

## School-Linked Telehealth Program Operations Criteria

School-Linked Telehealth Program sites will need to be approved by the Adolescent and School Health State Program Office (SPO) and meet Operations Criteria listed below.

Grantees must adhere to [Oregon Administrative Rules related to telehealth administration](#).

### Certification and Verification:

The State of Oregon SBHC Program (SPO) will verify compliance to School-Linked Telehealth Program Operations Criteria with an onsite visit each biennium for approval of School-Linked Telehealth Originating Site. To receive funding for the School-Linked Telehealth Program, SBHCs must maintain current Certification with the SPO and comply with the [Oregon School-Based Health Centers Standards for Certification](#). SBHCs must notify the SPO within 20 calendar days of any change that brings the program out of compliance 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.

### Definitions:

**“Telehealth”** means the use of electronic and telecommunication technologies to deliver health care services to a patient (as described in HB 2591).

**“Distant site”** means the certified SBHC site where a physician licensed under ORS 677, or other licensed health care practitioner, who provides health care through telehealth is located at the time the physician or licensed health care provider provides the health care service through telehealth.

**“Originating site”** means the site where the patient is located the time the patient receives health care services provided through telehealth.

**“Presenter”** means person trained in the use of the equipment available at the originating site to “present” the patient, manage the cameras and perform any “hands-on” activities to successfully complete the exam.

**“School-Linked Telehealth Program”** means the compilation of an SBHC medical sponsor’s distant and originating sites.

### Facility Requirements at Originating site(s) must include:

- Promotion and implementation of youth friendly patient-centered care via telehealth.

- Designated confidential space on school grounds with provisions for necessary sound and sight security for private examination and conversations.
- Access to equipment that includes at minimum: camera, monitor, pulse oximeter, and equipment to measure height, weight, temperature, vision, and blood pressure. Additionally, if there is need to conduct a visit requiring the use of a stethoscope, otoscope, or exam camera, they should have telehealth-specific versions of these tools readily available. If these tools are not available, SBHC Telehealth Program must arrange an in-person appointment when medically necessary.
- Secure storage for supplies kept onsite (e.g., medications, lab supplies, vaccines).
- Secure records storage and HIPAA compliant lines of communication.
- Designated lab space with sink and separate clean and dirty areas, if providing Clinical Laboratory Improvement Amendments (CLIA) waived tests onsite.

#### **Operations:**

- School-Linked Telehealth Program must operate at minimum 10 service hours/week, at least 2 days a week per school when school is in session.
- Distant site must be an SBHC certified with the State of Oregon School-Based Health Center Program.
- School-Linked Telehealth Program must provide physical health services as part of the model; if students are only seeking behavioral health services, the originating site must link student to primary care or ensure that they have a primary care provider at some point in their care.
- Mental Health Services must be available through referral.
- School-Linked Telehealth Program must ensure that interpretation services are available and easily accessible through the telehealth platform.

#### **Staffing:**

- Staffing must include a telehealth “presenter” who is physically available onsite with the student and can, at minimum, link the student to the provider through the platform being utilized, or in other cases and with younger students remain throughout the visit and be involved in communicating symptoms, taking measurements, and directing future care.

- Presenter must be onsite at the originating site for 10 hours/week, at least 2 days a week per school when school is in session to maintain access to care and communication with schools.
- Staffing must include licensed or certified health care providers at distant site(s).

### **Eligibility:**

All students in the school are eligible for services.

- Students must not be denied access to services based on insurance status or ability to pay.
- Students must 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, Oregon Revised Statutes Chapter 659A and Section 1557 of the Affordable Care Act.
- 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).

### **Policies and Procedures:**

School-Linked Telehealth Program must comply with SBHC policies and procedures including 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

Additionally, the School-Linked Telehealth Program must have the following policies and procedures for operations.

- A telehealth-specific workflow illustrating how the originating and distant site collaborate for each patient visit. The workflow must include setting up the patients and ensuring they can efficiently access the services.
- A workflow with the school to ensure delivery of services to students – this includes use of space, access to students during the school day, referrals from school personnel, ensuring confidentiality, etc.
- A plan to engage in outreach to school staff, students, and families and communicate regularly with designated school staff.
- A workflow to ensure a youth friendly system for self-referral, parent/guardian referral, registration and consent paperwork and access to telehealth services.
- A referral system is in place for onsite care deemed necessary during or prior to the telehealth visit, this includes access to preventative care including well child checks, immunizations, reproductive health care, and mental health care.
- If the presenter is not employed by the SBHC there must be a policy that outlines how data and information is captured, stored, and shared, in compliance with HIPAA and FERPA and other data privacy regulations.

### **Comprehensive pediatric health care minimum requirements:**

- “Telehealth services shall follow relevant standards for the diagnosis and management of any condition addressed, as determined by state medical boards and regulatory agencies in both the state where the provider is located and the state where the patient is located. The standards are the same for telehealth services as for in-person services. In cases where the standard of care includes the use of specific examination devices or tests for diagnosis, then these devices and

tests shall either be utilized in the telehealth encounter, or the provider shall refer the patient to a provider or location with access to the necessary examination or testing devices so that the patient can be appropriately evaluated prior to the prescription of medications or other treatment for the management of that condition.” (Operating Procedures for Pediatric Telehealth)

- Provide pediatric health care in line with nationally recognized standards of care, including recommendations from American Academy of Pediatrics Bright Futures guidelines.
- If vaccines are administered at the originating site, the distant site SBHC must be enrolled in the Vaccines for Children (VFC) program and meet federal and state requirements.
- If CLIA waived tests are administered at the originating site, the distant site SBHC must hold a Clinical Laboratory Improvement Amendments (CLIA) Certificate for the level of testing performed or participate in a multi-site CLIA certificate.

### **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))
- Originating site
- Distant site
- 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).

### **Evaluation and Reporting:**

School-Linked Telehealth Program sites must report annually the percentage of clients for the following:

- Referral to onsite care
- Well Child Check
- Health Assessment
- Immunizations