

TITLE 77: PUBLIC HEALTH
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER J: SCHOOL-BASED/LINKED HEALTH CENTERS

PART 2200
SCHOOL-BASED/LINKED HEALTH CENTERS

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Authority: Implementing the Developmental Disability Prevention Act [410 ILCS 250], the Lead Poisoning Prevention Act [410 ILCS 45], the Infant Mortality Reduction Act [410 ILCS 220] and the Problem Pregnancy Health Services Care Act [410 ILCS 230] and authorized by Sections 80-15 and 80-30 of the Department of Human Services Act [20 ILCS 1305/80-15 and 80-30].

Source: Adopted at 23 Ill. Reg. 1662, effective January 20, 1999; amended at 24 Ill. Reg. 14435, effective September 13, 2000.

Section 2200.5 Purpose

- a) The requirements set forth in this Part establish criteria for certification of School-Based/Linked Health Centers (Center).
- b) These requirements shall be used by the Department for certification, re-certification, and periodic inspection of Centers. Periodic inspections may be performed at any time, but shall be performed at least annually. Periodic inspections shall be made to ensure compliance with this Part.

(Source: added at 24 Ill. Reg. 14435, effective September 13, 2000)

Section 2200.10 Definitions

Clinical Laboratory Improvement Amendments (CLIA) of 1998 (42 USC 263a)-Conditions that laboratories must meet to be certified to perform testing on human specimens, as set out in 42 CFR 493 (1997), no later amendments or editions included.

Clinically Trained Mental Health Practitioner - Master's level social worker, psychologist, certified psychiatric nurse, or mental health staffer (bachelor-prepared social worker or psychology major working toward master's preparation)(See 225 ILCS 20, 225 ILCS 15, 225 ILCS 55).

Department - Illinois Department of Human Services.

Managed Care Entity (MCE)- Health Maintenance Organization (HMO) or prepaid health entity under contract with the Illinois Department of Public Aid (See 89 Ill. Adm. Code 142).

Nurse Practitioner - A certified nurse practitioner, preferably with a master's degree and a background in school health, pediatrics, family nursing and/or family planning who is licensed under the Illinois Nursing Act of 1987 [225 ILCS 65].

Parent - Individual who is legally responsible for custody of the child.

Physician Assistant - Any person not a physician nor a person holding an M.D. or equivalent degree who has been certified as a physician assistant by the National Commission on the Certification of Physician Assistants, or equivalent successor agency and performs procedures under the supervision of a physician as defined in the Physician Assistant Practice Act [225 ILCS 95].

Qualified Physician - A physician licensed to practice medicine in all of its branches in the State of Illinois under the Medical Practice Act of 1987 or a chiropractic physician licensed to treat human ailments without the use of drugs and without operative surgery [225 ILCS 60].

Registered Nurse - A nurse licensed under the Illinois Nursing Act of 1987 [225 ILCS 65].

School-Based/Linked Health Center (Center)- Any Center in or adjacent to a school that is devoted primarily to performance of preventive medical, educational, counseling, and/or diagnostic procedures. A comprehensive school-based Center may provide a wide variety of preventive services including general health assessments, school/sports physicals, Early Periodic Screening Diagnostic Testing (EPSDT), laboratory and diagnostic screenings, immunizations, first aid, family planning counseling and services, prenatal and postpartum care, dental services, drug and alcohol abuse counseling, and other services based on the student's needs and on the philosophy of the managing agency and school administration.

Sponsoring Agency - A local health department, a school district recognized by the State Board of Education and/or a community-based not for profit agency, that has a history of providing comprehensive school health services.

Substance Abuse Prevention/Intervention Specialist - An individual who has completed a formal education process in addiction therapy and who is certified by the Illinois Association of Drug and Alcohol Professional Counselors Association (IAODAPCA), 1305 Wabash Street, Springfield IL 62704, and who licensed under the Professional Counselor and Clinical Professional Counseling Licensing Act [225 ILCS 107].

Section 2200.15 Certification/Re-certification

- a) A Center may be certified and re-certified by the Department as set forth in this Part.
- b) Center Certification
 - 1) A sponsoring agency's request for certification shall be in writing and submitted to the Illinois Department of Human Services.
 - 2) Applicants for certification will be accepted from programs or parent organizations of programs that have a history of providing comprehensive school health services.
 - 3) Applicants shall submit evidence that they are in compliance with all applicable Department audit requirements as specified in 89 Ill. Adm. Code 507.
 - 4) Prior to certification, the Department shall conduct an on-site inspection.
 - 5) Based upon the on-site inspection, the Department will certify the program if the Department determines that:
 - A) the applicant has proven that it meets the standards as set forth in this Part;
 - B) the sponsoring agency operating the program is fiscally sound and responsible;
 - C) the program management is experienced in business and in the delivery of comprehensive school health services.
 - 6) The Department shall notify the sponsoring agency of certification or denial of certification within 60 calendar days.

