STANDARDS FOR SCHOOL-BASED HEALTH CENTERS

IN THE MARYLAND SCHOOL-BASED HEALTH CENTER PROGRAM

Maryland
DEPARTMENT OF HEALTH

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Maryland's School-Based Health Centers (SBHCs) have delivered comprehensive, coordinated, high-quality health care to students in schools since 1985. In 1997, an interdisciplinary, interagency committee of administrators and practitioners from state, local, private, and public agencies collaborated with Maryland's State Department of Education (MSDE) and Maryland Department of Health (MDH) to produce statewide guidelines for SBHCs. These guidelines governed our state's SBHC expansion to over 90 schools in several counties, established a clearly defined SBHC model for Maryland, reduced site-to-site variability, improved SBHC sustainability, and increased the availability of quality health care for children and adolescents.

In 2021, House Bill 1148/Senate Bill 830 - *School–Based Health Centers – Guidelines and Administration of Grants* (2021) required that the Governor transfer the administration of SBHC grants and any related functions from MSDE to the Bureau of Maternal and Child Health (the Bureau) within MDH on or before July 1, 2022.

The Standards for School-Based Health Centers in the Maryland School-Based Health Center Program describe the minimum requirements that Maryland SBHCs must meet to be approved by the Bureau. To gain and maintain approval, SBHCs must meet all requirements described in the Standards. SBHCs may provide services beyond these minimum requirements.

I. PURPOSE, MISSION, VISION, AND VALUES OF SCHOOL BASED HEALTH CENTERS

SBHCs are health care centers located in a school or on a school campus, open to all students who enroll in the SBHC. SBHCs are staffed by teams of licensed medical professionals specializing in child and adolescent health, who are responsible for delivering somatic health care services, with or without behavioral health or oral health care.

PURPOSE

The enduring purpose of Maryland SBHCs is to provide, in partnership with schools, comprehensive somatic and/or behavioral health services, preventive care, and chronic health condition management that:

- reduce health disparities and barriers to healthcare access,
- serve all students regardless of ability to pay,
- maximize classroom attendance and readiness to learn, and
- support and extend the school health services program at each school.

MISSION

The mission of the Maryland SBHC Program is to promote and improve the health and safety of all Maryland residents through disease prevention, access to care, quality management, and community engagement.

VISION

The vision of the Maryland SBHC Program is that all Maryland students will succeed academically, socially, and emotionally to foster lifelong health and wellness. SBHCs promote health and educational equity through health care that is accessible, collaborative, high-quality, and based on earned trust.

VALUES

The Maryland SBHC **Program values**:

- collaboration between community partners and the education, health care, and public health systems to ensure health and racial equity,
- high quality, accessible, and affordable health care for students,
- responsiveness to specific community needs and public health imperatives,
- complementary roles to support school health services [1] offered to all students enrolled in the school, and
- staff who value their cooperative work within the school community to become an integral part of the school in order to maximize classroom attendance and readiness to learn.

[1] *The Code of Maryland Regulations COMAR 13A.05.05.05 - .15 mandates health coverage in schools by a school health services professional.*

II. REQUIREMENTS TO PARTICIPATE IN THE MARYLAND SBHC PROGRAM

The requirements in sections A-J below must be met to be an approved SBHC and participate in the Maryland School-Based Health Center Program. Approval to join the Maryland SBHC Program confers eligibility for grant funding from the Bureau, allows participation in the Maryland network of SBHCs, and is a prerequisite to bill Maryland Medical Assistance as a self-referred provider for services delivered to Medical Assistance participants.

The Bureau approves new SBHCs as authorized by Health-General §19-22A-01. The Secretary of Health has the authority to adopt rules and regulations under Health-General §2-104(b) and HB1148/SB830 (Chs. 605 and 606 of the Acts of 2021). An organization may provide clinical services in a school even if not approved to join the Maryland SBHC Program, though these clinics remain subject to applicable federal, state, and local laws.

Requirements to Participate in the Maryland SBHC Program Checklist

- **A.** Sponsoring Organization Requirements
- **B.** Facility Requirements
- **C.** Service Provision Requirements
- **D.** Core Services
- **E.** Expanded Services
- **F.** Staffing
- **G.** Partner Agreements
- **H.** Organization and Function
- **I.** Fiscal Operations
- **J.** Data Management and Data Collection/Reporting

A. SPONSORING ORGANIZATION REQUIREMENTS

To gain Bureau approval as a SBHC, the applicant must designate an Administrative Sponsoring Organization (ASO) and a Clinical Sponsoring Organization (CSO). One organization may serve as both the ASO and the CSO.

1. **Administrative Sponsoring Organization (ASO)**
   The ASO is responsible for adherence to all federal, state, and school system regulations concerning the structure and function of SBHCs. The plan for meeting the standards of care required for administration of a SBHC must be maintained in an Administrative Policy and Procedure manual (See Section H.1). The ASO must either demonstrate it is also a CSO or must contract with a CSO to provide the clinical components required to operate, and be approved, as a SBHC.

2. **Clinical Sponsoring Organization (CSO)**
   The Clinical Sponsoring Organization is responsible for planning and implementing each SBHC's clinical operations. This consists of ensuring a) adherence to the clinical standards of care as defined by state and federal regulations, b) development and maintenance of the Clinical Policy and Procedure Manual (See Section H.2) which describes how the SBHC meets the standards outlined in this document, and c) maintenance of malpractice liability insurance for all clinical providers.

Clinical sponsoring organizations can include, but are not limited to[2]

- Federally Qualified Health Centers (FQHCs),
- Hospital or university medical centers,
- Local health departments, and
- Private practices or medical groups.

2 HB409 (Ch. 198 of the Acts of 2020). https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/HB0409/?ys=2020rs

B. FACILITY REQUIREMENTS

Each SBHC facility must be a permanent space within a school building or on a school campus. The SBHC facility can be co-located with school health services suites, but must have a space reserved to exclusively provide SBHC services.

The SBHC facility must:

- ✓ be clean and welcoming for all clients,
- ✓ have the capacity to maintain client confidentiality,
- ✓ meet the Americans with Disabilities Act (ADA) requirements or demonstrate that the ADA requirements can be met through accommodations,
- ✓ comply with all standards set by the Occupational Safety and Health Administration (OSHA) and the Maryland Occupational Safety and Health Act (MOSHA),
- ✓ have appropriate liability coverage, and
- ✓ comply with local building and fire codes for lighting, exits, and ventilation.

1. **SBHC Facility Requirements**
   Recommendations for all SBHCs, including specific facility component requirements for new SBHCs, are outlined in Appendix B.

2. **Communications System**
   - **a.** Each SBHC's onsite communication system must include a phone/fax line exclusively dedicated to the SBHC.
   - **b.** Each SBHC must have access to the internet on-site.

3. **Facility Administration Operations**
   SBHCs must ensure that:
   - **a.** solid wastes, including biological infectious wastes, are collected, stored, and disposed of according to current bio-hazardous protocols;
   - **b.** passageways, corridors, doorways, and other means of egress are kept clear and unobstructed;
   - **c.** the Notice of Privacy Practices for Protected Health Information (HIPAA) is posted (and available in other languages if requested);
   - **d.** medical, fire and emergency instructions; procedures; and telephone numbers are posted in a central location;
   - **e.** smoke detectors and fire extinguishers are in working order and easy to access;
   - **f.** "No Smoking" signs are visible;
   - **g.** designated SBHC staff must have keys for all locked areas; and
   - **h.** service hours are clearly posted.

4. **Equipment**
   Maintenance of medical equipment is the sole responsibility of the CSO. All equipment must be inspected at least annually, calibrated per manufacturer's instructions, and must display documentation of inspection/calibration.

C. SERVICE PROVISION REQUIREMENTS

1. **Defining Population To Be Served**
   a. Each SBHC must define the population to be served.
      i. Populations could include, for example, students enrolled at the school at which the SBHC is located, students at other schools, former students, school personnel, family members of students, and community members.

2. **Ensuring Access To Care**
   a. Members of the defined population to be served may not be refused care or turned away because of inability to pay, race, ethnicity, gender identity, sexual orientation, health status, insurance status, or because the individual has an existing primary care provider.
   b. The site must provide an automated 24-hour phone system year-round so that patients can receive instructions on how to obtain urgent care and advice when the SBHC site is closed. This messaging should direct patients to an on-call SBHC provider or a non-SBHC provider in the community.
   c. Language interpretation with a certified in-person or telephonic interpretation service must be provided as needed or requested for clients whose primary or preferred language is not English.
   d. Each SBHC must be open and offer somatic care services with a licensed medical clinical provider on-site for a minimum of two days per week and a minimum of eight hours total per week when the school is open.
      i. NOTE: Licensed medical clinical providers may offer telehealth services to patients enrolled in an SBHC, in compliance with Health-Occupations Article §1–1001 through §1–1006.
   e. SBHCs must offer both same-day and scheduled appointments for preventive and acute visits to enrolled students during operating hours.

