

OFFICE OF SCHOOL AND ADOLESCENT HEALTH (OSAH)
2013 - 2014
STANDARDS AND BENCHMARKS
FOR SCHOOL-BASED HEALTH CLINICS

FACILITY AND ENVIRONMENT STANDARDS

- 1.1. SBHC will have appropriate facility and equipment.
 - 1.1.1. Permanent space located within or on the school campus and used exclusively for providing primary health care, behavioral healthcare, oral health care, preventive health and health education to students.
- 1.2. Facility meets local building codes, including ADA requirements (Refer to NMAC 7.11.2).
- 1.3. Exam rooms available.
 - 1.3.1. Examination tables and dental chairs must be disinfected between patients with a recognized sterical solution or table paper must be replaced between patients. (2006 Medical Site Reviewers,10280)
- 1.4. Exam rooms private and soundproof.
 - 1.4.1. Privacy of sight and speech is observed (White noise or other means to block a conversation is acceptable).
- 1.5. Sink/hand washing facility available [Refer to OSHA Standards at 1910.1030(d)(2)(iii)].
 - 1.5.1. Treatment rooms must be equipped with a sink or, at the least, with hand sanitizer with a sink in close proximity (2006 Medical Site Reviewers, 10270).
 - 1.5.2. No storage is allowed under sinks in the exam rooms. Supplies may be stored under sinks in work areas or utility rooms only (2006 Medical Site Reviewers, 1-300).
- 1.6. Behavioral Health room available which ensures confidentiality of students accessing services.
 - 1.6.1. Privacy of sight and speech is observed. (White noise or other means to block conversations is acceptable).
 - 1.6.2. Behavioral Health room must be comfortable and conducive to patient interaction.
- 1.7. ADA bathroom present or accessible.
 - 1.7.1. Accessible, pass-through specimen window from laboratory to restroom recommended.
- 1.8. Dedicated and private phone line, FAX, and e-mail account provided.
- 1.9. Office hours and after hour availability posted where it is visible from outside the clinic and available by telephone message.
 - 1.9.1. After hours message includes instructions for after hour care and emergency services.
- 1.10. Passages, corridors, doorways and other means of exit are clear and unobstructed.
- 1.11. Covered waste cans in all examination/treatment rooms and areas accessible to the public such as drawing stations, nursing stations and waiting area. (2006 Medical Site Reviewers, 10290).
- 1.12. Medical waste clearly marked and disposed of in an approved manner.
 - 1.12.1. Use of Red Bags and Sharps containers present and labeled appropriately and policies & procedures for proper disposal are in place.
- 1.13. Exits marked and evacuation plans posted in every room and hallway (Sprinkler system optional).
- 1.14. Fire extinguishers present.
 - 1.14.1. Fire extinguisher current and personnel trained in proper use annually with operational instructions that are kept on-site.
- 1.15. Parking lot accessible for emergency vehicles with minimum of one handicapped parking space.
- 1.16. Main entrance ramp minimum of 48" wide and elevator if more than one story.
- 1.17. Drinking water available.
 - 1.17.1. ADA water fountain, bottled, tap water available, or staff available to assist.
- 1.18. "No Smoking" signs posted in the SBHC.
- 1.19. "Cell phones must be turned off in SBHC" signs posted in SBHC waiting room.
- 1.20. Current Occupational Safety and Health Administration (OSHA) Regulations and Standards precautions observed and signs posted regarding hand-washing, protective clothing, and use of gloves.
 - 1.20.1. Hand washing signs must be posted in bathrooms and lab areas.
 - 1.20.2. Any biohazard agents must be labeled as such. A material safety data sheet (MSDS) binder must be maintained on-site at the SBHC and lists all chemicals or cleaning agents stored in the SBHC. Storage of biohazard materials follows OSHA regulations. Storage closets or cabinets must be labeled with Hazmat (biohazard materials) sticker.
- 1.21. Sterilization equipment available, adequate, and tested according to manufacturers specifications, if applicable.
 - 1.21.1. The manufacturer's instructions for the sterilizing equipment must be on-site and easily accessible.

- 1.21.2. A record book for monitoring each load placed in the sterilizer (temperature, pressure and cycle length) must be maintained on-site for a minimum of one year.
- 1.21.3. Log of test strips for sterilization equipment provided and maintained for on-site for a minimum of one year.
- 2.1. SBHC will provide primary, behavioral health, and oral health (where available) services to all students regardless of their ability to pay for the visit. A posted notice of this policy must be displayed in a conspicuous location, i.e., waiting area. The notice must be in all languages commonly spoken in the community. Written policy and procedure includes:
 - 2.1.1. No student will be denied service based on ability to pay.
 - 2.1.2. All efforts to verify eligibility for health insurance, including Medicaid, will be made.
 - 2.1.3. Student 3rd party health insurance should be billed according to health insurance benefits (where available).
 - 2.1.4. No confidential student visits will be billed unless confidentiality of the billing process is assured, i.e., Medicaid Salud! and Behavioral Health Services.
 - 2.1.5. A sliding fee schedule for students who are not eligible for health care coverage or Medicaid may be utilized for non-confidential visits. Income status is based on the student and/or family income. The sliding fee scale may be reduced to \$0.
 - 2.1.6. Staff may be seen in the SBHC for a small fee if student access is not compromised.
 - 2.1.7. Funding through grants may be utilized to support services for uninsured students.
 - 2.1.8. For students who receive services from the Title X program, income verification is based on student's income.
 - 2.1.9. Upon approval, the SBHC may bill Medicaid, Healthier Kids Fund, or Children's Medical Services.
- 3.1. SBHC is required to assist students to access health care through referral to Medicaid, Healthier Kids Fund, and Children's Medical Services.
 - 3.1.1. At least one SBHC staff member must be trained and certified to do the Medicaid Onsite Application Assistance (MOSAA).
 - 3.1.2. Documentation of MOSAA training provided.
 - 3.1.3. List or a log available of student names and families that have been assisted on-site and available for review.
 - 3.1.4. Documentation provided in the student medical record of referrals to Children's Medical Services.

PHARMACY STANDARDS

- 4.1. SBHC will comply with the regulations of the New Mexico Board of Pharmacy.
 - 4.1.1. SBHC holds the appropriate Pharmacy License for its scope of service.
 - 4.1.2. Appropriate pharmacy license is current, is posted, and available for review.
 - 4.1.3. SBHC has capacity to write prescriptions for non-urgent, acute and chronic problems.
 - 4.1.4. SBHC adheres to Policies and Procedures for:
 - 4.1.4.1. Class B pharmacy license has dispensing privileges. The medication dispensing log must be maintained separately from student medical record and include the following; name and date of birth of patient, name of drug, and the initials and date of person dispensing.
 - 4.1.4.2. Class C pharmacy license has medication administration privileges. The medication log must be maintained same as above. Refer to the following websites:
<http://www.nmcpr.state.nm.us/nmac/parts/title16/16.019.0010.htm> and
<http://www.rld.state.nm.us/uploads/files/LIMITED%20DRUG%20PERMIT%20CLINIC%20APPLICATION.pdf> and
<http://www.nmasbhc.org/>.
 - 4.1.4.3. If sample medications are used, a policy for sample medications must be in place and consistent with the Board of Pharmacy regulations and the sponsoring entity policies.
 - 4.1.5. Prescription pads are not pre-signed and are stored in a locked secure area.
 - 4.1.6. Standing orders and protocols are in place for RNs and RDHs to administer medications.
 - 4.1.7. Expiration dates must be checked on all medications.
 - 4.1.7.1. Log is maintained that shows emergency kit is routinely checked for equipment function and medication expiration dates.
 - 4.1.7.2. Outdated/damaged drugs must be separated from current drug supply and kept in a locked cabinet until destroyed by consultant pharmacist.
 - 4.1.8. Pharmacy room is locked at all times and key is kept by a licensed mid-level provider, physician, dental hygienist, or licensed nurse.
 - 4.1.9. Medication is stored separately from cleaning supplies.
 - 4.1.10. CNS/CNP/PA/MD/DDS prescribing/dispensing: copy of provider's NM Controlled Substance Registration Certificate and DEA # should be on file at the local site and accessible for inspection.
 - 4.1.11. Emergency medications are available or process is in place to handle emergencies.
 - 4.1.12. Written agreement (MOA) with consultant pharmacist, per pharmacy licensure.

CLIA STANDARDS

- 5.1. SBHC will comply with Clinical Laboratory Improvement Amendments (CLIA) for all laboratory testing. Refer to <http://www.cms.hhs.gov/clia>.
- 5.1.1. SBHC holds a valid CLIA-waiver certificate for the level of testing performed and certificate is posted and available for review.
- 5.1.1.1. Proficiency testing and quality control performed on all testing supplies as required.
- 5.1.2. Level of laboratory licensure identified.
- 5.1.2.1. ___ Waived
- 5.1.2.2. ___ Provider performed microscopy (PPM)
- 5.1.2.3. ___ Moderate complexity
- 5.1.3. SBHC has defined lab space with sink.
- 5.1.4. Separate clean and dirty lab areas are designated or labeled.
- 5.1.5. Laboratory tests are logged individually with student name, date of birth, the specific test, the date, the test results, and the initials of the person performing the test.
- 5.1.6. The diagnostic report has an independent section in the medical record.
- 5.1.7. A written policy and procedure for each test performed is available, if applicable.
- 5.1.8. List of each test performed with product description is available.
- 5.1.9. Annual personnel proficiency testing is completed and documented for all individuals performing the test, as applicable.
- 5.1.10. A list of critical values for all tests performed is available, which specifies what action is to be taken in the event of a critical value (a positive result).
- 5.2. List of CLIA-waived tests: Inform OSAH of each test that is being performed in the SBHC at the time of the contract. Any new tests must be reported to OSAH to update the SBHC Operational Plan.
- | | |
|-------------------------------------|-----------------------------|
| ___ Urinalysis (dip) | ___ Wet mount (KOH, saline) |
| ___ Pregnancy, urine HCG | ___ Mono-spot |
| ___ Blood glucose | ___ Cholesterol |
| ___ Hgb &/or Hct | ___ Lipids |
| ___ Strep throat (rapid or culture) | ___ H.pylori |
| ___ Chlamydia, GC (urine) | ___ Guiac |
| ___ PAP smear | ___ Other, _____ |
- 6.1. SBHC must have an agreement or referral policy with a full-licensed CLIA lab for services not available on-site or restricted by the state license.
- 6.1.1. Copy of lab agreement provided as appropriate.
- 6.1.2. Referral process is in place.
- 6.1.3. A system is in place to identify and track all laboratory tests, including PAP tests and those sent to a reference laboratory.
- 6.1.4. Confidentiality of results is assured. Test results are reviewed only by the practitioner who ordered the test. Provider must initial and date review of the lab test result and record in patients chart.
- 7.1. SBHC must have the necessary equipment to provide all labs and screening test as required.
- 7.1.1. The equipment is maintained and calibrated in compliance with state laboratory licensing and CLIA requirements.
- 7.1.2. Refrigerator temperature is recorded twice (am and pm) per day, when vaccines or medications are stored.
- 7.1.3. Arrangements are made for safety and security of lab specimens or vaccines when the SBHC is closed for a lengthy period of time, i.e., school closures, holidays.
- 7.1.4. If the SBHC is a Vaccine for Children's (VFC) provider, the temperature logs are sent to the State Immunization Department monthly.
- 7.1.5. Discontinue use of dorm style or bar style refrigerator/freezer for any vaccines per CDC guidance [<http://www.cdc.gov/vaccines/recs/storage/default.htm>].

PRIMARY CARE STANDARDS

- 8.1. SBHC must provide primary care by qualified and licensed practitioners, who may be certified nurse practitioners (CNP), physician assistants (PA), clinical nurse specialists (CNS) or physicians (MD/DO).
- 8.1.1. Primary care practitioners are identified by name, licensure, and title on a nametag that must be worn at all times while providing care in the SBHC.
- 8.1.2. PA must have MOA with designated supervising MD on file at SBHC.

