



# Maryland School-Based Health Centers Standards

**Division of Student Support, Academic  
Enrichment, and Educational Policy**

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# Introduction

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There is a strong relationship between academic achievement and a child’s physical, emotional, and mental health. Research has shown that School-Based Health Centers (SBHC) provide an effective means for students to access comprehensive health care, which may include mental health services, health education, prevention services, oral health, and referral to social services. Parents/guardians find that SBHCs are an accessible and reliable source of care for their children that ensure their child’s health needs are being met and keeping the child in school, learning. In Maryland, SBHCs are located in communities that may be medically underserved, and/or areas with few health care professionals.

All SBHCs are located within school buildings or on school grounds and are staffed by licensed professionals who provide medical care and, in some schools, mental health, vision, and oral health care. SBHCs support schools in their mission to educate young people by improving students’ health and well-being and by collaborating with school health services staff and local resources to identify and address risk behaviors that impede learning and academic success. They provide the expanded capacity within schools to make comprehensive health care services available on-site. In addition, the centers facilitate access to needed services for children and their families by providing quality care in a convenient, familiar, confidential, and caring environment.

To the representatives of the agencies and organizations who contributed to the development of the standards, the Maryland State Department of Education (MSDE) extends our thanks.

# I. Maryland's School-Based Health Centers Program

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## A. DEFINITION

Maryland's SBHC programs are defined as healthcare centers located on a school campus, open to all students whose parents/guardians consent to care, and at a minimum, provide physical healthcare services by a licensed medical provider. In Maryland, SBHCs are located in schools identified through a local community needs assessment as having a population of students with significant unmet physical health and mental health needs. The SBHC programs' licensed medical providers do not replace the school health services personnel that are staffed by the required local School Health Services programs. Rather, they work together to provide health care and coordinate with community resources for the student population and, in many cases, the community. The SBHCs operate independently, yet collaboratively, with school administration and staff, much like a private practice within the school. As such, the SBHC staff provides confidential services that adhere to the Health Information Portability and Accountability Act of 1996 (HIPAA).

A SBHC is a primary care facility staffed by teams of professionals specializing in child and adolescent health which can include licensed nurse practitioners, physician's assistants, clinical social workers, medical assistants, and licensed oral health professionals who operate under the guidance of a medical director. Like health care provided in a private physician's office or hospital clinic, all services provided by SBHCs are confidential. SBHCs abide by nationally accepted health care standards, breaching confidentiality only in life-or-death situations, or legal mandate. Parents must sign a Parent Permission Form for students to receive services. It is the mission of SBHCs to work in partnership with parents while respecting the age, cultural values, and family situation of every student.

## B. HISTORY

Maryland's SBHCs have been delivering comprehensive, coordinated, high-quality health care to students in schools since 1985. This expansion was largely made possible through the support and dedicated work of an interagency committee comprised of administrators and practitioners from state, local, private, and public agencies and organizations working collaboratively with the MSDE and the Maryland Health Department (MDH). This interdisciplinary, interagency group produced the first statewide SBHC guidelines in 1997 which helped to:

- Establish a clearly defined SBHC model for Maryland;
- Reduce site-to-site variability;
- Improve SBHC sustainability; and
- Increase the availability of quality health care for children and adolescents. Since that time SBHCs have successfully expanded to 94 schools representing 17 local education agencies (LEAs) in Maryland, providing confidential medical, mental health, and dental services to children in PreK-grade 12 students throughout Maryland's schools.

### C. PURPOSE

The purpose of SBHCs is to provide enhanced health care services, in partnership with schools to: offer comprehensive physical, and/or mental/behavioral health services, deliver preventative care and chronic care management, reduce health disparities and barriers to health care access, serve all students without regard to ability to pay, maximize classroom attendance and readiness to learn, and support and extend the school health program at each school.

### D. VISION

The vision of the SBHC is for all Maryland students to succeed socially, emotionally, and academically to foster lifelong health and wellness (MDH vision). SBHCs contribute to this vision by promoting health and educational equity through the provision of health care that is accessible, collaborative, high-quality, and based on earned trust.

### E. MISSION

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

### F. VALUE STATEMENTS

#### The SBHC Program in Maryland:

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

## II. Overview of Maryland's SBHC Standards

### DEFINITION OF MARYLAND'S SBHC STANDARDS

The intent of the SBHC standards of care is to safeguard and hold sponsoring agencies accountable for ensuring the integrity of administrative and clinical tasks necessary to operate a SBHC in adherence with state and federal regulations. The SBHC standards represent the minimum requirements for designation as a SBHC and apply to all SBHCs providing services in Maryland.

#### The Standards of Care:

- Address the administrative and clinical requirements to comply with state and federal regulations.
- Provide documentation on the scope of services and licensing requirements of the SBHC staff providing clinical care to patients.
- Coordinate care within the SBHC (e.g., between medical and mental health providers).

These determinations are made by the MSDE, in consultation with the MDH and other stakeholders, as authorized by Article-Health-General §19-22A-01. The Secretary of Health has the authority to adopt rules and regulations under Article-Health-General §2-104(b) and HB1148/SB830 passed in the 2021 Legislative Session.

*Any organization interested in learning more about the application and start-up process for establishing a SBHC is encouraged to contact the SBHC Program at the Maryland Department of Health.*

#### A. History of Maryland's SBHC Standards

To institutionalize the existing level of interagency and interdisciplinary coordination of SBHCs that had existed since 1994 and to ensure the continued success of the SBHC effort in Maryland, the state legislature in 2002 approved House Bill 1163, codifying the Maryland School-Based Health Center Policy Advisory Council. The language of this bill required that the Council take the lead in moving forward on the remaining critical policy issues for SBHCs. This included the development of SBHC standards, reimbursement of care, grant and other funding, data, evaluation, and the establishment of the quality of care and outcome measures.

The Maryland School-Based Health Center Policy Advisory Council was created in the fall 2003. The first mandate the Council began work on was establishing uniform statewide standards for SBHCs and documenting recommendations for use of standardized measurement tools to evaluate program outcomes and quality improvement. Once completed and approved, these standards will be applied to all SBHCs in the state. The data, evaluation, and quality improvement sections in the standards will provide the tools needed to assess ongoing progress and quality of SBHCs in Maryland.

The Maryland School-Based Health Center Policy Advisory Council appointed a Standards and Evaluation subcommittee. The subcommittee began meeting in 2003. The subcommittee consisted of a selected group of providers, administrators, practitioners, and advocates representing mental health, oral health, and medical care. Medicaid and other critical experts on the state and local level were also represented on the subcommittee. This work resulted in the 2006 version of the Maryland School-Based Health Center Standards.

The council had representation from the following state agencies/organizations:

- Maryland Assembly on School-Based Health Care
- Maryland State Department of Education
- Maryland Department of Health
- Maryland State Department of Human Resources
- Maryland State Department of Juvenile Services
- Maryland's Governor's Office for Children

## B. Maryland's SBHC Designation Criteria

All SBHCs must meet minimum service requirements to be approved, operate, and bill Medicaid in Maryland. Beyond the required physical services, SBHCs must refer to OR provide on-site mental health services. SBHCs may also choose to offer additional optional services such as: vision/eye care services, dental/oral health services, social services supports/referrals, nutrition or smoking cessation counseling, substance abuse/domestic violence counseling, and more. To report to stakeholders on the service offerings of Maryland SBHCs, the following designations will be applied to each SBHC based on data provided by the SBHC as part of the annual application and annual survey processes (see Data Collection and Evaluation).

SBHC SERVICE HOUR DESIGNATIONS		
LIMITED	STANDARD	EXTENDED HOURS (Optional)
Open less than five days per week or fewer hours than the full school day, but at least eight hours per week.	Open whenever the school is open for the full school day.	Ability to add extended hours if providing services outside of school hours (i.e. Before/after school, weekends, school breaks, summer hours).



SBHC PROVIDED SERVICE DESIGNATIONS			
PHYSICAL ONLY	PHYSICAL PLUS	PHYSICAL & MENTAL/BEHAVIORAL HEALTH	PHYSICAL PLUS & MENTAL/BEHAVIORAL HEALTH
SBHC is providing primary health care services and referrals for mental/behavioral health services.	SBHC is providing primary health care services in addition to one or more optional services.	SBHC is providing primary health care services and mental/behavioral health services.	SBHC is providing primary health care services, mental health services in addition to one or more optional services.

