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| **REFERENCES TO ASSIST IN MONITORING PREPARATION** |
| **School Based Health Center’s Principles and Guidelines:** <http://www.health.ny.gov/facilities/school_based_health_centers/docs/principles_and_guidelines.pdf>**School year immunization requirements:** <http://www.health.ny.gov/publications/2370.pdf>**School year physical requirements:** <http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/SchoolHealthExaminationGuidelines.pdf>Excerpt: Education Law Article 19 and Regulations of the Commissioner of Education (8 NYCRR) require physical examinations of public school students:* Entering the school district for the first time, and
* in grades pre-K or K, 2, 4, 7 and 10; and at any grade level by school administration, in their discretion to promote the educational interests of the student (8 NYCRR 136.3[b]);
* in order to participate in strenuous physical activity, such as interscholastic athletics (8 NYCRR §§135.4 and 136.3(a)(8));
* in order to obtain an employment certificate (Education Law §3217); and
* when conducting an individual evaluation or reevaluation of a student suspected of having a disability or a student with a disability (8 NYCRR §200.4 [b]).

**Licensing Verification**: <http://www.op.nysed.gov/opsearches.htm>**Certification Verification:** <http://www.certificationmatters.org/>**Mandated Reporters**: <http://ocfs.ny.gov/main/publications/Pub1159.pdf>**Confidentiality:** * + HIPPA and FERPA: <http://www.oms.nysed.gov/medicaid/handbook/handbook_6/hipaa_ferpa_guidebook_6.pdf>
	+ HIV: <http://www.health.ny.gov/diseases/aids/providers/regulations/testing/section_2781.htm>

 http://www.health.ny.gov/diseases/aids/providers/testing/law/letter\_2014.htm**Consent:*** Mental Health: <https://www.nysenate.gov/legislation/laws/MHY/33.21>
* Reproductive Health: <http://www.health.ny.gov/publications/0206.pdf> (see page 10 concerning consent for sexual and reproductive health).
 |
| **Focus Area** | **Assessment Method** | **Core Program Performance Standard** | **Self-Assessment** |
| **Clinic Environment** | **Observation** | The SBHC is accessible to all students enrolled in the school. | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Clinic Environment** | **Observation** | The SBHC space is adequate to accommodate staff, afford both verbal and physical privacy and allow for ease in performing the necessary clinical, laboratory and clerical activities. | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Clinic Environment** | **Documentation** | The SBHC provider must ensure that sponsor-supplied medications and related supplies (i.e., syringes and needles) are secured, controlled and have measures in place to establish accountability of transactions. | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Clinic Administration** | **Interview****Documentation** | The SBHC has the appropriate staff to ensure a full time health presence. | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Clinic Administration** | **Interview****Personnel Records** | The SBHC has a multi-disciplinary team to provide core services. | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Clinic Administration** | **Personnel Records** | The SBHC staff, including the collaborating/supervising physician, have the appropriate credentials. | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Clinic Administration** | **Interview****Documentation** | The collaborating/supervising physician provides appropriate supervision. | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Clinic Administration** | **Personnel Records** | SBHC staff received required training, and demonstrate evidence of an annual health status assessment. | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Clinic Administration** | **Documentation** | The SBHC has current protocols regarding the activities to be conducted by the Nurse Practitioner and Physician Assistant. | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Clinic Administration** | **Personnel Records** | If the SBHC provides on-site mental health services, the mental health staff have the appropriate credentials. | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Clinic Administration** | **Documentation** | The Mental Health Services Coordinator provides the appropriate supervision. | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Enrollment/ Consent** | **Documentation** | The SBHC collaborates with the school to inform students and families about SBHC services.  | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Enrollment/ Consent** | **Documentation** | SBHC conducts activities to maximize enrollment. | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Relationships/ Agreements** | **Documentation** | The SBHC sponsoring facility maintains a relationship with the school district(s). | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Relationships/ Agreements** | **Documentation** | The SBHC sponsoring facility maintains a relationship with a back-up health care provider. | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Relationships/ Agreements** | **Interview****Documentation** | SBHC maintains a community advisory council. | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Relationships/ Agreements** | **Documentation** | The SBHC maintains relationships with appropriate community agencies as needed. | [ ]  Y [ ]  N [ ]  NA |
| **Fiscal Operations** | **Documentation** | The SBHC fiscal policies and operations ensure students’ access to services. | [ ]  Y [ ]  N [ ]  NA |
| **Data Management** | **Interview****Documentation** | The SBHC has policies and procedures that ensure the confidentiality of all client data. | [ ]  Y [ ]  N [ ]  NA |
| **Continuous Quality Improvement** | **Interview****Documentation** | The SBHC sponsoring facility ensures that a Continuous Quality Improvement (CQI) system is in place to monitor and improve the quality of SBHC operations and services. | [ ]  Y [ ]  N [ ]  NA |
| **Continuous Quality Improvement** | **Interview****Documentation** | The SBHC sponsoring facility ensures that a Continuous Quality Improvement (CQI) system is in place to monitor and improve the quality of SBHC operations and services (CQI Committee). | [ ]  Y [ ]  N [ ]  NA |
| **Continuous Quality Improvement** | **Interview****Documentation** | The SBHC maintains a Continuous Quality Improvement (CQI) system to monitor and improve the quality of SBHC services (written CQI plan). | [ ]  Y [ ]  N [ ]  NA |
| **Continuous Quality Improvement** | **Interview****Documentation** | The SBHC maintains a Continuous Quality Improvement (CQI) system to monitor and improve the quality of SBHC services (periodic evaluation). | [ ]  Y [ ]  N [ ]  NA |
| **Core Services** | **Interview****Documentation** | The SBHC provides diagnosis and treatment of medical conditions and management of chronic conditions. | [ ]  Y [ ]  N [ ]  NA |
| **Core Services** | **Interview****Documentation** | The SBHC ensures that required laboratory tests are conducted either on-site or through qualified NYS licensed laboratories. | [ ]  Y [ ]  N [ ]  NA |
| **Core Services** | **Interview****Documentation** | The SBHC addresses the mental health needs of enrolled students either on-site or through referrals. | [ ]  Y [ ]  N [ ]  NA |
| **Core Services** | **Interview****Documentation** | The SBHC provides referrals for needed services to ensure that the comprehensive needs of students are addressed. | [ ]  Y [ ]  N [ ]  NA |
| **POLICIES AND PROCEDURES** |
| **Policies and Procedures** | The SBHC maintains a policies and procedures manual. | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Policies and Procedures** | The SBHC policies and procedures address all aspects of SBHC operations, including: | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| Clinic Administration | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| Personnel | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| Clinic Services Administration | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| Security and Management of Sponsor-supplied Medications and Supplies | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| Clinic Environment | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| Clinic Services Delivery | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| Data Management | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| Fiscal Management | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| Continuous Quality Improvement | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **PATIENT RECORD REVIEW** |
| **Enrollment/ Consent** | The SBHC obtains appropriate consent documentation.  | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Enrollment/ Consent** | The SBHC communicates with outside primary care provider. | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Core Services** | The SBHC provides primary and preventive health care in compliance with the New York State Child/Teen Health Plan requirements. | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Core Services** | The SBHC provides quality comprehensive primary and preventive care and behavioral health services to students to achieve the clinical outcomes detailed in the annual SBHC contract work plan. | [ ]  **Y** [ ]  **N** [ ]  **NA** |
| **Fiscal Operations** | The SBHC fiscal policies and operations maximize revenue. | [ ]  **Y** [ ]  **N** [ ]  **NA** |