- 8.1.3. Primary care practitioners have current license and are in good standing with their respective professional boards.
 - 8.1.3.1. Copy of the current license **is posted** and kept on file at the SBHC.
- 8.1.4. Primary care practitioners must pursue continuing education in compliance with their licensure requirements. OSAH recommends that continuing education address the developmental needs of children and adolescents, including knowledge of community and school health and health promotion, illness prevention strategies for children and adolescents, child abuse and neglect, violence exposure, adolescent substance abuse, adolescent mood disorders, risk for suicide, and adolescent sexuality.
- 8.1.5. Primary care practitioners are eligible for credentialing by the Managed Care Organizations (MCO and Statewide Entity), if the SBHC is an approved member of the SBHC-Medicaid Program.
- 8.1.6. BLS-certified provider present during SBHC hours. All healthcare providers shall be BLS certified and have current certificate **onsite**.
- 8.1.7. Proof of training in reporting child abuse and neglect, bloodborne pathogens procedures and first aid including Heimlich kept on-site and available for review upon request.**
- 8.1.8. Proof of annual suicide or homicide risk training is on-site and available for review upon request.**
- 8.2. The primary care practitioners will make diagnoses based on evaluation from:
 - 8.2.1. Patient History:
 - 8.2.1.1. Chief complaint (CC) with history of present illness (HPI).
 - 8.2.1.2. Comprehensive past medical history including major illnesses, surgeries, hospitalizations, drug and food allergies, and current medication list.
 - 8.2.1.3. Family history including chronic illnesses and any predisposing conditions.
 - 8.2.1.4. Psychosocial history (per SHQ) including substance use, sexual activity, school experience, home situation, nutrition and exercise habits.
 - 8.2.1.5. Providers will practice universal health risk screening by administering the Student Health Questionnaire (SHQ) with all students accessing services.
 - 8.2.1.6. The SHQ should be administered at the initial visit and does not replace comprehensive assessment. If the SHQ is not administered because the student is acutely ill or in crisis, the SHQ must be administered at a scheduled visit within 30 days.
 - 8.2.1.7. A licensed provider must review and score the SHQ with the student **at the time it is administered**.
 - 8.2.1.8. Provider must sign and date at the time it is reviewed.
 - 8.2.1.9. Provider must rate level of risk in each domain and indicate on SHQ methods for addressing identified moderate or high areas of risk.
 - 8.2.1.10. If student reports risk on SHQ or during assessment, additional evaluation or referral should occur. Providers should administer and document results from additional adolescent-specific screens for substance abuse, mood disorders, and risk for violence exposure, homicide or suicide.
 - 8.2.1.11. Provider must address emerging risks by developing and documenting a crisis or safety plan with student.
 - 8.2.1.12. Completed OSAH-approved SHQ is in every student's medical record and updated annually (For hard copy charts, color-code annually is recommended).
 - 8.2.1.13. Document developmental history as appropriate.
 - 8.2.2. Review of systems (ROS):
 - 8.2.2.1. Complete review of systems for physical exam (EPSDT).
 - 8.2.2.2. Focused review for episodic visit.
 - 8.2.3. Perform comprehensive physical exam per EPSDT guidelines or systems evaluation guided by presenting problem:
 - 8.2.3.1. Reproductive health exam (inclusive of pelvic and testicular exam)
 - 8.2.3.2. Pregnancy testing as indicated and screening for STIs will be performed on sexually active teens per HEDIS guidelines.
 - 8.2.3.3. HIV testing and treatment may be referred.
 - 8.2.3.4. Vital signs including temperature, heart rate, respiratory rate, and blood pressure percentile on all comprehensive annual physical exams and otherwise as indicated.
 - 8.2.3.5. Height, weight and body mass index (BMI) percentile at least annually.
 - 8.2.3.6. Record last menstrual period (LMP) for female students at all clinic visits.
 - 8.2.3.7. OSAH recommends following the New Mexico Athletics Association (NMAA) physical form for sports physicals (http://www.nmact.org/file/Physical_Form.pdf). (
- 8.3. Health Maintenance Record (HMR)
 - 8.3.1. SBHC **must** utilize the Health Maintenance Record (HMR) form and keep current to assist with integration of identified medical and behavioral health concerns.

- 8.3.2. Note resiliency factors as identified.
- 8.4. Treatment plan must be consistent with documented diagnoses. Treatment plan must be in accordance with best practice guidelines as specified by OSAH and HSB/MAD School Health Office as posted on website: <http://www.hsd.state.nm.us/mad/HSchoolHealthDetail.html>.
- 8.5. Treatment plan must include:
- 8.5.1. Objective and measurable goals within specified time frames.
- 8.5.2. Documentation of age appropriate anticipatory guidance that incorporates risk assessment information from the SHQ.
- 8.5.3. Immunization status recorded and updated as indicated.
- 8.5.4. Referrals as indicated for specialty services.
- 8.5.5. Documentation of referrals, consultations, and follow-up appointments.
- 8.5.6. Documentation of parental notification as indicated.
- 8.5.7. Documentation of notification of the students PCP of pertinent medical information including diagnosis and treatment as indicated.
- 8.5.8. Prescriptions for contraceptives, condoms, and treatment for STIs on-site or by referral according to School District policy.
- 8.5.9. Utilize a new progress note for each encounter.
- 8.6. A system for triage must be in place based on student acuity.
- 8.7. Collaborative Care:
- 8.7.1. Medical case management includes coordination with Primary Care Provider (PCP), Behavioral Health Provider, and specialty consultation as indicated.
- 8.7.2. Active participation in multidisciplinary team meetings (Wrap-up). Wrap-ups are collaborative care meetings which may include SBHC staff, school staff and other providers as appropriate. Wrap-ups address trends in student care needs and individual care coordination. Wrap-ups must:
- 8.7.2.1. Occur at least monthly, but more often as indicated;
- 8.7.2.2. Meetings documented.
- 8.7.2.3. Include a signed confidentiality statement from each participant.
- 8.7.2.4. Meeting records secured on-site and available for review upon request.

BEHAVIORAL HEALTH STANDARDS

- 9.1. SBHC must provide behavioral health services by qualified Behavioral Health Providers, who must be an LMHC, LISW, LMSW, LMFT, LPCC, LADAC, LPAT clinical psychologist, CNS psychiatry, MD and DO. All providers must practice in accordance with their scope of licensure.
- 9.1.1. LADAC providers may practice in SBHCs if they demonstrate adolescent-specific substance abuse prevention and treatment experience with prior approval from OSAH.
- 9.2. It is the responsibility of the non-independently licensed Behavioral Health Provider to seek clinical supervision. Non-independently licensed clinicians' treatment records must be reviewed by a clinician with independent licensure who is also employed through the SBHC, sponsoring agency, or through an established MOA for clinical supervision. For Medicaid billing, both the non-independent licensed clinician and supervisor must be employed by the same entity. Behavioral Health Provider must:
- 9.3. Demonstrate knowledge of prevention strategies and developmentally appropriate, evidence-based or promising practices for child and adolescent counseling or therapy interventions.
- 9.4. Pursue continuing education in compliance with their licensure requirements. OSAH recommends that continuing education address the developmental needs of children and adolescents, including child abuse and neglect, violence exposure, adolescent substance abuse, adolescent mood disorders, risk for suicide, and adolescent sexuality.
- 9.5. Proof of training in reporting child abuse and neglect, bloodborne pathogens procedures and first aid including Heimlich maneuver is kept on-site and available for review upon request.
- 9.6. Proof of annual suicide or homicide risk assessment training is on-site and available for review upon request.
- 9.7. Identify themselves by name, licensure, and title on a nametag and must be worn at all times while providing care in the SBHC.
- 9.8. Have a current license and be in good standing with their respective professional boards.
- 9.9. Post a copy of the current license and keep on file at the SBHC.
- 9.10. Behavioral Health Providers with independent licensure must be eligible for credentialing by the Statewide Entity if the SBHC is a member of the SBHC-Medicaid Program.
- 9.11. Behavioral Health Providers will act in accordance with New Mexico Statutory Authority (NMSA) 32A-6A-14 through 32A-6A-16 to ensure appropriate consent for treatment is obtained, where:

- 9.11.1. A child under fourteen years of age may initiate and consent to an initial assessment with a clinician and for medically necessary early intervention service limited to verbal therapy for a period of two calendar weeks or less.
- 9.11.2. The informed consent of a child's legal custodian shall be required before treatment, including psychotherapy or psychotropic medications, is administered to a child less than fourteen years of age.
- 9.11.3. A child fourteen years of age or older is presumed to have capacity to consent to treatment without consent of the child's legal custodian, including consent for individual psychotherapy, group psychotherapy, guidance counseling, case management, behavioral therapy, family therapy, counseling, substance abuse treatment or other forms of verbal treatment that do not include aversive interventions.
- 9.11.4. When a child fourteen years of age or older has been determined according to the provisions of this section to lack capacity, the child's legal custodian may make a mental health or habilitation decision for the child unless the child objects to such decision or the legal custodian's assumption of authority to make mental health or developmental disability treatment decisions or determination of lack of capacity.
- 9.12. Behavioral Health Provider will practice universal health risk screening by administering the Student Health Questionnaire (SHQ) with all students accessing services.
 - 9.12.1. The SHQ must be administered at the initial visit and does not replace comprehensive assessment. If the SHQ is not administered because the student is acutely ill or in crisis, the SHQ must be administered at a scheduled visit within 30 days.
 - 9.12.2. A licensed provider must review and score the SHQ with the student **at the time it is administered**.
 - 9.12.3. Provider must sign and date at the time it is reviewed.
 - 9.12.4. Provider must rate level of risk in each domain and indicate on SHQ methods for addressing identified moderate or high areas of risk.
 - 9.12.5. If student reports risk on SHQ or during assessment, additional evaluation should occur. Providers should administer and document results from additional adolescent-specific screens for substance abuse, mood disorders, and risk for violence exposure, homicide or suicide.
 - 9.12.6. Provider must address emerging risks by developing and documenting a crisis or safety plan with student.
 - 9.12.7. Completed OSAH-approved SHQ is in every student's medical record and updated annually (For hard copy charts, color-code annually recommended).
- 9.13. Assessment: Behavioral Health Provider will complete a comprehensive psychosocial assessment as the basis for the development of treatment planning and intervention strategies. Assessments must:
 - 9.13.1. Be completed and filed in student's medical record by the third visit.
 - 9.13.2. Be done during a face-to-face interview with the student, and may include the student's family, collateral contacts and other agencies to determine presenting issues, strengths, barriers to treatment and natural supports.
 - 9.13.3. Contain the following elements:
 - 9.13.3.1. A description of presenting issues, including the source of distress, precipitating events, associated problems or symptoms,
 - 9.13.3.2. Mental status examination,
 - 9.13.3.3. A chronological mental health and substance abuse history,
 - 9.13.3.4. Psychological, familial, social, employment, educational, legal (including Juvenile Justice or Protective Services involvement), developmental and environmental dimensions and identified strengths and weaknesses,
 - 9.13.3.5. Relevant physical health history and current status including medication,
 - 9.13.3.6. History of violence exposure, including child abuse, parental domestic violence, dating violence, school and community violence,
 - 9.13.3.7. Treatment history,
 - 9.13.3.8. Identification of traditional or natural supports,
 - 9.13.3.9. Student strengths and resiliency strategies, cultural background, spiritual/religious beliefs, other relevant issues,
 - 9.13.3.10. A DSM-IV-TR or initial treatment diagnosis is documented and supported by the assessment as appropriate.
- 9.14. Treatment Plan: Behavioral Health Provider will develop a comprehensive, individualized treatment plan in collaboration with student and, if indicated, student's family. The treatment plan must:
 - 9.14.1. Contain specific, objective, and measurable treatment plan goals and evidence-based services directed toward addressing the students' presenting issues and symptoms with criteria for termination of care and establish length of treatment.

- 9.14.2. Promote optimal physical, emotional, social, intellectual, and spiritual health.
 - 9.14.3. Will be completed by the student's third visit with **all** required signatures.
 - 9.14.4. Treatment plan will be signed by patient and parent/guardian when indicated.
 - 9.14.5. Recommended frequency, timeframe, and objective and measurable goals of treatment included.
 - 9.14.6. Will indicate evidence-based, developmentally-appropriate interventions offered through individual, group or family therapy.
 - 9.14.7. Plans written in developmentally appropriate language the student can understand.
 - 9.14.8. Will follow best practice guidelines written and posted on the HSD webpage <http://www.hsd.state.nm.us/mad/HSchoolHealthDetail.html> to include care coordination and collaboration with primary care providers and the SBHC medical provider.
- 9.15. Progress Note: Behavioral Health Provider must document in a student's medical record the following components:
- 9.15.1. Full participation of the student and his/her parents or legal guardian to the maximum extent possible and reflect an understanding of the student and/or family's culture and values.
 - 9.15.2. Student's strengths and barriers in progressing on treatment goals and objectives.
 - 9.15.3. Student-identified issue, areas of need and outcomes.
 - 9.15.4. Signs and ongoing symptoms of diagnosis, response to interventions and reassessment when necessary.
 - 9.15.5. Evidence of parental engagement as appropriate.
 - 9.15.6. Evidence of coordination of care as appropriate.
 - 9.15.7. Utilize new progress note for each encounter.

PROVISION OF PHARMACOLOGIC AND PSYCHOTROPIC MEDICATION STANDARDS

- 10.1. Psychiatric medication classes include anticonvulsants, atypical and conventional antipsychotics, SSRIs, MAOs, SNRIs, Tricyclics, other antidepressants (Bupropion, Mirtazipine, Nefazodone, Trazodone, Maprotiline, Buspirone, Benzodiazepines, Clonidine, and Guanfacine), stimulants, and Strattera.
- 10.2. When a student requires psychopharmacological intervention, the SBHC provider with prescriptive authority will prescribe, or refer to provider who can prescribe, psychotropic medication.
- 10.3. Prescribing providers will practice in accordance with guidance set forth by the Food and Drug Administration (FDA) and American Academy of Child and Adolescent Psychiatry (AACAP).
- 10.4. Providers will adhere to New Mexico Statutory Authority (NMSA) regarding consent for psychotropic medications, as follows:
 - 10.4.1. In accordance with NMSA 32A-6A-14, for students age 13 and younger, the informed consent of a student's legal custodian is required before providing treatment, including psychotropic medication. Custodial written consent must be included in student's medical record.
 - 10.4.2. In accordance with NMSA 32A-6A-15, for students age 14 and older, psychotropic medications may be prescribed with the informed consent of the student. When psychotropic medications are prescribed, the provider must notify the child's legal custodian of medications the student is taking and possible side effects or medication interactions. Student written consent and custodial notification must be documented in the student's medical record.
- 10.5. Providers will provide and document in student's medical record the following:
 - 10.5.1. Clinical assessment, diagnosis, and treatment including the use of psychotropic medication.
 - 10.5.2. Baseline and monitoring medical and laboratory tests as indicated, provided either onsite or by referral.
 - 10.5.3. Monitoring for medication effects/side effects through direct observation or coordination with attending clinician.
 - 10.5.4. Referral for student to behavioral health services, provided at SBHC or in community.
 - 10.5.4.1. If student refuses counseling, provider must document the refusal in student medical record.
 - 10.5.4.2. If refusal occurs, provider is responsible for monitoring student medication reactions per guidance set forth by the AACAP.
 - 10.5.5. Coordination and communication between the prescribing provider, the student's PCP, and the treating Behavioral Health Provider must occur. Coordination must be documented in student medical record.
 - 10.5.6. Case management to assist with medication management, as needed.
- 10.6. Providers are required to consult with a child and adolescent psychiatrist, provided by OSAH or as arranged through an MOA, for assistance with evaluation and medical management under the following circumstances:
 - 10.6.1. Student presents with complex behavioral health needs or the co-occurrence of medical and behavioral health conditions.
 - 10.6.2. Greater than three psychotropic medications are being prescribed.
 - 10.6.3. Two or more antipsychotic medications are being prescribed.

- 10.6.4. Prescribing psychotropic medication to children 5 years of age or younger.
- 10.6.5. MOA executed with consulting psychiatrist, maintained at SBHC and submitted to OSAH.

PREVENTION AND SCREENING STANDARDS

- 11.1. Universal Prevention Strategies:
 - 11.1.1. Primary Care and Behavioral Health Providers will practice universal health risk screening by administering the Student Health Questionnaire (SHQ) with all students accessing services on their first visit. If the SHQ is not administered because the student is acutely ill or in crisis, the SHQ must be administered at a scheduled visit within 30 days.
 - 11.1.2. Preventive physical health and behavioral health guidelines are up-to-date and posted in exam rooms.
 - 11.1.3. Culturally appropriate behavioral health, primary health, and oral health prevention materials are posted and available in the SBHC.
 - 11.1.4. Actively collaborate with school administration in the planning and implementation of all prevention strategies.
 - 11.1.5. Prioritize youth engagement in planning, implementation and evaluation of all preventions strategies, as demonstrated by an increase in the number of youth participants on the School Health Advisory Committee (SHAC).
 - 11.1.6. Engage community in prevention planning and implementation, as demonstrated by an increase in the number of community members actively participating in the SHAC and working in partnership to coordinate and deliver health prevention activities.
 - 11.1.7. Develop a prevention plan utilizing the Strategic Prevention Framework, <http://www.samhsa.gov/prevention/spf.aspx> which addresses primary care and behavioral health risks identified through community-specific risk data www.youthrisk.org, SBHC-specific data, and input from the SHAC and student body. Sites are encouraged to utilize aggregate utilization data to develop this plan.
 - 11.1.8. Promote and implement environmental prevention strategies, such as marketing campaigns, peer-to-peer education, and natural helpers programs.
 - 11.1.9. Ensure that prevention approaches and messages are culturally and developmentally appropriate.
 - 11.1.10. Administer student satisfaction survey in accordance with OSAH requirements.
- 11.2. Evaluation:
 - 11.2.1. Data collection requirements for prevention and screening are included in monthly reporting activities. Data required include:
 - 11.2.1.1. Dates of evidenced-based prevention strategies and preventive health care promotion activities within the school system and community is documented.
 - 11.2.1.2. The number of youth impacted through health prevention/promotion activities is documented.
 - 11.2.1.3. Number of youth involved.

CONSULTATION, COLLABORATION, YOUTH AND COMMUNITY INVOLVEMENT STANDARDS

- 12.1. To address individual student care coordination, active participation in multidisciplinary team meetings (Wrap-up) should be held regularly. Wrap-ups are collaborative care meetings which may include SBHC staff, school staff and other providers as appropriate. Wrap-ups address trends in student care needs and individual care coordination. Wrap-ups should:
 - 12.1.1. Occur at least monthly, but more often as indicated;
 - 12.1.2. Be documented;
 - 12.1.3. Include a signed confidentiality statement from each participant.
- 12.2. To address school and community wide student health trends:
 - 12.2.1. SBHC will maintain a school or district level School Health Advisory Council (SHAC) that meets at least two times (or as per contract) during the academic year and requires a minimum of two youth (10-24 yrs). The SHAC meeting agenda must specifically address and support SBHC operations and activities in addition to other topics of interest to the school or school district. **The SBHC must maintain the minutes of the SHAC meetings on-site and available for review upon request.**
 - 12.2.1.1. SHAC membership must include community members, school staff, parents, and students that reflect the ethnic, cultural, and racial diversity of the school community.
 - 12.2.1.2. SHAC may also include Community Wellness Council members or any other existing health council or collaborative members.
 - 12.2.1.3. Sign-in sheet includes:
 - 12.2.1.3.1. Name
 - 12.2.1.3.2. Identify adult, youth, or parent members.

- 12.2.1.3.3. Title
- 12.2.1.3.4. Organization
- 12.2.1.3.5. Contact information, i.e. phone number, email
- 12.2.1.4. Minutes include:
 - 12.2.1.4.1. Short description of agenda items discussed that are related to the SBHC
 - 12.2.1.4.2. Action items for next meeting.
- 12.3. SBHC Behavioral Health, Primary Care, and Oral Health Providers will consult and collaborate with school personnel on intervention effectiveness and efficiency in treatment.
 - 12.3.1. Consultation and collaboration focus will be on enhancing direct delivery of services and programs, resource use, and development of a comprehensive continuum of integrated care.
 - 12.3.2. Providers document and demonstrate steps taken to show efforts to consult and collaborate with school personnel in the following aspects of treatment:
 - 12.3.2.1. Collaboration by interfacing with school’s student assistance team (SAT). Providers will be familiar with the responsibilities of schools and the rights of students and parents.
 - 12.3.2.2. Referral to school and community resources when appropriate and necessary.
 - 12.3.2.3. Participation in multidisciplinary case consultation/wrap-up meetings, to assure quality services to youth and their families as well as to reduce duplication of efforts. As per HIPAA and SBHC signed parent consent form, school health care professionals may attend these meetings, after signing a confidentiality statement.
 - 12.3.2.4. Involvement of family/student in decision-making when necessary, or in the case of confidential services, if child consents regarding plan of care.
 - 12.3.2.5. Development of a process to ensure that student confidentiality is maintained.
- 12.4. Evidence of cooperative arrangement with community health care agencies, primary care and dental providers to provide health services to student during hours when the SBHC is closed.
- 12.5. SBHC will provide health promotion, health education, and disease prevention activities/classroom presentations.
 - 12.5.1. A minimum number of activities are required per academic year (See contract for required # of activities).
 - 12.5.2. At least one of the activities must be planned & facilitated by youth in collaboration with adults.
 - 12.5.2.1. Description submitted includes:
 - 12.5.2.1.1. Name of presenter
 - 12.5.2.1.2. Indication if presenter was youth or adult
 - 12.5.2.1.3. Topic presented
 - 12.5.2.1.4. # of youth presented to and age range/grade level
 - 12.5.2.1.5. Title of class/subject in which presentation was conducted (i.e. Biology, Health, PE, etc.)
 - 12.5.2.1.6. Summary of presentation
- 12.6. SBHC will promote positive youth development, an approach that promotes youth participation and power sharing in public policy and programming.

STUDENT CONSENT AND CONFIDENTIALITY STANDARDS

- 13.1. Appropriate informed consent is obtained as needed and documented annually in accordance with federal and state laws.
- 13.2. All student consent and confidentiality forms are signed and in chart. Updated annually as needed.
- 13.3. SBHC’s are required to provide or refer students for confidential services in accordance with NM State. Law.
- 13.4. SBHC Primary Care and Behavioral Health Professionals will adhere to student consent and confidentiality guidelines as determined by federal and state laws and professional licensing boards.
- 13.5. Consent refers to the ability for an individual to give informed permission for services. Minors in New Mexico are presumed to have capacity to consent, unless otherwise indicated, to the following confidential services:
 - 13.5.1. Per 24-1-9 NMSA 1978: Examination and treatment for sexually transmitted infections.
 - 13.5.2. Per 24-1-13.1 NMSA 1978: Prenatal care.
 - 13.5.3. Per 24-8-5 NMSA 1978: Family planning services.
 - 13.5.4. Per 32A-6A-14 NMSA 1978: Initial behavioral health assessment limited to verbal therapy for a period of two calendar weeks or less for all students regardless of age.
 - 13.5.5. Per 32A-6A-15 1978: For students age fourteen and older, behavioral health treatment consisting of verbal therapy.
- 13.6. Confidentiality refers to the student’s right to privacy. To protect student confidentiality, SBHCs must ensure that:
 - 13.6.1. Student records are maintained in accordance with contractual requirements, guidance set forth in an MOA

- with providers, and guidelines as determined by federal and state laws.
- 13.6.2. All student medical records are stored behind two (2) physical locks.
 - 13.6.3. Appropriate informed consent is obtained and documented in accordance with contractual requirements and guidelines as determined by federal and state laws.
 - 13.6.3.1. SBHC should seek parental consent for treatment at school registration.
 - 13.6.3.2. Consent for treatment may be obtained from parents/guardian by telephone verified by two (2) clinical staff signatures. Forms must be placed in student's chart.
 - 13.6.3.3. Student may sign for confidential services.
 - 13.6.4. Documentation of confidential services is included in the integrated student medical record. This documentation must be labeled as confidential and removed if a request for a copy of the medical record is received.
 - 13.6.5. Documentation of justification for any breach of student confidentiality is included in the integrated student medical record, such as self-harm, abuse or neglect reporting.
 - 13.6.6. The SBHC must provide services to students in a manner which ensures the student's and his/her family's right to privacy by (a) posting "patient rights and responsibilities statement" in a visible area within the SBHC; and (b) educating students and families about "patient rights and responsibilities." (c) pulling students from class for SBHC appointments in a confidential manner. Client data generated by the SBHC may only be used without identifiers and only in aggregate form.
 - 13.6.7. A student 18 years of age or older does not require parental consent.
 - 13.6.8. NM statutes relevant to Confidential Services must be posted in a conspicuous location.

MEDICAL RECORDS STANDARDS

- 14.1 All SBHC providers will initiate and maintain one medical record for each patient containing pertinent primary care, behavioral health, and oral health information and history:
 - 14.1.1. All SBHC medical records are kept current.
 - 14.1.2. All documentation will be legible.
 - 14.1.3. The provider contributes new information to Health Maintenance Record form as indicated.
 - 14.1.4. SBHC records are kept separate from school nursing and school academic records per HIPAA regulations.
 - 14.1.5. All records follow standardized format and are securely bound.
 - 14.1.6. All records must have name, date of birth and identifying number on each page.
 - 14.1.7. Allergy status is noted in **RED** on the **front** cover of the chart, HMR, progress note, and adverse reactions noted.
 - 14.1.8. Student confidential services consent for treatment is signed and updated annually as needed.
 - 14.1.9. Parent consent for treatment is signed and in medical record **annually or as needed**. Presenting problem/chief complaint (CC) is documented.
 - 14.1.10. The PCP is identified or listed as none or unknown.
 - 14.1.11. Each record has the student address, emergency contact, telephone number, name of parent/guardian, and health insurance information.
 - 14.1.12. Each chart has OSAH-approved medical record forms including:
 - 14.1.12.1. Health Maintenance Record
 - 14.1.12.2. Health Progress Note (physical, behavioral, and oral health)
 - 14.1.12.3. Utilize a new progress note for each encounter or no show.
 - 14.1.12.4. SBHC student consent for confidential services (if applicable)
 - 14.1.12.5. Telephone consent form signed by two (2) witnesses
 - 14.1.12.6. Patient registration and consent for services,
 - 14.1.12.7. Receipt of SBHC privacy notice,
 - 14.1.12.8. SBHC release/request of patient information (if applicable),
 - 14.1.12.9. SBHC referral form,
 - 14.1.12.10. Age appropriate SHQ (annually),
 - 14.1.12.11. SBHC behavioral health forms,
 - 14.1.12.12. Growth chart,
 - 14.1.12.13. PCP referral form.
 - 14.1.13. HMR contains an integrated primary care, behavioral health, and oral health problem list to include diagnoses, medications, allergies, immunization status, risk assessment, family history (if seen two or more times), past medical history, PCP name, , provider signature, and credentials.
 - 14.1.14. Vital signs (temperature, heart rate, respiratory rate, blood pressure (BP), including BP percentile. Behavioral

- Health Provider should have access to recorded vital signs.
- 14.1.15. Height and weight, including BMI percentile are recorded at the student's first visit and at least yearly and as indicated
 - 14.1.16. Record of referrals between SBHC Primary Care, Behavioral Health and Oral Health Providers noted in chart.
 - 14.1.17. Medication history includes what has been effective and what has not, and why.
 - 14.1.18. Progress notes and Treatment Plan describe student strengths and limitations in achieving treatment goals and objectives.
 - 14.1.19. Primary care and behavioral health progress note includes as indicated a mental status evaluation documenting the student's affect, speech, mood, thought content, judgment, insight, attention, concentration, memory, potential for harm and impulse control.
 - 14.1.19.1. Diagnostic information is contained in a separate section with abnormal results initialed and follow-up is documented.
 - 14.1.19.2. Records contain reports of consultations and referrals.
 - 14.1.19.3. Evidence of coordination of care with the PCP utilizing the PCP notification form approved by HSD/MAD or an equivalent form pre-approved by OSAH.
 - 14.1.19.4. Missed, cancelled, rescheduled and new appointments are documented in the medical record and dated.
 - 14.1.19.5. Charting errors corrected with a single line, initialed and dated.
 - 14.1.20. Physical, behavioral, and oral health records will be combined into one chart per student to facilitate the integration of care. Exceptions must be approved by OSAH.
 - 14.1.21. A written policy regarding the release, the retention, maintenance and destruction of medical records shall be maintained by the SBHC. The policy needs to include the following:
 - 14.1.21.1. Name of person responsible for the release or transfer of records.
 - 14.1.21.2. How records can be obtained or transferred.
 - 14.1.21.3. How long records will be maintained before they are destroyed (destruction must be such that confidentiality is maintained). Records must be destroyed by shredding or other means of permanent destruction.
 - 14.1.21.4. Establish process for specifying release of physical health, behavioral health and/or oral health progress notes, including student intake and history.
 - 14.1.21.5. Ensure confidential services records are maintained as such.

CRISIS INTERVENTION / CRISIS RESPONSE STANDARDS

- 15.1. SBHC will implement a protocol for individual crisis intervention services as a safeguard in minimizing an acute crisis episode in student(s).
 - 15.1.1. Crisis intervention services will be designed as a crisis-oriented approach to intervene with student (s) with limited coping strategies, prior failed resources, exhibit acute distress in thoughts, behaviors, mood, and/or present an immediate danger to self or others.
 - 15.1.2. Behavioral Health and/or Primary Care Provider documents crisis intervention service in the student's medical record. Documentation and protocol includes the following elements:
 - 15.1.2.1. Triage procedure taken to determine level of emergency/lethality involved,
 - 15.1.2.2. Steps of a safety plan to protect the student and possibly others and steps taken to de-escalate the crisis,
 - 15.1.2.3. Steps taken to attend to the student's consent for treatment. In a life-threatening situation the implied consent for medical treatment and best practice prevails. Competency of student to give consent is determined,
 - 15.1.2.4. Individual safety plan developed in collaboration with student. The safety plan will include other resources if behavioral health or school staff is not available,
 - 15.1.2.5. Steps taken to follow the provisions of school's Student Crisis intervention plan and emergency transportation plan if necessary.
- 15.2. SBHC Primary Care, Behavioral Health and Oral Health Providers will support the local school district's protocol for crisis response and the local district's identified crisis team(s).
 - 15.2.1. Crises needing response may include, but are not limited to; 1) The death of a student or staff member, 2) A suicide or potential suicide of a student or staff member, 3) A homicide or potential homicide, 4) A catastrophic event such as a tornado, fire to school building, or multiple injuries and/or deaths in an accident or assault.
 - 15.2.2. Protocol crisis response plan from the school district is available as a resource in a designated area in the

POLICIES AND PROCEDURES STANDARDS

- 16.1. Each site must have a written Policy and Procedure Manual **on-site**. Manual should include details on the following topics:
- 16.1.1. Quality Assurance (QA) or Continuous Quality Improvement (QI) that monitors and evaluates the appropriateness and effectiveness of services provided, including a procedure by which students, families and or school concerns or complaints will be addressed through a patient, parent and school staff survey.
 - 16.1.1.1. Program Goals are outlined for the year with action items and timelines.
 - 16.1.1.2. Work plan is reviewed and documented annually.
 - 16.1.1.3. Student surveys are administered per contract.
 - 16.1.1.4. Policy and procedures to include how school concerns and student complaints are documented to include incidences and resolutions.
 - 16.1.2. The SBHC coordinator must submit reports of any Quality Improvement initiatives; to include topic, plan with timeline, semester data, final report & evaluation.
 - 16.1.3. HIPAA and FERPA requirements:
 - 16.1.3.1. Privacy official is designated.
 - 16.1.3.2. All staff received HIPAA training and have signed the HIPAA policy.
 - 16.1.4. OSHA standards.
 - 16.1.5. Disposal of hazardous wastes **including sharps containers and red bags.**
 - 16.1.6. **Printed copy of MSDS sheets for every chemical used on SBHC site.**
 - 16.1.7. Complaint and incidence review.
 - 16.1.8. Electronic medical records and data agreements are in place (if applicable).
 - 16.1.9. Transportation of students.
 - 16.1.9.1. Transportation policy is congruent with local school district policies as well as provider agencies in terms of safety and liability issues.
 - 16.1.10. Students' rights and responsibilities.
 - 16.1.11. Emergency procedures.
 - 16.1.11.1. Policy addresses after hours and emergency services care, including notification of critical values for laboratory and/or radiological tests.
 - 16.1.11.2. Staff trained on CPR, Heimlich maneuver, bloodborne pathogens, and first aid.
 - 16.1.11.3. **Annual suicide or homicide risk assessment training for all SBHC staff.**
 - 16.1.11.4. Emergency instructions are included on answering machine message and sign on door.
 - 16.1.12. Job descriptions for all staff.
 - 16.1.12.1. Training materials are signed and dated by staff.
 - 16.1.13. Reporting of suspected child abuse, neglect, harm to self, or harm to others.
 - 16.1.13.1. Required forms and telephone numbers to report abuse and/or neglect to CYFD are available.
 - 16.1.14. Policy regarding registration and obtaining parental consent at time of registration – Obtain consent for services including confidential consents. SHQ signed upon first visit to SBHC unless crisis or emergency.
 - 16.1.15. Obtain and identify PCP and complete PE/MOSAA if required.
 - 16.1.16. Policy regarding referrals to community providers and/or agencies.
 - 16.1.16.1. Referral log kept.
 - 16.1.16.2. Referrals are documented in medical chart.
 - 16.1.16.3. Policy regarding communication with student's PCP.
 - 16.1.17. Policy regarding services and referrals when SBHC is closed.
 - 16.1.17.1. List of local providers and community agencies is available.
 - 16.1.17.2. Referrals are documented in medical chart.
 - 16.1.18. Ownership of medical records.
 - 16.1.18.1. Contracted providers offering services onsite must document their services in the SBHC file as defined by OSAH Standards and Benchmarks.
 - 16.1.18.2. Medical records are available for review by DOH Office of School and Adolescent Health and Medicaid SHO.
 - 16.1.18.3. **Policies regarding: no-show, cancellation and appointment reminders.**

DATA COLLECTION STANDARDS

- 17.1. SBHC must meet all electronic data collection system requirements:

- 17.1.1. The SBHC must have the capacity to submit the required data.
- 17.1.2. SBHCs that collect and export via approved excel spreadsheet.
- 17.1.3. SBHC's who enter data directly into Welligent:
- 17.2. The data must be submitted to OSAH by the **fifth** of the month as required by contract.
- 17.3. SBHC staff must have training provided by Apex Education as needed.
- 17.4. SBHC must have Internet access when using Welligent (web-based tool).
- 17.5. The SBHC electronic data collection system includes:
 - 17.5.1. Data derived from student/client services provided by SBHC providers, which include primary care, behavioral health, substance abuse, and dental personnel.
 - 17.5.2. Providers complete the CPT Visit Code and the Diagnostic Code (ICD-9 or its successor) for each client encounter [SBHC may submit up to four (4) ICD-9 codes (or its successor) for each visit].
 - 17.5.3. OSAH approved encounter/billing form utilized.
 - 17.5.4. Student data is to be exported in a flat, delimited file with unique student identifier (not the student name) and only in aggregate form.
 - 17.5.5. The data variables are determined by the OSAH program. They include the unique student identifier, date of birth, gender, race, ethnicity, insurance status, and location of visit, provider, CPT visit code, and ICD-9(or its successor) Diagnostic code. Dental providers will use acceptable dental codes.
 - 17.5.6. SBHC program reports that include; prevention activities, youth development, community involvement and health promotion provided.
 - 17.5.7. The ability to run reports from web-based tool for validation, progress monitoring, needs assessment and resource allocation, and advocacy with school and community stakeholders.
 - 17.5.8. Accuracy and validation of all data entry should occur on a monthly basis.

ORAL HEALTH STANDARDS

- 18.1 SBHC must provide oral health care by qualified and licensed practitioners, who are registered dental hygienists (RDH) with a minimum of a bachelor's degree, (Masters degree preferred), or dentists with a doctor of dental surgery (DDS) degree or doctor of medical dentistry degree (DMD). All providers must practice in accordance within the scope of their licensure. Licensed dental hygienists will have on record the collaborative practice agreement with the Dentist of record.
 - 18.1.1. Oral health practitioners are identified by name, licensure, and title on a nametag that must be worn at all times while providing care in the SBHC.
 - 18.1.2. If dental personnel are utilizing dental radiographs as part of their practice, they must follow all state and federal regulations and follow manufacturer's recommendations and safety precautions.
 - 18.1.2.1 Radiation dosimeter monitoring badges must worn every day throughout the work day and worn on a designated location on the dental personnel's clothing.
 - 18.1.2.2 The radiation dosimeter monitoring badge should be sent to a specified monitoring laboratory to check for radiation exposure on a regularly scheduled basis per manufacturer's recommendations or when a suspected unusual exposure occurs.
 - 18.1.2.3 The oral health practitioner and student must wear a lead lined apron with a collar or thyroid shield when taking dental radiographs.
 - 18.1.2.4 Lead lined aprons and shields must be used in accordance with manufacturer's recommendations. When not in use, aprons should be hung, not folded. Aprons should not be cleaned with alcohol-based cleaners. Lead-lined aprons must be disposed of in accordance with federal, state and local laws.
 - 18.1.3. RDH must have MOA with designated supervising DDS/DMD on file at SBHC.
 - 18.1.4. Oral Health practitioners have current license and are in good standing with their respective professional state boards.
 - 18.1.4.1. Post a copy of the current license and keep on file at the SBHC.
 - 18.1.5. BLS-certified provider present during SBHC hours. All healthcare providers shall be BLS certified and have current certificate onsite.
 - 18.1.6. Oral health practitioners must pursue continuing education in compliance with their licensure requirements. OSAH recommends that continuing education address the developmental needs of children and adolescents, including knowledge of community and school health and oral health promotion, prevention strategies for children and adolescents, child abuse and neglect, adolescent substance abuse and nutrition and related chronic disease.

- 18.1.7. Proof of training in bloodborne pathogen procedures upon request.
- 18.2. The oral health practitioners will make diagnoses based on evaluation from:
 - 18.2.1. History:
 - 18.2.1.1. Chief complaint (CC) with history of present illness (HPI).
 - 18.2.1.2. Comprehensive past medical history including major illnesses, surgeries, hospitalizations, drug and food allergies, and current medication list.
 - 18.2.1.3. Comprehensive dental history (DH) including last visit to dentist and assessment using decayed, missing, filled teeth (DMFT) index.
 - 18.2.1.4. Document developmental history as appropriate.
 - 18.2.2. Perform comprehensive clinical examination or evaluation guided by presenting problem.
 - 18.2.2.1. Oral cancer screening/examination of extra oral anatomic structures of the head and neck and intraoral tissues of the oral cavity.
 - 18.2.2.2. Assessment of temporomandibular joint (TMJ).
 - 18.2.2.3. Assessment of hard tissues of the primary, permanent or mixed dentition.
 - 18.2.2.4. Soft tissue assessment including periodontal charting.
 - 18.2.2.5. Assessment for malocclusions.
- 18.3. Treatment plan must include:
 - 18.3.1. Objective and measurable goals within specified time frames.
 - 18.3.2. Referrals as indicated for specialty services.
 - 18.3.3. Documentation of referrals, consultations, and follow-up appointments.
 - 18.3.4. Documentation of parental notification as indicated.
- 18.4. Collaborative Care: Dental case management includes coordination with SBHC Care Providers and specialty consultation as indicated.

Standards and Benchmarks - Frequently Used Acronyms

ADA	Americans with Disabilities Act
BH	Behavioral Health
BHP	Behavioral Health Provider
BLS	Basic Life Support
BMI	Body Mass Index
CC	Chief Complaint
CLIA	Clinical Laboratory Improvement Amendments
CMS	Children’s Medical Services
CNS	Certified Nurse Specialist
CPT	Current Procedural Terminology
DDS	Doctor of Dental Surgery
DMD	Doctor of Medical Dentistry
DOH	Department of Health
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition
EPSDT	Early Periodic Screening, Diagnosis, and Treatment
FERPA	Family Educational Rights and Privacy Act
HIPAA	Health Insurance Portability and Accountability Act
HMR	Health Maintenance Record
HPN	Health Progress Note
HSD	Human Services Department
ICD-9	International Classification of Diseases, 9th Edition
LADAC	Licensed Alcohol and Drug Abuse Counselor
LISW	Licensed Independent Social Worker
LMFT	Licensed Marriage and Family Counselor
LMHC	Licensed Mental Health Counselor
LMP	Last Menstrual Period
LMSW	Licensed Master Level Social Worker
LPCC	Licensed Professional Clinical Counselor
LSAA	Licensed Substance Abuse Associate
MAD	Medical Assistance Division
MD	Medical Doctor
MSDS	Material Safety Data Sheets
NM	New Mexico
NMSA	New Mexico Statutory Authority
NP	Nurse Practitioner
OSAH	Office of School and Adolescent Health
OSHA	Occupational Safety and Health Administration
OSH	Medical Assistance Division Office of School Health
PA	Physicians Assistant
PCP	Primary Care Provider
PHI	Protected Health Information
RDH	Registered Dental Hygienist
RN	Registered Nurse
SHAC	School Health Advisory Committee
SHQ	Student Health Questionnaire
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
VFC	Vaccines for Children