

DELAWARE

SCHOOL-BASED HEALTH CENTERS (SBHCs)

An Overview and General Guidelines for Program
Operations



DELAWARE HEALTH AND SOCIAL SERVICES

Created by: Division of Public Health,
School-Based Health Centers
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*DELAWARE HEALTH
AND SOCIAL SERVICES*

Division of Public Health

Guideline Procedure's Manual

The Division of Public Health has developed this guidelines' manual for School-Based Health Centers to serve as a resource on how to access information from the Division of Public Health and the Division of Medicaid Medical Assistance, (DMMA) so that the policy and procedures developed by both entities can be cross referenced. In addition, it will provide consistency for centers on how to access those policies.

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SECTION I

OVERVIEW



School-Based Health Center in Delaware

Purpose

School-Based Health Centers (SBHCs) are designed to provide early intervention and preventive health care to address adolescent at-risk behaviors. Currently there are 32 centers located in Kent, Sussex and New Castle Counties. The major functions of SBHCs are disease prevention through health promotion, reducing the incidents of health behaviors that place students at risk for morbidity and mortality through health education and risk reduction efforts, ameliorating adolescent psychological and psychosocial issues by increased accessibility and utilization, and serving as the conduit for the student's medical home and/or primary care provider while coordinating services between the school, parent, and the community.

SBHC function with state and federal laws and establish Standards of Practice including Standing Orders or Collaborative Agreements established by the Medical Sponsor(s). Administrative Oversight of SBHCs is provided by the Division of Public Health, Department of Health and Social Services. As such SBHCs and its on-site management team are accountable to the Division's Quality Assurance Plan and regular site visit monitoring reviews. In addition to periodic site visits to assess Title X and/or general SBHC operational requirements, there will be a site visit made every five years to re-evaluate the center's status for assigning it as a Recognized State School-Based Health Services Provider.

Medical Sponsors are required to implement and maintain a third-party insurance billing process for services provided at the SBHC(s) they are contracted to operate. This process includes the updating of insurance information on each student enrolled in the School-Based Health Center(s).



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School-Based Health Center Vision and Mission Statements

Vision

Delaware's children will have quality, integrated school-health services that improve health status, optimize academic achievement and enhance well-being.

Mission

In partnership with schools, families, healthcare providers and community agencies, DHSS, Division of Public Health will facilitate access to comprehensive preventative, primary and mental health care for adolescents in Delaware public high schools.



School-Based Health Center Goals

1. To reduce the critical health problems of adolescents by ensuring the utilization of comprehensive health services provided by the SBHC.
2. To improve the physical health of students by providing age appropriate medical services through the SBHC.
3. To reduce the incidence of high-risk behaviors through health education and risk reduction efforts.
4. To reduce the mental health and psychosocial problems of adolescents by improving access to utilization of mental health services provided by the wellness center.
5. To ensure coordination with student's medical home and/or primary care provider.
6. To increase number of parental/school involvement in the SBHC and the Center's care of students.
7. To increase community awareness of wellness centers.



Research Highlights

Poor academic outcomes and high dropout rates are major concerns of educators, policy makers, and parents alike – and poor health severely limits a child’s motivation and ability to learn. Recent research confirms that *health disparities affect educational achievement*¹. Improving students’ health is integral to education reform

School-Based Health Centers (SBHCs)—the convergence of public health, primary care, and mental health—provide an optimal setting to *foster learning readiness and academic achievement* while giving children the resources they need to improve their health

The Facts:

- A 2016 study shows that SBHCs can greatly impact multiple facets of an adolescent’s academic and emotional development. They have been shown to reduce healthcare disparity gaps and advance health equities in low socioeconomic status and ethnically diverse populations¹.
- SBHCs improve access to health care for children in rural areas, increase time spent learning in school by reducing travel to regular health appointments, improve follow-up compliance, and better serve adolescents^{2,3}.

¹School-Based Health Centers to Advance Health Equity: A Community Guide Systematic Review. Knopf JA, Finnie RK, Peng Y, Hahn RA, Truman BI, Vernon-Smile M, Johnson VC, Johnson RL, Fielding JE, Muntaner C, Hunt PC, Phyllis Jones C, Fullilove MT, Community Preventive Services Task Force. Am J Prev Med. 2016 Jul; 51(1):114-26.

²School-based health centers and pediatric practice. COUNCIL ON SCHOOL HEALTH. Pediatrics. 2012 Feb; 129(2):387-93.

³Review School-based health centers in an era of health care reform: building on history. Keeton V, Soleimanpour S, Brindis CD. Curr Probl Pediatr Adolesc Health Care. 2012 Jul; 42(6):132-56; discussion 157-8.



Research Highlights

The Facts (Continued):

- A study from 2017 shows that increasing availability of SBHC mental health services has been shown to reduce depressive episodes and suicide risk among adolescents. Students who exhibit high-risk behaviors or had more complex mental health difficulties such as suicide, depression, and difficulty with sleep are more likely to seek services at an SBHC⁴.
- SBHC utilization has been associated with improved academic outcomes, such as improved GPAs, attendance, grade promotion, college preparation, and reduced rates of suspensions⁵.
- The SBHC is one of the few systems of care wherein young people can have repeated and ongoing “time alone” with a provider, disclosing their personal concerns over time as they establish a trusting relationship⁷.

For further information concerning specific studies conducted on School-Based Health Centers contact the Division of Public Health, Director for School-Based Health Centers at (302) 744-4552.

⁴Utilization of Mental Health Services in School-Based Health Centers.

Bains RM, Cusson R, White-Frese J, Walsh S
J Sch Health. 2017 Aug; 87(8):584-592.

⁵School-Based Health Centers to Advance Health Equity: A Community Guide Systematic Review.

Knopf JA, Finnie RK, Peng Y, Hahn RA, Truman BI, Vernon-Smile M, Johnson VC, Johnson RL, Fielding JE, Muntaner C, Hunt PC, Phyllis Jones C, Fullilove MT, Community Preventive Services Task Force.
Am J Prev Med. 2016 Jul; 51(1):114-26.

⁶Measuring Success: Evaluation Designs and Approaches to Assessing the Impact of School-Based Health Centers.

Bersamin M, Garbers S, Gold MA, Heitel J, Martin K, Fisher DA, Santelli J
J Adolesc Health. 2016 Jan; 58(1):3-10.

⁷Who gets confidential care? Disparities in a national sample of adolescents.

Edman JC, Adams SH, Park MJ, Irwin CE Jr
J Adolesc Health. 2010 Apr; 46(4):393-5.



