

## Certification Verification Review Tool

Reference: [Oregon School-Based Health Centers Standards for Certification, Version 4](#)

<b>Site Name:</b> _____	<b>Date:</b> _____
<b>Site Staff:</b> _____ _____	<b>SPO Staff:</b> _____ _____

**This Certification Verification Site Visit is for:**

- ☐ Initial on-site verification review
- ☐ On-site verification review with notice
- ☐ On-site verification review without notice
- ☐ Administrative review of compliance at request
- ☐ Transfer of medical sponsor
- ☐ Transfer of location

**Waiver(s) in place at time of review:** \_\_\_\_\_

Section A: Certification Process		
Certification Standard	Compliant?	Comments
A.2.a: At least 1 person from an SBHC must attend SBHC orientation, provided by the program, within 1 year of approval of certification app	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
Section B: Sponsoring Agency		
Certification Standard	Compliant?	Comments
B.1.a: SBHC sponsoring agency/ies provides: <ul style="list-style-type: none"> <li><input type="checkbox"/> Funding</li> <li><input type="checkbox"/> Staffing</li> <li><input type="checkbox"/> Medical oversight</li> <li><input type="checkbox"/> Liability insurance</li> <li><input type="checkbox"/> Billing support</li> <li><input type="checkbox"/> Space</li> </ul>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	Sponsoring agency:

## Section B: Sponsoring Agency

Certification Standard	Compliant?	Comments
<b>B.1.b: Medical sponsor has:</b> <input type="checkbox"/> Medical liability coverage <input type="checkbox"/> Ownership of medical records <input type="checkbox"/> Medical oversight	<input type="checkbox"/> <b>YES</b>  <input type="checkbox"/> <b>NO</b>	SBHC medical sponsor:
<b>B.1.d: All sponsoring agencies must have a signed written agreement describing their roles and responsibilities in SBHC operations.</b>	<input type="checkbox"/> <b>YES</b>  <input type="checkbox"/> <b>NO</b>	
<b>B.1.e: Site Coordinator designated, employed by sponsoring agency</b>	<input type="checkbox"/> <b>YES</b>  <input type="checkbox"/> <b>NO</b>	Site Coordinator:  Attended most recent, as applicable: <input type="checkbox"/> In-person coordinator meeting (fall) <input type="checkbox"/> Coordinator webinar (winter) <input type="checkbox"/> Coordinator webinar (spring) <input type="checkbox"/> Present at certification site review
<b>B.1.f: Site Administrator designated, employed by sponsoring agency</b>	<input type="checkbox"/> <b>YES</b>  <input type="checkbox"/> <b>NO</b>	
<b>B.1.g: QA Coordinator designated, employed by sponsoring agency</b>	<input type="checkbox"/> <b>YES</b>  <input type="checkbox"/> <b>NO</b>	
<b>B.1.h: Medical Director designated, employed by medical sponsoring agency, licensed to practice (MD, DO, ND, NP) independently in Oregon with population being served</b>	<input type="checkbox"/> <b>YES</b>  <input type="checkbox"/> <b>NO</b>	Medical director:  Actively involved: <input type="checkbox"/> Development of clinical policies and procedures <input type="checkbox"/> Review of medical records <input type="checkbox"/> Clinical oversight
<b>B.1.i: LPHA designates a Health Department Primary Contact</b>	<input type="checkbox"/> <b>YES</b>  <input type="checkbox"/> <b>NO</b>	

## Section C: Facility

Certification Standard	Compliant?	Comments
<b>C.1.a: Facility meets SBHC definition:</b> <input type="checkbox"/> Located on school grounds <input type="checkbox"/> Used exclusively for purpose of providing health care, preventative health, behavioral health, oral health and health education services <a href="#">ORS 413.225</a>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
<b>C.1.b: Patient Rights &amp; Responsibilities and Notice of Privacy Practices posted in plain view</b> <a href="#">45CFR part 164.520(2)(iii)(B)</a>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
<b>C.1.c: Facility minimum requirements:</b> <input type="checkbox"/> Waiting/reception area <input type="checkbox"/> Exam room(s) with sink <input type="checkbox"/> Bathroom facility <input type="checkbox"/> Office area <input type="checkbox"/> Secure record storage area <input type="checkbox"/> Secure storage area for supplies (e.g. medications, lab supplies, vaccines) <input type="checkbox"/> Designated lab space with sink (with clean and dirty areas clearly labeled) <input type="checkbox"/> Confidential phone (placing confidential phone calls and receiving confidential messages) <input type="checkbox"/> Confidential fax (SBHC staff access only)	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
<b>C.1.d: Staff and patient safety observed</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
<b>Adherence to hand hygiene observed; and there is adequate soap, paper towels/dryer, water, alcohol-based hand rubs</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	