A) Approval of Certification

If the Department certifies the program, it shall include the IDPA Medicaid enrollment forms with the letter of certification.

B) Denial of Certification

If the Department is not able to certify the program based on the criteria outlined in this Part, the Department shall notify the applicant in writing, describing those deficiencies that will result in a denial of the certification. The applicant has 60 days after receipt of the notice to correct the deficiencies and supply the new information to the Department. If the new information indicates that the program meets the criteria of this Part, the Department shall certify the applicant. If the program continues to fail to meet the requirements of this Part, the Department shall deny the application for certification. If certification is denied, the applicant may appeal the Department's decision and request a hearing pursuant to 89 Ill. Adm. Code 508 (Administrative Hearings).

7) Certification shall be effective on the date of approval by the Department and shall remain in effect for two years provided the Center continues to meet the requirements outlined in this Part. Upon certification, the Center may deliver services to Medicaid recipients that will be reimbursable after the applicant completes the IDPA Medicaid enrollment procedure. The Center is responsible for complying with all Medicaid policies (89 Ill. Adm. Code 140). Should a Center's ownership change, a new certification must be obtained within 60 days.

8) Re-certification

A) To be eligible for re-certification, a Center shall be in compliance with all provisions of this Part.

- B) To be eligible for re-certification, a Center that receives funding from the Department shall be in compliance with all applicable Department audit requirements specified in 89 Ill. Adm. Code 507.
- C) The Department shall review all documents and the results of the last inspection and shall re-certify based on the standards set forth in this Part.

9) Denial of Re-certification

If the Department is not able to re-certify the Center based on its review and inspection, the Department shall notify the applicant in writing, describing those deficiencies that will result in a denial of re-certification. The applicant has 45 calendar days after receipt of the notice to correct the deficiencies and supply the new information to the Department. If the new information indicates that the Center meets the criteria of this Part, the Department shall re-certify the Center. If the Center continues to fail to meet the requirements of this Part, the Department shall deny the application for re-certification and shall notify the applicant in writing, giving the reasons for the denial. The provider may appeal the Department's decision and request a hearing pursuant to 89 Ill. Adm. Code 508, (Administrative Hearings).

(Source: added at 24 Ill. Reg. 14435, effective September 13, 2000)

Section 2200.20

Introduction

- a) The purpose of the Center is to improve the overall physical and emotional health of students by promoting healthy lifestyles and by providing available and accessible preventive health care when it is needed.
- b) The specific goals of the Centers are to improve student knowledge of preventive health care; provide early detection of chronic disorders and early treatment of acute health problems; improve decision-making about health matters; reduce risk-taking behaviors; develop health promoting behaviors; provide preventive care; provide initial emergency treatment of injuries and illness with appropriate subsequent referral; detect signs of emotional stress and psycho-social problems for treatment, counseling or referral; facilitate students' use of health care systems by establishing links with primary health care providers; and promote continuing comprehensive health care for students of all ages.
- c) The Center is located in the school or on school grounds, serving minimally the students attending that school. The Center may agree to serve additional students per its application. A school-linked health center located off school grounds must have a formal agreement to serve students attending one or several schools within the district.

Section 2200.30 Organizational Structure

The Center is organized and administered in a manner that ensures that it serves the health and health related needs of students in a high quality and cost-effective manner, promotes easy access to services, provides students with linkage information for after-hour service needs, assists students in learning how to appropriately utilize services within and outside the Center, and works with the student's primary care provider and insurer or managed care entity (MCE) to facilitate continuity of care.

- a) The Center must establish and maintain an Advisory Board whose main purpose is to advise, make recommendations, and provide community support and feedback. The Advisory Board must be established before the Center is opened.
 - 1) The board will include a minimum of eight members representing the following areas: school administration, school nurse, students, the medical community, the local health department, parents, clergy, youth service agencies and community leaders.
 - 2) The board will meet not less than annually.
 - A) Meetings will be documented with written minutes.
 - B) The written minutes will be maintained at the Center for Department inspection.

b) Ownership

The name and address of each person/organization with financial interest in the Center shall be submitted to the Department along with proof of adequate liability coverage for staff, clients, and facility.

c) Organizational Chart

- 1) An organizational chart must be kept on hand that:
 - A) outlines the role of the back-up provider(s), the Center, and the school.

