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# SBHC Standards for Certification – Version 4 Proposed Changes

April 6, 2016



# Agenda

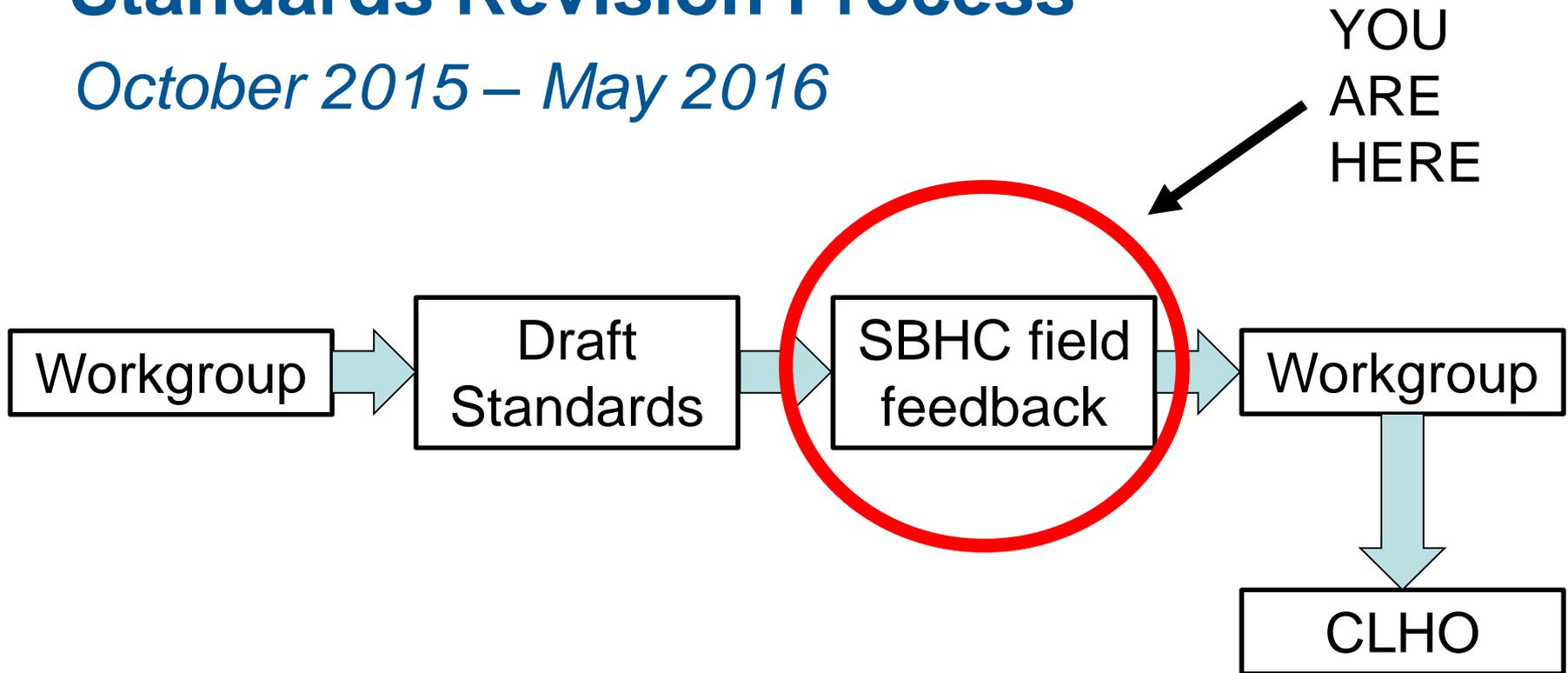
- Background – Why Review?
- Revision Process Overview
- Proposed Changes of Note to Standards
- Next Steps
- Q&A

# Why Review the Standards?



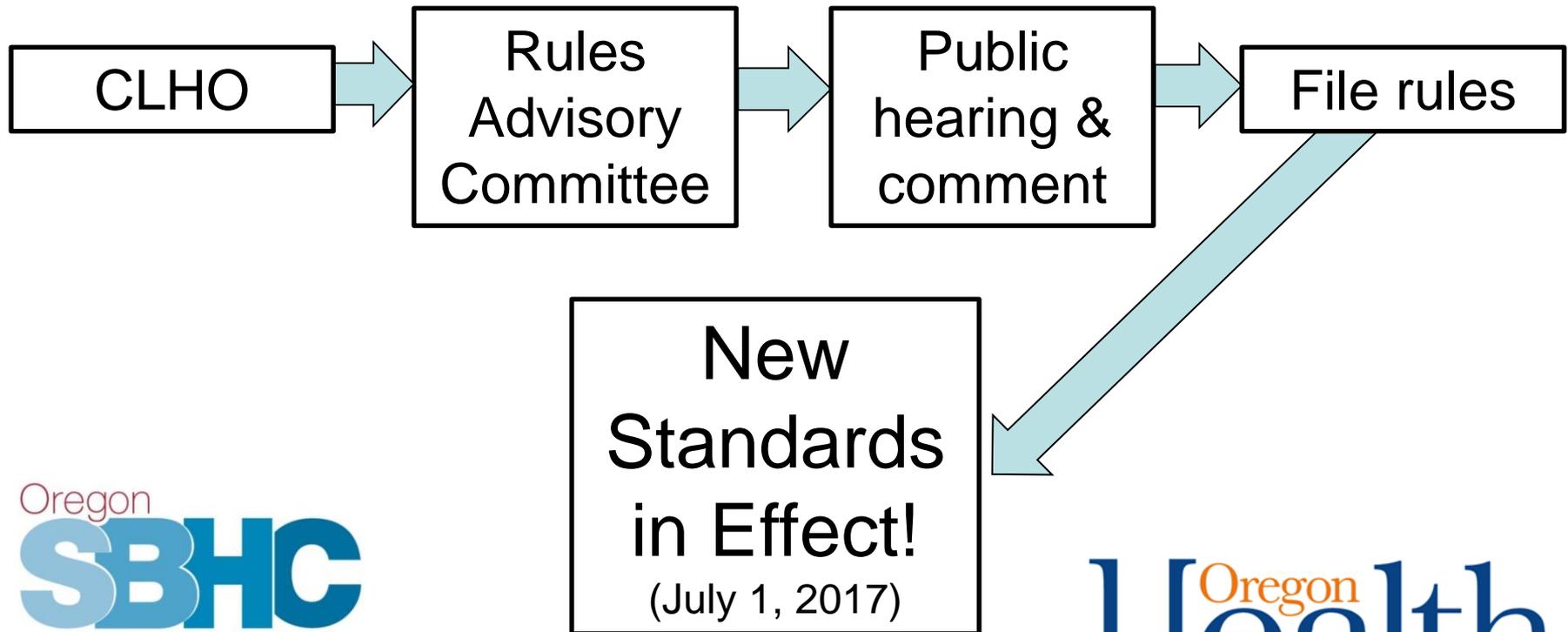
# Standards Revision Process

*October 2015 – May 2016*



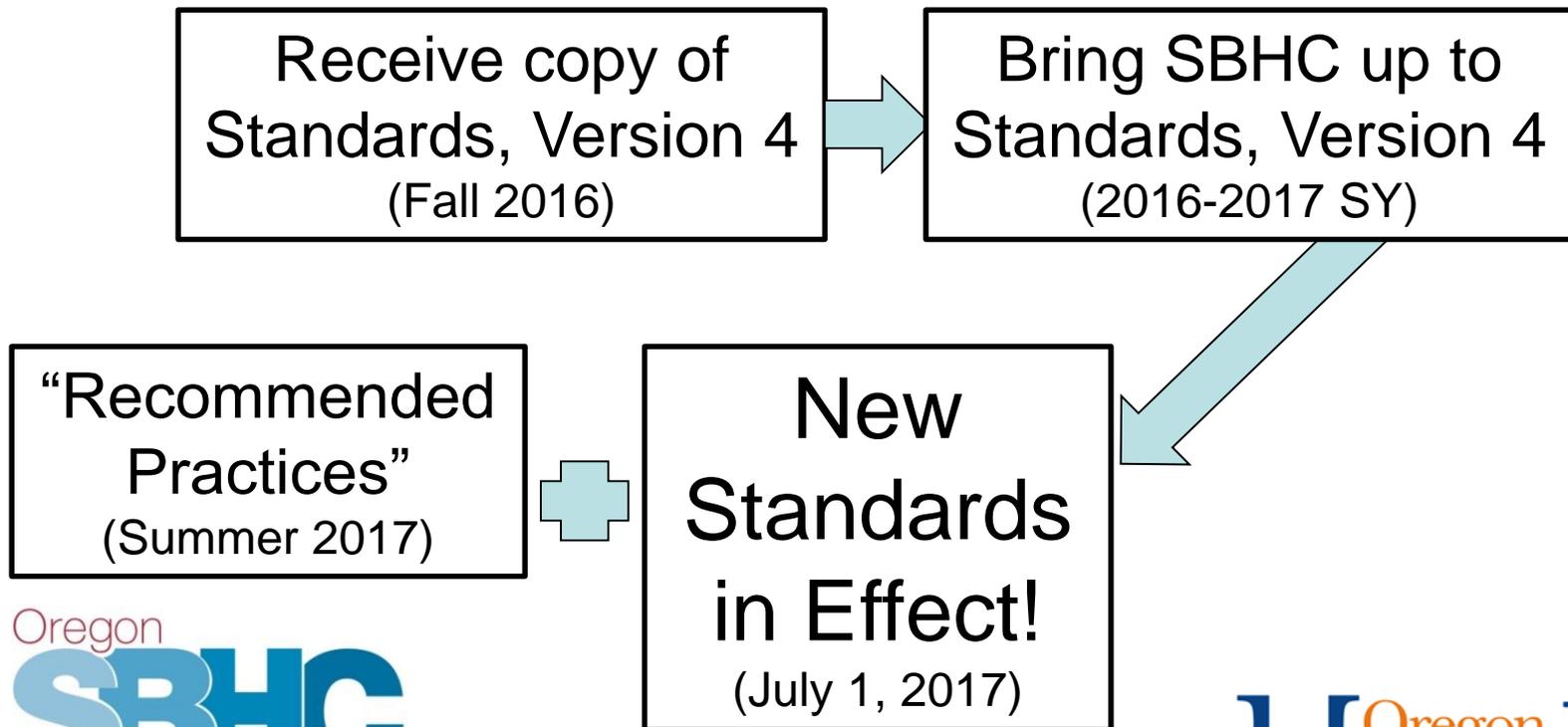
# Standards Revision Process

*May 2016 – December 2016*



# Standards Revision Process

## *For SBHC Sites*



QUESTIONS???

# Standards, v4 – Changes of Note



# Section A – Changes of Note

- Pages 2-5

## A.3 Transfer of sponsorship

- a. SBHCs may transfer sponsorship to a new entity to provide medical oversight. Sponsoring agency is defined in OAR 333-028-0210.
- b. Transfer of sponsorship involves the completion of a State-required transfer application. In the event of a sponsorship transfer, the program will take action in compliance with OAR 333-028-0230 (Section A.2(2)-(8)).
- c. Once a SBHC transfer application is approved, the certification status is effective immediately.

QUESTIONS???

# Section B – Changes of Note

- Page 6
- B.1 Sponsoring agency requirements :
  - B.1(c): Site Coordinator
  - B.1(d): SBHC Administrator
  - B.1(e): Quality Assurance Coordinator
  - B.1(g): Medical Director
  - B.1(i): LPHA Primary Contact

QUESTIONS???

# Section C – Changes of Note

- Page 7
- C.1 Facility requirements

QUESTIONS???

# Section D – Changes of Note

- Page 8

CD.1 Hours of operation and staffing minimum requirements:

- a. SBHCs must be open and offering clinical services (medical, behavioral and/or oral health) a minimum of three days/week when school is in session.

i.v. Staff should not be onsite alone during hours of operation. If SBHC model includes planned staff time alone, the SBHC should have a written safety plan with agreement from school, clinic partners and LPHA to provide protection from property loss, HIPAA violations or personal injury.

# Section D – Changes of Note

- Page 8

Table 1: SBHC Minimum Staffing Requirements

| <u>SBHC Staffing Type</u>  | <u>Minimum Hours per Week</u> | <u>Minimum Days per Week</u> |
|--|-------------------------------|------------------------------|
| <u>Office/Health/Medical Assistant</u>   | <u>15 hours</u>               | <u>Unspecified</u>           |
| <u>Primary Care Provider</u>   | <u>10 hours</u>               | <u>2 days</u>                |
| <u>Additional Health Provider (Primary Care/Behavioral Health/Oral Health)</u> | <u>10 hours</u>               | <u>Unspecified</u>           |

<sup>1</sup> Minimum hours specified in C.1(b)(1)(ii) and C.1(b)(1)(iii) may overlap as long as the SBHC is open for services at least 15 hours/week (as specified in C.1(b)).

# Section D – Changes of Note

- Page 8

c. SBHC must have a strategy to ensure the clinic provides a youth-centered environment.

e.g. Electronic and printed materials should be accurate regarding SBHC services and hours.

# Section D – Changes of Note

- Pages 8-9

- ~~c. Students-Minors 15 years of age or older may consent for physical health-medical and oral 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.~~~~
  - ~~a.d. Minors 14 years of age or older may consent for outpatient mental health, drug or alcohol treatment (excluding methadone) (ORS 109.675).~~
  - ~~e. Students of any age may consent for reproductive health and family planning services and for diagnosis and treatment of STIs-Minors of any age may consent for birth control-related information and services, as well as testing and treatment for sexually transmitted infections (STIs) including HIV (ORS 109.640, ORS 109.610). If needed services are not available on site due to local policy restrictions, appropriate referral is required.~~
  - ~~b.f. If needed services are not available onsite, appropriate referral is required.~~

# Section D – Changes of Note

- Page 10

## ~~C.4~~D.3 Policies and procedures minimum requirements

- a. SBHCs must have SBHC-specific written policies set forth and in place for:
- b. ~~The Each~~ written policies and procedures shall be reviewed and updated-approved every two years. ~~The review shall be documented in writing and include updated signatures on each policy from the SBHC administrator.~~

QUESTIONS???

# Section E – Changes of Note

- Page 12

## 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.

b. —

## Laboratory/diagnostic services minimum requirements

| Minimum Requirements      | Elementary (K-5) | Middle Childhood (Ages 5-10)<br>Middle (6-8 or K-8) | Adolescence (Ages 11-21)<br>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 <sup>1</sup> | On               | On  | On   |
| Venipuncture              | Ref              | Ref   | Ref  |
| Pregnancy <sup>2</sup>    | Ref              | On  | On   |
| STI <sup>3</sup>          | Ref              | On  | On   |
| Pap smear                 | Ref              | On  | On   |
| HIV                       | Ref              | On  | On   |
| Wet mount                 | Ref              | Ref   | Ref  |
| PPD <sup>4</sup>          | Ref              | Ref   | Ref  |
| Blood lead level          | Ref              | Ref   | Ref  |
| Imaging (x-ray, etc.)     | Ref              | Ref   | Ref  |

# Section E – Changes of Note

- Page 14

Section E Comprehensive ~~services~~-Pediatric Health Care

E.1 Comprehensive ~~services~~-pediatric health care minimum requirements

- SBHCs provide pediatric health care in line with nationally recognized standards of care, including recommendations from American Academy of Pediatrics Bright Futures guidelines.



# Section E – Changes of Note

Table 2: Comprehensive ~~services minimum req~~

|   |
|---|
| <b>Comprehensive Pediatric Health Care</b><br><b>Primary care</b>               |
| <b>History</b>  |
| Comprehensive medical histories   |
| <b>Measurements</b>   |
| Height/ <del>and weight/body mass index (BMI)</del>                             |
| <del>Body Mass Index (BMI)</del>  |
| Blood pressure  |
| <b>Sensory Screening</b>  |
| Vision <del>screening</del>   |
| Hearing <del>screening</del>  |
| <del>Scoliosis screening</del>  |
| <b>Physical Health Services</b>   |
| Comprehensive physical exams  |
| <del>Evaluation and treatment of non-urgent, acute and chronic conditions</del> |
| Medical specialty services  |
| <b>Developmental/Behavioral Services<sup>1</sup></b>                            |

|  |
|--|
| <b>AGE<sup>1</sup></b>                     |
| <b>HISTORY</b><br>Initial/Interval         |
| <b>MEASUREMENTS</b>                        |
| Length/Height and Weight                   |
| Head Circumference                         |
| Weight for Length                          |
| Body Mass Index <sup>5</sup>               |
| Blood Pressure <sup>6</sup>                |
| <b>SENSORY SCREENING</b>                   |
| Vision                                     |
| Hearing                                    |
| <b>DEVELOPMENTAL/BEHAVIORAL ASSESSMENT</b> |
| Developmental Screening <sup>8</sup>       |

# Section E – Changes of Note

- Page 14

a.b. The following table ~~includes~~ specifies the minimum level of comprehensive pediatric health care services that must be available either:

- ~~(1)~~ (Onsite): Services are available Onsite at the SBHC; or
- ~~(2)~~ Onsite\*: Laboratory testing available onsite as point of care testing;
- ~~(1)(3)~~ Onsite†: Laboratory must have ability to collect specimen/sample. Sample may be sent offsite for diagnostic testing; or
- ~~(2)(4)~~ (Referral): Referral required Services and laboratory testing available by referral (if not on site) with system for tracking referrals and follow up.

# Section E – Changes of Note

Table 2: Comprehensive services minimum requirements Pediatric Health Care Minimum Requirements:

| <u>Comprehensive Pediatric Health Care</u><br>Primary care           | Elementary (K-5) | Middle (6-8 or K-8) | High School (9-12 or K-12) |
|--|------------------|---------------------|----------------------------|
| <b>History</b>   |                  |                     |                            |
| Comprehensive medical histories                                      | On               | On                  | Onsite                     |
| <b>Measurements</b>  |                  |                     |                            |
| Height/ and weight/body mass index (BMI)                             | On               | On                  | Onsite                     |
| Body Mass Index (BMI)  |                  |                     | Onsite                     |
| Blood pressure   | On               | On                  | Onsite                     |
| <b>Sensory Screening</b>   |                  |                     |                            |
| Vision screening   | On               | On                  | Onsite                     |
| Hearing screening  | Ref              | Ref                 | Referral                   |
| Scoliosis screening  | On               | On                  | On                         |
| <b>Physical Health Services</b>                                      |                  |                     |                            |
| Comprehensive physical exams   | On               | On                  | Onsite                     |
| Evaluation and treatment of non-urgent, acute and chronic conditions | On               |                     | Onsite                     |
| Medical specialty services   | Ref              | Ref                 | Referral                   |
| <b>Developmental/Behavioral Services<sup>1</sup></b>                 |                  |                     |                            |

<sup>1</sup> Behavioral health services are inclusive of mental behavioral health and substance abuse.

# Section E – Changes of Note

| <b>Table 2: Comprehensive Pediatric Health Care Minimum Requirements:</b> |  |
|---|--|
| <b>Comprehensive Pediatric Health Care</b>                                | <b>Minimum Level of Service Required</b> |
| <b>History</b>  |  |
| Comprehensive medical histories   | Onsite                                   |
| <b>Measurements</b>   |  |
| Height and weight   | Onsite                                   |
| Body Mass Index (BMI)   | Onsite                                   |
| Blood pressure  | Onsite                                   |
| <b>Sensory Screening</b>  |  |
| Vision  | Onsite                                   |
| Hearing   | Referral                                 |
| <b>Physical Health Services</b>   |  |
| Comprehensive physical exams  | Onsite                                   |
| Evaluation and treatment of non-urgent, acute and chronic conditions      | Onsite                                   |
| Medical specialty services  | Referral                                 |
| <b>Developmental/Behavioral Services<sup>1</sup></b>                      |  |
| Health assessment <sup>2</sup>  | Onsite                                   |
| Assessment of educational, achievement, and attendance issues             | Onsite                                   |
| Developmental assessments   | Onsite                                   |
| Psychosocial/behavioral assessment  | Onsite                                   |
| Depression screening  | Onsite                                   |

# Section E – Changes of Note

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| <u>Comprehensive Pediatric Health Care</u><br>Primary care | Elementary (K-5) | Middle (6-8 or K-8) | High School (9-12 or K-12) |
|--|------------------|---------------------|----------------------------|
| Pregnancy <u>testing</u> <sup>4</sup>                      | Ref              | Ref                 | <u>Onsite*</u>             |
| STI <u>screening and testing</u> <sup>5</sup>              | Ref              | Ref                 | <u>Onsite+</u>             |
| <u>Pap smear</u>   | Ref              | On                  | On                         |
| HIV <u>screening and testing</u>                           | Ref              | On                  | <u>Onsite+</u>             |

# Section E – Changes of Note

- Page 10

Table 2: Comprehensive Pediatric Health Care Minimum Requirements:

| Comprehensive Pediatric Health Care    | Minimum Level of Service Required |
|--|-----------------------------------|
| Pregnancy testing <sup>4</sup>         | Onsite*                           |
| STI screening and testing <sup>5</sup> | Onsite+                           |
| HIV screening and testing              | Onsite+                           |

# Section E – Changes of Note

- Page 16

| <b>Procedures</b>                                      |     |     |          |
|--|-----|-----|----------|
| Immunizations <sup>2</sup>                             | On  | On  | Onsite   |
| Urinalysis   | On  | On  | Onsite*  |
| <del>Hgb and/or Hct</del> Hematocrit or Hemoglobin     | On  | On  | Onsite*  |
| Blood glucose  | On  | On  | Onsite*  |
| Strep throat <sup>3</sup>                              | On  | On  | Onsite*  |
| <del>Venipuncture</del>                                | Ref | Ref | Ref      |
| Pregnancy <del>testing</del> <sup>4</sup>              | Ref | Ref | Onsite*  |
| STI <del>screening and testing</del> <sup>5</sup>      | Ref | Ref | Onsite+  |
| <del>Pap smear</del>                                   | Ref | On  | On       |
| HIV <del>screening and testing</del>                   | Ref | On  | Onsite+  |
| <del>Wet mount</del>                                   | Ref | Ref | Ref      |
| <del>PPD-Tuberculosis</del>                            | Ref | Ref | Referral |
| <del>Blood lead level</del> Lead screening and testing | Ref | Ref | Referral |
| <del>Imaging (x-ray, etc.)</del>                       | Ref | Ref | Ref      |
| <del>Dyslipidemia screening</del>                      |     |     | Referral |

# Section E – Changes of Note

| Reproductive Health Services           |                     |
|--|---------------------|
| Reproductive health exam               | Onsite              |
| Prescriptions for contraceptives       | Onsite <sup>2</sup> |
| Condom availability                    | Onsite <sup>2</sup> |
| STI prevention education and treatment | Onsite              |
| Pregnancy prevention education         | Onsite              |

<sup>2</sup> Providing access to contraceptives is a clinical best practice recognized by the American Academy of Pediatrics, the Institute of Medicine, and the Centers for Disease Control and Prevention. However, SBHCs may provide these services via Referral if the local community declines to offer them onsite at the SBHC.

QUESTIONS???

# Section F – Changes of Note

- Page 22

a.—Data collection and reporting requirements apply to all ongoing services (including physical, behavioral and oral health) provided onsite at the SBHC, regardless of the age of the client.

# Section F – Changes of Note

## F.2 Data variable requirements

- a. Certain data variables shall be collected at each encountered visit including:

(1) Unique patient identifier (not name);

(1)(2) Medicaid ID #

(2)(3) Date of birth;

(3)(4) Gender;

(4)(5) Race;

(6) Ethnicity;

(5)(7) Preferred language;

(6)(8) Insurance status (to include at a minimum the following categories: Medicaid, other public, private, none, unknown, CCare);

(7)(9) Payor name;

(8)(10) Total charges;

(9)(11) Total payments;

(10)(12) Date of visit;

(11)(13) Location of visit (site identification);

(12)(14) Provider type (as defined by SPO);

(15) Provider name

(16) National Provider Identifier (NPI)

(17) CPT-visit/Visit procedure code(s); and

(13)(18) Procedure code modifiers; and

(14)(19) Diagnostic code(s) (most recent ICD and DSM code(s)).

# Section F – Changes of Note

- Page 22

c. SBHCs shall administer student satisfaction surveys according to SPO requirements and submit survey data to the SPO a minimum of twice annually.

b.d. SBHCs shall keep an up-to-date Operational Profile with information about clinic operations.

QUESTIONS???

# Section G – Changes of Note

- Page 23

## G.1 Billing requirements

- ~~Providers (M.D., D.O., N.P., N.D., P.A., R.N., and D.M.D.) must be eligible for reimbursement from Medicaid.~~ All providers whose provider type is eligible to enroll with the Oregon Health Plan (OHP) must enroll with and bill OHP.

# Section G – Changes of Note

- d. SBHC must have processes in place to support patients with private insurance to request confidential communications per OAR 836-053-0600 through 836-053-0615.

QUESTIONS???

# Next Steps

- April: Field feedback survey
  - Check your email!
  - Closes 4/22/16
- Early May: Certification Review Workgroup meeting
- Fall: Final Standards, version 4 available

QUESTIONS???

# Contact Us

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