14. School-Based Health Centers

14.1. General Information

SBHCs are a vital part of the health care delivery system in New Mexico. SBHCs are comprehensive primary health care centers on or adjacent to school grounds that provide PH and BH services to students and community members. SBHCs also promote positive health behaviors and health care literacy by increasing health knowledge and decision-making skills in the students they serve. By offering a range of health care services in school settings, SBHCs simultaneously increase access to care and decrease the amount of classroom time missed by students leaving campus for care in traditional settings. As a result, SBHCs can positively impact academic participation as well as health outcomes.
The HCA/MAD supports SBHCs by providing Medicaid reimbursement through MCOs, to SBHCs and their medical providers for Medicaid eligible members as appropriate. A working partnership between the New Mexico Department of Health's Office of School and Adolescent Health (DOH/OSAH) and HCA/MAD certify that SBHCs meet State quality standards. HCA/MAD contracts with DOH/OSAH for the provision of funding, leadership, support and oversight to SBHCs across New Mexico. SBHCs may choose to contract for those provisions through the New Mexico DOH/OSAH.
This policy uses the following terms which take on a unique application to the SBHC program.

Sponsorship - SBHCs contracting with DOH/OSAH do so under either medical sponsorship (i.e., an FQHC or medical group) or non-medical sponsorship (i.e., an educational cooperative). A Sponsoring Entity provides its designated SBHC(s) one or more of the following: funding, staffing, medical oversight, liability insurance, and billing support; and

SBHC Provider Type - SBHCs may apply for approval for HCA/MAD Certification for Medicaid billing as either a Provider Type 321 (SBHC) or Provider Type 313 (FQHC):

- Provider Type 313 – FQHC:
  - An FQHC that meets the definition of a SBHC according to Social Security Act Section 2110 (c) (9) and is certified by CMS as a FQHC, meets State requirements of an eligible SBHC provider according to NMAC 8.302.1.10; and
  - FQHC Sponsored SBHCs may also contract with the DOH/OSAH for the provision of funding, leadership, support and oversight.
- Provider Type 321 – Independent/Non-Medical Entity Sponsored:

- This type of SBHC must contract with DOH/OSAH for the provision of funding, leadership, support, and oversight.
- SBHCs operating under provider type 321 must do so in collaboration with DOH/OSAH and HCA/MAD. Although the facilities are not licensed as required by the Medicaid General Provider Policy (NMAC 8.302.1.10) to meet the definition of an "eligible provider," the sites participate under a limited scope of services they are also subject to the New Mexico Standards and Benchmarks for SBHCs and must pass a periodic onsite review conducted by DOH/OSAH.
  If a SBHC sponsored by an FQHC is enrolled as a different provider type than an FQHC, the MCO shall reimburse according to the SBHC provider type.

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

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

DOH/OSAH and HCA/MAD will work collaboratively on program planning, policy development, interagency coordination, and education related to health care services, including primary care, BH, and dental services, provided by the SBHC and other SBHC programs.

14.2. Initial Certification Process

SBHCs and sponsoring entities interested in becoming certified for the first time must contact DOH/OSAH to begin the contracting process. To complete an initial onsite review and receive a MAD Provider Medicaid Eligibility Letter DOH/OSAH will provide interested parties with the following:

- Standards and Benchmarks;
- SBHC Site Review Self-assessment; and
- Technical assistance as needed

Any SBHC site that experiences a lapse in eligibility, validation or is an additional SBHC to the Sponsoring Entity is subject to the same process.

