

## CORE CENTER CERTIFICATION VISIT REVIEWER TOOL

**Instructions:** This reviewer tool was created to mirror the certification application, yet is expanded to allow for quantifiable measures for satisfying State certification requirements and aligning public health best practices.

To complete this tool, the reviewer should document how the site met each element using the key below. Comment boxes are available for details on key elements. The gray comment boxes after each section are for general feedback.

Center Name \_\_\_\_\_  
 Site Staff Present \_\_\_\_\_  
 Reviewer \_\_\_\_\_  
 Date \_\_\_\_\_

### REQUIREMENTS

#### SECTION A

Site Application complete

| <u>CODES</u>                     |
|----------------------------------|
| C = Compliance                   |
| N = Non-Compliance               |
| P = Progress made**              |
| TA = Technical Assistance Needed |
| NR = Not reviewed                |

#### SECTION B

Facility

Meets the definition of a SBHC facility(s) B.3.a  W

| Compliant? | Requirement   | Comments |
|------------|---|----------|
|            | Permanent space located within a school building or on the school campus  |          |
|            | Used exclusively for the purpose of Providing primary health care, preventive health, mental health and health education services |          |

Facility(s) meets ADA, local building codes, OSHA, and any other state or federal requirements for occupancy and use. B.3.b,c  W

| Compliant? | Requirement   | Comments |
|------------|---|----------|
|            | Medical sponsor verifies meeting these medical space requirements                     |          |
|            | The waiting and exam rooms are comfortable, well-lighted and well-ventilated          |          |
|            | The environment is clean with floors, wall and ceiling intact.                        |          |
|            | Passages, corridors, doorways and other means of exit are kept clear and unobstructed |          |

|  |   |  |
|--|---|--|
|  | There are covered waste cans and no foul odors emanating from waste   |  |
|  | Medical waste is clearly marked and disposed of in an approved manner   |  |
|  | Exits are clearly marked with escape routes posted  |  |
|  | Emergency instructions, including telephone numbers, are posted   |  |
|  | Facilities for hand washing and toileting are present, clean and in working order. (Includes access to soap.) |  |
|  | There is an absence of safety hazards including chemical and choking hazards                                  |  |

Facility(s) have required spaces within the center.

B.3.d



W

| Compliant? | Requirement  | Comments |
|------------|--|----------|
|            | Waiting / reception  |          |
|            | Exam room(s) with sink   |          |
|            | Bathroom facility  |          |
|            | Office area  |          |
|            | Secure records storage area safe from fire, water, unauthorized access, and theft. (OAR 333-505-0050(16), 166-020-0015; 45 CFR 164.530 (c)). |          |
|            | Secure storage area for supplies (e.g. medications, lab supplies)  |          |
|            | Designated lab space with sink and separate clean and dirty areas  |          |
|            | Confidential phone (for placing confidential phone calls and receiving confidential messages)  |          |
|            | Confidential fax (SBHC staff access only)  |          |

Facility(s) floor plan is attached (see floor plan template for identification of spaces that must be present).

B.3.h



W

Facility meets number of rooms, security, confidentiality and provider FTE requirements.

B.3.e,f,g



W

| Compliant? | Requirement  | Comments              |
|------------|--|-----------------------|
|            | Two separate rooms   | See description above |
|            | Soundproofed   | Concrete walls.       |
|            | Doors provide necessary sound and sight security for private examination and conversations, both in person |                       |

|  |  |  |
|--|--|--|
|  | and on the telephone.  |  |
|  | One exam/counseling room available per clinical FTE provider staffed during hours of operation |  |

**Section B Comments:**

**SECTION C OPERATIONS/STAFFING**

Operations

- Center(s) are open a minimum of 3 days/week. C.1.a  W
- Center(s) are open for at least 15 hours/week. C.1.b  W  
(see operational matrix for details)
- Walk-in and scheduled appointments are available. C.1.c  W

| Compliant? | Requirement                           | Comments |
|------------|---------------------------------------|----------|
|            | Identified in policies and procedures |          |
|            | Seen in appointment scheduling system |          |

- Center(s) meets all after-hour notification requirements. C.1.d  W

| Compliant? | Requirement  | Comments |
|------------|--|----------|
|            | Center space clearly identified  |          |
|            | Clinic hours clearly posted outside clinic and/or on brochures               |          |
|            | Noted in advertisement (pamphlets, parent info or other published materials) |          |
|            | Voicemail is accessible for messages 24 hours/day                            |          |
|            | Voicemail notes where to seek after hours/vacation care                      |          |

Eligibility

- All students are eligible for services if they have obtained the necessary consent as determined by local policy. C.3.a  W

| Compliant? | Requirement                      | Comments |
|------------|----------------------------------|----------|
|            | Policy and procedures on consent |          |

|  |  |  |
|--|--|--|
|  | How is consent attained?                     |  |
|  | <i>How is past medical history elicited?</i> |  |
|  | Notification of parents                      |  |
|  | Consent form given with Privacy Practices    |  |

Centers understand eligibility defined by state statute for physical health services, mental health services, reproductive health services, family planning services and diagnosis and treatment for STDs.

C.3.b,c  W

| Compliant? | Requirement                                       | Comments |
|------------|---|----------|
|            |   |          |
|            | Consent notes<br>>15 for physical health          |          |
|            | >14 for mental health                             |          |
|            | Any age for reproductive health & family planning |          |

If needed services are not provided on-site (see Section E), then appropriate referral is required.

C.3.b,c  W

| Compliant? | Requirement                              | Comments |
|------------|--|----------|
|            | HIPAA compliant ROI                      |          |
|            | Referral system in Policies & Procedures |          |
|            | Referral sources identified              |          |
|            | Referral system in practice              |          |

Center(s) adhere to non-discriminatory and reasonable accommodations practices.

C.3.d,e,f  W

| Compliant? | Requirement  | Comments |
|------------|--|----------|
|            | Eligible regardless of ability to pay  |          |
|            | Policy and procedure - no discrimination based on race, color, national origin, religion, immigration status, sexual orientation, handicap or gender |          |
|            | If a schedule of fees has been adopted , policy is in place.   |          |
|            | Reasonable accommodation for confidential services to non-English speaking individuals   |          |

Policies & Procedures

Center has written policies set forth and in place in all required areas.

C.4.a



W

| Compliant? | Requirement  | Comments |
|------------|--|----------|
|            | Non-discrimination   |          |
|            | <p>Confidentiality of client services, medical records &amp; data.</p> <p>A. HIPAA requirements are met (45 CFR parts 160 &amp; 164)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Privacy official is designated: _____</li> <li><input type="checkbox"/> All members of workforce have been trained.               <ul style="list-style-type: none"> <li><input type="checkbox"/> Initial HIPAA compliance training (date ___/___)</li> <li><input type="checkbox"/> New employee training</li> </ul> </li> <li><input type="checkbox"/> Electronic data agreements in place as necessary.</li> </ul> <p>B. Written policies and procedures exist to guide staff in maintaining appropriate confidentiality standards (CLHO Minimum Standards 7.2):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Clients may access their own records (ORS 192.518(a))</li> <li><input type="checkbox"/> HIV records (ORS 433.045-433.080)</li> <li><input type="checkbox"/> Mental Health &amp; alcohol and drug</li> <li><input type="checkbox"/> Immunization records (ORS 433.090-433.102)</li> <li><input type="checkbox"/> Mandatory reporting               <ul style="list-style-type: none"> <li><input type="checkbox"/> Child abuse (ORS 419B.005-419B.050)</li> </ul> </li> <li><input type="checkbox"/> Release of protected information with authorization.</li> <li><input type="checkbox"/> Release of protected health information without authorization.</li> <li><input type="checkbox"/> Rights of minors (ORS 109.610-109.697)               <ul style="list-style-type: none"> <li><input type="checkbox"/> &gt; or equal to 15 all services self consent</li> <li><input type="checkbox"/> &gt; or equal to 14 mental health self consent</li> <li><input type="checkbox"/> any age reproductive &amp; family planning self-consent</li> </ul> </li> <li><input type="checkbox"/> Subpoena (ORS 179,505(9), 433.008, 433.05(3))</li> </ul> <p>C. Records are retained and destroyed according to the most current rules prescribed by the State archives (ORS 431.520, 192.005; ORA 166-030-0060, 166-0065 to 0075).</p> <p>D. A records manual of all chart forms used is reviewed annually (CLHO minimum standards, 7.2).</p> |          |
|            | Consent for medical, mental health and AOD services (parent and/or client)   |          |
|            | Student rights and responsibilities  |          |
|            | Schedule of standard charges (if any) for services rendered (copy attached)  |          |
|            | Method of transmitting billing and other fiscal information to agencies as appropriate, including the handling of explanation of benefits (EOB) statements for confidential patient visits   |          |
|            | Emergency procedures (disaster/fire/school violence)   |          |
|            | Staff vacation and sick leave policies   |          |
|            | Quality assurance process  |          |

