



**Report to the Public Health and  
Education Committees  
on  
School Based Health Centers**

**Public Act 13-287  
Public Act 15-59**

**Raul Pino, MD, MPH  
Commissioner  
Connecticut Department of Public Health**

**February 16, 2016**

## **School Based Health Centers Advisory Committee Summary**

Public Act 13-287 expanded the membership of the school-based health center (SBHC) advisory committee and added to its responsibilities. It requires the committee to advise the Department of Public Health (DPH) commissioner on matters relating to (1) minimum standards for providing services in SBHCs to ensure that high quality health care services are provided and (2) statutory and regulatory changes to improve health care through access to SBHCs.

Public Act 15-59 expanded the responsibility of the school-based health center advisory committee to include advising the Department of Public Health commissioner on matters relating to (1) minimum standards for providing services in SBHCs and expanded school health sites to ensure that high quality health care services are provided and (2) statutory and regulatory changes to improve health care through access to SBHCs and expanded school health sites.

The committee met three times in person and once by teleconference since the date of the previous report (January 30, 2015).

Individual Committee members were actively involved with several state and national initiatives involving improving the standards of care for, and sustainability of, school-based health centers. These included the national School Based Health Alliance National Policy Collaborative, the School Health Services National Quality Initiative, the CT Chapter of the American Academy of Pediatrics (including the CT AAP School Health Committee) and the CT Children's Committee's School Based Health Strategic Action Group. The School-Based Health Advisory Committee received updates regarding these efforts and aligned the advisory's activities and recommendations with these state and national efforts.

In the previous report of January 30, 2015, the committee formulated an appropriate definition for School Based Health Centers in Connecticut. The General Assembly adopted a definition based on the committee's definition through Public Act 15-59:

(1) "School-based health center" means a health center that: (A) Is located in, or on the grounds of, a school facility of a school district or school board or of an Indian tribe or tribal organization; (B) is organized through school, community and health provider relationships; (C) is administered by a sponsoring facility; and (D) provides comprehensive on-site medical and behavioral health services to children and adolescents in accordance with state and local law, including laws relating to licensure and certification. (2) "Expanded school health site" means a health center that: (A) Is located in, or on the grounds of, a school facility of a school district or school board; (B) is organized through school, community and health provider relationships; (C) is administered by a sponsoring facility; and (D) provides medical or behavioral services, including, but not limited to, dental services, counseling, health education, health screening and prevention services, to children and adolescents in accordance with state and local law, including laws relating to licensure and certification.

The Committee was engaged in responding to inquiries regarding the definition throughout the 2015 legislative session, providing additional information when necessary.

PA 15-59 includes the following:

(b) No person or entity shall use the term "school-based health center" to describe a facility or make use of any words, letters or abbreviations that may reasonably be confused with said term unless the facility meets the definition of a school-based health center in subsection (a) of this section.

The Committee discussed the issue of facilities' potential misuse of the established term and recommends at this time that the Commissioner of Public Health address this by establishing appropriate notification of the existing definition at the time of facility licensure or facility license renewal. Sanctions regarding the ongoing misuse of the term should be considered.

PA 15-59 includes the following:

The Department of Public Health *may* adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, to establish minimum quality standards for school-based health centers, as defined in subsection (a) of this section.

The Committee discussed the continued necessity for established minimum standards specifically for School Based Health Centers, reviewed and re-endorsed the following standards as developed and detailed in the January 30, 2015 report:

The standards were adapted from the *Quality Standards for Colorado School-Based Health Centers*, published October 2009 by the Colorado Department of Public Health and Environment. The Colorado standards were modified by the legislatively-mandated SBHC Advisory Committee to reflect Quality Standards for Connecticut School Based Health Centers.

The committee again recommends the following minimum standards be adopted into state statute or regulation:

### **Quality Standards for Connecticut School Based Health Centers**

School Based Health Centers in Connecticut will meet the following minimum standards.