- Initial On-Site Review:
  - DOH/OSAH will conduct an initial on-site review with the SBHC staff and sponsor to include discussion of findings, questions, concerns, and recommendations;
    - DOH/OSAH will provide HCA/MAD with documentation of the initial on-site review
  - HCA/MAD will issue a letter to the SBHCs, sponsor, DOH/OSAH, and the MCOs within 10 to 15 business days after completion of site review indicating whether the SBHC has passed or failed the review:
    - If the SBHC/Sponsor passed, the HCA/MAD letter will include the effective date the SBHC and Sponsor are eligible to begin billing Medicaid; and
    - If the SBHC/Sponsor failed, the HCA/MAD letter will include the reasons and requirements the SBHC must complete to pass the certification/recertification process. If the SBHC/Sponsor is not able to correct the noted deficiencies within 10 business days from receipt of letter, HCA/MAD will send notification to the SBHC/Sponsor requesting a corrective action plan (CAP).
      - The CAP must address each noted deficiency, action steps required to correct the deficiency, and the desired outcome with a due date;
      - The SBHC/Sponsor will have 60 calendar days upon receipt of the notification to implement the CAP and correct all deficiencies. Evidence of the corrections must be submitted to HCA/MAD before or on the 60th calendar day;
      - HCA/MAD will determine what documentation and in what format is required based on the CAP and resolution of deficiencies;

- HCA/MAD will send a letter of certification/recertification to the SBHC, sponsor, DOH/OSAH, and the MCOs within five business days of resolution of deficiencies and completion of the CAP; and

If the CAP is not completed and deficiencies are not resolved, HCA/MAD will collaborate with DOH/OSAH to determine if certification/recertification is possible and next steps.

- Turquoise Care Enrollment:
  - SBHCs must obtain an individual NPI from CMS.
  - SBHCs must submit a MAD 335 application to Conduent as either provider type 313 or provider type 321:
    - SBHCs with Provider Type 313 must submit a copy of documentation from CMS certifying the center as an FQHC; and
    - SBHCs with Provider Type 321 must submit a copy of the MAD Medicaid Eligibility Letter.
  - Upon completion of the successful enrollment with HCA/MAD, SBHCs will finalize agreements with MCOs:
    - SBHCs will also affiliate every rendering provider with the SBHC in the New Mexico Medicaid System;
    - It is the SBHC's responsibility to contact each MCO; and
      - MCOs are required to make best efforts to contract with SBHCs per Section subsection 4.8.13.1 of the Agreement.

14.3. Recertification Process

The HCA/MAD letter of New Mexico Medicaid Eligibility is issued for a period of three years and is subject to revocation in the event that HCA/MAD becomes aware of loss of appropriate licensure(s) or significant deviation from the Standards and Benchmarks. Recertification must be conducted prior to the expiration of the initial certification and every three years after.

- Provider Type 321s with Non-Medical Sponsorship Recertification Process review will be conducted by the DOH/OSAH Site Review Team no later than six weeks before the expiration of current certification.
  - DOH/OSAH will schedule the site review through the SBHC's Sponsoring Entity.

- DOH/OSAH shall ensure the Sponsoring Entity has access to the most recent copy of the Standards and Benchmarks, SBHC Site Review Self-assessment, and the Site Review Guide within one month of the site review.
- The DOH/OSAH site review will be conducted as outlined in Certification Process above.

- The recertification process for Medically Sponsored SBHCs contracted with DOH/OSAH is the responsibility of the MCOs.
  - In January of each year, no later than the first quarterly meeting of the MCO SBHC Advisory Committee, HCAMAD will provide the MCOs with a list of medically sponsored DOH/OSAH contracted SBHCs with expiring certifications, including recertification due dates, and the MCO responsible for performing the on-site review.
  - The MCO will schedule the on-site review with the Medical Sponsor for no later than six weeks before the expiration of current certification.
  - The review may be conducted remotely for additional SBHC sites. There is no requirement for an on-site visit for every individual SBHC under the same sponsoring entity.
  - **In preparation of the on-site review the MCO shall:**
    - Within one month of the site review ensure the Medical Sponsor has access to the most recent copy of the Standards and Benchmarks, SBHC Site Review Self-assessment, and the Site Review Guide.
    - Instruct the Medical Sponsor and SBHC to prepare to make available hard or electronic copies of:
      - Attestation Statement for Federally Qualified Health Centers (Exhibit 177) or copy of Acknowledgment of Ability to Comply with New Mexico Standards and Benchmarks for School-based Health Centers.
      - Facility Documentation:
        - Facility licenses,
        - Evidence of other licensure and/or certification by appropriate jurisdictional agencies as requested;
        - The latest fire inspection report by the fire authority with jurisdiction over the site;
        - Valid license from the New Mexico Board of Pharmacy;
        - Current Clinical Laboratory Improvement Amendments (CLIA) certificate;

