

**Oregon School-Based Health SBHCs**

STANDARDS FOR CERTIFICATION

DRAFT

**Section A**

Certification process.....Page 3

- A.1 Requirements of certification
- A.2 Administrative procedures
- A.3 Compliance/Waiver requirements

**Section B**

Sponsoring agency/facility.....Page 6

- B.1 Sponsoring agency requirements
- B.2 Facility requirements

**Section C**

Operations/staffing.....Page 8

- C.1 Hours of operation minimum requirements
- C.2 Staffing minimum requirements
- C.3 Eligibility for services minimum requirements
- C.4 Policies and procedures minimum requirements

**Section D**

Laboratory/diagnostic services.....Page 9

- D.1 Laboratory certification minimum requirements
- D.2 Laboratory reporting minimum requirements
- D.3 Relationship with CLIA–certified lab minimum requirement
- D.4 Laboratory/diagnostic services minimum requirements
- D.5 Equipment minimum requirements

**Section E**

Comprehensive services.....Page 11

- E.1 Comprehensive services minimum requirements
- E.2 Equipment requirements

**Section F** Data collection/reporting.....Page 14

- F.1 Data collection requirements
- F.2 Data variable requirement
- F.3 Data reporting requirements

Section G Billing.....Page 14

G.1

## Section A Certification process

### A.1 Requirements of certification

- a. An individual with legal authority to act on behalf of the entity that administers a SBHC may apply for certification of a SBHC by submitting a SBHC Certification Application to the Authority via electronic mail to the program's electronic mail address posted on the program's website or by mail to the mailing address posted on the program's website, [www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc). Instructions and criteria for submitting a SBHC Certification Application is posted on the program's website.

### A.2 Administrative procedures:

- a. Initial certification of a SBHC involves the completion of all of the following:

- state-required application, and
- site visit from the State Program Office (SPO).

- (1) An individual may submit an application for more than one SBHC provided that each SBHC will be administered by the same entity and each SBHC individually meets the certification requirements. The program shall review the application within 30 days of receiving the application to determine whether it is complete.
- (2) If the program determines that the application is complete it will be reviewed to determine if it meets certification requirements described in OAR 333.0128-0220. If the program determines that on the face of the application and in reviewing any other applicable documents that the SBHC meets the certification requirements the program shall:
  - (a) Inform the applicant in writing that the application has been approved;
  - (b) Request the applicant complete the program's online Operational Profile forms prior to the on-site verification review; and
  - (c) Schedule an on-site verification review.
- (3) If a SBHC does not meet certification requirements in their certification application, the Authority may choose one of the following actions:
  - (a) The program may deny SBHC certification if the SBHC does not meet the requirements of these rules. An applicant may request that the program

reconsider the denial of SBHC certification. A request for reconsideration must be submitted in writing to the program within 90 days of the date of the denial letter and must include a detailed explanation of why the applicant believes the program's decision is in error along with any supporting documentation. The program shall inform the applicant in writing whether it has reconsidered its decision; or

- (b) The program may approve the applicant's SBHC certification based on an agreed upon timeline for a corrective action plan for the non-compliant requirements. The site must submit a waiver to the program that includes an explanation of the non-compliant requirements, a plan for corrective action and date for meeting compliance.
  - (c) A certified SBHC must renew its certification no later than October 1 each year via the program's online Operational Profile forms in order to remain certified.
  - (d) The program will notify SBHCs of their certification renewal status by November 1 each year.
- (4) Once a SBHC is certified, the certification status is effective for the following certification year.

### A.3 Verification

- (a) The program shall conduct one on-site verification review of each approved SBHC within one year of application approval to determine compliance with SBHC certification requirements.
- (b) After the initial on-site verification review, the Authority shall conduct an on-site verification review every two years for a representative sample of certified SBHCs in each SBHC system.
  - (1) A SBHC will be notified, in writing, no less than 30 days before its scheduled verification review.
  - (2) A SBHC must permit program staff access to the site's place of business during the review.
  - (3) The verification review must include, but is not limited to:

