

School-Linked Mobile Units: Operations Criteria

School-Linked Mobile Unit is a mobile health center that can be moved from site to site to provide primary care services (and may provide other services), to young people on or near school grounds. School-Linked Mobile Units will need to be approved by the Adolescent & School Health State Program Office (SPO) and meet Operations Criteria listed below.

Certification and Verification:

The State of Oregon SBHC Program (SPO) will verify compliance to School-Linked Mobile Program Operations Criteria with an onsite visit each biennium. Grantees must notify the SPO within 20 calendar days of any change that brings the program out of compliance with the Operations Criteria. The SPO will review the plan and timeline to come into compliance with the program and will approve or deny the plan within 2 weeks.

Mobile Unit Facility Requirements

- Waiting/reception area-designated space and separate from other usage during time that unit is in use
- Exam room with sink - on unit
- Bathroom facility-single use with confidential workflow i.e., passthrough or place to leave sample for staff pick up
- Secure records storage area as required by State and Federal law
- Secure and temperature-controlled storage area for supplies (e.g., medications, lab supplies, vaccines)
- Designated lab space with sink and separate clean and dirty areas
- Provisions for necessary sound and sight security for private examination and conversations, both in person and on the telephone – on unit and any reception areas. Ability to maintain confidentiality when accessing services being offered outside of the unit.
- A plan in partnership with the host school to facilitate student access to the SBHC.
- When on school grounds the mobile unit should reflect a youth-centered clinical environment (also known as youth friendly services): encompass the policies, practices, services, and physical space of unit. They are inclusive of, informed by, and responsive to the needs and values of youth.

Mobile Unit Operations

- Must have at minimum 40 service hours per month on or near school grounds during when school is in session; alternate plans may be approved by SPO.
- Staffing must include a licensed Primary Care Provider who can provide direct primary care to youth aged 5-12.
- A licensed, credentialed, or certified Behavioral Health Provider must be available either onsite or through referral.
- Staffing must include a liaison (e.g., Community Health Workers, Health Educators, program manager, school health staff) that works in collaboration with the host school(s), spends time in the school building(s) to ensure utilization, access, coordination, outreach, and engagement.
- For services not available onsite, staff prioritizes referral sources that are youth-friendly and has a system for tracking referrals and follow up.
- Must be enrolled in the Vaccines for Children (VFC) program and meet federal and state requirements.
- Must hold a Clinical Laboratory Improvement Amendments (CLIA) Certificate for the level of testing performed or participate in a multi-site CLIA certificate.

Policies and procedures

Mobile School-Linked Health Center must have written policies set forth and in place for:

- (1) Consent for SBHC services (parent/guardian and/or client)
- (2) Release of information and/or access to medical records to parents when requested by parents and/or guardians
- (3) Method of transmitting billing and other fiscal information to agencies, including the handling of explanation of benefits (EOB) statements for confidential patient visits
- (4) Emergency procedures (disaster/fire/school violence)
- (5) Reporting of child abuse and maltreatment
- (6) Complaint and incident review
- (7) Parent and/or guardian involvement
- (8) Coordination of care between providers with shared clients (i.e., physical, behavioral, oral, specialty care)
- (9) Continuity of care (when SBHC is closed or client transitioning out of care)
- (10) Information sharing between school staff and SBHC staff

Eligibility

All students in the school are eligible for services.

- Students shall not be denied access to services based on insurance status or ability to pay.
- Students shall not be denied access to services based on race, color, national origin, religion, sex, gender identity and/or gender expression/presentation, religion, immigration status, sexual orientation, disability, or marital status, in accordance with applicable laws, including: Title IX of the Education Amendments of 1972, Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, and Oregon Revised Statutes Chapter 659A.
- Minors 15 years of age or older may consent for medical and oral health services (ORS 109.640).
- Minors 14 years of age or older may consent for outpatient mental health, drug, or alcohol treatment (excluding methadone) (ORS 109.675).
- Minors of any age may consent for reproductive health care (ORS 109.640).
- Services shall not be denied to a minor who has lawfully consented under Oregon statute because a parent or guardian has failed to consent or denied consent for the minor.
- If needed services are not available onsite, appropriate referral is required.

Comprehensive pediatric health care minimum requirements:

- Provide pediatric health care in line with nationally recognized standards of care, including recommendations from American Academy of Pediatrics Bright Futures guidelines. Please see tables below:

Table 2: Comprehensive Pediatric Health Care Minimum Requirements:	
Comprehensive Pediatric Health Care	Minimum Level of Service Required
History	
Comprehensive medical histories	Onsite
Measurements	
Height and weight	Onsite
Body Mass Index (BMI)	Onsite
Blood pressure	Onsite
Sensory Screening	
Vision	Onsite
Hearing	Referral
Physical Health Services	
Comprehensive physical exams	Onsite
Evaluation and treatment of non-urgent, acute and chronic conditions	Onsite
Medical specialty services	Referral
Developmental/Behavioral Services¹	
Health assessment ²	Onsite
Assessment of educational, achievement, and attendance issues	Onsite
Developmental assessments	Onsite
Psychosocial/behavioral assessment	Onsite
Depression screening	Onsite

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

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

Table 2: Comprehensive Pediatric Health Care Minimum Requirements:	
Comprehensive Pediatric Health Care	Minimum Level of Service Required
Alcohol and other drug screening	Onsite
Alcohol and other drug assessment ¹	Referral
Prescriptions for mental health conditions	Referral
Individual, group and family counseling and treatment	Referral
Social Services assessment and referral	Referral
Oral Health Services	
Visual inspection of teeth and gums	Onsite
Preventive oral health education and counseling	Onsite
Fluoride supplement prescription	Onsite
Comprehensive oral health evaluation and treatment	Referral
Reproductive Health Services	
Reproductive health exam	Onsite
Prescriptions for contraceptives ²	Referral
Condom availability ²	Referral
STI prevention education and treatment	Onsite
Pregnancy prevention education	Onsite
Prenatal care	Referral
HIV counseling	Onsite
HIV treatment	Referral
Anticipatory Guidance	
Provision of age appropriate anticipatory guidance	Onsite
Targeted patient education	Onsite
Procedures	
Immunizations	Onsite
Urinalysis	Onsite*
Hematocrit or Hemoglobin	Onsite*
Blood glucose	Onsite*
Strep throat ³	Onsite*
Pregnancy testing ⁴	Onsite*
STI screening and testing ⁵	Onsite+
HIV screening and testing	Onsite+
Tuberculosis testing	Referral
Lead screening and testing	Referral
Dyslipidemia screening	Referral

¹ If not available onsite, a written agreement with the outside provider or agency must be in place to provide services and for sharing of information necessary to provide coordinated care.

² SPO recommends onsite access to contraceptives and condoms. Providing access to contraceptives is a clinical best practice recognized by the American Academy of Pediatrics, the Centers for Disease Control and Prevention, and other national and international organizations. However, communities may choose to offer contraceptive services by referral.

³ Rapid

⁴ Urine human chorionic gonadotropin (UHCG)

⁵ Chlamydia, gonorrhea, syphilis

Data Reporting

- Must maintain an electronic data collection system that is compatible with the SPO's data collection system and has the capacity to collect the required variables listed below. Compatibility means the system can export required variables in a useable format.
- Data collection and reporting requirements apply to all ongoing services (including physical, behavioral, and oral health) provided via the School-Linked Mobile Unit, regardless of the age of the client.
- Certain data variables shall be collected at each encountered visit including:
 - Unique patient identifier (not name)
 - Medicaid ID #
 - Date of birth
 - Gender
 - Race
 - Ethnicity
 - Preferred language
 - Insurance status (to include at a minimum the following categories: Medicaid, other public, private, none, unknown, CCare)
 - Payor name
 - Total charges
 - Total payments
 - Date of visit
 - Location of visit (site identification)
 - Provider type (as defined by SPO)
 - Provider name
 - National Provider Identifier (NPI)
 - Visit procedure code(s)
 - Procedure code modifiers
 - Diagnostic code(s) (most recent ICD and DSM code(s))
- Submitted data should distinguish where the student was located at time of service.
- Client encounter data must be submitted in a form acceptable to OHA no later than July 15 for the preceding service year (July 1 – June 30).

Billing requirements

- All providers whose provider type is eligible to enroll with the Oregon Health Plan (OHP) must enroll with and bill OHP.
- Providers must be credentialed with and bill private insurance companies for reimbursement whenever possible.
- School-Linked Mobile Units must determine whether their coordinated care organization(s) (CCOs) have mechanisms for maintaining confidentiality when billing for services (e.g., ability to suppress EOBs for confidential visits). If a procedure does not exist, the School-Linked Mobile Units shall work with the CCO to determine the best method to bill for services while preventing inadvertent disclosure of personal health information.