

NORTH CAROLINA QUALITY ASSURANCE STANDARDS FOR SCHOOL HEALTH CENTERS

1.0 The SHC has established organized relationships with the school, students, parents/guardians, collaborating agencies, primary care providers and the community.

Standard 1.1 Memorandum(s) of Understanding (MOUs), Letters of Agreement (LOAs) and/or contracts are currently in place between the SHC's sponsoring organization and all collaborating agencies.

- a. These usually include, but are not limited to:
 - school/school district
 - health department
 - hospital
 - mental health agency
 - DSS
 - other(s)
- b. The following areas, as applicable, must be outlined in each MOU, LOA and/or contract:
 - 1) Roles, responsibilities of each collaborating agency including:
 - data collection
 - preparation of reports
 - confidentiality and
 - sharing of information
 - 2) Goods and services provided by each collaborating agency including:
 - liability
 - cost of and payment for goods and services
 - billing and reimbursement for goods received and/or services rendered
 - procedures for obtaining goods/services (ie., appointments, consultation, referrals, etc.)
 - emergency and after hours care
 - 3) Records management including: financial records, school record, and medical records
 - access to records when SBHC is closed (nights, weekends, holidays/school work days, vacation periods), and
 - storage of records on- and off-site
 - 4) Overview of personnel issues concerning shared staff including but not limited to:
 - job descriptions
 - selection/hiring
 - credentials
 - privileging
 - space, office and telephone arrangements
 - orientation and training
 - personnel policy and procedures
 - supervision
 - reporting while at the SHC
 - interfacing with related programs and personnel in the school
 - participation in meetings
 - evaluation and
 - disciplinary action
 - 5) Addressing priorities and resolving differences between the collaborating agencies.

EVIDENCE OF PERFORMANCE 1.1

Review:

- All MOU's, LOAs and/or contracts between SHC's sponsoring organization and each collaborating agency for current signatures and dates.
- Verify compliance with the areas outlined in this standard.

Standard 1.2 24-hour access to services is assured through back-up health services (medical and mental health) when the SHC is closed.

SHC informs Carolina ACCESS I and II enrollees and their parent(s) /guardian(s) that their Carolina ACCESS primary care physicians /providers (PCP's) are responsible for providing 24-hour coverage including when the student is not in school.

EVIDENCE OF PERFORMANCE 1.2

Review at least one of the following:

- An after hours care policy and procedure and/or
- Plan for collaborating with Carolina ACCESS I and II PCPs.

Verify communication of this information by reviewing at least one of the following:

- SHC brochure, or
- SHC consent Form, or
- Message on SBHC answering machine.

Standard 1.3 SHC informs Carolina ACCESS I and II enrollees and their parent(s)/guardian(s) that the SHC or their PCPs should be accessed for non-emergency care rather than the emergency room.

EVIDENCE OF PERFORMANCE 1.3

Review:

- After hours care policy and procedures for non-emergency care.

Standard 1.4 A written plan is in place for collaboration between SHC and Carolina ACCESS I and II PCPs which includes:

- a. Outline of services provided
- b. Process for reciprocal sharing of information between providers including:
 - Informed consent
 - types of visits
 - timetable
 - minimum amount of information shared
 - methodology used for sharing the information
 - mechanisms for referral
 - mechanisms for follow-up

EVIDENCE OF PERFORMANCE 1.4

Review:

- Plan for Collaborating with Carolina ACCESS PCPs,
- Informed consent for inclusion of sharing/release of information to Carolina ACCESS PCPs,
- Summary of Visit Form (if used) for inclusion of minimal information which must be shared, and
- Medical record(s) for documentation that information was shared as outlined in the SHC's plan for collaborating with Carolina ACCESS PCPs.

Standard 1.5 Records of Carolina ACCESS enrollees are shared with students' PCPs according to confidentiality laws.

- a. Within 7 days for preventive, mental health, and chronic health conditions /problems
- b. Within 24 – 72 hours for visits with significant findings which need urgent or emergent follow-up by ER, PCP, or SHC
- c. Minimum information must include:
 - date of visit
 - type of visit
 - findings
 - significant/abnormal findings
 - lab tests performed/results
 - x-rays
 - other special tests/results)
 - diagnoses/conditions
 - advice/treatments
 - referrals
 - medications/immunizations prescribed or administered

EVIDENCE OF PERFORMANCE 1.5

Review:

- The plan for sharing release of information with students Carolina ACCESS PCP with attention to confidentiality.

Standard 1.6 SHC has a community advisory committee/council/board.

- a. Meets at least quarterly
- b. Membership is representative of the community:
 - Parents
 - Clients
 - school staff
 - collaborating agency staff from local health departments, social service agencies, hospitals, etc.
 - community members
 - health providers (e.g., PCPs)
 - local church organization
 - local business organization
- c. Participates in SHC program planning, emerging health issues for the community, advocacy, and funding/financial support for the center

EVIDENCE OF PERFORMANCE 1.6

Review:

- Mission statement of advisory group
- Advisory group membership list
- Minutes of advisory group meetings

Standard 1.7 SHC obtains one informed written consent covering all services from parent(s) / guardian(s) of enrolled students unless student is 18 or older or an emancipated minor.

EVIDENCE OF PERFORMANCE 1.7

Review:

- SHC consent form

- medical records for evidence of informed consent

Standard 1.8 SHC has a written policy concerning treatment of students who are not enrolled in the SHC.