|  |   |  |
|--|---|--|
|  | Complaint and incident review   |  |
|  | There is a mechanism to solicit client suggestions  |  |
|  | There is a client complaint procedure which includes a time frame for prompt follow-up  |  |
|  | Incidents are reported to appropriate sponsoring agency and school administration   |  |
|  | There are written policies and procedures for drug dispensing, storage, security, and accountability, signed by the medical director. |  |

Written policies and procedures are reviewed and updated at least every 2 years.

C.4.a  W

| Compliant? | Requirement  | Comments |
|------------|--|----------|
|            | Manual located at each site  |          |
|            | <b>Signature by:</b><br>Medical director   |          |
|            | Administrator  |          |
|            | Last review date:  |          |
|            | <b>Sponsoring agency, medical sponsor &amp; SBHC have written agreement regarding:</b> |          |
|            | Funding  |          |
|            | Medical oversight  |          |
|            | Staffing   |          |
|            | Liability  |          |
|            | Ownership of medical records   |          |

### Staffing

Centers must meet minimum staffing requirements or Meets requirements as allowed.

C.6.a, note  W

- Support staff (15 hrs/week)
- PCP (10 hrs/week, 2 days/week)
- RN or Mental Health provider (10 hrs/week)

At least one licensed medical profession or one qualified mental health professional is available each day the center is open for clinical services.

C.6.a, note  W

Mental health provider and AOD assessment capacity meets on-site or referral requirement.

C.6.b  W

Written performance evaluations are conducted annually or According to agency policy (CLHO Minimum Standards 8.2)

W

All positions have current written job descriptions, including Minimum qualifications. (CLHO Minimum Standards 8.2)  W

Each center has a designated site coordinator. C.6.c  W

Each center has access to the designated medical director. C.6.d  W

| Compliant? | Requirement  | Comments |
|------------|--|----------|
|            | <b>Evidence of medical director involvement regularly regarding:</b> |          |
|            | Policies and procedure review  |          |
|            | Records review   |          |
|            | Clinical oversight   |          |

All staff meet training, qualification and licensing requirements. C.6.e,f  W

| Compliant? | Requirement   | Comments |
|------------|---|----------|
|            | All staff wear clearly visible name tags with title                   |          |
|            | Procedure and policy to check and document licensure & qualifications |          |

PCP is Medicaid eligible and enrolled in the Vaccines for Children program. C.6.g  W

Reviewed documentation of Medicaid eligibility

**Section C Comments:**

**SECTION D                      LABORATORY**

Center(s) have clearly defined lab space with sinks. D.1.a  W

| Compliant? | Requirement                    | Comments |
|------------|--------------------------------|----------|
|            | Separate clean and dirty areas |          |
|            | Clearly labeled                |          |

Center(s) holds a valid CLIA certificate for the level of testing performed or participate in a multiple sites CLIA certificate.

D.2.b



W

| Compliant? | Requirement  | Comments |
|------------|--|----------|
|            | Level of laboratory licensure:<br><input type="checkbox"/> Waived <input type="checkbox"/> PPM<br><input type="checkbox"/> Moderate Complexity |          |
|            | Current, valid CLIA certificate is posted.   |          |
|            | Tests performed are within the scope of the certificate (e.g. PPM).  |          |
|            | A clinical laboratory director is designated.  |          |
|            | Waiver displayed in lab  |          |

Center(s) have all required written lab protocols and policies.

D.3.a,b



W

| Compliant? | Requirement  | Comments   |
|------------|--|--|
|            | Each policy and procedure has been approved, signed, and dated by the laboratory director annually.  |  |
|            | Mark each required test policy and procedure in compliance:  |  |
|            | Elementary School  | <b>Middle School</b> <b>High School</b>          |
|            | Policy      Procedure  | Policy      Procedure      Policy      Procedure |
| Urinalysis |  | Urinalysis                                       |
|            |  | Pregnancy  |
|            |  | STD  |
|            |  | Pap  |
|            |  | Venipuncture                                     |
|            |  | Rapid Strep                                      |
|            |  |  |
|            | Products currently used matched to those in procedure manual.  |  |
|            | Reference manual is in place to identify each individual performing a test.  |  |
|            | Annual personnel competency testing is documented for all individuals performing laboratory tests, including physicians and mid-level practitioners.                             |  |
|            | Proficiency testing is done every 6 months for staff hired within the last year.   |  |
|            | A written quality plan exists.   |  |
|            | Plan includes chart reviews for pre- and post-analytic phases of laboratory testing (i.e. there is a written order for testing)  |  |
|            | A list of "critical values" for all tests performed on-site and tests sent to referenced laboratories is established.<br><input type="checkbox"/> A written policy outlines what |  |



|  |  |  |
|--|--|--|
|  | action is to be taken, by whom, in the event of critical values.<br><input type="checkbox"/> The critical value list is posted in a conspicuous place. |  |
|  | Protocols for equipment monitoring are in laboratory manual, and written records of these procedures are available.                                    |  |

Center(s) have written agreement with full licensed CLIA lab for services not available on-site or restricted by the state license.

D.4.a  W

| Compliant? | Requirement   | Comments |
|------------|---|----------|
|            | Copy of lab agreement   |          |
|            | Referral system in place  |          |
|            | A system is in place to identify and track all laboratory tests, including pap tests and those sent to a reference laboratory.<br><input type="checkbox"/> Confidentiality of results is assured,<br><input type="checkbox"/> Test results are received only by the practitioner that ordered the test (ORS 438.430). |          |

Center(s) offer required diagnostic services, by grade level on-site or by referral as indicated by the diagnostic services chart.

D.5.a  W

|   | Elem (K-5)   | Middle (6-8) | High (9-12)  |
|---|--------------|--------------|--------------|
|   | Core         | Core         | Core         |
| Urinalysis (dip)                            | On           | On           | On           |
| Hgb &/or Hct                                | Ref          | Ref          | On           |
| Blood glucose                               | Ref          | Ref          | On           |
| Strep Throat (rapid or culture)             | Ref          | Ref          | Ref          |
| Venipuncture                                | Ref          | Ref          | Ref          |
| PPD (unless signif. high-risk pop. present) | Ref (unless) | Ref (unless) | Ref (unless) |
| Pregnancy Test (UHCG)                       | Ref          | On           | On           |
| STD/STI (Chlamydia, GC, Syphilis)           | Ref          | On           | On           |
| Pap Smear                                   | Ref          | On           | On           |
| HIV test                                    | Ref          | Ref          | Ref          |
| Wet mount/KOH                               | Rec          | Rec          | Rec          |
| Blood lead level                            | Ref          | Ref          | Ref          |
| Sickle cell test                            | Ref          | Ref          | Ref          |
| Imaging (x-ray, etc)                        | Ref          | Ref          | Ref          |

Center(s) have the necessary equipment to provide all required labs and screening tests and equipment is maintained and calibrated in compliance with state lab licensing and CLIA requirements.