## Section C: Facility

Certification Standard	Compliant?	Comments
Each employee with occupational exposure is trained at time of initial assignment to task where occupational exposure may take place and at least annually thereafter. <a href="#">(OAR 437, Division 2)</a>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
C.1.e: Clinic design and staff practice supports client confidentiality: <ul style="list-style-type: none"> <li><input type="checkbox"/> One exam room per provider onsite during operational hours</li> <li><input type="checkbox"/> Sound security</li> <li><input type="checkbox"/> Sight security</li> </ul>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
All members of workforce have been trained on the policies and procedures with respect to protected health information. <a href="#">(45CFR part 164.530(b)(1))</a>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
C.1.f: Floor plan (to scale) on file with SPO with certification application	<input type="checkbox"/> YES  <input type="checkbox"/> NO	

## Section D1: Hours of operations and staffing

Certification Standard	Compliant?	Comments
D.1.a: SBHC is open/offering clinical services (medical, behavioral and/or oral health) minimum of 3 days/week when school in session	<input type="checkbox"/> YES <input type="checkbox"/> NO	
D.1.b: SBHC is open at least 15 hours/week; with availability for same day and scheduled appointments	<input type="checkbox"/> YES <input type="checkbox"/> NO	
D.1.b.(1): Staffing minimum requirements: <ul style="list-style-type: none"> <li><input type="checkbox"/> Office/Health/Medical Assistant: 15 hours/week</li> <li><input type="checkbox"/> Primary care (MD, DO, NP, ND, PA): 10 hours/week at least 2 days/week</li> <li><input type="checkbox"/> Medical, behavioral, or oral health (MD, DO, NP, ND, PA, DMD, EFDA, RDH, RN, LPN, QMHP): additional 10 hours/week</li> <li><input type="checkbox"/> At least one licensed medical professional (MD, DO, NP, ND, PA, DMD, EFDA, RDH, RN, LPN, and/or QMHP) onsite each day SBHC is open</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Professional licenses:
D.1.b.(2): QMHP must be available either onsite or through referral	<input type="checkbox"/> YES <input type="checkbox"/> NO	
D.1.b.(3): If model includes planned staff time alone during hours of operation, written safety plan with agreement from school, clinic partners and LPHA to provide protection from property loss, HIPAA violations or personal injury	<input type="checkbox"/> YES <input type="checkbox"/> NO	Who, if any, works alone:

## Section D1: Hours of operations and staffing

Certification Standard	Compliant?	Comments
D.1.c: Strategy to ensure youth-friendly environment	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<p>As examples...</p> <p>The Society for Adolescent Medicine identifies seven characteristics critical to providing effective health education and care for adolescents: availability, visibility, quality, confidentiality, affordability, flexibility, and coordination.</p> <p>Is SBHC open during times that are convenient for young people (after-school, during school lunch)? How is this verified (i.e., are youth asked what times work best for them?)</p> <p>Is the physical space welcoming to young people?</p> <p>Do providers and staff acknowledge and respond appropriately to the developmental needs of youth?</p> <p>Is the front desk staff trained on how to welcome youth to the clinic?</p> <p>Are confidential services for youth available and easily accessible? Are services available that are free or low-cost to youth?</p> <p>How are SBHC partners (physical, mental/behavioral, and oral health) integrated?</p> <p>How is the school and SBHC collaborating?</p> <p>Is there a YAC and what projects are they working on? How often does the YAC meet? Do they meet at a time that is convenient?</p> <p>Does the SBHC review the Student Satisfaction survey results together and debrief the results?</p>

## Section D1: Hours of operations and staffing

Certification Standard	Compliant?	Comments
D.1.d: Information posted on how to access care outside of clinical hours or when provider not available posted outside main entrance and available via telephone answering or VM system accessible 24/7 on direct phone line.	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	Main entrance:  After hours telephone answering or VM system:
D.1.e: Hours of operation clearly posted outside clinic entrance	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
D.1.f: Electronic and printed materials accurate regarding SBHC services and hours	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	Examples:  SBHC sponsor(s) website(s)  SBHC school website  SBHC school district website  Social media sites  Brochures  Bulletin boards  SBHC signage
D.1.g: Mechanism to reassign administrative requests, prescription refills, clinical questions when provider not available	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	

## Section D.2: Eligibility for services

Certification Standard	Compliant?	Comments
D.2.: All students in the school are eligible for services	<input type="checkbox"/> YES  <input type="checkbox"/> NO	Describe consent process for students and parents:
D.2.a: Students are not denied access to services based upon insurance status or ability to pay	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<p>What is physical health agency's policy for students with private insurance? No insurance? Confidential visits?</p> <p>What is mental/behavioral health agency's policy for students with private insurance? No insurance? Confidential visits?</p> <p>What is dental health agency's policy for students with private insurance? No insurance? Confidential visits?</p>
D.2.b: Students are not denied access to services based upon race, color, national origin, sex, gender identity &/or gender expression/presentation, religion, immigration status, sexual orientation, disability or marital status	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
D.2.c thru e: SBHC follows minor consent statutes outlined in OARs <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical and Oral Health – 15 and older may consent</li> <li><input type="checkbox"/> Mental Health and Drug or Alcohol Treatment – 14 and older may consent</li> <li><input type="checkbox"/> Birth control/STI testing and treatment – any age may consent</li> </ul>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
D.2.f: If needed services are not available onsite, appropriate referral required	<input type="checkbox"/> YES  <input type="checkbox"/> NO	



### Section D.3: Policies and procedures

Certification Standard	Compliant?	Comments
Policy: Consent for SBHC services (parent/guardian and/or client)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Policy: Release of information and/or access to medical records to parents when requested by parents and/or guardians	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Policy: Method of transmitting billing and other fiscal information to agencies, including the handling of explanation of benefits (EOB) statements confidential patient visits	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Policy: Emergency procedures (disaster, fire, school violence)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Policy: Reporting of child abuse and maltreatment	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Policy: Complaint and incident review	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Policy: Parental and/or guardian involvement	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Policy: Coordination of care between providers with shared clients (physical/behavioral/oral/specialty care) Includes, for example: <a href="#">2017 PCPCH guide</a> <ul style="list-style-type: none"> <li>• Population Data Management</li> <li>• Electronic Health Record</li> <li>• Complex Care Coordination</li> <li>• Test &amp; Result Tracking</li> <li>• Referral &amp; Specialty Care Coordination</li> <li>• End of Life Planning</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Policy: Continuity of care (when SBHC is closed or client transitioning out of care) Includes, for example: <a href="#">2017 PCPCH guide</a> <ul style="list-style-type: none"> <li>• Personal Clinician Assigned</li> <li>• Personal Clinician Continuity</li> <li>• Organization of Clinical Information</li> <li>• Clinical Information Exchange</li> <li>• Specialized Care Setting Transitions</li> <li>• Planning for Continuity</li> <li>• Medication Reconciliation</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO	

### Section D.3: Policies and procedures

Certification Standard	Compliant?	Comments
Policy: Information sharing between school nurse and SBHC staff	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	Interview with school nurse and/or school personnel
D.3.b: Policies & procedures are reviewed and approved every 2 years.	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
Non-discrimination and HIPAA policies are available for review	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
D.3.c: Designated Privacy Official	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	

