all hours the school is in session.
- 3.12 The SBHC must have a documented plan to address clinical coverage in the event of: (a) staff absences; (b) staff vacations; and (c) staff vacancies; including temporary clinical coverage for all hours that school is in session.
- 3.13 The SBHC must have at least one individual on staff that is trained and licensed to address behavioral health issues.
- 3.14 The SBHC must demonstrate that each student's clinical care is delivered in accordance with written practice guidelines for clinicians. Such guidelines shall be developed using nationally recognized tools including: (a) Bright Futures;<sup>7</sup> (b) Guidelines for Adolescent Preventive Services (GAPS);<sup>8</sup> (c) United States Preventive Health Services Task Force;<sup>9</sup> or (d) Early and Periodic Screening, Diagnosis and Treatment (EPSDT).<sup>10</sup>
- 3.15 Medical services must be provided under the clinical supervision and direction of a designated physician who has knowledge of community and school health and health promotion and illness prevention for pediatric populations. This physician must possess Massachusetts licensure and certification in at least one of the following areas: (a) general pediatrics, (b) adolescent medicine, (c) internal medicine, or (d) family medicine.
- 3.16 The SBHC must offer a comprehensive range of services that include:
- Basic medical services: well child and adolescent exams that include comprehensive risk and resiliency screening; immunizations; anticipatory guidance and health education; nutrition education; dental education; services specified by EPSDT and GAPS; diagnosis and treatment of acute illness and injury; screening and diagnostic laboratory tests; prescriptions and dispensing of medication; and monitoring of chronic conditions.
  - Reproductive health services (age-appropriate and in accordance with school district regulations): gynecological examinations, diagnosis and treatment of reproductive health concerns, diagnosis and treatment of sexually transmitted infections (STI), family planning health education and services, and pregnancy diagnosis and follow-up.

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<sup>7</sup> Bright Futures - <http://brightfutures.aap.org/index.html>

<sup>8</sup> GAPS - <http://www.ncbi.nlm.nih.gov/books/NBK232700/>

<sup>9</sup> United States Preventive Health Services Task Force - <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/uspstf/index.html>

<sup>10</sup> EPSDT Medical Protocol and Periodicity Schedule - <http://www.mass.gov/eohhs/docs/masshealth/providermanual/appx-w-all.pdf>

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- Mental health services (in accordance with school district regulations): mental health assessment, counseling, crisis intervention, violence prevention and education, psychopharmacology, and referral to a continuum of mental health services.
- Substance abuse prevention and treatment services: assessment of substance abuse issues, education regarding prevention and treatment, counseling, and referral to a continuum of substance abuse services.
- For services not provided on site such as nutrition services, dental services, reproductive health services, STI services, human immunodeficiency virus (HIV) services, and mental health services, the SBHC must arrange for the provision of such services off site.

**4.0 CONTINUITY OF CARE STANDARD: The SBHC develops a collaborative relationship with the student, his/her parent or guardian, the school health program, and other health care providers in the child's community.**

- 4.1 The SBHC must coordinate care and the exchange of information within the Health Insurance Portability Accountability Act of 1996 (HIPAA)<sup>11</sup> Guidelines for the provision of continuous student health care, between the SBHC and a student's primary care clinician (primary care practitioner/medical home), medical specialist or public and/or private third party insurer.
- 4.2 The SBHC must operate in accordance with a systematic process for making and obtaining referrals to and from community-based health care providers (e.g., PCCs<sup>12</sup>, HMOs<sup>13</sup>, Specialists, MH/SA<sup>14</sup> providers). This plan must include the following aspects:
- The SBHC shall refer a student enrolled in a managed care plan (PCC or HMO) who requires primary care, specialty medical and/or surgical services to his/her PCC or HMO to be seen and/or to obtain a referral.
  - The SBHC shall document in the student's record that the referral or authorization was requested and/or obtained/denied.
  - The SBHC shall monitor and note follow-up on the outcome of the referral or authorization request.
- 4.3 To the degree possible, agreements regarding the ability for SBHCs to receive referrals for third party reimbursement should be negotiated and documented with local primary care providers who are associated with students enrolled at the SBHC.
- 4.4 The SBHC and school health staff, relevant school staff, and community care providers must work collaboratively and exchange information related to meeting a student's health needs to assure comprehensive and integrated health care delivery in schools. School staff and community providers include, but are not limited to:
- school nurse;
  - school administrators;
  - teachers;
  - specialty school program staff (e.g., bilingual, deaf, special education);
  - student support coordinators, adjustment counselors, guidance counselors;
  - student support teams;

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<sup>11</sup> HIPAA - <http://www.hhs.gov/hipaa/for-professionals/index.html>

<sup>12</sup> PCC = Primary Care Clinician

<sup>13</sup> HMO = Health Maintenance Organization

<sup>14</sup> MH/SA = Mental health/substance abuse prevention and treatment services

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- school-based mental health and substance abuse prevention and treatment services service providers; and
  - community-based health care providers (e.g., PCC's, HMOs, MH/SU providers, specialists).
- 4.5 SBHC staff and school nursing staff must develop a written plan for: (a) regular meetings, (b) shared case management, (c) collaboration on data collection for evaluation of services, and (d) conducting health promotion and disease prevention activities. This collaboration and exchange must be consistent with all applicable confidentiality and consent requirements.
- 4.6 The SBHC must obtain consent for treatment and the sharing of medical information in accordance with federal/state regulations and the guidance of the SBHC sponsoring agency legal department. Written protocols must: (a) require the written permission of a parent/guardian, except where minors are authorized by law to provide consent; and (b) incorporate the rights of minors to consent to their own treatment as provided for by law.
- 4.7 SBHC staff must participate in school initiatives including health fairs, classroom presentations, and special events designed to promote students' academic success through the provision of health promotion and disease prevention education.
- 4.8 The SBHC establishes and/or participates in a school-wide health advisory committee, which assists the SBHC in the integration of services with community resources and advises the SBHC on policy and program matters. The committee will, at a minimum, be comprised of:
- the school nurse;
  - the school principal;
  - students;
  - parents;
  - individuals in the community involved with health issue, social services, and education; and
  - state and local community representatives.
- The committee may be integrated with other school-health advisory committee/s.
- 4.9 The SBHC must develop, distribute, and document to the school community (parents, teachers, administrators, students, local primary care providers, community agencies, etc.) written materials and perform other promotional activities that define and promote the services offered in the SBHC. Such materials must be available in multiple languages, if appropriate to the community.
- 4.10 The SBHC must prepare students to ultimately assume responsibility for their own health care, including: (a) a transition plan to appropriate and accessible health care services and providers, and (b) any relevant documentation of services provided to the student by the SBHC.
- 4.11 The SBHC must develop a process for linkage with and participation in current community coalitions and initiatives addressing child and adolescent health, including participation in its local Community Health Network Area (CHNA)<sup>15</sup>.

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<sup>15</sup> Community Health Network Areas - <http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/comm-office/chna/>

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**5.0 QUALITY MEASUREMENT STANDARD: The SBHC complies with a program that monitors and evaluates the appropriateness and effectiveness of the services provided.**

- 5.1 The SBHC must comply with all Massachusetts Department of Public Health (MDPH) data reporting requirements.
- 5.2 The SBHC must comply with all continuous quality improvement and reporting requirements of MDPH.
- 5.3 The SBHC and sponsoring agency complies with all requests for periodic site visits and clinical record review by MDPH in accordance with privacy guidelines.

**6.0 MEDICAL RECORDS STANDARD: The SBHC establishes a record-keeping system (paper and/or electronic) that provides for consistency, confidentiality, and security of records in documenting significant student health information and the delivery of health care services.**

- 6.1 The SBHC must comply with HIPAA regulations for confidentiality of health information.
- 6.2 A confidential medical record must be maintained for each student receiving services at the SBHC. The SBHC may choose to separately maintain medical records afforded a higher degree of confidentiality, including, but not limited to, those pertaining to mental health services and HIV testing records.
- 6.3 The SBHC must implement procedures which ensure that cross-referencing of medical records with the medical record system of the SBHC sponsoring health care agency.
- 6.4 The SBHC must maintain records and copies of records in a secure manner that protects them from unauthorized use. Access to records shall be limited to SBHC staff providing care to the student, unless official release of information consent has been obtained.
- 6.5 SBHC records must be maintained separately from school records.
- 6.6 The SBHC must ensure that medical records contain sufficient information to justify the diagnosis (es) and treatment, and accurately document all health assessments and services provided to the student.
- 6.7 Each entry into the student's record must be dated and signed by the staff member making the entry, indicating name and clinical credential.