D.6.a,b  W

| Present? | Equipment                     | Calibrated/Expiration | Comments   |
|----------|-------------------------------|-----------------------|--|
|          | Syringes                      | _____                 |  |
|          | Microscope                    |                       |  |
|          | Scale                         |                       |  |
|          | Incubator or candle jar       | _____                 |  |
|          | Strep kits                    |                       |  |
|          | Lancets or autolets           | ___                   |  |
|          | Hemoglobinometer and supplies |                       |  |
|          | Urinalysis strips             |                       |  |
|          | Lead sampling supplies        |                       |  |
|          | Pap smear kits                | _____                 |  |
|          | STD/STI                       |                       |  |
|          | Urine Pregnancy               |                       |  |
|          | Glucometer (optional)         |                       |  |
|          | Refrigerator w/thermometer    |                       | LOG TO BE SENT TO STATE PROGRAM OFFICE FOR IMMUNIZATION DEPARTMENT REVIEW. |

**Section D Comments:**

-

### Immunization Specific Questions:

1. What is the vaccine administration fee charged to non-Medicaid VFC/317 eligible patients \_\_\_\_\_  
(must be \$15.19 or less per injection)
  
2. When does this clinic/practice provide patients with copies of the Vaccine Information Statements (VIS) to keep?  
(must be every time the patient receives a vaccination)
  - Every time the patient receives a vaccination
  - When the patient receives the first dose of vaccine within a particular series
  - Do not provide
  - Other (specify) \_\_\_\_\_
  
3. When does the clinic/practice screen patients for vaccine eligibility?  
(must be every immunization visit)
  - First immunization visit to the office
  - Every immunization visit
  - Do not screen for VFC eligibility
  - Other (specify) \_\_\_\_\_
  
4. Does the clinic/practice have written procedures for vaccine management? (ask to make a copy to send to the Immunization Program)
  - Yes                       No
  
5. Did you have an opportunity to complete the immunization questionnaire faxed to the clinic previously? (remind clinic to fax the completed form to the Immunization Program)
  - Yes                       No

## SECTION E SERVICES

Center(s) provide all required services in accordance with grade levels,  
Place (on-site or referral) as indicated in the comprehensive services matrix for:

### Primary Care

E.2.b



W

|   | Elem (K-5) | Middle (6-8) | High (9-12) |
|---|------------|--------------|-------------|
| <b>PRIMARY CARE</b>   | Core       | Core         | Core        |
| Comprehensive medical & psychosocial histories  | On         | On           | On          |
| Comprehensive physical exams per EPSDT  | On         | On           | On          |
| Immunizations (includes all req'd vaccines for school attendance except Varicella which maybe proved by referral) | On         | On           | On          |
| Developmental assessments   | Ref        | Ref          | Ref         |
| Pre-assessment of educational, achievement & attendance problems  | On         | On           | On          |
| <b>Evaluation and treatment of:</b>   |            |              |             |
| Non-urgent problems   | On         | On           | On          |
| Acute problems  | On         | On           | On          |
| Chronic problems  | On         | On           | On          |
| Triage of medical emergencies   | On         | On           | On          |
| Medical case management   | Ref        | Ref          | Ref         |
| Medical specialty services  | Ref        | Ref          | Ref         |

### Screening

E.2.c



W

|                                     | Elem (K-5) | Middle (6-8) | High (9-12) |
|-------------------------------------|------------|--------------|-------------|
| <b>SCREENING</b>                    | Core       | Core         | Core        |
| Height/weight/body mass index (BMI) | On         | On           | On          |
| Blood pressure                      | On         | On           | On          |
| Vision screening                    | On         | On           | On          |
| Hearing screening                   | Ref        | Ref:         | Ref         |
| Scoliosis screening                 | On         | On           | On          |

*Ref2 = recommended on site*

### Dental

E.2.d



W

|  | Elem (K-5) | Middle (6-8) | High (9-12) |
|--|------------|--------------|-------------|
| <b>DENTAL</b>  | Core       | Core         | Core        |
| Visual inspection of teeth & gums                                | On         | On           | On          |
| Preventive dental treatment (Fluoride available by prescription) | On         | On           | On          |
| Comprehensive dental evaluation and treatment                    | Rec        | Rec          | Rec         |