- When SHC has been identified as the first responder in a school emergency situation and student is not enrolled in the SBHC *
- When SHC is administering medication and student is not enrolled in the SHC
- When sports physicals are done for students who are not enrolled in the SHC (either from the school where the SBHC is housed or from another school)

Note: A policy statement must address at least “a.” above.

EVIDENCE OF PERFORMANCE 1.8

Review one of the following:

- SHC policy regarding treatment of students that are not enrolled in the center and/or
- First Response Policy for each school building (if SHC does participate as a first responder).

Standard 1.9 SHC assesses student and parent satisfaction with the services at least annually.

EVIDENCE OF PERFORMANCE 1.9

Review:

- SHC policy and procedure regarding assessing student and parent satisfaction
- Survey instruments or interview questions used
- Documentation of results/reports of findings and actions taken

2.0 The SHC provides services that are accessible to all enrolled students.

Standard 2.1 Enrolled students have access to needed SHC services during hours of operation.

- SHC operates daily while school is in session
- Regularly scheduled hours
- Adequately staffed by providers who are qualified to provide medical assessment and triage (e.g., an RN minimally)
- SBHC has either a:
 - Physician providing services on-site during the majority of the SHC’s hours of operation
or
 - nurse practitioner or a physician assistant providing services on-site during the majority of the SHC’s hours of operation and who:
 - is supervised by a physician
 - whose delivery of quality care is reviewed in a manner compliant with NC statutes.
- SHC has a back-up plan for primary care coverage in the event of short and long-term vacancies of physician or midlevel provider(s)

EVIDENCE OF PERFORMANCE 2.1

Review:

- posting in SHC, and/or SHC brochure, and/or consent form for SHC hours of operation
- MD or NP/PA, RN, mental health professional, and nutritionist schedule(s) of hours and appointments; and
- For NPs: a written plan for review of quality of care between supervising MD and NP, required documentation of scheduled meetings between MD and NP at least every 6 months; and required documentation of NP-MD consultation; or
- For PAs: PA charts for compliance with supervising MD countersignature within 7 days.

- Interview staff regarding waiting for appointments:
- Preventive,
- Acute,
- Routine,
- Mental health, and
- Nutrition.

Observe:

- Amount of time students are in the SBHC before being seen.

Standard 2.2 SHC notifies students and their parents/guardians how to access 24-hour back-up services (medical and mental health).

Also addressed in 1.2 above.

EVIDENCE OF PERFORMANCE 2.2

Review at the following:

- SHC brochure (optional)
- SHC consent form(required)
- Message on SHC answering machine. (required)

Standard 2.3 SHC facilitates referrals to specialists in accordance with student’s clinical need, provider’s protocol and the third party insurance coverage.

Carolina ACCESS requires prior authorization from PCPs for referrals to specialist(s) excluding those for mental health and nutrition services.

EVIDENCE OF PERFORMANCE 2.3

Review:

- SHC referral policy and procedure,
- SHC referral form(s),
- SHC summary of visit form (if SBHC is using one) for sharing of information with Carolina ACCESS PCPs, and
- Medical record(s) of Carolina ACCESS enrollees, who have received referrals, to verify that referrals are communicated to PCPs and that Carolina ACCESS enrollees are instructed to request that specialists obtain prior authorization.

Interview staff regarding:

- procedure that they follow when making referrals to specialists for Carolina ACCESS enrollees.

Standard 2.4 SHC tracks all referrals to help assure that students receive appropriate services.

EVIDENCE OF PERFORMANCE 2.4

Review:

- SHC referral policy and procedure,
- referral form with response section, and
- medical record(s) for documentation of referrals made and services provided.

Have staff member demonstrate:

- use of referral log or tracking system.

Standard 2.5 SHC does not deny services to students based on insurance coverage or ability to pay:

- a. Income, family size, and insurance information is documented/updated annually

- b. No charges are made to students who have a family income at or below (at a minimum) 100% of the federal poverty guidelines and have no insurance coverage, (e.g., some centers use a higher percentage of the federal poverty level for not charging fees)
- c. Discounted fees, based on family income and family size, are charged to students with family incomes above the percentage of the federal poverty guidelines upon which the SHC's sliding fee scale is based

EVIDENCE OF PERFORMANCE 2.5

Review:

- No denial of services based on ability to pay policy/procedure
- schedule of charges;
- current sliding fee scale based on federal poverty guidelines;
- completed intake forms that are used to gather information on income, family size, insurance, family physician/PCP which may or may not be in the medical record; and
- SBHC brochure or consent form for statement regarding no denial of services based on insurance coverage or ability to pay.

Note: If your SBHC exercises the Title V Exemption, a copy of the Contract Addenda, specifying the assignment of Title V funds to the SHC, must be available on-site

Standard 2.6 SHC informs enrolled students and their parents/guardians of their rights and responsibilities regarding:

- Confidentiality
- Privacy
- safety and security
- informed consent
- release of information
- financial responsibility
- Carolina ACCESS (if applicable)

This is a HIPAA requirement.

EVIDENCE OF PERFORMANCE 2.6

Review:

- SHC policy and procedure or statement of patient /parent(s) /guardian(s) rights and responsibilities,
- SHC brochure, and
- SHC consent form.

Interview or observe:

- SHC staff to see how policy is implemented.

Standard 2.7 SHC does not deny services on the grounds of race, color, religion, gender, marital status, national origin or handicapped status.

- a. SHC complies with Americans with Disabilities Act (ADA) concerning service accessibility
 - physically impaired
 - visually impaired
 - hearing impaired
- b. Interpreter services are provided as needed and ensure confidentiality
- c. Staff attend cultural diversity training relevant to the populations that they serve

EVIDENCE OF PERFORMANCE 2.7

Review:

- SHC policy and procedure or statement of patient rights and responsibilities.
- Records of staff attending cultural diversity training

Observe:

- Entrance ramps, elevators, lifts, bathrooms, doorways, etc.

Interview or observe SHC staff:

- Provision of clinical services to visually or hearing impaired and non-English speaking students or parents /guardians.

3.0 The SHC shall provide comprehensive services to all enrolled students

Standard 3.1 Diagnosis and management of acute illnesses and injuries are provided in accordance with protocols and scope of practice.

EVIDENCE OF PERFORMANCE 3.1

Review:

- Plan for collaborating with Carolina ACCESS PCPs,
- Protocols appropriate to the level of service provider(s) on staff,
- Appointment schedule for acute care and emergency slots, and
- SBHC brochure or consent form for description of acute care services provided.

Verify that care was delivered according to protocols and scope of practice, and that communication with PCPs occurred according to Plan for Collaborating with Carolina ACCESS PCPs by reviewing:

- Medical record(s) from acute, emergent and urgent care visits.

Standard 3.2 Management of chronic illness is provided in collaboration with the student's primary care provider (PCP) and/or specialist.

EVIDENCE OF PERFORMANCE 3.2

Review:

- Plan for Collaborating with Carolina ACCESS PCPs,
- Midlevel provider(s)' protocol manual(s),
- Appointment schedule for chronic disease follow-up appointments slots, and
- SHC brochure or consent form for description of chronic disease management services provided.

Verify that care was delivered according to protocols and scope of practice, that collaboration and communication with PCPs occurred according to Plan for Collaborating with Carolina ACCESS PCPs, and that consultation/collaboration with school nurse (if appropriate), occurred by reviewing:

- Patient records from chronic disease visits.

Standard 3.3 Comprehensive health assessments (e.g. Health Check exams and adolescent preventive service visits) are provided at least every three years.

a. Content

1. Comprehensive health history
2. screening for health risks
3. unclothed physical assessment
4. measurements
5. nutrition assessments
6. laboratory tests as clinically indicated
7. vision, hearing and dental screenings
8. anticipatory health guidance/health education
9. follow-up and referral as indicated

b. Clinical practices guidelines

- Bright Futures, or

- GAPS guidelines, or
 - an equivalent
- c. Staff who can perform Health Check Exams
- 1) Items a. 1 – 9 (see above list)
 - Physician,
 - nurse practitioner, physician assistant, and
 - registered nurse with approved expanded role training in child health.
 - 2) Items a. 1, 2, 4 – 9 (see above list)
 - registered nurse
 - 3) Items a. 1, 2, 8, 9 (see above list)
 - mental health professional
 - health educator
 - 4) Items a. 4, 6 (partial), 7 (partial), 8, 9 (see above list)
 - LPN
 - medical assistant
 - 5) Item a. 4, 5, 8 (partial), 9 (partial) (see above list)
 - nutritionist
 - dietician
 - 6) Item a. 7 (partial) (see above list)
 - dental hygienist
 - dental assistant

EVIDENCE OF PERFORMANCE 3.3

Review:

- SHC policy and procedure for Health Check and /or adolescent comprehensive clinical preventive services visits for inclusion of content requirements / or recommendations, clinical practice guidelines, and staff roles and responsibilities;
- Midlevel provider(s)' protocol manual(s);
- Clinic visit form(s) and questionnaire(s) used for Health Check and /or clinical preventive services visits for inclusion of Health Check requirements and /or recommendations of designated clinical practice guidelines;
- Appointment schedule for Health Check and /or comprehensive clinical preventive services visits; and
- SBHC brochure or consent form stating that Health Check and /or comprehensive clinical preventive services are provided.

Verify compliance with Health Check requirements by reviewing:

- Medical records from Health Check visit(s) and /or clinical preventive services visits for documentation of completed visit, forms/ questionnaires, screenings, interviews, lab tests, immunizations, assessments, anticipatory health guidance, and appropriate referrals and /or follow-up.

Standard 3.4 Limited physical examinations are provided.

- a. Types
 - sports
 - camp
- b. Policy statements
 - American Academy of Pediatrics (AAP)
 - North Carolina Medical Society Sports Medicine Committee (NCMS)
 - American College of Sports Medicine (ACSM)
- c. Providers
 - Physicians

- midlevel providers (NPs and PAs)

EVIDENCE OF PERFORMANCE 3.4

Review:

- SHC’s policy and procedure for performing sports, camp, and school physical exams including content, policy statements of professional organization(s), and staff roles and responsibilities;
- Midlevel provider(s)’ protocol manual(s); and
- Clinic visit form used for documentation that limited physical exams/health assessments include recommended components.

Standard 3.5 Health promotion and education are provided.

- Types
 - Individual
 - Group
 - parent /guardian anticipatory health guidance
- Content
 - topics recommended in GAPS and/or Bright Futures Clinical Practice Guidelines
 - age appropriate
 - client focused and
 - must include discussion of clinical findings from visit
- Any appropriately trained member of the health care team can perform these functions:
 - Physician
 - midlevel provider (NP, PA)
 - registered nurse (RN) with approved expanded role training in child health
 - registered nurses(RN)
 - licensed practical nurse (LPN)
 - mental health professionals
 - health educator
 - nutritionist/dietician
 - medical assistant

EVIDENCE OF PERFORMANCE 3.5

Review:

- SHC policy and procedure outlining the types, content and staff roles and responsibilities for health promotion and education,
- Methods used for documenting and tracking individual and group education (e.g. checklists, logs),
- Clinic visit form for documentation of parent /guardian anticipatory health guidance, and
- Health promotion and education handouts, pamphlets, videos and the methodology used for selection.

Verify compliance by reviewing:

- Medical record(s) from individual, group, and parent /guardian health promotion/education visits.

Standard 3.6 Immunizations are provided in accordance with the American Committee on Immunization Practices (ACIP) guidelines*.

- Hepatitis B
- Td
- MMR
- Varicella
- others as indicated

***Will be only Hep B, TA/Tdap/MMR/Varicella)**

EVIDENCE OF PERFORMANCE 3.6

Review:

- SHC immunization policy and procedure and
- Immunization record form used in medical record

Verify compliance with ACIP immunization schedule by reviewing:

- Medical record(s) of enrolled students who have had a periodic and/or inter-periodic preventive services (e.g. Health Check) visit at the SHC in the past school year.

Standard 3.7 Mental Health Services (prevention, intervention basic and intervention advanced) are provided and documented in accordance with appropriate assessment and treatment protocols by qualified mental health professionals.

a. Prevention

- 1) Types of services
 - Psychosocial screening
 - Anticipatory guidance (optional methods for providing this education/guidance might include group or individual instruction)
- 2) Staff who can provide these services
 - BSW or MSW
 - Licensed Psychologist
 - a. School psychologist, Ph. D. or Masters' level, licensed/certified by Department of Public Instruction;
 - b. Ph.D. with health services provider certification or Masters' level supervised by Ph.D. psychologist with health services provider certification, if licensed by the NC Psychology Board;
 - c. North Carolina Master's level prepared Licensed Psychological Associate (LPA)
 - registered nurse (RN) with child/adolescent health training Or clinical nurse specialist
 - mid-level providers (nurse practitioner or physician assistant)
 - licensed professional counselor
 - Certified Substance Abuse Prevention Consultant *
 - Child/Adolescent Psychiatrist

b. Intervention/treatment basic

- 1) Types of services
 - case management
 - problem solving/supportive counseling
 - situational crisis intervention (not involving serious mental/emotional issues, such as major depression, suicidal potential, etc.)
 - consultation to school and school based personnel
 - referral and follow-up.
- 2) Any of the staff listed in a. 2 above can provide these services (**Note: Services provided by Certified Substance Abuse Prevention Consultant are limited to situations related to substance use/abuse.*)

c. Intervention/treatment advanced

- 1) Types of services
 - crisis intervention involving serious mental/emotional issues (i.e. major depression, suicidal potential, etc.)
 - short-term individual therapy
 - short-term group therapy
- 2) Staff who can perform these services

- LCSW or P-LCSW (under Supervision of a LCSW)
- licensed psychologist (as described above)
- advanced practice nurse
- licensed professional counselor
- child or adolescent psychiatrist

I. d. Optional Services

II. 1) psycho-educational groups (can be provided by staff listed under Prevention Services)

- 2) psychological testing (can be provided only by a licensed psychologist as described above)
 3) substance abuse treatment

- on-site treatment must be provided by an individual who is certified as an alcoholism counselor (CAC) drug abuse counselor (CDAC), substance abuse counselor (CSAC), or clinical addictions specialist (CCAS) by the North Carolina Substance Abuse Professional Certification Board
- off-site treatment referrals must be to a Qualified Alcoholism Professional (QAP), Qualified Drug Abuse Professional (QDAP), or Qualified Substance Abuse Professional (QSAP) as defined by the Division of Mental Health’s licensure rules (T10:14V.0104)

Note: All providers must meet the professional qualifications (e.g., license, certification, etc.) for the level of service they provide).

The center has a policy and procedures outlining the content and method(s) for providing mental health services. The policy and procedures will address the following:

- eligibility for services
- referral process
- available services
- documentation
- confidentiality/release of information
- handling of emergencies
- follow up protocol when student misses appointments
- after hours emergency contact (including during school vacations)
- Storage of and access to records

EVIDENCE OF PERFORMANCE 3.7

Review:

- SBHC policy and procedure outlining content and method(s) for providing mental health services

Verify compliance by reviewing:

- Medical record(s) of enrolled students who have received the following types of mental health services during the past school year
 - a) prevention,
 - b) intervention/treatment basic,
 - c) intervention/treatment advanced, and
 - d) optional services.
- Credentials and/or licensure of mental health professionals providing each type of services.

Standard 3.8 Nutrition Services are provided.

a. Prevention

- 1) Types of Services

- Nutrition screening (assessment of BMI, screening for basic dietary patterns and risk for disordered eating)
 - Anticipatory guidance (dietary guidelines, meal spacing/frequency, cancer prevention, bone health, cardiovascular health, sports nutrition)
 - basic treatment for nutrition concerns of a short-term nature (iron-deficiency anemia, borderline hypercholesterolemia, at-risk for obesity)
- 2) Who can provide the service:
- nurse practitioner
 - physicians assistant
 - registered nurse
 - RD/LDN
 - public health nutritionist

EVIDENCE OF PERFORMANCE 3.8

Review:

- SHC nutrition services policy and procedure outlining services, referrals to RD/LDN, and staff roles and responsibilities and
- Appointment schedule for nutrition services.

Verify compliance by reviewing:

- Medical records of students that received nutrition services.

All providers must meet the professional qualifications (i.e, license, certification, etc.) for the level of service they provide.

b. Medical Nutrition Therapy (MNT)

1) Types of Services

- nutrition assessment (review and interpretation of nutritional lab values, review of psychosocial history, analysis of dietary and nutrient intake, determination of nutrient/drug interactions, assessment of compliance with therapeutic diet).
- care plan (recommendations for nutrient, texture and calorie modifications; calculation of a therapeutic diet).
- intensive nutrition counseling/diet therapy for chronic disease management including obesity treatment and dietary component of eating disorder therapy.
- Consultation to school meals staff regarding meal modification for children with special dietary needs.

2) Who can provide the service

- registered dietitian (RD) with the Commission on Dietetic registration
- licensed dietitian/nutritionist (LDN) with the North Carolina Board of Dietetics/ Nutrition
- individual who is eligible for registration with the Commission on Dietetic Registration (CDR Verification Statement on file) OR who holds a Provisional License from the NC Board of Dietetics/Nutrition

Notes: Nutrition Services requiring the expertise of an RD/LDN are to be provided on-site and at a minimum, on an as-needed basis. However, under extenuating circumstances, when an RD/LDN cannot be employed by the SBHC, the services of an off-site RD/LDN may be provided by the SHC. Only the RD/LDN may receive reimbursement from 3rd party payers (Medicaid, Health Choice, and private insurance) for medical nutrition therapy. Centers should ensure that liability insurance covers the services of the non-licensed person AND that the center complies with provisions of the Dietetics/Nutrition Practice Act (1991).

c. Optional Nutrition Services

- 1) group weight management i.e. Bodyworks (can be provided by interdisciplinary team that should include the RD/LDN (nutritionist) and mental health clinician but may also include the physician extender, health educator and/or registered nurse).
- 2) Consultation to school athletic department, guidance counselors, faculty and school meals program (can be provided by staff listed under prevention services except when the consult relates to a specific nutrition intervention for chronic disease management or a suspected eating disorder in which case the RD/LDN or nutritionist is the provider of choice).
- 3) WIC Program certification and counseling for pregnant and parenting teens (can be provided by staff listed under prevention services).

EVIDENCE OF PERFORMANCE 3.8

Verify compliance by reviewing:

- MOU or Letter of agreement stating the number of hours of on-site RD or LDN services available monthly for delivering MNT services to enrolled students with chronic diseases/conditions and
- Medical records of students who received medical nutrition therapy.

Standard 3.9 Age-appropriate reproductive health care services are provided. They minimally include, but are not limited to:

- education on abstinence
- screening for sexual development as outlined in the Health Check screening guidelines
- laboratory tests as clinically indicated
- diagnosis and treatment as clinically indicated

EVIDENCE OF PERFORMANCE 3.9

Review:

- SHC reproductive health services policy and procedure

Verify compliance with policy and procedure by reviewing:

- Medical records of students receiving Health Check exams and adolescent clinical preventative service visits and/or reproductive health services.

Standard 3.10 Laboratory testing and specimen collection are provided.

- a. CLIA Waived Tests (on site)
 - dipstick or tablet reagent urinalysis (non-automated)
 - fecal occult blood
 - ovulation test
 - urine pregnancy test
 - erythrocyte sedimentation rate (non-automated)
 - hemoglobin-copper sulfate (non-automated), blood glucose, by glucose monitoring devices cleared by the FDA specifically for home use
 - spun micro-hematocrit
 - hemoglobin (automated) by single analyte instruments with self-contained or component features to perform specimen- reagent interaction, providing direct measurement and readout
 - chemtrak cholesterol test
 - rapid strep screen
- b. Other tests as indicated by Health Check, GAPS, or Bright Futures (on site or by referral)
- c. Other tests as indicated by medical symptoms/conditions provided either on-site or by referral (e.g., tuberculin skin test)

EVIDENCE OF PERFORMANCE 3.10

Review:

- Lab policy and procedure for available tests or lab manual,
- CLIA certificate, and
- lab log sheet or system for tracking tests performed and results.

Verify compliance with lab policy and procedures by reviewing:

- Medical records of students receiving lab services.

Standard 3.11 Medications are prescribed, dispensed, administered, and stored in accordance with NC statute, agency protocols, and scope of practice.

a. Non-prescription medications

- Antitussives
- Antihistamines
- Analgesics/antipyretics
- first aid

b. Prescription medications are prescribed and administered per site-specific protocols that have been approved by the medical director or back-up physician

c. Staff who can prescribe and/or administer within the restrictions of their licensure and protocols include:

- Registered nurses
- physician assistants
- nurse practitioners
- physicians
- pharmacists

All medications are stored in a secure, locked area (cabinet, refrigerator, or room).

EVIDENCE OF PERFORMANCE 3.11

Review:

- SBHC medication policy and procedure, and
- Prescription section(s) of protocol manual(s).

Verify compliance by examining:

- Medication storage area(s),
- Medical records of students who were issued medications (prescription and non-prescription) for documentation of dispensing.