#### **Quality Standards for Connecticut School Based Health Centers**

### **I Core Requirements**

#### **A. Administrative**

1. Organizational chart with clear lines of authority and supervision
2. An administrator responsible for overall program management, quality of care, coordination with school and collaborating partner agency personnel; an identified coordinator for each SBHC site
3. Written job descriptions for all staff providing care or involved in SBHC operations
4. A signed school nurse/SBHC communications' agreement (See Appendix C)

5. Written policy addressing compliance with the Health Insurance Portability and Accountability Act (HIPAA) and Family Education Rights and Privacy Act (FERPA)
6. Periodic performance evaluation of staff per sponsoring organization requirements
7. Appropriate credentialing/licensure and re-credentialing of all clinical providers
8. Each student shall have a completed, signed enrollment form on file which includes: demographic information; parent/guardian contact information; third-party billing and primary care providers' information; consent to treat; and a medical history
9. Written policy regarding SBHC responsibilities in case of a school emergency or disaster.

**B. Staffing Includes:**

1. On-site support staff
2. On-site licensed medical clinician
3. On-site behavioral health clinician (licensed or license-eligible)
4. Designated health care provider available to clinic staff to discuss clinical issues as needed.

**C. Facility**

a. Location

1. Health Center is established and operated within a school building or on school grounds
2. SBHCs occupy a dedicated space for the purpose of providing SBHC services.

b. Regulations

1. In schools renovated after 1990, the facility meets Americans with Disabilities Act requirements for accommodation of individuals with disabilities
2. Facility meets local, state, and federal building codes (including lights, exit signs, ventilation, etc.); Occupational Safety and Health Administration requirements and any other local, state or federal requirements for occupancy and use of the space allocated for the SBHC.

c. Physical Space

Although some rooms/areas may serve more than one purpose in delivering SBHC services, the center includes at least the following functional elements:

1. A designated waiting/reception area
2. At least one exam room
3. One accessible sink with hot and cold water
4. A counseling room/private area
5. Access to a handicapped accessible toilet facility with a sink with hot and cold water
6. Office/clerical area
7. A secure, locked storage area for supplies (e.g. medications, lab supplies)
8. A designated lab space with clean and dirty areas
9. Secure and confidential records storage
10. A phone line exclusively dedicated to the center
11. A minimum of one secure data connection
12. Walls extend from floor to ceiling, with doors in appropriate locations to facilitate privacy and confidentiality
13. Each room/area includes adequate lighting
14. The school's central office intercom system connects to the SBHC.

d. Equipment and Supplies

The SBHC includes:

1. Equipment and supplies necessary to provide all services
2. SBHC equipment checked regularly to ensure good working order, and maintained and calibrated as recommended by manufacturer
3. Processes for inspecting emergency medical equipment monthly for items that need to be replaced or replenished
4. The SBHC is compliant with the current vaccine storage standards
5. Procedures for checking medications and supplies monthly for outdated materials, and for processing them accordingly.

## II Sponsorship Requirements

### A. Lead Sponsoring Agency

- a. The SBHC has one Lead Sponsoring Agency.
- b. Type of lead sponsor agency can be: a hospital; a public health department; a community health center; a nonprofit health or human services organization; a school or school system; or a tribal government/Indian Health Service.
- c. Requirements and responsibilities of the sponsoring agency:
  1. Assures provision of one or more of the following: funding, staffing, medical oversight and/or medical and general liability coverage
  2. Negotiates and maintains a valid access agreement between the sponsoring agency and the school district
  3. Maintains current agreements with any other organizations that provide services in the SBHC
  4. Ensures that interagency agreements specify priorities, responsibilities and a process for resolving differences
  5. Ensures confidential electronic collection and storage of service data.

d. Community Advisory Board (CAB)

In collaboration with the local school district, the sponsoring agency:

1. Ensures a role for the CAB that includes reviewing and advising on student needs; program planning; implementation and evaluation; and provides input about governance, management, services and funding. The sponsoring agency solicits participation from other key community stakeholders including parents/guardians, school administration, school health providers, youth, community health providers and public health organizations, as well as appropriate specialty care providers and insurers
2. Holds a minimum of two CAB meetings per year.

### B. Licensed Entity

- a. More than one agency may offer health care services in the SBHC; each must be a licensed entity.
  1. The SBHC has at least one licensed entity.
- b. The Licensed Entity:
  1. Ensures available consultation and oversight for health care services provided in the SBHC through a designated health care provider

2. Provides evidence of ongoing involvement of the designated health care provider, as necessary, in clinical policy and procedures development, records review and clinical oversight
3. Medical, behavioral health, and dental services shall be provided by a licensed entity
4. Ensures provision of 24-hour, seven-days-per-week coverage for services needed by users of the SBHC
5. Provides evidence of required liability and malpractice coverage, and worker's compensation
6. Maintains ownership of clinical records
7. The licensed medical entity maintains a Certificate of Waiver to provide waived laboratory tests, per the Clinical Laboratory Improvement Amendments (CLIA).

