



# **Nevada School-Based Health CERTIFICATION PROCESS**

[Provided by the Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness]

# Nevada School-Based Health Centers

The Nevada Division of Public and Behavioral Health (NDPBH), Bureau of Child, Family and Community Wellness (BCFCW) supports communities in promoting the health and well-being of the school-age population through evidence-based best practices within a public health framework. Certification of a School –Based Health Center (SBHC) by the NDPBH, BCFCW is voluntary. Existing clinics can choose not to participate in certification and still operate.

Only certified SBHC’s are eligible to receive Nevada Medicaid and Nevada Check-Up reimbursements from the Division of Health Care Financing and Policy in a special category. Certification enables them to have their own Provider Type 17 for billing purposes.



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# Nevada School-Based Health Centers

## NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

### State Certification for SBHCs

Bureau of Child, Family & Community Wellness

#### Why certification standards?

##### *The goals of certification are to:*

- Increase emphasis on best practices,
- Reduce site-to-site variability,
- Increase the ability to study clinical outcomes, and
- Increase the potential for insurance reimbursement.

##### *The certification standards address the following:*

- Administrative procedures for certification,
- Facilities,
- Operations and staffing,
- Laboratory services,
- Clinical services,
- Data collection and reporting, and
- Quality assurance activities.



#### Overview

“The Nevada Division of Public and Behavioral Health (NDPBH), Bureau of Child, Family and Community Wellness supports communities in promoting the health and well-being of the school-age population through evidence-based best practices within a public health framework. Certification of a School –Based Health Center (SBHC) by the NDPBH, Bureau of Child, Family and Community Wellness is voluntary; an operating clinic is free to choose not to participate in certification and still operate. Only certified SBHCs are eligible to receive Medicaid reimbursement payments from the Division of Health Care Finance and Policy (DHCFP) as a special clinic provider type and will have their own Provider Type 17\* for billing purposes. “

#### Certification Process



# SBHC Application for Certification

The following certification application may be completed by the SBHC.

Submission of a certification application indicates that the SBHC and/or its Sponsoring Agency agrees to assume responsibility in assuring that all certification documentation and subsequent follow-up items are completed by the requested date(s) in accordance with the NDPBH, Bureau of Child, Family and Community Wellness (BCFCW) certification review cycle.

**\* requires completion**

\*Name of person completing the application

\*Email of person completing application

\*Phone Number of person completing application

\*Name of County

\*Name of Sponsoring Agency

\*Name of Medical Sponsor contact person (if SBHC is not the Medical Provider)

\*Name of SBHC

# SBHC Application for Certification

## Section A: Certification Process

Please read carefully and attest that all required documents will be available prior and for review during verification site visit.

**The SBHC Administrator attests that the appropriate center staff read and are familiar with the Standards for Certification.**

\* Standards for Certification

Please see **Standards for Certification** for additional information.

**The following documents will be received within one week of sending in the application \***

Floor plan

Copy of current CLIA license

Organizational chart identifying partnerships/structure

Partnership agreements (i.e. MOU)

Your application will not be considered complete until these items are received by the Nevada Division of Public and Behavioral Health (NDPBH), Bureau of Child, Family and Community Wellness.

The intent of the **partnership agreement** is to show the roles and responsibilities between the SBHC and any partners involved with the SBHC, such as a medical sponsor (if not the SBHC) and the school/school district. The agreement may be in the form of a memorandum of understanding, intergovernmental agreement or some other agreement.

**The SBHC Administrator attests that the following specific policies/procedures have been completed, each are signed, and are available for review during the verification site visit:\***

- Non-discrimination
- HIPAA
- Consent for SBHC center services (parent/client)
- Release of student information/medical records when requested by students/parents
- Billing transmission/handling of confidential visits/suppressing EOB
- Emergency procedures (coordinating with school)
- Reporting child abuse
- Complaint/incident review
- Parental involvement with client care
- Coordination of care with shared clients (outside providers/specialists)
- Continuity of care (referrals/within networks)
- Information sharing between SBHC and school nurse
- Students rights & responsibilities are posted in a conspicuous place in the waiting room

Please review the list of required policies and procedures located in the **Standards for Certification**. The non-discrimination and HIPAA policies are not required in the certification binder. The site reviewer may ask to see these and other policies and procedures related to operations and practices during the site visit.

**The SBHC Administrator attests that the appropriate center staff read and are familiar with the required policies and procedures in the Standards of Certification.\***

Standards of Certification

Please see **Standards for Certification** for additional information. Required policies and procedures are located in Section C.

**The SBHC Administrator attests that the appropriate center staff have enrolled and/or received necessary training for: \***

- Medicaid (required for billing) **Can submit application before applying for Medicaid**
- Vaccines for Children (VFC)
- HIPAA
- Mandatory reporting for child abuse

## **Section B: Sponsoring agency/facility**

**The SBHC Administrator attests that a sponsoring agency has been identified. A sponsoring agency is an entity that provides services for a SBHC or contracts with another entity to provide services: \***

Yes

No

## Name of Medical Director\*

Medical Director: a health care provider with a license to practice independently and who has prescriptive authority. The Medical Director may be employed by the Medical Sponsor or the Medical Sponsor may enter into a contract with a licensed health care provider to provide the required services. The Medical Director provides ongoing oversight of the SBHC, at least quarterly, through clinical oversight, chart reviews and policy/procedure development. The Medical Director must be accessible to the SBHC staff by phone to discuss clinical issues and be available to provide clinical assistance as needed.

**Medical Director Credentials \*** Please indicate the credentials held by the Medical director

## Name of Laboratory Director\*

Laboratory Director: The individual assigned as liaison to the entity that holds the CLIA license for the SBHC's lab ("CLIA License Holder"). They are responsible for maintaining the current CLIA licensure, documenting laboratory competency training for staff, on-site lab QA, and ensuring the CLIA License Holder provides the SBHC ongoing oversight for complying with CLIA requirements (lab policies/procedures, quality control, instrument maintenance, proficiency testing, etc.)

**Lab director credentials \*** Please indicate the credentials held by the laboratory director

## Name of SBHC Administrator\*

SBHC Administrator: An identified person with administrative duties who is employed by at least one of the sponsoring agencies of the SBHC. The Site Administrator is the primary contact for the SBHCs administrative functions. The SBHC Administrator may share duties with the SBHC Site Coordinator.

## Name of SBHC Site Coordinator \*

Site Coordinator: An identified person with administrative duties who is employed by at least one of the sponsoring agencies of the SBHC. The Site Coordinator is the primary contact and liaison between the SBHC, State Program Office (SPO), Local Public Health Authority (LPHA), and other SBHC community partners. The SBHC Site Coordinator is responsible for attending SPO meeting and Certification Site Visits.



## Name of Immunization Coordinator \*

Immunization Coordinator: The individual responsible for oversight of immunizations and compliance with all the requirements of the Nevada Vaccines for Children (VFC) program. They oversee the vaccine ordering, storage, temperature monitoring and handling within the SBHC, acts as the SBHC's liaison to Nevada Immunization Program and SBHC immunization coordinator.

## Section C: Operations/Staffing

The SBHC Administrator attests that the documents below are accurate. \*

The SBHC Information Sheet contains the operational profile. (This template found on pages 12–13 needs to be filled out and submit with the application)

The SBHC Staffing Profiles reports the types of providers that will staff the clinic and their working hours. (This template found on page 14 needs to be filled out and submit with the application)

## Section D: Laboratory

The SBHC Administrator attests that the SBHC is in compliance with CLIA requirements and has the following required documentation prior and during review: \*

Valid, current CLIA license

Written policy assuring confidential handling of lab results

Agreement with laboratory for services (including confidential laboratory testing)

The SBHC Administrator attests that all required on site laboratory services are being provided in accordance with Standards for Certification. \*

Required laboratory services are provided per Standards of Certification.

Please review Section D of the **Standards for Certification** for detailed information regarding the required on site services.

# SBHC Application for Certification

## Section E: Services

The SBHC Administrator attests that all required on site primary care services are being provided in accordance with Standards for Certification. \*

Required primary care services are provided per Standards of Certification

Please review the **Standards for Certification** for more detail.

## Section F: Data

The SBHC Administrator attests that the following data requirements have been met: \*

SBHC has an electronic data collection system and has the capacity to collect required data variables

The SBHC Administrator attests that the following data variables shall be collected and the SBHC has the capability to submit: \*

Unique patient identifier

Date of birth

Gender

Race

Ethnicity

Insurance status

Date of visit

Provider type

CPT visit codes

Diagnostic codes (most recent ICD and DSM codes)

The SBHC Administrator attests that appropriate staff are aware of the following requirements: \*

Data reports sent to School Based Center Review personnel

## Section G: Application Requirements

All requirements for the initial application of the SBHC have been met: \*

Yes

No\*

If you answered no you MUST submit the **Certification Waiver Submission Form** found on page 15 This is an explanation of WHY the standard is not being met with a detailed plan and timeline indicating how and when the SBHC will come into compliance with the **Standards for Certification**.

## Section H: Billing

The SBHC Administrator attests that the SBHC providers (M.D., D.O., N.P., N.D., P.A., R.N.) must be eligible for reimbursement from Medicaid and/or Medicare programs, as determined by the Medical sponsor. \*

Billing Practices

## Section I: Application Completion

The SBHC Administrator attests that all information provided in the application for certification is accurate. \*

The information provided in the application and its Supplemental Materials are accurate.

## Section J: FILING OF APPLICATION:

Refer to pages 16 & 17 for instructions on how to submit the application.

Within one week of sending in the application, please submit additional required materials outlined on page 16.

The NDPBH, BCFCW will contact you regarding approval of your application within 30 days of receiving the completed application.

Contact BCFCW 's School Based Health Center Review staff with questions: Eileen Hough at ehough@health.nv.gov. Phone: 775-684-4035

# SBHC Information Sheet (page 1)

**Site Specific Information-please complete for ALL SBHC sites**

Sponsoring Agency: \_\_\_\_\_

Address: : \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Medical Sponsor (*if applicable*): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Are you a Federally Qualified Health Center (FQHC)      Yes    No

CLINIC LOCATION	#1	#2	#3
SBHC Name			
Physical Address			
County			
SBHC phone			
SBHC FAX			
Primary Contact Name			
Position/Title of Primary Contact			
Primary Contact Phone Number			
Primary Contact Email			

# SBHC Information Sheet Continued (page 2)

CLINIC LOCATION	#1	#2	#3
Serves students from other schools	Yes No	Yes No	Yes No
Serves non-school aged population	Yes No	Yes No	Yes No
Pre-K (children from birth through 5 years of age)	Yes No	Yes No	Yes No
Post High School individuals	Yes No	Yes No	Yes No
Faculty and staff of the school	Yes No	Yes No	Yes No
Other (specify other)	Yes No	Yes No	Yes No
Days of Peration (check all that apply)	M T W Th F Sa Su	M T W Th F Sa Su	M T W Th F Sa Su
Number of hours open per week			
Open during summer	Yes No	Yes No	Yes No
Number of hours open per year			

# SBHC Staffing Profile

SBHC Staff	FTE*	Monday	Tuesday	Wednesday	Thursday	Friday
		Hours per Day	Hours per Day	Hours per Day	Hours per Day	Hours per Day
Administrator						
Licensed Behavioral Health Provider						
Data Technician						
Nurse						
Nurse Practitioner						
Physician						
Physician Assistant						
Other (specify):						

- 1FTE = 35—40 hours per week X 36 weeks to 52 weeks

Is the Behavioral Health Provider licensed?      Yes      No

If Behavioral Health Provider is not licensed, does the provider have a supervision agreement in effect?      Yes      No

Does Nurse Practitioner/Physician Assistant have prescriptive authority?      Yes      No

Is the Medical Director, or their back up is available in person or by phone whenever the SBHC is open?      Yes      No

Overall staffing pattern is consistent with Nevada SBHC's **Standards for Certification**?      Yes      No

# Certification Waiver Submission Form (Used for Pre & Post Site Visit)

## CERTIFICATION WAIVER INFORMATION

**Date (dd/mm/yyyy):**

**Name of SBHC:**

**Submitter Contact:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Certification Requirements Not Met** *(if needed use a separate sheet for each standard not being met):*

**Which standard(s) is/are not being met?:**

**Explanation of why standard(s) will not be met:**

**Action Plan to meet standard(s):**

**Expected date of compliance (mm/dd/yyyy):**

# Application Checklist

Please use this checklist to ensure your application packet is complete. The following materials need to be sent to NDPBH, Bureau of Child, Family and Community Wellness:

SBHC Application for Certification (pages 5–11)

SBHC Information Sheet (pages 12–13)

SBHC Staffing Profile (page 14)

Certification Waiver Submission Form (page 15). ONLY use when no was answered in Section G: Application Requirements

These documents are to be submitted within one week of sending in the application. [Your application will not be considered complete until these items are received]:

Floor plan

Copy of current CLIA license

Organizational chart identifying partnerships/structure

Partnership agreements (i.e. MOU)

**Refer to page 17 that contains information about how to process your application materials**



# How to process SBHC Application

The forms can be submitted to:

Eileen Hough: [ehough@health.nv.gov](mailto:ehough@health.nv.gov)

Please contact Eileen with questions at: 775-684-4035

[Before sending packet refer to 'Application Checklist' on page 16](#)

# Roles Description

**Medical Sponsor:** person(s) or entity(ies) that oversees the day-to-day operation of the SBHC through funding, staffing, designation of the medical director, ownership of medical records and liability insurance.

**Medical Director:** a health care provider with a license to practice independently and who has prescriptive authority. The Medical Director may be employed by the Medical Sponsor or the Medical Sponsor may enter into a contract with a licensed health care provider to provide the required services. The Medical Director provides ongoing oversight of the SBHC, at least quarterly, through clinical oversight, chart reviews and policy/procedure development. The Medical Director must be accessible to the SBHC staff by phone to discuss clinical issues and available to provide clinical assistance as needed.

**SBHC Administrator:** An identified person with administrative duties who is employed by at least one of the sponsoring agencies of the SBHC. The Site Administrator is the primary contact for the SBHCs administrative functions. The SBHC Administrator may share duties with the SBHC Site Coordinator.

**SBHC Site Coordinator:** An identified person with administrative duties who is employed by at least one of the sponsoring agencies of the SBHC. The Site Coordinator is the primary contact and liaison between the SBHC, State Program Office ( SPO), Local Public Health Authority (LPHA) and other SBHC community partners. The SBHC Site Coordinator is responsible for attending SPO meetings and Certification site visits.

**Laboratory Coordinator:** The individual assigned as liaison to the entity that holds the CLIA license for the SBHC's lab ("CLIA License Holder"). Responsible for maintaining current CLIA licensure, documenting laboratory competency training for staff, on-site lab QA, and ensuring the CLIA License Holder provides the SBHC ongoing oversight for complying with CLIA requirements (lab policies/procedures, quality control, instrument maintenance, proficiency testing, etc.)

**Immunization Coordinator:** The individual responsible for oversight of immunizations and compliance with all the requirements of the Nevada Immunization Program - Vaccines for Children (VFC) program The Immunization Coordinator oversees the vaccine ordering, storage, temperature monitoring and handling) within the SBHC, acts as the SBHC's liaison to Nevada Immunization Program

**Quality Assurance Coordinator:** The person designated to oversee the SBHC's quality improvement processes, including conducting the annual chart reviews and reporting of the SPO's Key Performance Measures.



**Nevada Division of Public and  
Behavioral Health (NDPBH),  
Bureau of Child, Family and Community  
Wellness (BCFCW)**

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