- B) reflects a clear line of authority for the Center.
- 2) The organizational chart must be reviewed at least annually and revised as needed.
- d) Organizational Plan
 - 1) The organizational plan shall be maintained in the Center and made available for public information.
 - 2) The plan sets forth the organization, duties, responsibilities, accountability, and relationship of professional school and Center staff and other personnel.
 - 3) All owners, administrators, professional staff, and ancillary personnel shall act in accordance with the policies and procedures.
 - 4) The plan shall be submitted to the Department with the initial application and will be reviewed during regular site visits by Department staff.

Section 2200.40 Policies and Procedures

- a) At a minimum the Center must have the following written policies set forth and in place:
 - 1) Non-discrimination, confidentiality, parental consent, student rights/responsibilities, release of information, conflict of interest/disclosure, equal opportunity employment, Americans With Disabilities Act, disaster and fire safety, and quality assurance.
 - 2) The Job descriptions that define the qualifications, responsibilities and supervision of all health center personnel.
- b) The policies and procedures must be reviewed and updated at least annually. The review must be acknowledged in writing.

Section 2200.50 Compliance Standards

- a) All medical services must be in compliance with the standards set by the American College of Obstetricians and Gynecologists (ACOG) 1985, 409 12th Street S.W., Washington, D.C. 20024-2189, American Academy of Pediatrics (AAP) 1988, P.O. Box 927, Elk Grove Village, IL 60009-0927, and American Academy of Family Physicians (AAFP) 1997, 8880 Ward Parkway, Kansas City, MO 64114.
- b) Guidelines established by the 1997 National Committee for Quality Assurance Accreditation (NCQA), 2000 L Street, N.W., Suite 500, Washington, D.C. 20036, effective April 1, 1997.
- c) Laboratory services must be in compliance with the Clinical Laboratories Improvement Amendments of 1988 (CLIA). Medical record maintenance will be in compliance with the "Problem-Oriented Medical Record System and Medical Record Management Guidance" (1980), issued by the U. S. Department of Health and Human Services.
- d) The standards and guidelines cited in subsections (a), (b) and (c) include no later amendments or editions.

Section 2200.60 Scope of Services

The Center provides comprehensive primary and preventive physical, mental health, and health education services for children and adolescents within the context of their family, social/emotional, cultural, physical and educational environment. Some services, based on local need and expertise, may be made available by referral with appropriate follow-up. As determined by community needs, the Center will provide the following services:

a) Medical Services

1) Basic medical services include:

- A) well child or adolescent exams, consisting of a comprehensive health history, complete physical assessment, screening procedures and age appropriate anticipatory guidance
- B) immunizations
- C) health education
- D) nutrition counseling and education
- E) the preventive services specified by the federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program
- F) the services specified by the Guidelines for Adolescent Preventive Services (GAPS), 1992, 515 North State Street, Chicago IL 60610, no later amendment or editions included, prepared by the American Medical Association
- G) diagnosis and treatment of acute illness and injury
- H) basic laboratory tests for pregnancy, sexually transmitted diseases (STDs), primary prevention

- I) prescriptions and/or dispensing of commonly used medications for identified health conditions, in accordance with the Medical Practice Act of 1987 [225 ILCS 60] and Pharmacy Practice Act of 1987 [225 ILCS 85].
 - J) acute management and on-going monitoring of chronic conditions, such as asthma, diabetes, and seizure disorders
- 2) Reproductive health services provided directly or by referral based upon local Advisory Board approval:
- A) abstinence counseling
 - B) gynecological examinations
 - C) diagnosis and treatment of sexually transmitted diseases
 - D) family planning
 - E) prescribing, dispensing, or referring for birth control
 - F) pregnancy testing
 - G) treatment or referral for prenatal and postpartum care
 - H) cancer screening and education
- b) Mental Health Services include:
- 1) Basic mental health services
 - A) mental health assessment
 - B) individual, group, and family counseling
 - C) crisis intervention
 - D) consultation with school administrators, parents, teachers and students

- E) violence prevention, education and intervention
- F) referrals to a continuum of mental health services, including emergency psychiatric care, community support programs, and inpatient and outpatient programs
- 2) Substance abuse services include:
 - A) assessment of substance abuse problems
 - B) education regarding substance abuse prevention
 - C) referrals to a continuum of substance abuse services, including intervention and treatment services
 - D) supportive counseling for students recovering from substance abuse
- c) Optional Services include:
 - 1) dental screening and treatment
 - 2) well child care of students' children
 - 3) care of faculty, siblings and other community members
- d) Health Education/Promotion
 - 1) Basic health education services may be provided in the following format:
 - A) individual health education and anticipatory guidance for students and parents
 - B) group education at the Center
 - C) family and community education
 - D) health education for the Center and school staff

- E) support for comprehensive health education in the classroom
- 2) Areas to be covered may include:
- A) intentional and unintentional injury prevention
 - B) substance abuse prevention and cessation
 - C) nutrition counseling and education
 - D) social skills development
 - E) self esteem
 - F) depression/suicide
 - G) physical and emotional development
 - H) conflict resolution
 - I) human sexuality
 - J) child abuse prevention
 - K) child care
 - L) violence prevention (including domestic violence, date rape, sexual assault)
 - M) STD/HIV/AIDS prevention
 - N) pregnancy prevention
 - O) smoking prevention/cessation (including smokeless tobacco)
 - P) chronic disease prevention
 - Q) general parenting skills
 - R) family planning
 - S) abstinence education

T) parental stress

e) Eligibility

- 1) All students in the schools under the age of 18 are eligible for services if they have obtained written parental consent. (See 410 ILCS 210/1, 2, 3, and 4).
- 2) All students 18 years of age and/or who are otherwise able to give their own consent, are eligible for the services. (See 410 ILCS 210/1, 2, 3, and 4).

f) Emergencies

- 1) The school administrator and/or school nurse must be notified before a student is transferred to any nearby hospitals and/or emergency departments.
- 2) The parents are to be notified of any emergencies involving their children.
- 3) A plan outlining emergency procedures including the transferring of students to outside medical facilities, is to be completed in written form and kept at the Center.
 - A) The procedure will outline the steps necessary for referring students to community-based health care providers when the Center is not able to provide the required services.
 - B) The Center is to coordinate the students medical information being exchanged between the Center and the student's primary care practitioner, medical specialist or MCE.

g) Child Abuse/Mandated Reporting

- 1) Mandated reporters are professionals who may work with children in the course of their professional duties. (See 325 ILCS 5/4.)

- 2) Mandated reporters are required to report suspected child maltreatment immediately when they have reasonable cause to believe that a child known to them in their professional or official capacity may be an abused or neglected child. (325 ILCS 5/4)

Section 2200.70 Staffing Standards

The Center must deliver care to students by Illinois licensed, registered and/or certified health professionals who are trained and experienced in community and school health, and who have knowledge of health promotion and illness prevention strategies for children and adolescents. The Center's sponsoring agency(ies) ensures that all providers are appropriately credentialed.

- h) Recommended on-site Center staff include the following:
- 1) Medical Director or physician, consultant or back-up physician (family practitioner, pediatrician or adolescent specialist) who has equivalent practice privileges in at least one licensed Illinois hospital, can provide medical consultation and referral, ensures compliance with the policies and procedures pertaining to medical and surgical procedures, and signs standing orders/protocols for mid-level practitioners and observes the same in practice;
 - 2) Nurse practitioner or physician assistant who must operate under the standing orders of a physician (family practitioner or pediatrician);
 - 3) Clinically trained mental health practitioner (master's level social worker, psychologist, certified psychiatric nurse, or mental health staff (bachelor prepared social worker or psychology major working toward master's preparation) to provide individual assessment, treatment, and referral, as well as group and family counseling;
 - 4) Medical receptionist/secretary and/or medical support staff (health aide, medical assistant, or licensed practical nurse) to maintain medical records, collect and enter data, bill for services, make appointments and greet students;
 - 5) Certified and licensed substance abuse prevention/intervention specialist; and

- 6) Health educator, dentist/dental hygienist, nutritionist.
 - i) The staff is assigned responsibilities consistent with their education and experience, supervised and evaluated annually, and trained in the policies and procedures of the Center.
 - c) The staff must participate in minimal, annual ongoing professional development programs to update and enhance their knowledge of community and school health promotion, illness prevention, and health strategies for children and adolescents. Documentation must be available in personnel records or a continuing education file.
 - d) The staff must be currently trained in emergency care, including general first aid, cardiopulmonary resuscitation, and the Heimlich maneuver.
 - e) The Center must have a written emergency plan for disaster and for crisis intervention that is consistent with the school's plan and coordinated with the community emergency response system. The staff must be trained in implementing these plans.
 - f) The Center that contracts with an outside agency for the provision of mental health and/or substance abuse services must assure that the contracting agency has experience in providing care to children and adolescents, is duly licensed if subject to licensure, and has adequate liability coverage.
 - g) The Center will document in the student's record that a referral was made and indicate follow up on the outcome of the referral, when relevant, and the health care provided by the Center.