## Section E: Comprehensive Pediatric Health Care

Certification Standard	Compliant?	Comments
E.1.a: Provides pediatric health care in line with nationally recognized standards of care, including recommendations from the American Academy of Pediatrics Bright Futures guidelines. SBHC providers should refer to Bright Futures to determine age appropriate levels of service. <a href="#">AAP Bright Futures</a>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
E.1.b: SBHC meets minimum level of comprehensive pediatric health care services - see page 16 and 17 of certification standards	<input type="checkbox"/> YES  <input type="checkbox"/> NO	Example: <ul style="list-style-type: none"> <li><input type="checkbox"/> STD prevention education and treatment occurs onsite.               <ul style="list-style-type: none"> <li><input type="checkbox"/> Ceftriaxone 250mg injectable available in the clinic.</li> <li><input type="checkbox"/> Azithromycin 1 gm po available in the clinic.</li> </ul> </li> <li><input type="checkbox"/> STI Screening and Testing available, at a minimum must have ability to collect specimen/sample. Sample may be sent offsite for diagnostic testing.</li> <li><input type="checkbox"/> HIV Screening and Testing available, at a minimum must have ability to collect specimen/sample. Sample may be sent offsite for diagnostic testing.</li> </ul>
Certification Standards, Table 2: Alcohol & other drug assessment: If not onsite, 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.	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
Well visit of school-aged youth observed #1	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
Well visit of school-aged youth observed #2	<input type="checkbox"/> YES  <input type="checkbox"/> NO	

- b. Table 2 specifies the minimum level of comprehensive pediatric health care services that must be available either:
- (1) **On-site:** Services are available on-site at the SBHC.
  - (2) **▲On-site:** Laboratory testing is available on-site as point-of-care testing.
  - (3) **●On-site:** Laboratory must have ability to collect specimen/sample. Sample may be sent offsite for diagnostic testing.
- or—
- (4) **Referral:** Services and laboratory testing available by referral (if not on-site) with system for tracking referrals and follow-up. Referral sources should be youth-friendly, confidential and available regardless of a client's ability to pay. A list of referral sources must be available to the SPO upon request.

**Table 2: Comprehensive pediatric health care minimum requirements**

Comprehensive pediatric health care	Minimum level of service required
<b>History</b>	
Comprehensive medical histories	On-site
<b>Measurements</b>	
Height and weight	On-site
Body mass index (BMI)	On-site
Blood pressure	On-site
<b>Sensory screening</b>	
Vision	On-site
Hearing	Referral
<b>Physical health services</b>	
Comprehensive physical exams	On-site
Evaluation and treatment of non-urgent, acute and chronic conditions	On-site
Medical specialty services	Referral
<b>Developmental/behavioral services*</b>	
Health assessment**	On-site
Assessment of educational, achievement and attendance issues	On-site
Developmental assessments	On-site
Psychosocial/behavioral assessment	On-site
Depression screening	On-site
Alcohol and other drug screening	On-site
Alcohol and other drug assessment***	Referral
Prescriptions for mental health conditions	Referral
Individual, group and family counseling and treatment	Referral
Social services assessment and referral	Referral

Comprehensive pediatric health care	Minimum level of service required
<b>Oral health services</b>	
Visual inspection of teeth and gums	On-site
Preventive oral health education and counseling	On-site
Fluoride supplement prescription	On-site
Comprehensive oral health evaluation and treatment	Referral
<b>Reproductive health services</b>	
Reproductive health exam	On-site
Prescriptions for contraceptives <sup>†</sup>	Referral
Condom availability <sup>†</sup>	Referral
STI prevention education and treatment	On-site
Pregnancy prevention education	On-site
Prenatal care	Referral
HIV counseling	On-site
HIV treatment	Referral
<b>Anticipatory guidance</b>	
Provision of age-appropriate anticipatory guidance	On-site
Targeted patient education	On-site
<b>Procedures</b>	
Immunizations	On-site
Urinalysis	▲ On-site
Hematocrit or hemoglobin	▲ On-site
Blood glucose	▲ On-site
Strep throat <sup>‡</sup>	▲ On-site
Pregnancy testing <sup>§</sup>	▲ On-site
STI screening and testing <sup>  </sup>	● On-site
HIV screening and testing	● On-site
Tuberculosis testing	Referral
Lead screening and testing	Referral
Dyslipidemia screening	Referral

\* Behavioral health services include mental health and substance abuse.

\*\* Health assessments may be completed through a health assessment tool or through documented assessment of health risks and strengths (e.g., physical growth and development, emotional well-being, violence and injury prevention, etc.)

\*\*\* If not available on-site, a written agreement with the outside provider or agency must be in place to provide services and for sharing information necessary to provide coordinated care.

<sup>†</sup> SPO recommends on-site access to contraceptives and condoms. Providing access to contraceptives is a clinical best practice recognized by the American Academy of Pediatrics, the Centers for Disease Control and Prevention, and other national and international organizations. However, communities may choose to offer contraceptive services by referral.

<sup>‡</sup> Rapid

<sup>§</sup> Urine human chorionic gonadotropin (UHCG)

<sup>||</sup> Chlamydia, gonorrhea, syphilis

## Section E.2: Immunizations. For VFC questions call VFC help line at 971-673-4VFC.

Certification Standards	Compliant?	Comments				
E.2.a: SBHC is enrolled in VFC and meeting requirements of the program	<input type="checkbox"/> YES  <input type="checkbox"/> NO					
E.2.b: Immunization Coordinator designated	<input type="checkbox"/> YES  <input type="checkbox"/> NO					
Is storing and providing <b>ALL</b> vaccines routinely recommended by the ACIP?  Spot-check inventory of <b>ALL</b> vaccines as appropriate for ages of students served: <small>Vaccine reports from site; by eligibility and by age</small>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> DTaP  <input type="checkbox"/> Flu  <input type="checkbox"/> Hep A  <input type="checkbox"/> Hep B  <input type="checkbox"/> Hib  <input type="checkbox"/> HPV  <input type="checkbox"/> Meningococcal             </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> MMR  <input type="checkbox"/> PCV13  <input type="checkbox"/> PPSV23  <input type="checkbox"/> Polio  <input type="checkbox"/> Rotavirus  <input type="checkbox"/> Tdap  <input type="checkbox"/> Varicella             </td> </tr> <tr> <td colspan="2" style="border: none;"> <input type="checkbox"/> Knows how to order mening B vaccine             </td> </tr> </table>	<input type="checkbox"/> DTaP <input type="checkbox"/> Flu <input type="checkbox"/> Hep A <input type="checkbox"/> Hep B <input type="checkbox"/> Hib <input type="checkbox"/> HPV <input type="checkbox"/> Meningococcal	<input type="checkbox"/> MMR <input type="checkbox"/> PCV13 <input type="checkbox"/> PPSV23 <input type="checkbox"/> Polio <input type="checkbox"/> Rotavirus <input type="checkbox"/> Tdap <input type="checkbox"/> Varicella	<input type="checkbox"/> Knows how to order mening B vaccine	
<input type="checkbox"/> DTaP <input type="checkbox"/> Flu <input type="checkbox"/> Hep A <input type="checkbox"/> Hep B <input type="checkbox"/> Hib <input type="checkbox"/> HPV <input type="checkbox"/> Meningococcal	<input type="checkbox"/> MMR <input type="checkbox"/> PCV13 <input type="checkbox"/> PPSV23 <input type="checkbox"/> Polio <input type="checkbox"/> Rotavirus <input type="checkbox"/> Tdap <input type="checkbox"/> Varicella					
<input type="checkbox"/> Knows how to order mening B vaccine						
SBHC offers all vaccines each patient is due at every visit (well and sick visits, when clinically appropriate)	<input type="checkbox"/> YES  <input type="checkbox"/> NO	Best practice; not VFC requirement				
If PUBLIC clinic, is SBHC using standing orders as published by Oregon Immunization Program. <a href="#">(Local Health Department PE 43)</a>	<input type="checkbox"/> YES  <input type="checkbox"/> NO					
SBHC has current VIS for all vaccines offered? VIS is offered to all patients and before vaccine administration.	<input type="checkbox"/> YES  <input type="checkbox"/> NO					
SBHC has vaccine management guide reviewed & signed at least annually by primary & back-up VFC coordinators?	<input type="checkbox"/> YES  <input type="checkbox"/> NO					
Review 3 months of refrigerator and freezer daily temperature logs for temperature excursions. <small>If temp recording issues, review in 30 days (VFC Standard)</small>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> Min/max once per day prior to administering vaccine for the day <input type="checkbox"/> Time, date, and name or initials recorded for each recording <input type="checkbox"/> Resets data logger daily				
Storage unit(s) currently within appropriate temperature range?	<input type="checkbox"/> YES  <input type="checkbox"/> NO	Refrigerator between 2 C and 8 C; 36 F to 46 F Freezer -15 C or colder; 5 F or colder				
SBHC has a continuous tracking thermometer in each refrigerator and freezer storage unit?	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> digital data logger with temp display visible from outside unit <input type="checkbox"/> buffered probe <input type="checkbox"/> display min/max since last checked <input type="checkbox"/> logging interval every 15 minutes				