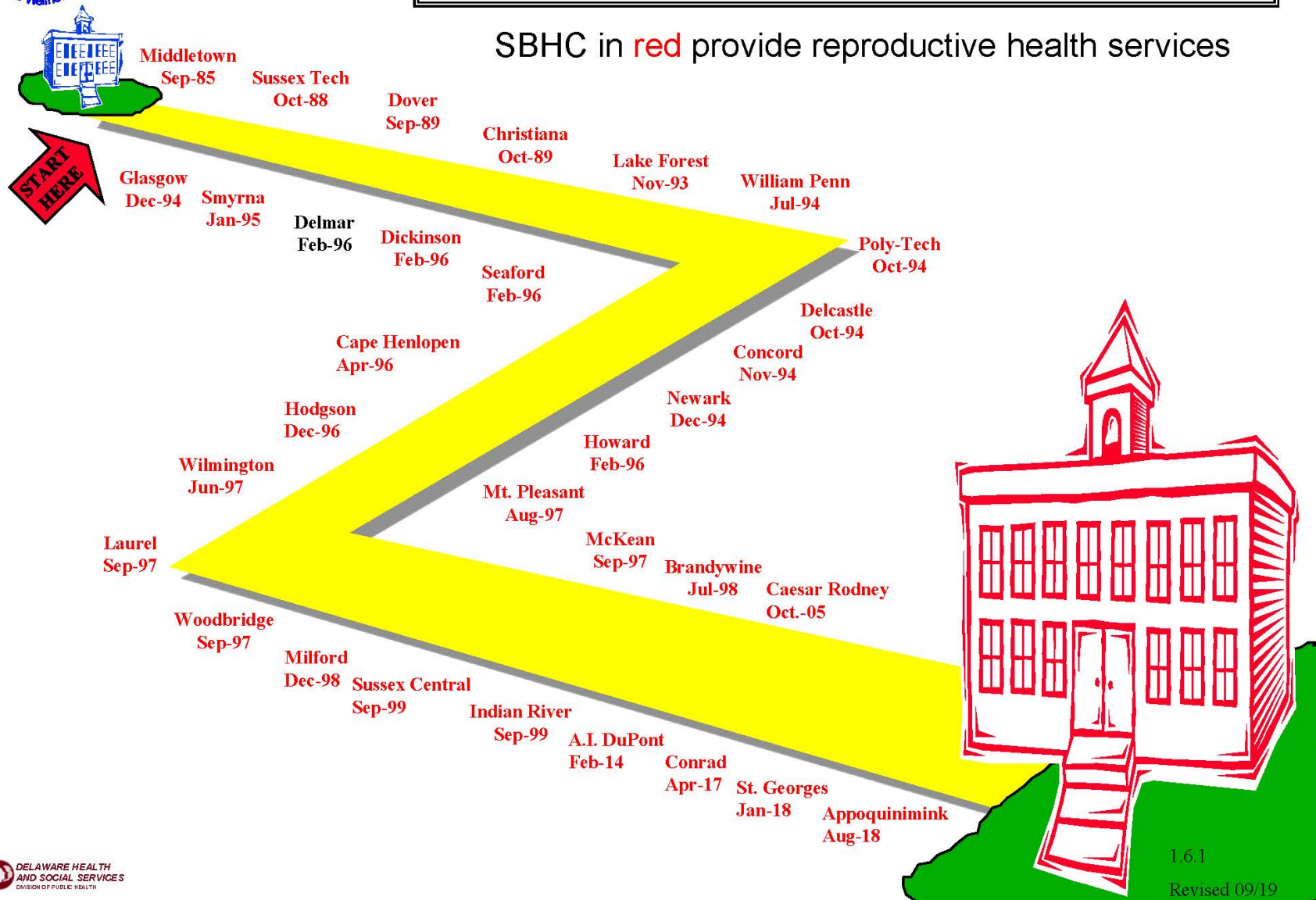
School-Based Health Center Guiding Principles

1. The School-Based Health Centers reduce barriers to health care by being located in schools and offering confidential care in a safe environment.
2. School-Based Health Centers inform enrolled students and their parents/guardians of their rights and responsibilities regarding confidentiality, privacy, safety, informed consent, release of information and financial responsibility.
3. School-Based Health Centers are comprehensive, coordinated and provide a continuum of care including promotion, early detection, intervention and treatment.
4. School-Based Health Centers facilitate students' use of health care systems by establishing links to primary health care providers and by developing health promoting behaviors
5. School-Based Health Centers provide a comprehensive range of services that meet the specific physical and behavioral health needs of adolescents (or provide referrals).
6. School-Based Health Centers enhance the existing school health services program and work cooperatively within the school community to become an integral part of the school setting.
7. School-Based Health Centers promote healthy lifestyle choices and empower youth to take responsibility for their health and health care and encourage Parent /Guardian involvement to support and sustain successful health outcomes.
8. School-Based Health Centers will be funded by state, federal, in-kind and fee-for-service resources.
9. All School-Based Health Centers will receive school board approval prior to the implementation of the center's services. All service components will be approved by the local school board based on the needs of the student population as identified through a needs assessment survey.
10. School-Based Health Centers must receive written parental permission prior to providing medical services to students (see page 23 for student registration process).

11. School-Based Health Centers do not supplant the family physician. The centers are intended to provide care for minor problems, detect and refer students with serious problems. The centers serve as facilitator to assure that teens and their families have access to all the necessary services.
12. School records and center records are kept separately to insure confidentiality.
13. Centers may be funded by state or federal dollars; through a community partnership; through grant sources; but also require support of the school with in-kind or actual dollars. Division of Public Health will remain the manager to assure that the facility is implemented in accordance with the accepted model and standards for School-Based Health Centers.