## Pharmacy

E.2.e



W

|  | Elem (K-5) | Middle (6-8) | High (9-12) |
|--|------------|--------------|-------------|
| <b>PHARMACY</b>  | Core       | Core         | Core        |
| Capacity to write prescriptions for non-urgent, acute & chronic problems | On         | On           | On          |
| Administration of OTC and prescription medication                        | On         | On           | On          |

## Reproductive Health

E.2.f



W

|  | Elem (K-5) | Middle (6-8) | High (9-12) |
|--|------------|--------------|-------------|
| <b>REPRODUCTIVE HEALTH</b>   | Core       | Core         | Core        |
| Reproductive health exam (inclusive of pap, pelvic, testicular exam)             | Ref        | On           | On          |
| Prescriptions for contraceptives (hormonal, diaphragm, IUD)                      |            | Ref:         | Ref         |
| <b>Condom availability:</b><br>For treatment of documented<br>Or presumptive STD |            | Ref3         | Ref3        |
| For STD/pregnancy prevention use   |            | Ref3         | Ref3        |
| Pregnancy testing and counseling   | Ref        | On           | On          |
| Prenatal care  | Ref        | Ref:         | Ref         |
| STD/STI treatment  | Ref        | On           | On          |
| HIV pre- & post-test counseling  | Ref        | Ref:.        | Ref         |
| HIV/AIDS treatment   | Ref        | Ref          | Ref         |

Ref3 = recommended on site

## Preventive Health

E.2.g



W

|   | Elem (K-5) | Middle (6-8) | High (9-12) |
|---|------------|--------------|-------------|
| <b>PREVENTIVE HEALTH SERVICES</b>                             | Core       | Core         | Core        |
| Provision of age-appropriate anticipatory guidance            | On         | On           | On          |
| Risk factor assessment  | On         | On           | On          |
| <b>Targeted patient education:</b><br>Individual (one-on-one) | On         | On           | On          |
| Group   | On         | On           | On          |

## Mental Health

E.2.h



W

|   | Elem (K-5) | Middle (6-8) | High (9-12) |
|---|------------|--------------|-------------|
| <b>MENTAL HEALTH SERVICES</b>                                 | Core       | Core         | Core        |
| Individual mental health assessment, counseling and treatment | Ref        | Ref          | Ref         |
| Alcohol and other drug pre-assessment                         | On         | On           | On          |
| Alcohol and other drug counseling                             | Ref        | Ref:         | Ref         |

|  |     |      |     |
|--|-----|------|-----|
| and treatment                                      |     |      |     |
| Group counseling                                   | Ref | Ref: | Ref |
| Family counseling                                  | Ref | Ref: | Ref |
| Crisis intervention (coordinated with school plan) | On  | On   | On  |

**Social Services**

E.2.i  W

|                           |            |              |             |
|---------------------------|------------|--------------|-------------|
|                           | Elem (K-5) | Middle (6-8) | High (9-12) |
| <b>SOCIAL SERVICES</b>    | Core       | Core         | Core        |
| Assessment and management | Ref        | Ref:         | Ref         |

**Other**

E.2.j  W

|   |            |              |             |
|---|------------|--------------|-------------|
|   | Elem (K-5) | Middle (6-8) | High (9-12) |
| <b>OTHER</b>  | Core       | Core         | Core        |
| Outreach activities (e.g. classroom, school, community, health promotion/health education activities) | Rec        | Rec :        | Rec         |

Center(s) meet all equipment requirements.

E.2.a,b,c  W

| Present? | Equipment   | Comments |
|----------|---|----------|
|          | Ophthalmoscopes / Otoscopes                       |          |
|          | Sphygmomanometers                                 |          |
|          | Appropriately sized cuffs                         |          |
|          | Penlights   |          |
|          | Thermometers                                      |          |
|          | Appropriately equipped emergency kit is available |          |
|          | Policy and procedure for checking expiration      |          |

Center(s) meet all medication guidance requirements.