**Section E.2: Immunizations. For VFC questions call VFC help line at 971-673-4VFC.**

Certification Standards	Compliant?	Comments
SBHC has a backup continuous tracking thermometer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> digital data logger with temp display visible from outside unit <input type="checkbox"/> buffered probe <input type="checkbox"/> display min/max since last checked <input type="checkbox"/> logging interval every 15 minutes
Each thermometer has current NIST certificate of calibration?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Calibration every 24 months
Do Not Unplug stickers on storage unit outlets?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
SBHC submits immunization data to ALERT within 14 days of administration?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Vaccine Timeliness report from state
SBHC manages vaccine inventory in ALERT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Vaccine Accounting Excellence Recognition from state
SBHC uses ALERT to forecast immunizations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**Section E.3: Equipment**

Certification Standard	Compliant?	Comments
E.3.a: Equipment maintained and calibrated per manufacturer and/or agency guidelines.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Examples may include: <ul style="list-style-type: none"> <li><input type="checkbox"/> Scale</li> <li><input type="checkbox"/> Oximeters</li> <li><input type="checkbox"/> Exam tables</li> <li><input type="checkbox"/> Sharps containers; available, not overfull</li> </ul>
E.3.b: Process in place for Quality Assurance per manufacturer and/or agency guidelines	<input type="checkbox"/> YES <input type="checkbox"/> NO	
E.3.c: Appropriate emergency medical equipment per agency guidelines that is inspected regularly.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Examples may include: <ul style="list-style-type: none"> <li><input type="checkbox"/> AED</li> <li><input type="checkbox"/> CPR pediatric and adult mask</li> <li><input type="checkbox"/> Current basic or advanced life support training</li> <li><input type="checkbox"/> Syringes for injections</li> <li><input type="checkbox"/> Epinephrine injection</li> <li><input type="checkbox"/> Benadryl injection</li> <li><input type="checkbox"/> Oxygen by nasal cannula or face mask</li> <li><input type="checkbox"/> Fast-acting glucose source</li> <li><input type="checkbox"/> Ammonia ampules</li> <li><input type="checkbox"/> Standing orders for emergencies</li> </ul>

**Section E.4: Medications.** For OBOP questions email [pharmacy.board@oregon.gov](mailto:pharmacy.board@oregon.gov)

Certification Standards	Compliant?	Comments
E.4.a: Any medications kept onsite kept in accordance with local, state, federal rules and regulations <a href="#">Oregon laws</a>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does SBHC <b>DISPENSE</b> any medications that are labeled and provided directly to a patient to physically leave the site?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does SBHC have a <b>registration</b> with the Oregon Board of Pharmacy (OBOP)? If yes, is current registration posted? (Note: Site may need more than one, depending on license of healthcare person performing the dispensing)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Board of Pharmacy registration number:
If <b>dispensing</b> under an OBOP registration, does the site store all drugs intended for <b>dispensing</b> in a locked cabinet or designated storage area that is sufficiently secure to deny access to unauthorized person?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Note: The drug storage cabinet or area must remain locked and secure when not in use, and only a physician, clinical nurse specialist, nurse practitioner, or registered nurses shall have access to the key.
If dispensing under an Oregon Board of Pharmacy registration, is a dispensing record, separate from the patient's chart, maintained for 3 years? Record shall include the:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Name of Patient <input type="checkbox"/> Dose <input type="checkbox"/> Dosage form <input type="checkbox"/> Quantity dispensed <input type="checkbox"/> Either brand name of drug, or generic name and name of manufacturer <input type="checkbox"/> Directions for use <input type="checkbox"/> Date of dispensing <input type="checkbox"/> Initials of person dispensing the prescription
Do all Primary Care Providers (MD, NP, PA) who <b>DISPENSE</b> medications to patients have <b>dispensing</b> authority under their respective license?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
All outdated/expired, deteriorated, suspect, illegitimate, misbranded, or adulterated drugs are properly quarantined and physically separated until destroyed or returned to the supplier?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Note: A medication that has previously been dispensed to a patient cannot be re-dispensed to another. It is considered adulterated and must be destroyed or returned to the supplier.



