

Certification Verification Review Tool

Reference: Oregon School-Based Health Centers Standards for Certification 2014

Site Name: _____ **Date:** _____

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

Initial on-site verification review
 On-site verification review with notice
 On-site verification review without notice
 Administrative review of compliance at request

Waiver(s) in place at time of review: _____

Section A.1-4: Certification Process

Certification Standard	Compliant?	Comments
A.2.iii(b)iv(c): The Operational Profile is complete and up-to-date; all SBHC roles are assigned: <ul style="list-style-type: none"> <input type="checkbox"/> Dental Provider (DMD, EFDA, RDH) <input type="checkbox"/> Health Dept Admin <input type="checkbox"/> Health Dept Nursing Supervisor <input type="checkbox"/> Health Dept Primary SBHC Contact <input type="checkbox"/> Immunization Coordinator <input type="checkbox"/> Laboratory Coordinator <input type="checkbox"/> Nurse (RN/LPN) <input type="checkbox"/> Medical Director <input type="checkbox"/> Primary Care (MD, DO, ND, NP, PA) <input type="checkbox"/> Privacy Official <input type="checkbox"/> Qualified Mental Health Professional (QMHP) <input type="checkbox"/> Quality Assurance Coordinator <input type="checkbox"/> SBHC Administrator <input type="checkbox"/> SBHC Site Coordinator <input type="checkbox"/> Support Staff (office, health, medical assistant) 	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Section B.1: Sponsoring Agency/ies

Certification Standard	Compliant?	Comments
<p>B.1(a): SBHC sponsoring agency/ies have documented ability to provide:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Funding <input type="checkbox"/> Staffing <input type="checkbox"/> Medical oversight <input type="checkbox"/> Liability insurance <input type="checkbox"/> Billing support 	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Sponsoring agency:</p>
<p>B.1(b)(c): SBHC medical sponsor has documented:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical liability coverage <input type="checkbox"/> Ownership of medical records <input type="checkbox"/> Designated medical director, who is actively involved in clinical policy and procedure development <input type="checkbox"/> Provider with a license to practice independently with population being served and who has prescriptive authority such as MD, DO, ND, NP 	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>SBHC medical sponsor:</p> <p>Medical director:</p> <p>PCPCH status:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tier One <input type="checkbox"/> Tier Two <input type="checkbox"/> Tier Three <input type="checkbox"/> Not PCPCH
<p>B.1(d): Sponsoring agency/ies must have written agreement with SBHC describing their role in operations</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Section B.2: Facility

Certification Standard	Compliant?	Comments
<p>B.2(a): Facility meets SBHC definition:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Located on school grounds <input type="checkbox"/> Used exclusively for purpose of providing health care 	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>B.2(b): Patient Rights & Responsibilities posted in plain view</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>B.2(c): Facility meets minimum space requirements:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Waiting/reception area <input type="checkbox"/> Exam room(s) with sink 	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Section B.2: Facility

Certification Standard	Compliant?	Comments
<ul style="list-style-type: none"> <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) <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) 		
<p>B.2(d): Facility meets confidentiality requirements:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Two separate exam rooms <input type="checkbox"/> Appropriate soundproofing <input type="checkbox"/> Window coverings and doors that provide necessary sound and sight security for private exam and conversations <input type="checkbox"/> Notice of Privacy Practices (NPP) posted in a clear and prominent location <p>45CFR part 164.520(2)(iii)(B)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Privacy official:
B.2(e): One exam/counseling room available per FTE provider staffed during hours of operation	<input type="checkbox"/> YES <input type="checkbox"/> NO	
B.2(f): Floor plan on file with SPO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
No safety hazards observed	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Programming, providers, policies, facilities promote youth-friendly services	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Section C.1: Hours of Operation

Certification Standard	Compliant?	Comments
C.1(a): SBHC is open 3 days/week when school in session (minimum)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
C.1(b): SBHC is open 15 hours/week (minimum)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
C.1(c): Both walk-in and scheduled appointments available	<input type="checkbox"/> YES <input type="checkbox"/> NO	
C.1(d): Evidence of mechanism for providing care when provider is not available (e.g., prescription refills, clinical questions, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
C.1(e): Information posted on how to access care outside of clinical hours posted outside main entrance and available via telephone answering or VM system that is accessible 24/7 on direct phone line.	<input type="checkbox"/> YES <input type="checkbox"/> NO	After hours clinic voicemail:

Section C.2: Staffing

Certification Standard	Compliant?	Comments
C.2(a): Staffing minimum requirements: <ul style="list-style-type: none"> <input type="checkbox"/> Support staff: 15 hours/week <input type="checkbox"/> Primary care (MD, DO, NP, ND, PA): 10 hours/week at least 2 days/week <input type="checkbox"/> Medical, dental, or mental health (MD, DO, NP, ND, PA, DMD, EFDA, RDH, RN, LPN, QMHP): 10 hours/week <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 	<input type="checkbox"/> YES <input type="checkbox"/> NO	Medical and nursing licenses:

Section C.2: Staffing

Certification Standard	Compliant?	Comments
<p>C.2(b)(1): QMHP and alcohol and other drug assessment available. Mental health provider:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is a QMHP <input type="checkbox"/> Has master’s degree in mental health field <input type="checkbox"/> Eligible for reimbursement <input type="checkbox"/> Be able to or have agreement with licensed professional to prescribe mental health medications <input type="checkbox"/> Provides AOD assessment <ul style="list-style-type: none"> <input type="checkbox"/> onsite <input type="checkbox"/> If not onsite, this MUST be available by referral to outside provider with written agreement with outside provider or agency to provide services & for sharing of information necessary to provide coordinated care 	<input type="checkbox"/> YES <input type="checkbox"/> NO	QMHP:
<p>C.2(c): Site coordinator designated, who is employed by sponsoring agency (or one of the sponsoring agencies)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Site Coordinator:
<p>C.2(d): SBHC enrolled in VFC program and immunization coordinator designated</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	VFC certification active for SITE/review POST: Immunization Coordinator: VFC Health Educator:
<p>All members of workforce have been trained on the policies and procedures with respect to protected health information. (45CFR part 164.530(b)(1))</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>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)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Section C.3: Eligibility for services

Certification Standard	Compliant?	Comments
<p>C.3(a)(b): SBHC follows minor consent statutes outlined in OARs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physical Health – 15 and older may consent <input type="checkbox"/> Mental Health – 14 and older may consent <input type="checkbox"/> If some physical and mental health services not on site, appropriate referral required <input type="checkbox"/> Reproductive/STI – any age may consent <input type="checkbox"/> If reproductive health, family planning, diagnosis/treatment of STIs not on site due to local policy restrictions, appropriate referral required 	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>C.3(c): Students are not denied access to services based upon insurance status or ability to pay</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>C.3(d): Students are not denied access to services based upon race, color, national origin, religion, immigration status, sexual orientation, developmental or cognitive disability or gender</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Section C.4: Policies and procedures

Certification Standard	Compliant?	Comments
C.4(a): Written Policy: Consent for SBHC services (parent 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	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Policy: Method of transmitting billing and other fiscal information to agencies, including handling EOBs for confidential client 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 involvement	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Policy: Coordination of care with shared clients <i>Includes, for example:</i> <ul style="list-style-type: none"> • Population Data Management • Electronic Health Record • Complex Care Coordination • Test & Result Tracking • Referral & Specialty Care Coordination 2014 PCPCH guide	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Policy: Continuity of care <i>Includes, for example:</i> <ul style="list-style-type: none"> • Personal Clinician Assigned • Personal Clinician Continuity • Organization of Clinical Information • Clinical Information Exchange • Specialized Care Setting Transitions • Planning for Continuity (when provider not available) • Medication Reconciliation 2014 PCPCH guide	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Policy: Information sharing policy between school nurse and SBHC staff	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Section C.4: Policies and procedures

Certification Standard	Compliant?	Comments
Non-discrimination and HIPAA policies are available for review	<input type="checkbox"/> YES <input type="checkbox"/> NO	
C.4(b): Policies & procedures are reviewed and updated every 2 years. Review is documented in writing and includes updated signatures on each policy from the SBHC administrator	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Section D.1-D.5: Laboratory

Certification Standard	Compliant?	Comments
D.1(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))	<input type="checkbox"/> YES <input type="checkbox"/> NO	CLIA certificate #: <ul style="list-style-type: none"> <input type="checkbox"/> SBHC holds CLIA certificate or <input type="checkbox"/> SBHC within multi-site CLIA certificate
The certificate is displayed at all times in a prominent place in the laboratory. (OAR 333-024-0012(6))	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Tests performed are within the scope of the certificate (Waived - 42CFR493.15(c)) (PPMP - 42CFR493.419)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<ul style="list-style-type: none"> <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 - 42CFR493.35(c)(2)) (PPMP - 42CFR493.1405)	<input type="checkbox"/> YES <input type="checkbox"/> 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))	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Lab process adheres to manufacturer guidelines. Products currently used are matched to those in procedure manual. (Waived - 42CFR493.15(e)(1))	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Section D.1-D.5: Laboratory