E.3.a,b,c  W

| Compliant? | Requirement  | Comments |
|------------|--|----------|
|            | Standing orders & protocols on how to access   |          |
|            | Recommended OTC available  |          |
|            | Drugs which are outdated or damaged shall be quarantined and physically separated from the other drugs until they are destroyed or returned to supplier. (OAR 855-043-0130(4)© |          |
|            | Drug cabinet or room is locked in the absence of the provider, medical   |          |

|  |   |  |
|--|---|--|
|  | director, or registered nurse. Only these persons shall have a key (OAR 855-043-0130(4)(a)).  |  |
|  | Medication is appropriately stored separately from cleaning supplies  |  |
|  | Drug dispensing record is maintained separately from the patient chart and kept for a minimum of three years. Record shall include name of patient, name of drug, date, and initials of person dispensing (OAR 855-043-0139(5(a)(A-D))).  |  |
|  | If dispensing is occurring on-site, appropriate license enabling practice is posted:<br><input type="checkbox"/> RN dispensing: County or Family Planning Pharmacy license should be posted (ORS 689.615 (1)).<br><input type="checkbox"/> NP/PA/MD dispensing: copy of the provider's current license with dispensing privileges should be on-file at the local site and accessible. |  |

Center(s) have reviewed OMAP Preventive Health Services guidelines.

E.4.a  W

Center(s) have reviewed Social Services Guidance

E.5.a  W

**Section E Comments:**

**SECTION F DATA COLLECTION / REPORTING**

Center(s) meet all electronic data collection system requirements And has capacity to collect and export the required variables.

F.1.a  W

Electronic data system in use:

- Clinical Fusion
- County or medical sponsor system (name) \_\_\_\_\_
- Other software or database (name) \_\_\_\_\_

Center(s) collect all required data variables.

F.2.a  W

| PRESENT? | Variable Names:                      | COMMENTS |
|----------|--------------------------------------|----------|
|          | Unique Patient Identifier (not name) |          |

|  |                               |  |
|--|-------------------------------|--|
|  | Date of Birth                 |  |
|  | Gender                        |  |
|  | Race                          |  |
|  | Insurance Status              |  |
|  | Date of Visit                 |  |
|  | Location of Visit (site name) |  |
|  | Provider Type                 |  |
|  | CPT Visit Code(s)             |  |
|  | Diagnostic Code(s)            |  |

Center(s) agree to submit data as required and subsequently defined.

F.3.a,b  W

| Compliant? | :  | COMMENTS |
|------------|--|----------|
|            | Export Data in Flat, Delimited File  |          |
|            | Single Data Collection System Used Entire Year?  |          |
|            | If <b>multiple systems</b> , how is data from different systems combined?  |          |
|            | If <b>multiple systems</b> , is the same Unique Patient Identifier used in both systems? (accurately IDs unduplicated clients) |          |

**Section F Comments:**

**SECTION G                      QUALITY ASSURANCE**

Center(s) has a defined quality assurance (QA) or continuous quality improvement (CQI) process in place.

G.1.a  W

Center(s) has a designated QA coordinator.

G.1.a  W

QA coordinator is for system

Coordinator name \_\_\_\_\_

**OR**

QA coordinator is different for each center (list separately)

Center name \_\_\_\_\_

Coordinator name \_\_\_\_\_



Center name \_\_\_\_\_  
 Coordinator name \_\_\_\_\_  
 Center name \_\_\_\_\_  
 Coordinator name \_\_\_\_\_  
 Center name \_\_\_\_\_  
 Coordinator name \_\_\_\_\_

Center(s) uses a QA or CQI tool on an annual basis to identify program goals and to develop work plans.

G.1.b  W

| Compliant? | Requirement   | Comments |
|------------|---|----------|
|            | QA program goals are written                          |          |
|            | Workplan with action items and timelines are in place |          |
|            | Workplan reviewed on an annual basis                  |          |
|            | QA documented at least annually                       |          |

Center(s) will accommodate at least one technical visit annually to the SBHC or system to discuss QA issues.

G.1.c  W

|  |   |
|--|---|
|  | Was last site visit within the past year? |
|--|---|

**Section G Comments:**