SBHC Site Review Self-Assessment

Based on OSAH Standards and Benchmarks for SBHCs

SBHC Name, Address, Phone:	Sponsoring Organization**:**
Reviewer/s:	Date:

CRITERIA	YES/NO NA	COMMENTS
I. Environmental Requirements		
a. Waiting area/parking lot clean, accessible		
b. Waiting area well lit and appropriate size for clinic		
c. Office hours and after hour availability posted and available by message		
d. NO SMOKING sign and NO CELL PHONES sign posted in clinic		
e. Grievance policy and log of complaints available for review		
f. NM statutes for confidentiality and HIPAA posted in a conspicuous place		
g. Dedicated and private telephone line, fax line, and private e-mail account		
h. Covered waste containers in all clinical areas, including exam rooms and lab		
i. No storage under sinks		
j. Rooms stocked with general supplies including hand soap or hand sanitizer within close proximity		
k. Exam rooms private		
l. Exam table papered or disinfected between patients		
II. Handicap Access Requirements		
a. Parking: Minimum 1 per 25 parking places for facility with shortest access to entrance (width 96" and parting non-obstructive to ramp)		
b. Main entrance ramp: minimum 48" wide and elevator if more than one story		
c. Water fountain: Accessible OR staff available to assist providing water		
d. Restroom: ADA compliant either in clinic space or nearby (per NMAC 7.11.2)		
e. Corridors clear of debris		
III. Fire Safety Requirements		
a. Exit signs, extinguishers prominently displayed and staff trained in use		
b. Sprinklers OR evacuation plan posted in every room and hall		
c. Fire detection system or fire alarms in place		
IV. Bio-Hazard Requirements		
a. Disposable needle containers present and labeled properly		
b. Sterilization equipment available and adequate and tested routinely. Provide test strips log if using sterilization equipment		
c. Log of sterilization equipment maintained		
d. Lab area clean and organized and separate from patient area		
e. Infectious materials disposed of separately with appropriate labels		

f. Standard precautions observed and signs posted to identify storage area(s) where hazardous materials are stored		
g. MSDS sheets present on site for all hazardous materials stored in clinic		
h. Policies and procedures on site to address OSHA standards regarding storage and disposal of all hazardous wastes		
i. If dental services provided, staff use appropriate radiographic badges		
j. Log for badge exposure rates and equipment maintenance		
k. Radiation protective aprons/coverings available and hung correctly when not in use		
l. Radiation warning sign posted for pregnant women		
m. Current radiology license/registration/ Bureau of Radiation Control compliance letter		
V. Medication Requirements		
a. Tamper resistant prescription pad are not pre-signed AND are locked in a secure area		
b. Expiration dates of medications are routinely checked and appropriately replaced		
c. Log of expiration dates maintained		
d. Expired medications are separated from current medications		
e. Predrawn injections are properly labeled		
f. Medication inventory control log maintained		
g. Log of medications dispensed on-site		
h. Medication is stored in a secure area and not readily accessible to public		
i. Sample medication management policy and procedure in place, if applicable		
j. Title X medications and supplies are separated from other clinic supplies		
k. Medication refrigerator thermometer checked twice daily and temperature logs posted and current (CDC recommended standard for temperature is between 35 and 46 degrees F)		
l. Controlled substances are secured under double lock and signed out by those covered under law to do so		
m. Emergency kit available which includes a log of emergency medications with expiration dates of medications and protective clothing for providers		
VI. Staffing Requirements		
a. All staff is identified with badges including name and title. Badges must be worn at all times		
b. SBHC personnel present during office hours at clinic are CPR certified		
c. All SBHC primary care and behavioral staff, including the medical assistant, are trained in reporting child abuse, suicide/homicide ideation, infection control, and emergency care, including CPR and Heimlich maneuver and proof of trainings are available for review on site		
d. SBHC has a policy and procedure for clinical supervision of non-independently licensed behavioral health providers and documentation of supervision		
e. Written policy and procedures for billing and claiming practices including:		
• appropriate use of forms, SBHC facility NPI, and place of service code (if applicable)		
• Process for addressing and communicating billing and claiming issues between SBHC, sponsoring entity, and MCO		

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VII. Access Requirements		
a. Policy in place for emergency and unscheduled appointments		
b. Selection /triage system in place for critical patients		
c. No show &/or cancellation policy in place		
d. Confidential appointment reminder process in place		
e. Patient materials offered in languages other than English if a large number of patients served are not English speaking		
VIII. Licensure		
a. SBHC will comply with the regulations of the New Mexico Board of Pharmacy, if applicable		Pharmacy License# Exp. Date:
b. SBHC will comply with the Clinical Laboratory Improvement Amendments (CLIA) for all laboratory testing		CLIA #: Exp. Date:
c. Provider licenses are posted and malpractice information available for review		
IX. Medical Record Requirements		
a. Medical records are well organized, easily retrievable and inaccessible to the public and behind double locks or password protected EMR		
b. Standardized format utilized and securely bound or EMR		
c. One chart/electronic medical record per patient		
d. Measures in place to ensure confidentiality, privacy, security and HIPAA compliance for personal health information is maintained		
e. Policy/process in place for release of information including confidential services		
X. Medical Record Review		
a. Parent consent for treatment signed and in medical chart		
b. Student consent for confidential services signed and in medical chart, if appropriate		
c. HIPAA notification signature page present in medical chart, must be obtained yearly		
d. PE/MOSAA evaluation initiated, if indicated by certified determiner. Documentation provided in client chart or log book.		
e. Each page has patient name and identifier		
f. Health maintenance record current		
1. Used by all disciplines		
2. Includes name of PCP		
3. Allergies documented		
4. Medication history		
g. Missed/cancelled or rescheduled appointments documented in chart and noted by provider		
h. Charting errors corrected with a single line, initialed and dated, in hard copy charts		
i. Date of entry and date of encounter		
j. Record is legible		
k. Provider identification (author of entry) and signature on encounter note		
l. Presenting problem(s) / Chief Complaint(s) are prominently documented on progress note for each visit		
m. Vital signs, including BMI percentile, completed at first visit and as indicated		
n. Immunization history is current and in chart		
o. Past medical history for patients seen two or more times		

p. Allergies prominently displayed in red on cover of medical record chart and on health maintenance record and adverse reactions, noted, if applicable		
q. History of smoking, alcohol use and substance abuse documented in progress notes		
r. Preventive services including counseling and education are documented		
s. Reports of consultations, follow-up appointments, and referrals in chart		
t. Diagnostic information in separate section, abnormal results initialed and f/u documented		
u. Documentation of administration and review of risk assessment (SHQ) and appropriate follow-up and referral if needed		
v. If an EPSDT is performed, must include documentation of age appropriate anticipatory guidance		
w. Unresolved problems from previous visits are addressed in subsequent visits		
Record Review – Behavioral Health		
a. The BH Treatment Plan is consistent with the diagnosis that has objective and measurable goals and timeframes for goal attainment or problem resolution		
b. BH Treatment Plan is signed by patient		
c. Documentation of BH referrals, consultations and follow-up appointments		
d. BH Treatment plan shows evidence of parental notification, if necessary		
e. BH Treatment plan documents criteria for termination of care and estimated length of treatment		
f. BH Progress notes documents mental status evaluation including affect, mood, speech, judgment, insight, concentration, impulse control, memory, as appropriate		
g. BH Progress notes describe client strengths and limitations in achieving treatment goals and objectives		
h. Unresolved problems from previous visits are addressed in subsequent BH visits		
i. Progress notes provide evidence of coordination between primary practitioner, consultants, ancillary providers, etc		
j. Psychiatric consultation for evaluation, medication questions, and other information. Baseline and monitoring medical tests, either administered onsite or referred out		
k. There is evidence of coordination with the PCP utilizing the PCP notification form supplied by HSD or clinic form to inform patient's primacy care provider of services provided at the SBHC (if SBHC is not the PCP).		
l. Non-independent provider's documentation is co-signed by independently licensed practitioner		
m. SBHCs are required to have the following systems in place before prescribing any psychotropic medication or any medication to be used for psychotropic purposes: • Written informed consent, preferably in person, from both the student and parent/legal guardian (if the client is under age 14), with notification of the parent/legal guardian preferably done in person; or informed consent in person from the client (if the client is age 14-17). This applies to emancipated minors depending on the circumstance of the emancipation and declarations within the court order. Informed consent from both the client age 14-17 and the legal guardian, while not legally required, is recommended.		

• Mental health counseling/treatment concurrent with medication • Coordination and communication between the prescribing provider, the client's primary care provider, and the treating mental health provider		
XI. Policy and Procedure		
a. Written policy and procedures in place for SBHC Standards: 1. Facility and Environment Standards		
2. Pharmacy Standards		
3. CLIA Standards		
4. Primary Care Standards		
5. Behavioral Health Standards		
6. Provision of Medication Standards		
7. Prevention and Screening Standards		
8. Student Consent and Confidentiality Standards		
9. Medical Records Standards		
10. Policies and Procedures Standards		
11. Oral Health Standards		
XII. Recertification Criteria (to be completed only at 3 year recertification visits)		
a. SBHC providers have current malpractice insurance and proof available for review		
b. Within the last 3 years, one or more SBHC providers had had a professional liability claim that resulted in settlement or judgment (if yes, provide details on separate paper)		
c. Within the last 3 years, one or more SBHC providers have had sanctions, suspensions, or terminations imposed by Medicaid or their state board (if yes, provide details on separate paper)		
d. Within the last 3 years, one or more SBHC providers have had a formal client complaint filed with an MCO/SE or with the Medical Assistance Division (if yes, provide details on separate paper)		

Reviewer Signature: _____ **Date**: _____

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