

# **DELAWARE**

## **SCHOOL-BASED HEALTH CENTERS (SBHCs)**

An Overview and General Guidelines for Program  
Operations



**DELAWARE HEALTH AND SOCIAL SERVICES**

Created by:

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School-Based Health Centers  
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## **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 over 40 centers located throughout the State of Delaware. 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 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.





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## 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**<sup>1</sup>. 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:

- Adolescent SBHC users **engage in more physical activity and consume more healthy foods**<sup>1</sup>.
- SBHC users in one 2000 study had a **50% decrease in absenteeism** and **25% decrease in tardiness** two months after receiving school-based mental health and counseling<sup>2</sup>.
- SBHCs **can reduce the unplanned pregnancy rate** among adolescents<sup>3</sup>.
- A 2007 study found that SBHC users for mental health purposes **increased their Grade Point Averages** over time compared to non-users<sup>4</sup>.

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<sup>1</sup> McNall MA, Lichty LF, & Mavis B. (2010). The Impact of School-Based Health Centers on the Health Outcomes of Middle School and High School Students. *American Journal of Public Health*. 100(9): 1604-1610.

<sup>2</sup> Basch CE. Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap. Campaign for Educational Equality; 2010 March. 109 pg. Report No.: 6.

<sup>3</sup> Ricketts SA & Guernsey BP. (2006). School-Based Health Centers and the Decline in Black Teen Fertility During the 1990s in Denver, Colorado. *American Journal of Public Health*. 96(9): 1588-1592.

<sup>4</sup> Walker SC, Kerns S, Lyon AR, Brun EJ, Cosgrove TJ. Impact of school-based health center use on academic outcomes. *J Adolesc Health*. 2010; 46(3):251-257.



### The Facts (Continued):

- Students, teachers, and parents who have a SBHC ***rated academic expectations, school engagement, and safety and respect significantly higher*** than in schools without a SBHC<sup>5</sup>.
- **SBHC users are less likely to go to the emergency room or be hospitalized**<sup>6</sup>.
- A quasi-experimental study in New York observed that students not enrolled in a SBHC lost three times as much seat time as students enrolled in a SBHC<sup>7</sup>.

**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 302-608-5737.**

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<sup>5</sup> Strolin-Goltzman J. The relationship between school-based health centers and the learning environment. J Sch Health. 2010; 80(3): 153-159

<sup>6</sup> Allison MA, Crane LA, Beaty BL, et al. (2007). School-Based Health Centers: Improving Access and Quality of Care for Low-Income Adolescents. Pediatrics. 120(4): e887-e894.

<sup>7</sup> Van Cura M. The relationship between school-based health centers, rates of early dismissal from school and loss of seat time. J Sch Health. 2010; 80(8): 371-377.



