

**RHCare Agency Review Tool**

**Month and Year of report:** Type date of report

**Agency: Reviewer:** Type reviewer’s name

**RH Coordinator: Dates of review:** Type dates of review

**Type of Review:** [ ]  **Initial on-site verification review** [ ]  **Triennial Review**

| **Requirement** | **Possible Review Methods** | **Examples of What We’ll Look For** | **Interviewee** | **Compliant** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| **Section A - Facilities, Operations, and Staffing** |  |  |  |  |  |
| **A.1 Clinic Space** |  |  |  |  |  |
| 1. Clinics must make efforts to create a welcoming and inclusive environment whereby the clinic space and signage are reflective of all clients including but not limited to communities of color, teens, LGBTQ+ individuals, and people with disabilities.
 | ObservationDiscussion | Culturally and linguistically representative signage and images Gender neutral bathroomsNon-discrimination messagingWaiting room is comfortable and allows for privacySignage signaling a safe space for LGBTQ folksClinics are making progress towards a more welcoming/inclusive environment | RHC | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. The agency’s clinic facility(s) must be compliant with ADA requirements.
 | ObservationDiscussion | ADA accessibility (i.e., widened doorways, push buttons for entry, how to assist client safely from the wheelchair to the exam table) | RHCClinical supervisor | [ ]  Yes[ ]  No[ ]  N/A |  |
| **A.2 Infection Control**  |  |  |  |  |  |
| 1. Clinics must utilize Standard Precautions for infection control, following CDC guidelines.
 | Documentation | Infection Control policies and procedures  |  | [ ]  Yes[ ]  No[ ]  N/A |  |
| **A.3 Laboratory** |  |  |  |  |  |
| 1. Clinics must maintain the appropriate level of Clinical Laboratory Improvement Amendments (CLIA) certification and must have written policies that align with CLIA rules and regulations. Staff competency assessment must be included in the policies.

**Components include:*** Proper storage for test kits
* No expired tests
* QC log for tests performed on-site
* Lab Director meets responsibilities/requirements
* If agency has a microscope, must have a certificate of provider performed microscopy procedures (PPMP)
* Equipment maintenance log (centrifuge, autoclave, hemocue)
* Staff competency assessment for each test performed on-site, including PPM if indicated
 | DocumentationObservation | Current CLIA certification postedLaboratory policies and procedures, including process for staff competency assessment |  | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Clinics must have the ability to collect specimens and samples. Specimens and samples may be sent off-site to a CLIA-certified laboratory.
 | Observation | Practices for handling specimens and samplesLab equipmentLab logProcess for receiving, documenting, and processing results |  | [ ]  Yes[ ]  No[ ]  N/A |  |
| **A.4 Pharmacy and Dispensing Medications and Contraceptive Methods** |  |  |  |   |  |
| 1. Medications and contraceptive methods covered by RHCare must be dispensed on-site following Oregon Board of Pharmacy rules and per appropriate licensure (OAR 855-043).

**Components include:*** Only authorized staff have access to medications
* Medications are stored according to manufacturer’s storage requirements
* Dispensing log
* Can provide dual-language medication labels
* Drugs are within their expiration date
* Expired drugs are properly quarantined and disposed of
 | DocumentationObservation | Current Oregon Board of Pharmacy license(s)Pharmacy policies and proceduresFormularyInventory and expiration datesDispensing logsRN dispensing competency evaluation |  | [ ]  Yes[ ]  No[ ]  N/A |   |
| 1. Clinics may offer clients the option of receiving their contraceptive methods by mail at no additional cost to the client.
	1. Use of this option is at the discretion of the client; it cannot be offered as the only way in which to receive contraceptive methods.
	2. Clinics must package and mail supplies in a manner that ensures the integrity and confidentiality of the contraceptive packaging and effectiveness of the method upon delivery.
 | Discussion | Mailing supplies processes and procedures  | RHC | [ ]  Yes[ ]  No[ ]  N/A |  |
| **A.5 Medical Emergencies** |  |  |  |  |  |
| 1. Clinics must maintain a written plan for medical emergencies, including:
	1. Anaphylaxis/Shock;
	2. Vaso-vagal reaction/Syncope;
	3. Cardiac Arrest/Respiratory Difficulty (if clinic has an automated external defibrillator (AED) include protocol on how to use); and
	4. Hemorrhage
 | DocumentationObservationDiscussion | Current medical emergencies plan Emergency kit maintenance and content listFrequency of content check for expiration dates, staff responsible, and how documentedStaff training | RHC | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Clinics must maintain a written after-hours emergency policy management plan.

