

Oregon School-Based Health Centers Standards for Certification, Version 45

Introduction

[INTRO TEXT TO BE DEVELOPED]

SBHC Program Values:

- Accessible
- Responsive
- Accountable
- Youth-centered
- Quality
- Comprehensive
- Integrated
- Collaborative

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Section A: Certification process¹

Note: Changes to this Section will be addressed during the 2024-2025 school year.

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¹ (see OAR 333-028-0200 - OAR 333-028-0250)

Section B: ~~Sponsoring agency~~Partners

SBHCs rely on the support of many partners to be successful. Oregon partially defines SBHCs as clinics “organized through collaboration among schools, youth, communities and health providers, including public health authorities.”¹

B.1 Sponsoring agency ~~requirements~~

Intent of B.1

SBHCs are “administered by county, state, federal or private organization[s] that ensure that certification requirements are met and provide project funding through grants, contracts, billing or other sources of funds.”² This section clarifies the formal roles and responsibilities that SBHC partner agencies hold in SBHC operations.

Relevant definitions

- ~~A sponsoring agency is~~**Sponsoring agency:** an entity that provides an SBHC or contracts with another entity to routinely provide one or more of the following:
 - (1) Funding;
 - (2) Staffing;
 - (3) Medical oversight;
 - (4) Liability insurance;
 - (5) Billing support; and
 - (6) Space
- ~~Medical sponsor: ship requirements shall include:~~ **Medical sponsor:** an entity that provides, or subcontracts with a separate entity to provide, medical care at an SBHC, including:
 - (1) Staffing;
 - (2)
 - (3) Medical oversight
 - (4) Medical liability coverage insurance;
 - (1)(5) Billing support; and
 - (2)(6) Ownership of medical records; and
 - (3)(7) Medical oversight
- **Behavioral health³ sponsor:** an entity that provides, or subcontracts with a separate entity to provide, behavioral health care at an SBHC, including:
 - (1) Staffing;
 - (2) Clinical oversight;
 - (3) Liability insurance;
 - (4) Billing support; and

¹ ORS 413.225(1)(b)(B)

² ORS 413.225(1)(b)(C)

³ Behavioral health is used to encompass mental health, integrated behavioral health, substance use treatment and other services designed to support mental or emotional wellness.

(5) Ownership of medical records

Required roles:

All SBHCs must have staff in designated in the following roles.¹ SBHCs that receive funding through their Local Public Health Authority (LPHA) are also required to have a Health Department Primary Contact.

- ~~Each SBHC shall have a designated~~ **Site Coordinator:** A person who is employed by at least one of the SBHC sponsoring agencies and. The Site Coordinator is who serves as the primary contact to the SBHC State Program Office (SPO). Site Coordinators and act as a liaison between the SBHC, SPO, medical sponsor, behavioral health sponsor, local public health authority (LPHA) and other SBHC community partners. They are responsible for attending SPO meetings, preparing for and attending verification site visits, and completing the Operational Profile.
- ~~SBHCs shall have a designated~~ **SBHC Administrator:** A person with administrative duties who is employed by at least one of the SBHC sponsoring agencies of the SBHC and who provides SBHC oversight and high-level administrative duties.
- ~~Each SBHC shall have a designated~~ **Medical Director:** A person who is employed by the medical sponsoring agency and who provides medical oversight of the SBHC. The Medical Director must be a M.D., D.O., N.D. or N.P. Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Naturopathic Doctor (ND), Nurse Practitioner (NP), or Physician Associate (PA) licensed to practice independently in Oregon with the population being served. The Medical Director must have prescriptive authority and be actively involved in development of clinical policies and procedures, review of medical records, and clinical oversight.
- **Behavioral Health Sponsor Primary Contact:** A person employed by the SBHC behavioral health sponsor and who is responsible for overseeing SBHC behavioral health services and completing the Operational Profile.
- **Health Department Primary Contact:** A person employed by the Local Public Health Authority (LPHA) and who acts as a liaison between the SBHC and LPHA.

Specifications for B.1.

An SBHC meets measure B.1 if it is doing all the following:

- SBHCs may have more than one sponsor, but at least one of the sponsors must meet the definition of a medical sponsor and at least one of the sponsors must meet the definition of a behavioral health sponsor.
- ~~All sponsoring agencies must have a~~ signed written agreement(s) between all sponsoring agencies describing their roles and responsibilities in SBHC operations.
- The LPHA 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

¹ Staff may hold more than one role.

has first right of refusal to become the SBHC medical sponsor when public funds are awarded for SBHCs. ~~LPHAs shall designate a Health Department Primary Contact who is responsible for communication/liaison between the SBHC and LPHA.~~

B.2 Applicability

Intent of B.2

This section outlines parameters to identify which agencies meet the definition of SBHC partner agency (Section B.1) and must therefore meet the SBHC Standards for Certification requirements.

Specifications for B.2

- a. SBHC Standards for Certification requirements apply to all ongoing services (including physical, behavioral, and oral health) provided onsite at the SBHC, regardless of the age of the client if:
 - (1) A partner/provider/agency is receiving funding from the SPO; and/or
 - (2) The SBHC is using hours from that partner/provider/agency to meet minimum required staff/operating hours for SBHC certification; and/or
 - (3) The provider is directly contracted with the medical sponsor and/or behavioral health sponsor to deliver services to SBHC clients; and/or
 - (4) The partner/provider meets the definition of an SBHC medical sponsor, behavioral health sponsor and/or sponsoring agency (Section B.1).
- b. SBHC Standards for Certification requirements do not apply if:
 - (1) A partner/provider/agency does not meet the parameters outlined in B.2.a, and
 - (2) A partner/provider/agency is operating under contract with the host school, district, or ESD and has been directed to use space in the SBHC to provide their services; or
 - (3) A partner/provider/agency is using space in the SBHC while the SBHC is closed to clients.

B.3 SBHC Sponsoring Agency Collaboration

Intent of B.3

SBHC sponsoring agency collaboration is essential for high quality, youth-centered care. SBHCs must work within and between agencies to ensure coordinated care for shared clients.

Specifications for B.3

An SBHC meets measure B.3 if it is doing all the following:

- a. Ensures services are co-located in the SBHC whenever possible.
- b. Facilitates warm handoffs, referrals, and follow-up between SBHC providers.
- c. Has coordinated and mutually agreed upon practices across SBHC partner agencies and provider types for client screening, crisis intervention, support, and follow-up. These practices should be shared and coordinated with the SBHC host school.

- d. Has a strategy to ensure regular communication and engagement among sponsoring agencies, including SBHC host school staff.
- e. Clearly communicates policies for students to understand the relationship between the SBHC sponsoring agencies, including information sharing related to care coordination.
- f. Ensures all SBHC sponsoring agencies understand minimum SBHC Standards for Certification requirements.
- g. Coordinates internally and among SBHC sponsoring agencies to reduce administrative burden for clients such as duplication of intake paperwork.
- h. Have a mechanism in place to identify and communicate regularly about shared clients and coordinate care across teams as needed.

B.4 Youth engagement¹

Intent of B.4

SBHCs improve their quality of care by centering the values and opinions of youth. Meaningful youth engagement ensures SBHC policy and practice is responsive to youth and community need. It is particularly important to ensure the perspectives of youth who are disproportionately impacted by health inequities are at the forefront of this engagement.

SBHC youth engagement empowers young people to actively participate in their own health care and develop skills to navigate health systems. SBHCs must have a strategy to ensure meaningful, culturally responsive youth involvement in SBHC services and operations.

Relevant definitions:

- **Student Health Advisory Council / Youth Action Council (SHAC / YAC):** A youth-driven group focused on activities related to health education and SBHC promotion, improvement, and operations.

Required roles:²

All SBHCs must have staff designated in the following role:

- **Youth Engagement Coordinator:** A person employed by any SBHC sponsoring agency and who supports SBHC youth engagement efforts.

Specifications for B.4

An SBHC meets measure B.4 if it is doing at least one of the following:

- a. Maintains an active and engaged SHAC / YAC.
- b. Employs youth interns to support clinic and/or health-related activities.
- c. Provides opportunities for youth to participate in in peer health education trainings / programming.

¹ SBHCs located on elementary school campuses are exempt from the requirements in Section B.4.

² Staff may hold more than one role.

- d. Collaborates with youth, including youth from culturally specific organizations, to develop youth-centered marketing and communications.
- e. Meaningfully engages youth when considering or implementing new SBHC policies or practices.
- f. Includes youth as representatives on an SBHC Advisory Council
- g. Other, as determined in partnership with youth from SBHC host school and approved by the SPO.

B.5 School integration

SBHCs are most effective and sustainable when they are integrated within the school community. The school community includes the student body, school staff, school administration, and school district.

Together, schools and SBHCs can align efforts and focus on shared outcomes such as equitable opportunity for learning and health for all youth. SBHCs are required to have a strategy to integrate the clinic into the school community.

Required roles:¹

All SBHCs must have staff designated in the following role:

- **School Primary Contact:** A person employed by the school and/or district who acts as a liaison between the SBHC and school.

Specifications for B.5:

An SBHC meets measure B.5 if it is doing at least one of the following:

- a. Actively participates in school events to inform students and staff about SBHC services.
- b. Promotes student health and wellbeing through classroom health education and/or engagement in ongoing schoolwide prevention programs.
- c. Participates in multidisciplinary, school-based teams that identify, assess and coordinate efforts to address student health and wellness needs.
- d. Supports school / district staff wellness.
- e. Collaborates with school / district on universal screening initiatives.
- f. Includes school staff as representatives on an SBHC Advisory Council.
- g. Other, as approved by the SPO.

B.6 Parent/caregiver involvement

A strong relationship with parents, caregivers and other trusted adults is an important part of positive youth development. SBHCs are required to have a strategy to involve parents and

¹ Staff may hold more than one role.

caregivers in their child's care, when appropriate. This engagement must be culturally responsive to the child and family's background and identities.

Specifications for B.6:

An SBHC meets measure B.6 if it is doing at least one of the following:

- a. Provides education and support to parents and caregivers around child / adolescent health and wellbeing.
- b. Helps parents and caregivers meet health-related social needs such as insurance enrollment, food, transportation, and housing assistance.
- c. Assesses parent and caregiver satisfaction with their child's care.
- d. Includes parents/caregivers as representatives on an SBHC Advisory Council.
- e. Other, as approved by the SPO.

B.7 Community engagement

SBHCs are an important resource for the entire community. Community engagement involves a collaborative effort that brings together community members, organizations, and groups working towards a common goal. Collaboration fosters community trust, relationships, and shared commitment to achieving positive outcomes and can help create more relevant and effective SBHCs. SBHCs are required to have a strategy to engage community members and community partners.

Specifications for B.7:

An SBHC meets measure B.7 if it is doing at least one of the following:

- a. Participates in community events and initiatives to support child / adolescent health and wellbeing.
- b. Collaborates with community-based and/or culturally specific organizations on youth-focused initiatives and SBHC client care.
- c. Participates in local and/or regional councils and coalitions.
- d. Includes community members as representatives on an SBHC Advisory Council.
- e. Other, as approved by the SPO.

Section C: Facility

SBHCs provide easy access to high quality health care services for youth by being conveniently located in schools or on school grounds. SBHCs help reduce barriers such as transportation, parent/caregiver time away from work, and costs that keep families and youth from seeking needed health services. The design, environment, and accessibility of an SBHC facility are essential elements to providing a safe, welcoming, and culturally responsive space for all youth to access health services.

C.1 SBHC Facility requirements

Intent of C.1

SBHC facilities must include some essential elements to provide high quality care to youth. This section outlines the minimum physical space requirements for Oregon SBHCs.

Relevant definitions

- SBHCs are defined as **School-based health centers: permanent** spaces 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 services¹ (ORS 413.225). Oregon's SBHC model excludes mobile health units/vans.

Specifications for C.1

An SBHC meets measure C.1 if it is doing all the following:

- ~~a. A copy of patient rights and responsibilities and Notice of Privacy Practices (NPP) must be posted in clear and prominent location.~~
- b.a. 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:
 - (1) Waiting/reception area;
 - (2) Exam room(s) with sink;
 - ~~(2)~~(3) Therapy/counseling space(s);
 - ~~(3)~~(4) Bathroom facility;
 - ~~(4)~~(5) Office area;
 - ~~(5)~~(6) Secure records storage area as required by State and Federal law;
 - ~~(6)~~(7) Secure storage area for supplies (e.g. medications, lab supplies, vaccines);
 - ~~(7)~~(8) Designated lab space with sink and separate clean and dirty areas; and
 - ~~(8)~~(9) Confidential phone (placing confidential phone calls and receiving confidential messages); ~~and~~
 - ~~(9) Confidential fax (SBHC staff access only).~~

¹ ORS 413.225

- ~~b. The SBHC shall maintain~~ Maintains staff and patient safety as required by State and Federal law.
- c. Adheres to infection prevention and control as required in all health care settings.
- d. Supports client confidentiality in the design of clinic space and staff practice ~~should support client confidentiality~~. The clinic must have:
 - (1) One exam room for each provider onsite during operational hours; and
 - (2) Provisions for necessary sound and sight security for private examination and conversations, both in person and on the telephone.
- e. If the SBHC is located outside the school building, the SBHC must have a plan in partnership with the SBHC host school to facilitate student access to the SBHC.
- ~~e. A facility floor plan (to scale) must be submitted for approval to the SPO with the initial certification application.~~

C.2 Publicly available information

Intent of C.2

SBHCs promote easy access to critical health services within a school environment. SBHCs must have accurate, up-to-date information about SBHC operations readily available for students, parents/caregivers, and school staff, among others, to ensure services are accessible to youth.

Specifications for C.2

An SBHC meets measure C.2 if it is doing all the following:

- ~~a. A copy of patient rights and responsibilities and Notice of Privacy Practices (NPP) must be posted in clear and prominent location:-~~
 - (1) A copy of client rights and responsibilities,
 - (2) Notice of Privacy Practices (NPP),
 - (3) Information about Oregon minor consent statute, and
 - (4) Information about rights to language access and how to access interpreters.~~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.~~
~~Hours of operation must be clearly posted outside clinic entrance.~~
- b. Electronic and printed materials should be accurate regarding SBHC services and hours.
- c. Ensure accurate, up-to-date SBHC operations information is available:
 - (1) Outside clinic entrance
 - (2) On telephone answering and voicemail systems
 - (3) On electronic and printed materials
 - (4) On school/district website(s)
 - (5) On medical sponsor website
- d. Ensure accurate, up-to-date information on how to access care outside of clinic hours is available 24 hours a day:

(1) Outside clinic entrance

(2) On telephone answering and voicemail systems

- e. Ensures print and electronic materials and signage are easily understandable and in languages commonly used by the populations in the school community.
- f. Shares information about SBHC providers and staff in the clinic and/or electronically.
- g. Routinely shares information about SBHC operations, policies, and data with youth, parents/caregivers, school/district staff and/or community partners.

C.3 Youth-centered clinical environment

Intent of C.3

SBHC must ensure the clinic provides a youth-centered environment. SBHCs should work directly with youth and their families to develop and implement these strategies and related activities. This engagement must be culturally responsive to the youth and family's background.

Relevant definitions

Youth-centered clinical environment (also known as “youth friendly” services): encompass the policies, practices, services, and physical space of health centers. They are inclusive of, informed by, and responsive to the needs and values of children and youth. Youth-centered environments effectively provide comprehensive services for young people, ensuring that they feel well cared for.¹

Specifications for C.3

An SBHC meets measure C.3 if it is doing all the following:

~~SBHC must have a strategy to ensure the clinic provides a youth friendly environment.~~

- a. Creates a comfortable and inclusive environment, including waiting room, exam room(s), and therapy/counseling room(s), that indicates that children and youth of all identities are welcomed and valued.
- b. Provides access to an all-gender restroom.²
- c. Provides high quality, youth-oriented educational materials that are easily understandable and in languages commonly used by the populations in the school community.

¹ Adapted from Adolescent Health Initiative “ACE-AP Tool – School-Based Health Center”

² Aligns with Oregon Department of Education (ODE) LGBTQ2SIA+ Student Success Plan, Recommendation Domain 2, Objective 1: Safer Affirming Spaces. <https://www.oregon.gov/ode/students-and-family/equity/lgbtq2siastudenteducation/pages/lgbtq2sia--student-success-plan.aspx#key%20terms>

- d. Uses a variety of methods to support communication between SBHC patients and SBHC staff that takes into consideration the individual needs and preferences of youth (e.g., text message reminders, appointment slips, etc.)
- e. Routinely gathers feedback from youth and families and uses this feedback to implement changes in the SBHC such as such as improving SBHC access, quality of care, breadth of services and/or comfort, design, and appearance of the SBHC.
- a.f.

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Section D: Operations/staffing Access to Care

SBHCs are critical health care access points for Oregon youth. SBHCs serve all students in the school and are staffed with a collaborative team of healthcare professionals. SBHCs demonstrate their commitment to high quality, youth-centered, comprehensive healthcare through written protocols and ongoing staff training.

D.1 Hours of operation and staffing ~~minimum requirements~~

Intent of D.1

SBHCs are operated by a high-quality team of healthcare professionals who help youth get the care they need when they need it. This section outlines the minimum operation requirements for Oregon SBHCs.

Required roles:

All SBHCs must have staff designated in the following roles:¹

- **Office/Health/Medical Assistant:** Support staff with assigned staff hours at the SBHC.
- **Primary care provider:** A licensed provider with assigned staff hours at the SBHC and who can provide direct primary care to youth ages 5-21. Approved providers include:
 - Doctor of Medicine (MD),
 - Doctor of Osteopathic Medicine (DO),
 - Naturopathic Doctor (ND),
 - Nurse Practitioner (NP), or
 - Physician Associate (PA).
- **Behavioral health provider²:** A licensed, credentialed, or certified³ provider with assigned staff hours at the SBHC and who can provide direct mental health care, integrated behavioral health care, substance use treatment and/or other services designed to support emotional wellbeing to youth ages 5-21. Roles of behavioral health providers may vary by SBHC based on local needs and resources and may include providers in roles such as:
 - Case Manager,
 - Community Health Worker,
 - Drug and Alcohol/Substance Use Counselor,
 - Health/Patient/Resource Navigator,
 - Integrated Behavioral Health Provider/Behavioral Health Consultant,
 - Mental Health Counselor/Therapist,

¹ Staff may hold more than one role.

² Behavioral health is used to encompass mental health, integrated behavioral health, substance use treatment and other services designed to support mental or emotional wellness.

³ This could include those credentialed, certified, or licensed through State Approved Licensing Boards, OHA's Traditional Health Worker (THW) Program (309-019-0125 - Specific Staff Qualifications and Competencies), The Mental Health and Addictions Certification Board of Oregon (MHACBO), Tribal based practices providers covered under Medicaid, or others as approved by the SPO.

- Skills Trainer,
- Social Worker, and/or
- Others as approved by SPO.
- **Youth Health and Wellness:** Weekly hours required onsite at the SBHC, as specified in D.1.e.(4) that supports youth accessing the care they need. Staff hours that could be used meet this requirement include, but are not limited to: primary care, behavioral, or oral health provider, Office/Health/Medical Assistant, Nurse, YAC Coordinator, Traditional Health Worker, and/or peer educator, or other as approved by the SPO.

Specifications for D.1

An SBHC meets measure D.1 if it is doing all the following:

- a. ~~SBHCs must be~~ open and ~~offering providing clinical services (medical, behavioral and/or oral health)~~ a minimum of 15 hours/week over three 3 days/week when school is in session.
- b. ~~SBHCs must be open for services at least 15 hours/week, with availability for~~ Offers same day and scheduled appointments during these open hours.
- c. Has plan to triage urgent behavior health needs if same-day behavioral health appointments are not available.
- ~~b-d.~~ Attempts to accommodate student scheduling preferences by offering flexible hours for youth, including before/after school and lunch time hours when possible.
- ~~c-e.~~ SBHC staff ~~shall~~ must include each of the following roles onsite at a minimum (see Table 1):¹
 - (1) Office/Health/Medical Assistant — 15 hours/week;
 - (2) Primary care provider ~~(M.D., D.O., N.P., N.D., P.A.)~~ — 10 hours/week, at least two days/week;
A Qualified Mental Health Professional (QMHP) must be available either onsite or through referral. Behavioral health provider – 10 hours/week, at least two days/week; and
 - (3) Youth Health and Wellness – An additional 10-5 hours/week must be provided by a medical, behavioral or oral 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;² to directly support youth to access the care they need.
 - (4) 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., and/or L.P.N.,) and/or QMHP (as defined in OAR 309-019-0100 to 309-019-0220) must be available onsite each day the SBHC is open.

¹ Minimum hours may overlap as long as the SBHC is open for services at least 15 hours/week.

² 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)).

~~(5)(1) A Qualified Mental Health Professional (QMHP) must be available either onsite or through referral.~~

f. If the SBHC model includes planned staff time alone during hours of operation, the SBHC must have a written safety plan with agreement from ~~school, clinic partners and~~ LPHA sponsoring agencies to provide protection from property loss, Health Insurance Portability and Accountability Act (HIPAA) violations or personal injury.

~~d.g. SBHCs must demonstrate a mechanism to reassign~~ Has a process for reassigning administrative requests, prescription refills, and clinical questions when a provider is not available.

Table 1: SBHC Minimum Staffing Requirements

<u>Total hours open and operating: 15 hours/week, 3 days/week</u>		
SBHC Staffing Type	Minimum Hours per Week	Minimum Days per Week
Office/Health/Medical Assistant	15 hours	Unspecified
Primary Care Provider	10 hours	2 days
<u>Behavioral Health Provider</u>	<u>10 hours</u>	<u>2 days</u>
<u>Additional Health Provider (Primary Care/Behavioral Health/Oral Health) Youth health & wellness</u>	<u>10-5</u> hours	Unspecified

~~e.a. SBHC must have a strategy to ensure the clinic provides a youth friendly environment.~~

~~f.a. 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.~~

~~g.a. Hours of operation must be clearly posted outside clinic entrance.~~

~~h.a. Electronic and printed materials should be accurate regarding SBHC services and hours.~~

~~i.a. SBHCs must demonstrate a mechanism to reassign administrative requests, prescription refills, and clinical questions when a provider is not available.~~

D.2 Eligibility ~~for services minimum requirements and consent for SBHC services~~

SBHCs must follow state statute and other relevant laws to serve youth who attend the school where the SBHC is located, regardless of their insurance status or ability to pay. This section outlines the minimum service eligibility requirements for Oregon SBHCs.

Specifications for D.2

An SBHC meets measure D.2 if it is doing all the following:

- a. All Ensures all students in the school are eligible for services.
- ~~a.b. Students shall not be~~ Ensures youth are not denied access to services based on insurance status or ability to pay.
- c. Accepts the consent of a minor who may lawfully consent under Oregon law, including:
 - ~~b.~~ Minors 15 years of age or older may consent for medical and oral health services (ORS 109.640).
 - ~~c.~~ Minors 14 years of age or older may consent for outpatient mental health, drug or alcohol treatment (excluding methadone) (ORS 109.675).
 - ~~d.1)~~ 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~~ reproductive health care (ORS 109.640, ~~ORS 109.610~~).
- d. SBHCs shall not deny services to a minor who has lawfully consented under Oregon statute because a parent or guardian has failed to consent or denied consent for the minor.
- ~~e. If needed services are not available onsite, appropriate referral is required.~~

D.3 Confidentiality

Intent of D.3

Confidentiality is an essential component of high-quality health care for adolescents and young adults and can have an impact on youth health care experiences and health outcomes.¹ SBHCs must ensure client confidentiality as outlined in state and federal laws. This section describes minimum confidentiality requirements for SBHCs.

Required roles:

All SBHCs must have staff designated in the following role:²

- **Privacy Official:** A person who is employed by a sponsoring agency and is responsible for health information privacy, including compliance with the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and Oregon privacy laws.

Specifications for D.3

An SBHC meets measure D.3 if it is doing all the following:

- a. Ensures all aspects of service provisions are compliant with HIPAA, FERPA, and Health Information Technology for Economic and Clinical Health (HITECH) Act.

¹ Chung RJ, Lee JB, Hackell JM, et al; Committee on Adolescence, Committee on Practice & Ambulatory Medicine. Confidentiality in the Care of Adolescents: Policy Statement. Pediatrics. 2024;153(5):e2024066326

² Staff may hold more than one role.

- (1) Ensures safeguards are in place to ensure confidentiality, and to protect clients' privacy and dignity throughout the clinic space, during clinic interactions, and in record keeping.
- (2) Ensures client information is not disclosed without written consent, except as required by law or as may be necessary to provide services to the individual.
- (3) Ensures appropriate processes are in place for release of information and/or access to medical records to parents and/or guardians when requested, if applicable.
- b. Provides information about circumstances under which SBHC may share otherwise confidential information (for example, mandatory reporting).
- c. Provides information on confidential advocates¹, including an overview of services and how to access.
- d. For services provided via telehealth, ensures compliance with HIPAA and security protections for the client in connection with telemedicine technology, communication, and related records.

D.3-4 Policies and procedures minimum requirements

Intent of D.34

SBHC collaborate with partners to develop and maintain written policies that ensure youth have access to high quality, youth-centered, comprehensive healthcare services. This section outlines the minimum policies that must be in place for Oregon SBHCs.

Specifications for D.34

An SBHC meets measure D.34 if it is doing all the following:

- a. Reviews and approves ~~Each~~ written policy and procedure ~~shall be reviewed and approved at least every two~~three years.
- b. Coordinates among all sponsoring agencies to ensure SBHC policies and procedures are aligned.
- ~~a.c.~~ Ensures SBHC policies and procedures support quality care for the population(s) served.
- ~~b.~~ SBHCs shall have a designated Privacy Official who is responsible for health information privacy, including compliance with HIPAA/FERPA and Oregon privacy laws.
- ~~c.d.~~ SBHCs must have ~~SBHC specific~~ written policies ~~set forth and in place~~ for:²
 - (1) Consent for SBHC services (parent/guardian and/or client);
 - (2) Release of information and/or access to medical records to parents/caregivers when requested by parents and/or guardianscaregivers;

¹ See ORS 147.600 and ORS 40.264

² Policies are not required to be unique to the SBHC, as long as they reflect the population(s) served by the SBHC.

- (3) Method of transmitting billing and other fiscal information to agencies, including the handling of explanation of benefits (EOB) statements for confidential patient visits;
- (4) Emergency procedures (disaster/fire/school violence);
- (5) Suicide response (intervention/postvention);
- (5)(6) Reporting of child abuse and ~~maltreatment~~neglect;
- (6)(7) Complaint and incident review;
- (7)(8) Parent and/or ~~guardian-caregiver~~ involvement;
- (8)(9) Coordination of care between providers with shared clients (physical/behavioral/oral/specialty care);
- (9)(10) Continuity of care (when SBHC is closed or client transitioning out of care); and
- (10)(11) Information sharing between ~~school nurse and~~ SBHC staff and school, school nurse, and/or designated school health staff.

D.5 Staff training

Intent of D.5

SBHCs must invest in the ongoing education of their staff to provide high quality care for youth. This section outlines minimum training requirements for SBHC staff.

Specifications for D.5

An SBHC meets measure D.5 if it is doing all the following:

- a. Ensures at least one representative from the SBHC medical sponsor and behavioral health agency attends an SBHC orientation upon initial SBHC certification.
- b. Ensures appropriate staff receive SBHC orientation upon new hire or assignment of SBHC Coordinator and/or Behavioral Health Sponsor Primary Contact.
- c. Provides SBHC staff with access to training on the following topics:
 - (1) Equity, including topics related to racism, health equity, cultural responsiveness, language access, gender affirming care, and/or trauma-informed care;
 - (2) HIPAA;
 - (3) Trauma-informed response to violence and abuse, including suspected child abuse and neglect, such as mandatory reporting, confidential advocates, and other systems;
 - (4) Youth suicide prevention; and
 - (5) Youth-centered clinical care.

Section E: Health Equity

The Oregon Health Authority is working to establish a health system in which all people can reach their full potential and well-being without being disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other social determined circumstances. SBHCs help advance health equity by reducing barriers to access and being responsive to the diverse needs of their clients.

E.1 Equitable access

Intent of E.1

SBHCs must follow state and federal regulations that support access to health services. This section outlines SBHC requirements to preserve access for protected classes and to reduce barriers to youth access to care. This list is not exhaustive and may not encompass all statutory requirements.

Specifications for E.1

An SBHC meets measure E.1 if it is doing all the following:

- a. ~~Students shall not be~~ Ensures clients are not denied access to services based on race, color, national origin, religion, sex, gender identity and/or gender expression/presentation, religion, immigration status, sexual orientation, disability, or marital status, in accordance with applicable laws, including: Title IX of the Education Amendments of 1972, Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, and Oregon Revised Statutes Chapter 659A, and Section 1557 of the Affordable Care Act.
- b. Prioritizes school-aged youth for SBHC services and operations.
- c. Ensures services are provided in a way that makes it easy and comfortable for youth to seek and receive the health services they need.
- d. Ensures clients are provided developmentally appropriate care that is oriented toward understanding and appreciating their individual gender experience. Youth must have access to comprehensive, gender-affirming, and developmentally appropriate health care that is provided in a safe and inclusive clinical space.
- e. Treats clients in a trauma-informed manner that is responsive to their identities, beliefs, communication styles, attitudes, languages, and behaviors.
- f. Has a process to receive, review and respond to client complaints and incidents.

E.2 Language access

Intent of E.2

SBHCs must ensure all clients can meaningfully utilize the SBHCs using their primary language of communication. This section outlines minimum language access requirements for SBHCs.

Specifications for E.2

An SBHC meets measure E.2 if it is doing all the following:

- a. Communicates with clients in their primary language.
- b. Provides access to interpreter services that are free, timely and protect the privacy and independence of the client.
- c. Ensures interpreters are certified or qualified health care interpreters, specifically:
 - (1) An interpreter on OHA's current Health Care Interpreter (HCI) registry, or
 - (2) Any other interpreter that meets the qualifications required by state and federal law.
- d. Family and friends may not be used to provide interpretation services, unless requested by the client.
- e. Ensures all providers and subcontractors act in compliance with Americans with Disability Act (ADA) requirements when providing health care services.

E.3 Health related social needs

Intent of E.3

Health-related social needs (HRSNs) are social and economic needs that impact an individual's ability to maintain health and well-being. This includes things like safe housing, nutritious food, and economic stability. SBHCs are well-positioned to help young people and their families find pathways to meet these needs.

Specifications for E.3

An SBHC meets measure E.3 if it is doing all the following:

- a. Supports access to social support services (e.g., housing, transportation, food).
- b. Ensures access to Oregon Health Plan and health insurance enrollment assistance.

Section ~~E-F~~: Comprehensive Pediatric Health Care

SBHCs provide high quality, youth-centered, comprehensive pediatric health care services to youth. SBHCs must provide comprehensive, affirming and developmentally appropriate health care to promote the health and positive development of youth. SBHC sponsoring agencies should work together to ensure required services are integrated, youth-centered, and meet the needs of the population(s) the SBHC serves.

~~E~~F.1 Comprehensive pediatric health care ~~minimum requirements~~

Intent of F.1

The minimum service requirements for SBHCs in Table 2 follow, American Academy of Pediatrics (AAP) Bright Futures **Recommendations for Preventive Pediatric Health Care** specifically for ages 5-21. SBHC providers should refer to Bright Futures to determine age-appropriate levels of service. Table 2 also integrates recommendations from nationally recognized standards of comprehensive care, including AAP, Centers for Disease Control and Prevention, U.S. Department of Health & Human Services, National Council for Mental Wellbeing, Substance Abuse and Mental Health Services Administration (SAMHSA), and Adolescent Health Initiative, among others.

Specifications for F.1

An SBHC meets measure F.1 if it is providing all the following:

- ~~a. SBHCs provide pediatric health care in line with nationally recognized standards of care, including recommendations from American Academy of Pediatrics Bright Futures guidelines. SBHC providers should refer to Bright Futures to determine age appropriate levels of service.~~
- ~~b. Table 2 specifies the minimum level of comprehensive pediatric health care services that must be available either:~~
 - ~~(1) **Onsite:** Services are available onsite at the SBHC;~~
 - ~~(2) **Onsite*:** Laboratory testing available onsite as point of care testing;~~
 - ~~(3) **Onsite†:** Laboratory must have ability to collect specimen/sample. Sample may be sent offsite for diagnostic testing; or~~
 - (4)(1) **Referral:** Services and laboratory testing available by referral (if not on site) with system for tracking referrals and follow up. Referral sources should be youth friendly, confidential and available regardless of a client's ability to pay. A list of referral sources must be available to SPO upon request.

Table 2: Comprehensive Pediatric Health Care Minimum Requirements:

Comprehensive Pediatric Health Care	Minimum Level of Service Required
History	
Comprehensive medical histories	Onsite
Measurements	
Height and weight	Onsite
Body Mass Index (BMI)	Onsite
Blood pressure	Onsite
Sensory Screening	
Vision	Onsite
Hearing	Referral
Developmental/Social/Behavioral/Mental ServicesHealth	
Developmental surveillance	
Behavioral / social / emotional screening	
Tobacco, alcohol or other drug screening	
Depression screening	
Suicide risk screening	
Suicide safety planning	
Social needs screening	
Mental / behavioral health assessment	
Mental health service plan development	
Individual counseling and treatment	
Physical Health Services	
Comprehensive physical exams	Onsite
Evaluation and treatment of non-urgent, acute and chronic conditions	Onsite
Medical specialty services	Referral
Developmental/Behavioral Services¹	
Health assessment ²	Onsite
Assessment of educational, achievement, and attendance issues	Onsite
Reproductive health exam	
Condom availability^{3,4}	
Contraceptive dispensing^{3,4}	

¹ ~~Behavioral health services are inclusive of mental health and substance abuse.~~

² Health assessments may be completed through a health assessment tool or through documented assessment of health risks and strengths (e.g., physical growth and development, emotional well-being, violence and injury prevention, etc.).

³ Providing access to comprehensive contraception is a clinical best practice recognized by the American Academy of Pediatrics, the Centers for Disease Control and Prevention, and other national and international organizations.

⁴ SBHCs located on elementary and middle school campuses may provide these services via referral.

Table 2: Comprehensive Pediatric Health Care Minimum Requirements:

Comprehensive Pediatric Health Care	Minimum Level of Service Required
<u>Age-appropriate comprehensive pregnancy options counseling^{1,2}</u>	
<u>HIV counseling</u>	
<u>STI prevention education and treatment³</u>	
<u>Developmental assessments</u>	Onsite
<u>Psychosocial/behavioral assessment</u>	Onsite
<u>Depression screening</u>	Onsite
<u>Alcohol and other drug screening</u>	Onsite
<u>Alcohol and other drug assessment⁴</u>	Referral
<u>Prescriptions for mental health conditions</u>	Referral
<u>Individual, group and family counseling and treatment</u>	Referral
<u>Social Services assessment and referral</u>	Referral
<u>Immunization</u>	
<u>Anemia screening & testing</u>	
<u>Lead screening</u>	
<u>Tuberculosis screening</u>	
<u>Dyslipidemia screening & testing</u>	
<u>STI screening & testing⁵</u>	
<u>HIV screening & testing</u>	
<u>Hepatitis B screening</u>	
<u>Hepatitis C screening</u>	
<u>Sudden cardiac arrest/death risk screening</u>	
<u>Urinalysis</u>	
<u>Blood glucose testing</u>	
<u>Pregnancy testing</u>	
<u>Strep throat testing</u>	
<u>Flu testing</u>	
<u>COVID-19 testing</u>	
<u>Dyslipidemia screening & testing</u>	
Oral Health Services	
<u>Visual inspection of teeth and gums</u>	Onsite

¹ Pregnant people must be offered information and counseling regarding each of the options in a neutral, factual, and non-directive manner: parenting, abortion, and adoption. All pregnancy options information must be written in a factual and non-directive manner and include contact information for agencies that give medically accurate, unbiased information about the option(s) for which they are being listed.

² SBHCs located on elementary and middle school campuses may provide these services via referral.

³ SBHCs located on elementary and middle school campuses may provide these services via referral.

⁴ If not available onsite, 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.

⁵ Chlamydia, gonorrhea, syphilis

Table 2: Comprehensive Pediatric Health Care Minimum Requirements:

Comprehensive Pediatric Health Care	Minimum Level of Service Required
Preventive oral health education and counseling	Onsite
Fluoride varnish	
Fluoride supplement prescription	Onsite
Comprehensive oral health evaluation and treatment	Referral
Reproductive Health Services	
Reproductive health exam	Onsite
Prescriptions for contraceptives ¹	Referral
Condom availability ²	Referral
STI prevention education and treatment	Onsite
Pregnancy prevention education	Onsite
Prenatal care	Referral
HIV counseling	Onsite
HIV treatment	Referral
Anticipatory Guidance	
Provision of age appropriate anticipatory guidance ²	Onsite
Targeted patient education	Onsite
Procedures	
Immunizations	Onsite
Urinalysis	Onsite*
Hematocrit or Hemoglobin	Onsite*
Blood glucose	Onsite*
Strep throat ³	Onsite*
Pregnancy testing ⁴	Onsite*
STI screening and testing ⁵	Onsite+
HIV screening and testing	Onsite+
Tuberculosis testing	Referral
Lead screening and testing	Referral
Dyslipidemia screening	Referral

¹ SPO recommends onsite access to contraceptives and condoms. Providing access to contraceptives is a clinical best practice recognized by the American Academy of Pediatrics, the Centers for Disease Control and Prevention, and other national and international organizations. However, communities may choose to offer contraceptive services by referral.

² ² Anticipatory guidance is preventive counseling to address significant physical, emotional, psychological, and developmental changes that occur throughout childhood. Anticipatory guidance compliments the risk assessment and covers topics such as injury prevention, diet and nutrition, and sexual health, among others.

³ Rapid

⁴ Urine human chorionic gonadotropin (UHCg)

⁵ Chlamydia, gonorrhea, syphilis

F.2 Service referral

Intent of F.2

SBHCs are located across Oregon; each clinic works to meet the diverse needs of its community.

All SBHCs must have a mechanism for referral to ensure access if needed services are not available onsite at the clinic.

Specifications for F.2

An SBHC meets measure F.2 if it is doing all the following:

- Has a system for tracking referrals and follow-up.
- Prioritizes referral sources that are youth-friendly, confidential, and available regardless of a client's ability to pay.
- If not available onsite at the SBHC, ensures referrals for the following services:
 - (1) Substance use treatment;
 - (2) Comprehensive oral health evaluation and treatment;
 - (3) Prenatal care;
 - (4) Gender affirming treatment;³⁵
 - (5) Other medical or behavioral health specialty services.

E.2F.3 Immunizations

Intent of F.3

SBHCs must enroll in the Oregon Vaccines for Children (VFC) Program and provide age-appropriate vaccines. Following VFC Program requirements ensures youth have access to the immunizations they need to stay healthy.

Required roles:

All SBHCs must have staff designated in the following roles:³⁶

- SBHCs must designate an **Immunization Coordinator**: A person who is fully trained to be responsible for all vaccine management activities within the practice. This includes responsibility for all requirements of the Oregon VFC program. The individual is the SBHC's liaison to the Oregon Immunization Program and LPHA immunization coordinator.

³⁵ Gender affirming treatment means a procedure, service, drug, device or product that a physical or behavioral health care provider prescribes to treat an individual for incongruence between the individual's gender identity and the individual's sex assignment at birth, as defined in Oregon Laws 2023, chapter 228, section 20.

³⁶ Staff may hold more than one role.

Specifications for F3

An SBHC meets measure F.3 if it is doing all the following:

- a. ~~SBHCs must~~ Is be enrolled in the Vaccines for Children (VFC) program and meets the federal and state requirements of this program.
- ~~a.b. Utilizes clinical encounters to screen and, when indicated, immunize clients.~~
- ~~b.a. SBHCs must designate an Immunization Coordinator who is fully trained to be responsible for all vaccine management activities within the practice. This includes responsibility for all requirements of the Oregon VFC program. The individual is the SBHC's liaison to the Oregon Immunization Program and LPHA immunization coordinator.~~

E.3F.4 Equipment

Intent of F.4

SBHCs must ensure their medical equipment is in excellent working condition and that the clinic is prepared to respond to medical emergencies.

Specifications for F.4

An SBHC meets measure F.4 if it is doing all the following:

- a. ~~Equipment must be m~~Maintained~~ed~~ and ~~calibrated~~ calibrates equipment per manufacturer and/or agency guidelines.
- b. ~~SBHCs must have~~Has a process in place for Quality Assurance per manufacturer and/or agency guidelines.
- c. ~~SBHCs must have~~Has appropriate emergency medical equipment per agency guidelines that is inspected regularly.

E.4F.5 Medications

Intent of F.5

SBHCs follow local, state and federal regulations for medication storage.

Specifications for F.5

An SBHC meets measure F.5 if it is doing all the following:

- a. ~~Any medications kept~~Keeps ~~on-site must be kept~~ any onsite medications in accordance with local, state and federal rules and regulations.
- ~~a.b. Provides access to medications that support the health care needs of youth clients.~~

~~E.5~~F.6 Laboratory

Intent of F.6

SBHC labs must meet quality requirements to ensure optimal operations, safety, and accuracy.

Required roles:

All SBHCs must have staff designated in the following roles:

- **Lab Coordinator:** A person who is named on the SBHC's Clinical Laboratory Improvement Amendments (CLIA) license and is responsible for the overall operation and administration of the laboratory.

Specifications for F.6

An SBHC meets measure F.6 if it is doing all the following:

- ~~SBHCs must meet~~Meets Code of Federal Regulations (CFR) requirements and holds a valid Clinical Laboratory Improvement Amendments (CLIA) certificate for the level of testing performed or participate in a multiple-site CLIA certificate.
- ~~Lab equipment must be m~~Maintainededs and/or ~~calibrated~~calibrates lab equipment regularly to meet all CLIA manufacturer or SBHC policy requirements.
- Ensures timeline review of lab results by an authorized provider (ORS 438.430(1)).
- ~~b.d.~~Ensures confidential handling of lab results.
- ~~SBHCs must have signed, SBHC-specific written procedures set forth and in place that ensure:~~
 - ~~(1) Timely review of lab results by an authorized provider (ORS 438.430(1))~~
 - ~~(2) Documentation and follow-up of abnormal labs, and~~
 - ~~(3) Confidential handling of lab results~~

Section ~~FG~~: Data collection/reporting and Quality Improvement

State certified SBHCs are required to collect and regularly submit specific data and operating information to the SBHC State Program Office. The SPO uses this information in many ways, including to monitor compliance with SBHC Standards for Certification. In-depth analysis of this data and information helps the SPO, SBHC partners and policymakers understand trends in SBHC services and utilization. This data also tells the story of the impact SBHCs have in their communities.

~~FG.1~~ Data collection requirements

Intent of G.1

This section outlines minimum data collection requirements for SBHCs.

Specifications for G.1

An SBHC meets measure G.1 if it is doing all the following:

- a. ~~SBHCs must m~~Maintains an electronic ~~data collection~~health records (EHR) system that is compatible with the SPO's data collection system and has the capacity to collect the required variables listed ~~below in H.2~~. Compatibility means the system can export required variables in a useable format.
- b. Has electronic health records, billing systems, client forms, and client-centered notification systems that protect client confidentiality, including but not limited to services received and client sexual orientation and gender identity.
- c. Notifies the SPO at least 4 months in advance of changing EHR system vendors to allow sufficient time to ensure compliance with SPO data collection requirements.
- ~~b-d.~~ 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, as defined in B.2.

~~FG.2~~ Data variables requirements

Intent of G.2

SBHCs must collect specific data variables to document client information and encountered visits. This section outlines minimum data variables requirements for SBHCs.

Specifications for G.2

An SBHC must collect certain data variables ~~shall be collected~~ at each encountered visit including:

- a. Client-level variables:
 - (1) Unique patient identifier (not name);

(2) Medicaid ID #; and

(3) Date of birth;

a.b. Client demographic variables:

~~(4)~~ (4) Gender;

~~(5)~~ (4) Race;

~~(6)~~ (5) Ethnicity;

(6) Preferred language;

(7) Sex assigned at birth; and

~~(7)~~ (8) School enrollment.³⁷

b.c. Visit-level information:

~~(8)~~ (1) Insurance status (to include at a minimum the following categories: Medicaid, other public, private, none, unknown, CCare);

~~(9)~~ (1) Payer name;

~~(10)~~ (1) Total charges;

~~(11)~~ (1) Total payments;

(12) Location of visit (site identification);

(9) Visit or claim identification number;

(10) Type of visit (in-person or telehealth/phone/video);

(11)

~~(13)~~ (12) Date of visit;

~~(14)~~ (1) Location of visit (site identification);

Insurance status (to include at a minimum the following categories: Medicaid, other public, private, none, unknown, CCare Title X (RHCare/CCare));

(13) Payer name;

(14) Total charges;

Total payments;

(15)

~~(15)~~ (16) Provider type (as defined by SPO);

~~(16)~~ (17) Provider name

~~(17)~~ (18) National Provider Identifier (NPI)

~~(18)~~ (19) Visit procedure code(s);

~~(19)~~ (20) Procedure code modifiers; and

~~(20)~~ (21) Diagnostic-Visit diagnostic code(s) (most recent ICD and DSM code(s)).

³⁷ Reporting of school enrollment is dependent on EHR capability to collect and report on this variable, as defined by the SPO.

FG.3 Data reporting requirements

Intent of G.3

SBHCs must securely report required data and information to the SBHC State Program Office.
This section outlines minimum data reporting requirements for SBHCs.

Specifications for G.3

An SBHC meets measure G.3 if it is doing all the following:

- a. ~~SBHCs shall s~~ubmits SBHC encounter data to the SPO at least twice annually.
- b. Submits SBHC financial revenue information for medical sponsor and behavioral health sponsor to the SPO at least once annually.
- ~~b.c.~~ SBHCs shall complete an annual chart review based on SPO required key performance measures, to be submitted to the SPO annually. Participates in site quality improvement activities, as defined by SPO.
- ~~c.~~ SBHCs shall administer student satisfaction surveys according to SPO requirements and submit survey data to the SPO a minimum of twice annually.
- d. ~~SBHCs shall k~~ Keeps an up-to-date Operational Profile with information about clinic operations.
- ~~d.e.~~ Utilizes appropriate consent forms to share electronic health record data with SPO, if required by vendor.

Section ~~GH~~: Billing Sustainability

SBHCs are a vital resource for the youth they serve. SBHCs coordinate with private insurers, the Oregon Health Plan (OHP), and Coordinated Care Organizations for service reimbursement when possible. The financial sustainability of SBHCs ensures youth have continued access to high quality healthcare services.

GH.1 Billing requirements

Intent of H.1

SBHCs must ensure their providers are able to bill public and private health insurers. This section outlines minimum billing requirements for SBHCs.

Specifications for H.1

An SBHC meets measure-H.1 if it is doing all the following with respect to physical health, behavioral health and/or oral health providers:

- a. Ensures ~~providers~~, as applicable, are ~~must be~~ credentialed with and billing private insurance companies for reimbursement whenever possible.
- ~~a.b. All Ensures- providers, as applicable, are whose provider type is eligible to enrolled with and billing the Oregon Health Plan (OHP) must enroll with and bill OHP.~~
- ~~b.a. Providers must be credentialed with and billing private insurance companies for reimbursement whenever possible.~~
- c. Ensures that all encounters billed to Oregon Medicaid (open card or Coordinated Care Organization (CCO)) include the modifier “UB” for every billed procedure code. This does not apply to dental encounters.
- ~~c. SBHCs must determine whether their Coordinated Care Organization(s) (CCOs) 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 shall work with the CCO to determine the best method for the SBHC to bill for services while preventing an inadvertent disclosure of personal health information.~~

Section I: Terminology

DRAFT

Contact information

SBHC State Program Office

For questions, please send an email to sbhc.program@state.or.us or call 971-673-0871 or fax 971-673-0250.

Additional Information

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