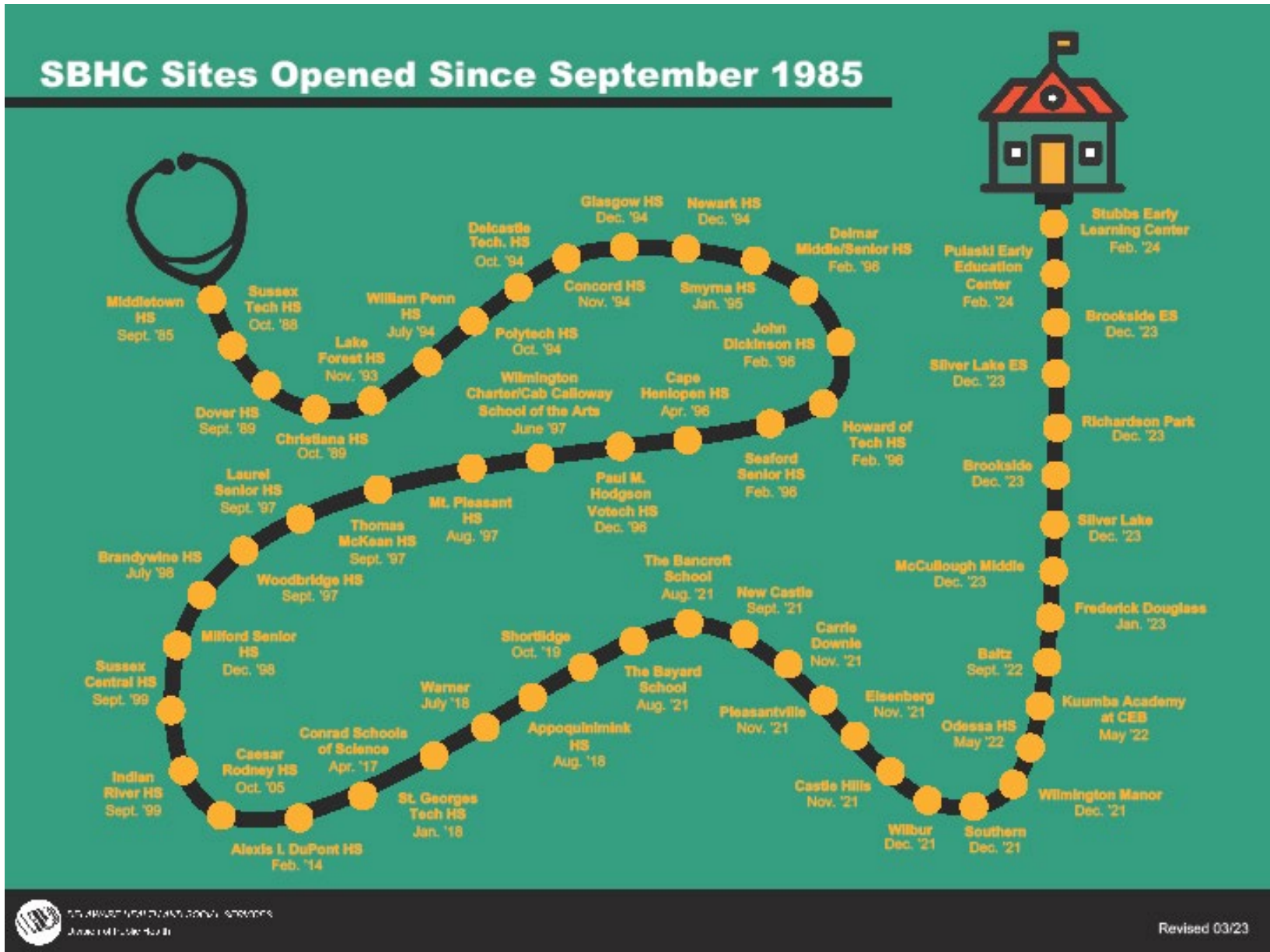
## **School-Based Health Center Guiding Principles**

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. All School-Based Health Centers must receive written parental permission prior to providing medical services to students.



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 Road Map



# SBHC Site Map Locations



# Delaware School-Based Health Centers

## Elementary School SBHC Locations

● Frederick Douglass

Baltz ● Shortlidge  
 Warner ● Kuumba  
 Richardson Park ● Stubbs  
 Brookside ● Bayard  
 Silver Lake ● Pulaski  
 Wilmington Manor ● Eisenberg  
 Pleasantville ● Castle Hills  
 New Castle  
 Wilbur ● Carrie  
 Downie  
 Silver Lake ● Southern

● Frederick Douglass

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## **School-Based Health Centers – Current List**

A list of current school-based health centers is available online at:  
<https://dhss.delaware.gov/dhss/dph/chca/dphsbhcceninfo01.html>



**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**

For students to receive school-based health center services at their respective schools, the child's guardian(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.



## **Title X General Information**

For general inquiries, please contact the Family Planning Program Director or refer to the Title X manual, available here:

<https://www.dhss.delaware.gov/dhss/dph/chca/dphfpervices1d.html>

### **Title X Points of Contact—**

Director, Family Planning Program

- Yvonne Fletcher
- [yvonne.fletcher@delaware.gov](mailto:yvonne.fletcher@delaware.gov)

Family Planning Trainer Educator III

- Leora Sansone
- [leora.sansone@delaware.gov](mailto:leora.sansone@delaware.gov)

Title X Family Planning QA/QI APRN

- Karen Savin
- [karen.savin@delaware.gov](mailto:karen.savin@delaware.gov)

Management Analyst III, Title X Family Planning Program

- Robert Prosser
- [robert.prosser@delaware.gov](mailto:robert.prosser@delaware.gov)

Community Outreach and Special Populations Consultant

- Katherine Kolb
- [katherine.kolb@delaware.gov](mailto:katherine.kolb@delaware.gov)



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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) 515-3246.





