RHCare
Reproductive Health Care

All RHCare Certification Requirements

Listed with Review Method and Frequency

Row Color Legend:
White: Onsite Review every 3 years
Yellow: Requirements assessed every other year with Re-certification.
Green: Fiscal review conducted separately
Cream: Not assessed or as needed
Gray: Assessed every other year during Desk Reviews
Purple: Assessed as part of Annual Request for Information

Requirement	Review Method	Frequency
Section A - Facilities, Operations, and Staffing		
A.1 Clinic Space		
a. 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.	Onsite Review	Every three years
b. The agency's clinic facility(s) must be compliant with ADA requirements.	Onsite Review	Every three years
A.2 Infection Control		
a. Clinics must utilize Standard Precautions for infection control, following CDC guidelines.	Onsite Review	Every three years

Requirement	Review Method	Frequency
A.3 Laboratory		
a. 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	Onsite Review	Every three years
b. Clinics must have the ability to collect specimens and samples. Specimens and samples may be sent off-site to a CLIA-certified laboratory.	Onsite Review	Every three years
A.4 Pharmacy and Dispensing Medications and Contraceptive Methods		
a. 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	Onsite Review	Every three years

Requirement	Review Method	Frequency
b. 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.	Onsite Review	Every three years
A.5 Medical Emergencies		
a. 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	Onsite Review	Every three years
b. 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.	Onsite Review	Every three years
c. 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.	Onsite Review	Every three years
A.6 Reproductive Health Coordinator		
a. The agency must designate a staff person as a Reproductive Health Coordinator (RHC) to be the key point of contact in accordance with OAR 333-004-3040. The RHC is responsible for all the items listed in the RH Coordinator Competencies, including, but not limited to: 1. Ensuring program compliance at all clinic sites; 2. Being the agency's subject matter expert on all aspects of the RHCare certification requirements and how they are operationalized within clinic sites; 3. Acting as the primary contact with the Oregon RH Program; and	Assessed during Re-certification	Every other year

Requirement	Review Method	Frequency
4. Managing the implementation and operationalization of RHCare certification requirements in all participating clinics.		
b. If the agency's designated RHC does not comply with these responsibilities, the RH Program may require the agency to designate a different agency staff person.	Assessed during Re-certification	Every other year
c. When an RHC is designated, the designated RHC and a higher-ranking staff member (e.g. agency administrator, the RHC's supervisor) who understands the RHC's workload and job duties must sign the RH Coordinator Competencies.	Assessed during Re-certification	Every other year
d. The agency must notify the RH Program within 10 business days of when the designated RHC leaves the agency, takes a leave of absence longer than one month, or if a different staff member is being assigned the role of RHC. 1. In the case of a leave of absence longer than one month, an interim RHC must be assigned.	Assessed during Re-certification	Every other year
A.7 Staff Training Requirements		
a. Upon RHCare clinic certification or new hire, clinic staff must receive training on the following topics: 1. RHCare certification requirements, policies, and processes (as applicable to staff roles); 2. Title X orientation (all staff working in reproductive health); 3. Client-centered, nondirective pregnancy options counseling (staff who provide pregnancy options counseling); and 4. Reproductive Justice in the clinical setting (all staff working in reproductive health).	Assessed during Re-certification	Every other year
b. Annually, clinic staff must receive training on the following topics: 1. Healthy relationships and adult engagement, including how to document the provider/client discussion (direct service providers); 2. Identifying and reporting suspected abuse (i.e., mandatory reporting), including human trafficking (all staff designated as mandatory reporters); and 3. Equity, including topics related to racism, health equity, cultural-responsiveness, and/or trauma-informed care in providing sexual and reproductive health clinical services (all staff working in reproductive health).	Assessed during Re-certification	Every other year

Requirement	Review Method	Frequency
c. On an ongoing basis, clinic staff who interact with clients must be offered training opportunities on topics related to reproductive health, as appropriate to their staff roles.	Assessed during Re-certification	Every other year
A.8 Quality Assurance and Quality Improvement		
a. Agencies must follow a documented process to address quality assurance and quality improvement efforts related to reproductive health care services within their clinic(s).	Onsite Review	Every three years
b. 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.	Onsite Review	Every three years
A.9 Compliance with Financial Oversight		
a. The agency must comply with the applicable financial oversight, audit requirements, and responsibilities set forth in the Oregon Revised Statutes, use of general funds under ORS 293.590 – 293.660, and ORS 297.	Fiscal Review as part of OHA Triennial Review (LPHAs) or through a Risk Assessment process (non-LPHAs)	Every three years for LPHAs and every other year for non-LPHAs
b. The agency must adhere to proper fiscal oversight and stewardship of all public funds. This includes but is not limited to, proper accounting and documentation of all funds received, financial reporting completed as requested, and review of all documentation and submissions to ensure proper recordkeeping of all funds.	Fiscal Review as part of OHA Triennial Review (LPHAs) or through a Risk Assessment process (non-LPHAs)	Every three years for LPHAs and every other year for non-LPHAs

