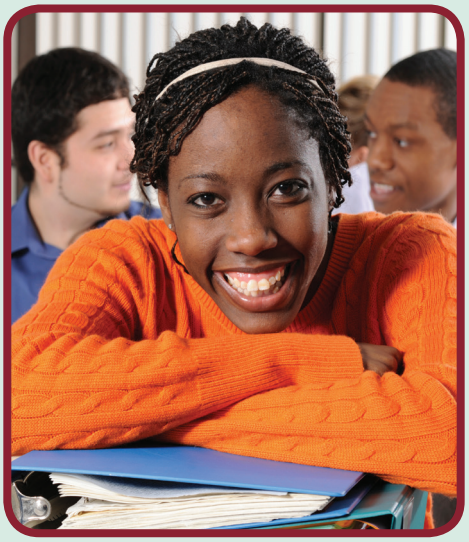
Oregon School-Based Health Centers

Standards for Certification



2014

Oregon Health Authority

Oregon SBHC School-Based Health Centers

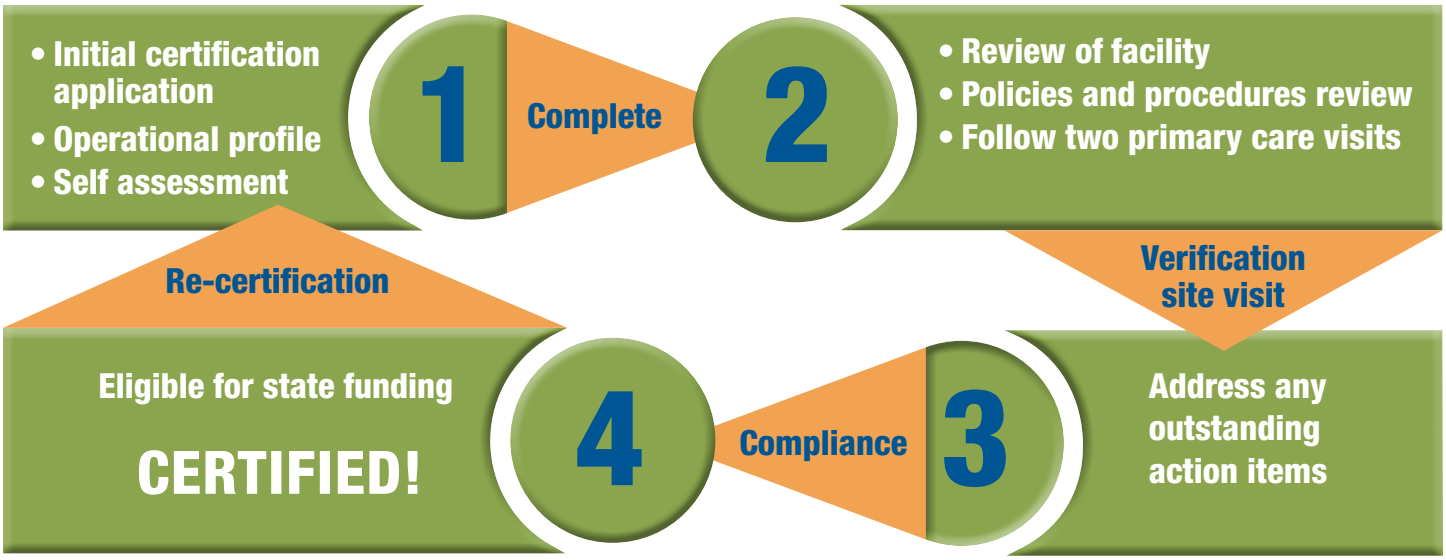
Oregon School-Based Health Centers

Standards for Certification

The School-Based Health Center (SBHC) program supports communities in promoting the health and well-being of the school-age population through evidence-based best practices within a public health framework.

Oregon's certification process was originally implemented in 2000 with the goal to standardize the SBHC model by increasing emphasis on best practices, reducing site-to-site variability, increase the ability to study clinical outcomes and increase the potential for insurance reimbursement. In 2014, Oregon Administrative Rules 333-028-0200 through 333-028-0250 were adopted to establish the procedures and criteria the Oregon Health Authority shall use to certify, suspend and decertify SBHCs. Certification of a SBHC by the SBHC state program is voluntary; an operating clinic is free to choose not to participate in certification and still operate. Only certified SBHCs are eligible for funding from the Oregon Health Authority.

SBHC Certification Process



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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. Instructions and criteria for submitting a SBHC Certification Application are posted on the program's website.

A.2 Administrative procedures

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

(1) State-required application; and

(2) On-site verification review from the State Program Office (SPO).

(i) 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.

(ii) If the program determines that the application is not complete, it will be returned to the applicant for completion and resubmission.

(iii) If the program determines that the application is complete it will be reviewed to determine if it meets certification requirements described in OAR 333-028-0220. 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.

*(see OAR 333-028-0200 – OAR 333-028-0250)

(iv) 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. The program will provide the applicant with a clear description of reasons for denial based on the certification standards in the denial letter. 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.

(v) Once a SBHC is certified, the certification status is effective for the following certification year.

A.3 Verification review

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) SBHCs will be notified, in writing, no less than 30 days before its scheduled verification review.

(2) SBHCs 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:

(i) Review of documents, policies and procedures, and records;

(ii) Review of electronic medical record systems, review of electronic health records systems, and review of practice management systems;

(iii) Review of data reports from electronic systems or other patient registry and tracking systems;

(iv) Interviews with practice management, clinical and administrative staff;

(v) On-site observation of practice staff with at a minimum two patients, with the consent of the patient; and

(vi) 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:

(i) Inform the SBHC representative(s) of the preliminary findings of the review; and

(ii) 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 (Section A.4).

(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.4 Compliance/waiver requirements

a. SBHCs must notify the program within 20 days of any change that brings the SBHC out of compliance with the certification requirements. SBHCs 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; a 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. SBHCs that had been decertified may be reinstated after reapplying for certification.

f. SBHCs with its certification status suspended may have its suspension lifted once the program determines that compliance with certification requirements has been achieved satisfactorily.

g. If there are updates to the current rules that require a SBHC to make any operational changes, the program will allow the SBHC until the beginning of the next certification year or a minimum of 90 days to come into compliance.

B.1 Sponsoring agency requirements

a. A sponsoring agency is an entity that provides 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. SBHCs 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 shall include:
   - Medical liability coverage;
   - Ownership of medical records; and
   - Designation of a SBHC medical director (health care provider with a license to practice independently with the population being served and who has prescriptive authority such as an M.D., D.O., N.D., N.P., and 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 use of public funds to provide public health services on the local level (Oregon Revised Statutes [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.

B.2 Facility requirements

a. SBHCs are 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); and
- 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.

C.1 Hours of operation minimum requirements

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

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

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

d. SBHCs must demonstrate 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 QMHP and alcohol and other drug (AOD) assessment capacity shall be available either on site or through referral.

(1) The mental health provider shall:

- Be a QMHP;
- 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; and

- 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., or 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) (ORS 109.640, ORS. 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 (ORS 109.640, ORS 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. SBHCs must have written policies set forth and in place for:

- Consent for SBHC services (parent and/or client);
- Release of information and/or 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; and
- 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. SBHCs 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. SBHCs must have written protocols that ensure timely review of lab results, documentation and follow-up of abnormal labs.

b. SBHCs must have a written policy in place that ensures confidential handling of lab results.

D.3 Relationship with CLIA–certified lab minimum requirement

a. SBHCs 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 table includes services that must be available either:

- (On) On site at the SBHC; or
- (Ref) Referral required (if not on site) with system for tracking referrals and follow up.

Laboratory/diagnostic services minimum requirements

Minimum requirements	Elementary (K-5)	Middle (6-8 or K-8)	High school (9-12 or K-12)
Urinalysis	On	On	On
Hgb and/or Hct	On	On	On
Blood glucose	On	On	On
Strep throat[1]	On	On	On
Venipuncture	Ref	Ref	Ref
PPD[2]	Ref	Ref	Ref
Pregnancy test[3]	Ref	On	On
STI[4]	Ref	On	On
Pap smear	Ref	On	On
HIV test	Ref	On	On
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 to meet all OSPHL licensing and CLIA requirements.

E.1 Comprehensive services minimum requirements

a. The following table includes services that must be available either:

- (On) On site at the SBHC; or
- (Ref) Referral required (if not on site) with system for tracking referrals and follow up.

Comprehensive services minimum requirements

Primary Care	Elementary (K-5)	Middle (6-8 or K-8)	High school (9-12 or K-12)
Comprehensive medical histories	On	On	On
Comprehensive physical exams	On	On	On
Immunizations[1]	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
Screening			
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

[1] Immunization services must meet VFC program requirements

Comprehensive services minimum requirements (continued)

Dental	Elementary (K-5)	Middle (6-8 or K-8)	High school (9-12 or K-12)
Visual inspection of teeth and gums	On	On	On
Preventive dental education and counseling	On	On	On
Fluoride available by prescription	On	On	On
Comprehensive dental evaluation and treatment	Ref	Ref	Ref
Pharmacy			
Capacity to write prescriptions for non-urgent, acute and chronic conditions	On	On	On
Reproductive health services			
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
Preventive health services			
Provision of age appropriate anticipatory guidance	On	On	On
Health assessment	On	On	On
Targeted patient education	On	On	On
Behavioral health services*			
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. SBHCs must have a process in place for Quality Assurance per manufacturer and/or agency guidelines.

c. SBHCs must have appropriate emergency medical equipment per agency guidelines that 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. SBHCs 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); and
- 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. SBHCs 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 determine whether their payors have mechanisms for maintaining confidentiality when billing for services (e.g. ability to suppress EOBs for confidential visits). If a procedure does not exist, the SBHCs should work with the payor to determine the best method for the SBHC to bill for services while preventing an inadvertent disclosure of personal health information.

Section H Terminology

H.1 Definitions (OAR 333-028-0210)

Term	Definition
Authority	Refers to the Oregon Health Authority.
Certification year	A one-year period beginning on July 1 and ending on June 30.
Electronic Health Record (EHR)	An electronic record of an individual's health-related information that conforms to nationally recognized interoperability standards and that can be created, managed and consulted by authorized clinicians and staff across more than one health care provider.
Electronic Medical Record (EMR)	A digital version of a paper chart that contains all of the patient's medical history from one practice. An EMR is mostly used by providers for diagnosis and treatment.
Program	Refers to the Oregon Health Authority, Public Health Division, School-Based Health Center program.
School-Based Health Center (SBHC)	Has the meaning given the term in ORS 413.225.
SBHC system	Is one or more SBHCs that operate under the same sponsoring agency.
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: (a) Funding; (b) Staffing; (c) Medical oversight; (d) Liability insurance; and (e) Billing support.

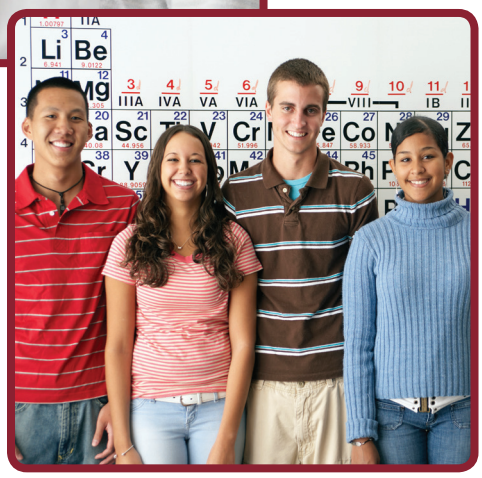
H. 2 Acronyms/abbreviations

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 Center
STI	Sexually transmitted infection
SPO	State Program Office
UHCG	Urine human chorionic gonadotropin (qualitative pregnancy test)
VFC	Vaccines for Children

Contact information

SBHC State Program Office
For questions, please send an email to sbhc.program@state.or.us or call 971-673-0249 or fax 971-673-0250.

Additional Information
Oregon Health Authority,
School-Based Health Center Program
www.healthoregon.org/sbhc



Acknowledgments

The SBHC State Program Office gratefully acknowledges the work of our partners in revising this document: The Oregon School-Based Health Alliance, local health departments, and Healthy Families - Conference of Local Health Officials.

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OHA 8990 (5/2014)