## 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 principal 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:
  - a. 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.
  - b. 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.
  - c. Depo-Provera will be administered on a quarterly basis as designated by the manufacturer.
  - d. Nexplanon is a long-lasting, reversible contraceptive 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 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](http://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 Program Administrator:

- James Dowling
- James.Dowling@Delaware.gov

Public Health Education & General Consultant

- Kayla Dorsey
- kayla.dorsey@delaware.gov

HIV Prevention Contract Manager:

- Ray Collins
- Ray.Collins@Delaware.gov

QA Manager Division of Public Health Laboratory:

- Laura Franze
- Laura.Franze@Delaware.gov

Title X Family Planning QA/QI APRN

- Karen Savin
- karen.savin@delaware.gov



## **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

#### **1. Administration:**

- **Phone:** 302-744-4700
- **Fax:** 302-739-6659

#### **2. Office of Healthcare Provider Resources:**

- **Phone:** 302-744-4700
- **Fax:** 302-741-8631

#### **3. HIV Prevention Program Web Link:**

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



## **Training and Education**

### **POLICY FOR NEW FAMILY PLANNING STAFF ORIENTATION and ANNUAL REQUIRED STAFF TRAINING**

Delaware Title X staff will provide an orientation to Title X for all new Family Planning staff.

The orientation training will include:

- Family Planning overview, funding source, purpose, and history of the program, services provided, clients served and program requirements.
- Discussion of Delaware Title X Family Planning Program
- Orientation to Delaware Family Planning Program's website
- Orientation to Delaware's Title X Family Planning Guidelines

Additional trainings for Title X Family Planning staff will be:

- bi-annual provider meetings
- DECAN Training
- [Reproductive Health National Training Center](#) (initial and annually)

If additional trainings are needed based upon site visit findings, or at the request of the site, those trainings will be individually scheduled with the Family Planning trainer/educator.

For questions regarding Title X training please contact the Family Planning Educator.

Family Planning Trainer Educator III

- Leora Sansone
- [leora.sansone@delaware.gov](mailto:leora.sansone@delaware.gov)



## 340B Drug Pricing Program

Section 340B(a)(4) of the Public Health Service Act (PHS) Act (42 U.S.C. 256b) lists the various types of organizations eligible to participate in and purchase discounted drugs under the 340B Program.<sup>8</sup>

### Helpful Resources—

- 340B Website eligibility, registration, and recertification
  - [340B Eligibility | HRSA](#)
- 340 B 318 Sexually Transmitted Disease Clinic Registration and Renewals
  - [Sexually Transmitted Disease Clinics | HRSA](#)

For more information concerning school-based health centers and the 340B program, please refer to the Title X manual, available on website:

<https://www.dhss.delaware.gov/dhss/dph/chca/dphfpservices1d.html>

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<sup>8</sup> “340B Drug Pricing Program.” HRSA: Health Resources and Services Administration, Apr. 2024, [www.hrsa.gov/opa](http://www.hrsa.gov/opa).

# **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.**

**Telephone Number for FFS Medicaid:**  
(800) 999-3371



## **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 Caritas DE (“AmeriHealth”):**

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

#### **i. Login procedures for the AmeriHealth**

1. Type the web-link below into your web browser:

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

#### **ii. Telephone Number for AmeriHealth:**

1. 1-855-707-5818

### **2. Highmark Health Options:**

a. 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:

#### **i. Login procedures for the Highmark Health Options**

1. Type the web-link below into your web browser:

<https://highmarkhealthoptions.com/>

#### **ii. Telephone Number for Highmark Health Options:**

1. 1-844-325-6251





## 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 the most recently concluded 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 in July of each year by the **DMMA reimbursement team**; completed packages shall be due back to DMMA reimbursement by October 31<sup>st</sup> of each year. 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.



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## **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 the department of Public Health at [DHSS\\_DPH\\_SBHC@delaware.gov](mailto:DHSS_DPH_SBHC@delaware.gov).

# **SECTION VI**

# **FORMS**



## Important Dates

**\*All documents, except Quarterly FPAR Reports,  
should be sent to the following email: \***

[DHSS\\_DPH\\_SBHC@Delaware.gov](mailto:DHSS_DPH_SBHC@Delaware.gov)

**\*FPAR reports should be sent to: \***

[DHSS\\_DPH\\_DECAN@delaware.gov](mailto:DHSS_DPH_DECAN@delaware.gov)

ACTIVITY	DUE DATE
FPAR Reports for Title X (Quarterly)	1/8
Semi-Annual Report along with Physician Sample Charts	2/15
FPAR Reports for Title X (Quarterly)	4/8
Final Budget Amendments	4/15
Budget Modifications with changes of more than 10% (if applicable)	5/7
Medical Sponsor's Projected Annual Budget	5/15
SBHC Annual Goals Objective	5/15
FPAR Reports for Title X (Quarterly)	7/8
Annual Report to be Received at SBHC Central Office	8/15
SBHC Manually Collects and Sends Total Number of School Enrollment	10/1
SBHC Cost Report Package	10/2
FPAR Reports for Title X (Quarterly)	10/8
Policy and Procedure Manual Updates	10/15
SBHC Collaborative Agreement Form	10/15
SBHC Standing Orders Form	10/15
Monthly Billing Information Including Claims and Revenue	25th of each month
Monthly Invoices	25th of each month



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<b>ACTIVITY</b>	<b>DUE DATE</b>
<b>Record Level Data</b>	25th of each month
<b>Standardized Monthly Statistical</b>	25th of each month
<b>Final Year and Expenditure Reports by School</b>	30 Days after Close of Contract
<b>SBHC Cost Report Template sent to Medical Sponsors</b>	July

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## **SBHC Forms**

All School-based Health Center forms are available for download from [DEThrives.com](https://dethrives.com). Below is a list of forms for use by contracted wellness centers within the SBHC program. For a complete list of forms please see DEThrives webpage provided above.

### Forms—

- Annual Budget Form
- Annual Goals and Objectives Form
- Attachment B
- Cover Sheet and Attachment A
- Directory Template
- Interim Vacancy Plan
- Resume Form
- Semi Annual Goals Reports
  - For use with Semi-Annual and Annual Goals reporting
- Check DEThrives.com for updates



## Semi-Annual & Annual Report Format

Each SBHC is required to submit both a Semi-Annual and Annual report to the Division of Public Health, Adolescent Health's resource mailbox at [DHSS\\_DPH\\_SBHC@delaware.gov](mailto:DHSS_DPH_SBHC@delaware.gov). The Semi-annual report is due on or before February 15<sup>th</sup>; the Annual report is due on or before August 15<sup>th</sup>. The reports will address the following and submitted using the Semi/Annual report form.

### 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 years' 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

***Narrative Portion:***

The narrative portion is a space to elaborate on the completion of goals, objectives, and evaluations. It allows for discussions on challenges faced, lessons learned, and achievements during the reporting period. Additionally, it provides updates on healthcare service coordination, suggests improvements, and highlights the center's involvement with the school community. It's a valuable tool for continuous improvement efforts.

# **SECTION VII**

# **MISCELLANEOUS**



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## 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 15<sup>th</sup>** 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.
  - a. **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 dependent on three years' 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 templates provided on the [SBHC DEThrives webpage](#) to complete your annual goals and objectives 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 25<sup>th</sup> 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.)
- STI 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 15<sup>th</sup> and August 15<sup>th</sup> of each year, respectively.
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 are requested to use the budget template available on DEThrives for their submission. This ensures that all necessary information is included and maintains consistency across all submissions. Refer to Section VI Forms for more information.



## **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 25<sup>th</sup> 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**

A copy of the Pharmacy Manual is sent out by the SBHC Program upon completion of yearly updates. For further questions or concerns, please utilize the contact list below.

### **State Pharmacy Contacts—**

#### Pharmacy General

- [Pharmacy@delaware.gov](mailto:Pharmacy@delaware.gov)
- (302) 223-1370
- (302) 223-1374

#### Darshna Patel, Technician- SBHC & Clinics

- [darshna.patel@delaware.gov](mailto:darshna.patel@delaware.gov)

#### Anne Marie Pyle, Executive Assistance/Technician

- [annemarie.pyle@delaware.gov](mailto:annemarie.pyle@delaware.gov)

#### Peter Awad, Pharmacist

- [peter.awad@delaware.gov](mailto:peter.awad@delaware.gov)

#### Thomas Kolakowski, Pharmacist

- [thomas.kolakowski@delaware.gov](mailto:thomas.kolakowski@delaware.gov)

#### Hooshang Shanehsaz, Director

- [hooshang.shanehsaz@delaware.gov](mailto:hooshang.shanehsaz@delaware.gov)



## 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/INVENTORY FORM**, (used by all SBHC to order medications etc.)
  - 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.
  - SBHCs not approved for STI diagnosis and treatment should order medications in conjunction with the instructions on the form.
- **SBHC REPRODUCTIVE HEALTH ORDERING FORM**, (for authorized schools only)
  - 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 Pharmacy LARC Forms

#### Public Health Clinic & School Based Health Clinic Requisition - Inventory Sheet – Delaware Contraceptive Access Now (Delaware Can) Requisition

To order DECAN LARC inventory, use the requisition form displayed below. The full requisition form can be found in the Pharmacy manual available at each school-based health center or directly from [pharmacy@delaware.gov](mailto:pharmacy@delaware.gov). For more information about DECAN visit [DEThrives](http://DEThrives).