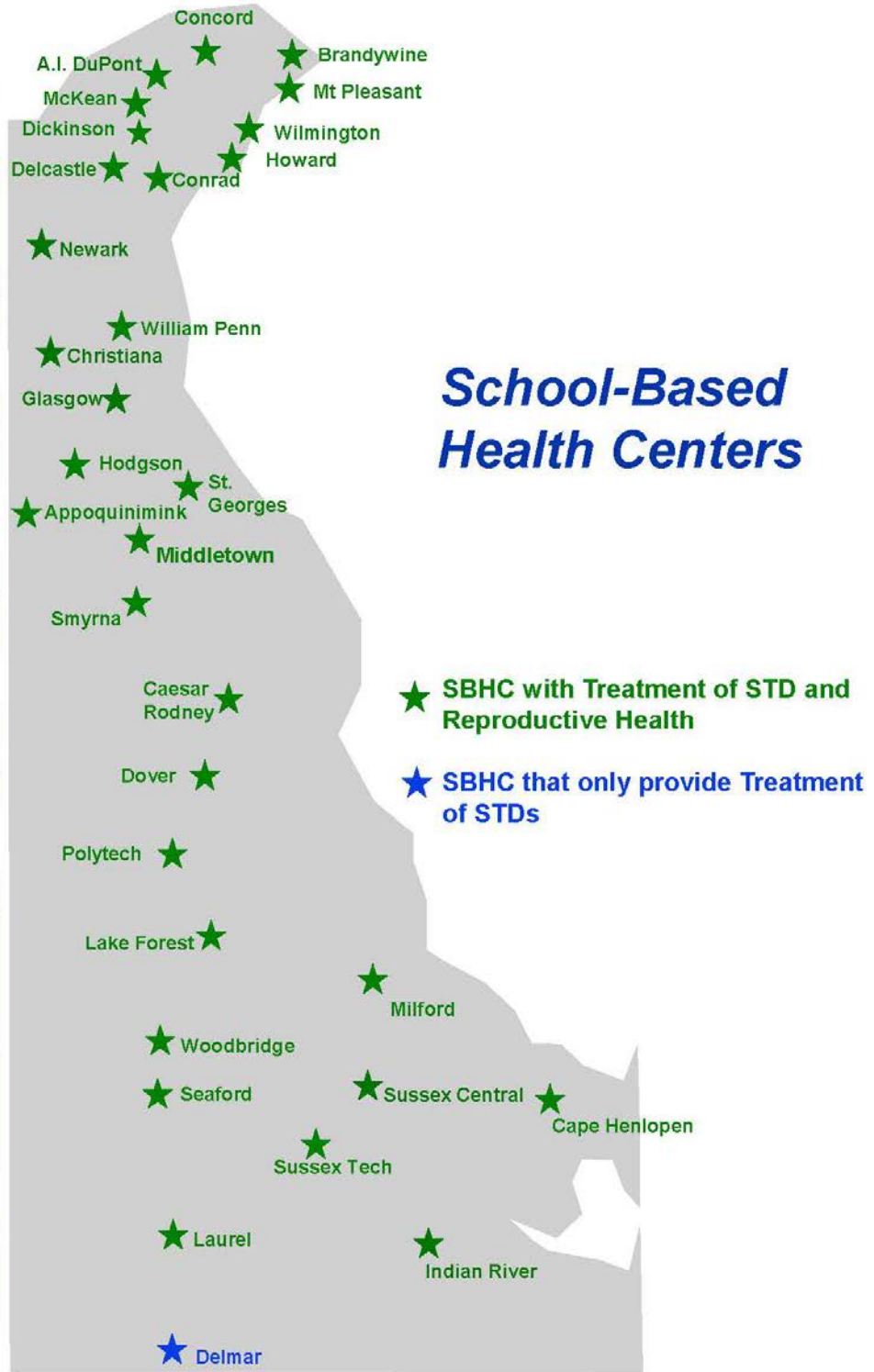
SBHC Sites Opened Since September 1985



SBHC Site Map Locations



DELAWARE



sitesmap.ppt
09122019

SCHOOL INFORMATION	CENTER INFORMATION
Appoquinimink High School APPOQUINIMINK SCHOOL DISTRICT	Appoquinimink Wellness Center 1080 Bunker Hill Road Middletown, DE 19709 Phone: (302) 449-3872 Fax: (302) 378-5050
Alex I. DuPont High School RED CLAY SCHOOL DISTRICT #292 N 270A	Alex I DuPont Wellness Center 50 Hillside Road Wilmington, DE 19807-2794 Phone: (302) 651-2640 Fax: (302) 425-3392
Brandywine High School BRANDYWINE SCHOOL DISTRICT #190 N 280	Brandywine Wellness Center 1400 Foulk Road Wilmington, DE 19803-2794 Phone: (302) 477-6750 Fax: (302) 477-6753
Caesar Rodney High School CAESAR RODNEY SCHOOL DISTRICT #626 D 280	Caesar Rodney Wellness Center 239 Old North Road, P. O. Box 188 Camden, DE 19934 Phone: (302) 698-4280 Fax: (302) 698-4284
Cape Henlopen High School CAPE HENLOPEN SCHOOL DISTRICT #726 S 150	Cape Henlopen Wellness Center 1250 Kings Highway Lewes, DE 19958-1798 Phone: (302) 644-2946 Fax: (302) 644-2991
Christiana High School CHRISTINA SCHOOL DISTRICT #390 N 410	Christiana Wellness Center 190 Salem Church Road Newark, DE 19713-2998 Phone: (302) 454-5421 Fax: (302) 368-1421
Concord High School BRANDYWINE SCHOOL DISTRICT #194 N 280	Concord Wellness Center 2501 Ebright Road Wilmington, DE 19810-1198 Phone: (302) 477-3960 Kay (302) 477-3961 Fax: (302) 477-3963
Conrad High School RED CLAY SCHOOL DISTRICT #284	Conrad Wellness Center 201 Jackson Avenue Wilmington, DE 19804 Phone: (302) 992-5532 Fax: (302) 636-5680
Delcastle Technical High School NEW CASTLE VO TECH SCHOOL DISTRICT #080 N 330	Delcastle Wellness Center 1417 Newport Road Wilmington, DE 19804-3499 Phone: (302) 892-4460 Fax: (302) 892-3403

Delmar High School DELMAR SCHOOL DISTRICT #730 S 780	Delmar Wellness Center 200 N. Eighth Street Delmar, DE 19940 Phone: (302) 846-0303/0305 Fax: (302) 846-0502
Dickinson High School RED CLAY SCHOOL DISTRICT # 290 S 780	Dickinson Wellness Center 1801 Milltown Road Wilmington, DE 19808 Phone: (302) 892-3270 Fax: (302) 892-3274
Dover High School CAPITAL SCHOOL DISTRICT # 648 D 100	Dover High Wellness Center 1 Dover High Drive Dover, DE 19904 Phone: (302) 241-2435 Fax (302) 674-2065
Glasgow High School CHRISTINA SCHOOL DISTRICT # 392 N 410	Glasgow Wellness Center 1901 South College Avenue Newark, DE 19702-2395 Phone: (302) 369-1501 Fax: (302) 369-1503
Hodgson High School NEW CASTLE VO TECH SCHOOL DISTRICT # 392 N 410	Hodgson Wellness Center 2575 Glasgow Avenue Newark, DE 19702 Phone: (302) 832- 5400 Fax: (302) 832- 5407
Howard High School of Technology NEW CASTLE VO TECH SCHOOL DISTRICT # 026 N 330	Howard Wellness Center 401 E. 12th Street Wilmington, DE 19801 Phone: (302) 576-8080 Fax: (302) 576-8084
Indian River High School INDIAN RIVER SCHOOL DISTRICT #746S S 790	Indian River Wellness Center 29772 Armory Road Dagsboro, DE 19939 Phone: (302) 732-3680 Fax: (302) 732-3685
Lake Forest High School LAKE FOREST SCHOOL DISTRICT # 665 S 690	Lake Forest Wellness Center 5407 Killen's Pond Road Felton, DE 19943-9259 Phone: (302) 284-9291, X627 Fax: (302) 284-4038
Laurel High School LAUREL SCHOOL DISTRICT # 756 S 770	Laurel Wellness Center 1133 S. Central Avenue Laurel, DE 19956-1491 Phone: (302) 875-6164 Fax: (302) 875-6166

McKean High School RED CLAY SCHOOL DISTRICT #294 N 270A	McKean Wellness Center 301 McKennan's Church Road Wilmington, DE 19808-1398 Phone: (302) 636-5330 Fax: (302) 636-5340
Middletown High School APPOQUINIMINK SCHOOL DISTRICT # 018 N 120	Middletown Wellness Center 122 Silver Lake Road Middletown, DE 19709-1494 Phone: (302) 696-3140 Fax: (302) 696-3141
Milford High School MILFORD SCHOOL DISTRICT #678 S180	Milford Wellness Center 1019 N. Walnut Street Milford, DE 19963-1298 Phone: (302) 424-6120 Fax: (302) 424-6127
Mt. Pleasant High School BRANDYWINE SCHOOL DISTRICT # 196 N 280	Mt. Pleasant Wellness Center 5201 Washington Street Extension Wilmington, DE 19809-2198 Phone: (302) 765-1100 Fax: (302) 765-1107
Newark High School CHRISTINA SCHOOL DISTRICT #394 N 410	Newark High Wellness Center 750 East Delaware Avenue Newark, DE 19711-7188 Phone: (302) 369-1606 Fax: (302) 369-1609
Polytech High School POLYTECH SCHOOL DISTRICT #652 D 300	Polytech Wellness Center 823 Walnut Shade Road P. O. Box 97 Woodside, DE 19980-0097 Phone: (302) 697-8402 Fax: (302) 697-8443
Seaford High School SEAFORD SCHOOL DISTRICT #766 S 740	Seaford Wellness Center 399 N. Market Street Seaford, DE 19973 Phone: (302) 628-2180 Fax: (302) 629-0886
Smyrna High School SMYRNA SCHOOL DISTRICT #688 N 460	Smyrna Wellness Center 500 Duck Creek Parkway Smyrna, DE 19977-1091 Phone: (302) 653-2399 Fax: (302) 653-1342
St. Georges Technical High School NEW CASTLE VO TECH DISTRICT #026	St. Georges Wellness Center 555 Hyett's Corner Road Middletown, DE 19709 Phone: (302) 449-3370 Fax: (302) 449-7194

Sussex Central High School INDIAN RIVER SCHOOL DISTRICT # 748 S 790	Sussex Central Wellness Center 26026 Patriot's Way Georgetown, DE 19947-2584 Phone: (302) 934-5962 Fax: (302) 934-5965
Sussex Tech High School SUSSEX COUNTY VO TECH SCHOOL DISTRICT #770 S 880	Sussex Tech Wellness Center 17099 County Seat Highway P. O. Box 351 Georgetown, DE 19947-0351 Phone: (302) 856-4360 Fax: (302) 856-2504
William Penn High School COLONIAL SCHOOL DISTRICT #490 N 160	William Penn Wellness Center 713 E. Basin Road New Castle, DE 19720-4295 Phone: (302) 324-5740 Fax: (302) 324-5745
Wilmington High School RED CLAY SCHOOL DISTRICT #296 N 270A	Wilmington Wellness Center 100 N. DuPont Road Wilmington, DE 19807-3199 Phone: (302) 651-2100 Fax: (302) 651-2111
Woodbridge Jr/Sr High School WOODBIDGE SCHOOL DISTRICT #780 S 710	Woodbridge Wellness Center 14712 Woodbridge Road Greenwood, DE 19950 Phone: (302) 232-3372 Fax: (302) 349-0239

SECTION II

GENERAL SERVICES INFORMATION



School-Based Health Center Services Provided

Physical Health

- Assessment, diagnosis and treatment of minor illness/injury
- Identification and referral for treatment for such conditions as high blood pressure, diabetes and asthma
- Athletic, employment, routine physicals
- Immunizations, in accordance with the Division of Public Health
- Dispense non-prescription medications
- Prescribe routine medications
- Minor laboratory tests (blood, throat cultures, urine analysis)
- Pregnancy testing
- Referral and follow-up for services not provided on site including: primary care physicians, HIV, etc.
- Diagnosis and treatment of sexually transmitted diseases*
- Reproductive Health**
- Counseling, Testing and Referral (CTR) ***

Mental Health

- Individual and family counseling in a variety of settings including group sessions and where topics are a function of identified needs (including drug and alcohol abuse, stress management, etc.)
- Referral for long-term counseling and evaluations

Health Education

- Counseling done in a variety of settings: individual, group, classroom and based on identified needs like smoking cessation, substance abuse, pregnancy prevention, etc.

Nutrition Consultation/Education

- Services provided in various settings and include weight management, special diets, sports nutrition, prenatal and postpartum nutrition, etc.

The wellness center does not provide X-rays, complex lab tests, prescribing or dispensing of contraceptive devices or ongoing treatment of chronic or psychiatric conditions.

- * Optional Service (subject to school board approval and reflected in school board minutes).
- **Optional Service (may include Depo-Provera, long-acting reversible contraceptives), subject to school board approval and reflected in school board minutes and written approval of acceptance of policy protocols by the superintendent and principal).
- ***Optional Service (subject to school board approval and reflected in school board minutes or superintendent written approval).



Student Registration Process

In order for students to receive school-based health center services at their respective high schools (4 middle schools, 2 schools include eighth graders), the child's parent(s) must give consent. Forms in the registration process include: Health History (student, family health), Demographic and Consent for Treatment and HIPAA.

If the student is younger than 18, parents must sign the Consent for Treatment Form which includes the types of services available as well as the agreement to bill the parent's insurance carrier for such services or be responsible for payment of that service if the parent is not insured. Services cannot be denied due to the parent's inability to pay for such services. The HIPAA form can either be a part of the registration packet of information or can be signed by the student upon his/her first visit to the wellness center. See Appendix A for the consent forms.

SECTION III

**TITLE X, REPRODUCTIVE
HEALTH SERVICES**



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Services Provided for Reproductive Health

Reproductive health services are provided in approved School-Based Health Centers and can include oral contraception, condom distribution, Depo-Provera and Nexplanon. Such services will only apply to centers where the School Board has approved and where the parent/guardian approval for such services is on file.



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Process for Becoming a Title X Provider

The process for becoming a Title X Provider requires the Medical sponsor/Centers to complete several Federal and State forms. For a list and explanation of the forms please contact the Title X Program Director by calling (302) 744-4920.



Overview of Condom and Reproductive Health Service Policy for School-Based Health Centers

This policy outlines the process and procedure for providing reproductive health services in the Division of Public Health funded School-Based Health Centers. Reproductive health services are limited to distribution of condoms and other various contraceptives depending on school board approval.

1. Reproductive Health services will only be provided in those School-Based Health Centers where such services have been approved by the school board. Where services are approved, written documentation must be provided to the Division of Public Health. Written documentation to provide reproductive health services must be in the form of minutes from the school board meeting approving such services or by superintendent and/or principle approval letter.
2. Medical sponsors who provide reproductive health services through school board approval must become Title X, reproductive health care providers. Program data and fiscal requirements of the federal Title X program must be met. Approved Centers should work with the Title X Program Manager on such requirements
3. Medical sponsors who provide reproductive health services must provide written documentation to the Division of Public Health that all providers meet qualifications and practice requirements necessary to provide such services.

4. Distribution of condoms and oral contraceptives will be limited to:

- Up to three months of oral contraceptives can be prescribed at a visit. No additional oral contraceptives will be given out until the three month's supply has expired (or is close to expiration) unless such circumstances warrant other considerations. This will be done on a case by case basis.
- Condoms will be provided in packets of ten, with no more than one packet of condoms being provided to any one student during any one visit.
- Depo-Provera will be administered on a quarterly basis as designated by the manufacturer.
- Nexplanon is a long-lasting reversible contraceptives that will be administered every three years.
- Please refer to the Title X Manual for updates.



Overview of Counseling, Testing and Referral (CTR) Service Policy for School-Based Health Centers

This policy outlines the process and procedure for providing Counseling, Testing and Referral (CTR) services in the Division of Public Health funded School-Based Health Centers.