### C. Levels of Care

A. PREVENTIVE HEALTH SERVICES	PHYSICAL
Provision of age-appropriate anticipatory guidance (e.g., developmental, child abuse and neglect, suicide prevention)	Onsite
Standardized, age-appropriate risk factor assessment (e.g. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening.  Guidelines for Adolescent Preventive Services (GAPS) prepared by the American Medical Association and Bright Futures available through the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services.	Onsite
Provision of state required immunizations	Onsite
B. PRIMARY CARE	PHYSICAL
Comprehensive medical and psychosocial histories	Onsite
Comprehensive physical exams per EPSDT	Onsite
Immunizations	Onsite
Developmental assessments	Onsite
Nutritional assessment	Onsite
Evaluation and treatment of:	
Non-urgent problems	Onsite

Acute problems	Onsite
Chronic problems	Onsite
Triage of medical emergencies	Onsite
Medical case management of known and stable chronic conditions in conjunction with specialty and/or primary care provider	Onsite
Medical case management of known and unstable chronic conditions in conjunction with the specialty and/or primary care provider	Onsite
Routine screening laboratories	Onsite or referral
Referral to primary care provider and specialty referrals within the community and in accordance with the child's insurance coverage	Onsite
<b>C. PHARMACY</b>	
<b>PHYSICAL</b>	
Capacity to write prescriptions for non-urgent, acute and chronic problems	Onsite
Administration of Over the Counter (OTC) and prescription medication	Onsite
Provision of medication for acute illness and stable chronic conditions	Onsite or Referral
<b>D. REPRODUCTIVE HEALTH SERVICES</b>	
<b>PHYSICAL</b>	
Reproductive health exam (Inclusive of pap, pelvic, testicular exam)	Recommended
Abstinence education	Onsite
Referral for community based reproductive healthcare services	Onsite
Case management	Onsite
Pregnancy testing	Onsite
Reproductive health education	Onsite

E. FAMILY PLANNING SERVICES	PHYSICAL
Family planning services	Recommended
Prescriptions for contraceptives	Recommended
Comprehensive pregnancy options/pregnancy counseling	Recommended
Case management	Onsite
Referral for community based reproductive healthcare services	Onsite
Condom availability	Recommended
Prenatal care	Referral
Informing and referring for birth control	Onsite
Dispensing contraceptives	Onsite or Referral
F. SEXUALLY TRANSMITTED DISEASE / SEXUALLY TRANSMITTED INFECTION (STD / STI) SERVICES	PHYSICAL
Case management	Onsite
STD/STI treatment and testing	Onsite
Condom availability	Recommended
Human immunodeficiency virus (HIV) pre- and post-test counseling/HIV testing	Recommended
HIV/acquired immunodeficiency syndrome (AIDS) treatment	Referral
G. MENTAL HEALTH SERVICES	MENTAL HEALTH
Individual mental health assessment	Referral
Mental health treatment	Referral
Mental health crisis intervention	Referral
Group therapy	Referral

Family therapy	Referral
Consultation with school administrators, parent/guardian, teachers, and students	Onsite
Psychiatric evaluation	Onsite or Referral
Psychiatric medication management	Onsite or Referral

<b>H. DRUG AND ALCOHOL SERVICES</b>	<b>MENTAL HEALTH</b>
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Alcohol and other drug abuse risk assessment	Onsite
Alcohol and other drug counseling & treatment	Referral

<b>I. OPTIONAL SERVICES</b>
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<b>Description</b>
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<b>ORAL HEALTH SERVICES</b>	<p>The SBHC must provide, at a minimum:</p> <ul style="list-style-type: none"> <li>• Periodic oral screening and oral health education by a healthcare provider with referrals to an established dental network for those services beyond the scope of the SBHC.</li> <li>• Oral examinations (comprehensive and periodic).</li> <li>• Oral hygiene instruction.</li> <li>• Teeth cleaning.</li> <li>• Dental sealant treatment (in elementary and middle schools); and when indicated, topical fluoride treatment.</li> </ul> <p>In addition, only dentists are able to provide a problem-focused limited evaluation. Please note: Dental hygienists are allowed by law to provide only the preliminary examination before the comprehensive and periodic exam. Both exams must be reviewed and approved by the dentist of record for the site.</p>
	<b>Staffing</b>
	<ul style="list-style-type: none"> <li>• A licensed general practice or pediatric dentist or dental hygienist must provide the oral health services.</li> <li>• A dental hygienist may provide these services on site without a dentist on the premises only if the SBHC applies and is approved for a waiver of on-site supervision from the Maryland State Board of Dental Examiners under COMAR 10.44.21.</li> </ul>

Description	
<b>HEALTH EDUCATION SERVICES</b>	<p>The SBHC may provide, at minimum:</p> <ul style="list-style-type: none"> <li>• A health educator who plans and conducts special and continuing health education programs for SBHC clients, including group education, as well as education for families.</li> <li>• A health educator who is responsible for reviewing and disseminating educational materials to SBHC clients.</li> <li>• Activities that health educators can provide include: outreach activities (e.g. classroom, school, community health promotion/health education activities).</li> <li>• Topics covered by health educator may include but are not limited to: tobacco, alcohol, and other drug use prevention, family life/human sexuality (as age and developmentally appropriate), youth development, peer pressure, cliques, gangs, safety and injury prevention, disease prevention, nutrition and fitness, violence prevention/conflict resolution, injury prevention, HIV/STD prevention, and pregnancy prevention.</li> </ul>
	<b>Staffing</b>
	<p>In Maryland, health educators are trained (usually a graduate of a master’s program in Health Education) and can also be nationally certified as a Certified Health Education Specialist.</p>
Description	
<b>NUTRITIONAL SERVICES</b>	<p>SBHC may offer the services of a nutritionist or registered dietitian to their clients. Nutrition staff can provide one-to-one counseling regarding nutrition and diet needs or conduct group sessions on nutritional topics.</p>
	<b>Staffing</b>
	<p>In Maryland, nutritional services must be provided by a nutritionist or by a dietitian who has attended a program certified by the American Dietetic Association (ADA). A registered dietitian has attended the certified program and qualified to sit and pass ADA’s registration exam.</p>

Description	
<b>SOCIAL SERVICE SUPPORT</b>	<p>SBHC staff must have knowledge of local social service referral sources and documentation of standard referral protocols. A memo of understanding between the SBHC and community social service agencies is recommended to facilitate referrals and social service case management. Services that can be provided include:</p> <ul style="list-style-type: none"> <li>• Assessment and management</li> <li>• Basic needs (food, shelter, clothing)</li> <li>• Insurance eligibility assistance/referral</li> <li>• Legal services</li> <li>• Public assistance</li> <li>• Maryland Child Health Insurance Program (MCHIP) enrollment</li> <li>• Medicaid eligibility</li> <li>• Assistance with Medicaid enrollment</li> <li>• Reporting regarding child abuse</li> <li>• Employment services</li> <li>• Childcare services</li> <li>• Transportation arrangements for back up facility or referral sites</li> </ul>
	<b>Staffing</b>
	<ul style="list-style-type: none"> <li>• Local department of social services can provide staffing for these services.</li> <li>• Local health department staff who might assist with MCHIP eligibility.</li> </ul>

**D. Goals of SBHC Standards**

The goal in adhering to the SBHC standards is to ensure that services delivered through these unique models of care provide the quality, standardization, sustainability, accountability, and consistency for those service sites designated as a SBHC by Maryland’s SBHC Program.

# III. Components of Maryland's SBHC Standards

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## A. ADMINISTRATIVE AND/OR CLINICAL SPONSORING ORGANIZATION (ASO/CSO)

To be approved as a SBHC by the MDH, the applicant must:

- Designate an Administrative Sponsoring Organization (ASO)
- Designate a Clinical Sponsoring Organization (CSO)
- Comply with the Maryland's SBHC Standards.

\*Note that one organization may serve as both the Administrative and Clinical Sponsor

### 1. Administrative Sponsoring Organization (ASO) Definition:

The ASO is responsible for the administrative and medical adherence to all federal, state, and school/district regulations. The Sponsoring Agency/Organization must either provide or contract with another agency to ensure the adherence to the clinical components required to operate, and be designated, as a SBHC by MSDE.

### 2. Clinical Sponsoring Organization (CSO) Definition:

The CSO is responsible for adherence to the Clinical Standards of Care as defined by state and federal regulations. The CSO is responsible for the creation of the Clinical Policy and Procedure Manual (CPPM) which defines the minimum standards of care for the clinical operation of a SBHC. The SBHC standards of care are further defined in more detail in this section of the document.

