Oregon Health Authority
PUBLIC HEALTH DIVISION
School-Based Health Center Program

Oregon SBHC
School-Based Health Centers

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www.healthoregon.org/sbhc

Certification Verification Review Tool

Reference: Oregon School-Based Health Centers Standards for Certification, Version 4

Site Name: _____ **Date:** _____

Site Staff: _____ **SPO Staff:** _____

_____ _____

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.1.g: The Operational Profile is complete and up-to-date; all SBHC roles are assigned:	☐ **YES** ☐ **NO**	☐ Health Dept Administrator ☐ Health Dept Primary Contact ☐ Immunization Coordinator ☐ Laboratory Coordinator ☐ Medical Director ☐ Nurse (RN/LPN) ☐ Office/Health/Medical Assistant ☐ Oral Health Provider ☐ Primary Care (MD, DO, ND, NP, PA) ☐ Privacy Official ☐ Qualified Mental Health Professional (QMHP) ☐ Quality Assurance Coordinator ☐ SBHC Administrator ☐ SBHC Site Coordinator
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	☐ YES ☐ NO	

Section B: Sponsoring Agency		
Certification Standard	Compliant?	Comments
B.1.a: SBHC sponsoring agency/ies provides: ☐ Funding ☐ Staffing ☐ Medical oversight ☐ Liability insurance ☐ Billing support ☐ Space	☐ **YES** ☐ **NO**	Sponsoring agency:
B.1.b: Medical sponsor has: ☐ Medical liability coverage ☐ Ownership of medical records ☐ Medical oversight	☐ **YES** ☐ **NO**	SBHC medical sponsor:
B.1.d: All sponsoring agencies must have a signed written agreement describing their roles and responsibilities in SBHC operations.	☐ **YES** ☐ **NO**	
B.1.e: Site Coordinator designated, employed by sponsoring agency	☐ **YES** ☐ **NO**	Site Coordinator: Attended most recent, as applicable: ☐ In-person coordinator meeting (fall) ☐ Coordinator webinar (winter) ☐ Coordinator webinar (spring) ☐ Present at certification site review
B.1.f: Site Administrator designated, employed by sponsoring agency	☐ **YES** ☐ **NO**	Site Administrator:
B.1.g: QA Coordinator designated, employed by sponsoring agency	☐ **YES** ☐ **NO**	Quality Assurance Coordinator:
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		Medical director: Actively involved: ☐ Development of clinical policies and procedures ☐ Review of medical records ☐ Clinical oversight
B.1.i: LPHA designates a Health Department Primary Contact	☐ **YES** ☐ **NO**	Health Department Primary Contact:

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

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. (OAR 437, Division 2)	☐ **YES** ☐ **NO**	
C.1.e: Clinic design and staff practice supports client confidentiality: ☐ One exam room per provider onsite during operational hours ☐ Sound security ☐ Sight security	☐ **YES** ☐ **NO**	
All members of workforce have been trained on the policies and procedures with respect to protected health information. (45CFR part 164.530(b)(1))	☐ **YES** ☐ **NO**	
C.1.f: Floor plan (to scale) on file with SPO with certification application	☐ **YES** ☐ **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	☐ **YES** ☐ **NO**	
D.1.b: SBHC is open at least 15 hours/week; with availability for same day and scheduled appointments	☐ **YES** ☐ **NO**	
D.1.b.(1): Staffing minimum requirements: ☐ Office/Health/Medical Assistant: 15 hours/week ☐ Primary care (MD, DO, NP, ND, PA): 10 hours/week at least 2 days/week ☐ Medical, behavioral, or oral health (MD, DO, NP, ND, PA, DMD, EFDA, RDH, RN, LPN, QMHP): additional 10 hours/week ☐ 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	☐ **YES** ☐ **NO**	Professional licenses:
D.1.b.(2): QMHP must be available either onsite or through referral	☐ **YES** ☐ **NO**	QMHP:
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	☐ **YES** ☐ **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	☐ **YES** ☐ **NO**	For example, The Society for Adolescent Medicine identifies seven characteristics critical to providing effective health education and care for adolescents: Availability Visibility Quality Confidentiality Affordability Flexibility Coordination Is there a YAC? Who is the SBHC YAC contact? YAC projects?
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.	☐ **YES** ☐ **NO**	Main entrance: After hours telephone answering or VM system:
D.1.e: Hours of operation clearly posted outside clinic entrance	☐ **YES** ☐ **NO**	
D.1.f: Electronic and printed materials accurate regarding SBHC services and hours	☐ **YES** ☐ **NO**	Examples: SBHC sponsor(s) website(s) SBHC school website SBHC school district website Social media sites Brochures
D.1.g: Mechanism to reassign administrative requests, prescription refills, clinical questions when provider not available	☐ **YES** ☐ **NO**	