### **III Program Operations**

#### **A. Eligibility, Enrollment and Consent**

1. Develops and maintains a written policy on consent for treatment, within the scope of the law, including Minor Consent laws
2. At a minimum, extends eligibility for all services to all students attending the school that hosts the SBHC
3. Ensures students' access to services regardless of their race, national origin, religion, immigration status, sexual orientation, disability, gender, or insurance status
4. The SBHC provides written information about the center to parents/guardians and youth, which includes the scope of services offered, including how to access 24-hour, seven-days-per-week health services for SBHC users during non-school hours and vacation periods shall be included.

#### **B. Records and Confidentiality**

- a. Optimally, a single, integrated electronic health record facilitates the provision of care and the services provided.
- b. At a minimum, the required health record includes the following:
  1. Signed consent form
  2. Personal information
  3. Individual and family medical history
  4. Problem list
  5. Medication list
  6. Immunization record
  7. Screening and diagnostic tests, including laboratory findings
  8. Health and behavioral health progress notes or encounter forms
  9. Treatment plan
  10. Referral system.
- c. Requirements regarding records management:
  1. Maintain and store records in a manner that restricts access to records to SBHC staff, in accordance with the Health Insurance Portability and Accountability Act (HIPAA)
  2. Keep records separate from any part of student's educational record
  3. Release information only with a signed consent by the parent/guardian, a youth 18 years of age or older, or a youth receiving services under the minor consent law.
- d. Requirements regarding confidentiality and sharing of health information:

1. Signed parent/guardian consent (or student permission, as appropriate) to obtain school health services records or to share SBHC records (other than immunizations) with school health staff
2. Comply with HIPAA and FERPA regulations for sharing information
3. Utilize release of information forms for sharing information with community providers outside of the SBHC.

**C. Quality Improvement and Program Evaluation**

- a. Continuous quality improvement plan includes:
  1. A designated staff member to serve as the quality improvement coordinator
  2. A mechanism for monitoring clinical services and evaluating program goals
  3. At least two clinical or practice management measures per year to be monitored and evaluated for improvement.
  4. A plan for improvement
  5. A written record of progress toward improving selected measures.

**D. Data Collection and Reporting**

- a. The SBHC maintains an electronic data collection system that includes the following minimum data variables:
  1. Unique patient identifier
  2. Date of birth
  3. Gender
  4. Race
  5. Ethnicity
  6. Grade
  7. Insurance status
  8. Date of visit
  9. Location of visit
  10. Provider type
  11. Current Procedural Terminology (CPT) visit code(s)
  12. Diagnosis code(s): most recent ICD or DSM
- b. Capacity exists for the SBHC to report service data.

**E. Financing and Sustainability**

- a. Prior to implementation, new SBHCs develop a sustainability plan
- b. SBHCs create and periodically update a strategic plan
- c. SBHCs develop an annual budget that describes all sources and uses of funding, including the estimated value of in-kind support
- d. SBHCs collect financial data and are capable of reporting revenues and expenses by commonly accepted line item types
- e. Written policies for SBHCs provide:
  1. Processes for recording, charging, billing and collecting for services rendered that facilitates care for users of the SBHC regardless of ability to pay
  2. Assurances that services that are confidential by law are billed for in a manner to protect patient confidentiality
  3. Outreach and application assistance to families with students eligible for public or private health insurance, directly or through referral.

## **F. Compliance with Applicable Federal and State Regulations**

- a. Compliant with the Americans with Disabilities Act of 1990
- b. Compliant with Clinical Laboratory Improvement Amendments
- c. Compliant with Family Education Rights and Privacy Act, published by the Department of Education
- d. Compliant with the Health Insurance Portability and Accountability Act
- e. Compliant with the Occupational Safety and Health Administration
- f. Compliant with applicable CT public health code regulations.