Examples of Clinical sponsoring agencies can include, but are not limited to, one of the following entities:

- Hospital
- Local health department
- Federally Qualified Health Center
- Private practice or medical group
- University medical center

## B. RESOURCES

### THE FOLLOWING ARE HELPFUL LINKS FOR SPONSORING AGENCIES:

- [Needs Assessment Mapping Tool](#)
- [Community Health Assessment Tool](#)
- [Continuous Quality Improvement Tool Standardized Performance Measures for SBHCs](#)
- [Continuous Quality Improvement Tool](#) (National Assembly on School-Based Health Care)
- [Vaccine Storage Logs](#)

- [General Resources](#)
- [Contact List for Maryland SBHCs 2022](#)
- [Maryland Medicaid Billing](#)

### C. MEMORANDUM OF UNDERSTANDING

The ASO will serve as the lead agency and contact for the SBHC in reporting to the MDH. The ASO will possess the responsibility for the funding, administrative operation, and is responsible for the clinical services required of a SBHC. As such, it is required that the ASO has a Memorandum of Understanding (MOU) or contract with the CSO, if not the same organization, and the LEA.

Inherent in the MOU will be the roles and responsibilities of each organization/district. Additionally, the ASO must demonstrate that they will assure unbiased care regardless of client insurance status, insurance carrier, or ability to pay.

The following areas must also be addressed by the ASO, CSO, and LEA:

- ✓ MOU between ASO, CSO, and LEA assigning roles and responsibilities to each
- ✓ An initial community needs assessment must be completed, with subsequent needs assessment updated every five years
- ✓ Proof of General Liability and Medical Malpractice Insurance
- ✓ Assurances of monthly meetings between designees from the ASO, CSO, and LEA
- ✓ A facility plan, which includes costs, roles, and responsibilities to ensure medical and administrative operations comply with federal, state, and local regulations for the provision of care in schools
- ✓ An ASO Policy and Procedure Manual that will address the required criteria as discussed in Section III; E. Administrative Policy and Procedure Manual
- ✓ An CSO Policy and Procedure Manual that will address the required criteria as discussed in Section III, F; Clinical Policy and Procedure Manual

### D. ORGANIZATIONAL CHARTS

The purpose of Organizational charts is to provide a clear communication and reporting structure of the SBHC Program to the MSDE.

There will be two organizational charts developed reflecting clear lines of authority, lines of communication and reporting as follows:

- An Administrative Organizational Chart between the ASO, the LEA, and CSO that will accompany the application and are in the ASO's Policy and Procedure Manual located at each site.
- A Clinical Organizational Chart between the CSO and the SBHC Site and staff that will accompany the application and is in the CSO's Policy and Procedure Manual located at each site.



Job descriptions for each SBHC staff member should be included. All job descriptions should also have an evaluation criteria/plan including whom they report to in the organization.

### 1. Administrative Organizational Chart:

The ASO is responsible for the overall administration of the SBHC. Therefore, the Administrative Organizational Chart should provide a clear visual representation in a hierarchical diagram of the reporting and communication structure of those individuals and their title responsible for the administration of the SBHC.

- The ASO Organizational Chart must include its reporting and communication with the CSO, subcontractors (as appropriate), and LEA.
- The ASO Organizational Chart must clearly represent those departments/individuals responsible for the administrative operations of the SBHC.

### 2. Clinical Organizational Chart

The CSO is responsible for adherence to the Clinical Standards of Care for providers and services as defined by the organization, state, and federal policies and regulations. The Clinical Organizational Chart should identify all Clinical and SBHC staff that are associated with the clinical operation of the SBHC. Therefore, the Clinical Organizational Chart should provide a clear visual representation in a hierarchical diagram of the reporting and communication structure of those individuals and their title who are responsible for the clinical operation of the SBHC.

## E. FACILITY REQUIREMENTS

In planning a site for a SBHC, it is imperative to provide the clients with a clinical area that is clean and safe. Of utmost importance is to ensure that client confidentiality<sup>1</sup> is always observed. Please see below for some of the facility requirements for SBHCs:

- SBHCs must be housed in an area of the school building that allows for client confidentiality and safety.
- Examination/counseling rooms need to be situated to protect the client's rights and to allow for maximum privacy (except in the event of telehealth services, only in a private, quiet well-lit room is required).
- Floorplans are required to be included in the initial SBHC application to MSDE and will be reviewed by MSDE Facilities team and MDH.
- Public school construction projects more than \$350,000 must be reviewed and approved by the MSDE, School Facilities Branch. Educational specifications, design drawings, specifications, and bid documents are required to be reviewed. Although there may be slight differences from site to site depending on the sponsor, the following minimum requirements are necessary in each center:

**Minimum facility administration guidelines include:**

- Medical, fire, and emergency instructions, procedures, and telephone numbers must be posted in a central location.

- ✓ Designated waiting/reception area
- ✓ At least one exam room
- ✓ At least one sink with hot and cold water, in each exam room
- ✓ Counseling room/private area
- ✓ Two toilet facilities with a sink with hot and cold water (Staff/Student)
- ✓ Office/clerical area
- ✓ Secure storage area for supplies (e.g., medications, lab supplies)
- ✓ Designated lab space with sink with hot and cold water
- ✓ Secure and confidential records storage area
- ✓ Phone line exclusively dedicated to the SBHC
- ✓ Data, voice, video connections in all areas
- ✓ Dedicated entrance for after school hours service (if possible)

- “No Smoking” signs must be posted.
- The Notice of Privacy Practices for Protected Health Information (HIPAA) must be posted (available in other languages if requested).<sup>2</sup>
- Designated SBHC staff must have keys for all locked areas.
- The SBHC must have appropriate liability coverage (including clinician liability coverage).
- SBHC administration must communicate with school building facilities staff to ensure that refrigerators in the SBHC are always kept on.
- The facility must be a permanent space located within a school building or on the school campus and used exclusively for the purpose of providing SBHC services.
- Consideration should be given to having the SBHC co-located with the health suite.
- The School Health Services Suite must be able to operate independently of the SBHC - the health practitioner's office may have shared access between the two adjoining facilities, but any connection between the two should have security access (i.e. swipe card, or locking door) to prevent unauthorized entry into or exit out of the school.
- The facility must meet Americans with Disability Act requirements for accommodation of individuals with disabilities.
- The facility must meet local building codes for lights, exit signs, ventilation, etc.

- The facility must abide by standards provided by the Occupational Safety and Health Administration (OSHA) and the Maryland Occupational Safety and Health Act (MOSHA).
- The facility (as applicable) must meet other local, state, or federal requirements for occupancy and use within the permanent space allocated for the SBHC.
- The ventilation needs for health applications are in the American Society of Heating, Refrigerating, and Air-conditioning Engineers (ASHRAE) 170. Portable filters are a secondary means to meet air exchange needs when the HVAC system does not provide adequate ventilation or ventilation directly with outside air is not an option.
- The main factors in the unit selection will be the volume (V) of the space and how many air changes per hour (ACH) are needed, balanced against the noise level of the filter. The ASHRAE Standard 170 recommends 6 ACH in the uses most similar to a health suite. Maximizing outside air intake in the context of a properly functioning HVAC system remains the primary recommendation, with the use of portable HEPA air purifiers as a temporary solution when outside air and HVAC system performance are not sufficient.
- If vaccines/medications are stored in the refrigerator or freezer, the electrical circuit for that refrigerator and/or freezer must remain active 24 hours per day and connected to an emergency generator.
- The facility must have an internal intercom system (may be telephonic) that is connected to the school's central intercom system.
- Technology outlets and computer stations must be available.
- Each space must have adequate lighting.
- The SBHC must be easily and safely accessible.
- The dedicated exterior entrance should include exterior signage with the name of the SBHC program, hours of operations, and contact information – telephone and after hours contact information.

#### Facility Review Procedure for New SBHCs:

- A. New Construction  $\geq$  \$350,000:  
Maryland State Department of Education, School Facilities Branch (MSDE Facilities) will need to conduct a formal review of the blueprints during design and will be part of the visit to the SBHC space after construction. They will file a formal review letter that is signed by the State Superintendent.
- B. New Construction  $<$  \$350,000:  
MSDE Facilities will review the SBHC site after it is constructed. They are also available to review blueprints and plans prior to construction, which is advised.
- C. New SBHC in an Existing School, Construction Cost  $<$  \$350,000:

MSDE Facilities will review the SBHC site after it is constructed. They are also available to review blueprints and plans prior to preparation of the space, which is advised.

Sponsoring agencies interested in opening a new SBHC are encouraged to contact the MDH at [md.sbhccprogram@maryland.gov](mailto:md.sbhccprogram@maryland.gov) to discuss these facility requirements. Technical assistance, support, clarification, and guidance can be provided. MSDE facilities is also available to discuss any plans before they are paid for and completed.

It is *recommended* that all SBHC spaces in Maryland meet the following minimum square footage requirements per area:

AREA OF SBHC	Net Square Footage (Interior Wall to Wall)
Waiting/reception area	75 sq. ft
Each exam/treatment room	80 sq. ft
Each toilet room	50 sq. ft
Counseling room/private area	80 sq. ft
Each office area	60 sq. ft
Records storage area	50 sq. ft
Supply storage area	50 sq. ft
Laboratory (clean/dirty area)	80 sq. ft

## F. OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) RESOURCES

The Occupational Safety and Health Administration (OSHA) is a part of the United States Department of Labor and was created as a result of the Occupational Safety and Health Act of 1970. The mission of OSHA is to ensure safe and healthful working conditions for workers by setting and enforcing standards and provides training, outreach, education and assistance in the workplace.

OSHA requirements apply to many health care employers, including SBHC programs. For OSHA resources see the following:

### Bloodborne Pathogens:

Overview of BBP Requirements Fact Sheet:

<https://www.osha.gov/sites/default/files/publications/bbfact01.pdf>

BBP Standard/Regulation:

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>

Model/Template BBP Exposure Control Plan:

[https://www.osha.gov/sites/default/files/CPL\\_2-2\\_69\\_APPD.pdf](https://www.osha.gov/sites/default/files/CPL_2-2_69_APPD.pdf)

OSHA Safety and Health Topics - Bloodborne Pathogens:

<https://www.osha.gov/bloodborne-pathogens>

**Hazard Communication:**

OSHA Hazard Communication Fact Sheet:

<https://www.osha.gov/sites/default/files/publications/OSHA3696.pdf>

OSHA Small Entity Compliance Guide for Hazardous Chemicals:

<https://www.osha.gov/sites/default/files/publications/OSHA3695.pdf>

OSHA Safety and Health Topics - Hazard Communication:

<https://www.osha.gov/hazcom/guidance>

HazCom Standard/Regulation:

<https://www.osha.gov/hazcom/ghs-final-rule>

## **G. ADMINISTRATIVE POLICY AND PROCEDURE MANUAL**

The Administrative Policy and Procedure Manual (APPM) can be utilized by existing SBHCs and organizations interested in establishing new comprehensive or expanded school health. The APPM can serve as a guide to the creation of a Policy and Procedure Manual (PPM) that SBHC sites can use to comply with state and federal outpatient clinic licensing requirements to ensure high quality care. SBHCs must have written policies and procedures must be:

- Reviewed every two years based on legislative mandates.
- Available onsite and accessible for easy reference by SBHC staff.
- Reviewed annually, documented, and maintained by all SBHC staff.

### **1. Hours of Operation**

- During their operating hours, SBHCs must provide same-day and scheduled appointments for preventive and acute visits to enrolled students.
- Service hours must be posted outside the SBHC.
- A 24-hour phone system must be provided so that patients can receive instructions on how to obtain urgent care and advice when the SBHC site is closed.

- SBHCs should provide healthcare services aligned with state and nationally recognized standards including Early and Periodic Screening and Diagnostic Treatment (EPSDT) and the American Academy of Pediatrics Bright Futures Guidelines.

## 2. Staffing

- Emergency procedures (e.g., Processes for staff/students to adhere to during fire drills/fires, for staff reporting child abuse/maltreatment, calling police/ambulance, etc.) should be specifically addressed in the PPM and inclusive of the School Administration and SBHC Director.
- Documentation for a clear process for students seeking after-hours access to care must be documented with MOUs as required for coverage.
- The Organizational Chart will detail reporting structure for the SBHC, however job descriptions and the delineation of responsibilities and information sharing between school health services and SBHC staff must be explicitly defined in the PPM and all marketing for the SBHC.
- Safety event reporting aligned with LEA policies. Emergency and Disaster Plan for SBHC students/staff, with the SBHC staff included in the Disaster Plan, is required.

## 3. Scope of Services

School-based health centers provide services beyond the scope of the school nurse, school counselor, and school social workers. SBHCs collaborate with school staff/administrators, and other outside care providers, and serve as a resource center for wellness and prevention. With a signed parental permission form, students can receive complete health care services during school hours, including, but not limited to:

### Medical:

- Diagnoses and treatment of minor injuries and illnesses (i.e., colds, ear infections, sore throats, etc.)
- Routine well-child check-ups
- Physical examinations, including sports physicals
- Immunizations
- Prescriptions and dispensing of medication
- Laboratory testing, including on-site point of care testing
- Diagnosis and treatment of sexually transmitted diseases
- Management of chronic conditions, such as asthma

### Mental Health:

- Crisis intervention and mental health assessments
- Individual, family, and group counseling

**Optional Services:**

- Dental screenings, hygiene, and restorative dental services
- Fluoride treatments
- Referral & follow-up for specialty and dental
- Nutrition counseling and weight management
- Substance use counseling/smoking cessation counseling

**Parental Rights**

- ✓ Parents/guardians must be informed that SBHC staff will be attending a school meeting on their child's behalf. This notification/permission to attend must be documented. If SBHC teams regularly attend school team meetings, the required **Family Education Rights and Privacy Act (FERPA)** annual notification of parental rights must include SBHC staff as those professionals that may be attending school meetings for individual students.
- ✓ Immunization information may be shared with school personnel, parents/guardian, and other health providers without written consent.
- ✓ SBHC staff must obtain parental permission to obtain school health services records (with the exception of immunization records).
- ✓ If a student has a primary care provider, the SBHC must communicate and coordinate services with the student's Primary Care Provider (PCP) to avoid duplication of services.
- ✓ Communication between SBHC care providers and school nurses regarding treatment orders can take place without parental permission according to HIPAA and FERPA.

**4. Enrollment and Eligibility Process**

Any student attending a school housing a SBHC and whose parents sign a consent form to enroll is eligible to receive services regardless of their ability to pay. SBHCs may serve students in Pre-K through Grade 12 and can be located in a preschool, elementary, middle, and/or high school. Each SBHC site will create a Parent Consent Form detailing the services provided, their confidentiality/HIPAA form, and demographic information necessary to fulfill the requirements to ensure enrollment in the federal vaccination program. Services provided by each SBHC are required to include a scope of service on the consent form to ensure parents are aware of the services students will be able to access, including medical, mental health, and other optional services as defined by the Administrative and Clinical Organization operating the site.

**5. Confidentiality/HIPAA/Minor Consent-Administrative focus**

- Release of information and medical records requests
- Parent/guardian involvement

- Compliance with HIPAA, FERPA, and Maryland privacy laws

The Family Education Rights and Privacy Act (FERPA) governs educational records, including the health record maintained by the LEA. The Health Insurance Portability and Accountability Act (HIPAA) governs health records in the SBHCs. Therefore, the release of records can only occur with a signed consent to be released by the parent/guardian, a student 18 years of age or older, or students receiving services under the minor consent law. Sharing information requirements are as follows:

- A data collection system must be maintained and be HIPAA compliant ensuring protection of student information.
- The Electronic Health Record (EHR) selected by the Administrative/Clinical Organization is required to enable the SBHC staff the ability to refer internally to their own staff and must be able to collect, analyze, and report de-identified data analytics on usage per the requirements of Maryland's SBHC Program.

## 6. Medical Record and Storage

The process for creating, maintaining, and storing medical records for students must comply with state and federal regulatory requirements, and are the property of the Medical and Administrative Organization operating and administering the SBHC. Medical records consist of any services provided by staff at the SBHC and can include medical, mental health, or dental services, as well as other optional services. Medical records are required to be accessible by keys only possessed by the SBHC staff. No school staff or administrator should have access to medical records and a Release of Information Form must be completed by the student/parent/guardian at their request per the consent laws of Maryland.

## 7. Electronic Health Record System (EHR)

### At minimum each patient record must contain the following:

- ✓ Signed consent form
- ✓ Personal/biographical data
- ✓ Individual and family medical history
- ✓ Problem list
- ✓ Medication list
- ✓ Immunization record
- ✓ Screening and diagnostic tests (incl. lab results)
- ✓ Progress notes/encounter forms
- ✓ Treatment plan
- ✓ Referrals

### When establishing a new SBHC:

Review the federal/state regulations that govern the student record (FERPA, HIPAA).

Determine to whom the SBHC records belong (e.g. sponsoring agency).

Determine the process for sharing the contents of the SBHC record and to whom the contents may be shared (in accordance with HIPAA, FERPA).

Determine the storage of the SBHC record once the student has left the school (medical records must be kept in secure storage for seven years).



**a) Billing**

- A SBHC must have a written policy that describes how services rendered are recorded, charged, billed, and collected. Contracts with Medicaid and Commercial Insurers and credentialing requirements must be documented in the ASO PPM. The Process of billing and tracking reimbursements must be included here and, in the CSO, if billing is also performed at the SBHC site.
- A SBHC that bills for services must have a schedule of standard charges for services rendered by the most current “Current Procedure Terminology” (CPT) and “Code on Dental Procedures and Nomenclature” (CDT) codes (defined by CMS).
- If a SBHC offers discounts for its schedule of standard charges based on ability to pay, or other criteria, the process for qualifying for such discounts must be included in a policy.
- Each SBHC must provide a detailed accounting of the contracts they have with Medicaid/Medicare and various insurance companies, and their process of billing/coding/tracking and reporting on submitted claims for services provided by the SBHC staff. The Billing Process must be included in the Administrative and Medical Policy and Procedure Manual at each site.

**b) Data Analysis/Evaluation**

- A process and outcome evaluation should be conducted using a mechanism to monitor SBHC clinical services and evaluate the goals of the overall program. A data collection system must be maintained.
- A SBHC is required to maintain a data collection system, (preferably electronic), which allows for data import/export, aggregation, and analysis. As a part of the minimum data collection processes, SBHCs must collect data on the variables included in the annual SBHC survey.
- The annual SBHC surveys must be completed by October 1st of each year with data from the prior academic/fiscal year. Data is analyzed yearly to monitor the effectiveness of the overall SBHC program throughout the state, as well as highlight areas of improvement.
- It is recommended that SBHCs perform periodic outcome/impact evaluations and assessments that address client outcomes, continuity of outcomes, and health outcomes of the children and adolescents served. SBHCs that receive grant funding must comply with all evaluation requirements of their grants.

Needs Assessment	Process Evaluation	Outcome/Impact Evaluation
<p>Must be conducted during the development of the SBHC focused on community and school needs.</p> <p>Should then be conducted every three to five years to monitor the community's needs and concerns.</p>	<p>Must be conducted before the opening of the SBHC and annually.</p> <p>Should address service delivery, center management, and client satisfaction at a minimum.</p>	<p>Must be developed within the first five years that a center has opened.</p> <p>Should address client outcomes, continuity of outcomes, and health outcomes of children and adolescents.</p>

c) **Demographic Data – To be defined in the MDH contract or SBHC.**

## 8. Insurance

The LEA is required to include the SBHC in their General Liability Insurance coverage and will be included in the MOU, which will accompany the application for a SBHC to MSDE. Medical malpractice insurance for all licensed providers working at the SBHC is the responsibility of the CSO and must be included in the Policy and Procedure Manual for each member at each SBHC site prior to opening. Medical Malpractice coverage should also be addressed in the MOU.

## H. CLINICAL POLICY AND PROCEDURE MANUAL (CPPM)

Each CSO is required to define their clinical services per provider licensure and within the regulations for practice as related to medical, mental health, and optional services. SBHCs must have written policies on the following which will comprise their CPPM:

- Consent for services
- Patient registration including collection of demographic data, patient and parent/guardian contact information, insurance information, primary care provider
- Release of information and medical records requests
- Billing procedures
- Emergency procedures (e.g., fire)
- Reporting of child abuse/maltreatment
- Parent/guardian involvement
- Coordination of care within the SBHC (e.g., between medical and mental health providers)
- Continuity of care (care access when the SBHC is closed)
- Delineation of responsibilities and information sharing between school health services and SBHC staff
- Safety event reporting aligned with LEA policies

- Compliance with HIPAA, FERPA, and Maryland privacy laws
- Quality Assurance Plan-Annual

In addition to the requirements listed above, the CSO is responsible for the ownership of the medical records and billing for services for Maryland Medicaid eligible patients (if applicable). Note: The sponsoring agency may not require clients to change insurance carriers for the benefit of billing purposes.

*Please note service requirements may be provided as terms of a contract with the sponsoring agency.*

**The CSO must have the following included in their CPPM:**

- Reviewed every two years based on legislative mandates.
- Available onsite and accessible for easy reference by SBHC staff.
- Annual review of policies and procedures by all SBHC staff should be documented and maintained.

**1. Staffing Licensure/Certifications/Resumes: Clinical Policy and Procedure**

Staffing should be appropriate for the SBHC Designation and include resumes, job descriptions/requirements/medical malpractice (as it pertains), licenses, and evaluation criteria.

At a minimum, the following staff should be present onsite when the SBHC is open:

- Office/health/medical assistant – registered and/or certified to perform the required tasks outlined in their job description.
- Primary care provider licensed in the State of Maryland, with the requisite training to the patient population served, and credentialed to bill Medicaid and relevant commercial insurers.
- SBHCs must be open and offering clinical services with a licensed medical clinician onsite for a minimum of two days per week and a minimum of eight hours total per week when school is open.

**Each SBHC must have:**

- A clinical director
- A site/coordinator/administrator who is responsible for the SBHCs overall management, quality of care, and coordination with school personnel
- The clinical and administrative director positions can be consolidated under one position or can operate as separate positions.
- Clinical staff must hold current licenses and certification in basic life support (BLS).
- Written job descriptions must be developed for all staff providing care or involved in SBHC operations that include the necessary credentials and experience required for the position.

- A written policy must be developed that clearly delineates roles and responsibilities for school health services and SBHC staff.

Requisite training, license/certification, and experience of mental health services staff should be commensurate with the scope of services provided.

All providers providing services to students must be licensed in Maryland and credentialed specifically for their specialty and scope of services provided. This must be included in the PPM on site along with each providers up-to-date credentials, and proof of medical malpractice insurance coverage for each/or in congregate in adherence to the CSO. Proof of General Liability should be included in the ASO/District MOU.

## 2. Services Provided Per SBHC Designation: Clinical Policy and Procedure

All SBHCs are required to provide primary care services including, but are not limited to:

- health assessments, including comprehensive physical exams,
- health screenings and risk appraisals,
- individual and group health counseling,
- diagnosis and treatment of acute illness and injury,
- management and monitoring of chronic diseases including, but not limited to asthma, obesity, and diabetes,
- administering immunizations,
- providing reproductive health care as appropriate,
- laboratory testing and prescribing and administering medications, and
- follow-up and referral to community-based health providers or medical home for needed services outside the scope of SBHC practice.

Additional services provided: dependent upon SBHC designation, can include:

- a) Outreach, primary care, mental/behavioral health services, health promotion/education/risk reduction activities, and dental services. These services are available to students regardless of their ability to pay or insurance status. Primary care and mental/behavioral services are provided in accordance with nationally recognized standards.
- b) Referrals to the SBHC from numerous sources including, but not limited to: parents/guardians, school nurses, student support personnel (social workers, psychologists, guidance counselors), teachers, administrators, additional school staff, and other outside entities.
- c) Mental/behavioral health services include, but are not limited to: assessment, diagnosis and treatment of psychological, social and emotional problems, crisis intervention, individual/group/family counseling, psycho-social education, advocacy and case management, outreach to students at risk and referral to

community-based providers/organizations to address needs outside the scope of SBHC practice.

- d) Dental services include but are not limited to: examinations and risk assessments, treatment planning, prophylaxis, fluoride applications, X-rays, extractions, emergency/restorative treatment, oral health education, and referral to community based dental providers for services that are beyond the scope of the SBHC.
- e) Health promotion/education activities on topics pertinent to the population served. Examples include injury and violence prevention, internet safety, nutrition and physical activity, healthy relationships, teen pregnancy, and STD.

### 3. Electronic Health Record: Clinical Policy and Procedure

A SBHC is required to maintain a data collection system, (preferably electronic), which allows for data import/export, aggregation, and analysis. As part of the minimum data collection processes, SBHCs must collect data on the variables included in the annual SBHC survey.

The annual SBHC surveys must be completed by October 1st of each year with data from the prior academic/fiscal year. Data is analyzed yearly to monitor the effectiveness of the overall SBHC program throughout the state, as well as highlight areas of improvement.

