



Revised Quality Standards for Colorado School-Based Health Centers

<p>I. CDPHE CORE REQUIREMENTS: Administration, Personnel and Operations</p>	<p>School-Based Health Alliance (SBHA) CORE COMPETENCIES</p>
<p>The General Assembly’s intent in supporting school-based health centers is to make primary, behavioral and oral health care as well as other health related services easily accessible so students stay in school and are more readily available for instruction [C.R.S. § 25-20.5-501(b)].</p>	
<p>Administration</p>	
<p>I.A Conduct a comprehensive student health needs assessment prior to opening a school-based health center and at least every three years thereafter, including a description of student demographic makeup; insurance status; perceptions of health needs by students, parents, faculty, community members and provider agencies; local resources and barriers to care; and a historical analysis of services provided for those school-based health centers already in operation.</p>	<p>2.B Evidence-Based Standards: Health center is guided by evidence-based standards of care on issues affecting healthy development, including strength and risk assessment, well care exams, immunizations, obesity, school failure, asthma, ADHD, exposure to violence and trauma, sexual and reproductive health, depression, substance use, and oral and vision care.</p>
<p>I.B (1) Create a business plan, prior to opening a center, including a financial and sustainability strategy; (2) Align and update a strategic plan, including medical sponsor and school/school district, including short-term and long-term objectives and measures, and an annual budget defining all funding sources and uses, including in-kind support and insurance payer sources; and (3) Utilize an appropriate accounting system to collect financial data and report revenues and expenses by budget line items.</p>	<p>7.C Analysis of financial standing: Health center creates a business plan with financial performance metrics that take into account, among other things, the cost of the program, expected patient volume by provider, and payer source. In monetizing services, all expenses of the program—direct and indirect alike, including staffing, facilities, pharmacy, administration, billing, care coordination, and health promotion—are taken into account. 7.D Sustainable Resources: Health center employs sound business models based on financial planning strategies that rely on a diversity of stable and predictable funding sources, maximize patient revenue, and minimize the role of grants to support operations for the long-term.</p>
<p>I.C (1) Provide services to low-income, students and youth, ages birth to < 21 years of age, who are uninsured, underinsured and may qualify for USDA free or reduced-cost lunch with primary, behavioral and oral health services; and to assist with public and private health plan enrollment [C.R.S. § 25-20.5-503(2)]; (2) Administer a standardized survey of patient service satisfaction at least every 24 months.</p>	<p>2.A Comprehensive Service Scope: Health center delivers primary care services designed to promote the optimal social, emotional, and behavioral health of students, as well as minimize the effects of poverty, chronic disease, and other adverse experiences on their school success. 4.B Satisfaction: Health center routinely assesses patient and community satisfaction with services and assess unmet needs.</p>
<p>I.D (1) Provide access to services for all students attending the school-based health center host school, regardless of their race, color, ethnicity, national origin, religion, immigration status, sexual orientation, disability, gender, or insurance status. (2) Extend eligibility to other low-income, uninsured or underinsured children and youth in the community and/or students attending other schools, if appropriate and feasible.</p>	<p>1.F Non-discrimination: Health center does not discriminate against patients based upon race, color, sexual orientation, religion, national origin, age, disability, sex, health insurance status, or ability to pay. 1.G Other Populations: Health centers that make services available to populations other than students or out-of-school youth (such as faculty and/or school personnel, family of student users, or other people in the community), prioritize the care of the student body and assure their safety and privacy. This may be accomplished by offering student-only hours or organizing a separate entrance and/or waiting room area for non-students. 2.C Competence: Health center services and materials are developmentally appropriate and respectful of cultural and linguistic diversity.</p>