- (a) Review of documents, policies and procedures, and records;
  - (b) Review of electronic medical record systems, review of electronic health records systems, and review of practice management systems;
  - (c) Review of data reports from electronic systems or other patient registry and tracking systems;
  - (d) Interviews with practice management, clinical and administrative staff;
  - (e) On-site observation of practice staff with at a minimum two patients, with the consent of the patient; and
  - (f) On-site observation of patient environment and physical environment.
- (4) Following a review, program staff may conduct an exit interview with SBHC representative(s). During the exit interview the program staff shall:
- (a) Inform the SBHC representative(s) of the preliminary findings of the review; and
  - (b) Give the SBHC representatives(s) a reasonable opportunity to submit additional facts or other information to the program staff in response to the findings.
- (5) Within two weeks of the on-site visit program staff must prepare and provide the SBHC with a written report of the findings from the on-site review.
- (6) If no certification deficiencies are found during the review, the program shall issue written findings to the SBHC indicating no deficiencies were found.
- (7) If certification deficiencies are found during the on-site review, the program may take action in compliance with OAR 333-028-0250.
- (8) The program may conduct a review of a certified SBHC without prior notice of any or all selected certification requirements for compliance and perform a verification on-site review of a certified SBHC if the program is made aware of issues of compliance from any source.
- (9) At any time, a SBHC may request an administrative review of compliance, which includes one on-site visit. The review will be considered a “no penalty”

review with the exception of gross violation or negligence that may require site closure or temporary suspension of services.

### A.3 Compliance/Waiver requirements

- (a) A SBHC must notify the program within 20 days of any change that brings the SBHC out of compliance with the certification requirements. A SBHC must submit a waiver to the program that includes an explanation of the non-compliant requirement, a plan for corrective action and date for meeting compliance.
- (b) The program will review the waiver request and inform the SBHC of approval or denial of the waiver within two weeks of submission.
- (c) If the waiver is approved the SBHC must comply with certification requirements by the proposed date of compliance.
- (d) If a waiver is denied; an SBHC does not come into compliance by the date of compliance stated on the waiver; or the SBHC is out of compliance with certification requirements and has not submitted a waiver the program may:
  - (1) Require the SBHC to complete an additional waiver with an updated plan for corrective action and updated date for meeting compliance;
  - (2) Issue a written warning with a timeline for corrective action; or
  - (3) Issue a letter of non-compliance with the notification of a suspension or decertification status.
- (e) A SBHC that had been decertified may be reinstated after reapplying for certification.
- (f) A SBHC with its certification status suspended may have its suspension lifted once the program determines that compliance with certification requirements has been achieved satisfactorily.

## Section B Sponsoring agency/facility

### B.1 Sponsoring agency requirements

a. A sponsoring agency is an entity that provides the following services for a SBHC or contracts with another entity to provide one or more of the following:

- Funding;
- Staffing;
- Medical oversight;
- Liability insurance; and
- Billing support

b. An SBHC may have more than one sponsor, but at least one of the sponsors must meet the definition of a medical sponsor.

c. Medical sponsorship requirements

Medical sponsorship shall include:

- Medical liability coverage;
- Ownership of medical records.
- Designation of an SBHC medical director (health care provider with a license to practice independently with the population being served and who has prescriptive authority (e.g., M.D., D.O., N.D., N.P.), the medical director is actively involved in development of clinical policies and procedures, review of records and clinical oversight;

d. All sponsoring agencies must have a written agreement with the SBHC describing their role in SBHC operations.

e. The local public health authority retains the right to approve expenditure of public funds used to provide public health services on the local level (ORS 431.375 section 3) and thus has first right of refusal to become the SBHC medical sponsor when public funds are awarded for SBHCs. Once relinquished in accordance with the rules, the decision will be reviewed each biennial funding cycle.

## B.2 Facility requirements

a. A SBHC is defined as space located on the grounds of a school in a school district or on the grounds of a school operated by a federally recognized Indian tribe or tribal organization used exclusively for the purpose of providing primary health care, preventive health, behavioral health, oral health and health education services (ORS 413.225). Oregon's SBHC model excludes mobile health units/vans.

b. A copy of patient rights and responsibilities must be posted in plain view.

c. Though there may be differences in SBHCs from site to site, and multiple-use spaces are allowable, the following must be present within the SBHC:

- Waiting/reception area;
- Exam room(s) with sink;
- Bathroom facility;
- Office area;
- Secure records storage area;
- Secure storage area for supplies (e.g. medications, lab supplies);
- Designated lab space with sink and separate clean and dirty areas;
- Confidential phone (placing confidential phone calls and receiving confidential messages);
- Confidential fax (SBHC staff access only).

d. For the purposes of confidentiality, there must be at least two separate rooms with appropriate soundproofing, window coverings and doors that provide necessary sound and sight security for private examination and conversations, both in person and on the telephone.

e. To optimize use of staff, there must be at least one exam/counseling room available per full-time equivalent (FTE) provider (M.D., D.O., N.D., N.P., P.A., R.N. or a Qualified Mental Health Professional (QMHP)) staffed during hours of operation.

f. A facility floor plan (to scale) must be submitted for approval to the SPO with the initial certification application.