It is recommended that SBHCs perform periodic outcome/impact evaluations and assessments that address client outcomes, continuity of outcomes, and health outcomes of the children and adolescents served. SBHCs that receive grant funding must comply with all evaluation requirements of their grants.

- The annual survey must be completed to assess functionality of SBHCs, collect relevant data, and identify issues, concerns, etc.
- A process and outcome evaluation should be conducted using a mechanism to monitor SBHC clinical services and evaluate the goals of the overall program.
- SBHCs should use Continuous Quality Improvement (CQI) tools that have been field-tested (See SBHC Minimum Equipment Checklist Appendix C for examples).

### 4. Confidentiality/Release of Information/Reporting Requirements: Clinical Policy and Procedure

All students enrolled in the school where the SBHC is located are eligible to be registered in the SBHC program and receive care regardless of insurance status or ability to pay. Students are not to be denied access to services based on race, color, national origin, religion, immigration status, sexual orientation, handicap, or gender.

The sponsoring agency may create and communicate a policy detailing the registration protocol for students not enrolled in the school. This policy may permit school staff and community members to enroll in the SBHC. However, this must be indicated on the annual SBHC application form.

In the context of the SBHC visit, a **minor** has the same ability as an adult to consent to:

- Treatment for or advice about drug abuse.
- Treatment for or advice about alcoholism.
- Treatment for or advice about venereal disease.
- Treatment for or advice about pregnancy.
- Treatment for or advice about contraception other than sterilization.
- Physical examination and treatment of injuries from an alleged rape or sexual offense.
- Physical examination to obtain evidence of an alleged rape or sexual offense.
- Initial medical screening and physical examination on and after admission of the minor into a detention center.

Additional guidance regarding Maryland's Minor Consent Law can be found here: Treatment of Minors Health General Article & Adolescent & Young Adult Health Care in Maryland <http://mgaleg.maryland.gov/mgawebsite/Legislation/Details/sb0041>

SBHC registration information (contact, address, phone, email, insurance, consent, primary care provider information, etc.) is required to be collected and updated whenever there is a change in information. If guardianship or consent restrictions have changed, a new consent form must be completed at that time.

- ✓ Parents/guardians must be informed that SBHC staff will be attending a school meeting on their child's behalf. This notification/permission to attend must be documented. If SBHC teams regularly attend school team meetings, the required FERPA annual notification of parental rights must include SBHC staff as those professionals that may be attending school meetings for individual students.
- ✓ Immunization information may be shared with school personnel, parents/guardian, and other health providers without written consent.
- ✓ SBHC staff must obtain parental permission to obtain school health services records (with the exception of immunization records).
- ✓ If a student has a primary care provider, the SBHC must communicate and coordinate services with the student's PCP to avoid duplication of services.
- ✓ Communication between SBHC care providers and school nurses regarding treatment orders can take place without parental permission according to HIPAA and FERPA.

The Family Education Rights and Privacy Act (FERPA) governs educational records, including the health record maintained by the LEA. The Health Insurance Portability and Accountability Act (HIPAA) governs health records in the SBHCs. Therefore, the release of

records can only occur with a signed consent to be released by the parent/guardian, a student 18 years of age or older, or students receiving services under the minor consent law. In addition, the following must be adhered to regarding sharing of information:

Consent can be provided in the following form: written, verbal, and/or electronic. Current best practices require written consent as the primary and preferred method. Enrollees 18 and older can provide their own consent. Consent does not need to be signed annually unless guardianship or consent restrictions have changed. The sponsoring agency (with input from the LEA) needs to have a written statement describing its policy concerning minor consent as outlined in the Maryland Minor Consent Law (§20-102 of the Health General Article, Annotated Code of Maryland). There also needs to be a written policy concerning the right to consent if the minor is emancipated, is over the age of 18 years of age, married, or a parent of a child.<sup>3</sup>

#### **5. Quality Assurance Plan: Clinical Policy and Procedure**

Quality assurance captures both the effectiveness of deployed systems and services to patients and areas of improvement. Each year, SBHCs are required to practice quality assurance using Continuous Quality Improvement (CQI) tools. It is also required for all SBHCs to develop a monitoring mechanism for clinical process and evaluate overall programmatic outcomes regularly. Highlights of the CQI requirements:

- Monitoring must be completed by (1) setting a continuous quality improvement program, or (2) developing a comprehensive practice management improvement plan (PMI) that incorporates CQI monitoring.
- Year 1: Choose conditions and monitor outcomes when the plan is first implemented and then again when CQI tools have been in place for several months
- Thereafter: Conduct CQI audits at least once a year.

#### **6. Laboratory Procedure/Logs: Clinical Policy and Procedure**

All SBHCs must maintain current Clinical Laboratory Improvement Amendment (CLIA) standards and post the CLIA certification in public view in the SBHC. In addition, a written policy that assures confidential handling of lab results, documentation, and follow-up of abnormal results must also be available for reference in the SBHC.

**CLIA compliance requires all SBHCs to:**

- Maintain and calibrate all lab equipment within state licensing requirements.
- Provide signage for clear delineation between “clean” and “soiled” lab equipment.
- Provide testing as clinically indicated on site. Staff should be trained on CLIA waived tests that are provided by the SBHC.
- Refer patients to a fully licensed lab for services that are not available on site or restricted by the site license.
- Provide venipuncture services on site or by referral.

**Requirements for SBHCs storing/administering vaccines:**

- Use purpose-built, household grade or pharmaceutical-grade units designed to either refrigerate or freeze. The unit should be connected to a backup generator in the event of a power outage.
- Units can be compact, under-the-counter style, or large.
- Units must meet Vaccines for Children Program (VFC)<sup>4</sup> standards (microprocessor-based temperature control with a digital temperature sensor, thermocouple, resistance temperature detector [RTD], or thermistor).
- Units can have fan-forced air circulation with powerful fans or multiple cool air vents promoting uniform temperature and fast temperature recovery from an out-of-range temperature.
- Place a storage unit in a well-ventilated room, leaving space between the unit, the ceiling, and any wall.
- Nothing should block the cover of the motor compartment.
- The unit should be firm and level with the bottom of the unit above the floor.
- Every vaccine storage unit must have a Temperature Monitoring Device.
- Refrigerators should maintain temperatures between 2° C and 8° C (36° F and 46° F).
- Freezers should maintain temperatures between -50° C and -15° C (-58° F and +5° F).
- Refrigerator or freezer thermostats should be set at the factory-set or midpoint temperature, which will decrease the likelihood of temperature excursions and power must be maintained 24 hours a day seven days a week if active vaccines are being stored.
- Plug in only one storage unit per electrical outlet to avoid creating a fire hazard or triggering a safety switch that turns the power off.
- Store each type of vaccine in its original packaging and in a separate container.

**Immunizations and Medication: Storage and Administration**

Proper vaccine storage and handling are important factors in preventing and eradicating many common vaccine preventable diseases. Failure to store and handle vaccines properly can reduce vaccine potency, resulting in inadequate immune responses in patients and poor protection against disease. Please note that it is a requirement for SBHCs in Maryland to be enrolled in the VFC program. If the SBHC is unable to enroll in the VFC program, there must be another method in place to provide routine childhood immunizations to all SBHC-enrolled students.

- Every vaccine storage unit must have a Temperature Monitoring Device.
- Refrigerators should maintain temperatures between 2° C and 8° C (36° F and 46° F).



- Freezers should maintain temperatures between -50° C and -15° C (-58° F and +5° F).

Refrigerator or freezer thermostats should be set at the factory-set or midpoint temperature, which will decrease the likelihood of temperature excursions and power must be maintained 24 hours a day seven days a week if active vaccines are being stored. Store each type of vaccine in its original packaging and in a separate container.

### **Equipment and Maintenance**

Maintenance for medical equipment is the sole responsibility of the CSO and must be inspected and approved annually with the appropriate documentation on it. A copy of the inspecting agency's documentation of acceptance should be in the CPPM.

## **7. Emergency Protocols**

Emergency protocols will be defined by the ASO/CSO in the Memorandum of Understanding.

## IV. Telehealth

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### Introduction to Telehealth in SBHCs

The American Telemedicine Associations' Operating Procedures for Pediatric Telehealth (April 2017) states:

"...children represent one of our most vulnerable populations, and as such, require special considerations when participating in telehealth encounters. Some services provided to adult patients by telehealth may not be easily adapted to or appropriate for pediatric patients due to physical factors (patient size), legal factors (consent, confidentiality), the ability to communicate and provide a history, developmental stage, unique pediatric conditions, and age-specific differences in both normal and disease states (AHRQ, n.d.; Alverson, 2008). Telehealth holds particular promise in facilitating the management and coordination of care for medically complex children and those with chronic conditions, such as asthma, chronic lung disease, autism, diabetes, and behavioral health conditions."