Requirement	Review Method	Frequency
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.	Onsite Review	Every three years
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 659A 2. Ability to pay or insurance coverage. 3. Location of residence.	Onsite Review	Every three years
c. All reproductive health services must be provided without a referral requirement.	Onsite Review	Every three years
d. 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.	Onsite Review	Every three years
B.2 Cultural Responsiveness		
a. Agencies must implement a written, ongoing comprehensive strategy to provide equitable, trauma-informed, culturally-responsive services. The strategy should include an assessment, action plan, and evaluation.	Assessed during Re-certification	Every other year
b. 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.	Onsite Review	Every three years
c. Clients must be treated in a trauma-informed manner that is responsive to their identities, beliefs, communication styles, attitudes, languages, and behavior.	Onsite Review	Every three years

Requirement	Review Method	Frequency
B.3 Linguistic Responsiveness		
a. 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. 1. 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). 2. All persons providing interpretation services must adhere to confidentiality guidelines. 3. Family and friends may not be used to provide interpretation services, unless requested by the client. 4. 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.	Onsite Review	Every three years
b. Clinics must have materials and signage that are easily understandable and in languages commonly used by the populations in the service area. 1. Medically accurate, culturally and linguistically appropriate, inclusive, and trauma-informed health educational materials must be available for clients needing them. 2. 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.	Onsite Review	Every three years
B.4 Information & Education Committee (I & E Committee)		

Requirement	Review Method	Frequency
a. Health education materials[1] 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. 1. 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. 2. The I & E committee must maintain a minimum of five members. 3. In reviewing materials, the I & E committee must: i. Consider the educational, cultural, and diverse backgrounds of individuals to whom the materials are addressed; ii. Consider the standards of the population or community to be served with respect to such materials; iii. Review the content of the material to assure that the information is factually correct, medically accurate, culturally and linguistically appropriate, inclusive, and trauma informed; iv. Determine whether the material is suitable for the population or community to which is to be made available; and v. Establish a written record of its determinations.	Onsite Review	Every three years
B.5 Fiscal Requirements		
a. 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.	Onsite Review	Every three years
b. 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.	Onsite Review	Every three years

[1] Health education materials are any reproductive health materials intended for clients and potential clients, including materials created in-house, by a company that creates health education materials, by the CDC, or another government agency. They could include brochures, fact sheets, posters, etc.

Requirement	Review Method	Frequency
c. 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.	Onsite Review	Every three years
d. Clients with insurance must be informed of any potential for disclosure of their confidential health information to the policyholder(s) of their insurance.	Onsite Review	Every three years
e. Priority may not be given to clients with sources of insurance coverage or with incomes above 250% of the Federal Poverty Level.	Onsite Review	Every three years
f. Clinics must make reasonable efforts to collect charges without jeopardizing client confidentiality. Clients may not be sent to collection agencies.	Onsite Review	Every three years
g. A clinic may accept voluntary donations.	Onsite Review	Every three years
Section C. Client's Rights and Safety		
C.1 Confidentiality		
a. 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.	Onsite Review	Every three years
b. 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.	Onsite Review	Every three years

Requirement	Review Method	Frequency
c. 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.	Onsite Review	Every three years
d. 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.	Onsite Review	Every three years
e. A copy of a patient bill of rights must be posted in a public area of the clinic.	Onsite Review	Every three years
f. Minors (under 18 years)[2] & Confidentiality 1. Clinic staff are prohibited from requiring written consent from parents or guardians for the provision of reproductive health services to minors. 2. Clinic staff may not notify a parent or guardian before or after a minor has requested and/or received reproductive health services. 3. 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.	Onsite Review	Every three years
C.2 Noncoercion		
a. All services must be voluntary 1. Clients may not be coerced to accept services or to use a particular method of birth control. i. 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. 2. Receipt of reproductive health services may not be a prerequisite for eligibility for, or receipt of services, assistance, or participation in any other program.	Onsite Review	Every three years

[2] 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]).

Requirement	Review Method	Frequency
C.3 Informed Consent		
a. Upon establishing care, clients must sign an informed consent form for reproductive health services. 1. Informed consent for reproductive health services may be incorporated into the clinic's general consent for services.	Onsite Review	Every three years
b. The informed consent process, provided verbally and supplemented with written materials by the agency, must be presented in plain language.	Onsite Review	Every three years
c. Telehealth 1. 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.	Onsite Review	Every three years
C.4 Mandatory Reporting		
a. 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.	Onsite Review	Every three years
Section D. Services		
D.1. Service Delivery		
a. 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.	Onsite Review	Every three years

Requirement	Review Method	Frequency
D.2 Clinical Practice Standards		
a. Clinics must adopt and follow the RHCare Clinical Practice Standards (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. 1. The RH Program must approve any modification to CPS's made by clinics.	Onsite Review	Every three years
b. The agency's Health Officer, Medical Director, or medical designee[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: i. 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. ii. 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.	Onsite Review	Every three years
c. If a clinic does not offer a method for which there is a CPS, the clinic does not need to adopt that method's CPS.	N/A	
d. Agencies must notify the RH Program within 10 business days when the agency's Health Officer, Medical Director, or medical designee changes.	Assessed as needed	

[3] 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.

Requirement	Review Method	Frequency
D.3 Clinical Services		
a. 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: 1. A broad range of contraceptive methods, including device insertion and removals; 2. Core reproductive health services; 3. Contraceptive services; 4. Counseling and education services; 5. Pregnancy testing and counseling on all pregnancy options, including parenting, abortion, and adoption; 6. Preconception health services; 7. Basic infertility services; 8. Sexually transmitted infection (STI) screening and treatment, within the context of a family planning visit; and 9. Breast and cervical cancer screening, within the context of a family planning visit.	Onsite Review	Every three years
b. Clinics must notify the RH Program within 10 business days if they are unable to provide the full scope of services (e.g. loss of clinical provider) for one month or longer.	Assessed as needed	
c. Clients must be able to get their first choice of contraceptive method unless there are specific contraindications.	Onsite Review	Every three years
d. Limited exceptions to the clinical services and contraceptive supply requirements as described in D.3.a may be considered. Please see Appendix C for more information.	N/A	
D.4 Counseling and Education Services		
a. Clinics must offer the list of counseling and education topics as detailed in Appendix A.	Onsite Review	Every three years
b. 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.	Onsite Review	Every three years
c. 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.	Onsite Review	Every three years

Requirement	Review Method	Frequency
D.5 Referrals and Information Sharing		
a. 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.	Onsite Review	Every three years
b. Clinics must provide closed-loop referrals for clinical services within the scope of the RHCare that require follow-up to ensure continuity of care.	Onsite Review	Every three years
D.6 Telehealth Services		
a. 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.	Onsite Review	Every three years
Section E. Data Collection and Reporting		
E.1 Collection and Submission of Encounter Data		
a. Clinics must collect all required visit/encounter data variables as indicated on the RH Program Clinic Visit Record (CVR) for: 1. Visits in which the primary purpose is to prevent or achieve pregnancy, 2. Annual visits that include services related to preventing or achieving pregnancy, 3. Repeat cervical cancer screening visits, 4. Follow-up visits for treatment and rescreening of GC/CT, pursuant to a visit as described in 1. or 2. above, and 5. Visits in which the primary purpose is STI screening and the clients meets the RHEA eligibility requirements.	Onsite Review	Every three years
b. Clinics must submit CVR data to the RH Program or its data collection vendor, as directed.	Onsite Review	Every three years
E.2 Other Data and Reporting Requirements		
a. Clinics must submit annual updates on agency, clinic, and staff contact information to the RH Program.	Annual Request for Information	Every year

Requirement	Review Method	Frequency
1. If any of this information changes, clinics must update the RH Program within 30 calendar days of when the change occurs.		
b. Clinics must provide additional information as requested by the RH Program.	Assessed as needed	
Section F. Reproductive Health Access Fund		
F.1 Client Enrollment		
a. Clients must not be required to enroll in the RH Access Fund to receive services. 1. Clinics must provide reproductive health services to clients with reproductive capacity who decline to enroll in the RH Access Fund.	Onsite Review	Every three years
b. Clinics must emphasize that alternative programs may be available for clients ineligible for the Reproductive Health (RH) Access Fund.	Onsite Review	Every three years
c. Clinics staff must support clients in completing the RH Access Fund Enrollment Form accurately and to the best of the client's knowledge.	Onsite Review	Every three years
d. Clinics must ensure that all required client enrollment data is collected using the RH Access Fund Enrollment Form, that all fields are completed, and that it is signed and dated appropriately, unless they receive written approval from the RH Program to enter client enrollment data directly into the RH Access Fund Eligibility Database. Enrollment Forms may not be backdated. 1. If the Enrollment Form is completed remotely, either over the telephone or during a video visit, clinic staff must write the client's name on the signature line and the day's date with a note that consent was obtained verbally, unless the clinic receives written approval from the RH Program to enter client enrollment data directly into the RH Access Fund Eligibility Database.	Desk Reviews	Every other year
e. All required client enrollment data must be entered into the web-based RH Access Fund Eligibility Database.	Desk Reviews	Every other year
f. 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).	Onsite Review	Every three years

Requirement	Review Method	Frequency
F.2 Billing and Payment		
a. 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.	Onsite Review	Every three years
b. 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.	Onsite Review	Every three years
c. Enrollees can be billed for services that are outside of the RHCare scope of services as defined in OAR 333-004-3070.	Onsite Review	Every three years
d. 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.	Onsite Review	Every three years
e. Clinics may not request a deposit from the enrollee in advance of services covered by the RH Access Fund.	Onsite Review	Every three years
f. Clinics must submit claims to RH Program or its claims processing vendor, as directed.	Onsite Review	Every three years
g. Clinics have a legal obligation to seek third party reimbursement, if applicable, prior to billing the RH Access Fund. The agency: 1. Must be enrolled with and bill the Oregon Health Plan (OHP); 2. Must be credentialed with and bill private insurance companies; and 3. Must assure confidentiality, when indicated. i. Including not seeking third party reimbursement if the client requested confidentiality.	Onsite Review	Every three years
h. 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.	Onsite Review	Every three years
i. 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.	Onsite Review	Every three years