(Source: amended at 24 Ill. Reg. 14435, effective September 13, 2000)

Section 2200.80 Access Standards

The Center must establish procedures for the availability of primary care providers and for access to routine, urgent and emergency care, telephone appointments and advice.

a) Availability of Services

3) The Center operations must ensure that:

- A) the facility provides 24 hour coverage, 12 months a year;
- B) services are accessible either on-site or through formal referral;
- C) services are convenient to students and include, as necessary, before or after school hours;
- D) working parents, to the maximum extent possible, are accommodated in the health care of their children;
- E) urgent appointments can be handled within the same day and/or the following day;
- F) scheduled appointments do not unnecessarily interrupt the student's classroom time;
- G) services are available in multiple languages as appropriate for the student population;
- H) non-urgent appointments are offered within seven days or through formal referral;
- I) no medical experimentation or invasive research is done on students; and
- J) telephone answering methods are in place to notify students and parents where and how to access 24 hour back-up services when the Center is not open.

- 4) The Center, in response to the cultural and language needs of the student body, must ensure that staff are educated in cultural diversity and that interpreting and translation services are provided by staff or interpreters in a manner that ensures confidentiality.
- 5) The Center cannot deny access to health care services to students based upon insurance status or ability to pay.
- 6) The Center cannot discriminate with regard to race, color, religion, national origin, age, handicap or sex. (See 775 ILCS 5/1-102)
- 7) The Center must be accessible to students with disabilities and conform to requirements of the Americans With Disabilities Act (42 USC 12204; 36 CFR 1191).
- 8) The Center must provide services to students in a manner that ensures the student's and his/her family's right to privacy.

b) Physical Plant

- 1) The Center must include an adequate waiting and reception area, office space, private examination and treatment rooms, secure medical record area, and pharmaceutical and supply storage area (office, medical, sterile equipment). The reception area shall include comfortable chairs, educational materials, pamphlets and a bulletin board. If laboratory procedures are performed, adequate space for necessary lab equipment and supplies must be available. (See 42 CFR 493.)
 - A) Each examining room shall have a screen or door to permit privacy, an examination table with suitable disposable covers, an examination light, a sink equipped for hand washing with paper towel dispenser, waste receptacle, a storage cabinet, a stool and a counter or shelf for writing.

- B) If dental services are provided, each Center shall have at least one dental operatory included as a component of its facility.
 - C) The Center shall have the following equipment available: microscope, sphygmomanometer; stethoscope; measuring tape; reflex hammer; ophthalmoscope; scale; supplies for obtaining wet slide preparations and bacterial smears, specimens, cultures and cytologic studies; and a centrifuge for hematocrit.
 - D) Meeting space shall be available within or near the Center.
 - E) Adequate space shall be provided for staff personal belongings.
 - F) A multi-purpose room shall be available for conferences and health education purposes, including provision for showing visual aids to individuals and/or groups.
- 2) The Center must comply with laws and regulations governing health facilities.
- A) The Center staff must have training, supplies and equipment necessary to follow infection control practices as defined by OSHA. (See 29 CFR 1910.1030.)
 - B) The Center must comply with laws and regulations regarding reportable disease conditions and employee Center for Disease Control and Prevention (CDC) health policies.
 - C) The Center must comply with CLIA regulations regarding laboratory operations. (See 42 CFR 493.)
- 3) The Center must have current fire and building safety certificates and appropriate liability coverage.

- 4) The Center must provide adequate space to ensure student confidentiality and privacy during exams and/or counseling sessions.
- 5) If the Center is located in a separate building from the school, the entrance must be sheltered from the weather and must meet all physical plant requirements of a Center plus the following:
 - A) engineering service and equipment areas shall have sufficient space for boilers, furnaces, mechanical equipment and electrical equipment;
 - B) waste processing services shall be provided for the sanitary storage and disposal of waste by incineration, mechanical destruction, compaction, containerization, removal or a combination of these techniques;
 - C) storage rooms for building maintenance supplies and yard equipment shall be provided; and
 - D) janitor's closets shall be provided with a floor receptor or service sink.
- 6) All pharmaceuticals are to be kept in a locked cabinet or locked refrigerator (if indicated). The physician, nurse practitioner, or physician assistant and staff nurse are the only personnel who may have access to medications. Narcotics will not be kept at the Center. Pharmaceuticals shall be stored and dispensed appropriately and inventoried as required by the Pharmacy Practice Act of 1987 [225 ILCS 85].
- 7) A Center shall develop standing orders and protocols through its nurse practitioner and/or physician assistant and medical director. Protocols for medical treatments must be reviewed and updated annually (signed acknowledgment must be available).

Section 2200.90 Student Identification

The Center must develop a collaborative relationship with other health care providers, insurers, managed care entities, the school health program, students and parents/guardians with the goal of reducing duplication of services, fragmentation of care or discontinuous care.

- a) The enrollment and registration processes must provide for effective collection of information regarding third-party billing resources and the identity of primary care providers. The Center may not deny access to care to students without insurance.