## **Section C Operations/staffing**

### **C.1 Hours of operation minimum requirements**

a. SBHC must be open a minimum of three days/week when school is in session.

b. SBHC must be open for at least 15 hours/week.

c. Both walk-in and scheduled appointments shall be available for SBHC services.

d. Demonstrates a mechanism to reassign administrative requests, prescription refills, and clinical questions when a provider is not available.

e. Information on how to access care outside of clinic hours or when the provider is not available shall be posted outside the main entrance of the SBHC and available by telephone answering or voice mail system that is accessible 24 hours a day on a direct phone line.

## C.2 staffing minimum requirements

### a. SBHC staff shall include at a minimum:

- Support staff (office assistant) — 15 hours/week;
- Primary care provider (M.D., D.O., N.P., N.D., P.A.) - 10 hours/week, at least two days/week;
- An additional 10 hours /week must be provided by a medical, dental or mental health professional and may include M.D., D.O., N.P., N.D., P.A., D.M.D., E.F.D.A., R.D.H., R.N., L.P.N. and /or a QMHP;
- Note: At least one licensed medical professional (e.g., M.D., D.O., N.P., N.D., P.A., D.M.D, E.F.D.A., R.D.H., R.N., L.P.N. and/or QMHP) must be available each day the SBHC is open for clinical services.
- The intent of the staffing model is to ensure no person is on site alone during hours of operation, to provide protection from property loss, HIPAA violations or personal injury

### b. A Qualified Mental Health Professional and alcohol and other drug assessment capacity shall be available either on site or through referral.

The mental health provider shall:

- Be a Qualified Mental Health Professional;
- Be trained at the master's degree level in a mental health field;
- Be eligible for reimbursement for services rendered;
- Be able or have an agreement with a licensed professional to prescribe medications for mental health conditions as clinically indicated;
- Provide AOD assessment. If such capacity is not available through the mental health provider, this must be available by referral to an outside provider. A written agreement with the outside provider or agency must be in place to provide services and for sharing of information necessary to provide coordinated care.

### c. Each SBHC shall have a designated site coordinator. The site coordinator shall be employed by the sponsoring agency (or one of the sponsoring agencies) and may be one listed above.

### d. A provider (Medical Sponsor, M.D., D.O., N.P., N.D., and P.A.) must be enrolled in the Vaccines for Children (VFC) program and an immunization coordinator must be designated.

## C.3 Eligibility for services minimum requirements

All students in the school are eligible for services per Oregon Revised Statutes (ORS).

- a. Students 15 years of age or older may consent for physical health services (14 years of age or older for mental health services) (OR Rev. St. 109.640, OR Rev. St. 109.675). If needed services are not available on site, appropriate referral is required.
- b. Students of any age may consent for reproductive health and family planning services and for diagnosis and treatment of STIs (OR Rev. St. 109.640, OR Rev. St. 109.610). If needed services are not available on site due to local policy restrictions, appropriate referral is required.
- c. Students shall not be denied access to services based on insurance status or ability to pay.
- d. Students shall not be denied access to services based on race, color, national origin, religion, immigration status, sexual orientation, developmental or cognitive disability or gender.

#### C.4 Policies and procedures minimum requirements

- a. SBHC must have written policies set forth and in place for:
  - Consent for SBHC services (parent and/or client);
  - Release of school aged youth information and access to medical records to parents when requested by parents;
  - Method of transmitting billing and other fiscal information to agencies, including the handling of explanation of benefits (EOB) statements for confidential patient visits;
  - Emergency procedures (disaster/fire/school violence);
  - Reporting of child abuse and maltreatment;
  - Complaint and incident review;
  - Parental involvement;
  - Coordination of care with shared clients;
  - Continuity of care;
  - Information sharing policy between school nurse and SBHC staff.
- b. The written policies and procedures shall be reviewed and updated every two years. The review shall be documented in writing and include updated signatures on each policy from the SBHC administrator.

#### **Section D** Laboratory/diagnostic services

**D.1 Laboratory certification minimum requirements:**

a. SBHC must meet Oregon State Public Health Laboratory (OSPHL) requirements and hold a valid Clinical Laboratory Improvement Amendments (CLIA) certificate for the level of testing performed or participate in a multiple site CLIA license.

**D.2 Laboratory reporting minimum requirements**

- a. SBHC must have written protocols that assure timely review of lab results, documentation and follow-up of abnormal labs.
- b. SBHC must have a written policy in place that assures confidential handling of lab results.

**D.3 Relationship with CLIA–certified lab minimum requirement**

a. SBHC must have a written agreement with a fully licensed (CLIA-certified) lab that can provide lab services not available on site or restricted by the site license.

**D.4 Laboratory/diagnostic services minimum requirements**

- a. The following includes services that must be available either:
  - (On) on site at the SBHC;
  - (Ref) Referral required if not on site with system for tracking referrals and follow up.

Minimum Requirements	Elementary	Middle	High School
Urinalysis	On	On	On
Hgb and /or Hct	On	On	On
Blood glucose	On	On	On
Strep throat <sup>1</sup>	On	On	On
Venipuncture	Ref	Ref	Ref
PPD <sup>2</sup>	Ref	Ref	Ref
Pregnancy test <sup>3</sup>	Ref	On	On
STI <sup>4</sup>	Ref	On	On
Pap smear	Ref	On	On
HIV test	Ref	Ref	Ref
Wet mount	Ref	Ref	Ref
Blood lead level	Ref	Ref	Ref
Imaging (x-ray, etc.)	Ref	Ref	Ref

1 Rapid or culture

2 If significant high risk population is present then site must provide service on-site.

3 UHCG

4 Chlamydia, GC, syphilis

## D.5 Equipment minimum requirements

- a. Equipment must be maintained and calibrated regularly in compliance with all OSPHL licensing and CLIA requirements.

## Section E Comprehensive services

### E.1 Comprehensive services minimum requirements

- a. The following includes services that must be available either
- (On) On site at the SBHC;
  - (Ref) Referral required if not on site with system for tracking referrals and follow up

*1 All immunizations must meet VFC guidelines.*

<b>b. Primary Care</b>	<b>Elementary</b>	<b>Middle</b>	<b>High</b>
Comprehensive medical histories:	On	On	On
Comprehensive physical exams:	On	On	On
Immunizations <sup>1</sup> (footnote: immunization services must meet VFC program requirements)	On	On	On
Developmental assessments	On	On	On
Assessment of educational, achievement and attendance issues:	On	On	On
Evaluation and treatment of:			
non-urgent conditions	On	On	On
acute conditions	On	On	On
chronic conditions	On	On	On
Medical case management	Ref	Ref	Ref
Medical specialty services	Ref	Ref	Ref
Social Services assessment and referral	Ref	Ref	Ref
<b>c. Screening</b>			
Height /weight/body mass index (BMI)	On	On	On
Blood pressure	On	On	On
Vision screening	On	On	On
Hearing screening	Ref	Ref	Ref
Scoliosis screening	On	On	On

<b>d. Dental</b>			
Visual inspection of teeth and gums:	On	On	On
Preventive dental education and counseling: (Fluoride available by prescription)	On	On	On
Comprehensive dental evaluation and treatment:	Ref	Ref	Ref
<b>e. Pharmacy</b>			
Capacity to write prescriptions for non-urgent, acute and chronic conditions	On	On	On
<b>f. Reproductive Health Services</b>			
Reproductive health exam:	Ref	On	On
Prescriptions for contraceptives (hormonal, diaphragm, IUD):	Ref	Ref	Ref
Condom availability:	Ref	Ref	Ref
STI prevention education, testing, and treatment	Ref	On	On
Pregnancy prevention education and testing	Ref	On	On
Prenatal Care	Ref	Ref	Ref
HIV testing and counseling	Ref	On	On
HIV treatment	Ref	Ref	Ref
<b>g. Preventive health services</b>			
Provision of age appropriate anticipatory guidance	On	On	On
Health assessment	On	On	On
Targeted patient education:	On	On	On
<b>h. Behavioral health services*</b>			
Individual behavioral health assessment	On	On	On
Individual, group and family counseling and treatment	Ref	Ref	Ref

\*Behavioral health services are inclusive of mental health and substance abuse

## E.2 Equipment requirements

- a. Equipment must be maintained and calibrated per manufacturer and/or agency guidelines.
- b. SBHC must have a process in place for Quality Assurance per manufacturer and/or agency guidelines
- c. SBHC must have appropriate emergency medical equipment per agency guidelines which is inspected regularly.

### E.3 Medications guidance

- a. Any medications kept on site must be kept in accordance with local, state and federal rules and regulations.

## Section F Data collection/reporting

### F.1 Data collection requirements

- a. SBHC must maintain an electronic data collection system that is compatible with the SPOs data collection system and has the capacity to collect the required variables listed below. Compatibility means the system can export required variables in a useable format.

### F.2 Data variable requirements

- a. Certain data variables shall be collected at each encountered visit including:
  - Unique patient identifier (not name);
  - Date of birth;
  - Gender;
  - Race;
  - Ethnicity;
  - Insurance status (to include at a minimum the following categories: Medicaid, other public, private, none, unknown, CCare);
    - Payor Name
    - Total Charges
    - Total payments
  - Date of visit;
  - Location of visit (site identification);
  - Provider type (as defined by SPO);
  - CPT visit code(s);
  - Diagnostic code(s) (most recent ICD and DSM code(s)).

### F.3 Data reporting requirements

- a. Data shall be reported to the SPO on an annual basis. A mid-year preliminary report may be requested by the state as a means of monitoring sites' data collection operations and to provide technical assistance if problems are noted.
- b. SBHC shall complete an annual chart review based on SPO-required key performance measures, to be submitted to the state program office annually.

## Section G Billing

### G.1 Billing requirements

- a. Providers (M.D., D.O., N.P., N.D., P.A., R.N., and D.M.D.) must be eligible for reimbursement from Medicaid
- b. Providers should be credentialed with private insurance companies for reimbursement whenever possible
- c. SBHCs must bill Medicaid
- d. SBHCs must have a system in place to assure confidential visits through suppression of EOBs or billing activities.

### Acronyms/abbreviations

ADA - Americans with Disabilities Act

AOD - Alcohol and other drugs

CLIA - Clinical Laboratory Improvement Amendments

CPT - Current procedural terminology

D.O. - Doctor of Osteopathy

DMAP - Department of Medical Assistance Programs (Medicaid)

DSM IV - Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition

FTE - Full-time equivalent

CCare – Contraceptive Care

GC - Gonorrhea

Hgb/Hct - Hemoglobin/ hematocrit

HIV/AIDS - Human immunodeficiency virus/acquired immune deficiency syndrome

ICD-9 or 10 - International Classification of Disease- Version 9 or 10

IUD - Intrauterine device (contraceptive)

KOH - Potassium hydroxide preparation (fungal smear)

L.P.N. - Licensed Practical Nurse

M.D.- Doctor of Medicine

N.D. - Naturopathic Doctor

N.P. - Nurse Practitioner

OAR - Oregon Administrative Rules

OHP - Oregon Health Plan  
OTC - Over-the-counter  
OSPHL- Oregon State Public Health Laboratory  
ORS - Oregon Revised Statutes  
OSHA - Occupational Safety and Health Association  
P.A. - Physician assistant  
PAP - Papanicolaou smear (cervical screening test)  
PPD - Intradermal tuberculosis screening test  
QA - Quality assurance  
QMHP - Qualified Mental Health Professional  
R.N. - Registered Nurse  
RX - Prescription medication  
SBHC - School-based health SBHC  
STI - Sexually transmitted infection  
SPO - State Program Office  
UHCG - Urine human chorionic gonadotropin (qualitative pregnancy test)  
VFC - Vaccines for Children

## STANDARDS FOR CERTIFICATION

Contact information

### **SBHC State Program Office**

For questions, please send an email to [sbhc.program@state.or.us](mailto:sbhc.program@state.or.us)  
or call 971-673-0249.

### **Additional Information**

Department of Human Services, School-Based Health SBHC Program  
Web site: [www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc)

### **Acknowledgements**

The SBHC State Program Office gratefully acknowledges the work of our partners in revising this document: The Oregon School-Based Health Care Network, Local Health Departments, and Maternal Child Health - Conference of Local Health Officials.

This document can be provided upon request in alternative formats for individuals with disabilities.

Other formats may include (but are not limited to) large print, Braille, audio recordings, Web-based communications and other electronic formats.

Email [sbhc.program@state.or.us](mailto:sbhc.program@state.or.us), call 971-673-0271 (voice) or call 503-731-4031 (TTY) to arrange for the alternative format that will work best for you.

Oregon Health Authority  
800 NE Oregon St., Suite 805  
Portland, OR 97232  
Telephone: 971-673-0271  
FAX: 971-673-0250  
[www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc)  
**DHS 9721 (Rev. 4/2010)**

DRAFT