1. CTR services will only be provided in those School-Based Health Centers where such services have been approved by the school board. Where services are approved, written documentation must be provided to the Division of Public Health. Written documentation to provide CTR services must be in the form of minutes from the school board meeting approving such services and also must be signed off by the superintendent and principal for the said wellness center that indicates that they have reviewed the policy and procedures for such services.
2. Only medical sponsor professional staff that have been trained through the Division of Public Health, HIV Prevention Program on how to conduct HIV counseling and testing are authorized to conduct the test and provides counseling.
3. The DPH, HIV Prevention Program will facilitate the CTR for each SBHC. Each SBHC that is authorized to provide HIV services must maintain a copy of the Delaware Division of Public Health, HIV Prevention Program HIV Testing Protocol on site as well as, all applicable medical sponsor policies and procedures. To ensure a cooperative working environment, any conflicts or disagreements with the HIV program will be addressed to the DPH HIV Prevention Program Contract Manager for arbitration.
4. In addition to the CTR, the following proficiency testing requirements must be adhered to:
 - a. Centers must continue to use onsite quality control practices (QC). All providers offering HIV Rapid Testing services must participate in and pass annual Proficiency Testing (PT) to ensure that screeners are maintaining competency in the current test technology. PT is administered by the Delaware Public Health Laboratory (DPHL) Quality Assurance Lab Manager. This service is currently conducted through The College of American Pathologists (CAP). The Anti-HIV 1/2, waived (AHIVW) survey is under \$300 for the year – that covers two sets of surveys. Registration info: 1-800-323-4040 (select option 1). www.cap.org
 - b. QC allows staff to assure skills with samples of known serostatus and PT is performed with samples where serostatus is unknown to staff in advance. Both types of quality assurance are mandatory. It is the responsibility of the SBHC to purchase all proficiency tests.

HIV Prevention Administrator: Robert Vella (Robert.Vella@state.de.us)

HIV Prevention Contract Manager: Ray Collins (ray.collins@state.de.us)

QA Manager Division of Public Health Laboratory: Frederick (Fred) Franze
(Frederick.Franze@state.de.us)



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Process for Becoming a Counseling, Testing and Referral Site

The process for becoming a Counseling, Testing and Referral (CTR) site though not complex does require the coordination with the Division of Public, HIV Prevention Program. For this reason you are directed to contact the Division of Public Health, HIV Prevention Program Manager for assistance. The contact information and web link to their website is provided below.

Contact Information:

Thomas Collins Building, Suite #12
540 South DuPont Highway Dover DE 19901

Main Telephone:

(302) 744-1050 - HIV Prevention Administrator

Fax:

(302) 739-2548

Web Link:

<http://www.dhss.delaware.gov/dhss/dph/dpc/hivaidsprogram.html>

SECTION IV

MEDICAID

IMPORTANT: The Division of Public Health is not a medical provider and as such has no access to Managed Care Organization, (MCO) information or services.



Process for Becoming Delaware Division of Medicaid and Medical Assistance (DMMA) Provider

SBHC Medical Sponsors will need to become a Medicaid Provider in order to receive payment from the Delaware Division of Medicaid and Medical Assistance (DMMA) for services provided at a SBHC. Medical sponsors(s) must contact the following Managed Care Organizations for instructions and assistance on how to enroll as a medical provider.

1. AmeriHealth:

In order to receive the provider enrollment packet, medical sponsors must contact AmeriHealth. AmeriHealth can be contacted by either of the following methods:

Login procedures for the AmeriHealth

Type the web-link below into your web browser

<https://www.amerihealth.com/>

Telephone Number for AmeriHealth

(302) 777-6400

2. Highmark Health Options:

In order to receive the provider enrollment packet, medical sponsors must contact Highmark Health Options. Highmark Health Options can be contacted by either of the following methods:

Login procedures for the Highmark Health Options

Type the web-link below into your web browser

<https://highmarkhealthoptions.com/>

Login procedures for the United Healthcare:

(844) 325-6251



Process for a Provider to Check Student Eligibility

Medical sponsor personnel can check student eligibility for services through a variety of programs. Provided below are the login procedures for the Delaware Medical Assistance Program, (DMAP) and “NaviNet” a commonly used site.

Medical sponsors are not limited to these two programs and are encouraged to use program(s) provided by a specific insurance carrier.

1. Login procedures for the Delaware Medical Assistance Program, (DMAP)

Type the web-link below into your web browser

<https://www.dmap.state.de.us/secure/eligibility.do>

If you are not already a registered user for the site you will need to register

For assistance, call HP Provider Services at 1-800-999-3371 any time Monday - Friday, 8:00 a.m. to 5:00 p.m.

2. Login procedures for the “NaviNet” website

Type the web-link below into your web browser

<https://navinet.navimedix.com/sign-in?ReturnUrl=/Main.aspx>

If you are not already a registered user for the site you will need to register

IMPORTANT: The Division of Public Health is not a medical provider and as such has no access to Managed Care Organization, (MCO) information or services.



Process for Submitting the Annual SBHC Cost Report (Upper-Payment Limit Test) to Medicaid

The Division of Medicaid and Medical Assistance (DMMA) requires each SBHC vendor to submit a consolidated “Cost Report” for all SBHC sites it operates. These reports will be used both to set a prospective annual visit rate for each vendor and will also be used to perform the Upper Payment Limit test that DMMA is required to do in the aggregate for all Medicaid Clinic Services.

SBHC Medical sponsors are required to complete a cost report for the SBHCs they operated during prior Fiscal Year, (FY). The Cost Report should be completed by your agency's fiscal officer since they may already be familiar with Medicare hospital or FQHC cost reporting processes and Medicare cost principles regarding what is and is not an allowable cost (DMMA follows Medicare cost principles for many of its cost-based services).

The SBHC Cost Report Template and Instructions will be sent to the SBHC Medical sponsors each year by the **DMMA Reimbursement Manager**. The DMMA Reimbursement Manager will send SBHC Medical sponsors the package in July of each year for completion on or before October 2nd of each year as required. The Division of Public Health should be copied on all Cost Report submissions.

SECTION V

SBHC MANDATORY DATA AND INPUT REPORTING



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Access to the Database for New Users

The Division of Public Health, School-Based Health Centers EMR or Database system is managed by the medical sponsors for each center.



SBHC Reporting Module and Rule Template

The SBHC Reporting Module and Rules template is the primary document that is used to input and submit data to DPH.

SBHCs are **required to use the SBHC Reporting Module and Rule template.**

To request updated copies of the SBHC Reporting Module and Rule template, contact DPH at 302-744-4552.

SECTION VI

FORMS



Semi-Annual & Annual Report Format

Each SBHC is required to submit both a Semi-Annual and Annual report to the Division of Public Health, Director of adolescent Health. The Semi-annual report is due on or before February 15th; the Annual report is due on or before August 15th. The reports will address the following and submitted in the format below:

Suggested Seven Goals for SBHC's

1. ***To reduce the critical health problems of adolescents by ensuring the utilization of comprehensive health services provided by the SBHC.*** (Measurable objectives for this goal shall include the percentage of student population enrolled, unduplicated total users and the total number of center visits per year.)
 - Give actual number of student population, the percent and number that this percentage represents, the actual number and percent of the entire student population that you have enrolled
 - ***Unduplicated user objective must be at least half of the number of enrolled students at each site***
 - The number of center visits (***unduplicated user count times 3 or 4 dependent on three year's worth of data***).
2. ***To improve the physical health of students by providing age appropriate medical services through the SBHC.*** (Measurable objectives for this goal may include the number of physical examinations, the number of immunizations given, the number of diagnoses for acute/minor illnesses, and the number nutrition diagnoses)
 - Number of physical exams
 - Number of immunizations
 - Number of nutrition diagnoses
3. ***To reduce the incidence of high-risk behaviors through health education and risk reduction efforts.*** (Measurable objectives should be developed for health educational and risk reduction activities.)
 - Number of lunch-and-learns (if applicable)
 - Number of health educational activities (health fairs, number of school programs that your center assisted with, etc.)
 - Number of students and group sessions (smoking cessation, anger management, weight reduction, etc.)