Standard 3.12 Oral Health Services are provided.

a. Prevention

- Examination of teeth and mouth during well exams (i.e., Health Check Exams)
- dental prevention education
- dental history in review of systems
- referrals for x-rays, cleaning, sealants

b. Basic Services

- Recommendations for treatment/referrals as needed

EVIDENCE OF PERFORMANCE 3.12

Review:

- SHC oral health services policy and procedure.
- Referral policy and procedure or referral directory with listing dentists/hygienists (including those that accept Medicaid payment).

Verify compliance by reviewing:

- Medical records of students who have had Health Check Exams and/or well exams and
- Referral log or tracking system for students that received dental referrals.

4.0 The SBHC operates under a personnel management system.

Standard 4.1 SHC staff provides service in accordance with written job descriptions that outline the qualifications, responsibilities, scope of practice and supervision including administrative and clinical if appropriate.

EVIDENCE OF PERFORMANCE 4.1

Review:

- Job descriptions, SHC organizational chart, and/or listing of all positions and employees which outline the qualifications (education, licensure, certification, and/or experience);
- SHC-specific responsibilities for each position, percentage of time assigned to SHC; and supervision (administrative, clinical, dual agency).

Verify adherence to the responsibilities, percentage of time assigned to SHC, and supervision as outlined in job descriptions, organizational chart and/or listing of positions and employees by conducting selected:

- Staff interviews.

Standard 4.2 All SHC clinical staff are qualified and have required licensure and/or certification. (See Standards 3.7 and 3.8 for specific guidance for mental health and nutrition)

EVIDENCE OF PERFORMANCE 4.2

Review:

- SHC and/or sponsoring organization's personnel policies and procedures outlining method(s) used to verify and maintain staff's required credentials including education, licensure, certification and experience.

Verify compliance with SHC's personnel policy and procedure for verification and maintenance of SHC staff's credentials by reviewing:

- SHC staff's personnel files for copies of completed job applications, resumes, educational transcripts, diplomas/degrees, and/or current licenses/certifications.

Standard 4.3 SHC implements a personnel management system for all staff working in the SHC including employees, shared positions, and/or volunteers.

- hiring practices
- orientation
- staff development and/or continuing education
- disciplinary action/grievances
- annual performance review at a minimum.

EVIDENCE OF PERFORMANCE 4.3

Review:

- SHC and/or sponsoring organization's personnel policies and procedures and related forms (job application, interview tools, employee orientation manual, confidentiality statement, grievance form, job performance/ evaluation, etc.) which address hiring practices, orientation, staff development and/or continuing education, disciplinary action/grievances, and performance review .

Verify adherence to personnel policies and procedures by reviewing:

- Employees' personnel files

And by conducting:

- SHC staff interviews.

5.0 *The SBHC sets standards for the maintenance, access, content and review of student medical records and information.*

Standard 5.1 A confidential medical record is maintained on site for each student receiving services at the SHC. A separate confidential mental health record may also be maintained on site for students receiving therapy /treatment.

- a. All services provided, including medical, health education, dental, nutrition, mental health, and alcohol and substance abuse counseling are documented in the SHC medical records

For students receiving mental health services, the following documentation is required to be either in the mental health section of the medical record or in a separate mental health record (on site):

- Reason for referral (or reason for visit)
- Psychosocial Assessment (required by 3rd visit)
- A separate mental health consent signed by the student
- Treatment plan signed by clinician and student (required by 3rd visit)
- Progress note for each intervention, including;
 - Date and duration of session (in minutes)
 - Purpose of contact
 - Nature of intervention
 - Relationship of intervention to treatment plan
 - Effectiveness/outcome of intervention (client's response to intervention)
 - Signature and credentials of service provider

The following should also be documented and included in the chart as appropriate and indicated:

- Screening and/or referral form
- Consultation with other professionals
- Authorization for release of information signed by client
- Crisis plan
- Discharge summary and follow-up plan

For centers with multiple sites, there should be consistency with mental health forms and tools used.

Notes: 1) If record is separate, document in medical record that the mental health record exists separately; 2) Records may be kept separate while client is being served but should be reconciled at the end of the service period:

3) Under dual agency agreements, (e.g., MOU's – stipulated as such to also cover confidentiality issues), agencies share a student's medical record without requiring any additional consents on the part of parents or students.

- b. Only SHC staff and authorized individuals who have signed a confidentiality statement, i.e. site reviewers, have access to the students' medical records including sections pertaining to mental health and alcohol/ substance abuse treatment records
- c. Student's medical records are not released without a release of information signed by the parent/guardian
- SHC does not release students' medical records pertaining to pregnancy, substance abuse, emotional disturbance, and STD's to parents unless under life threatening circumstances, according to NC General Statute 90-21.4
 - SHC does not release students' medical records pertaining to alcohol and substance abuse treatment without consent of the individual or a court order per 42CFR

- d. SHC Medical records must be kept separate from the school records
- e. Medical records must be stored in a secured area of the SHC or its alternative storage location
- f. Medical records information must be accessible during school holidays, summer time, and other times when the SHC is not in operation

EVIDENCE OF PERFORMANCE 5.1

Review:

- Medical record policies and procedures and corresponding forms which address consent, confidentiality, release of medical record information, dual agency sharing, storage, and access when SHC is not in operation.

Verify compliance with standards and SHC medical record policies and procedures by observing:

- Medical Record area,
- Conducting SHC staff interviews, and
- Reviewing students' medical records.