Certification Standard	Compliant?	Comments
(PPMP - 42CFR493.1359)		
D.2(a): Written protocols in place to: <ul style="list-style-type: none"> <input type="checkbox"/> ensure timely review of lab results <input type="checkbox"/> documentation <input type="checkbox"/> follow up of abnormal labs (42CFR493.1291(f)and (g)) (42CFR493.1359)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
D.2(b): Written policy in place to ensure confidential handling of lab results (42CFR493.1231) (ORS 438.430(2))	<input type="checkbox"/> YES <input type="checkbox"/> NO	
D.3(a): Written agreement in place with CLIA-certified lab that can provide lab services not available onsite or restricted by site certificate	<input type="checkbox"/> YES <input type="checkbox"/> NO	
D.4(a): Lab services provided meet minimum certification requirements (see chart on page 10)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
D.5(a): Lab equipment maintained and/or calibrated to meet all CLIA, manufacturer or SBHC policy requirements. Examples may include: <ul style="list-style-type: none"> <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 (42CFR493.1252)	<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	
Clean and dirty areas of lab are clearly identifiable	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Laboratory/diagnostic services minimum requirements

Minimum requirements	Elementary (K-5)	Middle (6-8 or K-8)	High school (9-12 or K-12)
Urinalysis	On	On	On
Hgb and/or Hct	On	On	On
Blood glucose	On	On	On
Strep throat ¹	On	On	On
Venipuncture	Ref	Ref	Ref
PPD ²	Ref	Ref	Ref
Pregnancy test ³	Ref	On	On
STI ⁴	Ref	On	On
Pap smear	Ref	On	On
HIV test	Ref	On	On
Wet mount	Ref	Ref	Ref
Blood lead level	Ref	Ref	Ref
Imaging (x-ray, etc.)	Ref	Ref	Ref

¹ Rapid or culture

² If significant high risk population is present then site must provide service on-site.

³ UHCG

⁴ Chlamydia, GC, syphilis

Section E.1: Comprehensive Services

Certification Standard	Compliant?	Comments
E.1(a): Services available according to certification requirements (see charts on pages 11 and 12)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Well child visit observed #1	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Well child visit observed #2	<input type="checkbox"/> YES <input type="checkbox"/> NO	

- a. The following table includes services that must be available either:
- ◆ (On) On site at the SBHC; or
 - ◆ (Ref) Referral required (if not on site) with system for tracking referrals and follow up.

Comprehensive services minimum requirements

Primary Care	Elementary (K-5)	Middle (6-8 or K-8)	High school (9-12 or K-12)
Comprehensive medical histories	On	On	On
Comprehensive physical exams	On	On	On
Immunizations¹	On	On	On
Developmental assessments	On	On	On
Assessment of educational, achievement and attendance issues	On	On	On
Evaluation and treatment of:			
◆ non-urgent conditions	On	On	On
◆ acute conditions	On	On	On
◆ chronic conditions	On	On	On
Medical case management	Ref	Ref	Ref
Medical specialty services	Ref	Ref	Ref
Social Services assessment and referral	Ref	Ref	Ref
Screening			
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

¹ Immunization services must meet VFC program requirements

Comprehensive services minimum requirements (continued)

Dental	Elementary (K-5)	Middle (6-8 or K-8)	High school (9-12 or K-12)
Visual inspection of teeth and gums	On	On	On
Preventive dental education and counseling	On	On	On
Fluoride available by prescription	On	On	On
Comprehensive dental evaluation and treatment	Ref	Ref	Ref
Pharmacy			
Capacity to write prescriptions for non-urgent, acute and chronic conditions	On	On	On
Reproductive health services			
Reproductive health exam	Ref	On	On
Prescriptions for contraceptives (hormonal, diaphragm, IUD)	Ref	Ref	Ref
Condom availability	Ref	Ref	Ref
STI prevention education, testing, and treatment	Ref	On	On
Pregnancy prevention education and testing	Ref	On	On
Prenatal Care	Ref	Ref	Ref
HIV testing and counseling	Ref	On	On
HIV treatment	Ref	Ref	Ref
Preventive health services			
Provision of age appropriate anticipatory guidance	On	On	On
Health assessment	On	On	On
Targeted patient education	On	On	On
Behavioral health services*			
Individual behavioral health assessment	On	On	On
Individual, group and family counseling and treatment	Ref	Ref	Ref