4. ***To reduce the mental health and psychosocial problems of adolescents by improving access to utilization of mental health services provided by the wellness center.***
(Measurable objectives for this goal shall include the number of individual and family counseling visits, number of referrals for additional support services, and number of students receiving back-to-school transition assistance.)
 - Number of individual and family counseling visits
 - Number of group counseling visits
5. ***To ensure coordination with student's medical home and/or primary care provider.***
(Measurable objectives for this goal shall include developing procedures for informing primary care providers of SBHC encounters.)
6. ***To increase number of parental/school involvement in the SBHC and Center's care of students.***
 - Number of Center Advisory Council meetings in a year
 - Number of *parents* that will serve on the Center Advisory Council
 - Number of students that will serve on the Center Advisory Council where applicable
 - Number of faculty that will serve on the Center Advisory Council
 - Number of other school staff that will serve on the Center Advisory Council
 - **Number of meetings with the school principal and/or superintendent about the progress of the center (include minutes)**
7. ***To increase community awareness of wellness centers.***
(Measurable objectives shall include the number of SBHC presentations to school board, community groups, etc, the number of articles in parent/school newsletters, the number of articles in local newspapers, etc.)
 - Number of SBHC presentations to the school board
 - Number of presentations to community groups
 - Number of health fairs if applicable
 - Number of articles in the school paper if applicable

Please use the above template to complete your semi- and annual report and briefly address any non-compliance areas within the objectives that your center did not meet.

Note: Send all items together as one package.

School-Based Health Center Annual Budget Submission Form

Organizations Name: _____ SBHC Name: _____
 FY _____ All Employees at _____ hours per week

Salaries & Fringe Benefits

Employee Name	Position	Start Date	Hourly Rate	# of SBHC hours billed for period	Productive/Non Productive Hours	Amount Paid during the period	% of FTE	% Fringe	Amount of Fringe Paid	Total Salary & Fringe	YTD

Total Salaries & Fringe: 0.00

Amount to be added

Contractuals:

Registered Dietitian (HR wage X hrs X weeks)

Hourly Rate	hrs/week	weeks	Total

Physician

Hourly Rate	hrs/month	months	Total

Misc.

Contract Provider (HR wage X hrs X weeks)

Hourly Rate	hrs/week	weeks	Total

Supplies:

Maintenance (Copier)
 Telephone
 Department Supplies
 Seminars/Travel

Capital: \$0.00

Indirect Costs:

Total Expenses

Funding from Public Health ##### (done)

In kind Donation ##### (done)

**School-Based Health Center
Sample Budget Amendment Form**

PLACE ON VENDOR LETTERHEAD

Contract # _____ P.O. _____

Budget Amendment # _____ Date: _____

1. Medical sponsors are required to provide a full justification for this amendment.

Revised	Current		Requested
	School*	Budget	Changes
2. <u>Budget</u>			
Salaries			
Fringe Benefits			
Contractual Services			
Supplies & Material			
Capital Outlay			
Etc.			
Totals		\$	\$

Signature

*If more than one school, you may list each school under each category or complete a separate sheet for each school.

Budget Amendments can be submitted as needed. However, the deadline for submitting a final budget amendment is on or before April 15th.

School-Based Health Center Monthly Invoice Form

ORGANIZATON NAME

ADDRESS:_____

VENDOR FEDERAL E.I. :_____

DATE: _____

School-Based Health Center Invoice # _____

EXPENSES FOR: Month_____ Year:_____

	<u>SBHC Name</u>	<u>SBHC Name</u>	<u>SBHC Name</u>	<u>SBHC Name</u>	<u>SBHC Name</u>	<u>Total</u>
	-	-	-	-	-	-
Prior YTD	\$	\$	\$	\$	\$	\$
	-	-	-	-	-	-
Salaries						
Benefits						
Contractual						
Travel						
Supplies						
Other Expenses						
Staff Development						
Indirect Cost						
Mgmt & General						
Other Expenses						
Total Expenses - Month/ Year	\$	\$	\$	\$	\$	\$
Overpayment for July Invoice applied						
Balance Due						
Current YTD	\$	\$	\$	\$	\$	\$

Signature: _____

**School-Based Health Center
Resume Submission Form**
(Must be filled out for new hires at centers)

The attached resume is for the following:

Name: _____
Please Type

Licensed Practitioner (if applicable): _____
Please Type

Title(s) at the center: Circle as many as apply:

Center Coordinator, Administrative Assistant Physician Registered Dietician

Certified Family Nurse Practitioner, (CFNPP) Certified Pediatric Nurse Practitioner, (CPNP)

Physician Assistant, (PA-C) Licensed Clinical Social Worker, (LCSW)

Licensed Professional Mental Health Counselor, (LPMHC)

Center(s): _____
Please Type

If the provider covers more than one site, a separate form needs to be filled out for each site.

Individual is replacing: Name: _____
Please Type

Title: _____
Please Type

The practitioner on this form possesses the appropriate license, and/or certification and their resume reflects training and or experience in the service areas offered at the centers.

☐ Yes

☐ No

☐ Resume attached

☐ Criminal Background check attached

☐ Provide Individuals contact **e-mail address** _____
Please Type

Name of Individual Submitting form: _____
Please Type

Please submit to: Director of School-Based Health Centers
417 Federal Street
Jesse Cooper Bldg, Garden Level
302-739-6653 (fax) Dover, DE 19901

School-Based Health Center Collaborative Agreement Form

Name of Vendor: _____
Please Type

Name of SBHC: _____
Please Type

A collaborative agreement is required for each APN at site.

Full Name of Licensed Practitioner: _____
Please Type

Licensed Practitioner is certified as a: _____
Please Type

Name of Physician signing this document: _____
Please Type

Physician is certified as a: _____
Please Type

Collaborative Agreement: In subsequent years of this agreement, if there are NO changes, the License Practitioner named on this document will sign and date a new form and indicate that there are no changes.

____ **There are no changes** to the Collaborative Agreement dated _____

Signature of Licensed Practitioner: _____ Date: _____

OR

____ **There are changes** to the previous Collaborative Agreement effective _____

Signature of Licensed Practitioner: _____ Date: _____

Signature of Physician: _____ Date: _____

Once signed and dated by the appropriate person(s) this form plus any supporting documentation, if warranted, must be sent on or **before October 15th of each year** to the Director of School-Based Health Centers.

School-Based Health Center Standing Orders Form

Name of Vendor: _____
Please Type

Name of SBHC: _____
Please Type
Standing orders are required for each PA (if applicable) at site

Full Name of Physician Assistant: _____
Please Type

Name of Physician signing this document: _____
Please Type

Physician is certified as a: _____
Please Type

Standing Orders must be signed by the PA-C and authorizing physician each year. If there are any changes in medical protocol, such documentation should also be submitted to DPH so that those changes can be included in the center's Policy and Procedure's Manual that DPH has on file.

