SCHOOL HEALTH TOOL MONITORING INSTRUCTIONS
FY 2007

Reviews are based on requirements found in the Policy Manual. These instructions highlight review procedures. Please note that the manual should always be referred to as the complete reference.

REVIEW CRITERIA	INSTRUCTIONS
I. Program Administration	
1. The agency has an advisory board for the school-based health center (SBHC) that includes representation from local businesses, clergy, parents, health care providers, school administration and faculty, youths to be served, senior citizens, and law enforcement. The majority of the members of the advisory board must be parents of children enrolled in the school district served by the SBHC.	As stated in House Bill 2202, 76th Legislature, Regular Session, the advisory board for a school-based health center (SBHC) funded through this initiative must have a representative from each of the following groups: 1. teachers 2. school administrators 3. licensed health care professionals 4. the clergy 5. law enforcement 6. the business community 7. senior citizens 8. students In addition to the groups mentioned above, advisory board members may also represent youth and family service agencies and other non-profit organizations. The majority of the members of the advisory board must be parents of children enrolled in the school district served by the SBHC.
a. The advisory board meets at least quarterly.	The advisory board meets <u>at least</u> quarterly. In the early phases of planning and implementing a school-based health center, the advisory board will need to have meetings more frequently than quarterly. However, after the clinic is operational, the advisory board may decide that quarterly meetings are sufficient.
b. The advisory board meeting minutes are documented.	Minutes of the advisory council meetings are available for review by DSHS QMB team. Minutes indicate the date and time of the meeting(s), meeting location, the names of the members present, and a summary of the issues discussed. Minutes are distributed to all members of the advisory board as well as to the superintendent of the school district and principals of

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	all campuses served by the SBHC if they do not directly participate as members of the board.
II. Clinic Operations	
1. The client appointment system/clinic flow minimizes student time out of class.	The system established for scheduling client appointments in the SBHC minimizes students' time out of class. When possible, appointments are scheduled during times that do not require the student to miss "core" classes such as math, science, language arts, etc. Attempts are made to schedule appointments during elective classes such as P.E., music, art, computer, etc. Recognizing that preventive health visits (i.e. well child physical exams) may take more time than acute care visits, attempts are made to schedule appropriate blocks of time for the appointments. Some appointments may be scheduled for before or after school if possible.
2. The volume of clients is appropriate for staffing levels.	The volume of clients is appropriate for the staffing levels. SBHC staffing may vary from one clinic to the next depending upon the demand for services. For example, "Clinic A" may be appropriately staffed with a clerk/receptionist, an RN, a mid-level practitioner (NP or PA) or a physician, a mental health worker, and a social worker. However, because of a smaller target population, it may be more appropriate for "Clinic B" to be staffed only with clerk/receptionist and a mid-level practitioner.
3. The average number of students scheduled/seen per clinic session by the mid-level or M.D., as confirmed by appointment logs, is acceptable.	The average number of students scheduled/seen per clinic session by the mid-level or physician is appropriate. This number may be confirmed by reviewing appointment logs. An average of one client per hour for each mid-level or physician may be used as a guide for the minimal standard. A lower number of clients per clinic session may be an indication of the need to adjust clinic hours or staffing levels. Unusually high numbers of clients seen each clinic session may be an indication of need for expanded clinic hours, additional staff, or of insufficient time spent with each client.
4. There is evidence of coordination between the School Nurse and the SBHC.	There is evidence of coordination between the School Nurse and the SBHC. Conversations with the School Nurse(s) and the SBHC staff indicate the procedure for identifying students needing to be seen by SBHC staff. This coordination of efforts may be confirmed by viewing the policy and procedures manual, the School Nurse log, the SBHC log, and the relevant referral forms.