**Plan should include one of the following:*** Answering service that can direct a client to either an on-call staff person or the nearest ED.
* Message left on clinic phone with clear instructions to the nearest ED.
* Call-forwarding to the on-call staff person.
 | Documentation | Current after-hours emergencies plan |  | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Clinics must meet applicable fire, building, and licensing codes and standards and maintain Exit Routes, Emergency Action Plans, and Fire Prevention Plans in accordance with OSHA.
 | DocumentationObservation | Exit RoutesEmergency Action/Preparedness PlansFire Prevention Plans |  | [ ]  Yes[ ]  No[ ]  N/A |  |
| **A.8 Quality Assurance and Quality Improvement** |  |  |  |  |  |
| 1. Agencies must follow a documented process to address quality assurance and quality improvement efforts related to reproductive health care services within their clinic(s).
 | DocumentationDiscussion | QA/QI PlanStaff responsible for QA/QI plan, how it is implemented, and how often it is updated/revised Outcomes of QA/QI implementation efforts | RHC | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Agencies must ensure that end-user engagement, feedback, and data is used to inform and improve the provision of client-driven, trauma-informed, culturally-responsive services.
	1. Using a client advisory panel or other structured means for clients to provide input.
	2. Using client demographic data to inform and improve the provision of trauma-informed, culturally-responsive services.
 | DocumentationDiscussion | Client advisory panel member roster and meeting minutesClient survey materials and resultsRoutine review of client and service level data for QA/QI effortsHow client demographic data is used to inform and improve services | RHC | [ ]  Yes[ ]  No[ ]  N/A |  |
| **Section B. Equitable Access** |  |  |  |  |  |
| **B.1 Access to Care** |  |  |  |  |  |
| a. Reproductive health services must be provided to any individual of reproductive capacity who is seeking them. | DocumentationDiscussion | Policies related to service deliveryStaff training materials or other documentation showing staff were informed of this requirement | RHCFront desk supervisor | [ ]  Yes[ ]  No[ ]  N/A |  |
| b. Clinics must offer the same scope and quality of services regardless of:1. Race, skin color, national origin, religion, immigration status, sex, sex characteristics, sexual orientation, gender identity, age, number of pregnancies, marital status, or disability, in accordance with applicable laws, including Title VI of the Civil Rights Act of 1964, section 1557 of the ACA, the Americans with Disabilities Act (ADA) of 1990, section 504 of the Rehabilitation Act of 1973, and

Oregon Revised Statutes chapter 659A1. Ability to pay or insurance coverage.
2. Location of residence.
 | Documentation | Non-discrimination policies Staff training materials or other documentation showing staff were informed of this requirement |  | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. All reproductive health services must be provided without a referral requirement.
 | DocumentationDiscussion | Referral policies and proceduresAppointment scheduling and intake process | RHCFront desk supervisor | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Clients who cannot be provided services within two weeks must be offered information about other reproductive health providers in the area, including whether or not they are RHCare providers.
 | DocumentationDiscussion | Referral policies and proceduresAppointment/Scheduling policies and proceduresClient-facing referral materials | RHCFront desk supervisor | [ ]  Yes[ ]  No[ ]  N/A |  |
| **B.2 Cultural Responsiveness** |  |  |  |  |  |
| 1. Clinics must ensure that clinical services are provided in a way that makes it easy and comfortable for youth to seek and receive the services they need.
 | DiscussionObservation | Clinic hours are convenient to young peoplePhysical space is welcoming to young peopleStaff understand developmental needs of young peopleYouth are involved in providing end-user feedbackClinics are making progress on becoming more youth friendly | RHCAdministrator | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Clients must be treated in a trauma-informed manner that is responsive to their identities, beliefs, communication styles, attitudes, languages, and behavior.
 | DocumentationObservationDiscussionClient Survey | Clinic environment (ex. minimize noise, harsh lighting, intrusive scents, cramped seating, and chaos)Clinic processes and workflows (ex. Flexibility in appt cancelation or late arrival policies, choice in communication preferences, options for privacy during check-in/out, limited wait times or communicating realistic wait times)Clinicians are familiar with how to conduct a trauma-informed examStaff (clinical and non-clinical) training plan, materials, and records/logsClient Experience Survey results | RHC | [ ]  Yes[ ]  No[ ]  N/A |  |
| **B.3 Linguistic Responsiveness** |  |  |  |  |  |
| 1. Clinics must communicate with clients in their preferred language and provide interpretation services in the client’s preferred language, at no cost to the client.
2. Clinics must inform all individuals, in their preferred language, both verbally and in writing, that language services are readily available at no cost to them, in accordance with the Civil Rights Act of 1964 and sections 1557, 1331 and 1001 of the Affordable Care Act (ACA).
3. All persons providing interpretation services must adhere to confidentiality guidelines.
4. Family and friends may not be used to provide interpretation services, unless requested by the client.
5. Individuals under age 18 should never be used as interpreters for clinic encounters for clients with limited English proficiency or who otherwise need this level of assistance.
 | DocumentationObservationDiscussion | Language assistance policies and proceduresUtilization of language assistance line/service or bilingual staffClient-facing signage and materials related to interpretation services | RHC | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Clinics must have materials and signage that are easily understandable and in languages commonly used by the populations in the service area.
2. Medically accurate, culturally and linguistically appropriate, inclusive, and trauma-informed health educational materials must be available for clients needing them.
3. All print, electronic, and audiovisual materials must use plain language and be easy to understand. A client's need for alternate formats must be accommodated.
 | ObservationDocumentation | Clinic signage and client-facing materialsProcesses or polices to determine appropriateness of client-facing materials |  | [ ]  Yes[ ]  No[ ]  N/A |  |
| **B.4 Information & Education Committee (I & E Committee)** |  |  |  |  |  |
| 1. Health education materials must be reviewed by an Information and Education (I & E) committee. Agencies can develop and maintain their own I & E committee, or they can have materials reviewed and approved by the state I & E committee. In addition to the I & E committee your agency may also choose to have additional groups review materials that are issue or identity specific and require expertise the I & E Committee may not hold.
2. If an agency chooses to maintain their own I & E Advisory Committee, the agency must assure that it broadly represents the population and community for whom the materials are intended.
3. The I & E committee must maintain a minimum of five members.
4. In reviewing materials, the I & E committee must:
	1. Consider the educational, cultural, and diverse backgrounds of individuals to whom the materials are addressed;
	2. Consider the standards of the population or community to be served with respect to such materials;
	3. Review the content of the material to assure that the information is factually correct, medically accurate, culturally and linguistically appropriate, inclusive, and trauma informed;
	4. Determine whether the material is suitable for the population or community to which is to be made available; and
	5. Establish a written record of its determinations.
 | DocumentationDiscussion | State or local I & E Committee used as indicated on Certification applicationIf local I & E Committee used, committee membership, meeting minutes, and materials reviewed and approvedIf state I&E committee used, list of materials approved | RHC | [ ]  Yes[ ]  No[ ]  N/A | *For clinics with State I&E committee, mark N/A. State is reinvigorating the I&E committee and working on processes for Agency submissions and reviews.* |
| **B.5 Fiscal Requirements** |  |  |  |  |  |
| 1. Clients may not be denied any reproductive health services or be subjected to any variation in the quality of services based on their inability to pay or insurance coverage.
 | DocumentationObservationDiscussion | Administrative policies and proceduresClient facing forms/materials | Front desk supervisorBilling supervisorRHC | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Prior to the visit and in a confidential manner, clients receiving services for which they do not have coverage (e.g., OHP, RH Access Fund) must be informed that they may be expected to pay.
 | DocumentationObservationDiscussion | Administrative policies and proceduresNo Surprises Act workflowClient facing forms/materials | Front desk supervisorBilling supervisorRHC | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Clinics must use a sliding fee schedule up to 250% of the Federal Poverty Level for reproductive health services provided to clients without coverage, unless federal regulations say otherwise.

**Policies/procedures must include all of the following:*** Clients whose self-reported income is at or below 100% of the Federal Poverty Level must not be charged.
* The sliding fee schedule must be based on an analysis of the costs of all services offered in the clinic.
* When assessing a client’s fees based on the sliding fee schedule, agencies will use the client’s household size and only the client’s own income.
* Income is self-reported, and proof of income may not be required.
* The agency’s fee schedule must be available upon request.
* Agencies may not charge a flat fee (e.g. minimum fee, nominal fee, no-show fee, etc.).
* If a client has private insurance, their Federal Poverty Level must be assessed before copays or additional fees are charged. The client should not pay more in copays or additional fees than what they would otherwise pay when the sliding fee scale is applied.
 | DocumentationObservationDiscussionChart Review | Current sliding fee scheduleProcesses for assessing client’s fees based on clinic's sliding fee scheduleCharges, billing, and collections policies and procedures (including no proof of income required for any RH services)Charts include documentation of client’s income and HH size and where they are assessed on sliding fee scale (regardless of payer source) | Front desk supervisorBilling supervisorRHC | [ ]  Yes[ ]  No[ ]  N/A | *Remember to include relevant notes from chart review.* |
| 1. Clients with insurance must be informed of any potential for disclosure of their confidential health information to the policyholder(s) of their insurance.
 | DocumentationDiscussionObservation | Confidentiality policies and proceduresAdministrative policies and procedures | Front desk supervisorRHC |  |  |
| 1. Priority may not be given to clients with sources of insurance coverage or with incomes above 250% of the Federal Poverty Level.
 | DocumentationObservationDiscussion | Appointment scheduling and intake processProcesses related to scheduling% of clients are under 250% FPL | Front desk supervisorBilling supervisorRHC | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Clinics must make reasonable efforts to collect charges without jeopardizing client confidentiality. Clients may not be sent to collection agencies.
 | DocumentationDiscussion | Fee collection policies | Billing supervisorRHC | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. A clinic may accept voluntary donations.
 | DocumentationDiscussion | Donation policies | RHC | [ ]  Yes[ ]  No[ ]  N/A |  |
| **Section C. Client’s Rights and Safety** |  |  |  |  |  |
| **C.1 Confidentiality** |  |  |  |  |  |
| 1. Safeguards must be in place to ensure confidentiality, and to protect clients’ privacy and dignity throughout the clinic space, during clinic interactions, and in record keeping.
 | DocumentationObservationDiscussion | Intake and checkout processesConfidentiality policies Clinic space (i.e. use of white noise machines, window/door coverings, barriers on computer screens)Staff practices | Billing SupervisorFront Desk SupervisorRHC | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Information obtained by staff may not be disclosed without written consent, except as required by law or as may be necessary to provide services to the individual.
 | Documentation | Policies and processes for information sharing, obtaining written consent, and release of medical records |  | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. All aspects of service provision must be compliant with the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and Health Information Technology for Economic and Clinical Health (HITECH) Act.
 | DocumentationDiscussion | Policies regarding compliance with HIPAA, FERPA, and HITECHStaff training records/logsHIPAA/Notice of Privacy Practices form | RHC | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. For services provided via telehealth, staff must comply with Health Insurance Portability and Accountability Act (HIPAA) and Oregon Health Authority (Authority/OHA) Confidentiality and Privacy Rules and security protections for the client in connection with telemedicine technology, communication, and related records.
 | DocumentationDiscussion | Policies regarding telehealth confidentiality and privacy/securityStaff training records/logs | RHC | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. A copy of a patient bill of rights must be posted in a public area of the clinic.
 | Observation | Patient Bill of Rights posted |  | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Minors (under 18 years)[[1]](#footnote-2) & Confidentiality
2. Clinic staff are prohibited from requiring written consent from parents or guardians for the provision of reproductive health services to minors.
3. Clinic staff may not notify a parent or guardian before or after a minor has requested and/or received reproductive health services.
4. Services must, however, comply with legislative mandates to encourage family participation in the decision of minors to seek reproductive health services, and as such, staff will encourage, but not require, the inclusion of parents/guardians/responsible adults in their decision to access reproductive health services.
 | DocumentationChart ReviewDiscussion | Policies or other documentation related to minors, confidentiality, and consentStaff training records/log Chart notes from minors' visit(s) | RHC | [ ]  Yes[ ]  No[ ]  N/A | *Remember to include relevant notes from chart review.* |
| **C.2 Noncoercion** |  |  |  |  |  |
| 1. All services must be voluntary
2. Clients may not be coerced to accept services or to use a particular method of birth control.
	1. Clinic staff must be informed that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure.
3. Receipt of reproductive health services may not be a prerequisite for eligibility for, or receipt of services, assistance, or participation in any other program.
 | DocumentationChart review | Policies and other documentation regarding non-coercive servicesInformed consent formStaff training materials or other documentation showing staff were informed of this requirement |  | [ ]  Yes[ ]  No[ ]  N/A | *Remember to include relevant notes from chart review.* |
| **C.3 Informed Consent** |  |  |  |  |  |
| 1. Upon establishing care, clients must sign an informed consent form for reproductive health services.
2. Informed consent for reproductive health services may be incorporated into the clinic’s general consent for services.
 | DocumentationChart Review | Informed consent formInformed consent policies and proceduresEach chart contains informed consent form |  | [ ]  Yes[ ]  No[ ]  N/A | *Remember to include relevant notes from chart review.* |
| 1. The informed consent process, provided verbally and supplemented with written materials by the agency, must be presented in plain language.
 | Documentation | Informed consent policies and procedures |  | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Telehealth
2. Clinics must obtain informed consent from the client for the use of telehealth as an acceptable mode of delivering reproductive health services. The consent must be documented in the client’s health record or in each telehealth visit note.
 | DocumentationChart Review | Policies and other documentation regarding service delivery via telehealth, including informed consent form for telehealthClinic telehealth informed consent form Telehealth visit chart(s) include telehealth informed consent form. |  | [ ]  Yes[ ]  No[ ]  N/A | *Remember to include relevant notes from chart review.* |
| **C.4 Mandatory Reporting** |  |  |  |  |  |
| 1. Agencies must maintain a written policy that requires clinic staff to follow state and federal laws regarding mandatory reporting and assists staff to recognize and acknowledge their responsibility to report suspected abuse or neglect of a protected person pursuant to Federal and State law. The policy must:
	1. Address mandatory reporting obligations regarding sexual abuse, and
	2. Be updated when applicable laws change.
 | Documentation | Current mandatory reporting policy |  | [ ]  Yes[ ]  No[ ]  N/A |  |
| **Section D. Services** |  |  |  |  |  |
| **D.1. Service Delivery** |  |  |  |  |  |
| 1. Services must be provided using a trauma-informed, inclusive, culturally-responsive, and client-driven approach that helps the client clarify their needs and wants, promotes personal choice and risk reduction, and takes into account the cultural and socioeconomic factors of the client and psychosocial aspects of reproductive health.
 | Discussion Client Survey | Client Survey results | RHCClinician | [ ]  Yes[ ]  No[ ]  N/A |  |
| **D.2 Clinical Practice Standards** |  |  |  |  |  |
| 1. Clinics must adopt and follow the [RHCare Clinical Practice Standards](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Pages/RH-Program-Policies-and-Protocols.aspx) (CPS’s) that are based on national standards of care and best practices to ensure all clients receive the same quality and scope of reproductive health services.
2. The RH Program must approve any modification to CPS’s made by clinics.
 | DocumentationDiscussionChart Review | CPS Attestation Form matches CPS's reviewed onsiteProcess for staff training and adherence to CPS'sChart notes align with current CPS's | RHC | [ ]  Yes[ ]  No[ ]  N/A | *Remember to include relevant notes from chart review.* |
| 1. The agency’s Health Officer, Medical Director, or medical designee[[2]](#footnote-3) must review and sign all RHCare CPS’s attesting that certified RHCare clinics will follow them in all RHCare visits. The agency must then submit the RHCare Clinical Practice Standards Attestation Form (see Appendix B).
	1. A RHCare Clinical Practice Standards Re-Attestation Form must be submitted:
	2. When the agency’s Health Officer, Medical Director, or medical designee who originally signed the RHCare CPSs changes. The agency’s new Health Officer, Medical Director, or medical designee must review and sign all RHCare CPS’s attesting that certified RHCare clinics will follow them in all RHCare visits within three months.
	3. When the RH Program updates a CPS. Agencies’ CPS’s must align with the CPS’s posted on the RH Program’s website, therefore, agencies must update their corresponding CPS within three months of the change.
 | Documentation | CPS's signed by current HO, MD, or medical designeeCPS Attestation Form on file with RH Program |  | [ ]  Yes[ ]  No[ ]  N/A |  |
| **D.3 Clinical Services** |  |  |  |  |  |
| 1. Clinics must offer the full scope of services as defined by RHCare to all clients regardless of their ability to pay or insurance coverage. See Appendix A for the detailed list of services. The full scope of services includes:
2. A broad range of contraceptive methods, including device insertion and removals;
3. Core reproductive health services;
4. Contraceptive services;
5. Counseling and education services;
6. Pregnancy testing and counseling on all pregnancy options, including parenting, abortion, and adoption;
7. Preconception health services;
8. Basic infertility services;
9. Sexually transmitted infection (STI) screening and treatment, within the context of a family planning visit; and
10. Breast and cervical cancer screening, within the context of a family planning visit.
 | DocumentationChart Review | RH Program Agency Data Sheet Chart notes indicate full scope of servicesRHCare Exception form submitted and approved, if applicable |  | [ ]  Yes[ ]  No[ ]  N/A | *Remember to include relevant notes from chart review.* |
| 1. Clients must be able to get their first choice of contraceptive method unless there are specific contraindications.
 | Client SurveyChart ReviewDiscussion | Client Survey results Process for ensuring access to services and supplies not provided onsiteSame-day LARC availability |  | [ ]  Yes[ ]  No[ ]  N/A | *Remember to include relevant notes from chart review.* |
| **D.4 Counseling and Education Services** |  |  |  |  |  |
| 1. Clinics must offer the list of counseling and education topics as detailed in Appendix A.
 | Chart Review | Chart notes reflect counseling and education topicsAgency data sheets indicate provision of counseling and education |  | [ ]  Yes[ ]  No[ ]  N/A | *Remember to include relevant notes from chart review.* |
| 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.
 | DiscussionChart ReviewDocumentation | Chart notes from positive pregnancy test visitProcess for counseling clients who have a positive pregnancy testStaff training logs | Clinician | [ ]  Yes[ ]  No[ ]  N/A | *Remember to include relevant notes from chart review.* |
| 1. Clinics must offer/provide written information about all pregnancy options. It 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.
 | Documentation | Client-facing materials on pregnancy options |  | [ ]  Yes[ ]  No[ ]  N/A |  |
| **D.5 Referrals and Information Sharing** |  |  |  |  |  |
| 1. Clients must be offered information about:
	1. Where to access free or low-cost primary care services,
	2. How to obtain full-benefit health insurance enrollment assistance, public or private, as needed, and
	3. Resources available in the community to address barriers that might exist for clients, including but not limited to transportation, childcare, housing, and food insecurity, as appropriate.
 | DocumentationObservationChart Review | Client referral materialsEligibility assistance available onsiteResources are up-to-date and culturally and linguistically appropriateChart notes indicate referrals/resources provided |  | [ ]  Yes[ ]  No[ ]  N/A | *Remember to include relevant notes from chart review.* |
| 1. Clinics must provide closed-loop referrals for clinical services within the scope of the RHCare that require follow-up to ensure continuity of care.
 | DocumentationDiscussionChart Review | Referral process, including tracking and follow-up proceduresReferral agreements/MOUsChart notes indicate that referrals are appropriately documented and medical records are shared between referral and referring clinic | RHC | [ ]  Yes[ ]  No[ ]  N/A | *Remember to include relevant notes from chart review.* |
| **D.6 Telehealth Services** |  |  |  |  |  |
| 1. Clients must be given the option to have an in-person visit and informed of the scheduling options, services available, and restrictions of both types of visits.
 | DiscussionDocumentation | Appointment scheduling processTelehealth policy | RHCFront Desk Supervisor | [ ]  Yes[ ]  No[ ]  N/A |  |
| **Section E. Data Collection and Reporting** |  |  |  |  |  |
| **E.1 Collection and Submission of Encounter Data** |  |  |  |  |  |
| 1. Clinics must collect all required visit/encounter data variables as indicated on the RH Program Clinic Visit Record (CVR) for:
2. Visits in which the primary purpose is to prevent or achieve pregnancy,
3. Annual visits that include services related to preventing or achieving pregnancy,
4. Repeat cervical cancer screening visits,
5. Follow-up visits for treatment and rescreening of GC/CT, pursuant to a visit as described in 1. or 2. above, and
6. Visits in which the primary purpose is STI screening and the clients meets the RHEA eligibility requirements.
 | Discussion |  | RHCStaff involved in CVR | [ ]  Yes[ ]  No[ ]  N/A | *Complete remotely prior to the onsite review with RH Program Data Team.* |
| 1. Clinics must submit CVR data to the RH Program or its data collection vendor, as directed.
 | Discussion |  | RHCStaff involved in CVR | [ ]  Yes[ ]  No[ ]  N/A | *Complete remotely prior to the onsite review with RH Program Data Team.* |
| **Section F. Reproductive Health Access Fund** |  |  |  |  |  |
| **F.1 Client Enrollment** |  |  |  |  |  |
| 1. Clients must not be required to enroll in the RH Access Fund to receive services.
2. Clinics must provide reproductive health services to clients with reproductive capacity who decline to enroll in the RH Access Fund.
 | Documentation Observation Discussion | Enrollment policies and process | Front desk supervisor | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Clinics must emphasize that alternative programs may be available for clients ineligible for the Reproductive Health (RH) Access Fund.
 | DiscussionDocumentation | Client facing materials about alternate programs | Front desk supervisor | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Clinics staff must support clients in completing the RH Access Fund Enrollment Form accurately and to the best of the client's knowledge.
 | ObservationDiscussion | Enrollment process | Front Desk Supervisor | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. As part of the client enrollment process, clinics must comply with all relevant National Voter Registration Act (NVRA) rules. (OARs 165-005-0060 through 165-005-0070).
 | Documentation Observation Discussion | Enrollment processVoter registration forms available | Front Desk Supervisor | [ ]  Yes[ ]  No[ ]  N/A |  |
| **F.2 Billing and Payment** |  |  |  |  |  |
| 1. RH Access Fund enrollees may not be charged for services covered by the RH Access Fund. See OARs 333-004-3070 and 333-004-3090 for RH Access Fund-covered services and client eligibility, respectively.
 | DocumentationDiscussion | Processes, policies or other documentation regarding client enrollment, eligibility, and fee collection | Front desk supervisorBilling supervisor | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Enrollees may not be billed for services that would normally be covered by the RH Access Fund if not for an error on the part of clinic staff.
 | DocumentationDiscussion | Billing policies and procedures | Front desk supervisorBilling supervisor | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Enrollees can be billed for services that are outside of the RHCare scope of services as defined in OAR 333-004-3070.
 | DocumentationDiscussion | Billing policies and procedures | Front desk supervisorBilling supervisor | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Prior to the visit and in a confidential manner, enrollees receiving services not covered by the RH Access Fund must be informed that they may be expected to pay.
 | DocumentationDiscussion | Billing policies and procedures regarding client notification | Front desk supervisorBilling supervisor | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Clinics may not request a deposit from the enrollee in advance of services covered by the RH Access Fund.
 | DocumentationDiscussion | Billing policies and procedures regarding client payment | Front desk supervisorBilling supervisor | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Clinics must submit claims to RH Program or its claims processing vendor, as directed.
 | DocumentationDiscussion | RH Program Agency Data Sheet | Front desk supervisorBilling supervisor | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Clinics have a legal obligation to seek third party reimbursement, if applicable, prior to billing the RH Access Fund. The agency:
2. Must be enrolled with and bill the Oregon Health Plan (OHP);
3. Must be credentialed with and bill private insurance companies; and
4. Must assure confidentiality, when indicated.
5. Including not seeking third party reimbursement if the client requested confidentiality.
 | DocumentationDiscussion | Billing policies and procedures | Front desk supervisorBilling supervisor | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. For services billed to the RH Access Fund, the clinic must accept RH Access Fund reimbursement as payment in full and may not charge the enrollee additional fees for those services.
 | DocumentationDiscussion | Billing policies and procedures | Front desk supervisorBilling supervisor | [ ]  Yes[ ]  No[ ]  N/A |  |
| 1. Clinics must register and maintain 340B and Apexus Prime Vendor certification, if eligible. Reimbursement for supplies will be based on 340B drug program pricing or actual acquisition cost.
 | DocumentationDiscussionObservation | 340B ID/entity registrationInventory check - 340B and non-340B drugs kept separately340B Policies | Fiscal | [ ]  Yes[ ]  No[ ]  N/A |  |

1. Under Oregon law, anyone under the age of 18 is considered a minor (ORS 419B.550

[definition of minor] and ORS 109.510 [age of majority]). [↑](#footnote-ref-2)
2. Medical designee means a clinician who is trained and permitted by state-specific regulations to perform all aspects of the physical assessments recommended for contraceptive, related preventive health, basic infertility care. They must work at the agency on a regular basis, have prescribing and medical decision-making authority, and be familiar with RHCare requirements and the agency’s staffing and clinical practices. [↑](#footnote-ref-3)