

## Health Center Program Site Visit Report

### ▼ TA005656: (H80CS00785) CAROLINA HEALTH CENTERS, INC.

**TA Dates:** 11/5/2019 - 11/7/2019  
**TA Category:** Site Visits to Grantees  
**Project Officer:** Kathy Shafer

**TA Experts:** Dawn Berg, Susan Thorer (Lead), Jennifer Fabre  
**TA Site Visit Type:** Operational Site Visit

This report has been prepared on behalf of the Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC) for the purposes of oversight of the Health Center Program. The report contains HRSA's findings and final compliance determinations. This site visit was conducted in accordance with the Health Center [Site Visit Protocol](#), which is aligned with the Health Center [Program Compliance Manual](#).

## Site Visit Participants

### Documents Reviewed and/or Interviews Conducted

During the course of the site visit, were there documents or interviews (as prescribed in the Health Center Site Visit Protocol) that you were unable to review or conduct. :

: Yes

: No

If Yes, please explain and specifically state what, if any, other documents were reviewed or interviews were conducted to substitute for those the team was unable to obtain or conduct.

### Expertise

Expertise	Expert Name
Clinical	Jennifer Fabre, DNP, APRN, ANP/FNP-C, CDE
Fiscal	Dawn Berg
Governance/Admin	Susan Thorner, MHSA

### Site Visit Participants

Name	Title	Interviewed	Entrance Conference	Exit Conference
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Kasia Harris	HRSA Project Officer	No	Yes	Yes
Sue Veer, MBA	CEO / Project Director	Yes	Yes	Yes
Miriam Ferguson, RN, MPH	COO	Yes	Yes	Yes
Paul Grogran, MBA	CFO	Yes	Yes	Yes
Locke Simons, MD	CMO/Clinical Director	Yes	Yes	Yes
Brooke Holloway	Corporate Compliance Officer	Yes	Yes	Yes
Dominic Mellette, PharmD	Other	Yes	Yes	Yes
Greg Bullard, LMSW	Board Chair	Yes	Yes	No
Malcolm O'Neal	Board Member	Yes	Yes	Yes
Abby Banks	Board Member	Yes	Yes	No
Deborah Navig, RN, PhD	Board Member	Yes	Yes	No
Donna Hutchinson, MBA, FHFMA	Board Member	Yes	Yes	No
Gail Ferguson, LMSW	Board Member	Yes	No	Yes
Kimberly Kapetanacos, LMSW	Board Member	Yes	No	No
Lisa Gilmer	Other	Yes	No	No
Derek Bannister	Other	Yes	No	No
Steven Bradberry	Other	Yes	No	No
Tim Anderson	Other	Yes	No	No
Nikki Richard	Other	Yes	No	No
Terri Woodrome	Quality Manager	Yes	No	No
Kacie McCutcheon	Other	Yes	No	No

**Sites Visited****Sites Visited**

BPHC Site ID	Site Name	Site Address
BPS-H80-002333	Carolina Health Centers, Inc. - Administrative Offices	313 Main Street, Ste. B, Greenwood, SC 29646-2757
BPS-H80-003974	Uptown Family Practice Center	313 Main Street, Ste. A, Greenwood, SC 29646-2757
BPS-H80-002822	The Children's Center	113 Liner Drive, Greenwood, SC 29646-2311

## Site Visit Compliance Summary

### Site Visit Compliance Summary

Program Requirements	Elements	Compliance Demonstrated? (HRSA)
<b>Needs Assessment</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Service Area Identification and Annual Review	Yes
	b. Update of Needs Assessment	Yes
<b>Required and Additional Services</b>	<b>Overall Compliance</b>	<b>No</b>
	a. Providing and Documenting Services within Scope of Project	No
	b. Ensuring Access for Limited English Proficient Patients	Yes
	c. Providing Culturally Appropriate Care	Yes
<b>Clinical Staffing</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Staffing to Provide Scope of Services	Yes
	b. Staffing to Ensure Reasonable Patient Access	Yes
	c. Procedures for Review of Credentials	Yes
	d. Procedures for Review of Privileges	Yes
	e. Credentialing and Privileging Records	Yes
	f. Credentialing and Privileging of Contracted or Referral Providers	Yes
<b>Accessible Locations and Hours of Operations</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Accessible Service Sites	Yes
	b. Accessible Hours of Operation	Yes
	c. Accurate Documentation of Sites within Scope of Project	Yes
<b>Coverage for Medical Emergencies During and After Hours</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Clinical Capacity for Responding to Emergencies During Hours of Operation	Yes
	b. Procedures for Responding to Emergencies During Hours of Operation	Yes
	c. Procedures or Arrangements for After Hours Coverage	Yes
	d. After Hours Call Documentation	Yes
<b>Continuity of Care and Hospital Admitting</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Documentation of Hospital Admitting Privileges or Arrangements	Yes
	b. Procedures for Hospitalized Patients	Yes
	c. Post-Hospitalization Tracking and Follow-up	Yes
<b>Sliding Fee Discount Program</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Applicability to In-Scope Services	Yes

	b. Sliding Fee Discount Program Policies	Yes
	c. Sliding Fee for Column I Services	Yes
	d. Multiple Sliding Fee Discount Schedules	Yes
	e. Incorporation of Current Federal Poverty Guidelines	Yes
	f. Procedures for Assessing Income and Family Size	Yes
	g. Assessing and Documenting Income and Family Size	Yes
	h. Informing Patients of Sliding Fee Discounts	Yes
	i. Sliding Fee for Column II Services	Yes
	j. Sliding Fee for Column III Services	Yes
	k. Applicability to Patients with Third Party Coverage	Yes
	l. Evaluation of the Sliding Fee Discount Program	Yes
<b>Quality Improvement/Assurance</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. QI/QA Program Policies	Yes
	b. Designee to Oversee QI/QA Program	Yes
	c. QI/QA Procedures or Processes	Yes
	d. Quarterly Assessments of Clinician Care	Yes
	e. Retrievable Health Records	Yes
	f. Confidentiality of Patient Information	Yes
<b>Key Management Staff</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Composition and Functions of Key Management Staff	Yes
	c. Process for Filling Key Management Vacancies	Yes
	d. CEO Responsibilities	Yes
	e. HRSA Approval for Project Director/CEO Changes	Yes
<b>Contracts and Subawards</b>	<b>Overall Compliance</b>	<b>No</b>
	a. Procurement Procedures	Yes
	b. Records of Procurement Actions	Yes
	c. Retention of Final Contracts	Yes
	d. Contractor Reporting	Yes
	e. HRSA Approval for Contracting Substantive Programmatic Work	Yes
	f. Required Contract Provisions	No
	g. HRSA Approval to Subaward	Yes
	h. Subaward Agreement	Yes
	i. Subrecipient Monitoring	Yes
	j. Retention of Subaward Agreements and Records	Yes

<b>Conflict of Interest</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Standards of Conduct	Yes
	b. Standards for Organizational Conflicts of Interest	Yes
	c. Dissemination of Standards of Conduct	Yes
	d. Adherence to Standards of Conduct	Yes
<b>Collaborative Relationships</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Coordination and Integration of Activities	Yes
	b. Collaboration with Other Primary Care Providers	Yes
<b>Financial Management and Accounting Systems</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Financial Management and Internal Control Systems	Yes
	b. Documenting Use of Federal Funds	Yes
	c. Drawdown, Disbursement and Expenditure Procedures	Yes
	d. Submitting Audits and Responding to Findings	Yes
	e. Documenting Use of Non-Grant Funds	Yes
<b>Billing and Collections</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Fee Schedule for In-Scope Services	Yes
	b. Basis for Fee Schedule	Yes
	c. Participation in Insurance Programs	Yes
	d. Systems and Procedures	Yes
	e. Procedures for Additional Billing or Payment Options	Yes
	f. Timely and Accurate Third Party Billing	Yes
	g. Accurate Patient Billing	Yes
	h. Policies or Procedures for Waiving or Reducing Fees	Yes
	i. Billing for Supplies or Equipment	Yes
	j. Refusal to Pay Policy	Yes
<b>Budget</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Annual Budgeting for Scope of Project	Yes
	d. Other Lines of Business	Yes
<b>Program Monitoring and Data Reporting Systems</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Collecting and Organizing Data	Yes
	b. Data-Based Reports	Yes
<b>Board Authority</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Maintenance of Board Authority Over Health Center Project	Yes

	b. Required Authorities and Responsibilities	Yes
	c. Exercising Required Authorities and Responsibilities	Yes
	d. Adopting, Evaluating, and Updating Health Center Policies	Yes
	e. Adopting, Evaluating, and Updating Financial and Personnel Policies	Yes
<b>Board Composition</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Board Member Selection and Removal Process	Yes
	b. Required Board Composition	Yes
	c. Current Board Composition	Yes
	d. Prohibited Board Members	Yes
	f. Utilization of Special Population Input	N/A



## Needs Assessment

### Authority

Authority Section 330(k)(2) and Section 330(k)(3)(J) of the PHS Act; and 42 CFR 51c.104(b)(2-3), 42 CFR 51c.303(k), 42 CFR 56.104(b)(2), 42 CFR 56.104(b)(4), and 42 CFR 56.303(k)

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Service Area Identification and Annual Review

Description	<p>The health center identifies and annually reviews its service area<sup>1</sup> based on where current or proposed patient populations reside as documented by the ZIP codes reported on the health center's Form 5B: Service Sites. *In addition, these service area ZIP codes are consistent with patient origin data reported by ZIP code in its annual Uniform Data System (UDS) report (for example, the ZIP codes reported on the health center's Form 5B: Service Sites would include the ZIP codes in which at least 75 percent of current health center patients reside, as identified in the most recent UDS report).*</p> <p>*Note: HRSA assesses whether the health center has demonstrated compliance with this portion of element "a" through its review of the competing continuation application (Service Area Competition (SAC) or Renewal of Designation (RD)). No onsite review of this portion of element "a" related to determining the consistency of service area zip codes and patient origin data is required.</p> <p><sup>1</sup> Also referred to as "catchment area" in the Health Center Program implementing regulation in 42 CFR 51c.102.</p>
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1. Does the health center utilize patient origin data to identify and review its service area (as reflected by the zip codes included in the Form 5B site entries)?:

: Yes

: No

If No, an explanation is required:

2. Is this service area review process completed at least annually?:

: Yes

: No

Note:	The annual review of a health center's service area may be conducted in a number of ways (for example, as part of submission of a competitive application or as a "stand-alone" activity during the year, such as review of annual UDS patient origin data or other data on where patients reside).
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If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Update of Needs Assessment

Description	<p>The health center completes or updates a needs assessment of the current or proposed population at least once every three years,<sup>2</sup> for the purposes of informing and improving the delivery of health center services. The needs assessment utilizes the most recently available data<sup>3</sup> for the service area and, if applicable, special populations and addresses the following:</p> <ul style="list-style-type: none"> <li>• Factors associated with access to care and health care utilization (for example, geography, transportation, occupation, transience, unemployment, income level, educational attainment);</li> <li>• The most significant causes of morbidity and mortality (for example, diabetes, cardiovascular disease, cancer, low birth weight, behavioral health) as well as any associated health disparities; and</li> <li>• Any other unique health care needs or characteristics that impact health status or access to, or utilization of, primary care (for example, social factors, the physical environment, cultural/ethnic factors, language needs, housing status).</li> </ul> <p><sup>2</sup> Compliance may be demonstrated based on the information included in a Service Area Competition (SAC) or a Renewal of Designation (RD) application. Note that in the case of a Notice of Funding Opportunity for a New Access Point or Expanded Services grant, HRSA may specify application-specific requirements for demonstrating an applicant has consulted with the appropriate agencies and providers consistent with Section 330(k)(2)(D) of the Public Health Service Act. Such application-specific requirements may require a</p>
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completed or updated needs assessment more recent than that which was provided in an applicant's SAC or RD application.

<sup>3</sup> In cases where data are not available for the specific service area or special population, health centers may use extrapolation techniques to make valid estimates using data available for related areas and population groups. Extrapolation is the process of using data that describes one population to estimate data for a comparable population, based on one or more common differentiating demographic characteristics. Where data are not directly available and extrapolation is not feasible, health centers should use the best available data describing the area or population to be served.

**3. Does the health center complete or update a needs assessment of the current population at least once every three years?:**

: Yes

: No

**If No, an explanation is required:**

**4. Is the needs assessment based on the most recently available data for the service area and, if applicable, special populations?:**

: Yes

: No

**If No, an explanation is required:**

**5. Does the needs assessment address all of the following:**

- Factors associated with access to care and health care utilization (for example, geography, transportation, occupation, transience, unemployment, income level, educational attainment);
- The most significant causes of morbidity and mortality (for example, diabetes, cardiovascular disease, cancer, low birth weight, behavioral health) as well as any associated health disparities; and
- Any other unique health care needs or characteristics that impact health status or access to, or utilization of, primary care (for example, social factors, the physical environment, cultural/ethnic factors, language needs, housing status)?

:

: Yes

: No

**If No, an explanation is required:**

**6. Was the health center able to provide at least one example of how it utilized the results of its needs assessment(s) to inform and improve the delivery of health center services?:**

: Yes

: No

**Note:**

If the health center is part of a larger organization (for example, a health department, mental health or social service agency), consider whether the needs assessment(s) provides data that are relevant and specific enough to inform the delivery of health center services.

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

## Required and Additional Health Services

Authority	
Authority	Section 330(a)-(b), Section 330(h)(2), and Section 330(k)(3)(K) of the PHS Act; and 42 CFR 51c.102(h) and (j), 42 CFR 56.102(l) and (o), and 42 CFR 51c.303(l)

Overall Compliance Demonstrated	
Overall Compliance Demonstrated:	
<input type="checkbox"/> : Yes	
<input checked="" type="checkbox"/> : No	

## Summary of Findings

### Demonstrating Compliance Element: a. Providing and Documenting Services within Scope of Project

#### Description

The health center provides access to all services included in its HRSA-approved scope of project<sup>1</sup> (Form 5A: Services Provided) through one or more service delivery methods,<sup>2</sup> as described below:<sup>3</sup>

- Direct: If a required or additional service is provided directly by health center employees<sup>4</sup> or volunteers, this service is accurately recorded in Column I on Form 5A: Services Provided, reflecting that the health center pays for and bills for direct care.
- Formal Written Contract/ Agreement:<sup>5</sup> If a required or additional service is provided on behalf of the health center via a formal contract/ agreement between the health center and a third party (including a subrecipient),<sup>6</sup> this service is accurately recorded in Column II on Form 5A: Services Provided, reflecting that the health center pays for the care provided by the third party via the agreement. In addition, the health center ensures that such contractual agreements for services include:
  - How the service will be documented in the patient's health center record; and
  - How the health center will pay for the service.
- Formal Written Referral Arrangement: If access to a required or additional service is provided and billed for by a third party with which the health center has a formal referral arrangement, this service is accurately recorded in Column III on Form 5A: Services Provided, reflecting that the health center is responsible for the act of referral for health center patients and any follow-up care for these patients provided by the health center subsequent to the referral.<sup>7</sup> In addition, the health center ensures that such formal referral arrangements for services, at a minimum, address:
  - The manner by which referrals will be made and managed; and
  - The process for tracking and referring patients back to the health center for appropriate follow-up care (for example, exchange of patient record information, receipt of lab results).

<sup>1</sup> In accordance with 45 CFR 75.308 (Uniform Administrative Requirements: Revision of Budget and Program Plans), health centers must request prior approval from HRSA for a change in the scope or the objective of the project or program (even if there is no associated budget revision requiring prior written approval). This prior approval requirement applies, among other things, to the addition or deletion of a service within the scope of project. These changes require prior approval from HRSA and must be submitted by the health center as a formal change in scope request. See

<http://www.bphc.hrsa.gov/programrequirements/scope.html> for further details on scope of project, including descriptions of the services listed on Form 5A: Services Provided available at: <https://www.bphc.hrsa.gov/programrequirements/scope/form5aservicedescriptors.pdf>.

<sup>2</sup> The Health Center Program statute states that health centers may provide services "either through the staff and supporting resources of the center or through contracts or cooperative arrangements." (42 U.S.C. 254b(a)(1)) The Health Center Program Compliance Manual utilizes the terms "Formal Written Contract/Agreement" and "Formal Written Referral Arrangement" to refer to such "contracts or cooperative arrangements." For more information on documenting service delivery methods within the HRSA-approved scope of project on Form 5A: Services Provided, see: <http://bphc.hrsa.gov/programrequirements/scope/form5acolumndescriptors.pdf>. Other Health Center Program requirements apply when providing services through contractual agreements and formal referral arrangements. Such requirements are addressed in other chapters of the Manual where applicable.

<sup>3</sup> See Compliance Manual Chapter 9: Sliding Fee Discount Program for more information on sliding fee discount program requirements and how they apply to the various service delivery methods.

<sup>4</sup> For purposes of the HRSA-approved scope of project (Form 5A: Services Provided), HRSA/BPHC utilizes Internal Revenue Service (IRS) definitions to differentiate contractors and employees. Typically, an employee receives a salary on a regular basis and a W-2 from the health center with applicable taxes and benefit contributions withheld.

<sup>5</sup> See Compliance Manual Chapter 12: Contracts and Subawards for more information on program

requirements around contracting.

<sup>6</sup> For purposes of the HRSA-approved scope of project (Form 5A: Services Provided), services provided via “contract/formal agreement” are those provided by practitioners who are not employed by or volunteers of the health center (for example, an individual provider with whom the health center has a contract; a group practice with which the health center has a contract; a locum tenens staffing agency with which the health center contracts; a subrecipient organization). Typically, a health center will issue an Internal Revenue Service (IRS) Form 1099 to report payments to an individual contractor. Please see the FTCA Health Center Policy Manual for information about eligibility for FTCA coverage for covered activities by covered individuals, which extends liability protections for eligible “covered individuals,” including governing board members and officers, employees, and qualified individual contractors.

<sup>7</sup> For purposes of the HRSA-approved scope of project (Form 5A: Services Provided), access to services provided via “formal referral arrangements” are those referred by the health center but provided and billed for by a third party. Although the service itself is not included within the HRSA-approved scope of project, the act of referral and any follow-up care provided by the health center subsequent to the referral are considered to be part of the health center’s HRSA-approved scope of project. For more information on documenting service delivery methods within the HRSA-approved scope of project on Form 5A: Services Provided, see: <http://bphc.hrsa.gov/programrequirements/scope/form5acolumndescriptors.pdf>.

### 1. Form 5A, Column I

#### 1.1 Are all services listed in Column I on the health center’s current Form 5A being provided by the health center directly?:

- : Yes  
: No  
: Not Applicable

**Note:** Select “Not Applicable” if the health center does not offer any services via Column I.

**If No, an explanation is required, including specifying any missing services:** The health center does not directly provide transportation.

### 2. Form 5A, Column II

#### 2.1 Does the health center maintain formal written contracts/ agreements for services listed in Column II on its current Form 5A?:

- : Yes  
: No  
: Not Applicable

#### 2.2 Do these contracts/agreements document how the health center will pay for the service(s) and how the service(s) will be documented in the patient’s health center record?:

- : Yes  
: No  
: Not Applicable

#### 2.3 Was the health center able to produce patient records from the past 24 months that document receipt of specific contracted services? :

- : Yes  
: No  
: Not Applicable

**Note:** Select “Not Applicable” for each of the above questions if the health center does not offer any services via Column II.

**If No or Not Applicable was selected for any of the above, an explanation is required providing details on the specific service(s):** The referral agreement between Walsh Dental Services and Carolina Health Centers does not describe how the services will be documented in the patient’s health center record. The contract with Self Regional Healthcare Family Medicine Residency Program for obstetrical services does not describe how the services provided will be documented in the patient’s health center record. HRSA reviewed documentation via CRO and compliance for this element A was not demonstrated.

### 3. Form 5A, Column III

#### 3.1 Does the health center maintain formal written referral arrangements for services listed in Column III on its current Form 5A?:

- : Yes  
: No  
: Not Applicable

#### 3.2 Does the health center have a process for making, tracking, and managing referrals for these services with the referral provider(s) (e.g., process for tracking whether patient presented at the referral provider or the outcomes of the referral visit)? :

- : Yes  
: No  
: Not Applicable

#### 3.3 Is there documentation in the patient record of appropriate follow-up care and information that resulted from these referrals (e.g., exchange of patient record information, receipt of lab results)?:

- : Yes  
: No  
: Not Applicable

**Note:** Select “Not Applicable” for each of the above questions if the health center does not offer any services via Column III.

If No or Not Applicable was selected for any of the above, an explanation is required providing details on the specific service(s):

4. Considering the overall scope of project (i.e., all services on Form 5A across the various Columns), were services recorded on Form 5A consistent with how they were offered by the health center at the time of the site visit?:

: Yes

: No

If No, an explanation is required, including specifying any discrepancies observed: "1. The health center refers patients for certain preventive screenings (mammograms and colonoscopies), but these were not recorded under Column III. 2. Pharmaceutical Services are provided directly and through contracted 340B providers, but the contracted services were not recorded under Column III. 3. Transportation was listed under Column I, but this service is not provided directly by the health center. The center CMO, CFO, and Chief Development and Corporate Compliance Officer stated the service is provided by managed care plans; the center does not pay. This will be recorded under Column III. 4. Limited Substance Use Disorder Services are provided directly by the health center. This was not recorded in Column I." HRSA reviewed documentation via a Correspondence Request and compliance for this element A as applicable was not demonstrated.

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: b. Ensuring Access for Limited English Proficient Patients**

Description	Health center patients with limited English proficiency are provided with interpretation and translation (for example, through bilingual providers, on-site interpreters, high quality video or telephone remote interpreting services) that enable them to have reasonable access to health center services.
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5. Does the health center provide access to interpretation for health center patients with Limited English proficiency?:

: Yes

: No

If No, an explanation is required:

6. Was the health center able to provide an example of a key document (i.e., documents that enable patients to access health center services) translated into different languages for its patient population?:

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: c. Providing Culturally Appropriate Care**

Description	The health center makes arrangements and/or provides resources (for example, training) that enable its staff to deliver services in a manner that is culturally sensitive and bridges linguistic and cultural differences.
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7. Was the health center able to provide an example of how it delivers services in a manner that is culturally appropriate for its patient population (e.g., culturally appropriate health promotion tools)?:

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

## Clinical Staffing

### Authority

Authority Sections 330(a)(1), (b)(1)-(2), and (k)(3)(I)(ii)(II)-(III) of the PHS Act; and 42 CFR 51c.303(a), 42 CFR 51c.303(p), 42 CFR 56.303(a), and 42 CFR 56.303(p)

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Staffing to Provide Scope of Services

Description The health center ensures that it has clinical staff<sup>1</sup> and/or has contracts or formal referral arrangements in place with other providers or provider organizations to carry out all required and additional services included in the HRSA-approved scope of project.<sup>2</sup>

<sup>1</sup> Clinical staff includes licensed independent practitioners (for example, Physician, Dentist, Physician Assistant, Nurse Practitioner), other licensed or certified practitioners (for example, Registered Nurse, Licensed Practical Nurse, Registered Dietitian, Certified Medical Assistant), and other clinical staff providing services on behalf of the health center (for example, Medical Assistants or Community Health Workers in states, territories or jurisdictions that do not require licensure or certification).

<sup>2</sup> Health centers seeking coverage for themselves and their providers under the Health Center FTCA Medical Malpractice Program should review the statutory and policy requirements for coverage, as discussed in the FTCA Health Center Policy Manual.

**1. Does the health center's current clinical staffing makeup (e.g., employees, volunteers, contracted and referral providers) enable it to carry out the approved scope of project (i.e., the list of Required and Additional services on Form 5A)?:**

: Yes

: No

**If No, an explanation is required specifying what staffing is lacking and for which services:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Staffing to Ensure Reasonable Patient Access

Description The health center has considered the size, demographics, and health needs (for example, large number of children served, high prevalence of diabetes) of its patient population in determining the number and mix of clinical staff necessary to ensure reasonable patient access to health center services.

**2. Was the health center able to provide one to two examples of how the mix (e.g., pediatric and adult providers) and number (e.g., full or part time staff, use of contracted providers) of clinical staff is responsive to the size, demographics, and needs of its patient population?:**

: Yes

: No

**If No, an explanation is required specifying why the example(s) did not show how the mix and number of clinical staff are responsive to the health center's patient population:**

**3. Given the number of patients served annually (based on most recent UDS), is the number and mix of current staff (considering the overall scope of project —i.e., all sites and all service delivery methods) sufficient to ensure reasonable patient access to health center services?:**

: Yes

: No

**If No, an explanation is required, including specific examples of why there is not reasonable patient access to health center services:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: c. Procedures for Review of Credentials

Description The health center has operating procedures for the initial and recurring review (for example, every two years) of credentials for all clinical staff members (licensed independent practitioners (LIPs), other licensed or certified practitioners (OLCPs), and other clinical staff providing services on behalf of the health center) who are health center employees, individual contractors, or volunteers. These credentialing procedures would ensure verification of the following, as applicable:

- Current licensure, registration, or certification using a primary source;

- Education and training for initial credentialing, using:
  - Primary sources for LIPs.<sup>3</sup>
  - Primary or other sources (as determined by the health center) for OLCPs and any other clinical staff;
- Completion of a query through the National Practitioner Data Bank (NPDB);<sup>4</sup>
- Clinical staff member’s identity for initial credentialing using a government-issued picture identification;
- Drug Enforcement Administration (DEA) registration; and
- Current documentation of basic life support training:

<sup>3</sup> In states in which the licensing agency, specialty board or registry conducts primary source verification of education and training, the health center would not be required to duplicate primary source verification when completing the credentialing process.

<sup>4</sup> The NPDB is an electronic information repository authorized by Congress. It contains information on medical malpractice payments and certain adverse actions related to health care practitioners, entities, providers, and suppliers. For more information, please visit <http://www.npdb.hrsa.gov>.

**4. Initial Credentialing Only: Do the health center’s credentialing procedures require verification of the following for all clinical staff (LIPs, OLCPs, and other clinical staff), as applicable, upon hire:**

**4.1 Clinical staff member’s identity using a government issued picture identification?:**

: Yes  
: No

**4.2 Verification by the health center or the state (licensing agency, specialty board, or registry) of the education and training of LIPs using a primary source?:**

: Yes  
: No

**4.3 Verification of the education and/or training of OLCPs and, as applicable, other clinical staff using a primary or secondary source, as determined by the health center? :**

: Yes  
: No

**If No was selected for any of the above, an explanation is required:**

**5. Initial and Recurring Credentialing Procedures: Do the health center’s credentialing procedures require verification of the following for all clinical staff (LIPs, OLCPs, and other clinical staff) upon hire AND on a recurring basis:**

**5.1 Current licensure, registration, or certification using a primary source for LIPs and OLCPs? :**

: Yes  
: No

**5.2 Completion of a query through the National Practitioner Data Bank (NPDB) for NPDB-reportable provider types? :**

: Yes  
: No

**5.3 DEA registration (as applicable)? :**

: Yes  
: No

**5.4 Current documentation of basic life support training (or comparable training completed through licensure or certification)?:**

: Yes  
: No

**If No was selected for any of the above, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes  
: No

**Demonstrating Compliance Element: d. Procedures for Review of Privileges**

**Description**

The health center has operating procedures for the initial granting and renewal (for example, every two years) of privileges for clinical staff members (LIPs, OLCPs, and other clinical staff providing services on behalf of the health center) who are health center employees, individual contractors, or volunteers. These privileging procedures would address the following:

- Verification of fitness for duty, immunization, and communicable disease status;<sup>5</sup>
- For initial privileging, verification of current clinical competence via training, education, and, as available, reference reviews;
- For renewal of privileges, verification of current clinical competence via peer review or other comparable methods (for example, supervisory performance reviews); and

- Process for denying, modifying or removing privileges based on assessments of clinical competence and/or fitness for duty.

<sup>5</sup> The CDC has published recommendations and many states have their own recommendations or standards for provider immunization and communicable disease screening. For more information about CDC recommendations, see <http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>.

**6. Do the health center’s operating procedures address both the initial granting and renewal of privileges for clinical staff who are health center employees, individual contractors, or volunteers?:**

: Yes  
: No

**If No, an explanation is required:**

**7. Do the health center’s privileging procedures require verification of the following for providers upon hire and on a recurring basis:**

**7.1 Fitness for duty?:**

: Yes  
: No

**7.2 Immunization and communicable disease status:**

: Yes  
: No

**7.3 Current clinical competence? :**

: Yes  
: No

**If No was selected for any of the above, an explanation is required:**

**8. Does the health center have criteria and processes for modifying or removing privileges based on the outcomes of clinical competence assessments?:**

: Yes  
: No

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes  
: No

**Demonstrating Compliance Element: e. Credentialing and Privileging Records**

Description

The health center maintains files or records for its clinical staff (for example, employees, individual contractors, and volunteers) that contain documentation of licensure, credentialing verification, and applicable privileges, consistent with operating procedures.

**9. Based on the review of the sample of provider files, did the files contain up-to-date (as defined by the health center in its operating procedures) documentation of licensure and credentialing of these clinical staff (employees, individual contractors, and volunteers)?:**

: Yes  
: No

**If No, an explanation is required:**

**10. Based on the review of the sample of provider files, did the files contain up-to-date (as defined by the health center in its operating procedures) documentation of privileging decisions (e.g., an up-to-date privileging list for each provider) for these clinical staff (employees, individual contractors, and volunteers)?:**

: Yes  
: No

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes  
: No

**Demonstrating Compliance Element: f. Credentialing and Privileging of Contracted or Referral Providers**

Description

If the health center has contracts with provider organizations (for example, group practices, locum tenens staffing agencies, training programs) or formal, written referral agreements with other provider organizations that provide services within its scope of project, the health center ensures<sup>6</sup> that such providers are:

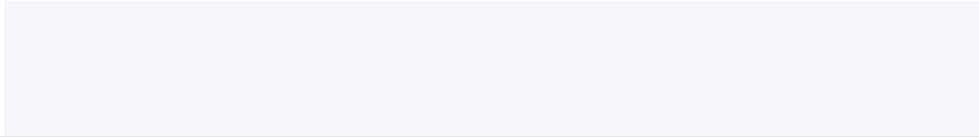
- Licensed, certified, or registered as verified through a credentialing process, in accordance with applicable federal, state, and local laws; and
- Competent and fit to perform the contracted or referred services, as assessed through a privileging process.

<sup>6</sup> This may be done, for example, through provisions in such contracts and cooperative arrangements with such organizations or health center review of such organizations’ credentialing and privileging processes.

**11. Was the health center able to ensure through provisions in contracts or through other means**



(e.g., health center review of the contracted organizations' credentialing and privileging processes) that contracted services (Form 5A, Column II) are provided by organizations that:



**11.1 Verify provider licensure, certification, or registration through a credentialing process?:**

- : Yes
- : No
- : Not Applicable

**11.2 Verify providers are competent and fit to perform the contracted service(s) through a privileging process?:**

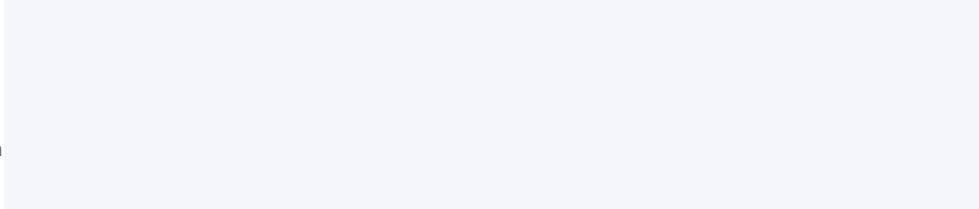
- : Yes
- : No
- : Not Applicable

**Notes:**

- Select "Not Applicable" if the health center does not offer any services via Column II.
- For Column II services that involve a contract with provider organization(s), the credentialing and privileging process for the provider(s) may either be conducted by the provider organization(s) or may be conducted by the health center. Individual contractors are credentialed and privileged by the health center (see demonstrating compliance element "c").

**If No was selected for any of the above, an explanation is required:** The grantee has reached out to the two large medical systems in their service area, specialties not operated by these two systems, and their contract dental provider for confirmation and documentation of their credentialing and privileging processes. They are in the process of obtaining written documentation from each entity. The first entity to have provided documentation (attached below) is Prisma which represents the largest hospital, primary, and specialty care group in the service area. "The health center did not provide documentation demonstrating evidence of initial and ongoing credentialing and privileging for contracted services. The chief medical officer and the credentialing specialist confirmed that the health center did not have a process to verify the competence of staff providing contracted services." HRSA reviewed documentation via a Correspondence Request and compliance for this element F as applicable was demonstrated.

**12. Was the health center able to ensure through provisions in written referral arrangements or through other means (e.g., health center review of the credentialing and privileging processes of the referral organization(s)) that referred services (Form 5A, Column III) are provided by organizations that:**



**12.1 Verify provider licensure, certification, or registration through a credentialing process? :**

- : Yes
- : No
- : Not Applicable

**12.2 Verify providers are competent and fit to perform the referred service(s) through a privileging process?:**

- : Yes
- : No
- : Not Applicable

**Notes:**

- Select "Not Applicable" if the health center does not offer any services via Column III.
- In all cases for Column III services, the credentialing and privileging process for providers is external (i.e., conducted by the referral provider/organization).

**If No was selected for any of the above, an explanation is required:** The grantee has reached out to the two large medical systems in their service area, specialties not operated by these two systems, and their contract dental provider for confirmation and documentation of their credentialing and privileging processes. They are in the process of obtaining written documentation from each entity. The first entity to have provided documentation (attached below) is Prisma which represents the largest hospital, primary, and specialty care group in our service area. "The health center did not provide documentation demonstrating evidence of initial and ongoing credentialing and privileging for contracted services. The chief medical officer and the credentialing specialist confirmed that the health center did not have a process to verify the competence of staff providing contracted services." HRSA reviewed documentation via a Correspondence Request and compliance for this element F as applicable was demonstrated.

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No

## Accessible Locations and Hours of Operation

### Authority

Authority: Section 330(k)(3)(A) of the PHS Act; and 42 CFR 51c.303(a) and 42 CFR 56.303(a)

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Accessible Service Sites

Description	<p>The health center's service site(s) are accessible to the patient population relative to where this population lives or works (for example, in areas immediately accessible to public housing for health centers targeting public housing residents, or in shelters for health centers targeting individuals experiencing homelessness, or at migrant camps for health centers targeting agricultural workers). Specifically, the health center considers the following factors to ensure the accessibility of its sites:</p> <ul style="list-style-type: none"> <li>• Access barriers (for example, barriers resulting from the area's physical characteristics, residential patterns, or economic and social groupings); and</li> <li>• Distance and time taken for patients to travel to or between service sites in order to access the health center's full range of in-scope services.</li> </ul>
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1. Does the health center take the following factors, including those specific to special population(s) (if applicable), into consideration in determining where to locate its sites:

1.1 Access barriers (for example, the health center has considered the ways patients access health center sites)?:

: Yes

: No

1.2 Distance and time taken for patients to travel to or between service sites in order to access the health center's full range of in-scope services (for example, if some in-scope services are located only at certain sites, the health center facilitates access to these services for the entire patient population)? :

: Yes

: No

If No was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Accessible Hours of Operation

Description	<p>The health center's total number and scheduled hours of operation across its service sites are responsive to patient needs by facilitating the ability to schedule appointments and access the health center's full range of services within the HRSA-approved scope of project<sup>1</sup> (for example, a health center service site might offer extended evening hours 3 days a week based on input or feedback from patients who cannot miss work for appointments during normal business hours).</p> <p><sup>1</sup> Services provided by a health center are defined at the awardee/designee level, not by individual site. Thus, not all services must be available at every health center service site; rather, health center patients must have reasonable access to the full complement of services offered by the center as a whole, either directly or through formal written established arrangements. For further details on scope of project, including Form 5A services and column descriptors, please see <a href="http://www.bphc.hrsa.gov/programrequirements/scope.html">http://www.bphc.hrsa.gov/programrequirements/scope.html</a>.</p>
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2. Has the health center taken patient needs into consideration in setting the hours of operation of its sites (e.g., within available resources, the hours correspond to most requested appointment times or align with the most in-demand services)?:

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: c. Accurate Documentation of Sites within Scope of Project

**Description**

The health center accurately records the sites in its HRSA-approved scope of project<sup>2</sup> on its Form 5B: Service Sites in the HRSA's Electronic Handbooks (EHB).

<sup>2</sup> In accordance with 45 CFR 75.308(c)(1)(i), health centers must request prior approval from HRSA for a "Change in the scope or the objective of the project or program (even if there is no associated budget revision requiring prior written approval)." This prior approval requirement applies to the addition or deletion of a service site. These changes require prior approval from HRSA and must be submitted by the health center as a formal change in scope request. For further details on scope of project, please see <http://www.bphc.hrsa.gov/programrequirements/scope.html>.

**3. Was the health center able to attest that its Form 5B is an accurate reflection of all active sites in scope?:**

: Yes

: No

**If No, an explanation is required, including specifying whether the health center can document that any necessary Change in Scope requests have been submitted to HRSA (e.g., request to delete an inactive site has been submitted via EHB):** "The hours at Ridge Spring Family Practice (BPS-H80-004413) need to be amended to include migrant clinics, which are held for six hours every other week. The hours at HomeTown Pediatrics (BPS-H80-021965) need to be corrected. The hours at Billing Offices (BPS-H80-029706) and the main administrative office (BPS-H80-002333) need to be corrected since they provide only administrative services and no patient care. Community Pharmacy at Carolina Village (BPS-H80-011080) needs to have "Suite A" added to its address. The main administrative office (BPS-H80-002333) needs to have "Suite B" added to its address." HRSA reviewed documentation via a Correspondence Request and compliance for this element C as applicable was demonstrated.

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

## Coverage for Medical Emergencies During and After Hours

### Authority

Authority Section 330(b)(1)(A)(IV) and Section 330(k)(3)(A) of the PHS Act; and 42 CFR 51c.102(h)(4), 42 CFR 56.102(l)(4), 42 CFR 51c.303(a), and 42 CFR 56.303(a)

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Clinical Capacity for Responding to Emergencies During Hours of Operation

##### Description

The health center has at least one staff member trained and certified in basic life support present at each HRSA-approved service site (as documented on Form 5B: Service Sites) to ensure the health center has the clinical capacity to respond to patient medical emergencies<sup>1</sup> during the health center's regularly scheduled hours of operation.<sup>2</sup>

<sup>1</sup> Medical emergencies may, for example, include those related to physical, oral, behavioral, or other emergent health needs.

<sup>2</sup> See Compliance Manual Chapter 6: Accessible Location and Hours of Operation for more information on hours of operation.

**1. Was there documentation that the health center ensures at least one staff member (clinical or non-clinical) trained and certified in basic life support is present at each HRSA-approved service delivery site to respond to patient medical emergencies during the health center's regularly scheduled hours of operation?:**

: Yes

: No

**If No, an explanation is required, including stating what, if any, provisions the health center has in place to respond to patient medical emergencies during regularly scheduled hours of operation at its site(s):**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Procedures for Responding to Emergencies During Hours of Operation

##### Description

The health center has and follows its applicable operating procedures when responding to patient medical emergencies during regularly scheduled hours of operation.

**2. Were you able to confirm that the health center has operating procedures for responding to patient medical emergencies during the health center's regularly scheduled hours of operation?:**

: Yes

: No

**If No, an explanation is required:**

**3. Was the health center able to describe how it either has responded to or is prepared to respond to (e.g., staff training or drills on use of procedures) patient medical emergencies during regularly scheduled hours of operation?:**

: Yes

: No

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: c. Procedures or Arrangements for After Hours Coverage

##### Description

The health center has after-hours coverage operating procedures, which may include formal arrangements<sup>3</sup> with non-health center providers/entities that ensure:

- Coverage is provided via telephone or face-to-face by an individual with the qualification and training necessary to exercise professional judgment in assessing a health center patient's need for emergency medical care;
- Coverage includes the ability to refer patients either to a licensed independent practitioner for further consultation or to locations such as emergency rooms or urgent care facilities for further assessment or immediate care as needed; and

- Patients, including those with limited English proficiency,<sup>4</sup> are informed of and are able to access after-hours coverage, based on receiving after-hours coverage information and instructions in the language(s), literacy levels, and formats appropriate to the health center's patient population needs.

<sup>3</sup> See Compliance Manual Chapter 12: Contracts and Subawards for more information on oversight over such arrangements.

<sup>4</sup> Under Section 602 of Title VI of the Civil Rights Act and the Department of Health and Human Services implementing regulations (45 C.F.R. Section 80.3(b)(2)), recipients of Federal financial assistance, including health centers, must take reasonable steps to ensure meaningful access to their programs, services, and activities by eligible Limited English Proficient (LEP) persons. See <http://www.hhs.gov/ocr/civilrights/resources/laws/summaryguidance.html> for further guidance on translating vital documents for LEP persons.

**4. Does the health center have written operating procedures or other documented arrangements for responding to patient medical emergencies after hours?**  
:

- : Yes  
: No

**If No, an explanation is required:**

**5. Based on the interview with clinical leadership and/or front desk staff, is information provided to patients at all health center service sites (as listed on Form 5B) on how to access after-hours coverage?:**

- : Yes  
: No

**If No, an explanation is required:**

**6. Has the health center addressed barriers that patients might face in attempting to utilize the health center's after-hours coverage? This would include barriers due to limited English proficiency or literacy levels.:**

- : Yes  
: No

**If No, an explanation is required:**

**7. Did the results from the call made to the health center after hours confirm the following:**

**7.1 You were connected to an individual with the qualification and training necessary to exercise professional judgment to address an after-hours call?:**

- : Yes  
: No

**7.2 This individual can refer patients to a covering licensed independent practitioner for further consultation or to locations such as emergency rooms or urgent care facilities for further assessment or immediate care?:**

- : Yes  
: No

**7.3 Provisions are in place for calls received from patients with limited English proficiency?:**

- : Yes  
: No

**If No was selected for any of the above, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes  
: No

**Demonstrating Compliance Element: d. After Hours Call Documentation**

**Description**

The health center has documentation of after-hours calls and any necessary follow-up resulting from such calls for the purposes of continuity of care.<sup>5</sup>

<sup>5</sup> See Compliance Manual Chapter 8: Continuity of Care and Hospital Admitting for more information on continuity of care.

**8. Does the health center document after-hours calls or, if no such calls have been received, does the health center have the capacity to document such calls?:**

- : Yes  
: No

**If No, an explanation is required:**

**9. Does the health center (based on review of systems or the sample of records) provide the necessary follow-up, based on the nature of after-hours calls (e.g., health center contacts the patient within a prescribed number of days to check in on the patient's condition, schedule an appointment)?:**

- : Yes  
: No

**Note:**

For health centers that had no after-hours calls that required follow-up (e.g., a newly-funded health center that has just started its operations), a review of operating procedures and results of the interview(s) with health center staff can be used when responding to this question.

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

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## Continuity of Care and Hospital Admitting

### Authority

Authority Section 330(k)(3)(A) and 330(k)(3)(L) of the PHS Act; and 42 CFR 51.c.303(a) and 42 CFR 56.303(a)

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Documentation of Hospital Admitting Privileges or Arrangements

Description

The health center has documentation of:

- Health center provider<sup>1</sup> hospital admitting privileges (for example, provider employment contracts or other files indicate the provider(s) has admitting privileges at one or more hospitals); and/or
- Formal arrangements between the health center and one or more hospitals or entities (for example, hospitalists, obstetrics hospitalist practices) for the purposes of hospital admission of health center patients.

<sup>1</sup> In addition to physicians, various provider types may have admitting privileges, if applicable, based on scope of practice in their State (for example, Nurse Practitioners, Certified Nurse Midwives).

1. Does the health center have:

- Documentation of hospital admitting privileges (if select health center providers assume responsibility for admitting and following hospitalized patients); and/or
- Formal arrangements with non-health center provider(s) or entity(ies) (such as a hospital, hospitalist group, or obstetrics practice) that address health center patient hospital admissions?

:

: Yes

: No

If Yes OR No, an explanation is required specifying the health center's arrangement(s) for hospital admissions: Pediatricians have hospital admitting privileges and follow the child throughout the hospitalization. The adult patients are admitted and followed by a hospitalist. Patients are discharged back to the health center provider.

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Procedures for Hospitalized Patients

Description

The health center has internal operating procedures and, if applicable, related provisions in its formal arrangements with non-health center provider(s) or entity(ies) that address the following areas for patients who are hospitalized as inpatients or who visit a hospital's emergency department (ED):<sup>2</sup>

- Receipt and recording of medical information related to the hospital or ED visit, such as discharge follow-up instructions and laboratory, radiology, or other results; and
- Follow-up actions by health center staff, when appropriate.

<sup>2</sup> Health center patients may be admitted to a hospital setting through a variety of means (for example, a visit to the Emergency Department (ED) may lead to an inpatient hospital admission, or a health center patient may be directly admitted to a unit of the hospital, such as labor and delivery).

2. Did the health center's internal operating procedures and/or arrangements with non-health center provider(s) or entity(ies), if applicable, address the following:

2.1 How the health center will obtain or receive medical information related to patient hospital or ED visits and record such information (e.g., discharge follow-up instructions and laboratory, radiology, or other results)?:

: Yes

: No

2.2 Follow-up by the health center staff, when appropriate?:

: Yes

: No

If No was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: c. Post-Hospitalization Tracking and Follow-up**

<b>Description</b>	The health center follows its operating procedures and formal arrangements as documented by: <ul style="list-style-type: none"> <li>• Receipt and recording of medical information related to the hospital or ED visit, such as discharge follow-up instructions and laboratory, radiology, or other results; and</li> <li>• Evidence of follow-up actions taken by health center staff based on the information received, when appropriate.</li> </ul>
<b>Note:</b>	For a health center that has had no patients who have been hospitalized in the past 12 months (e.g., a newly-funded health center that has just started its operations), a review of operating procedures and results of the interview with health center staff can be used to respond to the below questions.
<b>3. Based on the review of sampled records and interview, was there documentation of:</b>	

**3.1 Medical information related to the hospital or ED visit, such as discharge follow-up instructions and laboratory, radiology, or other results?:**

: Yes

: No

**3.2 Follow-up actions taken by health center staff based on the information received, when appropriate?:**

: Yes

: No

**If No was selected for any of the above, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No



## Sliding Fee Discount Program

### Authority

Authority Section 330(k)(3)(G) of the PHS Act; and 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u)

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Applicability to In-Scope Services

Description The health center has a sliding fee discount program (SFDP)<sup>1</sup> that applies to all required and additional health services<sup>2</sup> within the HRSA-approved scope of project for which there are distinct fees.<sup>3</sup>

<sup>1</sup> A health center's SFDP consists of a schedule of discounts applied to the fee schedule and adjusts fees based on the patient's ability to pay. A health center's SFDP also includes the related policies and procedures for determining sliding fee eligibility and applying sliding fee discounts.

<sup>2</sup> See Compliance Manual Chapter 4: Required and Additional Health Services for more information on requirements for services within the scope of the project.

<sup>3</sup> A distinct fee is a fee for a specific service or set of services, which is typically billed for separately within the local health care market.

1. Are ALL services within the approved scope of project offered on a sliding fee discount schedule (SFDS) (for Columns I and II) or offered under any other type of discount (for Column III)? "Services" refers to all Required and Additional services across all applicable service delivery methods listed on the health center's Form 5A for which there are distinct fees.:

: Yes

: No

Notes:

- Please include any findings regarding the specific STRUCTURE of the SFDS for services in Columns I, II, and III within applicable elements "c," "i," and "j."
- Services (e.g., transportation, translation, other non-clinical services) on Form 5A that are not billed for in the local health care market may be excluded from the health center's fee schedule and, therefore, from the health center's SFDS.

If No, an explanation is required, including specifying which in-scope services are excluded from sliding fee discounts or any other type of discount:

HRSA/BPHC Determination: Compliance Demonstrated?:

: Yes

: No

#### Demonstrating Compliance Element: b. Sliding Fee Discount Program Policies

Description The health center has board-approved policy(ies) for its sliding fee discount program that apply uniformly to all patients and address the following areas:

- Definitions of income<sup>4</sup> and family;
- Assessment of all patients for sliding fee discount eligibility based only on income and family size, including methods for making such assessments;
- The manner in which the health center's sliding fee discount schedule(s) (SFDS(s)) will be structured in order to ensure that patient charges are adjusted based on ability to pay; and
- Only applicable to health centers that choose to have a nominal charge for patients at or below 100 percent of the Federal Poverty Guidelines (FPG): The setting of a flat nominal charge(s) at a level that would be nominal from the perspective of the patient (for example, based on input from patient board members, patient surveys, advisory committees, or a review of co-pay amount(s) associated with Medicare and Medicaid for patients with comparable incomes) and would not reflect the actual cost of the service being provided.<sup>5</sup>

<sup>4</sup> Income is defined as earnings over a given period of time used to support an individual/household unit based on a set of criteria of inclusions and exclusions. Income is distinguished from assets, as assets are a fixed economic resource while income is comprised of earnings.

<sup>5</sup> Nominal charges are not "minimum fees," "minimum charges," or "co-pays."

2. Does the health center’s sliding fee discount policy include language or provisions that address all of the following:

2.1 Uniform applicability to all patients?:

- : Yes
- : No

2.2 Income and family (or “household”) (e.g., any inclusions or exclusions in how they are defined)? :

- : Yes
- : No

2.3 Methods for assessing patient eligibility based only on income and family size?:

- : Yes
- : No

2.4 The manner in which SFDS(s) are structured to ensure charges are adjusted based on ability to pay (e.g., flat fee amounts differ across discount pay classes, a graduated percent of charges for patients with incomes above 100 percent and at or below 200 percent of FPG)? :

- : Yes
- : No

2.5 The setting of a nominal charge(s) for patients at or below 100 percent FPG?

Note: Select “Not Applicable” if the health center does not charge patients at or below 100 percent FPG.:

- : Yes
- : No
- : Not Applicable

If No was selected for any of the above, an explanation is required:

3. Does the health center’s policy ensure that any/all charge(s) for patients at or below 100 percent of the FPG will be:

3.1 A flat fee?:

- : Yes
- : No
- : Not Applicable

3.2 Nominal from a patient’s perspective?:

- : Yes
- : No
- : Not Applicable

3.3 Not based on the actual cost of the service?:

- : Yes
- : No
- : Not Applicable

Note:

The health center’s sliding fee discount program (SFDP) policy may state how the nominal charge will be determined AND/OR the amount of the nominal charge(s). If the board-approved SFDP policy does not state a specific amount for nominal charge(s), other documentation (e.g., board minutes, reports) of board involvement in setting the amount of nominal charge(s) may be utilized.

If No was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No

**Demonstrating Compliance Element: c. Sliding Fee for Column I Services**

Description

For services provided directly by the health center (Form 5A: Services Provided, Column I), the health center’s SFDS(s) is structured consistent with its policy and provides discounts as follows:

- A full discount is provided for individuals and families with annual incomes at or below 100 percent of the current FPG, unless a health center elects to have a nominal charge, which would be less than the fee paid by a patient in the first sliding fee discount pay class above 100 percent of the FPG.
- Partial discounts are provided for individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the current FPG, and those discounts adjust based on gradations in income levels and include at least three discount pay classes.<sup>6</sup>
- No discounts are provided to individuals and families with annual incomes above 200 percent of the current FPG.<sup>7</sup>

<sup>6</sup> For example, a SFDS with discount pay classes of 101 percent to 125 percent of the FPG, 126 percent to 150 percent of the FPG, 151 percent to 175 percent of the FPG, 176 percent to 200 percent of the FPG, and over 200 percent of the FPG would have four discount pay classes between 101 percent and 200 percent of the FPG.

<sup>7</sup> Please see Compliance Manual Chapter 16: Billing and Collections, if the health center has access to other grants or subsidies that support patient care.

In responding to the question(s) below, please note: The questions relate to services provided directly by the health center (Form 5A: Services Provided, Column I).

4. For patients with incomes at or below 100 percent of FPG, does the SFDS(s):

4.1 Provide a full discount (no nominal charge(s))?:

- : Yes
- : No

4.2 Require only a nominal charge(s) ("fee")?:

- : Yes
- : No

If No was selected for BOTH of the above, an explanation is required:

5. If the health center has a nominal charge(s), is the nominal charge(s) less than the fee that would be paid by patients in the first sliding fee discount pay class above 100 percent of FPG?:

- : Yes
- : No
- : Not Applicable

If No, an explanation is required:

6. For patients with incomes above 100 percent and at or below 200 percent of the FPG, does the SFDS(s) provide partial discounts adjusted in accordance with gradations in income levels and consist of at least three discount pay classes (i.e., as patient income increases, the discounts decrease accordingly)?:

- : Yes
- : No

If No, an explanation is required:

7. For patients with incomes above 200 percent of the FPG, is the SFDS(s) structured so that such patients are not eligible for a sliding fee discount under the Health Center Program?:

- : Yes
- : No

Note: Health centers that provide sliding fee discounts to patients with incomes above 200 percent of the FPG may do so as long as such discounts are supported through other funding sources (e.g., Ryan White Part C award).

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No

**Demonstrating Compliance Element: d. Multiple Sliding Fee Discount Schedules**

Description For health centers that choose to have more than one SFDS, these SFDSs would be based on services (for example, having separate SFDSs for broad service types, such as medical and dental, or distinct subcategories of service types, such as preventive dental and additional dental services) and/or on service delivery methods (for example, having separate SFDSs for services provided directly by the health center and for in-scope services provided via formal written contract) and no other factors.

8. Does the health center have more than one SFDS?:

- : Yes
- : No

9. If Yes: Is each SFDS based either on service or service delivery method and no other factors (e.g., patient insurance status, location of site, other demographic or patient characteristics)?:

- : Yes
- : No
- : Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No

**Demonstrating Compliance Element: e. Incorporation of Current Federal Poverty Guidelines**

Description The health center's SFDS(s) has incorporated the most recent FPG.

10. Based on the review of the health center's current SFDS(s), has the health center incorporated the current Federal Poverty Guidelines in the calculations for all of the discount pay classes?:

- : Yes
- : No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No

**Demonstrating Compliance Element: f. Procedures for Assessing Income and Family Size**

**Description** The health center has operating procedures for assessing/re-assessing all patients for income and family size consistent with board-approved sliding fee discount program policies.

**11. Does the health center have operating procedures for assessing/re-assessing all patients (regardless of insurance status) for income and family size?:**  
 Yes  
 No

**If No, an explanation is required:**

**12. Are these procedures consistent with the board-approved policy for the SFDP?:**  
 Yes  
 No

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**  
 Yes  
 No

**Demonstrating Compliance Element: g. Assessing and Documenting Income and Family Size**

**Description** The health center has records of assessing/re-assessing patient income and family size except in situations where a patient has declined or refused to provide such information.

**13. Did the review of the sample indicate that the health center is consistently assessing and re-assessing patient income and family size?:**  
 Yes  
 No

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**  
 Yes  
 No

**Demonstrating Compliance Element: h. Informing Patients of Sliding Fee Discounts**

**Description** The health center has mechanisms for informing patients of the availability of sliding fee discounts (for example, distributing materials in language(s) and literacy levels appropriate for the patient population, including information in the intake process, publishing information on the health center's website).

**14. Based on site tours, interviews, and review of related materials, does the health center have mechanisms for informing patients of the availability of sliding fee discounts and how to apply for such discounts?:**  
 Yes  
 No

**If No, an explanation is required:** "Signage is not clear or visible at all service site locations. Signage is not consistent with the most updated board-approved policy. The sliding fee program policy is not updated to reflect the current board-approved sliding fee discount program policy action." HRSA reviewed documentation via a Correspondence Request and compliance for this element H as applicable was demonstrated.

**HRSA/BPHC Determination: Compliance Demonstrated?:**  
 Yes  
 No

**Demonstrating Compliance Element: i. Sliding Fee for Column II Services**

**Description** For in-scope services provided via contracts (Form 5A: Services Provided, Column II, Formal Written Contract/Agreement), the health center ensures that fees for such services are discounted as follows:

- A full discount is provided for individuals and families with annual incomes at or below 100 percent of the current FPG, unless a health center elects to have a nominal charge, which would be less than the fee paid by a patient in the first sliding fee discount pay class above 100 percent of the FPG.
- Partial discounts are provided for individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the current FPG, and those discounts adjust based on gradations in income levels and include at least three discount pay classes.
- No discounts are provided to individuals and families with annual incomes above 200 percent of the current FPG.<sup>8</sup>

<sup>8</sup> Please see Compliance Manual Chapter 16: Billing and Collections, if the health center has access to other grants or subsidies that support patient care.

**In responding to the question(s) below, please note:**

- The questions relate to services provided via contracts (Form 5A: Services Provided, Column II).
- Services (e.g., transportation, translation, other non-clinical services) on Form 5A that are not billed for in the local health care market may be excluded from the health center's fee schedule and, therefore, from the health center's SFDS.

**15. Does the health center provide services via contracts/agreements (Form 5A: Services Provided, Column II)?:**  
 Yes  
 No

16. For patients receiving service(s) through these contracts/agreements, has the health center ensured that sliding fee discounts are provided in a manner that meets all Health Center Program requirements (e.g., health center applies its own SFDS to amounts owed by eligible patients; contract contains specific sliding fee provisions; contracted services are provided by another health center which applies an SFDS that meets structural requirements)?:

- : Yes
- : No
- : Not Applicable

If No, an explanation is required: "Per the sliding fee program policy: The sliding fee scale outlined herein will be applied to all services performed on-site by Carolina Health Centers, Inc., with the exception of pharmacy services. The policy does not reference service(s) performed off-site through referral arrangements or the pharmacy sliding fee scale." Form 5A Column II: The Walsh Dental Associates Dental Services Referral Agreement does not have required SFDS structural requirements. HRSA reviewed documentation via a Correspondence Request and compliance for this element I as applicable was demonstrated.

17. For patients with incomes at or below 100 percent of FPG, has the health center ensured that such patients are:

17.1 Provided a full discount (100 percent discount)?:

- : Yes
- : No
- : Not Applicable

17.2 Assessed a nominal charge(s) ("fee")?:

- : Yes
- : No
- : Not Applicable

If No was selected for BOTH of the above, an explanation is required:

18. If there is a nominal charge, is the nominal charge less than the fee that would be paid by patients in the first sliding fee discount pay class above 100 percent of FPG?:

- : Yes
- : No
- : Not Applicable

If No, an explanation is required:

19. For patients with incomes above 100 percent and at or below 200 percent of the FPG, does the SFDS(s) provide partial discounts adjusted in accordance with gradations in income levels and consist of at least three discount pay classes (i.e., as patient income increases, the discounts decrease accordingly)?:

- : Yes
- : No
- : Not Applicable

If No, an explanation is required:

20. For patients with incomes above 200 percent of the FPG, is the SFDS(s) structured so that such patients are not eligible for a sliding fee discount under the Health Center Program?:

- : Yes
- : No
- : Not Applicable

**Note:** Health centers that provide sliding fee discounts to patients with incomes above 200 percent of the FPG may do so as long as such discounts are supported through other funding sources (e.g., Ryan White Part C award).

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No

**Demonstrating Compliance Element: j. Sliding Fee for Column III Services**

<b>Description</b>	<p>For services provided via formal referral arrangements (Form 5A: Services Provided, Column III), the health center ensures that fees for such services are either discounted as described in element "c" above or discounted in a manner such that:</p> <ul style="list-style-type: none"> <li>Individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the FPG receive an equal or greater discount for these services than if the health center's SFDS were applied to the referral provider's fee schedule; and</li> <li>Individuals and families at or below 100 percent of the FPG receive a full discount or a nominal charge for these services.</li> </ul>
<b>In responding to the question(s) below, please note:</b>	<ul style="list-style-type: none"> <li>The questions relate to services provided via formal referral arrangements (Form 5A: Services Provided, Column III).</li> <li>Services (e.g., transportation, translation, other non-clinical services) on Form 5A that are not billed for in the local health care market may be excluded from the health center's fee schedule and, therefore, from the health center's SFDS.</li> </ul>

21. Does the health center provide services via formal referral arrangements (Form 5A: Services Provided, Column III)?:

- : Yes
- : No

22. For patients receiving service through these referral arrangements, has the health center ensured that sliding fee discounts are EITHER provided in a manner that meets the structural requirements noted in element "c" OR discounted in a manner such that:

- Individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the FPG receive an equal or greater discount for these services than if the health center's SFDS were applied to the referral provider's fee schedule (e.g., health center has a referral arrangement with organizations that charge no fee at all for patients at or below 200 percent of the FPG); and
- Individuals and families at or below 100 percent of the FPG receive a full discount or a nominal charge for these services?

:  
: Yes  
: No  
: Not Applicable

If No, an explanation is required, including describing the format and type of any discount(s) provided: "Per the sliding fee program policy: The sliding fee scale outlined herein will be applied to all services performed on-site by Carolina Health Centers, Inc., with the exception of pharmacy services. The policy does not reference service(s) performed off-site through referral arrangements or the pharmacy sliding fee scale. Form 5A Column III: Self Regional HealthCare Family Medicine Residency Program, Referral of Prenatal Patients Agreement, does not have required SFDS structural requirements and does not have required SFDS structural requirements." HRSA reviewed documentation via a Correspondence Request and compliance for this element J as applicable was demonstrated.

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes  
: No

**Demonstrating Compliance Element: k. Applicability to Patients with Third Party Coverage**

Description

Health center patients who are eligible for sliding fee discounts and have third-party coverage are charged no more for any out-of-pocket costs than they would have paid under the applicable SFDS discount pay class.<sup>9</sup> Such discounts are subject to potential legal and contractual restrictions.<sup>10</sup>

<sup>9</sup> For example, an insured patient receives a health center service for which the health center has established a fee of \$80, per its fee schedule. Based on the patient's insurance plan, the co-pay would be \$60 for this service. The health center also has determined, through an assessment of income and family size, that the patient's income is 150 percent of the FPG and thus qualifies for the health center's SFDS. Under the SFDS, a patient with an income at 150 percent of the FPG would receive a 50 percent discount of the \$80 fee, resulting in a charge of \$40 for this service. Rather than the \$60 co-pay, the health center would charge the patient no more than \$40 out-of-pocket, consistent with its SFDS, as long as this is not precluded or prohibited by the applicable insurance contract.

<sup>10</sup> Such limitations may be specified by applicable federal or state programs, or private payor contracts.