Section D.2: Eligibility for services		
Certification Standard	Compliant?	Comments
D.2.: All students in the school are eligible for services	☐ **YES** ☐ **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	☐ **YES** ☐ **NO**	
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	☐ **YES** ☐ **NO**	
D.2.c thru e: SBHC follows minor consent statutes outlined in OARs ☐ Medical and Oral Health – 15 and older may consent ☐ Mental Health and Drug or Alcohol Treatment – 14 and older may consent ☐ Birth control/STI testing and treatment – any age may consent	☐ **YES** ☐ **NO**	
D.2.f: If needed services are not available onsite, appropriate referral required	☐ YES ☐ NO	

Section D.3: Policies and procedures		
Certification Standard	Compliant?	Comments
Policy: Consent for SBHC services (parent/guardian and/or client)	☐ **YES** ☐ **NO**	
Policy: Release of information and/or access to medical records to parents when requested by parents and/or guardians	☐ **YES** ☐ **NO**	
Policy: Method of transmitting billing and other fiscal information to agencies, including the handling of explanation of benefits (EOB) statements confidential patient visits	☐ **YES** ☐ **NO**	
Policy: Emergency procedures (disaster, fire, school violence)	☐ **YES** ☐ **NO**	
Policy: Reporting of child abuse and maltreatment	☐ **YES** ☐ **NO**	
Policy: Complaint and incident review	☐ **YES** ☐ **NO**	
Policy: Parental and/or guardian involvement	☐ **YES** ☐ **NO**	
Policy: Coordination of care between providers with shared clients (physical/behavioral/oral/specialty care) Includes, for example: 2017 PCPCH guide • Population Data Management • Electronic Health Record • Complex Care Coordination • Test & Result Tracking • Referral & Specialty Care Coordination • End of Life Planning	☐ **YES** ☐ **NO**	
Policy: Continuity of care (when SBHC is closed or client transitioning out of care) Includes, for example: 2017 PCPCH guide • Personal Clinician Assigned • Personal Clinician Continuity • Organization of Clinical Information • Clinical Information Exchange • Specialized Care Setting Transitions • Planning for Continuity • Medication Reconciliation	☐ **YES** ☐ **NO**	

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

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. AAP Bright Futures	☐ **YES** ☐ **NO**	
E.1.b: SBHC meets minimum level of comprehensive pediatric health care services - see page 16 and 17 of certification standards	☐ **YES** ☐ **NO**	Example: STD prevention education and treatment occurs onsite. Medications available: ☐ Ceftriaxone 250mg injectable ☐ Azithromycin 1 gm po
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.	☐ **YES** ☐ **NO**	
Well visit of school-aged youth observed #1	☐ **YES** ☐ **NO**	
Well visit of school-aged youth observed #2	☐ **YES** ☐ **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
History	
Comprehensive medical histories	On-site
Measurements	
Height and weight	On-site
Body mass index (BMI)	On-site
Blood pressure	On-site
Sensory screening	
Vision	On-site
Hearing	Referral
Physical health services	
Comprehensive physical exams	On-site
Evaluation and treatment of non-urgent, acute and chronic conditions	On-site
Medical specialty services	Referral
Developmental/behavioral services*	
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
Oral health services	
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
Reproductive health services	
Reproductive health exam	On-site
Prescriptions for contraceptives†	Referral
Condom availability†	Referral
STI prevention education and treatment	On-site
Pregnancy prevention education	On-site
Prenatal care	Referral
HIV counseling	On-site
HIV treatment	Referral
Anticipatory guidance	
Provision of age-appropriate anticipatory guidance	On-site
Targeted patient education	On-site
Procedures	
Immunizations	On-site
Urinalysis	▲ On-site
Hematocrit or hemoglobin	▲ On-site
Blood glucose	▲ On-site
Strep throat‡	▲ On-site
Pregnancy testing§	▲ On-site
STI screening and testing‖	● 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.

† 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.