3. **Communication with Primary Care Provider (PCP)**
   - **a.** Except in the case of enrollment for confidential services, at the time an individual enrolls in the SBHC, a notification should be sent to their PCP that should include at a minimum:
     - **i.** Notification that the individual has enrolled in the SBHC, and
     - **ii.** The scope of services offered by the SBHC.
   - **b.** With each clinical encounter, if the PCP is an outside entity, the SBHC should send a visit summary to the PCP, unless the patient or their parent/ guardian does not consent to this exchange of information.
     - **i.** For Medicaid enrollees, SBHCs must communicate clinical encounter information with the PCP and the Medicaid insurer according to Medicaid regulations (COMAR 10.09.76.03)

4. **Enrollment and Parental Consent**
   - **a.** SBHCs must make consent forms available to all enrolling students and obtain the informed consent of the parent or legal guardian. If the student receiving services is 18 years of age or older (or is otherwise qualified to give consent) and is competent to give consent, such consent may be obtained directly from the student.
     - **i.** A minor not previously enrolled by a parent or guardian may seek care at the SBHC for certain confidential services[3,4]
   - **b.** The SBHC, through cooperation with the participating school, must make written information about the SBHC scope of services available to parents, including:
     - **i.** Whether the SBHC is able to serve as the designated PCP, or whether the SBHC will provide services in collaboration with the student's PCP,
     - **ii.** The staffing pattern and staffing plan, including regular providers who will staff the site and contingency plans for gaps in provider coverage, and
     - **iii.** How to access care 24 hours per day, 7 days per week, including when school is closed. This information should match any recording on the SBHC's 24-hour phone system described in 2.b.
   - **c.** Student Enrollment and Parental Consent forms must, at a minimum, request the following information:
     - **i.** Student name,
     - **ii.** Student address,
     - **iii.** Date of birth,
     - **iv.** Parent / Guardian name,
     - **v.** Student's type of health care coverage, including name of Medicaid Managed Care Organization / plan, if applicable,
     - **vi.** Insurance and / or Medicaid identification number (individual and group, if applicable),
     - **vii.** Student's PCP's name and address,
     - **viii.** Authorization to release information for care coordination and billing purposes,
     - **ix.** Contact phone numbers for all individuals in **iv.**,
     - **x.** Email addresses for all individuals in **iv.** as applicable.

[3] *Treatment of Minors, Article-Health-General §20–102. https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg&section=20-102&enactments=true*

[4] *Health-Mental and Emotional Disorders- Consent, HB132/SB41 of 2021 Legislative Session. https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/sb0041/?ys=2021rs*

D. CORE SERVICES

1. All SBHCs must provide a set of core services that includes primary and preventive health care, diagnosis and treatment of medical conditions, and management of chronic conditions.
2. Behavioral health must be addressed within core services, either by referral or on-site services.
3. Health care services must be aligned with state- and nationally-recognized standards including Early and Periodic Screening and Diagnostic Treatment (EPSDT),[5] Recommended Clinical Preventive Services for Adolescents from the Office of Population Affairs,[6] and the American Academy of Pediatrics' Bright Futures Guidelines.[7]

A. PREVENTIVE HEALTH SERVICES

All SBHCs are required to provide on-site preventive health services, including:

i. Age-appropriate anticipatory guidance (healthy relationships, suicide prevention, age-appropriate developmental guidance, substance misuse, etc.),

ii. Standardized, age-appropriate health screening (e.g., EPSDT),

iii. Standardized, adolescent risk factor and risk behavior assessment following guidelines, and

iv. State-required immunizations for school participation.[8]

B. COMPREHENSIVE PRIMARY CARE

All SBHCs are required to provide comprehensive primary care on site. Required on-site services include:

i. Comprehensive medical and psychosocial histories;

ii. Comprehensive physical exams per EPSDT;

iii. Developmental assessments;

iv. Nutritional assessments;

v. Evaluation and treatment of
- a.) Non-urgent problems,
- b.) Acute problems,
- c.) Chronic problems, and
- d.) Behavioral Health problems,

vi. Triage of medical emergencies;

vii. Medical case management in conjunction with specialty care providers, PCPs, and the student's insurance provider;

viii. Referral to PCP, dental provider, and specialty referrals within the community (and in accordance with the student's insurance coverage); and

ix. Referral of uninsured students to Maryland Medical Assistance to determine eligibility for coverage.

5 *See EPSDT website: https://health.maryland.gov/mmcp/epsdt/pages/home.aspx*

6 *See Office of Population Affairs website: https://opa.hhs.gov/adolescent-health/physical-health-developing-adolescents/clinical-preventive-services/recommended*

7 *Bright Futures website: https://www.aap.org/en/practice-management/bright-futures*

8 *School Health Services and Required Immunizations Before Entry into School: COMAR 10-06-04 School Immunizations 2014; Education Article §7-403, Annotated Code of Maryland*

C. LABORATORY SERVICES

Pursuant to state and federal laws, SBHCs are permitted to perform on site certain basic laboratory procedures classified as waived or Provider Performed Microscopy Procedures (PPMP) tests under the Federal Clinical Laboratory Improvement Act (CLIA) legislation. On-site point of care testing must include, but is not limited to, tests for:

i. Blood glucose,
ii. Group A streptococcus (strep throat),
iii. Influenza,
iv. SARS-CoV-2 (COVID-19), and
v. Urine hCG for pregnancy.

Samples for the following tests must be collected on-site but may be analyzed by an off-site laboratory:

i. STI screening and diagnosis (chlamydia, gonorrhea, syphilis), and
ii. HIV screening and testing

Samples collected for the following tests may be analyzed at the point of care or the client may be referred off-site for specimen collection and analysis:

i. Tuberculosis screening,
ii. Lead screening and testing, and
iii. Dyslipidemia screening.

D. BEHAVIORAL HEALTH

All SBHCs must provide behavioral health services, either on-site or by referral. Services may include the following:

i. Individual behavioral health assessment, treatment and follow up,
ii. Crisis and emergency psychiatric intervention,
iii. Substance use disorder treatment
iv. Short and long-term counseling for individuals and groups, and
v. Linkage with community counseling services

Referrals may be made for:

i. Advocacy and case management,
ii. Outreach to students at risk, and
iii. Family and group counseling.

E. REFERRALS

A referral for services should be made within the student's insurance plan network and coordinated with the PCP, as appropriate.

F. SOCIAL SERVICES

The SBHC should provide initial assessments and referrals to social service agencies in the community.

G. MEDICATION

Prescriptions for over-the-counter medications and other medications may be provided for acute and chronic conditions.

E. EXPANDED SERVICES

The following specialized services may be provided according to need, feasibility, and care team expertise.

1. **Behavioral Health Services**
   - **a.** Assessment, diagnosis, and treatment of psychological, social, and emotional problems, including those related to substance use disorders;
   - **b.** Individual, family, or group counseling or referrals to counseling for mental health and substance use disorders;
   - **c.** Crisis intervention and emergency mental health assessments; and
   - **d.** Referral to community-based providers or organizations to address needs outside the scope of the SBHC practice.

2. **Oral Health**
   - **a.** Dental screenings, hygiene, and restorative dental services;
   - **b.** Preventative treatments (e.g. fluoride and sealants);
   - **c.** Oral health education; and
   - **d.** Referral and follow up for specialty and community-based dental services beyond the scope of the SBHC practice, including referral to a dental home.

3. **Birth Control and STI Prevention and Treatment**
   - **a.** Family planning information and education,
   - **b.** Referral for community-based reproductive and sexual health care services,
   - **c.** Pregnancy testing,
   - **d.** STD/STI testing and treatment,
   - **e.** Reproductive health exams (inclusive of pap and pelvic exams),
   - **f.** Contraceptives prescription and/or dispensing,
   - **g.** HIV pre- and post-test counseling/HIV testing,
   - **h.** Availability of condoms, and
   - **i.** Referrals for prenatal care

4. **Health Education/Promotion**
   - **a.** The SBHC may provide health education for enrolled students, their families, and health center staff. Where possible, it should support the provision of comprehensive health education in the classroom.
   - **b.** Services could include:
     - **i.** One-on-one patient education,
     - **ii.** Group/targeted education at the SBHC,
     - **iii.** Health education for SBHC and school staff, or
     - **iv.** Support for comprehensive health education in the classroom.
   - **c.** Education may include interventions or programs that support creating and implementing a plan of action. Examples include:
     - **i.** Tobacco/nicotine cessation,
     - **ii.** Weight management,
     - **iii.** Diabetes prevention,

iv. Physical activity programs,
v. Nutrition counseling,
vi. Stress management, and
vii. Substance misuse prevention.

5. Social Services

SBHCs may provide on-site social care services, including:

a. Assessment, referral, and follow-up services that identify and manage/intervene on the Social Determinants of Health (episodic or long-term) may be offered for:
    i. Basic needs (food, shelter, clothing, etc.),
    ii. Legal services,
    iii. Public assistance (like Maryland's Temporary Cash Assistance (TCA) and Supplemental Nutrition Assistance Programs (SNAP)),
    iv. Assistance with enrollment in Medical Assistance and other health insurance,
    v. Employment services, and
    vi. Child care services.

