



# Oregon School-Based Health Center Program

Healthy Schools Begin with Healthy Kids



# Standards for Certification

Year  
2000



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## SECTION A CERTIFICATION PROCESS

### Certification Process

#### A.1 Levels of Certification:

**Core Center** (Core) – meets all required components and minimums as defined in the standards for a Core center

**Expanded Center** (EXP) – meets all required components and minimums as defined in the standards for an Expanded center

Both Core and Expanded centers are encouraged to follow **recommended** components, but are not **required** to meet these for certification.

#### A.2 Administrative Procedures:

- a. Sites may certify individually by making application as a Core or an Expanded center.
- b. A school-based health center system may certify more than one site as a Core or an Expanded site on the same application providing each center meets each requirement individually.
- c. Initial certification will involve both a written application (completion of the standards checklist and required assurances) as well as a site visit. A request for a waiver for any standard must accompany the application and must include a satisfactory explanation as to why the standard can not be met and a written plan with a time line to correct that standard.
- d. Re-certification will occur every 2 years in conjunction with the state legislative funding cycle and will include an updated standards checklist and required assurances.
- e. At the state's discretion, if a center's certification lapses either a new (initial certification) or re-certification will be required.
- f. At any time after initial certification, a site may request an administrative review of compliance. The review will be considered a 'no penalty' review with the exception of gross violation or negligence which may require site closure or temporary suspension of services.

A.3 Compliance Requirements:

- a. After initial certification, sites must notify the state technical assistance office (TAO) within 60 days of any changes (e.g. inability to recruit to a vacant staff position, decrease in hours of operation) which bring the site out-of-compliance with the standards for a period of more than 20 center working days. A written plan that delineates actions including a timeline to return to compliance must accompany the notification.
- b. The state TAO reserves the right to review all or any selected standards for compliance at all certified sites with a minimum notification of at least 5 center working days if issues of compliance are raised or come into question.

A.4 Out of Compliance Procedure:

- a. Site notifies state (see Compliance Requirements, A.3.a). State TAO will review outcomes in accordance with the written plan:
  - Remedied – no further action necessary
  - Not remedied – see step b
- b. If a site is determined to be out of compliance with the standards, the state TAO may choose one of the following actions:
  - (1) Require a written plan with a timeline to correct deficiency
  - (2) Issue a written warning with a timeline to correct deficiency
  - (3) Issue a letter of non-compliance and;
    - (i) Suspend (no transfer of funds until remedied)
    - (ii) Sanction (reduce funding level during current fiscal year)
    - (iii) Terminate (withdraw funding – current or subsequent fiscal year)
- c. For steps b.(1) and b.(2), the state TAO will review outcomes in accordance with the written plan or warning and if remedied no further action is necessary. If not remedied, step b.(3) will be initiated.
- d. For sites entering steps b.(3), a site visit to verify remedies prior to re-instatement and/or re-certification of the site may be required.

## SECTION B                      SPONSORING AGENCY / FACILITY

### Sponsoring Agency/ Facility

#### B.1 Sponsoring Agency Requirements:

- a. A **sponsoring agency** is defined as an agency that has a written agreement with the school-based health center (SBHC) to provide one or more of the following:
  - funding
  - staffing
  - medical oversight
  - liability insurance
- b. All sponsoring agencies must have a **written agreement** with the SBHC describing their role in SBHC operations.
- c. A SBHC may have more than one sponsor, but at least one of the sponsors must meet the definition of a **medical sponsor**.

#### B.2 Medical Sponsorship Requirements:

- a. **Medical sponsorship** shall include:
  - 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, e.g., MD, DO, NP) (see also C.6.d)
  - evidence of ongoing (at least quarterly) involvement of the medical director in clinical policy & procedures development, records review and clinical oversight
  - medical liability coverage
  - ownership of medical records
- b. Appropriate medical sponsors may be one of the following entities providing they meet the requirements in (B.2.a):
  - Local health department
  - Federally qualified health center/community health center
  - Hospital
  - Private medical practice/group
  - Nurse practitioner clinic
  - University medical center
  - Managed care organization

- c. Medical sponsors must assure unbiased care regardless of client insurance status or insurance carrier. The sponsor will also assure that clients will not be required or pressured to change insurance carriers for the benefit of a sponsoring agency.
- d. The local health authority retains the right to approve expenditure of public funds utilized to provide public health services on the local level (ORS 431.375 section 3) and thus have first right of refusal to become the SBHC medical sponsor when public funds are awarded for SBHCs. Once relinquished in accordance with the rules, the decision will be reviewed each biennial funding cycle.

B.3 Facility Requirements:

- a. A SBHC facility is defined as a permanent space located within a school building or on the school campus used exclusively for the purpose of providing primary health care, preventive health, mental health and health education services.
- b. The facility must meet ADA requirements for accommodation of individuals with disabilities.
- c. The facility must meet local building codes, OSHA and any other local, state or federal requirements for occupancy and use.
- d. Though there may be differences in SBHCs from site to site, and multiple-use spaces are allowable, the following must be present within the center:
  - 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 (for placing confidential phone calls and receiving confidential messages)
  - confidential fax (SBHC staff access only)
- e. For the purposes of confidentiality, there must be at least 2 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.

- f. To optimize utilization of staff, there must be at least one exam/ counseling room available per FTE provider (RN, NP, PA, MD, DO or mental health provider) staffed during hours of operation.
- g. The design of functional spaces shall at all times consider the necessity of maintaining patient confidentiality, secure records, secure storage and safety.
- h. A facility floor plan (to scale) must be submitted for approval to the state program office with the certification application.

**B.4 Facility Recommendations:**

- a. In addition to required areas, the following are advisable:
  - family/group meeting room
  - resting/triage area when separate school nursing facilities are not available
  - outside entrance for before/after school or summer hours
- b. The following are square footage guidelines for design/remodeling of SBHC space. The recommended minimum square footage (providing space requirements are met) for a Core center is 675 square feet and for an Expanded center is 1000 square feet.

<b>Area</b>	<b>Estimated Space</b>	
▪ waiting reception area	150-200	(square feet)
▪ exam/counseling room (each)	100-120	“
▪ bathroom facility	75-100	“
▪ office area (each)	100-120	“
▪ confidential phone/fax		
▪ secure records storage	25-50	“
▪ secure storage area for supplies	25-50	“
▪ lab area	25-50	“
 Other		
▪ resting/triage area	75-100	“
▪ custodial	25-50	“
▪ general storage	50-75	“
▪ staff room	100-120	“
▪ conference room	150-200	“



## **SECTION C                      OPERATIONS / STAFFING**

### Operations

#### C.1 Hours of Operation Requirements: (Core SBHC)

- a. Center must be open a minimum of 3 days/week when school is in session.
- b. Center must be open for at least 15 hours/week and may include before or after school hours as necessary.
- a. Both walk-in and scheduled appointments shall be available for center services.
- b. Center must have in place a system to instruct patients where they may seek care after hours (e.g. primary care physician, emergency room, urgent care center or mental health crisis line). These instructions shall be posted outside the main entrance to the SBHC as well as available on a telephone answering system or voice mail system that can be accessed 24 hours per day on a direct phone line.

#### C.2 Hours of Operation Requirements: (Expanded SBHC)

- a. Center must be open each day school is in session, except for a maximum 10 closures per school year.
- b. Center should be open for at least (6) hours/day and may include before or after school hours as necessary.
- c. Both walk-in and scheduled appointments shall be available for center services.
- d. Center must have in place a system to instruct patients where they may seek care after hours (e.g. primary care physician, emergency room, urgent care center or mental health crisis line). These instructions shall be posted outside the main entrance to the SBHC as well as available on a telephone answering system or voice mail system that can be accessed 24 hours per day on a direct phone line.

C.3 Eligibility for Services Requirements: (Core and Expanded SBHC)

- a. All students in the school are eligible for services if they have obtained the necessary consent as determined by local policy.
- b. Students 15 years of age or older are eligible for physical health services (14 years of age or older for mental health services) (OR Rev. St. 109.640, OR Rev. St. 109.675). If needed services are not available on site, appropriate referral is required (see Definition H.1.a).
- c. Students of any age are eligible for reproductive health and family planning services and for diagnosis and treatment of STDs (OR Rev. St. 109.640, OR Rev. St. 109.610). If needed services are not available on site due to local policy restrictions, appropriate referral is required (see Definition H.1.a).
- d. Students shall not be denied access or services based on insurance status or ability to pay.
- c. Students shall not be denied access to services based on race, color, national origin, religion, immigration status, sexual orientation, handicap or gender.
- f. Reasonable accommodation shall be made to provide confidential services to non-English speaking students.

C.4 Policies and Procedures Requirements: (Core and Expanded SBHC)

- a. Center must have written policies set forth and in place for:
  - non-discrimination
  - confidentiality of client services, medical records & data
  - consent for medical, mental health and AOD services (parent and/or client)
  - student rights and responsibilities
  - release of information and access to medical records
  - data management
  - schedule of standard charges (if any) for services rendered
  - method of transmitting billing and other fiscal information to agencies as appropriate, 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
  - SBHC staff job descriptions with qualifications, responsibilities, supervision, evaluation
  - staff vacation and sick leave policies
  - quality assurance process
  - complaint and incident review

- b. The written policies and procedures shall be reviewed and updated every 2 years. The review shall be documented in writing.

C.5 Eligibility for Services Recommendations: (Core and Expanded SBHC)

- a. It is encouraged that Oregon State Statutes define access to services within a SBHC (e.g. students 15 years or older should be able to obtain SBHC services with self-consent and without parental consent).

C.6 Staffing Requirements: (Core SBHC)

- a. SBHC Staff shall include at a minimum:
  - Support staff (office assistant) - 15 hours/week
  - Primary care provider (NP, PA, MD, DO) - 10 hours/week, at least 2 days/week
  - Registered nurse (RN) or Mental health provider (QMHP)- 10 hours/week

Note: At least one licensed medical professional (e.g. RN, NP, PA) or one qualified mental health professional must be available each day the center is open for clinical services.

Note: The primary care provider may assume (but not replace) any or all of the registered nurse or mental health provider time to meet the combined professional time requirement (20 hours).

- b. A mental health provider (QMHP) and AOD assessment capacity shall be available either on site or through referral. If not available on site, a written agreement with the outside provider(s) must be in place to provide services and for sharing information between the provider and SBHC.
- c. Each SBHC shall have a designated site coordinator, with administrative duties outlined in a job description. The site coordinator shall be employed by the sponsoring agency (or one of the sponsoring agencies) and may be one of the staff listed above.
- d. Each SBHC shall have a designated medical director who is available to provide on-site clinical assistance at least monthly and who will be accessible to staff by phone to discuss clinical issues as needed (see also B.2.a).
- e. All SBHC program staff shall have the appropriate training, experience and qualifications to work with the SBHC population (children and adolescents), including basic first aid and lifesaving certification.

- f. All staff shall maintain their licensure through appropriate professional standards.
- g. To assure ability to bill for services, the primary care provider (NP, PA, MD, DO) must be eligible for reimbursement from Medicaid and/or Medicare programs and should be enrolled in the Vaccines for Children (VFC) program.

C.7 Staffing Requirements: (Expanded SBHC)

- a. SBHC Staff shall include at a minimum:
  - Support staff (office/health assistant) - 30 hours/week
  - Primary care provider (NP, PA, MD, DO) - 20 hours/week
  - Registered nurse (RN) - 20 hours/week
  - Mental health provider (QMHP) - 20 hours/week

Note: At least one licensed medical professional (primary care provider or registered nurse) and one support staff must be available each day the SBHC is open for clinical services.

Note: The primary care provider may assume (but not replace) any or all of the RN time to meet the combined professional time requirement (40 hours).

- a. The mental health provider shall:
  - Be a qualified mental health professional (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
  - Provide alcohol and other drug (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. Site Coordinator:
  - See Core SBHC (C.6.c)

- d. Medical Director:
  - See Core SBHC (C.6.d)

- e. Training:
  - See Core SBHC (C.6.e)

- f. Licensure:
  - See Core SBHC (C.6.f)

- g. Reimbursement Potential
  - See Core SBHC (C.6.g)

C.8 Staffing Recommendations: (Core and Expanded SBHC)

- a. It is recommended that the SBHC nurse (RN) have public health training and background, given the community outreach and public health functions of this position.
- b. In sites where school nurse services are available in addition to SBHC services, it is advised that there be a clear delineation of roles and responsibilities. A written policy to address sharing of medical information (e.g. immunization records, serious medical conditions) between school nurse and SBHC staff is recommended. Where possible, it is recommended that the school nurse be “co-housed” with the SBHC facility to further strengthen this relationship.
- c. While the main duties of the support staff may be clerical, it is preferable to have a support staff with additional health training (e.g. health assistant, nursing aide, medical assistant, LPN) to assist with triage.
- d. The special needs of a school should be taken into account when planning the need for additional staff, such as:
  - Health educator
  - Dental hygienist/ dentist
  - Nutritionist
- e. Bilingual staff are recommended if the composition of the student population being served suggests such a need.

## **SECTION D                      LABORATORY**

### Laboratory/ Diagnostic Services

#### D.1 Laboratory Space Requirements:

- a. Center must have a clearly designated lab space, which includes a sink and separate clean and dirty lab areas (see Facilities B.3.d and B.4.b)

#### D.2 Lab Certification Requirements:

- a. Center must meet OHD requirements for initial laboratory licensure for school health clinics and/or as a participant in a multiple site laboratory license.<sup>1</sup>

#### D.3 Laboratory Reporting Requirements:

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

#### D.4 Relationship with CLIA Certified Lab Requirement:

- a. Center 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.

<sup>1</sup> As of January 1, 2000, it is anticipated that the OHD will no longer perform the certification of lab sites for CLIA. Consequently new requirements and procedures may be necessary for lab licensing. Further guidance to follow at a later date.



D.5 Laboratory/ Diagnostic Services Requirements:

- a. The following includes services that must be available either:
- On-site at the school-based health center (**On**)
  - By direct referral (**Ref**) from the center (see definition H.1.a)
  - Some services are considered recommended (**Rec**) either on-site or by referral but are not mandatory

	<u>Elem (K-5)</u>		<u>Middle (6-8)</u>		<u>High (9-12)</u>	
	Core	EXP	Core	EXP	Core	EXP
Urinalysis(dip)	On	On	On	On	On	On
Hgb &/or Hct	Ref	On	Ref	On	On	On
Blood glucose	Ref	On	Ref	On	On	On
Strep Throat <sup>1</sup>	Ref	On	Ref	On	Ref	On
Venipuncture	Ref	On	Ref	On	Ref	On
PPD <sup>2</sup>	Ref <sup>2</sup>	On	Ref <sup>2</sup>	On	Ref <sup>2</sup>	On
Pregnancy Test <sup>3</sup>	Ref	Ref	On	On	On	On
STD/ STI <sup>4</sup>	Ref	Ref	On	On	On	On
Pap Smear	Ref	Ref	On	On	On	On
HIV test	Ref	On	Ref	On	Ref	On
Wet mount/KOH	Rec	Rec	Rec	Rec	Rec	Rec
Blood lead level	Ref	Ref	Ref	Ref	Ref	Ref
Sickle cell test	Ref	Ref	Ref	Ref	Ref	Ref
Imaging (X-ray, etc.)	Ref	Ref	Ref	Ref	Ref	Ref

<sup>1</sup> rapid or culture

<sup>2</sup> unless significant high-risk population is present

<sup>3</sup> UHCG

<sup>4</sup> Chlamydia, GC, Syphilis

D.6 Equipment Requirements:

- a. Center must have the equipment necessary to provide all required labs and screening tests.
- b. Equipment must be maintained and calibrated regularly in compliance with all state licensing requirements.

D.7 Laboratory Recommendations:

- a. Center is encouraged to initiate regular on-site consultation with the state lab.

# SECTION E SERVICES

## Comprehensive Services

### E.1 Comprehensive Services Requirements:

- a. The following includes services that must be available either:
- On-site at the school-based health center (**On**)
  - By direct referral (**Ref**) from the center (see definition H.1.a)
  - Some services are considered recommended (**Rec**), either on-site or by referral but are not mandatory

	<u>Elem (K-5)</u>		<u>Middle (6-8)</u>		<u>High (9-12)</u>	
	Core	EXP	Core	EXP	Core	EXP
<b>b. Primary Care</b>						
Comprehensive medical & psychosocial histories	On	On	On	On	On	On
Comprehensive physical exams per EPSDT	On	On	On	On	On	On
Immunizations <sup>1</sup>	On	On	On	On	On	On
Developmental assessments	Ref	Ref	Ref	Ref	Ref	Ref
Pre-assessment of educational, achievement & attendance problems	On	On	On	On	On	On
Evaluation and treatment of:						
▪ non-urgent problems	On	On	On	On	On	On
▪ acute problems	On	On	On	On	On	On
▪ chronic problems	On	On	On	On	On	On
Triage of medical emergencies	On	On	On	On	On	On
Medical case management	Ref	On	Ref	On	Ref	On
Medical specialty services	Ref	Ref	Ref	Ref	Ref	Ref
<b>c. Screening</b>						
Height/weight/body mass index (BMI)	On	On	On	On	On	On
Blood pressure	On	On	On	On	On	On
Vision screening	On	On	On	On	On	On
Hearing screening	Ref	Ref <sup>2</sup>	Ref	Ref <sup>2</sup>	Ref	Ref <sup>2</sup>
Scoliosis screening	On	On	On	On	On	On

<sup>1</sup>includes all required vaccines for school attendance excluding Varicella which may be provided by referral given its unique storage requirements

<sup>2</sup>recommended on site

<i>Comprehensive Services Continued</i>	<u>Elem (K-5)</u>		<u>Middle (6-8)</u>		<u>High (9-12)</u>	
	Core	EXP	Core	EXP	Core	EXP

d. **Dental**

Visual inspection of teeth & gums	On	On	On	On	On	On
Preventative dental treatment (Fluoride available by prescription)	On	On	On	On	On	On
Comprehensive dental evaluation & treatment	Rec	Rec	Rec	Rec	Rec	Rec

e. **Pharmacy**

Capacity to write prescriptions for non-urgent, acute & chronic problems	On	On	On	On	On	On
Administration of OTC & prescription medication	On	On	On	On	On	On

f. **Reproductive Health Services**

Reproductive health exam (inclusive of pap, pelvic, testicular exam)	Ref	Ref	On	On	On	On
Prescriptions for contraceptives (hormonal, diaphragm, IUD)			Ref	Ref	Ref	Ref
Condom availability;						
▪ for treatment of documented or presumptive STD		Ref <sup>3</sup>	Ref <sup>3</sup>	Ref <sup>3</sup>	Ref <sup>3</sup>	
▪ for STD/ pregnancy prevention use		Ref <sup>3</sup>	Ref <sup>3</sup>	Ref <sup>3</sup>	Ref <sup>3</sup>	Ref <sup>3</sup>
Pregnancy testing and counseling	Ref	On	On	On	On	
Prenatal care	Ref	Ref	Ref	Ref	Ref	Ref
STD/STI treatment	Ref	Ref	On	On	On	On
HIV pre- & post-test counseling	Ref	Ref	Ref	On	Ref	On
HIV/AIDS treatment	Ref	Ref	Ref	Ref	Ref	Ref

<sup>3</sup>recommended on site

<i>Comprehensive Services Continued</i>	<u>Elem (K-5)</u>		<u>Middle (6-8)</u>		<u>High (9-12)</u>	
	Core	EXP	Core	EXP	Core	EXP

**g. Preventive Health Services**

Provision of age-appropriate anticipatory guidance	On	On	On	On	On	On
Risk factor assessment	On	On	On	On	On	On
Targeted patient education;						
▪ Individual (one-on-one)	On	On	On	On	On	On
▪ Group	On	On	On	On	On	On

**h. Mental Health Services**

Individual mental health assessment, counseling and treatment	Ref	On	Ref	On	Ref	On
Alcohol and other drug pre-assessment	On	On	On	On	On	On
Alcohol and other drug counseling & treatment	Ref	Ref	Ref	Ref	Ref	Ref
Group counseling	Ref	On	Ref	On	Ref	On
Family counseling	Ref	Ref	Ref	Ref	Ref	Ref
Crisis intervention (coordinated with school plan)	On	On	On	On	On	On

**i. Social Services**

Assessment & management	Ref	Ref	Ref	Ref	Ref	Ref
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**j. Other**

Outreach activities (e.g. classroom, school, community health promotion/ health education activities)	Rec	Rec	Rec	Rec	Rec	Rec
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E.2 Equipment Requirements:

- a. Center must have equipment necessary to provide all required services.
- b. Equipment must be checked regularly and maintained in good working order.
- c. Center must have appropriate emergency medical equipment (e.g. first aid kit) which is inspected regularly for items that need to be replaced or replenished.

E.3 Medications Guidance:

- a. Recommend on-site availability of OTC and other medications that can be administered with standing orders or by the primary care provider as allowable by law, including ORS/OAR, OHD protocols, nurse practice act and board of pharmacy regulations.
- b. When medications are to be administered on site, a written policy must be in place with clear designation of staff roles and responsibilities as well as documentation procedures.
- c. A system must be in place to assure follow-up of medication compliance.

E.4 Preventive Health Services Guidance:

- a. See OMAP guidelines for counseling interventions for general and high-risk populations ages birth-10 and ages 11-24.

E.5 Social Services Guidance:

- a. SBHC staff should have knowledge of local social service referral sources and documentation of standard referral protocols. A memo of understanding between the SBHC and community social service agencies is recommended to facilitate referrals and social service case management.

## **SECTION F DATA COLLECTION / REPORTING**

### Data Collection and Reporting

#### F.1 Data Collection Requirements:

- a. Center must maintain an electronic data collection system that is compatible with the state collection system and has the capacity to collect the required variables listed below. Compatibility means the system can export required variables along with dictionary files 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 (as defined by state TAO)
  - Grade (grade & student status codes as defined)
  - Insurance status (as defined by state TAO, but to include at a minimum the following categories: public, private, none, unknown)
  - Date of visit
  - Location of visit (site identification)
  - Provider type (as defined by state TAO)
  - CPT visit code(s)
  - Visit time units
  - Diagnostic code(s) (ICD-9 or 10, DSM IV)
  - Selected risk factor status (see guidance, F.4.a)

#### F.3 Data Reporting Requirements:

- a. Data shall be reported to the state TAO 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.



F.4 Risk Factor Guidance:

- a. Information about the following selected risk factors may be required at least annually on each patient: tobacco, alcohol, sexual activity, and immunization status. For patients with an identified risk factor, additional data elements may be collected at each encountered visit.<sup>1</sup>

<sup>1</sup>Implementation anticipated in service year '00-'01. Further guidance to follow at a later date.

## **SECTION G                      QUALITY ASSURANCE**

### Quality Assurance

#### G.1 Quality Assurance Requirements:

- a. Center shall have a defined quality assurance (QA)/continuous quality improvement (CQI) process in place with a designated QA coordinator.
- b. Center shall complete a current version of the state's Continuous Quality Improvement and Review Tool (CQIRT) or an equivalent tool on an annual basis and shall develop program goals and work plans to bring the program into compliance with the tool's recommendations.
- c. Center shall have at least one technical assistance visit annually to the individual SBHC or to the 'certified system' from a state TAO staff member to discuss QA issues.

## SECTION H                      TERMINOLOGY

### Terminology

#### H.1 Definitions:

- a. **Referral** (D.5.a, E.1.a) means that there is an identified resource for that service. A contract for services, memorandum of understanding or statutory access must facilitate those services. Protocols and necessary information in order to execute a referral must be documented and available within the centers.

#### H.2 Acronyms/ Abbreviations:

- a. **ADA-** Americans with Disabilities Act
- b. **AOD-** Alcohol and Other Drugs
- c. **CLIA-** Clinical Laboratory Improvement Amendments
- d. **CQI-** Continuous Quality Improvement
- e. **CQIRT-** Continuous Quality Improvement Review Tool
- f. **CPT-** Current Procedural Terminology
- g. **DO-** Doctor of Osteopathy
- h. **DSM IV-** Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
- i. **EPSDT-** Early and Periodic Screening, Diagnosis, and Treatment Program
- j. **FTE-** Full-time equivalent
- k. **GC-** Gonorrhea
- l. **Hgb/Hct-** Hemoglobin/ Hematocrit
- m. **HIV/ AIDS-** Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
- n. **ICD-9 or 10-** International Classification of Disease- Version 9 or 10
- o. **IUD-** Intrauterine device (contraceptive)
- p. **KOH-** Potassium Hydroxide Preparation (fungal smear)
- q. **LPN-** Licensed Practical Nurse
- r. **MD-** Doctor of Medicine
- s. **NP-** Nurse Practitioner
- t. **OAR-** Oregon Administrative Rules
- u. **OHD-** Oregon Health Division
- v. **OMAP-** Oregon Medical Assistance Program (Medicaid)
- w. **ORS-** Oregon Revised Statutes
- x. **OSHA-** Occupational Safety and Health Association
- y. **OTC-** Over-the-counter medication (nonprescription)
- z. **PA-** Physician Assistant

**(continued next page)**

- aa. **PAP**- Papanicolaou smear (cervical screening test)
- bb. **PPD**- Intradermal tuberculosis screening test
- cc. **QA**- Quality Assurance
- dd. **QMHP**- Qualified Mental Health Professional
- ee. **RN**- Registered Nurse
- ff. **SBHC**- School-Based Health Center
- gg. **STD/ STI**- Sexually Transmitted Disease/Sexually Transmitted Infection
- hh. **TAO**- Technical Assistance Office
- ii. **UHCG**- Urine Human Chorionic Gonadotropin (qualitative pregnancy test)