MEDICATIONS/SUPPLIES ORDERED FROM DHCI PHARMACY FOR DELAWARE CAN							
MEDICATIONS/SUPPLIES	START ON HAND	# ORDERED	END ON HAND	# USED	PAR LEVEL	# TO ORDER	NOTES
<b>Long Acting Reversible Contraception (IUDs and implants)</b>							
Nexplanon							



### LARC Monthly Tracking Sheet

Utilize the LARC Monthly Inventory Tracking Sheet to effectively monitor and manage stock of long-acting reversible contraception devices. Follow the provided instructions to ensure accurate reporting and timely submission of inventory data. The tracking sheet can be requested from the Pharmacy Department. Example provided below.

<b>Follow the directions below (Step 1 - 7)</b>			
1. Open LARC Monthly Inventory Tracking Sheet. If devices are going to expire with in 3 months and the site will not be utilizing them, return to pharmacy .			
2. Enable the editing function. (Save the tracking sheet to your PC and rename with your site and date)			
3. Click first blank line and add the date and the name of the work site from where you are sending the			
4. Tab over to the section under # and type of LARC and type in the number and type of LARC devices.			
5. Tab over to the section under the Manufacturer’s Expiration Date and type in the date. If the devices have multiple manufacturer’s expiration dates, list each quantity and matching manufacture’s			
6. Click save the form.			
7. Click on "File" and then on "Share", then on "Email" then on "Send as attachment". Send to <a href="mailto:karen.savin@delaware.gov">karen.savin@delaware.gov</a> by the 5th of each month.			
Date	Name of Site	# and type of LARC	Manufacturer's



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## **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 above.)

### 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

Pharmacy and clinic personnel shall:

- Provide adequate lighting.
- Ensure that drugs requiring special storage conditions (i.e. refrigeration or protection from light) are so stored.
- Store drugs in an orderly manner to facilitate inventory control and minimize errors.
- Store drugs 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 for cleaning.
- Not use space under stairwells for storage.
- Store glassware to minimize breakage.
- Store hazardous and caustic materials on lower shelves, suitable cabinets, or other areas that will minimize the risk of breakage, spillage, and exposure of personnel.
- Store heavy items on lower shelves and not overload shelves.
- Not allow storage to obstruct the proper functioning or testing of any fire detecting or extinguishing system installed or suspended from the ceiling. A clearance of 36 inches is recommended, but may be reduced to 18 inches where flammable gases or liquids are not involved.
- Not allow storage to prevent ready access to exits, fire extinguishing units, or tools.
- Keep corridors, passageways and other traffic areas free of obstacles.



### Separation of Internals from Externals

Products for oral administration 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 medications.

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. For example, Sulfamethoxazole/Trimethoprim tablets must be stored at controlled room temperature, which is defined below as between 15 and 30°C (59 to 86°F).

Medications in containers not labeled with proper temperature storage parameters can be checked through the Pharmacy Official Compendia or manufacturer's drug safety information section or by consulting with the pharmacy.

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.
- **Controlled Room Temperature:** A temperature held between 15 and 30°C (59 and 86°F).
- **Room Temperature:** Same as controlled room temperature.
- **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 moisture, freezing, and excessive heat shall be provided.



### 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.



## **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 Phone .....(302) 223-1370  
DHCI Pharmacy Fax .....(302) 653-0506



## SBHC Policy and Procedures Manual Updates

1. The SBHC Medical sponsors 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:
  - a. There were no changes to the current Policy and Procedure manual.
  - b. There were changes to the Policy and Procedure manual and provide the changes to the manual.
3. This information is to be submitted to the DPH, **on or before October 15<sup>th</sup>** each year.
4. 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.





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## **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](mailto:dhsshelppdesk@state.de.us).

# APPENDIX A

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