

EXPANDED 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 _____

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

REQUIREMENTS

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 each day school is in session except for a maximum 10 closures per school year. C.1.a W

Center(s) are open for at least 6 hours/day and may include before or after school. 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 >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 & data.</p> <p>A. HIPAA requirements are met (45 CFR parts 160 & 164)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Privacy official is designated: _____ <input type="checkbox"/> All members of workforce have been trained. <ul style="list-style-type: none"> <input type="checkbox"/> Initial HIPAA compliance training (date ___/___) <input type="checkbox"/> New employee training <input type="checkbox"/> Electronic data agreements in place as necessary. <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"> <input type="checkbox"/> Clients may access their own records (ORS 192.518(a)) <input type="checkbox"/> HIV records (ORS 433.045-433.080) <input type="checkbox"/> Mental Health & alcohol and drug <input type="checkbox"/> Immunization records (ORS 433.090-433.102) <input type="checkbox"/> Mandatory reporting <ul style="list-style-type: none"> <input type="checkbox"/> Child abuse (ORS 419B.005-419B.050) <input type="checkbox"/> Release of protected information with authorization. <input type="checkbox"/> Release of protected health information without authorization. <input type="checkbox"/> Rights of minors (ORS 109.610-109.697) <ul style="list-style-type: none"> <input type="checkbox"/> > or equal to 15 all services self consent <input type="checkbox"/> > or equal to 14 mental health self consent <input type="checkbox"/> any age reproductive & family planning self-consent <input type="checkbox"/> Subpoena (ORS 179,505(9), 433.008, 433.05(3)) <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 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	
	Signature by: Medical director	
	Administrator	
	Last review date:	
	Sponsoring agency, medical sponsor & SBHC have written agreement regarding:	
	Funding	
	Medical oversight	
	Staffing	
	Liability	
	Ownership of medical records	

Staffing

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

C.7.a, note W

- Support staff (30 hrs/week)
- PCP (20 hrs/week)
- RN (20 hrs/week)
- Qualified Mental Health provider (20 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.7.a, note W

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

C.7.b W

The mental health provider shall:

C.7.b W

COMPLIANT?	
	Be a qualified mental health professional (QMHP)
	Be trained at the Master's degree level in a mental health field
	Be eligible for reimbursement for services rendered
	Be able or have an agreement with a licensed professional to prescribe medications for mental health conditions as clinically indicated
	Provide alcohol and other drug (AOD) assessment. If such capacity is not available through the mental health provider, this must be available by referral to an outside provider. A written agreement with the outside provider or agency must be in place to provide services and for sharing of information necessary to provide coordinated care.

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
	Evidence of medical director involvement regularly regarding:	
	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

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: <input type="checkbox"/> Waived <input type="checkbox"/> PPM <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	Middle School High School
	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. <input type="checkbox"/> A written policy outlines what action is to be taken, by whom, in the event of critical values. <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. <input type="checkbox"/> Confidentiality of results is assured, <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)
	EXPANDED	EXPANDED	EXPANDED
Urinalysis (dip)	On	On	On
Hgb &/or Hct	On	On	On
Blood glucose	On	On	On
Strep Throat (rapid or culture)	On	On	On
Venipuncture	On	On	On
PPD (unless signif. high-risk pop. present)	On	On	On
Pregnancy Test (UHCG)	Ref	On	On
STD/STI (Chlamydia, GC, Syphilis)	Ref	On	On
Pap Smear	Ref	On	On
HIV test	On	On	On
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 Specifics:

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)
PRIMARY CARE	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
Evaluation and treatment of:			
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)
SCREENING	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)
DENTAL	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)
PHARMACY	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)
REPRODUCTIVE HEALTH	Core	Core	Core
Reproductive health exam (inclusive of pap, pelvic, testicular exam)	Ref	On	On
Prescriptions for contraceptives (hormonal, diaphragm, IUD)		Ref:	Ref
Condom availability: For treatment of documented 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)
PREVENTIVE HEALTH SERVICES	Core	Core	Core
Provision of age-appropriate anticipatory guidance	On	On	On
Risk factor assessment	On	On	On
Targeted patient education: 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)
MENTAL HEALTH SERVICES	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 and treatment	Ref	Ref:	Ref
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)
SOCIAL SERVICES	Core	Core	Core
Assessment and management	Ref	Ref:	Ref

Other

E.2.j W

	Elem (K-5)	Middle (6-8)	High (9-12)
OTHER	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: <input type="checkbox"/> RN dispensing: County or Family Planning Pharmacy license should be posted (ORS 689.615 (1)). <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 multiple systems , how is data from different systems combined?	
	If multiple systems , 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

	Last TA site visit date
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Section G Comments: