**RHCare Onsite Review – Document Request**

Please submit the following materials by email to your Nurse Consultant at least 2 weeks prior to your onsite review. In parenthesis, you will see the applicable Certification Requirement or CR number listed in the RHCare Certification Requirements as well as a brief description of what that policy or procedure should include based on the certification requirement.

**Policies and Procedures related to the following topics**:

**Infection Control** (CR A.2.a.) – Policy related to using Standard Precautions for infection control, following CDC guidelines.

**Laboratory – CLIA license and testing policies** (CR A.3.a.) – Policy that aligns with CLIA rules and regulations for conducting waived tests and PPM (if applicable), including quality control procedures and staff competency assessment.

**Pharmacy – BoP license** (if applicable), and pharmacy policies (CR A.4.a.) – Policy that follows Oregon Board of Pharmacy rules for storage, ordering, dispensing, and labeling of medications.

**340B – Registration and policies** (CR F.2.i.) – Policy that outlines how agency complies with 340B regulations.

**Service Delivery/Access to Care** (CR B.1.a.) – Policy indicating that RH services must be provided to any individual of reproductive capacity who is seeking them.

**Non-Discrimination** (CR B.1.b.) – Policy that indicates clinics must offer the same scope and quality of services regardless of race, skin color skin color, national origin, religion, immigration status, sex, sex characteristics, sexual orientation, gender identity, age, number of pregnancies, marital status, ability to pay or insurance coverage; location of residence, 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;

**Referral** (CR B.1.c. & d.) – Policy that indicates services must be provided without a referral requirement. Policy/procedure for referrals if appointments are unavailable within 2 weeks.

**Appointment/Scheduling** (CR B.1.c. & d., & D.6.a.) – Policy/procedure for referrals if appointments are unavailable within 2 weeks. For agencies that provide telehealth, a policy or procedure that gives clients the option for an in-person visit and information on scheduling options, services available, and restrictions of both type of appointments.

**Language Assistance/Interpretation** (CR B.3.a.) – Policy/procedure for providing information/services for clients in their preferred language, verbally or written, at no cost to the client. Policy/procedure includes interpretation services may not be provided by a family member or friend unless requested by the client; and minors should never be used for interpretation.

**Fiscal - Charges, Billing, and Collections** (CR B.5.a. - g.) – Policies and procedures related to the following: clients may not be denied services or different quality of services based on their inability to pay or insurance coverage; prior to the visit and in a confidential manner, clients receiving services for which they do not have coverage must be informed that they may be expected to pay; clinics must use a sliding fee scale for RH services that goes up to 250% of FPL; clients must be informed of potential disclosure of confidential health information to the policyholder of their insurance; priority may not be given to clients with sources or insurance coverage or with incomes above 250% FPL; clinics must make reasonable efforts to collect charges without jeopardizing confidentiality; client may not be sent to collections; and any policies regarding voluntary donations from clients.

**Confidentiality (CR B.5.d.)** – Policy/procedure related to clients with private insurance being informed of any potential disclosure of their confidential health information to the policyholder of their insurance.

**HIPAA/FERPA/HITECH** (CR C.1.c.) – Policies that outline how agency complies with these federal regulations.

**Telehealth** (CR C.1.d. and C.3.c.) – Telehealth specific policies related to HIPAA, and OHA Confidentiality and Privacy Rules and security protections for the client in connection with telemedicine technology, communication, and related records. Policy/procedure for obtaining informed consent for telehealth visits.

**Minor Consent** (CR C.1.f.) – Policy/procedure for minor consent and confidentiality. Policy includes the following: 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; and 3. Services must 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.

**Informed Consent** (CR C.3.a. – c.) – Policy/procedure for obtaining informed consent for RH services upon establishing care. The process, provided verbally and written, must be presented in plain language. Informed consent process for telehealth visits.

**Mandatory Reporting** (CR C.4.a.) –Policy that requires staff to follow state and federal laws for mandatory reporting.

**Enrollment and Eligibility** (CR F.1.a. – c, & f.) – Policy/procedure regarding RHAF enrollment including that clients are not required to enroll in RHAF to obtain services; agency staff must provide information about alternative programs for clients ineligible for RHAF; and must help clients complete the enrollment form. Policy explaining how agency is complying with the National Voter Registration Act.

Other (i.e. a policy not listed here but is related our Certification Requirements)

**Plans:**

**Medical Emergency Plan** (CR A.5.a) – Plan should include the following medical emergencies: Anaphylaxis/Shock; Vaso-vagal reaction/Syncope; Cardiac Arrest/Respiratory Difficulty (if clinic has an automated external defibrillator (AED) include protocol on how to use); and Hemorrhage

**After-Hours Emergency Plan** (CR A.5.b) - 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; or Call-forwarding to the on-call staff person.

**QA/QI Plan** (CR A.8.a) – A documented process to address quality assurance and quality improvement efforts related to reproductive health care services within their clinic(s).

**Other:**

**Sliding Fee Scale and related policy** (CR B.5.c.) – A sliding fee scale for reproductive health that goes up to 250% of the FPL. The sliding fee scale must slide to $0 for anyone at or below 100% of the FPL. 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.

**Documentation of lab competency evaluation for staff performing point-of-care testing** (CR A.3.a.)

**Documentation of RN dispensing competency evaluation, if applicable** (CR A.4.a.)

**Health history forms** (CR B.2.b-c, D.1.a, D.2.a)

**Client advisory panel roster and meeting minutes, if applicable** (CR A.8.b.)

**I & E Committee membership list, meeting minutes, and/or materials reviewed and approved, if applicable** (CR B.4.a.)