*Behavioral health services are inclusive of mental health and substance abuse

Section E.1 continued: Comprehensive Services - Immunizations

Certification Standards	Compliant?	Comments
Is SBHC VFC certified; storing and providing all vaccines routinely recommended by the ACIP?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Vaccine Accountability reports
Does SBHC offer 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
PUBLIC clinics are required to use the standing orders as published by Oregon Immunization Program. (Local Health Department PE 43)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does SBHC have current VIS for all vaccines offered? VIS is offered to all patients, and must be done before administration of vaccines.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does SBHC have OIP vaccine management guide that has been reviewed & signed at least annually by the primary & back-up VFC coordinators?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
SBHC has both a refrigerator and a freezer.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Review 3 months of refrigerator and freezer temperature logs for temperature excursions.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Are there two temperature readings recorded for each unit per day? <input type="checkbox"/> Is there a time, date, and name or initials recorded for each recording? <small>If not, review in 30 days (VFC Standard)</small>
Storage unit(s) currently within appropriate temperature range?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Refrigerator between 2 C and 8 C Freezer less than -15 C
Does SBHC have a continuous tracking thermometer in each refrigerator and freezer storage unit? <small>(strong recommendation is glycol)</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does SBHC have a backup continuous tracking thermometer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does each thermometer have current NIST calibration certificate of calibration?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Do Not Unplug stickers on storage unit outlets?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does SBHC submit immunization data to ALERT within 14 days of administration?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Vaccine Timeliness reports
Does SBHC manage vaccine inventory in ALERT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Vaccine Accountability reports
Does SBHC use ALERT to forecast immunizations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Section E.2: Equipment

Certification Standard	Compliant?	Comments
<p>E.2(a): Equipment maintained and calibrated per manufacturer and/or agency guidelines. Examples may include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Scale <input type="checkbox"/> Oximeters <input type="checkbox"/> Exam tables <input type="checkbox"/> Sharps containers; available, not overfilled <input type="checkbox"/> Adequate soap, towels/dryer, water 	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>E.2(b): Process in place for Quality Assurance per manufacturer and/or agency guidelines</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>E.2(c): Appropriate emergency medical equipment per agency guidelines that is inspected regularly and adequately stocked. Examples may include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> AED <input type="checkbox"/> CPR pediatric and adult mask <input type="checkbox"/> Current CPR card <input type="checkbox"/> Syringes for injections <input type="checkbox"/> Epinephrine injection <input type="checkbox"/> Benadryl injection <input type="checkbox"/> Oxygen by nasal cannula or face mask <input type="checkbox"/> Fast-acting glucose source <input type="checkbox"/> Ammonia ampules <input type="checkbox"/> Standing orders for emergencies 	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Section E.3: Medications

Certification Standards	Compliant?	Comments
E.3(a): Any medications kept onsite kept in accordance with local, state, federal rules and regulations	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does SBHC have a pharmacy license?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Board of Pharmacy license:
Current pharmacy license is posted	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does SBHC DISPENSE any medications that physically leave the site?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
All Primary Care Providers (MD, NP, PA) who DISPENSE medications that physically leave the site have dispensing authority under their respective license?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If dispensing under county health or family planning pharmacy license, drug cabinet or room is locked in the absence of the provider, medical director or RN. Only these persons have a key	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Drugs which are outdated or damaged shall be quarantined & physically separated from the other drugs until they are destroyed or returned to supplier	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If dispensing under county health or family planning pharmacy license, drug dispensing record is maintained separately from patient chart and kept for a minimum of three years. Record shall include the name of patient, name of drug, date, and initials of the person dispensing	<input type="checkbox"/> YES <input type="checkbox"/> NO	
A system is in place to assure ability to identify affected patients in the event of a medication recall	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Section F.1-3: Data		
Certification Standard	Compliant?	Comments
F.1(a): Electronic data collection system in place and compatible with SPO data collection system and has capacity to collect required variables	<input type="checkbox"/> YES <input type="checkbox"/> NO	
F.3(a): Data reported to SPO on an annual basis. Data has been submitted to SPO for previous school year (including end of year and mid-year data pulls).	<input type="checkbox"/> YES <input type="checkbox"/> NO	
F.3(b): SBHC able to complete annual chart review based on KPMs. KPMs have been submitted to SPO for previous school year.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<u>KPMs</u> HA: CPE: BMI: Optional KPM:

Section G.1: Billing		
Certification Standard	Compliant?	Comments
G.1(a): Providers (MD, DO, NP, ND, PA, RN and DMD) must be eligible for reimbursement from Medicaid	<input type="checkbox"/> YES <input type="checkbox"/> NO	Medicaid checked
G.1(b): Providers should be credentialed with private insurance companies whenever possible	<input type="checkbox"/> YES <input type="checkbox"/> NO	
G.1(c): SBHC is billing Medicaid	<input type="checkbox"/> YES <input type="checkbox"/> NO	
G.2(d): SBHC has determined whether payors have mechanism for maintaining confidentiality when billing for services (e.g., EOB suppression). If procedure doesn't exist, SBHC should work with payor to determine best billing method while preventing inadvertent disclosure of PHI.	<input type="checkbox"/> YES <input type="checkbox"/> NO	