## **IV Program Core Elements**

- a. Provide access to integrated and coordinated medical care, behavioral health care, and oral health care onsite through treatment or referral:
  1. Scheduled and same-day appointments available to SBHC users for non-urgent, acute, and chronic health problems including referral if needed
  2. 24 hour, seven-days-per-week access to health services for SBHC users during non-school hours and vacation periods to ensure the continuity of care
  3. Outreach activities to enroll students in the SBHC
  4. Activities to promote awareness of SBHC services
  5. Activities to promote utilization of SBHC services
  6. Services are provided in accordance with Cultural and Linguistically Appropriate Standards (CLAS)
  7. Care coordination among SBHC staff and through communication with the youth's community providers
  8. A referral system for health services not available in the SBHC.
- b. Provide preventive and primary physical health care with an emphasis on prevention of health risks and chronic disease through the following:
  1. Annual preventive health exams:
    - History, risk/developmental screening and physical assessment; EPSDT; anticipatory guidance
    - Screening, offering and/or administration of immunizations per CDC recommendations
    - Oral health assessment, identification of observable problems, date of the last oral health visit, appropriate oral health education and referral as needed
    - Identification and management of chronic disease in collaboration with the student's PCP and community providers
  2. Diagnosis and treatment of acute illness and injury with referral as necessary
  3. Provision for medications
  4. Waived laboratory tests onsite, as included in the Clinical Laboratory Improvements Amendments (CLIA).
- c. Provide behavioral health services including:
  1. Mental health screening, assessment, and treatment on site
  2. Individual, group, and family therapy; crisis management.
- d. For sites that provide oral health services:
  1. Oral health screening, assessment, and treatment and/or referral.



This document is the result of the dedication and active participation of the School Based Health Center Advisory Committee members. The committee recognizes that these are minimum standards to be met in School Based Health Centers.

The Committee discussed sustainability as well as barriers and difficulties in relation to reductions in state allocated funding for school based health centers pursuant to the reduction in the current state budget, inclusive of the Governor's December 2015 rescission. The Committee recommends the following as one step to promote sustainability:

- The Commissioner of the Department of Public Health will work in partnership with the Commissioner of the Department of Social Services to remove the ongoing barrier to billing through Medicaid for behavioral health services on the same day as a primary care service (this barrier is experienced by all non-FQHC sponsored School Based Health Centers);
- To require all School Based Health Centers and Expanded School Health Sites to utilize the existing UB modifier billing code in the DSS system, currently identified to be in use by the Quinipiack Valley Health District, thereby allowing for analysis of School Based Health Center data in relation to point of service.

The Committee will continue to meet at least quarterly to identify financial, administrative, or procedural barriers that require resolution to strengthen and sustain the state's School Based Health Centers and Expanded School Health sites.

**APPENDIX A**

***Substitute Senate Bill No. 317***

***Public Act No. 13-287***

***AN ACT CONCERNING THE SCHOOL BASED HEALTH CENTER ADVISORY COMMITTEE AND A STUDY ON THE PROVISION OF BEHAVIORAL HEALTH SERVICES AT SCHOOL-BASED HEALTH CENTERS.***

***Excerpt***

Section 1. Section 19a-6i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(a) There is established a school-based health center advisory committee for the purpose of [assisting] advising the Commissioner of Public Health [in developing recommendations for] on matters relating to (1) statutory and regulatory changes to improve health care through access to school-based health centers, and (2) minimum standards for the provision of services in school-based health centers to ensure that high quality health care services are provided in school-based health centers.

(b) The committee shall be composed of the following members:

(1) One appointed by the speaker of the House of Representatives, who shall be a family advocate or a parent whose child utilizes school-based health center services;

(2) One appointed by the president pro tempore of the Senate, who shall be a school nurse;

(3) One appointed by the majority leader of the House of Representatives, who shall be a representative of a school-based health center that is sponsored by a community health center;

(4) One appointed by the majority leader of the Senate, who shall be a representative of a school-based health center that is sponsored by a nonprofit health care agency;

(5) One appointed by the minority leader of the House of Representatives, who shall be a representative of a school-based health center that is sponsored by a school or school system;

(6) One appointed by the minority leader of the Senate, who shall be a representative of a school-based health center that does not receive state funds;

(7) Two appointed by the Governor, one each of whom shall be a representative of the Connecticut Chapter of the American Academy of Pediatrics and a representative of a school-based health center that is sponsored by a hospital;

(8) One appointed by the Commissioner of Public Health, who shall be a representative of a school-based health center that is sponsored by a local health department;

[(1)] (9) The Commissioner of Public Health, or the commissioner's designee;

[(2)] (10) The Commissioner of Social Services, or the commissioner's designee;

[(3)] (11) The Commissioner of Mental Health and Addiction Services, or the commissioner's designee;

[(4)] (12) The Commissioner of Education, or the commissioner's designee; [and]

(13) The executive director of the Commission on Children, or the executive director's designee; and

[(5)] (14) Three school-based health center providers, [who] one of whom shall be the executive director of the Connecticut Association of School-Based Health Centers and two of whom shall be appointed by the board of directors of the Connecticut Association of School-Based Health Centers.

