**Section 641.110 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.