Standard 5.2 SHC medical record contains sections for recording:

- consent and release of information forms
- patient history
- visits/procedures
- problem list
- screening and diagnostic tests
- medications
- referrals and
- follow-up

EVIDENCE OF PERFORMANCE 5.2

Review:

- SHC medical record and related forms.

Standard 5.3 SHC systematically follows the NCQA standard for medical records, reviews records for compliance, and institutes corrective action if indicated. The NCQA standard for medical records is as follows:

- a. Each page in the record contains the patient's name or ID number
- b. Personal/biographical data including birth date, parent(s)/guardian(s), address, employer, family size and income, insurance coverage, home and work telephone numbers, marital status, consent, release of information, and patient rights.
- c. All entries in the medical record contain author identification and credentials
- d. All entries dated
- e. The record is legible by someone other than the writer. A second surveyor examines any record judged to be illegible by another surveyor
- f. Significant illnesses and medical conditions are indicated on the problem list
- g. Medication allergies and adverse reactions to other substances are prominently noted in the record. If the patient has no known allergies or history of adverse reactions, this is appropriately noted in the record
- h. Medical and psychosocial history (vital signs, height, weight, BMI, family history, surgeries, childhood illnesses, serious illnesses/injuries, mental illnesses, other complaints) for students seen three or more times
- i. For students seen three or more times, notation of cigarettes, alcohol, and substance use
- j. History (subjective) and physical (objective) are present and pertinent to the student's presenting complaints
- k. Laboratory and other studies are ordered, as appropriate
- l. Working diagnoses are consistent with findings
- m. Treatment plans are consistent with diagnoses and educational plan(s) are documented

- n. Encounter forms or notes have a notation, when indicated, regarding follow-up care, calls, or visits. The specific time of return is noted in weeks, months, or as needed
- o. Unresolved problems from previous office visits are addressed in subsequent visits
- p. Consultations, labs, x-rays, RXs, immunizations (written and/or administered), imaging reports are filed in the chart; and are initiated by the primary care physician to signify review if required. If the reports are presented electronically, or by some other method, there is also representation of physician review if required. Consultation, abnormal lab, and imaging study results have an explicit notation in the record of follow-up plans
- q. An age appropriate immunization record has been initiated
- r. There is evidence that preventive screening and services are offered in accordance with the SHC's practice guideline.

EVIDENCE OF PERFORMANCE 5.3

Review:

- SBHC medical records policies and procedures and associated forms, (i.e. chart review instruments and medical record forms), related to standards, reviews, and corrective actions.

Verify compliance with standards and agency medical records policies and procedures by reviewing

- Recent chart review results and analysis of findings, and
- Corrective action plan(s).

6.0 The SHC provides a safe, accessible, effective and efficient environment of care consistent with its mission, services, and laws/regulations.

Standard 6.1 SHC maintains a current policy and procedure manual which addresses selected aspects of the facility and its operations.

- a. The selected aspects are as follows:
 - organization and function
 - eligibility
 - fee for service
 - rights & responsibility
 - confidentiality
 - consent for care
 - after hours policy
 - medical records
 - referrals/follow-ups
 - clinical services
 - mental health services
 - nutrition services
 - child abuse reporting policy
 - personnel Policies
 - Americans with Disabilities Act (ADA) Policy
 - Disaster/OSHA Blood Borne Pathogen Policy
 - CLIA Policy
 - Quality Assurance Policy
 - Communicable Disease Control (CDC) Reporting Policy
 - facility & operations
- b. Reviewed and updated at least annually and
- c. Documentation of annual review.

EVIDENCE OF PERFORMANCE 6.1

Review:

- Table of contents of SHC's and/or sponsoring organization's policy and procedure manual(s) for policies and procedures that cover the selected areas and
- Signature page documenting annual review of the manual(s).

Standard 6.2 SHC has financial policies and procedures, and an operational billing system in place that includes billing all third party sources.

The financial policies and procedures should address:

- Eligibility for services.
- Students served regardless of ability to pay.
- Composition of registration packet to include:
 - Summary of center collection policies signed by parent or guardian.
 - Questions re: insurance information and requesting copy of card.
 - Questions re: income and family size for those interested in sliding fee scale.
 - Authorization to release medical information for purposes of billing and assignment of benefits.
- Fee schedule and encounter form reviewed/revised annually.
- Sliding fee scale and procedure for adjusting charges, and/or intent to claim Title V exemption for self-pay.
- Posting of charges and payments to student accounts.
- Claims filing and tracking.
- Progressive collection policies that address:
 - Billing all major third party carriers; billing private prior to public insurers.
 - Billing for deductibles, coinsurance, and charges for unassigned and/or non-covered services.
 - Notification of students and parents/guardians of non-covered services for which center intends to bill.
 - Monthly billing in relation to age accounts receivable, and policies for writing off bad debt.
 - Alternative payment arrangements.
- Confidential services in relation to billing.

(Note: See *School-Based and School-Linked Health Center Finance Workbook* for further guidance and sample policies. Refer to sections on "Student Registration" and "Financial Policies and Procedures.")

EVIDENCE OF PERFORMANCE 6.2

Review:

- To assure that SHC financial policies and procedures address each of the major areas listed, and that forms have been developed in compliance with center policies (e.g. encounter form; fee schedule; sliding fee scale; student registration form).
- To assure the Center sets fees at or above the Medicaid fee schedule amount.