(c) The committee shall meet not less than quarterly. On or before January 1, [2012] 2014, and annually thereafter, the committee shall report, in accordance with the provisions of section 11-4a, on its activities to the joint standing committees of the General Assembly having cognizance of matters relating to public health and education.

(d) Administrative support for the activities of the committee may be provided by the [Connecticut Association of School-Based Health Centers] Department of Public Health.

Sec. 2. (*Effective from passage*) (a) The Commissioner of Public Health, in consultation with the Commissioner of Children and Families and the school-based health center advisory committee, established pursuant to section 19a-6i of the general statutes, as amended by this act, shall study the provision of behavioral health services by school-based health centers in the state, provided the Department of Public Health receives private or federal funds for the purpose of conducting such study. For purposes of this section, "school-based health center" means a health clinic, licensed by the Department of Public Health pursuant to section 19a-491 of the general statutes, that provides health care services to students at a school.

(b) Not later than February 1, 2014, the Commissioner of Public Health shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health concerning the study conducted pursuant to subsection (a) of this section, provided the commissioner conducts such study. Such report shall include, but need not be limited to: (1) Recommendations for standards concerning the provision of behavioral health services at school-based health centers; (2) recommendations for oversight of the provision of behavioral health services at school-based health centers; (3) the estimated cost for all school-based health centers in the state to provide the recommended behavioral health services; (4) a description of the behavioral health services currently provided at school-based health centers; and (5) recommendations for maximizing reimbursement for such behavioral health services by private insurance and social service programs, including medical assistance programs administered by the Department of Social Services.

**APPENDIX B**

***Substitute Senate Bill No. 917***

***Public Act No. 15-59***

***AN ACT CONCERNING SCHOOL-BASED HEALTH CENTERS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective October 1, 2015*) (a) As used in sections 19a-6i of the general statutes, as amended by this act, 19a-7d of the general statutes, as amended by this act, and 19a-638 of the general statutes, as amended by this act:

(1) "School-based health center" means a health center that: (A) Is located in, or on the grounds of, a school facility of a school district or school board or of an Indian tribe or tribal organization; (B) is organized through school, community and health provider relationships; (C) is administered by a sponsoring facility; and (D) provides comprehensive on-site medical and behavioral health services to children and adolescents in accordance with state and local law, including laws relating to licensure and certification.

(2) "Expanded school health site" means a health center that: (A) Is located in, or on the grounds of, a school facility of a school district or school board; (B) is organized through school, community and health provider relationships; (C) is administered by a sponsoring facility; and (D) provides medical or behavioral services, including, but not limited to, dental services, counseling, health education, health screening and prevention services, to children and adolescents in accordance with state and local law, including laws relating to licensure and certification.

(3) "Sponsoring facility" means a: (A) Hospital; (B) public health department; (C) community health center; (D) nonprofit health or human services agency; (E) school or school system; or (F) program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization.

(b) No person or entity shall use the term "school-based health center" to describe a facility or make use of any words, letters or abbreviations that may reasonably be confused with said term unless the facility meets the definition of a school-based health center in subsection (a) of this section.

(c) The Department of Public Health may adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, to establish minimum quality standards for school-based health centers, as defined in subsection (a) of this section.

Sec. 2. Subsection (a) of section 19a-6i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) There is established a school-based health center advisory committee for the purpose of advising the Commissioner of Public Health on matters relating to (1) statutory and regulatory changes to improve health care through access to school-based health centers and expanded school health sites, and (2) minimum standards for the provision of services in school-based health centers and expanded school health sites to ensure that high quality health care services are provided in school-based health centers and expanded school health sites, as such terms are defined in section 1 of this act.