<p>I.E Provide written information to parents/guardians and youth, including but not limited to: the scope of services offered; school-based health center's capacity to serve as a primary care provider or to collaborate with primary care providers; hours of operation and staff availability; 24-hour/seven-days-per-week access to services particularly when the center is closed; and procedure for grievances.</p>	<p>1.B Health center makes on-site services available whenever the school is open, or as needed, to serve the needs of the student population. Student access is heightened by school-based health center policies that accept walk-ins and offer same-day appointments when possible; the school and school-based health center have a clear protocol for referrals from faculty and staff.</p> <p>1.E After Hours Care: Health center puts in place a system for patients to access care when center is not open (e.g. primary care physician on-call, nurse hotline, emergency room, urgent care center, or behavioral health crisis line).</p> <p>5.C Family Wellness: Health center engages parents/guardians/caregivers in health education and promotion events to promote family wellness.</p> <p>6.A Care Coordination: Health center coordinates and integrates efforts (including exchange of health information as appropriate) with existing systems—primary care, behavioral health, oral health, vision providers, and health plans—to improve continuity of care, reduce fragmentation, and prevent duplication of services.</p>
<p>I.F Provide meaningful, relevant and active involvement of youth and parents in determining the health needs, priorities, services and best methods of service provision for patients at the school-based health center.</p>	<p>2.F Youth Advisors: Health center meaningfully engages students in a variety of functions, including community asset mapping and needs assessment, evaluation of services, youth-led outreach and promotion, peer-to-peer health education, and advocacy mobilization on behalf of their health needs.</p> <p>2.E Patient Engagement: Health center encourages students (as age-appropriate) to be effective advocates and consumers of their own health care by encouraging them to schedule their appointments, manage medications, ask questions about their care, and improve their health literacy.</p> <p>6.C Parent/Guardian/Caregiver Engagement: Health center informs and educates parents/guardians/caregivers about a child's health issues and involves them as supportive participants in the student's health care whenever appropriate and possible.</p>
<p>I.G (1) Have a written policy outlining patient enrollment, including collection of all CDPHE-required patient data elements, demographics, parent/guardian contact, third-party billing source, and primary care provider information; and (2) a written consent policy and form for treatment within the scope of the state law.</p>	
<p>I.H Have a written policy addressing the exchange of information between the school-based health center and the school/school district health personnel in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and the Family Education Rights and Privacy Act (FERPA).</p>	<p>1.D Consent: Health center obtains from parent/guardian/caregiver of enrolled students informed written consent covering all services, and a HIPAA compliant consent form allowing the school nurse or other school health services staff to share health information with health center or other HIPAA covered entity unless student is 18 or older, an emancipated minor, or as otherwise allowed by state law.</p> <p>2.D Confidentiality: Health center protects confidentiality of patient information as required by state and federal law when transmitted through conversation, billing activity, telemedicine, or release of medical records.</p>
<p>I.I Have written policies that outline processes to: (1) Record, charge, bill and collect for services rendered; (2) Establish a fee scale for school-based health center users in compliance with Medicaid, regardless of their ability to pay; (3) Ensure patient confidentiality for services billed; and (4) Provide direct or referral assistance to families and students eligible for enrollment in Medicaid, the Child Health Plan Plus (CHP+), Health Exchange and other public/private health insurance coverage.</p>	<p>6.B Care Partners: Health center has formal partnership referral and follow-up linkage agreements and protocols with the broader health care community to ensure access to after-hours care (e.g., primary care physician, nurse hotline, emergency room, urgent care center, or behavioral health crisis line) and coverage beyond clinical capacity—including oral, reproductive, behavioral, and specialty health care.</p> <p>7.B Billing infrastructure: Health center has the capacity to collect patient revenue efficiently through use of health information management systems, dedicated administrative personnel, and policies and procedures.</p>

Personnel	
I.J Provide an organizational chart for each school-based center in operation, including clear lines of authority and supervision of all school-based health center personnel (whether direct employees or contractors/sub-contractors), including those staff connected to the school-based health center via Memorandum of Understandings (MOUs).	
I.K (1) Ensure the required minimum personnel for each school-based health center, including on-site support staff, on-site primary care provider, on-site behavioral health provider, and a designated health care provider available to address clinical issues; and (2) Ensure providers are trained in serving youth, and are licensed and/or supervised in accordance with professional requirements published by the Colorado Department of Regulatory Agencies.	
I.L Designate: (1) An administrator responsible for the overall budget and program management, including all school-based health center personnel and contractors/sub-contractors; quality of care; and regular coordination and communication with school/school district, sponsoring agency and other partnering agencies. Management duties must be specified in the position's job description; (2) A coordinator for each school-based health center site with specified job duties in the position's job description. The designated coordinator and the designated administrator may be the same person, who may also be the on-site primary care provider.	
I.M (1) Designate a quality improvement coordinator to monitor clinical services and evaluate program goals. (2) The quality improvement coordinator must: (a) develop a plan for improvement including addressing issues raised from the patient satisfaction standardized survey (see I.C); (b) create a written record of progress toward improving selected measures; and (c) monitor and report program performance measures.	4.A Quality Improvement: Health center implements a quality assurance system that monitors and evaluates the appropriateness, effectiveness, and accessibility of its services. 4.C Performance: Health center collects and reports on key performance measures, including individual and population-level outcomes, to assure accountability to partners, payers, funders, and other stakeholders.
I.N Ensure all personnel, including contracted/sub-contracted staff, have: (1) a documented criminal background check as a condition of employment/contract requirement; (2) a current written job description; (3) annual written performance evaluations; (4) documentation of completed training and continuing education/professional development by discipline-specific licensing requirements, for all clinical providers including contractors/sub-contractors; and (5) training in mandated reporting requirements.	
I.O Have a written policy specifying personnel responsibilities in the event of a school-based health center/school emergency or disaster.	3.D Crisis response and support: Health center serves as partner in the management of school's crisis prevention and intervention plans.
Operations	
I.P For centers located within a public school building, dedicated space must be occupied and used exclusively for the purpose of providing school-based health center services; and consideration should be given to co-locating with school health personnel, such as the school nurse.	1.A Location: Health center is located in a facility - either fixed or in a portable space - within the school building or on school campus.