Telehealth is defined as a mode of delivering health care services from a provider to a patient using synchronous and asynchronous technologies by a health care practitioner to a patient at a different physical location than the health care practitioner. (Title 1, Subtitle 10 of the Health Occupations Article) It is the use of interactive audio/video/audio-visual, or other electronic technology/telecommunications by a Maryland licensed physician/other licensed health practitioner to deliver clinical services within the scope of practice at a location other than that of the patient. Telehealth services require an audio component and a video unless a video device is not available. Telehealth services do not include the use of social media, texting, or email.

#### Telehealth includes:

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

Telehealth services do not include the use of social media, texting, e-mail messages, or facsimile transmissions.

#### Telehealth Policy:

- House Bill 448/Senate Bill 402, passed in the 2020 Legislative Session, describes the requirements of a health care practitioner who wishes to establish a practitioner-patient relationship through telehealth.
- §1-1001 through §1-1006 of the Health Occupations Article provides the statute for provision of telehealth services in the State of Maryland.

- House Bill 34/Senate Bill 278, passed in the 2021 Legislative Session, prohibits the MSDE or the MDH from adding additional requirements or approval processes to those in §1-1001 through §1-1006. It is recommended that SBHC sponsors notify school leaders, superintendents, the MDH, and the MSDE when they begin to offer telehealth services.
- COMAR 10.09.49.00 - 10 provides the telehealth regulations for programs reimbursed by the Maryland Medicaid Program. House Bill 123/Senate Bill 3, passed in the 2021 Legislative Session, provides additional guidance regarding telehealth in response to the COVID-19 pandemic and associated state of emergency.<sup>12</sup>

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

### 1. State of Maryland

- a. [Health-General Article, Title 4, Subtitle 3, Annotated Code of Maryland](#)

### 2. Federal

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

**Technical assistance** for developing a telehealth program is available from:

- [The Centers for Medicare & Medicaid Services](#)
- [The Mid-Atlantic Telehealth Resource Center](#)
- [The School-Based Health Alliance \(SBHC4ALL.com\)](#)
- [The Maryland Health Care Commission](#)

If a SBHC has currently been approved for operation and desires to add telehealth to its services, the authorized health care provider of the SBHC does not need to complete an additional application or seek approval from the MSDE or the MDH to provide healthcare services through telehealth. New SBHCs, with or without telehealth, must apply for approval as a SBHC but no other requirements must be met to provide telehealth services. However, telehealth services must be consistent with the requirements for providing telehealth under Health Occupations Article §1-1001 through §1-1006 and COMAR 10.09.49.00 - 10.

## APPENDIX A: SBHC GLOSSARY/KEY TERMS

Appendix A provides the SBHC glossary/key terms with definitions for the provision of SBHC programs and services provided.

### DEFINITIONS AND TERMINOLOGY

DESCRIPTION	PURPOSE
Administrative Support Staff	An administrative clerk or a billing clerk.
Clinical Consultant	A physician or a nurse practitioner with appropriate credentials for providing services to the population being served.
Clinical Director	The Clinical Director is the senior clinician responsible for the overall quality of care of the services delivered.
Clinical Support Staff	Either a Registered Nurse (RN), Licensed Practical Nurse (LPN), or a Certified Medical Assistant (CMA).
Continuous Quality Improvement (CQI)	A quality management process that includes identifying a problem or area of improvement, creating an action plan to improve, studying the impact, reporting the results, assessing lessons learned, and implementing next steps to sustain change. This process is repeated as SBHCs continue to monitor and define new areas of improvement.
Health Educator	An individual who is trained in health education (Master's Degree) and can also be nationally certified as a Certified Health Education Specialist (CHES). Duties include planning and conducting special and continuing health education programs for SBHC clients, including group and family education sessions, reviewing and disseminating educational materials to SBHC clients, and collecting and analyzing data to identify community needs.
Physician/Nurse Practitioner/Physician's Assistant	An individual who is licensed and certified to provide healthcare services by the MDH under the Health Occupations Article, Annotated Code of Maryland. <sup>5</sup> (Note: Only a physician or advanced practice nurse may sign the state physical exam form).
Mental Health Professional	COMAR 10.21.17.02 defines a mental health professional as an individual who is licensed, certified, or otherwise legally authorized to provide mental health services by MDH, or in the state where the service is rendered. <sup>6</sup>
Needs Assessment	A systematic set of procedures undertaken for the purpose of identifying unmet needs to prioritize and make decisions about a program or organization's improvement and allocation of resources. The priorities are based on the identified needs where need refers to the discrepancy or gap between a present state (what is) and a desired end state, future state, or condition (what should be). Need is the gap between present and future.

Nutritionist or Dietician	A licensed professional who works in the field of food and/or nutrition. A dietitian has attended a certified program, certified by the American Dietetic Association (ADA). A registered dietitian has completed the certified program and passed the ADA's registration exam and is required to have continuing education hours to maintain registration status.
Outcome Evaluation	To study the extent to which a program causes changes in the desired direction in the target population during and/or after participation in the program. It addresses the question: Did the program make a difference in participants' knowledge, attitudes, beliefs, or behavior? This can be examined in the short-term, intermediate term, and long-term.
Process Evaluation	A systematic assessment of how a project is implemented, what activities are provided under what conditions, by whom, for what audience, and with what level of effort. It focuses on finding out if the program has all of its parts, if the parts are functional, and if the program is operating as it is supposed to be operating.
Registered Nurse	An individual who is licensed by the Maryland Board of Nursing to practice registered nursing; or has a multistate licensure privilege to practice registered nursing under the Nurse Licensure Compact. <sup>7</sup>
Clinical Conditions	Clinical diagnoses and outcomes which are regularly measured to monitor the quality and character of services being delivered by SBHCs. Examples can be obtained from the School-Based Health Alliance website. <sup>8</sup>
School Health Services Provider	A physician, Advanced Practice Registered Nurse, Physician's Assistant or all of these, with experience or special training, or both, working with children and families in community or school health programs <sup>9</sup> and practices in accordance with the current medical and nursing standards of care.
School-Based Health Centers (SBHC)	A health center, located in a school or on a school campus that provides onsite comprehensive primary, acute, and preventative care services, mental health services, oral health services, and ancillary support services.
Site Coordinator	Person responsible for coordination of the services provided by staff working at the SBHC site.
Telehealth	Use of interactive audio/video/audio-visual, or other electronic technology/telecommunications by a Maryland licensed physician/other licensed health practitioner to deliver clinical services within the scope of practice at a location other than that of the patient. Telehealth services require an audio component and a video unless a video device is not available. Telehealth services do not include the use of social media, texting, or email.

## APPENDIX B: SBHC STANDARDS MINIMUM REQUIREMENTS CHECKLIST

The SBHC approval process is conducted for all new SBHC requests. The SBHC Program application must meet the minimum requirements. The minimum requirements checklist is provided. There are two types of consent forms for SBHC programs, e.g., a consent form to operate a SBHC program at the various levels of operation or a consent form to use telehealth as a service delivery model.