6. Other Services

Other services provided could include:

a. Referrals for age appropriate tobacco-use prevention, assessment, and treatment,
b. On-site service or referrals for specialty care,
c. Additional recommended childhood immunizations on the CDC Recommended Child and Adolescent Immunization Schedule, or
d. Dispensing of medications by authorized personnel.

F. STAFFING

1. **Staffing for Core Services**

   Individuals may serve in multiple roles. Staffing at each SBHC site must include:

   a. **Clinical Director** who is a Physician or Advanced Practice Nurse available in-person or by phone at all times the site is open and who is responsible for the overall quality of care.

   b. **Site Coordinator or Administrator** who is responsible for

      i. Site's overall management,

      ii. Data collection and management,

      iii. Quality of services, and

      iv. Coordination with school personnel and with the Maryland SBHC Program

   c. **Clinical Provider** who must be available to provide services when the SBHC is open.

      i. Clinical Providers can be Physicians, Advanced Practice Nurses or physician assistants licensed in the State of Maryland, with the requisite training to treat the patient population served including meeting the EPSDT Provider qualifications as outlined in COMAR 10.09.23.

Staffing for Core Services may also include:

   d. **Clinical Support Staff**

      i. Registered Nurse, Licensed Practical Nurse, Medical Assistant, or Nursing Assistant – licensed, registered, certified, and/or credentialed to perform the required tasks outlined in their job description.

2. **Staff Licensure**

   All clinical staff must be licensed, certified, or otherwise authorized to practice in Maryland and credentialed specifically for their specialty and scope of services provided.

3. **Staffing Minimum Requirements for Training**

   All SBHC core staff must have training in:

   a. Child abuse mandated reporter requirements (Family Law, § 5-704 (a)(2)),
   b. Patient privacy and Health Insurance Portability and Accountability Act (HIPAA)
   c. Maryland minor consent law
   d. Infection control and prevention, and
   e. Emergency care that conforms to national standards such as those of the American Red Cross or American Heart Association or their equivalent
      i. Basic life support, with inclusion of training on use of an Automated External Defibrillator (AED).

G. PARTNER AGREEMENTS

1. The ASO is required to have a Memorandum of Understanding (MOU) or Contract with the CSO, if not the same organization, and the school system.
2. The MOU shall include:
    a. Description of the roles and responsibilities of each sponsoring agency and the school system,
    b. Proof/documentation of general liability and medical malpractice insurance,
    c. Assurances of regular meetings between representatives from the ASO, CSO, and school system,
    d. A plan that ensures clinical and administrative operations comply with federal, state, and local regulations for the provision of care in schools,
    e. A plan to develop and regularly update a Clinical Policy and Procedure manual that addresses the standards of care required for clinical operation of a SBHC,
    f. A plan to develop and regularly update an Administrative Policy and Procedure manual that addresses the standards of service required for administration of a SBHC,
    g. Description of a process for access to care after-hours, and
    h. Provisions that ensure unbiased care regardless of insurance status, insurance carrier, or ability to pay.

H. ORGANIZATION AND FUNCTION

1. **Administrative Policies and Procedures Requirements**

a. Each SBHC must have a manual of all administrative policies and procedures which must specify the person responsible for each policy or procedure.

b. The Administrative Policies and Procedures manual must, at a minimum, address
    i. Sponsoring facility requirements,
    ii. SBHC job descriptions/responsibilities/annual performance evaluations,
    iii. Outreach to students and enrollment for SBHC services,
    iv. Emergency operations and procedures (fire drills, etc.),
    v. An automated phone system that is available 24 hours per day, 7 days per week for instructing patients how to obtain urgent care and advice when the SBHC site is closed,
    vi. Fiscal and billing procedures,
    vii. Parental consent for services,
    viii. Minor consent for services,
    ix. Notice of Privacy Practices (NPP)
    x. CRISP Participant Notice of Privacy Practices (NPP) & NPP Acknowledgment,
    xi. A written policy to address the exchange of medical information between school health services and SBHC staff,
    xii. Assurances of confidential handling of lab results, as well as documentation of the follow up of abnormal results, and
    xiii. Other policies and procedures as appropriate.

c. ASO must review and update their Administrative Policies and Procedures Manual at least every two (2) years to adhere to and account for legislative mandates, regulations, and guidance from the Maryland SBHC Program.

d. There must be an organizational chart that graphically depicts the reporting hierarchies and working structures within the SBHC's administration, and highlights the different jobs, organizational sections and responsibilities that connect the SBHC, the sponsoring facility, and the school. This organizational chart must be updated as needed.

2. Clinical Policies and Procedures Requirements

a. Each SBHC must keep and maintain a Clinical Policies and Procedures Manual in accordance with state and national best practices and current evidence-based guidelines, which at a minimum addresses the following

- **i.** Informed consent policy;
- **ii.** Reporting of child abuse or maltreatment;
- **iii.** Management of the security, inventory and accountability for medications and related hazardous supplies (e.g. syringes and needles);
- **iv.** Pre-employment procedures for clinical staff, including licensure and certification
- **v.** Coordination of care with other providers and with Medicaid Managed Care Organizations or other insurers;
- **vi.** Outreach and engagement with community based organizations to support student and family social needs;
- **vii.** Maintenance of medical records in accordance with HIPAA, FERPA, and Maryland privacy laws, as applicable; and
- **viii.** A continuous Clinical Quality Management/Monitoring Plan detailing the ongoing evaluation and improvement of clinical processes and outcomes. These processes and outcomes should include
  - **a)** Maintenance of staff qualifications and credentialing,
  - **b)** Documentation of care,
  - **c)** Clinical outcomes,
  - **d)** Use of services,
  - **e)** Client satisfaction (student, families, and school personnel),
  - **f)** Community engagement activities and outcomes,
  - **g)** Client health education and community health promotion, and
  - **h)** Complaint investigation and response.
- **ix.** The CSO must review and update the Clinical Policies and Procedures Manual every two (2) years to adhere to legislative mandates, regulations, and guidance from the Maryland SBHC Program

b. SBHCs must participate in ongoing Continuous Quality Improvement (CQI) initiatives and learning collaboratives through the Maryland SBHC Program.

c. There should be a designated Quality Management and Improvement Officer or Coordinator. This individual may hold another role in the organization and should oversee:

- **i.** The Continuous Quality Management/Monitoring Plan and
- **ii.** CQI initiatives and learning collaboratives through the Maryland SBHC Program.

I. FISCAL OPERATIONS

The SBHC ASO should ensure that appropriate administrative support is provided to meet the following billing requirements:

1. Encounter forms should be generated for all visits.
2. Client enrollment or eligibility for enrollment in Medicaid, Medicaid Managed Care Organizations, and other third party insurance plans must be obtained upon enrollment to the SBHC.
3. Medicaid eligibility and/or enrollment must be confirmed at each encounter.
4. There must be established procedures for helping families with the insurance enrollment process if the student is not already enrolled with an insurance plan.
5. Procedures should be in place to ensure Medicaid and Medicaid Managed Care Organizations are appropriately billed for encounters.
6. Procedures should adequately address follow-up on any denied Medicaid or other third party insurance claims.
7. Procedures should address financial support for students unable to pay for services.
8. All reimbursement received from insurance claims must remain within the ASO's SBHC program budget to help support and develop its work.

J. DATA MANAGEMENT AND DATA COLLECTION/REPORTING

1. Each SBHC is required to maintain an Electronic Health Record (EHR), which allows for client data import and export, data aggregation, and analytics.
2. There should be written policies to dictate the access to and use of SBHC data.
3. Each SBHC should establish connectivity with the Chesapeake Regional Information System for our Patients (CRISP).
4. A designated individual should be responsible for the preparation of the reporting forms required by the Bureau.
5. Medical records for students must be created, maintained, and stored in compliance with state and federal regulatory requirements. At minimum, each client record must contain:
   a. Signed consent form,
   b. Personal and demographic data,
   c. Individual and family medical history,
   d. Medical problem list,
   e. Medication list, and
   f. Immunization record.
6. Psychotherapy notes must be separate from the general medical record in accordance with state and federal privacy laws.