- b) At the point of initial contact and/or any subsequent contacts with the student/family, efforts must be made to obtain current information on whether the student is a member of an MCE and/or recipient of services provided through a school-based/linked health center. This may be accomplished in the following ways:
 - 1) contact with the primary care physician;
 - 2) a question appears on the application;
 - 3) the service provider solicits the information from the student at the time of contact;
 - 4) a copy of the Medical Assistance Program Card or other insurance card, is requested;
 - 5) the parent is contacted (school or home visit);
 - 6) the parent and/or child consent (child release vs. parental release) to the Center obtaining the information (See 410 ILCS 210/1, 2, 3, and 4);
 - 7) written policies are on-site regarding parental consent for treatment for easy reference by Center staff;
 - 8) the Illinois Department of Public Aid hotline (800-226-0768) may be contacted regarding assignment; the child's name, date of birth, address and Medical Assistance program number (if known) will be necessary in order for the hotline staff to make the determination of assignment.

Section 2200.100 Data, Medical Record keeping, Exchange and Confidentiality

- a) The Center will develop a health record system that provides for consistency, confidentiality, storage and security of records for documenting significant student health information and the delivery of health care services. (See Problem-Oriented Medical Record System and Medical Record Management Guidance in Section 2200.50(c).)
 - 1) The Center must maintain a single confidential medical record for each student receiving services. The medical record must be kept in a physically secure manner that protects it from unauthorized use.
 - 2) The Center's health records must be maintained in a manner that is current, detailed, confidential and organized, and promotes effective student care.
 - 3) The Center may separately maintain medical records needing a higher level of confidentiality, including, but not limited to, mental health, substance abuse, family planning and HIV testing records, provided that there is an effective cross referencing system. Access to such records must be restricted to authorized personnel.
 - 4) The Center must have written policies that address exchange of health information verbally and/or faxed to insurers, managed care entities and the student's primary care physician.
 - 5) The Center's health records must contain sufficient information to justify the diagnosis and treatment and to accurately document all health assessments and services provided to the student, including:
 - A) a signed consent for treatment identifying services that may be provided in the Center;
 - B) the student's name and ID number on each page in the record;

- C) personal/biographical data including address, home telephone, work phone for parent(s), type of insurance, managed care entity's name/telephone number and emergency contact;
- D) health care provider identification;
- E) dated entries;
- F) legible records (errors in charting shall have a single line drawn through, with the date and practitioner's initials written above);
- G) significant illnesses and medical conditions;
- H) medication allergies and adverse reactions prominently noted in the record; if no known allergies or history, note appropriately;
- I) appropriate notations concerning use of cigarettes, alcohol and illegal substances, and other high-risk behaviors;
- J) written history and physical documents with appropriate subjective and objective information for presenting complaints;
- K) laboratory and other studies ordered, as appropriate, with documented results/findings;
- L) working diagnoses consistent with findings;
- M) treatment plans consistent with diagnoses;
- N) encounter forms or notes with specifics regarding referrals, release of information, follow-up care, calls or visits;
- O) student's refusal of recommended treatment;
- P) notation of unresolved problems from previous office visits addressed in subsequent visit;

- Q) record of after-hours care (e.g., emergency room utilization);
 - R) if a consultation is requested, a note regarding the results of the consultation;
 - S) consultation, lab and imaging reports filed and initialed by primary care provider;
 - T) evidence that potential risk to the student from diagnostic or therapeutic procedure has been discussed and student's response;
 - U) evidence that preventive screening and education services are offered in accordance with the Center's or its sponsoring agencies' practice and protocols;
 - V) a record of prescriptions obtained from and/or provided by the Center;
 - W) signed release of information forms, as appropriate, that are dated, identify what is to be released and to whom, and length of time consent covers and/or is valid;
 - X) restricted release information practices (i.e., family planning, STDs, substance abuse, mental health) conforming to federal governing laws. (See 325 ILCS 10/1, 410 ILCS 210/1, 2, 3, 4 and 5, 410 ILCS 70/5, 410/ILCS 305/9k, 410 ILCS 325/3, 405 ILCS 5/3-500-510.)
- 6) The Center will request information regarding previous health history at the time of enrollment to be included in the health record including:
- A) past medical and psychological history including serious accidents, operations, illnesses, prenatal care, births, substance abuse and mental health needs;
 - B) immunization records.
- 7) Records shall not be removed from the Center.