**Section E5: Laboratory.** For Lab Compliance questions email [lc.info@dhsosha.state.or.us](mailto:lc.info@dhsosha.state.or.us)

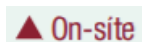
Certification Standard	Compliant?	Comments
E.5.a: Meets Code of Federal Regulations requirements and holds a valid Clinical Laboratory Improvement Amendments (CLIA) certificate for the level of testing performed or participates in a multiple-site CLIA certificate <a href="#">(42CFR493.3(a)(1))</a>	<input type="checkbox"/> YES <input type="checkbox"/> NO	CLIA certificate #:  <input type="checkbox"/> SBHC holds CLIA certificate or <input type="checkbox"/> SBHC within multi-site CLIA certificate
E.5.b: Lab equipment maintained and/or calibrated regularly to meet all CLIA, manufacturer or SBHC policy requirements. Examples may include: <input type="checkbox"/> Lab refrigerator/freezer <input type="checkbox"/> Thermometers <input type="checkbox"/> Microscopes <input type="checkbox"/> Centrifuges <input type="checkbox"/> Hemocue <input type="checkbox"/> Glucose meters <input type="checkbox"/> Autoclave <a href="#">(42CFR493.1252)</a>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
E.5.c: Signed, SBHC-specific written procedures that ensure: <input type="checkbox"/> timely review of lab results <input type="checkbox"/> documentation & follow up of abnormal labs <input type="checkbox"/> confidential handling of lab results <a href="#">(42CFR493.1291(f)and (g))</a> <a href="#">(42CFR493.1359)</a>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CLIA certificate is displayed at all times in a prominent place in the laboratory. <a href="#">(OAR 333-024-0012(6))</a>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Tests performed are within the scope of the certificate (Waived - <a href="#">42CFR493.15(c)</a> ) (PPMP - <a href="#">42CFR493.419</a> )	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Certificate of Waiver <input type="checkbox"/> Provider Performed Microscopy Procedures (PPMP) <input type="checkbox"/> Certificate of Compliance (Moderate or High Complexity) (OSPHL staff or CMS approved accredited body inspects every two years)
A clinical lab director is designated. (Waived - <a href="#">42CFR493.35(c)(2)</a> ) (PPMP - <a href="#">42CFR493.1405</a> )	<input type="checkbox"/> YES <input type="checkbox"/> NO	Laboratory Director (listed on CLIA certificate):

**Section E5: Laboratory. For Lab Compliance questions email [lc.info@dhsosha.state.or.us](mailto:lc.info@dhsosha.state.or.us)**

Certification Standards	Compliant?	Comments
Lab policies and procedure manual has been developed, with each policy and procedure approved, signed and dated by the lab director and includes current manufacturer's instructions for the tests performed <a href="#">(42CFR493.1251)</a> <a href="#">(42CFR493.15(e)(1)(2))</a>		
Lab process adheres to manufacturer guidelines. Products currently used are matched to those in procedure manual. (Waived - <a href="#">42CFR493.15(e)(1)</a> ) (PPMP - <a href="#">42CFR493.1359</a> )	<input type="checkbox"/> YES  <input type="checkbox"/> NO	Best practice: CLIA QC on-site
Lab services provided meet minimum certification requirements - see page 17 of certification standards	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
Test strips, solutions, reagents, test kits, etc. are not expired. Date opened is clearly labeled, when applicable.	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
Quality control is being done per package insert, at a minimum, and quality control results are documented	<input type="checkbox"/> YES  <input type="checkbox"/> NO	Documentation includes: <ul style="list-style-type: none"> <li><input type="checkbox"/> Facility name</li> <li><input type="checkbox"/> Lab test name</li> <li><input type="checkbox"/> QC test date</li> <li><input type="checkbox"/> QC test lot number</li> <li><input type="checkbox"/> QC test expiration date</li> <li><input type="checkbox"/> QC material lot number</li> <li><input type="checkbox"/> QC material expiration date</li> <li><input type="checkbox"/> Tester's initials</li> <li><input type="checkbox"/> Results in a format as described in package insert</li> </ul>