Sec. 3. Subsection (a) of section 19a-7d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) The Commissioner of Public Health may establish, within available appropriations, a program to provide three-year grants to community-based providers of primary care services in order to expand access to health care for the uninsured. The grants may be awarded to community-based providers of primary care for (1) funding for direct services, (2) recruitment and retention of primary care clinicians and registered nurses through subsidizing of salaries or through a loan repayment program, and (3) capital expenditures. The community-based providers of primary care under the direct service program shall provide, or arrange access to, primary and preventive services, referrals to specialty services, including rehabilitative and mental health services, inpatient care, prescription drugs, basic diagnostic laboratory services, health education and outreach to alert people to the availability of services. Primary care clinicians and registered nurses participating in the state loan repayment program or receiving subsidies shall provide services to the uninsured based on a sliding fee schedule, provide free care if necessary, accept Medicare assignment and participate as Medicaid providers, or provide nursing services in school-based health centers and expanded school health sites, as such terms are defined in section 1 of this act. The commissioner may adopt regulations, in accordance with the provisions of chapter 54, to establish eligibility criteria, services to be provided by participants, the sliding fee schedule, reporting requirements and the loan repayment program. For the purposes of this section, "primary care clinicians" includes family practice physicians, general practice osteopaths, obstetricians and gynecologists, internal medicine physicians, pediatricians, dentists, certified nurse midwives, advanced practice registered nurses, physician assistants and dental hygienists.

Sec. 4. Subsection (b) of section 19a-638 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(b) A certificate of need shall not be required for:

(1) Health care facilities owned and operated by the federal government;

(2) The establishment of offices by a licensed private practitioner, whether for individual or group practice, except when a certificate of need is required in accordance with the requirements of section 19a-493b or subdivision (3), (10) or (11) of subsection (a) of this section;

(3) A health care facility operated by a religious group that exclusively relies upon spiritual means through prayer for healing;

(4) Residential care homes, nursing homes and rest homes, as defined in subsection (c) of section 19a-490;

(5) An assisted living services agency, as defined in section 19a-490;

(6) Home health agencies, as defined in section 19a-490;

(7) Hospice services, as described in section 19a-122b;

(8) Outpatient rehabilitation facilities;

(9) Outpatient chronic dialysis services;

(10) Transplant services;

(11) Free clinics, as defined in section 19a-630;

(12) School-based health centers and expanded school health sites, as such terms are defined in section 1 of this act, community health centers, as defined in section 19a-490a, not-for-profit outpatient clinics licensed in accordance with the provisions of chapter 368v and federally qualified health centers;

(13) A program licensed or funded by the Department of Children and Families, provided such program is not a psychiatric residential treatment facility;

(14) Any nonprofit facility, institution or provider that has a contract with, or is certified or licensed to provide a service for, a state agency or department for a service that would otherwise require a certificate of need. The provisions of this subdivision shall not apply to a short-term acute care general hospital or children's hospital, or a hospital or other facility or institution operated by the state that provides services that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended;

(15) A health care facility operated by a nonprofit educational institution exclusively for students, faculty and staff of such institution and their dependents;

(16) An outpatient clinic or program operated exclusively by or contracted to be operated exclusively by a municipality, municipal agency, municipal board of education or a health district, as described in section 19a-241;

(17) A residential facility for persons with intellectual disability licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for individuals with intellectual disabilities;

(18) Replacement of existing imaging equipment if such equipment was acquired through certificate of need approval or a certificate of need determination, provided a health care facility, provider, physician or person notifies the office of the date on which the equipment is replaced and the disposition of the replaced equipment;

(19) Acquisition of cone-beam dental imaging equipment that is to be used exclusively by a dentist licensed pursuant to chapter 379;

(20) The partial or total elimination of services provided by an outpatient surgical facility, as defined in section 19a-493b, except as provided in subdivision (6) of subsection (a) of this section and section 19a-639e;

(21) The termination of services for which the Department of Public Health has requested the facility to relinquish its license; or

(22) Acquisition of any equipment by any person that is to be used exclusively for scientific research that is not conducted on humans.

Approved June 19, 2015

**APPENDIX C**

**Members of the School Based Health Centers Advisory Committee**

<b><u>Member</u></b>	<b><u>Representation</u></b>	<b><u>Appointing Authority</u></b>
*	Family Advocate or Parent	House speaker
Carol Vinick	School Nurse, Hartford Public Schools	Senate president pro tempore
Robert Rioux**	Cornell Scott Hill Health Center	House majority leader
Deb Poerio	Integrated Health Services, Inc.	Senate majority leader
Rhona Weiss	Branford Public Schools	House minority leader
*	SBHC not receiving state funds	Senate minority leader
Robert Dudley	American Academy of Pediatrics	Governor
Rita Crana	Griffin Hospital	Governor
Leslie Balch	Quinnipiack Valley Health District	DPH Commissioner
Mary Kate Lowndes***	Commission on Children	Commission on Children
Alice Martinez Barbara Cass Rose McLellan	Department of Public Health (FLIS)	DPH
Stephanie Knutson	State Agency	State Department of Education
Andrea Duarte	State Agency	Department of Mental Health and Addiction Services
Nina Holmes Edith Atwerebour	State Agency	Department of Social Services
<b>DCF****</b>		
Jesse White-Fresé	Executive Director	Connecticut Association of School Based Health Centers
Joann Eaccarino	Board of Directors	Connecticut Association of School Based Health Centers
Melanie Bonjour	Board of Directors	Connecticut Association of School Based Health Centers

**Facilitation:** Mark Keenan, Supervising Nurse Consultant (DPH SBHC Program)

\* Seats remain unfilled as of the writing of this report.

\*\*Left the Advisory in September 2015; seat currently unfilled.

\*\*\*Seat currently filled by Dawn Homer-Bouthiette.

\*\*\*\*DCF is not named as a required participant in **Public Act 13-287** or **Public Act 15-59**



## ***APPENDIX D***

The following existing statute applies only to School-Based Health Centers receiving funding through the Department of Public Health.

### **PA 12-1 Sec. 96 § 96 — SCHOOL-BASED HEALTH CENTER (SBHC) COMMUNICATIONS AGREEMENT**

The act requires, by July 1, 2013, each SBHC that receives operational funding from DPH to enter into an agreement with the school's local or regional board of education to establish minimum standards for the frequency and content of communications between the SBHC and the school's nurses or nurse practitioners. The agreement must comply with state laws on municipal employees (CGS Chapter 113). It is not clear how the agreement would comply with this chapter, which covers a wide variety of municipal employee law. The act also requires the person or entity operating the SBHC to submit a copy of the agreement to the public health commissioner

“School nurses and school based health centers play a critical role in addressing the comprehensive needs of the whole child. School nurses perform early intervention services such as periodic assessments for vision, hearing, special education needs, and dental problems in an effort to remove barriers to learning, and crisis planning and interventions. School nurses use their specialized knowledge, assessment skills and judgment to manage children’s increasingly complex medical conditions, and to develop individualized health care plans, with instructions to educators on emergency care plans.

School nurses also deliver health promotion and disease prevention services, referring students to SBHCs for primary care health concerns. SBHCs complement the care provided by school nurses by offering an additional comprehensive range of services including medical evaluations and assessments, dental, mental health, and other services.

Both school health services and school based health centers provide access to immunizations, help reduce emergency room visits, provide care planning and work to ensure that children – and in some cases family members – are enrolled in public health insurance programs. Our joint efforts enhance our ability to implement health promotion and disease prevention programs, and effectively detect and prevent chronic health conditions.” (NASN and NASBHC)

Given this broad definition of functions, the following minimum standards for the frequency and content of communications between the SBHC and the school’s nurses or nurse practitioners are:

#### **Content:**

Information to be shared by SBHC Provider with the school’s nurses or nurse practitioners:

- Concerns for a student after the SBHC provider performs a physical (as stated on Health Assessment Record (HAR 3);

- Management and care coordination for students who are referred by the school's nurses or nurse practitioners (except for those confidential issues covered by CT State statute);
- Communicable Illnesses or conditions of students that may affect the school community;
- Medication Authorizations for students prescribed by SBHC NP;
- Disposition of students referred by school's nurses or nurse practitioners (such as, return to class/dismissed/need to be evaluated further); and
- "As needed" information in order to effectively care for the student.

Information to be shared by the school's nurses or nurse practitioners with the SBHC provider:

- height(s) and weight(s),
- immunizations,
- screening results (vision, hearing, scoliosis, tuberculin skin tests),
- blood glucose and hemoglobin,
- allergies
- chronic/acute illnesses or injuries,
- medications,
- demographic data and emergency numbers.

**Frequency:**

The disposition (other than returning to class) of students referred by school's nurses or nurse practitioners shall be communicated to them by the SBHC provider. At a minimum the school nurses or nurse practitioners and the SBHC provider shall communicate once a month re: the health concerns for the student population (ex. influenza immunization).