‡ Rapid

§ Urine human chorionic gonadotropin (UHCG)

‖ 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	☐ **YES** ☐ **NO**	
E.2.b: Immunization Coordinator designated	☐ **YES** ☐ **NO**	Immunization Coordinator:
Is storing and providing all vaccines routinely recommended by the ACIP?	☐ **YES** ☐ **NO**	Vaccine Accountability reports from site; by eligibility and by age
SBHC offers all vaccines each patient is due at every visit (well and sick visits, when clinically appropriate)	☐ **YES** ☐ **NO**	Best practice; not VFC requirement
If PUBLIC clinic, is SBHC using required standing orders as published by Oregon Immunization Program. (Local Health Department PE 43)	☐ **YES** ☐ **NO**	
SBHC has current VIS for all vaccines offered? VIS is offered to all patients, and must be done before administration of vaccines.	☐ **YES** ☐ **NO**	
SBHC has vaccine management guide reviewed & signed at least annually by primary & back-up VFC coordinators?	☐ **YES** ☐ **NO**	
Review 3 months of refrigerator and freezer temperature logs for temperature excursions. If temp recording issues, review in 30 days (VFC Standard)	☐ **YES** ☐ **NO**	☐ Min/max once per day prior to administering vaccine for the day ☐ Time, date, and name or initials recorded for each recording
Storage unit(s) currently within appropriate temperature range?	☐ **YES** ☐ **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?	☐ **YES** ☐ **NO**	☐ digital data logger with temp display visible from outside unit ☐ buffered probe ☐ display min/max since last checked ☐ logging interval every 15 minutes
SBHC has a backup continuous tracking thermometer?	☐ **YES** ☐ **NO**	☐ digital data logger with temp display visible from outside unit ☐ buffered probe ☐ display min/max since last checked ☐ logging interval every 15 minutes

Each thermometer has current NIST calibration certificate of calibration?	☐ **YES** ☐ **NO**	Calibration every 24 months or per manufacturer or laboratory specifications
Do Not Unplug stickers on storage unit outlets?	☐ **YES** ☐ **NO**	
SBHC submits immunization data to ALERT within 14 days of administration?	☐ **YES** ☐ **NO**	Vaccine Timeliness report from state
SBHC manages vaccine inventory in ALERT?	☐ **YES** ☐ **NO**	Vaccine Accountability report from state
SBHC uses ALERT to forecast immunizations?	☐ **YES** ☐ **NO**	

Section E.3: Equipment		
Certification Standard	Compliant?	Comments
E.3.a: Equipment maintained and calibrated per manufacturer and/or agency guidelines. Examples may include: ☐ Scale ☐ Oximeters ☐ Exam tables ☐ Sharps containers; available, not overfilled	☐ **YES** ☐ **NO**	
E.3.b: Process in place for Quality Assurance per manufacturer and/or agency guidelines	☐ **YES** ☐ **NO**	
E.3.c: Appropriate emergency medical equipment per agency guidelines that is inspected regularly. Examples may include: ☐ AED ☐ CPR pediatric and adult mask ☐ Current basic or advanced life support training ☐ Syringes for injections ☐ Epinephrine injection ☐ Benadryl injection ☐ Oxygen by nasal cannula or face mask ☐ Fast-acting glucose source ☐ Ammonia ampules ☐ Standing orders for emergencies	☐ **YES** ☐ **NO**	

Section E.4: Medications. For OBOP questions email 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	☐ **YES** ☐ **NO**	
Does SBHC have a **registration** 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)	☐ **YES** ☐ **NO**	Board of Pharmacy registration number:
Does SBHC **DISPENSE** any medications that physically leave the site?	☐ **YES** ☐ **NO**	
All Primary Care Providers (MD, NP, PA) who **DISPENSE** medications that are labeled and provided directly to a patient to physically leave the site have **dispensing** authority under their respective license?	☐ **YES** ☐ **NO**	
All outdated/expired, deteriorated, suspect, illegitimate, misbranded, or adulterated drugs are properly quarantined and physically separated until destroyed or returned to the supplier?	☐ **YES** ☐ **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.
If **dispensing** under an OBOP registration, does the site store all drugs intended for **dispensing** in a locked cabinet or designated storage area that is sufficiently secure to deny access to unauthorized person?	☐ **YES** ☐ **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:	☐ **YES** ☐ **NO**	☐ Name of Patient ☐ Dose ☐ Dosage form ☐ Quantity dispensed ☐ Either brand name of drug, or generic name and name of manufacturer ☐ Directions for use ☐ Date of dispensing ☐ Initials of person dispensing the prescription