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5. The SBHC has processes in place for the collection, analysis, and reporting of performance measures.	The SBHC demonstrates through interview, reports, and/or policies and procedures that it has processes in place for the collection, analysis, and reporting of performance measures. Although not a grant requirement, it is recommended that SBHCs use a Management Information System such as School Health ONLINE or Clinical Fusion for administrative purposes such as scheduling, billing, and documentation of encounters/visits. Other health care systems with which the SBHCs may partner (i.e. hospital districts, hospitals, university schools of medicine, etc.) may have other Management Information Systems that also work well for SBHCs. It is helpful for SBHC projects to have an electronic system to collect and manage the data that is required for DSHS program reports which include data such as number of visits, number of students seen, types of visits, most common prescriptions, most common lab tests, etc.
6. The SBHC has processes in place for billing services.	The SBHC demonstrates through interview, reports, and/or policies and procedures that it has processes in place for billing services.
7. The following services must be available **on-site**:	On-site services include:
a. Preventive health exams (including Texas Health Steps)	Preventive health exams (including Texas Health Steps). Preventive health care is a priority of SBHCs
b. Immunizations for all children within the school's attendance zone	Immunizations for all children within the school's attendance.
c. Mental health and psycho-social counseling	Mental health and psychosocial counseling.
8. The following services are available on-site or by referral:	
a. Pregnancy testing	Pregnancy testing is provided either on site or through referral.
b. Treatment for STDs	Treatment for STDs is provided either on site or through referral.
c. Dental	Dental is provided either on site or through referral.

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d. Prenatal	Prenatal is provided either on site or through referral.
e. Substance abuse treatment	Substance abuse treatment is provided either on site or through referral.
f. Pregnancy testing	Pregnancy testing is provided on site or by referral.
9. The agency has arrangements to ensure the child receives needed medications when there is no pharmacy on-site.	The agency has arrangements to ensure the child receives needed medications when there is no pharmacy on site. The SBHC may have an arrangement with a local pharmacy to provide prescriptions to the clients. There is usually an agreement for special pricing for the prescriptions to assure they are within the family's ability to pay. Some SBHCs have vouchers the families can take to the pharmacy to pay for their prescriptions. Some SBHCs have arrangements with a local pharmacy to deliver the prescriptions to the school so the parents may pick them up there. In some communities, the local pharmacy may have a home delivery service for families lacking transportation.
10. The agency has assessed its community's need for flexible clinic hours and extended hours beyond the regular school day as necessary.	The SBHC has assessed its community's need for flexible clinic hours. The agency has extended hours for the SBHC beyond the regular school day as determined by its assessment. This may include clinic hours before the regular school day, evening hours one or two days per week, or weekend hours. The purpose of the extended hours is to allow for parents to be present for their child's clinic visit without taking time off from work.
11. The agency has linkages with other health care providers for specialty health care services.	Each SBHC must have linkages with other health care providers (i.e. community clinics, hospitals, specialists, etc.) for specialty health care services. There should be a formal (written) agreement whereby the other health care providers will accept referrals from the SBHC. There may also be special arrangements/agreements as to the charges for the referred services.
12. The agency has linkages for health care services available after hours, weekends, and holidays.	Each SBHC must have linkages with other health care providers (i.e. community clinics, hospitals, local physicians) for health care services after hours, weekends, and holidays. A number to call or the location where the client may go if the SBHC is closed is posted outside the SBHC and/or included on a phone message.