Conduct:

- Spot audit of claims tracking system; manual/computerized accounts receivable system that reflects posting of charges, adjustments and payments, remittance advices from various insurance carriers (public and private).
- If claiming Title V exemption for self-pay, track centers receipt of Title V dollars.

Standard 6.3 The SHC is in compliance with OSHA rules regarding occupational exposure to blood borne pathogens.

- a. SHC has a blood borne pathogen exposure control plan
- b. SHC staff receive training in the plan according to OSHA requirements
- c. SHC staff practice universal precautions at all times

- d. SHC has an infectious waste management plan
- e. All medical waste is disposed of according to the plan

EVIDENCE OF PERFORMANCE 6.3

Review:

- SHC and/or sponsoring organizations plan(s) or policies and procedures regarding exposure to blood borne pathogens and disposal of infectious/ medical waste.

Verify compliance with OSHA rules by reviewing:

- Documentation of SHC staff's participation in required training and

Observing

- Use of biohazard waste bags, sharps containers, and gloving practices of providers.

Standard 6.4 SHC is in compliance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA) regulations for the type of laboratory tests being performed on site.

- a. SHC has a certificate of waiver (at a minimum), a certificate for provider performed microscopy procedures, or registration certificate
- b. SHC has a laboratory manual which includes copies of manufacturer's instructions and quality control procedures
- c. Laboratory equipment is labeled, in working order, and calibrated on an annual basis

EVIDENCE OF PERFORMANCE 6.4

Review:

- SHC's laboratory manual and/or policies and procedures.

Verify compliance by observing

- Copy of current CLIA certificate
- Log verifying lab tests performed, results and calibrations

Standard 6.5 SHC complies with NC Department of Health and Human Services Communicable Disease Reporting Rules for the control and reporting of communicable diseases.

- a. Reports "reasonably suspected" diseases and conditions listed in NC Administrative Code, Title 15A, DEHNR, Chapter 19- Health Epidemiology, Subchapter 19A – Communicable Disease Control, Section .0100 – Reporting of Communicable Disease, .0101 Reportable Diseases and Conditions within the time period specified (e.g. 24 hours or 7 days).
- b. Follows proper method of reporting "reasonably suspected" diseases or conditions to the local health director as outlined in Section .0102 – Method of Reporting:
 - 1) Within 24 hours specified time period - by phone within 24 hours, followed by communicable disease report card or in an electronic format provided by the Division of Epidemiology within 7 days and/or
 - 2) Within 7 days specified time Period – by communicable disease report card or in an electronic format provided by the Division of Epidemiology.

EVIDENCE OF PERFORMANCE 6.5

Review:

- SHC policy and procedure for reporting communicable diseases.

Verify compliance with regulations by reviewing completed reporting forms:

- Copies of NC Communicable Disease Report Cards or electronic data base.

Standard 6.6 The SHC is in compliance with all building and safety codes.

- a. SHC has a safety and disaster plan
- b. Emergency exits are clearly lit and marked, and procedures to follow in case of a fire, tornado, or other disaster are visibly posted in SHC

- c. SHC undergoes regular safety inspections by the fire marshal in their community
- d. SHC undergoes building inspections

EVIDENCE OF PERFORMANCE 6.6

Review:

- SHC’s policies and procedures for compliance with its plan for responding to disasters and safety codes;
- CPR certification records of clinical staff.

Verify compliance with standards by observing:

- Emergency cart;
- Building and safety inspection certificates which are current and posted in the SHC, or accessible in the school office;
- Emergency exits which are clearly marked and lit; and
- Evacuation procedures posted in the SBHC.

Standard 6.7 SHC has adequate space to accommodate staff, students, laboratory, and clinical activities.

EVIDENCE OF PERFORMANCE 6.7

Verify compliance by observing:

- Private exam and treatment room(s) with accessible sinks;
- Private areas for counseling, education, and training;
- Laboratory space;
- Waiting and reception area;
- Secure storage area for pharmaceuticals, supplies and records; and
- Patient/employee restroom(s).

7.0 The SHC has implemented a quality assurance plan that assures accessibility and effectiveness of services.

Standard 7.1 The SHC reviews, updates, and revises its goals and objectives annually.

EVIDENCE OF PERFORMANCE 7.1

Review:

- SBHC quality assurance plan for:
 - a) clearly stated goals and objectives;
 - b) process for reviewing, updating and revising those objectives on an annual basis.
- Minutes of staff and/or team meetings/retreats.

Verify participation in process by conducting:

- Interviews with staff and advisory group representatives.

Standard 7.2 SHC reviews, updates, and revises its policies and procedures at least annually.

EVIDENCE OF PERFORMANCE 7.2

Review:

- SBHC policy for reviewing updating and revising policy and procedure manuals

Verify compliance with standard by reviewing:

- current policy and procedure manuals’ signature page(s) signed and dated by appropriate staff and
- Minutes of staff and/or advisory committee meetings where new or revised policies and procedures were discussed or distributed

Standard 7.3 SHC reviews processes and outcomes of care at least annually

- a. Centers are expected to establish program services outcomes and to review achievement on an annual basis.
- b. For Centers receiving state funding, performance measures will include those established by *N.C School Health Center Program*.
- c. Analysis of progress includes comparison of annual performance with baseline data and previous year's performance, as appropriate.

EVIDENCE OF PERFORMANCE 7.3

Review documents:

- SHC holds interdisciplinary staff conferences.

Review:

- Program outcome measures compare with baseline measures and previous performance.

Review:

- Student records.