APPENDICES:
SCHOOL-BASED HEALTH CENTER STANDARDS

APPENDIX A. DEFINITIONS AND TERMINOLOGY

Clinical Director	The clinician (MD, DO, or Advanced Practice Nurse) responsible for the overall quality of care of the services delivered at the ASO's SBHCs
Clinical Provider	A physician, advanced nurse practitioner, or physician assistant with appropriate credentials for providing services to the population being served, including the EPSDT Provider qualifications required in COMAR 10.09.23.
Clinical Support Staff	Either a Registered Nurse (RN), Licensed Practical Nurse (LPN), Certified Nursing Assistant (NA) or a Medical Assistant (MA).
Continuous Quality Improvement (CQI)	A quality management process that includes identifying a problem or area of improvement, creating an action plan to improve, studying the impact, reporting the results, assessing lessons learned, and implementing next steps to sustain change. This process is repeated as SBHCs continue to monitor and define new areas of improvement.
Family Educational Rights and Privacy Act (FERPA)	The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.
Health Insurance Portability and Accountability Act (HIPAA)	The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.
Site Coordinator(s) or Administrator(s)	Person(s) responsible for the management of overall operations of the site(s), data collection and data management, quality of services, and coordination with school personnel and with the Maryland SBHC Program.
Telehealth	Use of interactive audio/video/audio-visual, or other electronic technology/telecommunications by a Clinical Provider to deliver clinical services at a location other than that of the patient. Telehealth services require an audio component and a video unless a video device is not available. Telehealth services do not include the provision of health care services solely through use of social media, texting, or email. (COMAR 10.32.05.02)

APPENDIX B. FACILITY REQUIREMENTS

I. For SBHCs in newly constructed buildings, and to the maximum extent possible for new SBHCs in older buildings and existing SBHCs:

	REQUIRED	RECOMMENDED
1	The SBHC must be a permanent space located within a school building, or on the school campus, and used exclusively for the purpose of providing SBHC services while the SBHC is open. • The SBHC must not impede the School Health Services Suite's ability to operate independently of the SBHC. • The SBHC should have security access (i.e. swipe card, or locking door) to prevent unauthorized entry.	
2	Designated waiting/reception area.	Office/clerical area
3	At least one exam room with 4 permanent walls and a door that closes	
4	Counseling room/private area • an exam room with 4 walls and a door will suffice	
5	Secure storage area for supplies (e.g. medications, lab supplies)	
6	Designated lab space for "clean" items to be separated from "dirty" items with reasonable access to a sink with hot and cold water.	
7	Secure and confidential records storage area if using non digital/electronic records	
8	At least one sink, with hot and cold water easily accessible to each exam room	
9	One toilet facility with a sink with hot and cold water.	Two toilet facilities with a sink with hot and cold water
10	Phone line exclusively dedicated to the SBHC	
11	Internet access in all areas of the SBHC	
12	A refrigerator or freezer for vaccine/medication storage **a.** The electrical circuit for that refrigerator and/or freezer must remain active 24 hours per day. **b.** There must either be a back-up power source or a written procedure for relocation of the medications and/or immunizations to a different location with adequate refrigeration in the event of a loss of power.	

	REQUIRED	RECOMMENDED
13		Dedicated entrance for after-school hours and for patients who are not students or, if there is no dedicated entrance, an alternative mechanism for clients to access the SBHC site that ensures school safety and client anonymity. **a.** This exterior entrance should include exterior signage with the name of the SBHC program, phone number, after hours contact information (if different), and, if possible, hours of operation.
14	The facility must abide by standards provided by the Occupational Safety and Health Administration (OSHA) and the Maryland Occupational Safety and Health Act (MOSHA). See Appendix C for helpful links.	
15	The facility (as applicable) must meet other local, state, or federal requirements for occupancy and use within the permanent space allocated for the SBHC,	
16	Maryland State Department of Education, School Facilities Branch (MSDE Facilities) must be consulted to review current building code requirements and to advise as to whether additional ventilation and/or air filtration is required.	
17	The SBHC must have an internal intercom system (may be telephonic) that is connected to the school's central intercom system.	
18	Technology outlets must be available specifically in reception, office, and exam rooms, and other locations where needed.	

APPENDIX B. FACILITY REQUIREMENTS (CONTINUED)

II. Recommendation for SBHC spaces in Maryland to meet the following minimum square footage requirements per area:

AREA OF SBHC	NET SQUARE FOOTAGE (INTERIOR WALL TO WALL)
Waiting/reception area	75 sq. ft
Each exam room	80 sq. ft
Each toilet room	50 sq. ft
Counseling room/private area	80 sq. ft
Each office area	60 sq. ft
Records storage area	50 sq. ft
Supply storage area	50 sq. ft
Laboratory (Clean/Dirty Area)	80 sq. ft

III. Facility Review Procedure for New SBHCs:

A. New Construction ≥ $1,000,000:
The Maryland State Department of Education, Office of School Facilities (MSDE OSF) will conduct a formal review of the design and construction documents during the development of the project and will be part of the site approval of the SBHC after construction is complete. Once any issues they raise are resolved, they will provide a formal approval letter signed by the State Superintendent per Maryland Education Article §2-303(f), as regulated by COMAR 13A.01.02.03.

B. New Construction <$1,000,000:
MSDE OSF will be part of the site approval of the SBHC after construction is complete. They are also available to review design and construction documents during the development of the project prior to construction, which is advised.

C. New SBHC within an Existing School, Construction Cost < $1,000,000:
MSDE OSF will be part of the site approval of the SBHC after construction is complete. They are also available to review design and construction documents during the development of the project prior to construction, which is advised. If a proposed SBHC impacts the space of a school's existing health suite, MSDE OSF will review if COMAR Sec. 13a.05.05.10 can still be met and advise MDH.

Sponsoring Agencies interested in opening a new SBHC are encouraged to contact the Bureau at md.sbhcprogram@maryland.gov to discuss these facility requirements. Technical assistance, support, clarification, and guidance can be provided.

APPENDIX C. OSHA RESOURCES

BLOODBORNE PATHOGENS:

Overview of BBP Requirements Fact Sheet:
https://www.osha.gov/sites/default/files/publications/bbfact01.pdf

BBP Standard/Regulation:
https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030

Model/Template BBP Exposure Control Plan:
https://www.osha.gov/sites/default/files/CPL_2-2_69_APPD.pdf

OSHA Safety and Health Topics - Bloodborne Pathogens:
https://www.osha.gov/bloodborne-pathogens

HAZARD COMMUNICATION:

OSHA Hazard Communication Fact Sheet:
https://www.osha.gov/sites/default/files/publications/OSHA3696.pdf

OSHA Small Entity Compliance Guide for Hazardous Chemicals:
https://www.osha.gov/sites/default/files/publications/OSHA3695.pdf

OSHA Safety and Health Topics - Hazard Communication:
https://www.osha.gov/hazcom/guidance

HazCom Standard/Regulation:
https://www.osha.gov/hazcom/ghs-final-rule

APPENDIX D. TELEHEALTH

Telehealth is defined as a mode of delivering health care services from a provider to a patient using synchronous and asynchronous technologies by a health care practitioner to a patient at a different physical location than the health care practitioner. (Title 1, Subtitle 10 of the Health Occupations Article)

Telehealth includes:

- Synchronous interactions. An exchange of information between a patient and a health care practitioner that occurs in real time (includes the secure collection and transmission of a patient's medical information, clinical data, clinical images, laboratory results, and self-reported medical history).
- Asynchronous interactions. An exchange of information between a patient and a health care practitioner that does not occur in real time (includes the secure collection and transmission of a patient's medical information, clinical data, clinical images, laboratory results, and self-reported medical history).

Telehealth does not include the provision of health care services solely through text or e-mail messages or facsimile transmissions.

Telehealth Policy:

- HB 448/SB 402- *Health Care Practitioners-Telehealth and Shortage* (Ch 15 of the Acts of 2020) describes the requirements of a health care practitioner who wishes to establish a practitioner-patient relationship through telehealth.
- §1–1001 through §1–1006 of the Health Occupations Article provide the statute for provision of telehealth services in the State of Maryland.
- HB34/SB278 *State Department of Education and Maryland Department of Health- Maryland School-Based Health Center Standards- Telehealth* (Ch 348 of the Acts of 2021) prohibits the Maryland State Department of Education or the Maryland Department of Health from adding additional requirements or approval processes to those in §1–1001 through §1–1006. It is recommended that School-Based Health Center sponsors notify school leaders, superintendents, the Maryland Department of Health, and the Maryland State Department of Education when they begin to offer telehealth services.
- COMAR 10.09.49.00 - 10 provide the telehealth regulations for programs reimbursed by the Maryland Medical Assistance Program. HB 123 *Preserve Telehealth Access Act of 2021* (Ch 70 of the Acts of 2021) provides additional guidance regarding telehealth. [9]

In addition to the above regulations, School-Based Health Centers that provide telehealth should also adhere to the state and federal laws and regulations concerning the privacy and security of protected health information. These include:

1. **State of Maryland**
    a. Health-General Article, Title 4, Subtitle 3, Annotated Code of Maryland

[9] *SBHC Billing Manual*

2. **Federal**
    a. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. §§1320d et seq., as amended
    b. The HITECH Act, 42 U.S.C. §§17932, et seq., as amended
    c. 45 CFR Part 160, as amended
    d. 45 CFR Part 164, as amended

Technical assistance for developing a telehealth program is available from:

- The Centers for Medicare & Medicaid Services
- The Mid-Atlantic Telehealth Resource Center
- The School-Based Health Alliance
- The Maryland Health Care Commission

Maryland
DEPARTMENT OF HEALTH

Maryland Department of Health
The Maryland School-Based Health Center Program
Website: https://health.maryland.gov/phpa/mch/MD-SBHC-Program/Pages/default.aspx
Email: md.sbhcprogram@maryland.gov