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13. The agency has a system for tracking referrals and ensuring referred students are evaluated	The agency has a system for tracking referrals and ensuring referred students are evaluated (i.e., copies of referral forms, an electronic or card file tickler system, feedback protocol, etc.)
III. Clinical Record Review	Each component of the record review criteria is reviewed individually for compliance. To receive a "Yes," at least 80% of the records reviewed are in compliance with that component. That is, of 10 records reviewed, 8 (or 80%) must receive a "Yes" on that component. If a contractor/provider is out of compliance with a component, the "No' is marked with an explanation of which component is not in compliance. The 80% compliance level is applied per site visited. If multiple sites are visited during a review, ten (10) records provided at each site visited are reviewed. In the case where a record is not available for review, select another record and inform the team leader. A finding related to the unavailability of records is noted at the end of the tool in the "Other pertinent information as noted by reviewer" section. If the agency does not have at least 7 records that contain visits since the agency began the program or since the last review, this service is not reviewed and the team leader is notified. **When evaluating clinical services by record review or observation, use the *Texas Medicaid Provider and Procedures Manual (TMPPM),* including the periodicity schedule. This manual is updated in January and is available with other helpful information at www.tmhp.com.** All components (unless medically contraindicated) must be completed and documented for the visit to be considered a THSteps comprehensive medical checkup. If a child comes under care for the first time at any point on the periodicity schedule or if any procedures are not accomplished at the appropriate age, the client must be brought up-to-date with required procedures as soon as possible. NOTE: There are 3 required client questionnaires (Hearing, Lead and TB) that are available on the TMHP website.
1. Consent forms (to include Method specific and HIV consent forms, if applicable) are completed and signed.	The record contains the following consents: 1. General Consent for treatment (NOTE: Minors may consent to their care related to pregnancy) **(Note: Scored on the Core Tool)** 2. HIV consent given verbally or in writing is documented, if applicable (NOTE: Minors may consent to HIV/STD screening and testing)

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2. History (initial and interval as appropriate) is completed to include allergies, a risk assessment/identification (family violence, TB, lead, etc.) and immunization status.	The record contains the following information as appropriate to the client: 1. Family Medical History 2. Neonatal (inpatient to 2 weeks of age), for those aged 5 years or under 3. Physical history 4. Mental health history a. Depression and suicide risk assessment beginning at age 11 b. Learning problems beginning at age 11 5. Developmental history 6. Nutrition and feeding problems history (risk assessment for eating disorders beginning at age 11) 7. Immunization status 8. Significant past illness, including hospitalizations* 9. Previous surgery/biopsies** 10. Blood transfusions and other exposure to blood products** 11. Current medications, including over the counter and alternative medications** 12. Allergies, sensitivities or reactions to medicines or other substance(s)** 13. Use of tobacco/alcohol/illicit drugs (including type, duration, frequency, route) beginning at age 11 14. Assessment of family violence and physical, sexual and emotional abuse (including safety assessment, if indicated) 15. Risk factors for: a. Lead (a Risk Assessment for Lead Exposure Questionnaire (E/S) is available in the TMPPM. The Risk Assessment for Lead Exposure Questionnaire is given at well child visits through 6 years of age, except for the 12 and 24-month checkups when a blood level is drawn. b. TB: The reviewer checks for documentation of a tuberculosis screen and/or test appropriate to prevalence level of the area and client age. In areas of low prevalence, the TB Questionnaire is administered annually beginning at 1 year of age. In areas of high prevalence (refer to the DSHS website), the TB skin test is administered at 1 year

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	of age, once between 4 through 6 years of age and once between 11 through 17 years of age with the TB Questionnaire being administered beginning at 2 years of age and annually when the TB skin test is not administered. The reviewer checks for documentation the client returned for the provider to read the skin test or documentation of a good faith effort by the provider to read the TB test result. TB risk assessment forms are also available in the TMPPM. c. Hyperlipidemia/cholesterol: The reviewer checks the record for documentation of hyperlipidemia/cholesterol screening for those at risk of increased levels of cholesterol based on history, nutritional assessment and clinical findings. THSteps does not provide a formal questionnaire. Specific recommendations of the American Academy of Pediatrics (AAP) for selective testing of children and adolescents focus on parents and grandparents diagnosed with heart disease or having heart related surgeries at or before 55 years of age and parents with an elevated blood cholesterol level (240 mg/dL or higher). d. Type 2 Diabetes 16. Additional health history components for adolescents: a. Sexual behavior history, including family planning practices, number of partners, sexual orientation, sexual abuse b. STDs (including hepatitis B) and HIV risks and exposure (for sexually active or high-risk adolescents, screening includes evaluation for genital warts) c. Urologic conditions***** d. Additional *female* health history elements include***** i. Menstrual history***** ii. Obstetrical history***** iii. Gynecological conditions***** iv. Cervical cancer screening history (first obtained 3 years after the onset of sexual

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	activity or at 21 years of age, whichever comes first)*****
	Applicable interval histories are obtained. ***Recommended standard of practice but do not cite if not found in record.**
3. Physical and developmental assessments are documented.	The reviewer examines the client record for a documented comprehensive physical examination at each well child checkup. An age-appropriate complete unclothed physical exam is required at each checkup. Older children are to be appropriately draped. Based on clinician judgment, a pelvic exam is conducted on sexually active adolescents. For informational purposes only, refer to the WIC website, http://www.dshs.state.tx.us/wichd/secure%2Dpol/nutrassess.pdf, as a resource for specific information regarding measurements. The record documents a complete physical assessment as applicable, including: 1. General head-to-toe exam appropriate to the purpose of the visit. For any portion of the examination that is deferred, the reason(s) for deferral is documented in the client record. 2. Height measurement 3. Weight measurement (for maternity clients note pre-pregnancy weight and assess on return prenatal visits*) 4. BMI (clients 2-20 years of age) 5. Fronto-occipital head circumference (clients under age 2) 6. Blood Pressure evaluation (ages 3 and older) 7. Cardiovascular assessment 8. Clinical Breast exam for females 20 years of age and older ***** 9. Visual inspection of external genitalia and anal area***** 10. Pelvic exam, including vulvar evaluation and bimanual exam for females (including sexually active adolescents)***** 11. Palpation of prostate for males as indicated by history***** 12. Other systems as indicated by history, risk profile, other findings 13. Nutritional assessment (Refer to Guidelines for Nutrition Assessment for more information) 14. Developmental assessment, including a review of milestones - THSteps checkups completed by physicians, physician assistants,

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	and advanced practice nurses (pediatric nurse practitioners and family nurse practitioners) for children birth through 6 years of age include: a. A standardized developmental screen (the provider's choice of observational or parent questionnaire) for a child between 9 through 12 months of age, 18 through 24 months of age, and every other year thereafter b. Standardized screening is conducted if a parent expresses concern about the child's developmental progress c. Developmental screening at all other well child visits includes a review of milestones (gross and fine motor skills; communication skills, speech-language development; self-help/care skills; social, emotional, and cognitive development) and mental health Registered nurses conducting THSteps checkups for children birth through 6 years of age conduct: a. A standardized observational screen for children in the following age groups: 9 through 12 months of age, 18 through 24 months of age; and again at 24 months through 6 years of age if the child does not have a record of a standardized observational developmental screen b. A standardized parent questionnaire at all other periodic visits through the 6th year of age or when a parent expresses concern about the child's developmental progress 15. Mental health assessment 16. Vision screening appropriate to age: (Refer to the Texas Medicaid Provider Procedures Manual (TMPPM), Texas Health Steps, or the Periodicity Schedule for more information) The following defines when objective screening is to be completed starting at age 3 years: a. Birth through 2 years of age – Screening includes history of high risk conditions, observation, and physical examination b. Ages 3 through 10, 12, 15 and 18 years of age – Screening includes using an age-appropriate vision chart.

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	Documentation of test results from a school vision-screening program may be used if conducted within 12 months of the checkup. 17. Hearing screening appropriate to age (Refer to the Texas Medicaid Provider Procedures Manual (TMPPM), Texas Health Steps or Periodicity Schedule for more information) The following defines when objective screening is to be completed starting at age 4 years: a. Birth through 3 years of age – Screening includes history, observation, and screening by use of the Hearing Checklist for Parents (E/S) b. Ages 4 through 10, 12, 15, and 18 years of age – A puretone audiometer is used to screen hearing at checkups. Subjective screening may be completed at all other checkups. Documentation of results from a school audiometric screening program may be used if conducted within 12 months of the checkup 18. Age appropriate immunizations: The reviewer checks for documentation of immunizations provided or immunization status based on client age (using the Recommended Childhood Immunization Schedule for the United States). Clients are not referred to the local health department for immunizations. Vaccines are obtained from the Texas Vaccines for Children Program at DSHS and administered at the time of the checkup, unless medically contraindicated or because of parent's reasons of conscience including a religious belief. 19. Dental assessment ***Recommended standard of practice but do not cite if not found in record.**
4. Appropriate lab/diagnostic tests are ordered, tracked, results reviewed, and the client was notified of abnormal findings.	The record contains documentation that lab/diagnostic tests were ordered and tracked, the results were reviewed, and the client was notified of abnormal findings. 1. Newborn Hereditary/Metabolic Testing (NBS) up to 12 months of age (Newborn screening (hereditary/metabolic testing for hypothyroidism, PKU, galactosemia, sickle Hgb, and CAH) is required by Texas law before hospital discharge and again between 1 and 2 weeks of age. Date

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	and results of the second newborn screening are to be documented. NBS results may be available from the DSHS Lab by calling 512-458-7578.) 2. Hgb/hct (testing results from WIC clinic or other providers are acceptable if completed within one month of visit, refer to the TMPPM for more information) 3. Hemoglobin Type - Hgb type is part of the newborn screening. If Hgb type has been performed previously and results are documented in the client's chart, it does not need to be repeated. It may also be performed at the provider's discretion, as appropriate for age and population groups. Hgb type results may be available from the DSHS Lab by calling 512-458-7578 (refer to the TMPPM for additional information) 4. Urinalysis as indicated and at the discretion of the provider 5. Lead blood testing at 12 and 24 months of age 6. Fasting glucose, as indicated by risk assessment for Diabetes II and/or physical exam 7. Cholesterol screening based on family history, as indicated by risk assessment at the provider's discretion (if the history and physical indicates the client is at risk and there is no documentation in the record of actions to reduce the risk, interview the provider regarding their rationale not to test.) 8. Sexually transmitted disease testing if indicated by risk assessment, including cultures for gonorrhea and chlamydia and a blood test for syphilis (age 11 and older) 9. Cervical cancer screening test (Pap Smear) 10. TB skin test as indicated Other labs as indicated
5. Education/counseling/anticipatory guidance is documented, as appropriate.	The reviewer checks for documentation of anticipatory guidance. Counseling/anticipatory guidance is an integral part of each checkup and must be face-to-face with the child's parent/caretaker and face-to-face with adolescents. Anticipatory guidance include: 1. Developmental expectations (including adolescent development and becoming involved in health care decisions) 2. Dental health 3. Sleep 4. Feeding and nutrition (includes diet and fitness for adolescents) 5. Elimination

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	6. Lead poisoning risks 7. Healthy lifestyle/practices, including the following for adolescents: a. Avoiding tobacco, alcohol, high noise exposure, other abusable substances, and anabolic steroids b. Abstaining from vaginal, oral, and anal intercourse as the most effective way to prevent pregnancy and sexually transmitted diseases c. HIV transmission and that latex condoms are effective in reducing the risk of some STDs, including HIV d. Reinforcing responsible sexual behavior 8. Accident and disease prevention, including the following for adolescents: a. Avoiding alcohol/drugs while using motorized or recreational vehicles or when impaired judgment may lead to injury b. Use of safety devices (e.g., seat belts, motorcycle and bicycle helmets, athletic protective devices c. Resolving interpersonal conflicts without violence d. Avoiding the use of weapons and promoting weapon safety e. Obtaining appropriate physical conditioning before exercise Other education and counseling is provided as indicated by risk assessment, history and physical exam
6. Problem management/treatment.	The record contains documentation that problems were managed or treated.
7. Referrals as indicated.	The reviewer checks for documentation of a dental referral beginning at 1 year of age and every 6 months thereafter. (Patients are eligible for emergency dental treatment also)
8. Follow-up to include return visit date, missed appointments, and referral outcome.	The reviewer checks for documentation or other proof of appropriate follow-up. If a THSteps component cannot be completed, a follow-up visit must be scheduled to complete the necessary procedures.
Other pertinent information as noted by reviewer.	