____ **There are no changes** to the Standing Orders dated _____

____ **There are changes** (documentation should be included so that DPH will include those changes in the center's Policy and Procedure's Manual that DPH has on file) to the Standing Orders
Effective date _____

Signature of Licensed Practitioner: _____ Date: _____

Signature of Physician: _____ Date: _____

Once signed and dated by both the physician and the licensed practitioner the original document must be sent **on or before October 15th of each year** to the Director of School-Based Health Centers

SECTION VI

MISCELLANEOUS



Submitting SBHC Annual Goals and Objectives

1. All SBHC are required to submit their annual goals objectives to the Division of Public Health, Director for School Based Health **on or before May 15th** of each year.

2. **Determining your Overall Visit Goal:** To calculate your Overall Goal for visits for the coming year you do the following: Determine the % of school population that will be enrolled the SBHC site, divided by 2 = unduplicated count x 4 = overall visit count per center. **For**

Example: Center A has a school population of 1,000 students. The center determines they will enroll 35% of the school population, this = 350, divided by 2 =175 so the unduplicated count = 175, 175 x 3 or 4 (dependent upon your visit counts for the past three years) =700 overall visits for this Center.

3. A description the Goals and Objectives is provided below.

Suggested Seven Goals for SBHC's

1. ***To reduce the critical health problems of adolescents by ensuring the utilization of comprehensive health services provided by the SBHC.***
(Measurable objectives for this goal shall include the percentage of student population enrolled, unduplicated total users and the total number of center visits per year.)
 - Give actual number of student population, the percent and number that this percentage represents, the actual number and percent of the entire student population that you have enrolled
 - ***Unduplicated user objective must be at least half of the number of enrolled students at each site***
 - The number of center visits (***unduplicated user count times 3 or 4 based on center visit reviews***).
2. ***To improve the physical health of students by providing age appropriate medical services through the SBHC.*** (Measurable objectives for this goal may include the number of physical examinations, the number of immunizations given, the number of diagnoses for acute/minor illnesses, and the number nutrition diagnoses)
 - Number of physical exams
 - Number of immunizations
 - Number of nutrition diagnoses

3. ***To reduce the incidence of high-risk behaviors through health education and risk reduction efforts.*** (Measurable objectives should be developed for health educational and risk reduction activities.)
 - Number of lunch-and-learns (if applicable)
 - Number of health educational activities (health fairs, number of school programs that your center assisted with, etc.)
 - Number of students and group sessions (smoking cessation, anger management, weight reduction, etc.)
4. ***To reduce the mental health and psychosocial problems of adolescents by improving access to utilization of mental health services provided by the wellness center.*** (Measurable objectives for this goal shall include the number of individual and family counseling visits, number of referrals for additional support services, and number of students receiving back-to-school transition assistance.)
 - Number of individual and family counseling visits
 - Number of group counseling visits
5. ***To ensure coordination with student's medical home and/or primary care provider.*** (Measurable objectives for this goal shall include developing procedures for informing primary care providers of SBHC encounters.)
6. ***To increase number of parental/school involvement in the SBHC and Center's care of students.***
 - Number of Center Advisory Council meetings in a year
 - Number of parents that will serve on the Center Advisory Council
 - Number of students that will serve on the Center Advisory Council where applicable
 - Number of faculty that will serve on the Center Advisory Council
 - Number of other school staff that will serve on the Center Advisory Council
 - Number of meetings with the school principal and/or superintendent about the progress of the center
7. ***To increase community awareness of wellness centers.*** (Measurable objectives shall include the number of SBHC presentations to school board, community groups, etc, the number of articles in parent/school newsletters, the number of articles in local newspapers, etc.)
 - Number of SBHC presentations to the school board
 - Number of presentations to community groups
 - Number of health fairs if applicable
 - Number of articles in the school paper if applicable

Please use the above template to complete your semi- and annual report and briefly address any non-compliance areas within the objectives that your center did not meet.



Submitting Monthly SBHC Reports

1. A **Standardized Monthly Statistical Report** will be submitted to the Division of Public Health on or before the 25th of each month and must be submitted according to DPH instructions and include the following:
 - Visit information utilizing the **ICD/ CPT** codes.
 - Number of Physical Exams (Well Child) Sports Physicals and Administrative Physicals
 - Emotional/mental health
 - Immunizations by ICD Code
 - Nutritional counseling
 - Other counseling (example tobacco, exercise, etc.)
 - **STD** screening and number of positive tests if applicable
 - Number of HIV screens and number of positive tests if applicable
 - Pregnancy screening and number of positive tests
 - Emotional (Mental Health)
 - Alcohol abuse/dependence screening
 - Substance abuse/dependence screening
 - Tobacco use screenings
 - Suicide Ideation screening
 - Depression Screening
 - Initiation of contraceptive management if applicable
 - Contraceptive management and surveillance if applicable
 - Risk assessment completed on all active students
 - BMI Assessments
 - Bullying



Submitting the SBHC Semi-Annual and Annual Reports

1. Semi-Annual and Annual reports must be received at SBHC Central Office on or before February 15th and August 15th of each year.
2. Most of the information pertinent to the completion of this report can be gathered through the SBHC Database system.
3. The Semi-Annual and Annual reports must contain the information as outlined in the form provided in Section V, Forms portion of this guidebook. The report needs to be tied back to the centers projected goals and objectives for the year.
4. In addition, a narrative of the SBHC accomplishments, challenges, and outstanding issues along with possible solutions must be included when submitting these reports.



Submitting the Annual SBHC Budget

1. On or before May 15 of each year, the SBHC Medical sponsor(s) must submit to the Division of Public Health a projected annual budget for each of the SBHC that they are contracted to provide service in. All completed budget sheets should be submitted to the Division of Public Health, Director for School-Based Health Centers for review and approval.
2. Vendors may choose to use the budget template found in Section VI of this guidebook or use their own form. **If vendors choose their own form, all elements provided on the DPH Budget template in Section VI must be included.**



Submitting a SBHC Budget Amendment

1. In the event that any one line item in a Medical sponsors SBHC budget is changed by 10% or more, the Medical sponsor must complete the a SBHC Budget Amendment locate in Section VI of this guidebook. The amendment form must be submitted to the Division of Public Health, Director for School-Based Health Center for approval.
2. All budget modifications should be submitted to DPH as needed. The final budget Amendment for the fiscal year must be submitted on or before May 7th.



Submitting the SBHC Monthly Invoice

1. Monthly invoices are routinely submitted to the Division of Public Health by the medical sponsors' main billing office and are due to the Division of Public Health on or before the 25th of each month.
2. The invoice must be on vendor letterhead and contain signature and title of the designated official authorized to submit invoices. The "heading" portion of each invoice must contain: The period covered (month), the school name, DOH's purchase order number, the DPH contract number, an invoice number assigned by the vendor, vendor E.I. number, and the date the invoice was prepared. The invoice must include the prior year-to-date expenses, current month's expenses and current year-to-date expenses. The following categories must be reported each month:

The invoice heading must contain the following:

- **Organization Name**
- **Vendor Federal E.I. #**
- **Address**
- **SBHC Invoice Number**
- **Expenses for Month and Year**
- **Date**

The invoice must include the Salaries & Fringe Benefits for each individual employee to include the following:

- **Name**
- **Position**
- **Start Date**
- **Hourly Rate**
- **# of SBHC hours billed for the period (SBHC = School-Based Health Center)**
- **Amount Paid during the period**
- **% of FTE**
- **% Fringe**
- **Amount of fringe paid**
- **Total Salary & Fringe**
- **YTD**



Submitting SBHC Collaborative Agreements and Standing Orders

On or before October 15 of each year the SBHC Medical sponsor(s) must submit to the Division of Public Health the Collaborative Agreements and Standing Orders for each of their School-Based Health Centers. Copies of these forms can be found in Section VI, Forms of this guidebook.