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer: \_\_\_\_\_

\_\_\_\_\_  
Signature (Sponsoring Agency)

\_\_\_\_\_  
Signature (MDH)

\_\_\_\_\_  
Signature (MSDE)

SBHC STANDARDS MINIMUM REQUIREMENTS CHECKLIST		YES	NO
1.	Has an organizational chart reflecting clear lines of authority for SBHC program staff as well as SBHC staff employed by Local Education Agency (LEA) or another agency		
2.	One administrator is responsible for SBHC's overall management, quality of care, and coordination with school personnel		
3.	Provides both scheduled and urgent care appointments to enrollees		
4.	Written policy has been created that addresses parental consent for treatment and is available at site for easy reference by staff		
5.	Written procedures have been established for patient registration		
6.	Written procedures provide for effective collection of demographics, parent contact, 3 <sup>rd</sup> party billing, and previous or current primary care provider information		
7.	Written job descriptions have been developed for all staff providing care or involved in SBHC operations		
8.	Physician consultant is available to staff to discuss clinical issues as needed		
9.	Has a designated site coordinator, with administrative duties outlined in job description		
10.	Center includes oral health services either on-site or by referral (circle one)		
11.	A 24-hour phone service has been provided for patients to receive instruction on how to obtain urgent care and advice when center is closed		

12.	Referral system is in place for all services not available at center		
13.	A clear delineation of roles and responsibilities has been provided in centers where school nurse services are available		
14.	Center clinical providers are licensed, registered, and/or certified health professionals, with training and experience in community and school health desirable		
15.	Staff has ongoing continuing education and professional development		
16.	Clinical staff hold current certification in cardiopulmonary resuscitation (CPR)		
17.	Malpractice insurance coverage in effect		
18.	SBHC staff are periodically evaluated on their performance		
19.	SBHC is in compliance with Clinical Laboratory Improvement Amendments (CLIA), Occupational Safety and Health Administration (OSHA), pharmacy licensing, child abuse reporting, and other laws and regulations governing healthcare programs		
20.	Where applicable, all providers of services are eligible for reimbursement for services rendered		
21.	A data collection system is maintained		
22.	An annual survey was completed		
23.	An initial needs assessment was completed		
24.	A process and outcome evaluation were conducted		
25.	A budget was developed and maintained		
26.	SBHC has developed a mechanism to monitor clinical services		
27.	SBHC has developed a mechanism to evaluate the goals of their overall program		
28.	A written policy has been developed to address the exchange of medical information between school nurse and school staff		

**APPENDIX C: SBHC MINIMUM EQUIPMENT CHECKLIST**

The SBHC approval process also requires review of the minimum equipment necessary to operate safely and to conduct adequate health assessments. The minimum equipment checklist is provided.

SBHC Name: \_\_\_\_\_

SBHC Location (City/County in MD): \_\_\_\_\_

Frequency of Equipment Checks: \_\_\_\_\_

Date of today's check: \_\_\_\_\_

EQUIPMENT NAME:	PRESENT:	CONDITION:	COMMENTS:
Wall mounted or portable otoscope/ophthalmoscope with insufflator			
Stethoscope			
Reflex hammer			
Exam table with stirrups (middle school and high school)			
Rolling stool			
Exam light			
Mouth guard and/or ambu bag			
Vision equipment			
Nebulizer			
Refrigerator with a separate freezer if storing immunizations (needed to store varicella at 5° F)			
Refrigerator/freezer thermometer			
Standing scale with measuring bar			
Blood glucose meter			



Infectious waste containers and sharps containers			
Locked file cabinet(s)			
Locked cabinet for medications			
Fax machine or access to a confidential fax machine (recommended dedicated to SBHC)			
Blood pressure cuffs, either wall mounted or portable, with child/adult/large/thigh cuffs depending on age of students			
Computer (recommended that there is at least one computer in each SBHC)			
Answering machine or voice mail system			
Eye wash equipment			
Autoclave (middle school and high school if using metal specula)			
Pulse oximeter			
Peak flow meter			
<b><i>If Oral Health Services are Provided on Site:</i></b>			
Vacuum system			
Oilless air compressor			
Doctor's cart with air/water syringe and hand piece attachments			
Portable patient chair			
Portable light			
Doctor's chair			

Assistant's chair (if dental system available)			
<b><i>Optional Equipment:</i></b>			
Centrifuge			
Trans-Illuminator light for speculums			
Phlebotomy chair			
Microscope (middle and high schools)			
Equipment to measure hemoglobin or hematocrit e.g., hemocue			

## APPENDIX D: SAMPLE TELEHEALTH INFORMED CONSENT FORM

Appendix D is a sample Acknowledgement of Informed Consent form that can be used for parents to give consent for the delivery of telehealth services.

### **RECOMMENDED TELEHEALTH SERVICE ACKNOWLEDGEMENT OF INFORMED CONSENT**

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_,  
consent to participate in Telehealth Services with \_\_\_\_\_  
(agency name and provider name).

**Definition:** In Maryland, “telehealth” means the use of interactive audio, video, audio-visual, or other telecommunications or electronic technology by a Maryland licensed physician or other licensed health practitioner to deliver clinical services within the scope of practice of the Maryland licensed physician or licensed practitioner at a location other than the location of the patient. Telehealth Services require an audio component and a video unless a video device is not available. Telehealth Services do not include the use of social media, texting, or email.

**What to Expect:** If you are enrolled in the School-Based Health Center (SBHC) and agree to receive telehealth services through the SBHC, you will separately consent to receiving telehealth Services from that provider directly and complete any additional paperwork required by that provider to deliver telehealth services. You will need to use your own device, such as a smartphone, tablet, or computer to connect with the provider. The school does not provide devices for use in telehealth appointments and cannot guarantee the security or privacy of your telehealth session or the mode of delivery that you and your provider agree upon.

**Role of the School:** The school, local education agency, the Maryland State Department of Education or the Maryland Department of Health will not monitor, oversee, or be aware of telehealth sessions in any way. Telehealth services are being provided through the sponsoring agency of the SBHC to allow students to continue to receive services in the event of a school closure, and with the hope that students can receive these services without risk of exposure to the COVID-19 virus. The school does not have the ability to respond to emergencies or arrange for emergency care. Security protocols may fail, causing a breach of privacy of confidential medical information. The school is unable to prevent or act in the event of a privacy breach. All complaints regarding services provided, including those relating to privacy breaches, service delivery, or other interruptions, must be made with the sponsoring agency, provider, or the appropriate professional licensing board.

Telehealth services and the use of the SBHC is voluntary. You have the right to decline to receive telehealth services without affecting the right to future care or treatment and without risking the loss or withdrawal of program benefits to which you would otherwise be entitled.

***Acknowledgement of Consent to Receive Telehealth Services***

By signing below, I am confirming that I have received the above information regarding telehealth services. I confirm that I understand that the school is not providing, monitoring, or overseeing the services in any way. I release the school, the local education agency/school board, and the Maryland State Department of Education and Maryland Department of Health from any liability related to the provider and the services provided.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Confidential Services only:

Client Signature: \_\_\_\_\_ Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Explain if verbal Consent received Telephonically:

\_\_\_\_\_

**APPENDIX E: SAMPLE PARENT/GUARDIAN CONSENT FORM**

The SBHC Consent Form is necessary for students to be enrolled in the SBHC program and to receive services. The form must be completed by parents/guardians of student enrolled in the program.

**SCHOOL-BASED HEALTH CENTER CONSENT FORM**

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Child's Social Security Number \_\_\_\_\_

I have received a copy of the Patient Bill of Rights

(initials) \_\_\_\_\_

I have received Patient Notice of Privacy Practices

(initials) \_\_\_\_\_

If not received, please explain:

\_\_\_\_\_

Services to be provided by the Health Center have been described to me.

(initials) \_\_\_\_\_

I understand and agree to the confidentiality agreement outlined in the Program Description.

(initials) \_\_\_\_\_

I have been informed that acceptance of and participation in this program is voluntary and shall not be considered a prerequisite for accessing other community services. Further, I retain the right to access other reimbursable services and have the right to request a change of provider. While the program will attempt to provide every reasonable accommodation, it cannot guarantee that request for change in clinician or staff person will be granted.

(initials) \_\_\_\_\_

I have received a copy of the ( \_\_\_\_\_ ) County Behavioral Health Care Services Consumers Complaints Resolution/Grievance Information.

(initials) \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

# End Notes

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<sup>1</sup> [HIPAA Confidentiality](#)

<sup>2</sup> Notice of Privacy Practices for Protected Health Information HIPAA Privacy Rule, Dec. 3, 2002 (Revised 04/3/03)

<sup>3</sup> <https://health.maryland.gov/psych/pdfs/Treatment.pdf>

<sup>4</sup> <https://health.maryland.gov/phpa/oideor/immun/pages/vaccines-for-children-program.aspx>

<sup>5</sup> The Health Occupations Article, Annotated Code of Maryland – see Annotated Code of Maryland, Health Occupations Article Title 17. Professional Counselors and Therapists

<sup>6</sup> COMAR 10.21.17.02

<sup>7</sup> Health Occupations Article, §8-101, Annotated Code of Maryland

<sup>8</sup> <https://www.sbh4all.org/>

<sup>9</sup> COMAR 13A.05.05.06B(2) – School Health Services Standards – Definitions (Terms Defined)  
See website reference at <http://www.dsd.state.md.us/comar/comarhtml/13a/13a.05.05.06.htm>

<sup>10</sup> [2010 Standards for Accessible Design](#)

<sup>11</sup> Notice of Privacy Practices for Protected Health Information, HIPAA Privacy Rule, Dec. 3, 2002 (Revised 04/3/03)

<sup>12</sup> [SBHC Billing Manual](#)