Section E5: Laboratory. For Lab Compliance questions email lc.info@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 (42CFR493.3(a)(1))	☐ **YES** ☐ **NO**	CLIA certificate #: ☐ SBHC holds CLIA certificate or ☐ 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: ☐ Lab refrigerator/freezer ☐ Thermometers ☐ Microscopes ☐ Centrifuges ☐ Hemocue ☐ Glucose meters ☐ Autoclave (42CFR493.1252)	☐ **YES** ☐ **NO**	
E.5.c: Signed, SBHC-specific written procedures that ensure: ☐ timely review of lab results ☐ documentation & follow up of abnormal labs ☐ confidential handling of lab results (42CFR493.1291(f)and (g)) (42CFR493.1359)	☐ **YES** ☐ **NO**	
CLIA certificate is displayed at all times in a prominent place in the laboratory. (OAR 333-024-0012(6))	☐ **YES** ☐ **NO**	
Tests performed are within the scope of the certificate (Waived -42CFR493.15(c)) (PPMP - 42CFR493.419)	☐ **YES** ☐ **NO**	☐ Certificate of Waiver ☐ Provider Performed Microscopy Procedures (PPMP) ☐ 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 -42CFR493.35(c)(2)) (PPMP - 42CFR493.1405)	☐ **YES** ☐ **NO**	Clinical Lab Director (see CLIA certificate):
Lab policies and procedure manual has been developed, with each policy and procedure approved, signed and dated by the lab director. (42CFR493.1251) (42CFR493.15(e)(1)(2)	☐ **YES** ☐ **NO**	
Lab process adheres to manufacturer guidelines. Products currently used are matched to those in procedure manual. (Waived -42CFR493.15(e)(1)) (PPMP - 42CFR493.1359)	☐ **YES** ☐ **NO**	Best practice: CLIA QC on-site
Lab services provided meet minimum certification requirements - see page 17 of certification standards	☐ **YES** ☐ **NO**	
Test strips, solutions, reagents, test kits, etc. are not expired. Date opened is clearly labeled, when applicable.	☐ **YES** ☐ **NO**	

Test Type	Minimum level of service required	Product Name	Package Insert Available	P& P in Lab Manual if no package insert	QC being done	QC frequency matches package insert (or	QC form: initials of	QC form: test date	QC form: test name	QC form: test lot	QC form: test exp date	QC form: QC material lot number	QC form: QC material exp date	QC form: test results in same format as described in package	Notes
Urinalysis	▲ On-site														
Hematocrit or Hemoglobin	▲ On-site														
Blood glucose	▲ On-site														
Strep throat (rapid)	▲ On-site														
Pregnancy testing (urine)	▲ On-site														
STI screening and testing	● On-site														(Chlamydia, gonorrhea, syphilis)
HIV screening and testing	● On-site														
Tuberculosis testing	Referral														
Lead screening and testing	Referral														
Dyslipidemia screening	Referral														
Other															

- ▲ On-site Laboratory testing is available on-site as point-of-care testing
- ● On-site Laboratory must have ability to collect specimen/sample. Sample may be sent offsite for diagnostic testing
- 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.

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	☐ **YES** ☐ **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	☐ **YES** ☐ **NO**	
F.2.a: Collects all data variables at each encountered visit - see page 19 of certification standards	☐ **YES** ☐ **NO**	
F.3.a. Submits encounter data to SPO twice annually	☐ **YES** ☐ **NO**	
F.3.b: SBHC completes annual chart review on KPMs, submitted annually to SPO.	☐ **YES** ☐ **NO**	KPMs Well Visit: Health Assessment: Optional KPM:
F.3.c: SBHC administers student satisfaction surveys, submits at minimum twice annually to SPO.	☐ **YES** ☐ **NO**	# required this school year: # completed at time of site visit:
Satisfaction Survey Parental Notification 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.	☐ **YES** ☐ **NO**	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, please go to the "SBHC Data Requirements" link on http://healthoregon.org/sbhc. If you have questions about the survey, please contact the SBHC State Program Office at sbhc.program@state.or.us
F.3.d: SBHC keeps Operational Profile up-to-date	☐ **YES** ☐ **NO**	

Section G: Billing		
Certification Standard	Compliant?	Comments
G.1.a: All providers whose provider type is eligible to enroll with OHP must enroll and bill OHP	☐ **YES** ☐ **NO**	
G.1.b: Providers must be credentialed with and billing private insurance whenever possible	☐ **YES** ☐ **NO**	
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.	☐ **YES** ☐ **NO**	

Notes: