



Rules & Tools

Health Clinic Regulations

Important Updates for School-Based Providers

CPCA
California Primary
Care Association

Health Care Access for All

Why This Workshop?

- What situation are you currently facing?
- What question do you hope to get answered?
- What regulatory barriers have you faced?
- What advice do you have for others regarding regulations for SBHC?

Advantages of FQHCs at SBHC

FQHC – Federally Qualified Health Center

- Can bill for many services:
 - Medi-Cal
 - Family PACT
 - CHDP
- Additional federal grant funds
- Medi-Cal managed care plans
- Integrated care: medical, behavioral health, dental
- Linkage to health system – main clinic, specialist referrals, pharmacy, lab, etc.



Community Clinics at School Sites

Community clinics (including FQHCs) can provide care to patients at school sites as:

- Licensed clinic
- Off-site services (*not billable*)
- Intermittent clinic (*< 20 hours*)
- Mobile van



The Department of Health Care Services has confirmed that health centers (FQHCs) are eligible to bill for these services **only if** they are provided at a licensed or an intermittent clinic site. Off-site services are not billable for a health center.

First Option: Licensed Clinic

- Required for community clinics and free clinics (FQHC, Look-Alike, and other community clinics). County clinics and private physician offices are exempt from licensure.
- Application to California
Department of Public Health
(CDPH) Licensing & Certification
- Must meet Title 22 of the Health and Safety code regarding operations.
- Must meet Title 24 (OSHPD 3) building codes.



Second Option: Off-Site Services

- Health centers can go off-site from their clinic (e.g. to a health fair) and provide services
- Off-site visits are not billable for FQHCs



Third Option: Intermittent Site

1. Provide patient services for no more than 20 hours per week
2. Both the location and the service must be included in federal HRSA scope-of-project
3. Have a lease or MOU in place with the host site that clearly identifies the clinic space and hours of operation
4. Have a fire clearance on-file
5. Inform DHCS of the site



Intermittent Clinic Requirements

1. No more than 20 hours per week

- Patient access to the clinic must be no more than 20 hours in any given week (“operational”)
- Staff may be present at the site during additional hours to complete charting, administrative tasks, clean-up, etc.
- Documentation (in case of an audit):
 - Photograph of posted hours
 - Patient schedule



2. HRSA Scope of Project

- Location and service type must both be included in the federal HRSA scope-of-project
- Submit at least 60 days prior to start date
- Board of Directors approval
- Consulting with HRSA Project Officer
- Application submitted to HRSA includes financial information, staffing profile and narrative
- HRSA approval takes 2-12 months



3. Lease or MOU

- Clearly identify clinic space and hours of operation
 - May include a floorplan with clinic space highlighted
- Identify that the clinic has control of the operations of that space during the clinic hours
 - To qualify as an “intermittent clinic”, the FQHC must “operate” the site
- Indicate the cost, start date and length of agreement



4. Fire Clearance

Keep a Fire Clearance on-file

STATE OF CALIFORNIA - FORESTRY AND FIRE PROTECTION							
FIRE SAFETY INSPECTION REQUEST							
STANDARD #59 (REV. 4-2000) See instructions on reverse.							
AGENCY CONTACT'S NAME		TELEPHONE NUMBER		REQUEST DATE		PROGRAM	
EVALUATOR'S NAME		REQUESTING AGENCY FACILITY NUMBER		REQUEST CODE			
LICENSING AGENCY NAME AND ADDRESS						CODES 1. ORIGINAL A. FIRE CLEARANCE 2. RENEWAL B. LIFE SAFETY 3. CAPACITY CHANGE 4. OWNERSHIP CHANGE 5. ADDRESS CHANGE 6. NAME CHANGE 7. OTHER	
AMBULATORY		NONAMBULATORY		BEDRIDDEN		TOTAL CAPACITY	
CAPACITY	PREVIOUS CAPACITY	CAPACITY	PREVIOUS CAPACITY	CAPACITY	PREVIOUS CAPACITY		
FACILITY NAME						LICENSE CATEGORY	
STREET ADDRESS (Actual Location)						NUMBER OF BUILDINGS	
CITY						RESTRAINT	
FACILITY CONTACT PERSON'S NAME			FACILITY CONTACT PERSON'S TELEPHONE NUMBER			HOURS	
SPECIAL CONDITIONS							
TO BE COMPLETED BY INSPECTING AUTHORITY							
FIRE AUTHORITY NAME AND ADDRESS						CLEARANCE DENIAL CODE	
						CODES 1. FIRE CLEARANCE GRANTED 2. FIRE CLEARANCE DENIED A. EXITS B. CONSTRUCTION C. FIRE ALARM D. SPRINKLERS E. HOUSEKEEPING F. SPECIAL HAZARD G. OTHER	
INSPECTOR'S NAME (Typed or Printed)		TELEPHONE NUMBER	CFRS NUMBER	OCCUPANCY CLASS			
INSPECTION DATE	INSPECTOR'S SIGNATURE (Typed or Printed)						
EXPLAIN DENIAL OR LIST SPECIAL CONDITIONS							

5. Inform DHCS of the site

- Letter should be submitted to
Medi-Cal Provider
Enrollment Division
 - On the organization's
letterhead
 - Site address
 - Hours of operation
 - Statement that the clinic is staffed and supplied by the
parent site
- It is also good to inform the local district office for
Licensing (California Department of Public Health)



Title 22 Regulations

Intermittent sites must *“meet all other requirements of law, including administrative regulations and requirements, pertaining to fire and life safety.”*

- *Title 22 regulations*
(Chapter 7 – Primary Care Clinics)



Intermittent Clinic Requirements

Billable Visits

- In order to bill for the visit, it must meet the same requirements as “billable visits” at the parent site:
 - Face-to-face encounter
 - Billable provider



OSHPD 3 Changes

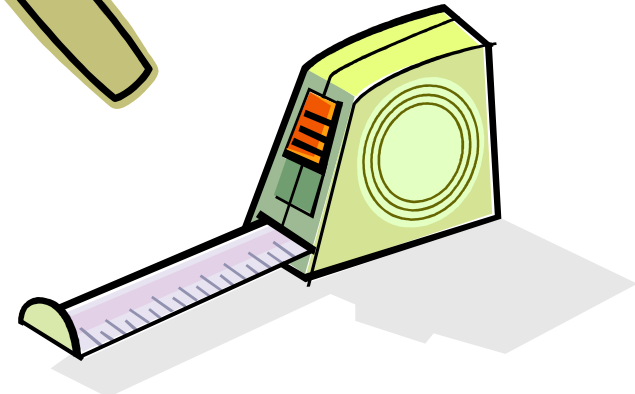
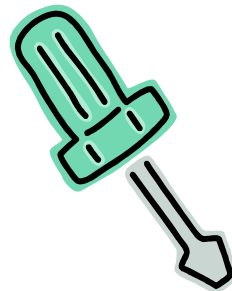
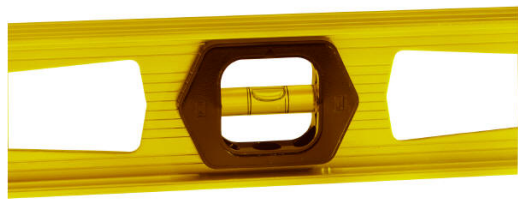
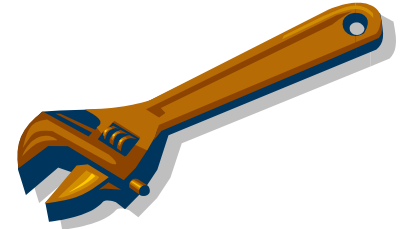
- OSHPD-3: Building code requirements for licensed community clinics
- Converting a space to a clinic use
- Mechanical and plumbing requirements
- California Building Standards Commission hearing (April 2013)
- New code: January 2014

Questions?

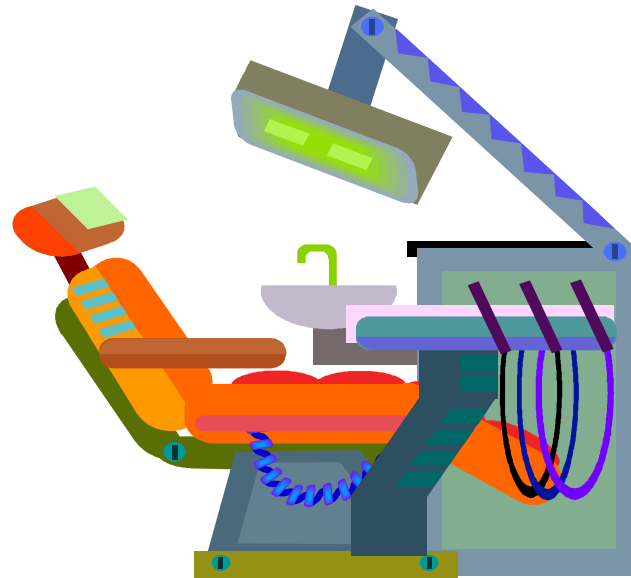
- FQHC at SBHC
- Licensed clinic
- Intermittent clinic
- Off-site services
- OSHPD-3



Tools for Expanding Care



Expanding Dental Capacity Through FQHC-Private Dentist Contracts



Contracting with Private Dentists

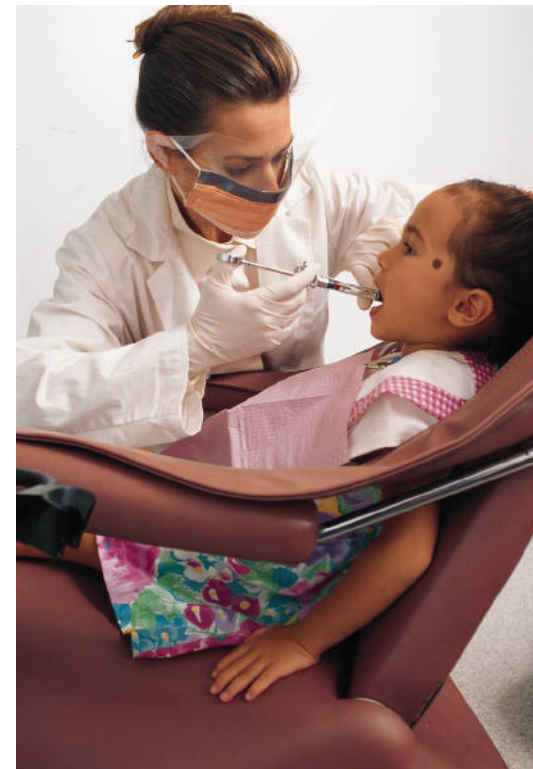
In April 2012 CPCA received confirmation from DHCS that health centers can move forward with the 2009 CHIPRA legislation that allows health centers to contract with private dentists.

→ With appropriate procedures in place health centers can bill Medi-Cal for these visits and will receive their full (PPS rate) payment.



Requirements for Contracting

1. These contracts must include a provision that the private dentist will not bill Medi-Cal directly for these visits but rather accepts the health center negotiated rate for services.
2. Health centers must include the contracted services in their HRSA federal 330 scope of project.
3. Patient is an established patient of the health center and is referred to the dentist by the health center.



Dental Hygienists



Dental Hygienists

- In January 2008 Dental Hygienists became eligible for “billable provider” status at FQHC’s
- FQHCs must submit a request to DHCS to bill for Dental Hygienist visits



Third Tool: RDHAP

RDHAP

– Registered Dental Hygienist
in Alternative Practice



- Practice independently in a Health Professional Shortage Area (e.g. at a SBHC run by an FQHC)
- Focus on preventive care

Questions?

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