Collaborative Agreements: According to Title 24, Section 8.0 of the Delaware Professional Regulations Once the Collaborative Agreement is established it remains intact unless the person or agency it is with changes. So the only thing that would change the Collaborative Agreement would be changing the collaborating physician and/or agency. This requires sending a required form to the Board of Nursing initiating a Collaborative Agreement, and in our case making the changes know to DPH.

In subsequent years of this agreement, if there are NO changes, the License Practitioner named on this document will sign and date a new form and indicate that there are no changes.

Standing Orders must be signed by the PA-C and authorizing physician each year. If there are any changes in medical protocol, such documentation should also be submitted to DPH so that those changes can be included in the center's Policy and Procedure's Manual that DPH has on file.



SBHC Pharmacy Ordering Procedures

When ordering through the Division of Public Health Pharmacy two forms are used and will be provided by the Division of Public Health, Director for School-Based health Centers.

- **SBHC MEDICATION AND SUPPLIES ORDER FORM**, (used by all SBHC to order medications etc.)
 1. All SBHC staffs can order medications utilizing the SBHC Medication and Supplies ordering form. This is the form for ordering your medications, ointments, etc. from the pharmacy.
 2. SBHCs not approved for STD diagnosis and treatment should order medications in conjunction with the instructions on the form.

- **SBHC REPRODUCTIVE HEALTH ORDERING FORM**, (for authorized schools only)
 1. The Reproductive Health Pharmacy Ordering form is ONLY for those SBHC that have received School Board approval to provide reproductive health services in their SBHC.



SBHC Medication Storage Procedures

The following information is taken directly from the DPH Pharmacy Manual which you are required to have at your SBHC. If you do not have a copy of the DPH Pharmacy either electronically or hard copy you need to contact the DPH Pharmacy and request a copy (contact information provided below).

Storing Conditions

Drugs shall be stored to ensure their integrity. Drugs shall be stored under the proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.

GENERAL STORAGE

- * Store drugs in an orderly manner to facilitate inventory control and minimize errors in one central controlled storage area.
- * Keep storage areas clean, uncluttered and free from trash, insects, rodents, and vermin. If lower shelves are not sealed to the floor, allow sufficient space underneath to permit access to cleaning.

Separation of Internals from Externals

Products for internal use or injection must be kept separated from those products intended for topical use. Other chemicals such as poisons, detergents and other products must be stored under proper conditions separate from all other medications.

Refrigeration of Drugs

Biological and thermolabile drugs shall be stored in a refrigerator that is capable of maintaining the necessary temperature.

A thermometer that will indicate the normal range shall be kept in each drug refrigerator/freezer (unless built into the refrigerator/freezer). The temperature shall be recorded daily in a log designated for that purpose.

The storage of food and other non-drug items in drug storage refrigerators or freezers is prohibited; culture plates/specimens are exempt from this.

Storage Temperatures

All drugs shall be stored at appropriate temperatures -- not to exceed manufacturer's recommendations or warnings. Storage temperatures are defined as follows:

- * Cold - Any temperature not exceeding 8°C (46°F).
- * Freezer - A cold place in which the temperature is maintained between -20 and -10°C (-4 and 14°F).
- * Refrigerator - A cold place in which the temperature is held between 2 and 8°C (36 and 46°F).
- * Cool - Any temperature between 8 and 15°C (46 and 59°F). Articles for which storage in a cool place is directed, may be stored in a refrigerator unless otherwise indicated.
- * Room Temperature - Same as controlled room temperature.
- * Controlled Room Temperature - A temperature held between 15 and 30°C (59 and 86°F).
- * Warm - A temperature between 30 and 40°C (86 and 104°F).
- * Excessive Heat - Any temperature above 40°C (104°F).
- * Non-Specific Conditions - Where storage conditions are not specified or limited, it is understood that protection from moisture, freezing, and excessive heat shall be provided.



SBHC DHCI Pharmacy Medication Return Procedures

Returning Medication due to Summer Closure

Drugs remaining at the end of the School year and where there will be no services provided over the summer months shall be returned to the pharmacy with the following:

- A fully completed “Pharmacy Return Sheet” signed by the Supervisor and Clinic Manager
- the full name of the School-Based Health Center on the outside of the container used to ship the medications back to the pharmacy

These drugs shall not be returned to active stock unless they can be absolutely identified (including lot number and manufacturer) and there is no evidence of contamination or potential contamination. Contaminated or otherwise unusable drugs shall be destroyed by the pharmacy.



Pharmacy Site Visits to SBHC

The pharmacy contract provides for periodic site visits of SBHC that receive services. The visits are designed to review with the SBHC staff the documentation and storage practices of the SBHC to ensure compliance with established pharmacy regulations. The visits are coordinated with the SBHC site and the medical sponsor is informed that a site visit will be conducted.

CONTACT INFORMATION

DHCI Pharmacy -----(302) 223-1370

DHCI Pharmacy Fax----- (302) 653-0506



SBHC Policy and Procedures Manual Updates

1. The SBHC Medical sponsor s are responsible for providing to the Division of Public Health a copy of the Policy and Procedure Manual **for each** of the School-Based Health Centers that they are contracted to operate.

2. Provide annual updates to DPH with the following:

- There were no changes to the current Policy and Procedure manual
- There were changes to the Policy and Procedure manual and provide the changes to the manual.

4. This information is to be submitted to the DPH, **on or before October 15th** each year.

5. The policy and procedure manual will include, but not be limited to, the appropriate policy/procedure for:

- a. Consent for Treatment.
- b. Emergency Care.
- c. Emancipated Minor Designation.
- d. Liability of School and Contractor.
- e. Financial and/or Legal Responsibility for Referral/Treatment.
- f. Standing Orders or Collaborative Agreement.
- g. Coordination/Communications with Primary Care Provide.
- h. Procedures for Third-Party Billing.
- i. Procedures for Reproductive Health Services.*
- j. Procedures for Counseling, Testing and Referral (CTR). **

* Providing these services at School-Based Health Center requires approval from the School Board prior to service implementation and a copy of the approval must be provided to the Division of Public Health.** and written approval from the Superintendent and Principal on the School-Based HIV policy.



Accessing the Laboratory Information Management System (LIMS)

The Laboratory Information Management System, (LIMS) is the DPH provided system that all SBHC are required to use to submit laboratory samples from their centers. To obtain LIMS access the following is required:

1. Contact the Delaware Public Health Lab at 302-223-1520.
2. A Memorandum of Understanding, (MOU) must be in place with the requesting facility's governing body before access can be granted. Appropriate forms and information will be sent via email to the requesting party.
3. The IT department of the requesting facility will need to be contacted to install the appropriate Citrix Client for LIMS access on each computer used for LIMS access.
4. For reset LIMs passwords please contact:
 - DPH Lab (302) 223-1520 or
 - Email dhsshelppdesk@state.de.us.

APPENDIX A

PLACE HOLDER FOR CONSENT FORMS
(Different types of consent depending on the age of the student)