23. Based on interviews and a review of related documents, does the health center ensure that patients who are eligible for sliding fee discounts and who have third-party coverage are charged no more for any out-of-pocket costs (e.g., deductibles, co-pays, and services not covered by the plan) than they would have paid under the applicable SFDS discount pay class?:

: Yes  
: No

If No, an explanation is required, including describing any legal or contractual restrictions that the health center has documented:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes  
: No

**Demonstrating Compliance Element: l. Evaluation of the Sliding Fee Discount Program**

Description

The health center evaluates, at least once every three years, its sliding fee discount program. At a minimum, the health center:

- Collects utilization data that allows it to assess the rate at which patients within each of its discount pay classes, as well as those at or below 100 percent of the FPG, are accessing health center services;
- Utilizes this and, if applicable, other data (for example, results of patient satisfaction surveys or focus groups, surveys of patients at various income levels) to evaluate the effectiveness of its sliding fee discount program in reducing financial barriers to care; and
- Identifies and implements changes as needed.

24. Does the health center evaluate the effectiveness of the SFDP in reducing financial barriers to care?:

: Yes  
: No

If No, an explanation is required:

25. If Yes: Is this evaluation conducted at least once every three years?:

: Yes  
: No  
: Not Applicable

If No, an explanation is required:

26. Does the health center collect utilization data in order to assess whether patients within each of its discount pay classes are accessing health center services?:

: Yes

: No

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**If No, an explanation is required:**

**27. If Yes: Does the health center utilize these data (and, if applicable, any other data, such as collections or patient survey data) to evaluate the effectiveness of its SFDP?:**

: Yes

: No

: Not Applicable

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**If No, an explanation is required:**

**28. Has the health center implemented any follow-up actions based on evaluation results (e.g., changes to SFDP policy by board, implementation of improved eligibility screening processes or notification methods for sliding fee discounts)?:**

: Yes

: No

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**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

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## Quality Improvement/Assurance

### Authority

Authority Section 330(k)(3)(C) of the PHS Act; and 42 CFR 51c.110, 42 CFR 51c.303(b), 42 CFR 51c.303(c), 42 CFR 51c.304(d)(3)(iv-vi), 42 CFR 56.111, 42 CFR 56.303(b), 42 CFR 56.303(c), and 42 CFR 56.304(d)(4)(v-vii)

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. QI/QA Program Policies

Description	<p>The health center has a board-approved policy(ies) that establishes a QI/QA program.<sup>1</sup> This QI/QA program addresses the following:</p> <ul style="list-style-type: none"> <li>• The quality and utilization of health center services;</li> <li>• Patient satisfaction and patient grievance processes; and</li> <li>• Patient safety, including adverse events.</li> </ul> <p><sup>1</sup> For more information on the health center governing board's role in approving policies please see Board Authority.</p>
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1. Does the health center have a QI/QA program that addresses the following areas:

1.1 The quality and utilization of health center services?:

: Yes

: No

1.2 Patient satisfaction and patient grievance processes?:

: Yes

: No

1.3 Patient safety, including adverse events?:

: Yes

: No

If No was selected for any of the above, an explanation is required, specifying which areas were not addressed:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Designee to Oversee QI/QA Program

Description	<p>The health center designates an individual(s) to oversee the QI/QA program established by board-approved policy(ies). This individual's responsibilities would include, but would not be limited to, ensuring the implementation of QI/QA operating procedures and related assessments, monitoring QI/QA outcomes, and updating QI/QA operating procedures.</p>
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2. Does the health center have a designated individual(s) to oversee the QI/QA program?:

: Yes

: No

If No, an explanation is required:

3. Based on the interview(s) and review of the job/position description(s) or other documentation, do the responsibilities of this individual(s) include:

3.1 Ensuring the implementation of QI/QA operating procedures?:

: Yes

: No

3.2 Ensuring QI/QA assessments are conducted?:

: Yes

: No

3.3 Monitoring QI/QA outcomes?:

: Yes

: No



**3.4 Updating QI/QA operating procedures, as needed?:**

: Yes

: No

If No was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: c. QI/QA Procedures or Processes**

<b>Description</b>	<p>The health center has operating procedures or processes that address all of the following:</p> <ul style="list-style-type: none"> <li>• Adhering to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center services, as applicable;</li> <li>• Identifying, analyzing, and addressing patient safety and adverse events and implementing follow-up actions, as necessary;</li> <li>• Assessing patient satisfaction;</li> <li>• Hearing and resolving patient grievances;</li> <li>• Completing periodic QI/QA assessments on at least a quarterly basis to inform the modification of the provision of health center services, as appropriate; and</li> <li>• Producing and sharing reports on QI/QA to support decision-making and oversight by key management staff and by the governing board regarding the provision of health center services.</li> </ul>
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**4. Does the health center have operating procedures and/or related systems that address:**

**4.1 Adherence to current, applicable evidence-based clinical guidelines, standards of care, and standards of practice (e.g., provider access to Electronic Health Record (EHR) clinical decision making support, job aids, protocols, and/or other sources of evidence-based care)? :**

: Yes

: No

**4.2 A process for health center staff to follow for identifying, analyzing, and addressing overall patient safety, including adverse events? :**

: Yes

: No

**4.3 A process for implementing follow-up actions related to patient safety and adverse events, as necessary? :**

: Yes

: No

**4.4 A process for the health center to assess patient satisfaction (e.g., fielding patient satisfaction surveys, conducting periodic patient focus groups)? :**

: Yes

: No

**4.5 A process for hearing and resolving patient grievances? :**

: Yes

: No

**4.6 Completion of periodic QI/QA assessments on at least a quarterly basis? :**

: Yes

: No

If No was selected for any of the above, an explanation is required, including specifying which areas were not addressed:

**5. Does the health center share reports on QI/QA, including data on patient satisfaction and patient safety with key management staff and the governing board?:**

: Yes

: No

If No, an explanation is required:

**6. Was the health center able to share an example(s) of how these reports support decision-making and oversight by key management staff and the governing board regarding the provision of health center services and responses to patient satisfaction and patient safety issues?:**

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: d. Quarterly Assessments of Clinician Care**

<b>Description</b>	<p>The health center's physicians or other licensed health care professionals conduct QI/QA assessments on at least a quarterly basis, using data systematically collected from patient records, to ensure:</p> <ul style="list-style-type: none"> <li>• Provider adheres to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center services, as applicable; and</li> <li>• The identification of any patient safety and adverse events and the implementation of related follow-up actions, as necessary.</li> </ul>
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**7. Are the health center's QI/QA assessments conducted by physicians or other licensed health care professionals (such as nurse practitioner, registered nurse, or other qualified individual) on at least a quarterly basis?:**

: Yes

: No

If No, an explanation is required:

8. Are these QI/QA assessments based on data systematically collected from patient records?:

: Yes

: No

If No, an explanation is required:

9. Do these assessments demonstrate that the health center is tracking and, as necessary, addressing issues related to the quality and safety of the care provided to health center patients (e.g., use of appropriate medications for asthma, early entry into prenatal care, HIV linkages to care, response initiated as a result of a recent adverse event)?:

: Yes

: No

If No, an explanation is required, including specifying which areas the health center is not tracking and/or addressing:

**HRSA/BPHC Determination: Compliance Demonstrated? :**

: Yes

: No

**Demonstrating Compliance Element: e. Retrievable Health Records**

Description

The health center maintains a retrievable health record (for example, the health center has implemented a certified Electronic Health Record)<sup>2</sup> for each patient, the format and content of which is consistent with both federal and state laws and requirements.

<sup>2</sup> CMS and the Office of the National Coordinator for Health Information Technology (ONC) have established standards and other criteria for structured data that Electronic Health Records (EHRs) must use in order to qualify for CMS incentive programs. For health centers that participate in these CMS Incentive Programs, further information is available at <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html>.

10. Does the health center maintain an individual health record that is easily retrievable?:

: Yes

: No

If No, an explanation is required:

11. Does the health center have a process for ensuring that the format and content of its health records are consistent with applicable federal and state laws and requirements (for example, the health center has implemented a certified EHR)?:

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated? :**

: Yes

: No

**Demonstrating Compliance Element: f. Confidentiality of Patient Information**

Description

The health center has implemented systems (for example, certified EHRs and corresponding standard operating procedures) for protecting the confidentiality of patient information and safeguarding this information against loss, destruction, or unauthorized use, consistent with federal and state requirements.

12. Do the health center's health Information Technology (IT) or other record keeping procedures address current federal and state requirements related to confidentiality, privacy, and security of protected health information (PHI) including safeguards against loss, destruction, or unauthorized use?:

: Yes

: No

If No, an explanation is required:

13. Does the health center ensure its staff are trained in confidentiality, privacy, and security?:

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated? :**

: Yes

: No

## Key Management Staff

### Authority

Authority Section 330(k)(3)(H)(ii), and 330(k)(3)(I)(i) of the PHS Act; 42 CFR 51c.104(b)(4), 42 CFR 51c.303(p), 42 CFR 56.104(b)(5), and 42 CFR 56.303(p); and 45 CFR 75.308(c)(1)(ii)(iii)

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Composition and Functions of Key Management Staff

Description The health center has determined the makeup of and distribution of functions among its key management staff<sup>1</sup> and the percentage of time dedicated to the Health Center Project program for each position, as necessary to carry out the HRSA-approved scope of project.

<sup>1</sup> Examples of key management staff may include Project Director/CEO, Clinical Director/Chief Medical Officer, Chief Financial Officer, Chief Operating Officer, Nursing/Health Services Director, or Chief Information Officer.

1. Was the health center able to justify how the distribution of functions and allocation of time for each key management position is sufficient to carry out the approved scope of the health center project (e.g., Is there a clear justification for a part-time PD/CEO or for the lack of a dedicated CFO position)?:

: Yes

: No

If No, an explanation is required, including describing why the distribution of functions and allocation of time for each key management position is insufficient to carry out the scope of project:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Documentation for Key Management Staff Positions

Description The health center has documented the training and experience qualifications, as well as the duties or functions, for each key management staff position (for example, in position descriptions).

Note: N/A – HRSA assesses whether the health center has demonstrated compliance with this element through its review of the competing continuation application (SAC or RD). No onsite review of this element is required.

#### Demonstrating Compliance Element: c. Process for Filling Key Management Vacancies

Description The health center has implemented, as necessary, a process for filling vacant key management staff positions (for example, vacancy announcements have been published and reflect the identified qualifications).

2. Does the health center have any vacant key management positions?:

: Yes

: No

3. If Yes: Will or has the health center implement(ed) a process for filling this position? :

: Yes

: No

: Not Applicable

If No, an explanation is required, including specifying which position(s) are vacant:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: d. CEO Responsibilities

Description The health center's Project Director/CEO<sup>2</sup> is directly employed by the health center,<sup>3</sup> reports to the health center's governing board<sup>4</sup> and is responsible for overseeing other key management staff in carrying out the day-to-day activities necessary to fulfill the HRSA-approved scope of project.

