

	Section 14: School-Based Health Centers	Revision dates: August 15, 2014; March 3, 2015, January 1, 2019 Effective dates: January 1, 2014
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14. School-Based Health Centers

14.1. General Information

SBHCs are a vital part of the health care delivery system in New Mexico. SBHCs are comprehensive primary health care centers on or adjacent to school grounds that provide PH and BH services to students and community members. SBHCs also promote positive health behaviors and health care 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.

The HSD/MAD supports SBHCs by providing Medicaid reimbursement through MCOs, to SBHCs and their medical providers for Medicaid eligible members as appropriate. A working partnership between Mexico Department of Health's, Office of School and Adolescent Health (DOH/OSAH) and HSD/MAD certify that SBHCs meet State quality standards. HSD/MAD contracts with DOH/OSAH for the provision of funding, leadership, support and oversight to 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.

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

Sponsorship - 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

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):

- Provider Type 313 – FQHC:
 - This type of SBHC meets the definition of a SBHC according to Social Security Act Section 2110 (c) (9) and is certified by 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; and



Section 14: School-Based Health Centers

Revision dates: August 15, 2014;
March 3, 2015, January 1, 2019

Effective dates: January 1, 2014

- FQHC Sponsored SBHCs may also contract with the DOH/OSAH for the provision of funding, leadership, support and oversight.
- Provider Type 321 – Independent/Non-Medical Entity Sponsored [Sites \(i.e., non-profits, universities, hospitals\):](#)
 - This type of SBHC ~~may also~~ **must** contract with DOH/OSAH for the provision of funding, leadership, support, and oversight.
 - 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 SBHCs and must pass a periodic on-site review conducted by DOH/OSAH.

If a SBHC sponsored by an FQHC is enrolled as a different provider type than an FQHC, the MCO shall reimburse according to the SBHC provider type.

SBHC Liaison: By January 1st of each year the MCO will provide an update to HSD with the name of their designated SBHC Liaison. The SBHC Liaison is the primary contact and will ensure the following:

- Participate in quarterly MCO SBHC Advisory Committee meetings;
- Conduct SBHC recertification site reviews for medically sponsored SBHCs;
- Receive, facilitate, respond and/or provide referrals to subject matter experts within the MCO for SBHC education, inquiries and general communications with SBHC stakeholders; and
- Collaborate with HSD/MAD, DOH/OSAH, contractors, SBHC Sponsors and Site Coordinators.

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, BH, and dental services, provided by the SBHC and other SBHC programs [as outlined in the agreement between DOH/OSAH and HSD/MAD.](#)



Section 14: School-Based Health Centers

Revision dates: August 15, 2014; March 3, 2015, January 1, 2019

Effective dates: January 1, 2014

~~An 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.~~

 <p>HUMAN SERVICES DEPARTMENT</p>	<p>Section 14: School-Based Health Centers</p>	<p>Revision dates: August 15, 2014; March 3, 2015, January 1, 2019</p> <p>Effective dates: January 1, 2014</p>
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14.2. **Initial** Certification Process

Contact with DOH/OSAH will be made by interested SBHC and its sponsoring entity. SBHCs and sponsoring entities interested in becoming certified for the first time must contact DOH/OSAH to begin the contracting process. DOH/OSAH will provide interested parties with Standards and Benchmarks, SBHC Site Review Self-Assessment Checklist and technical assistance as needed to complete an initial onsite review and receive a MAD Medicaid Eligibility Letter. 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.

- Initial On-Site Review:
 - DOH/OSAH will conduct a telephone or video interview an initial on-site review with the SBHC staff and sponsor to discuss discussion of findings, questions, concerns, and recommendations;
 - DOH/OSAH will provide HSD/MAD with documentation of the initial on-site review
 - HSD/MAD will issue a letter to the SBHCs, sponsor, DOH/OSAH, and the MCOs within 10 to 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; and
 - 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 calendar day;



Section 14: School-Based Health Centers

Revision dates: August 15, 2014;
March 3, 2015, January 1, 2019

Effective dates: January 1, 2014

- HSD/MAD will determine what documentation and in what format 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 five business days of resolution of deficiencies and completion of the CAP; and

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.

~~SBHC Application Packet is submitted by the SBHC and Sponsoring Entity to DOH/OSAH electronic mail. The Application Packet consists of the following:~~

- ~~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;~~
- ~~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 certificate; and~~
 - ~~Evidence of other licensure and/or certification by appropriate jurisdictional agencies as requested.~~
- ~~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;~~



Section 14: School-Based Health Centers

Revision dates: August 15, 2014;
March 3, 2015, January 1, 2019

Effective dates: January 1, 2014

- ~~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; and~~
- ~~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.~~
- ~~Application Packet Review:~~
 - ~~Reviews of the SBHC’s submissions are completed within 10 business days after the deadline for receipt;~~
 - ~~DOH/OSAH will review the contents and request further clarification, if needed; and~~
 - ~~DOH/OSAH will confirm SBHC readiness for review and communicate readiness to HSD/MAD.~~
- Centennial Care Enrollment:
 - SBHCs must ~~submit to CMS for~~ obtain an individual NPI ~~and a MAD 335 application to Conduent as either provider type 313 or provider type 321:~~ from CMS.
 - SBHCs must submit a MAD 335 application to Conduent as either provider type 313 or provider type 321:
 - SBHCs with Provider Type 313 must ~~present~~ submit a copy of documentation from CMS certifying the center as an FQHC; and
 - SBHCs with Provider Type 321 must ~~present~~ submit a copy of the MAD Medicaid Eligibility Letter.
 - Upon completion of the ~~initial Certification, SBHCs will finalize agreements with MCOs and HSD fiscal agent for Fee for Service billing~~ successful enrollment with HSD/MAD, SBHCs will finalize agreements with MCOs:
 - ~~SBHCs with Provider Type 321 will submit the HSD/MAD letter of New Mexico Medicaid Eligibility as evidence of certification to Conduent; and~~



Section 14: School-Based Health Centers

Revision dates: August 15, 2014;
March 3, 2015, January 1, 2019

Effective dates: January 1, 2014

- ~~▪ SBHCs that are already established in Centennial Care will provide evidence of provider type 313 or provider type 321.~~
- ~~SBHC will also affiliate with MCO(s):~~
 - ~~SBHCs will also affiliate every rendering provider with the SBHC in the New Mexico Medicaid System;~~
 - It is the SBHC's responsibility to contact each MCO; and
 - MCOs are required to make best efforts to contract with SBHCs per Section subsection 4.8.13.1 of the Agreement.
- ~~SBHC will also affiliate every rendering provider with SBHC in New Mexico Medicaid System.~~
- ~~On-Site Review:~~
 - ~~DOH/OSAH will conduct a telephone or video interview with the SBHC staff and sponsor to discuss findings, questions, concerns, and recommendations;~~
 - ~~HSD/MAD will issue a letter to the SBHCs, sponsor, DOH/OSAH, and the MCOs within 10 to 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; and~~
 - ~~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 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 calendar day;~~



Section 14: School-Based Health Centers

Revision dates: August 15, 2014;
March 3, 2015, January 1, 2019

Effective dates: January 1, 2014

- ~~• HSD/MAD will determine what documentation and in what format 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 five business days of resolution of deficiencies and completion of the CAP; and~~
- ~~• 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.~~

 <p>HUMAN SERVICES DEPARTMENT</p>	Section 14: School-Based Health Centers	Revision dates: August 15, 2014; March 3, 2015, January 1, 2019 Effective dates: January 1, 2014
--	--	---

14.3. 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 years after.

- ~~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.~~
- Provider Type 321s with Non-Medical Sponsorship Recertification Process review will be conducted by the [HSD/MAD DOH/OSAH](#) Site Review Team no later than six weeks before the expiration of current certification.

 - DOH/OSAH will schedule the site review through the SBHC's Sponsoring Entity.
 - DOH/OSAH shall ensure 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.
 - The [DOH/OSAH](#) site review will be conducted as outlined in Certification Process above.
- The recertification process for [Medically Sponsored](#) SBHCs ~~sponsored by FQHCs and~~ contracted with DOH/OSAH ~~includes~~ is the responsibility of the MCOs. ~~The designated MCO will conduct the site review no later than six weeks before the expiration of current certification.~~

 - ~~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 on-site review.~~
 - The MCO will schedule the on-site review with the Medical Sponsor for no later than six weeks before the expiration of current certification. ~~The review may be conducted remotely. There is no requirement for a site visit.~~



Section 14: School-Based Health Centers

Revision dates: August 15, 2014;
March 3, 2015, January 1, 2019

Effective dates: January 1, 2014

- The review may be conducted remotely for additional SBHC sites. There is no requirement for a an on-site visit for every individual SBHC under the same sponsoring entity.
- In preparation of the on-site review ~~The the~~ MCO shall ensure 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. ~~The designated MCO shall instruct the Medical Sponsor and SBHC to make available hard or electronic copies of:~~
 - Within one month of the site review ensure 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.
 - Instruct the Medical Sponsor and SBHC to prepare to make available hard or electronic copies of:
 - Attestation Statement for Federally Qualified Health Centers (Exhibit 177) or copy of Acknowledgment of Ability to Comply with New Mexico Standards and Benchmarks for School-based Health Centers.
 - Facility Documentation:
 - Facility licenses,
 - Evidence of other licensure and/or certification by appropriate jurisdictional agencies as requested;
 - The latest fire inspection report by the fire authority with jurisdiction over the site;
 - Valid license from the New Mexico Board of Pharmacy;
 - Current Clinical Laboratory Improvement Amendments (CLIA) certificate;
 - Evidence of compliance with such standards such as the requirement for “No Smoking” signs, “Handicap Accessibility” signs, and the posting of appropriate licenses
 - SBHC Policy and Procedure Manual, including the policies and procedures described in the Standards and Benchmarks ~~and the SBHC Site Review Self-Assessment;~~
 - Complaint logs, Material Safety Data Sheets (MSDS), pharmacy logs, and laboratory logs;
 - Access to Medical Records;