## CLIA-waived Quality Control Review

Test Type	Product Name	Package Insert Available	QC being done	Frequency matches package insert	Form has facility name	Form has lab test name	Form has test date	Form has test lot number	Form has test exp date	Form has QC material lot number	Form has QC material exp date	Form has tester's initials	Form has results in same format as package insert	Notes
Urinalysis														
Hematocrit or Hemoglobin														
Blood glucose														
Strep throat (rapid)														
Pregnancy testing (urine)														
Other														



**On-site** These five CLIA-waived tests above are laboratory testing that must be available on-site as point-of-care testing

## Section F: Data collection/reporting

Certification Standard	Compliant?	Comments
F.1.a: Maintains electronic data collection system compatible with SPO's data collection system and has capacity to collect required variables	<input type="checkbox"/> YES <input type="checkbox"/> NO	
F.1.b: Data collection and reporting apply to all ongoing services including physical, behavioral, and oral health provided onsite, regardless of client age	<input type="checkbox"/> YES <input type="checkbox"/> NO	
F.2.a: Collects all data variables at each encountered visit - see page 19 of certification standards	<input type="checkbox"/> YES <input type="checkbox"/> NO	
F.3.a. Submits encounter data to SPO twice annually	<input type="checkbox"/> YES <input type="checkbox"/> NO	
F.3.b: SBHC completes annual chart review on KPMs, submitted annually to SPO.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Well Visit KPM: Health Assessment KPM: Optional KPM:  Does medical sponsor agency coordinate this process with mental/behavioral health agency and dental agency (if separate)?
F.3.c: SBHC administers student satisfaction surveys, submits at minimum twice annually to SPO.	<input type="checkbox"/> YES <input type="checkbox"/> NO	# required this school year: # completed at time of site visit:  Does medical sponsor agency coordinate this process with mental/behavioral health agency and dental agency (if separate)?

## Section F: Data collection/reporting

<b>Satisfaction Survey Parental Notification</b> The notification has to be posted or communicated somehow so that is easily accessible to parents of SBHC clients. For example, it could be printed on annual registration forms or informational materials that get sent out to parents each year, or be posted on a visible part of the SBHC web site, or some other method that would be accessible. It does NOT have to target parents of existing SBHC clients – it just has to be visible and available to parents of kids who might access the SBHC. SBHCs can use the SPO sample language or create their own. If they create their own, it should say that the survey is anonymous, optional, and won't impact a student's ability to get care.	<input type="checkbox"/> <b>YES</b>  <input type="checkbox"/> <b>NO</b>	Sample Language: Students between the ages of 12 and 19 who visit the SBHC may be asked to complete an anonymous survey after their visit. The survey asks about the student's satisfaction and experience at the SBHC, as well as some general questions about their physical and mental health status. Students can refuse to take the survey and this will not affect their ability to get care at the SBHC. To see a copy of the survey or if you have questions about the survey, please contact the SBHC State Program Office at <a href="mailto:sbhc.program@dhsosha.state.or.us">sbhc.program@dhsosha.state.or.us</a>
<b>F.3.d: SBHC keeps Operational Profile up-to-date, including all roles assigned</b>	<input type="checkbox"/> <b>YES</b>  <input type="checkbox"/> <b>NO</b>	

## Section G: Billing

Certification Standard	Compliant?	Comments
<b>G.1.a: All providers whose provider type is eligible to enroll with OHP must enroll and bill OHP</b>	<input type="checkbox"/> <b>YES</b>  <input type="checkbox"/> <b>NO</b>	
<b>G.1.b: Providers must be credentialed with and billing private insurance whenever possible</b>	<input type="checkbox"/> <b>YES</b>  <input type="checkbox"/> <b>NO</b>	
<b>G.1.c: SBHC must determine whether CCOs have mechanisms for maintaining confidentiality when billing for services (e.g., EOB suppression). If procedure doesn't exist, SBHC shall work with CCO to determine best method for the SBHC to bill for services while preventing inadvertent disclosure of PHI.</b>	<input type="checkbox"/> <b>YES</b>  <input type="checkbox"/> <b>NO</b>	

[illegible]