- b) The Center shall protect the confidentiality of student information and records in the following ways:
 - 1) Written confidentiality policies and procedures shall be implemented to protect the student's and his/her family's right to privacy;
 - 2) Students shall be afforded the opportunity to approve or refuse the release of identifiable personal information by the Center, except when such release is required by law; and
 - 3) The Center's contracts with practitioners and health plans shall explicitly, state expectations about the confidentiality of student information and records.
- c) The Center must implement procedures ensuring that cross-referencing of medical records within the medical record system is possible at all times.
- d) The Center shall ensure that its health records are compatible with the medical record system of its sponsoring provider agencies.
- e) The Center must lock and otherwise maintain records and copies of records in a secure manner that protects them from unauthorized use. The Center must have policies for identifying who shall have access to health records. The Center health records must be maintained separately from school records.

Section 2200.110 Care Coordination

- a) The Center shall develop collaborative relationships with other health care providers and insurers/managed care entities and have a written linkage agreement with MCEs whose enrollees are served by the school-based/-linked health center. At a minimum, the agreement must include:
 - 1) outline of the services provided and the role of the Center;
 - 2) description of the processes and procedures for coordinating student care; and
 - 3) description of the mechanisms for exchanging key medical and outcomes information with the MCE and a student's primary care physician (PCP), while maintaining confidentiality, including:
 - A) written policies addressing student and/or parental consent to share student health care information in order to coordinate care with the MCE or PCP;
 - B) payment mechanism
- b) Policies and procedures should be in place to assure communication and exchange of key medical data/information between the Center and a student's MCE and PCP to effectively coordinate care.
 - 1) Policies should describe how service and/or procedure duplications will be avoided (e.g., particular efforts to coordinate the provision of health maintenance and preventive care/testing).
 - 2) Procedures should describe how medical data/records are shared with the PCP and MCE, while adhering to confidentiality regulations.
 - 3) Processes should be in place to assure medical information is exchanged on an agreed upon schedule and on an as needed basis (i.e., monthly for routine visits/care and at the time of care, by phone or fax, for urgent or emergency situations).

- 4) Procedures should be in place to allow immediate access to shared data in the case of emergencies or urgent situations.
 - 5) Policies should be developed and agreed to by both the Center and the MCE regarding the format and types of data to be exchanged in coordinating care.
- c) The Center must develop a systematic process for referring students to their assigned PCP for referral for specialist care when the Center is not able to provide the services required by the student.
- 1) The Center should work with the MCE and PCP to develop a mechanism for linking referral information, student health care information and outcomes of the referral between the Center and PCP.
 - 2) The Center will document and provide the PCP with agreed-upon referral background information (e.g, reason for referral, onset of symptoms).
 - 3) The Center will develop procedures to document and share with the MCE/PCP outcomes of follow up care, where appropriate.
 - 4) MCE/PCP will develop a mechanism for sharing the outcomes of any referrals.
- d) The Center will work with the MCE and/or PCP in targeted outreach efforts (i.e., for services that the Center is able to provide).
- 1) The Center will collaborate with the MCE in developing mechanisms to conduct outreach for the student population (e.g., immunizations, health education, prenatal care).
 - 2) The Center will develop procedures for collecting and sharing with the MCE/PCP information provided as a part of the outreach program (e.g., forwarding immunization data).

- 3) The Center and the MCE/PCP will collaborate on evaluating outcome data.
- e) Each Center shall define its relationships with external organizations, designate staff responsibility for key functions, and appoint a primary contact to maintain open lines of communication with each organization. Key external agencies and organization may be:
- 1) community agencies, including local health departments, mental health agencies and social service agencies; and
 - 2) health plans or community clinics.

Section 2200.120 Student Rights and Responsibilities

- a) The rights and responsibilities of enrolled students and their families will be clearly defined in a written statement and translated into the language(s) of the major population groups served. This written statement is provided to students and their families at the time of Center enrollment and is provided to all Center staff at the time of employment.
- b) The Center will demonstrate its commitment to treating students in a respectful manner through a written statement of principles that recognizes the following rights of enrolled students.
 - 1) Students have a right to receive information about the Center, its services, its practitioners and providers, and students' rights and responsibilities.
 - 2) Students have a right to be treated with respect, courtesy and a recognition of their right to privacy.
 - 3) Students have a right to be told about their proposed treatment plans and to participate with practitioners in decision-making regarding their health care (including the right to refuse treatment).
 - 4) Students have a right to voice complaints about the Center or the care provided, through an established system that ensures a prompt response.
 - 5) Students have a right to review their written record.
- c) The Center must have a written policy that addresses student responsibilities for cooperating with those providing health care services. The written policy addresses the following student responsibilities.
 - 1) Students have a responsibility to provide, to the extent possible, accurate information that the Center staff requires in order to care for them.

- 2) Students have a responsibility to follow the plans and instructions for care that they have agreed upon with their practitioners.
- 3) Students have a responsibility to treat Center personnel with courtesy and respect.
- d) The Center must inform prospective and enrolled students and their families about services provided, access to services, charges and scheduling.
- e) Students and their families must be informed that benefits, services, notification and payments required by their insurer or MCE may differ from those of the Center.
- f) Students and their families must be provided a written statement that includes the following information:
 - 1) The Center's policy on referrals for speciality care;
 - 2) The provision for after-hour and emergency coverage;
 - 3) The points of access for primary care, specialty care and hospital services;
 - 4) Benefits and services that are included in the Center's services and how to obtain them, as well as how to access services not provided (e.g., PCP, MCE, additional health services);
 - 5) Charges to enrolled students and families, if applicable, including policy on payment of charges and co-payments and fees for which the enrolled student is responsible;
 - 6) Procedures for voicing complaints or grievances, and for recommending changes in policies and services; and
 - 7) Procedure to obtain the names, qualifications and titles of the professionals providing or responsible for their care.

Section 2200.130 Quality Improvement Standards

The Center, in conjunction with the school district and/or MCE, will develop and implement a quality improvement program that monitors and evaluates the appropriateness, effectiveness and accessibility to the services it provides; the quality of services provided to the students; and the positive/negative health outcome effects.

- a) A quality improvement plan with clearly-defined goals, objectives and work plan will be established, approved by the appropriate governing body and reviewed annually.
- b) The quality improvement plan shall identify who is responsible for monitoring and evaluation and for the data management quarterly report. The quarterly report shall, at a minimum, provide the following information:
 - 1) Number of students served (unduplicated)
 - 2) Sex
 - 3) Age
 - 4) Race
 - 5) Number of Center encounters
 - 6) Year-to-date Center enrollment
 - 7) Type of services rendered
 - 8) Medical referrals and outcomes
 - 9) Social Service referrals and outcomes
 - 10) Delivery and outcome information (i.e., type of delivery, birth weight, Apgar scores and maternal and infant complications)
 - 11) Dental referrals and outcomes.
- c) A copy of the quarterly report must be submitted to the Department within 30 days of the end of the quarter.

- d) A qualified individual will be designated as the person responsible for the implementation of each quality improvement plan.
- e) The Center must comply with the data collection requirements of outside regulatory agencies, as well as the insurers or MCEs of their students. This data will include but not be limited to the delivery of preventive health care services according to the EPSDT periodicity schedule; immunizations and prenatal care; decrease in absenteeism; inappropriate emergency room utilization; violence; increase in high school graduation; pregnancy; infant mortality; member satisfaction; and rates of student drop out. Outcome studies related to teen pregnancies, school attendance, substance use, STD rates, and repeat pregnancies also will be completed.
- f) Quality improvement efforts will be based on findings from the quality measurement activities. Corrective action plans will be required and implemented by the Department.
- g) Quality improvement activities shall be continuous.

Section 2200.140 Marketing and Community Outreach

The Center shall routinely publicize services to the student body and the community. Marketing methods may include:

- a) contacts during the school registration process;
- b) attendance at PTA meeting;
- c) mailings, notes sent home to parents and intercom announcements;
- d) bulletin boards and posters;
- e) student newspapers and newsletters;
- f) workshop for teachers and other school staff;
- g) newspaper articles;
- h) community education offerings;
- i) flyers, posters;
- j) radio and TV announcements;
- k) videos;
- l) open house;
- m) contests; and
- n) Center newsletters.

Section 2200.150 Finance

The Center must operate under the budgetary requirements approved by the Department.

- a) The Center will maintain and adhere to all contracts for services with internal and external organizations and outside vendors.
- b) Management systems will be in place to maintain data reporting requirements and to enhance tracking of important student information.
- c) Billing procedures will conform to agreements established by contract with individual health plans, the Medicaid Program, health providers and the Department.
- d) Policies and procedures identifying mechanisms for data collection, data reporting, billing and payment between the Center and its contracted entities will be available.

CERTIFICATE OF AMENDED PART

The Department of Human Services certifies that the attached hereto is a true and correct copy of:

Heading of the Part: School-Based/Linked Health Centers

77 Ill. Adm. Code: 2200

Sections involved: 2200.10, 2200.20, 2200.30, 2200.40, 2200.50, 2200.60, 2200.70, 2200.80, 2200.90, 2200.100, 2200.110, 2200.120, 2200.130, 2200.140, 2200.150

which was duly adopted on the day of
.

Statutory Authority: Implementing the Developmental Disability Prevention Act [410 ILCS 250], the Lead Poisoning Prevention Act [410 ILCS 45], the Infant Mortality Reduction Act [410 ILCS 220] and the Problem Pregnancy Health Services Care Act [410 ILCS 230] and authorized by Sections 80-15 and 80-30 of the Department of Human Services Act [20 ILCS 1305/80-15 and 8-30].

Dated this day of .

Secretary