

SBHC Readiness Checklist

Certification Checklist

- Date of site visit confirmed with SPO
- Local public health authority / partners notified of site visit date
- Scheduled two complete physical exams or well child checks for day of site visit**
- Update Operational Profile
- Submitted waiver, if necessary
- Reviewed readiness checklist (below)

<i>Facilities</i>		
Areas of review	Cert. Std.	Notes
The SBHC administrator attests that the appropriate SBHC staff read and are familiar with the Standards for Certification	A.3.b.3.a-f	
The SBHC administrator attests that the appropriate SBHC staff read and are familiar with the required policies and procedures in the certification binder	A.3.b.3.a-f	
The SBHC administrator attests that the appropriate SBHC staff have enrolled and/or received necessary training for: Medicaid (required for billing) Vaccines for Children (VFC) ALERT IIS HIPAA Mandatory reporting for child abuse	A.3.b.3.a-f	
Evidence of quarterly (at a minimum) involvement by medical director (development of clinical policies/procedures, chart reviews, and clinical oversight)	B.1.c	
SBHC meets the definition of a SBHC; permanent space located on or in a school campus	B.2.a	
SBHC verifies it meets building standards, including but not limited to wheelchair accessibility	B.2.a	
Waiting and exam rooms are youth friendly		
No safety hazards observed		
Student Rights and Responsibilities is posted in plain view	B.2.b	
Facility meets space requirements	B.2.c	

Waiting room / reception		
Exam room: 1 per provider, with sink		
Laboratory space (defined, clean/dirty areas, CLIA license posted)		
Secure storage (meds, labs, records)		
Facility promotes confidentiality (soundproof, area for private exams/phone calls, doors, reception/waiting area)		

Staffing/Hours

Areas of review	Cert. Stds.	Notes
SBHC is open minimum 3 days per week/ 15 hours per week	C.1.a & b	
Demonstrates mechanism to reassign admin requests, prescription refills and clinical questions when provider is not available	C.1.d	
Information on how to access care outside of clinic hours posted in a clearly visible space outside of SBHC and available on telephone answering system or voicemail system accessible 24 hours a day on a direct line	C.1.e	
Support staff 15 hours per week (the intent is to ensure no person is on site alone during hours of operation)	C.2.a	
Primary care provider 10 hours per week (Medicaid eligible, enrolled in VFC)	C.2.a	
Additional medical provider or QMHP 10 hours per week	C.2.a	
Licensed medical professional or QMHP on site each day SBHC is open for clinical services	C.2.a	
SBHC has a designated medical director	B.1.c	
SBHC has a designated laboratory director	D.1.a	
SBHC has a designated SBHC coordinator	C.2.c	
SBHC has a designated privacy official	45 CFR	
SBHC has a designated quality assurance coordinator		
SBHC has a designated immunization coordinator	C.2.d	

Operations/Policies & Procedures

Policies/Procedures to review	Cert. Std.	Notes
Consent for SBHC services (parent and/or client)	C.4.a	
Release of school-aged youth information and/or access to medical records to parents when requested by parents	C.4.a	
Method of transmitting billing and other fiscal information to agencies, including the handling of explanation of benefits (EOB) for confidential patient visits	C.4.a	
Emergency procedures (these should be coordinated with the school – fire/school violence/lock-down, etc)	C.4.a	
Mandatory reporting of child abuse	C.4.a	

Complaint and incident review	C.4.a	
Parental involvement / notification	C.4.a	
Coordination of care with shared clients (clients shared with other providers, PCP, specialists, referrals, etc)	C.4.a	
Continuity of care	C.4.a	
Information sharing between school nurse and SBHC staff	C.4.a	
Written policies and procedures shall be reviewed and updated every two years at a minimum	C.4.b	
The review shall be documented in writing and include updated signatures on each individual policy/procedure	C.4.b	
Signatures include printed name for legibility	C.4.b	
Policies and procedures that have been attested to (HIPAA, non-discrimination, etc) are available for review upon request	C.4.b	

Laboratory

Areas of Review	Cert. Std.	Notes
Current CLIA license must be posted in lab	D.1.a	
SBHC must have written protocol defining procedures ensuring timely review of lab results, documentation and follow up of abnormal labs.	D.2.a & b	
SBHC must have a written policy in place ensuring confidential handling of lab results	D.2.a & b	
SBHC must have written agreement with a fully licensed, CLIA-certified lab that can provide lab services not available on site or restricted on site	D.3.a	
SBHC has policies/procedures for each of the laboratory tests provided on site, and a policy/procedure for follow up of labs performed off site	D.4.a	
SBHC must have policy/procedure and provide documentation of equipment calibration to meet all CLIA requirements	D.5.a	

Comprehensive Services

Areas of review	Cert. Std.	Notes
SBHC must provide comprehensive services either on site or by referral as indicated in Standards for Certification including; <ul style="list-style-type: none"> Primary Care Screening Dental Pharmacy (prescriptive services) Reproductive Health Services Preventive Health Services Behavioral Health Services 		
SBHC must maintain and calibrate equipment per manufacturer and/or agency guidelines and provide documentation of calibration dates	E.2.a	

SBHC must have quality assurance process in place for equipment per manufacturer and/or agency guidelines	E.2.b	
SBHC must have emergency medical equipment per agency guidelines and provide documentation of regular inspection	E.2.c	
<i>Data</i>		
Areas of review	Cert. Std.	Notes
SBHCs meet all electronic data collection requirements and agree to collect and export required variables to SPO	F.1 – F.3	
<i>Billing</i>		
Areas of review	Cert. Std.	Notes
SBHCs must be billing Medicaid	G.1.b	