<p>I.Q</p> <p>(1) For centers on public school property but not located in a school building, dedicated space must be occupied and used exclusively for the purpose of school-based health center services and all SBHC Program Standards apply.</p> <p>(2) There must be clear evidence that the off-site location facilitates student access to health care and student availability for classroom instruction.</p> <p>(3) Potential access barriers, including proximity, safety, transportation and hours of operation, must be resolved in collaboration with the school(s) served.</p>	<p>1.A</p> <p>Location: Health center is located in a facility - either fixed or in a portable space - within the school building or on school campus.</p>
<p>I.R</p> <p>Meet facility requirements for:</p> <p>(1) Americans with Disabilities Act for accommodation of individuals with disabilities;</p> <p>(2) local building codes (including lights, exit signs, ventilation, etc.);</p> <p>(3) Occupational Safety and Health Administration regulations.</p>	<p>1.C</p> <p>Facility: Health center operates within an appropriate physical plant that complies with laws and regulations governing health facilities, is conducive to efficient health care practice, and is welcoming to students and safeguards their privacy.</p>
<p>I.S</p> <p>(1) Ensure functional spaces are designed to facilitate privacy, confidentiality, safety, and protected and secure storage of records, supplies and medications;</p> <p>(2) Meet the following functional aspects, although some rooms/areas may serve more than one purpose in delivering school-based health services: a designated waiting/reception room or area; one exam room; one accessible sink with hot and cold water; a private counseling room/area; a designated lab space with separate clean and dirty areas; office/clerical areas; secure storage area for supplies (e.g. medications, lab supplies); a secure storage area for confidential records; an accessible toilet facility with a sink and hot and cold water; a phone line exclusively dedicated to the school-based health center; connection to the school's central office communication system; and internet connection.</p> <p>(3) Follow best practice, although not required, for structural elements including a dedicated entrance that permits services before and after school hours; walls extend from floor to ceiling; and available parking.</p>	
<p>I.T</p> <p>Meet the following equipment and supplies requirements:</p> <p>(1) Obtain and maintain adequate, appropriate and functional equipment and supplies necessary to provide all services;</p> <p>(2) Inspect monthly and replace or replenish (as needed) equipment (including emergency medical equipment) to ensure good working order, and maintenance and calibration as recommended by the manufacturer;</p> <p>(3) Follow monthly procedures for inspecting medications and supplies to properly discard and adequately replace outdated materials; and</p> <p>(4) If vaccines are stored onsite, ensure the school-based health center is compliant with the Vaccines for Children Program.</p>	
<p>I.U</p> <p>Meet the following health record(s) requirements: signed consent form, personal information, individual and family medical history, problem.concerns list, medication list, immunization record, screening and diagnostic tests including laboratory findings, health and behavioral health progress notes or encounter forms, treatment plan, and referrals.</p>	

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II. CDPHE SPONSORSHIP REQUIREMENTS	School-Based Health Alliance (SBHA) CORE COMPETENCIES
<p>School-based health centers are operated by school districts in cooperation with hospitals, public or private health care organizations, licensed medical providers, public health nurses, community health centers, and community mental health centers. The term "school-based health center" includes clinics or facilities authorized to provide clinic services pursuant to section 26-4-513, C.R.S., or authorized to apply for and receive medical assistance payments under a contract entered into pursuant to section 26-4-531, C.R.S. [C.R.S. § 25-20.5-502].</p>	<p>5.A School Climate: Health center actively promotes building-level policies and practices that assure a safe and healthy school environment for all students and staff.</p> <p>5.B Student Body Wellness: Health center advances population health and preventive services through group, classroom-based, and school-wide inclusive modalities to screen for and minimize risk factors, promote community assets, and address social determinants of health (e.g., nutrition education, trauma support groups, asthma education, physical activity, and health careers).</p> <p>5.E Health Authority: Health center contributes subject matter expertise on health education curriculum, school wellness policies, and health-related programs and services (nutrition, physical activity, safety, discipline) that support student well-being.</p>
<p>II.A</p> <p>(1) More than one agency may sponsor a school-based health center, but only one sponsor may serve as the lead sponsor agency.</p> <p>(2) Eligible entities include school districts, charter schools, and state sanctioned GED programs; local public health agencies; community health centers; rural health centers; hospitals; private medical practices; nurse practitioner practices; university medical centers; managed care organizations; and independent nonprofit medical practices.</p>	
<p>II.B</p> <p>Lead sponsoring agency must:</p> <p>(1) provide funding and staffing;</p> <p>(2) support mechanisms to coordinate school-based health center and school health services;</p> <p>(3) maintain current, written agreements with organizations providing services in the school-based health center, including the medical sponsor;</p> <p>(4) create specific written policies, responsibilities, and processes for conflict resolution within interagency agreements;</p> <p>(5) secure support from the school district superintendent and school principal associated with each school-based health center in operation; and</p> <p>(6) at minimum, meet quarterly and document collaboration/communication between the lead agency, medical sponsor, the school principal and other school personnel related to each school-based health center in operation.</p>	<p>3.A Shared vision for student success: Health center has a formalized understanding of how it collaborates with school administration, teachers, and support staff—school nurses, psychologists, and counselors—to ensure the partnership meets student needs efficiently, effectively, and seamlessly.</p> <p>3.B Shared Outcomes: Health center partners with the school to achieve improved outcomes for students struggling with attendance, behavior, or academic performance issues.</p> <p>3.C Integration: Health center and school personnel participate jointly in development and governance of policies, procedures, and structures that support student health and academic achievement (school improvement, school wellness, alternatives to discipline, IDEA team, etc.).</p>
<p>II.C</p> <p>(1) Lead sponsoring agency must have a community advisory council that meets a minimum of two times a year, to plan, implement, review and advise on the needs of children and youth to be served; and to provide input about governance, management, services, and funding.</p> <p>(2) The advisory council must collaborate with the local school(s)/school district; involve youth through membership, a youth advisory sub-committee and/or another formal method of youth involvement and input; and involve key community stakeholders, including parents/guardians, school administration, school and community health providers, specialty care providers, public health organizations, and insurers as appropriate.</p>	

<p>II.D</p> <p>(1) More than one agency may offer health care services in the school-based health center, but only one may serve as the lead medical sponsor.</p> <p>(2) Eligible entities include local public health agencies; community or rural health centers; hospitals; private, nurse practitioner, or independent nonprofit medical practices; university medical centers; managed care organizations; and community mental health centers that include primary care practice.</p>	
<p>II.E</p> <p>Lead medical sponsor must ensure:</p> <p>(1) clinical oversight including a designated health care provider overseeing all healthcare services;</p> <p>(2) written clinical policies and procedures;</p> <p>(3) a written policy for credentialing and re-credentialing of all clinical providers, pursuant to the medical sponsor's policies;</p> <p>(4) a written policy requiring all clinical providers to hold current basic life support for healthcare providers certification;</p> <p>(5) provision of a primary care provider;</p> <p>(6) 24-hour, seven days a week coverage;</p> <p>(7) evidence of adequate medical liability and malpractice coverage;</p> <p>(8) maintenance of proper ownership of medical records, including the proper storage and security of electronic service data, use of a Office of the National Coordinator for Health Information Technology (ONC) certified electronic health record (EHR) or a certified electronic medical record (EMR); and</p> <p>(9) a Certificate of Waiver for waived laboratory tests, per the Clinical Laboratory Improvement Amendments.</p>	<p>7.A</p> <p>Administrative Systems: Health center is supported by a fiduciary (or sponsor) agency that provides administrative and clinical systems, including medical supervision, liability coverage, human resources, procurement of medical equipment and supplies, quality improvement, training and leadership development, health information technology, marketing, and practice/fiscal management.</p>