- Evidence of compliance with such standards such as the requirement for "No Smoking" signs, "Handicap Accessibility" signs, and the posting of appropriate licenses

- SBHC Policy and Procedure Manual, including the policies and procedures described in the Standards and Benchmarks;
- Complaint logs, Material Safety Data Sheets (MSDS), pharmacy logs, and laboratory logs;
- Access to Medical Records;
- Other materials that may be specified by the Site Review Team;
- Staff Documentation:
  - Current license, registration or certificate of each staff Member for which a license, registration, or certification is required by the State of New Mexico;
  - Health training certificates and logs of all staff;
- Completed SBHC Site Review Self-Assessment for every SBHC;
  - Review the completed SBHC Site Review Self-Assessment for completeness and discrepancies;
  - MCO's should reschedule the onsite review if SBHC Site Review Self-Assessment is not provided 1 week prior or is incomplete;

- **Recertification Onsite Review shall:**
  - Meet with the clinic staff and sponsor representatives in person, to discuss the site review process;
  - Conduct a visual review and use the HCA/MAD Electronic Assessment Tool to determine adherence to the SBHC Standards and Benchmarks;
  - Medical Record Review of the designated MCOs members shall be conducted per the HCA/MAD training guidelines; and
  - Conduct an exit interview with the staff and sponsor to discuss findings, questions, concerns, and recommendations. Sponsor will sign the Electronic Assessment Tool Summary and a verbal indication will be given of the certification status.
- **After Onsite Review Activities:**
  - The MCO will deliver the site review documentation to HCA/MAD within 10 business days. This documentation includes:

- All SBHC Site Review Self-Assessment(s)
- Electronic Assessment Tool- Scoring
- Electronic Assessment Tool- Summary

- HCA/MAD will compile the data and make the final determination for recertification. HCA final determination will be demonstrated by the MAD Medicaid Eligibility Letter. This letter will be distributed by HCA/MAD directly to the Sponsoring Entity and MCOs.
- If the SBHC/Sponsor failed, HCA/MAD will follow the CAP process as outlined in the initial certification section.

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

SBHC services are subject to Federal and New Mexico state law. There are a number of circumstances in which an adolescent (an un-emancipated minor) may consent to receive services without parental consent, including the following:

- Treatment for Sexually Transmitted Diseases:
  Under Section 24-1-9 (capacity to consent to examination and treatment for a sexually transmitted disease), any person regardless of age has the capacity to consent to an examination and treatment by a licensed physician for any sexually transmitted disease; however, under Section 24-1-9.4, disclosure of the test results is authorized "to the subject of the test or the subject's legally AR, guardian or legal custodian."
- Pregnancy Examination and Diagnosis:
  Under Section 24-1-13 (pregnancy; capacity to consent to examination and diagnosis), any person, regardless of age, has the capacity to consent to an examination by a licensed physician for pregnancy.
- Family Planning Services:
  Under Section 24-8-5 (prohibition against imposition of standards and requirements as prerequisites for receipt of requested family planning services) there are no prerequisites for parental consent to obtain family planning services.
- BH Services:

Under Section 32A-6-14 (treatment and habilitation of children; liability), parental consent is not required to receive "individual psychotherapy, group psychotherapy, guidance, counseling or other forms of verbal therapy that do not include any aversive stimuli or substantial deprivations."

MCO contracts require the MCOs to adopt and implement written confidentiality policies and procedures that conform to state and Federal laws and regulations that:

- Preserve adolescent members' confidentiality rights; and
- Honor adolescent members' rights to receive confidential services under HIPAA and other State and Federal confidentiality provisions.

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

- Suspend the distribution of EOBs and any other communication, written or electronic, to the guardian for all confidential services provided at SBHCs. This would include lab and test results, patient satisfaction surveys, patient portal records, and any other communication that would result in a breach of confidentiality related to adolescent confidential services.