Section 14: School-Based Health Centers

Revision dates: August 15, 2014;
March 3, 2015, January 1, 2019

Effective dates: January 1, 2014

- Other materials that may be specified by the Site Review Team
- Staff Documentation:
 - Current license, registration or certificate of each staff member for which a license, registration, or certification is required by the State of New Mexico;
 - Health training certificates and logs of all staff;
- Completed SBHC Site Review Self-Assessment for every SBHC;
 - Review the completed SBHC Site Review Self-Assessment for completeness and discrepancies;
 - MCO's should reschedule the onsite review if SBHC Site Review Self-Assessment is not provided 1 week prior or is incomplete;
- ~~Staff training logs, complaint logs, personnel files, facility licenses, MSDS, pharmacy logs, laboratory logs, and requested medical records;~~
- ~~Copies of licensure by jurisdictional agencies including The New Mexico Board of Pharmacy;~~
- ~~Evidence that the clinics have required items such as~~
- ~~Any other documentation as deemed necessary after consult with HSD/MAD; and~~
- ~~The completed SBHC Site Review Self-Assessment.~~
- ~~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.~~
- ~~The designated MCO review team~~ Recertification Onsite Review shall:
 - Meet with the clinic staff and sponsor representatives in person, ~~by phone or by video conference~~ to discuss the site review process;
 - ~~Review the completed SBHC Site Review Self-Assessment;~~
 - Conduct a visual review and use Use the HSD/MAD ~~electronic~~ Electronic Assessment Tool to determine adherence to the SBHC Standards and Benchmarks; ~~and~~
 - Medical Record Review of the designated MCOs members shall be conducted per the HSD/MAD training guidelines; and

	Section 14: School-Based Health Centers	Revision dates: August 15, 2014; March 3, 2015, January 1, 2019 Effective dates: January 1, 2014
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- Conduct an exit interview with the staff and sponsor to discuss findings, questions, concerns, and recommendations. Sponsor will sign the Electronic Assessment Tool Summary and a verbal indication will be given of the certification status.
- After Onsite Review Activities:
 - The MCO will deliver the site review documentation to HSD/MAD within 10 business days. This documentation includes:
 - All SBHC Site Review Self-Assessment(s)
 - Electronic Assessment Tool- Scoring
 - Electronic Assessment Tool- Summary
 - HSD/MAD will compile the data and make the final determination for recertification. HSD final determination will be demonstrated by the MAD Medicaid Eligibility Letter. This letter will be distributed by HSD/MAD directly to the Sponsoring Entity and MCOs.
 - If the SBHC/Sponsor failed, HSD/MAD will follow the CAP process as outlined in the initial certification section.

14.4. Adolescent Confidential Services and Suppression of Explanation of Benefits (EOBs)

~~Confidential Services and Suppression of Explanation of Benefits (EOBs) for~~ SBHC services under are subject to Federal and New Mexico state 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:

- 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 AR, guardian or legal custodian.”

- Pregnancy Examination and Diagnosis:



Section 14: School-Based Health Centers

Revision dates: August 15, 2014; March 3, 2015, January 1, 2019

Effective dates: January 1, 2014

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

- Family Planning Services:

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

- BH 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.”

~~The HSD and the MCO contracts require the MCOs to adopt and implement written confidentiality policies and procedures that conform to state and Federal laws and regulations. The MCOs are contractually required to preserve adolescent members’ confidentiality rights. The MCOs are required to honor adolescent members’ rights to receive confidential services to the same extent they are required to ensure adult members’ privacy rights under HIPAA and other State and Federal confidentiality provisions. that:~~

~~SBHCs should not bill private payers for services rendered to an adolescent who, according to state law, consented to receive them without parental knowledge.~~

~~The MCOs are to suspend the distribution of EOBs for all confidential services provided at SBHCs.~~

- preserve adolescent members’ confidentiality rights; and
- honor adolescent members’ rights to receive confidential services under HIPAA and other State and Federal confidentiality provisions.

MCOs are required to adopt and implement policies and procedures unique to SBHCs beyond State and Federal laws and regulations that:

- suspend the distribution of EOBs for all confidential services provided at SBHCs.