<sup>2</sup> While the position title of the key person specified in the award/designation may vary, for the purposes of the Health Center Program, utilize the term "Project Director/CEO" when referring to this key person. Under 45 CFR 75.2, the term "Principal Investigator/Program Director (PI/PD)" means the individual(s) designated by the recipient to direct the project or program being supported by the grant. The PI/PD is responsible and accountable to officials of the recipient organization for the proper conduct of the project, program, or activity. For the purposes of the Health Center Program, "Project Director/CEO" is synonymous with the term "PI/PD."

<sup>3</sup> Public agency health centers utilizing a co-applicant structure would demonstrate compliance with the statutory requirement for direct employment of the Project Director/CEO by demonstrating that the public agency, as the Health Center Program awardee/designee of record, directly employs the Project Director/CEO. Refer to related requirements in Chapter 19: Board Authority regarding public agencies with co-applicants.

<sup>4</sup> Refer to related requirements in Chapter 19: Board Authority regarding the selection and dismissal of the Project Director/CEO by the health center board as part of its oversight responsibilities for the Health Center Program project.

**4. Is the Project Director/CEO directly employed by the health center as confirmed by a Form W-2 (or, if a Form W-2 has not yet been issued by the health center, documentation of receipt of salary directly from the health center such as a pay stub)?:**

: Yes  
: No

**Note:** The Project Director/CEO is directly employed by the health center if the Project Director/CEO: (1) Receives a salary directly from the health center; (2) is issued a W-2 that lists only the health center as the Project Director/CEO's employer; and (3) has an employment agreement entered into with the health center that outlines the activities required to be performed by the Project Director/CEO.

**If No, an explanation is required:**

**5. Does the Project Director/CEO report to the health center board?:**

: Yes  
: No

**Note:** In a public center with a co-applicant board where the public center employs the Project Director/CEO, the Project Director/CEO may report both to the co-applicant board and to another board or individual within the public agency.

**If No, an explanation is required:**

**6. Does the Project Director/CEO oversee other key management staff in carrying out the day-to-day activities of the health center project?:**

: Yes  
: No

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes  
: No

**Demonstrating Compliance Element: e. HRSA Approval for Project Director/CEO Changes**

**Description** If there has been a post-award change in the Project Director/CEO position,<sup>5</sup> the health center requests and receives prior approval from HRSA.

<sup>5</sup> Such changes include situations in which the current health center Project Director/CEO will be disengaged from involvement in the project for any continuous period for more than 3 months or will reduce time devoted to the project by 25 percent or more from the level that was approved at the time of award [see: 45 CFR 75.308(c)(1)(ii) and (iii)].

**7. Has there been a change in the Project Director/CEO position since the start of the current project or designation period?:**

: Yes  
: No

**Note:** This ONLY includes situations in which the Project Director/CEO was disengaged from involvement in the project for any continuous period for more than three months or reduced time devoted to the project by 25 percent or more from the level that was approved at the time of award.

**8. If Yes: Was the health center able to produce documentation of its request for prior approval and the related approval from HRSA (unless still under review by HRSA) for this change?:**

: Yes  
: No  
: Not Applicable

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes  
: No



## Contracts and Subawards

### Authority

**Authority** Section 330(k)(3)(I) and Section 330(q) of the PHS Act; 42 CFR 51c.113, 42 CFR 56.114, 42 CFR 51c.303(t), and 42 CFR 56.303(t); 45 CFR Part 75 Subpart D; and Section 1861(aa)(4)(A)(ii) and Section 1905(l)(2)(B)(ii) of the Social Security Act

### Overall Compliance Demonstrated

**Overall Compliance Demonstrated:**

: Yes  
: No

### Look-Alike Site Visit

**Is this a Look-Alike Site Visit?:**

: Yes  
: No

**Note:** Because look-alikes do not receive federal funding under section 330 of the Public Health Service (PHS) Act, any aspects of a requirement that relate to the use of Health Center Program federal award funds are not applicable to look-alikes.

### Summary of Findings

#### Contracts: Procurement And Monitoring

#### Demonstrating Compliance Element: a. Procurement Procedures

**Description** The health center has written procurement procedures that comply with federal procurement standards, including a process for ensuring that all procurement costs directly attributable to the federal award are allowable, consistent with Federal Cost Principles.<sup>1</sup>

<sup>1</sup> See 45 CFR 75 Subpart E: Cost Principles.

**1. Does the health center have written procedures for procurement?:**

: Yes  
: No

**If No, an explanation is required:**

**2. Do these procedures, at a minimum, ensure that all procurements directly attributable to the federal award will be conducted in a manner providing full and open competition<sup>2</sup> and will only include costs allowable, consistent with Federal Cost Principles (e.g., do the procedures contain relevant references or citations to 45 CFR Part 75 Subpart E: Cost Principles)?:**

: Yes  
: No  
: Not Applicable

**Footnote:** <sup>2</sup>As defined by 45 CFR 75.329(f), procurement by “non-competitive proposals” is procurement through solicitation of a proposal from only one source.

**Note:** Select “Not Applicable” if the health center is a look-alike.

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes  
: No

#### Demonstrating Compliance Element: b. Records of Procurement Actions

Not Applicable for Look-Alikes

**Description** The health center has records for procurement actions paid for in whole or in part under the Federal award that include the rationale for method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract price. This would include documentation related to noncompetitive procurements.

3. Does the health center have any:

3.1 Active contracts paid for in whole or in part with federal award funds?:

- : Yes
- : No
- : Not Applicable

3.2 Contracts that had a period of performance which ended less than three years ago and that were paid for in whole or in part with federal funds?:

- : Yes
- : No
- : Not Applicable

4. Based on the review of the sample of contracts, was there supporting documentation of the procurement process that addressed the following:

4.1 Rationale for the procurement method?:

- : Yes
- : No
- : Not Applicable

4.2 Selection of contract type?:

- : Yes
- : No
- : Not Applicable

4.3 Contractor selection or rejection?:

- : Yes
- : No
- : Not Applicable

4.4 Basis for the contract price?:

- : Yes
- : No
- : Not Applicable

If No was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No
- : Not Applicable

**Demonstrating Compliance Element: c. Retention of Final Contracts**

Not Applicable for Look-Alikes

Description

The health center retains final contracts and related procurement records, consistent with federal document maintenance requirements, for procurement actions paid for in whole or in part under the Federal award.<sup>3</sup>

<sup>3</sup> See 45 CFR 75.361 for HHS retention requirements for records.

5. Was the health center able to produce final contracts that have been awarded within the past three years?:

- : Yes
- : No
- : Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No
- : Not Applicable

**Demonstrating Compliance Element: d. Contractor Reporting**

Description

The health center has access to contractor records and reports related to health center activities in order to ensure that all activities and reporting requirements are being carried out in accordance with the provisions and timelines of the related contract (for example, performance goals are achieved, Uniform Data System (UDS) data are submitted by appropriate deadlines, funds are used for authorized purposes).

6. Based on the review of the sample, does the health center have access to records and reports as necessary to oversee contractor performance?:

- : Yes
- : No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No

**Demonstrating Compliance Element: e. HRSA Approval for Contracting Substantive Programmatic Work****Description**

If the health center has arrangements with a contractor to perform substantive programmatic work,<sup>4</sup> the health center requested and received prior approval from HRSA as documented by:

- An approved competing continuation/renewal of designation application or other competitive application, which included such an arrangement; or
- An approved post-award request for such arrangements submitted within the project period (for example, change in scope).

<sup>4</sup> For the purposes of the Health Center Program, contracting for substantive programmatic work applies to contracting with a single entity for the majority of health care providers. The acquisition of supplies, material, equipment, or general support services is not considered programmatic work. Substantive programmatic work may be further defined within HRSA Notices of Funding Opportunity (NOFOs) and applications.

**7. Based on the list of contracts reviewed and interview(s) with health center staff, does this health center currently contract with a single entity for the majority of health care providers (i.e., substantive programmatic work)?:**

: Yes

: No

**8. If Yes: Was the health center able to produce documentation of prior approval by HRSA (i.e., the arrangement was included in a HRSA-approved application or post-award request)?:**

: Yes

: No

: Not Applicable

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: f. Required Contract Provisions****Description**

The health center's contracts that support the HRSA-approved scope of project include provisions that address the following:

- The specific activities or services to be performed or goods to be provided;
- Mechanisms for the health center to monitor contractor performance; and
- Requirements for the contractor to provide data necessary to meet the recipient's applicable federal financial and programmatic reporting requirements, as well as provisions addressing record retention and access, audit, and property management.<sup>5</sup>

<sup>5</sup> For further guidance on these requirements, please see the HHS Grants Policy Statement, at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>.

**9. Does the health center have one or more contracts to provide health center services or to acquire other goods and services in support of the HRSA-approved scope of project?:**

: Yes

: No

**10. If Yes: Based on the sample of contracts reviewed, do these contracts contain provisions that address the following areas:**

**10.1 Specific activities or services to be performed or goods to be provided by the contractor?:**

: Yes

: No

: Not Applicable

**10.2 How the health center will monitor contract performance? :**

: Yes

: No

: Not Applicable

**10.3 Data reporting expectations and intervals for such reporting? :**

: Yes

: No

: Not Applicable

**10.4 Provisions for record retention and access, audit, and property management?:**

: Yes

: No

: Not Applicable

**If No was selected for any of the above, an explanation is required:** "The health center's contracts that support the HRSA-approved scope of project and include provisions were reviewed. Of the sampling of contracts reviewed, the following do not meet the following required contract provisions (see details below)." HRSA reviewed documentation via a Correspondence Request and compliance for this element F as applicable was not demonstrated.

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes



: No

**Subawards: Monitoring And Management**

**Demonstrating Compliance Element: g. HRSA Approval to Subaward**

Not Applicable for Look-Alikes

**Description**

If the health center has made a subaward<sup>6</sup>, the health center requested and received prior approval from HRSA as documented by:

- An approved competing continuation/renewal of designation application or other competitive application, which included the sub-recipient arrangement; or
- An approved post-award request for such sub-recipient arrangements submitted within the project period (for example, change in scope).

<sup>6</sup>Specifically, the purpose of a subaward is to carry out a portion of the **Federal award** and creates a Federal assistance relationship with the subrecipient, while the purpose of a contract is to obtain goods or services for the health center's own use and creates a procurement relationship with the contractor.

**11. Has the health center made any subawards (new or continuing) during the current Project Period?:**

- : Yes
- : No
- : Not Applicable

**12. Was the health center able to produce documentation of prior approval by HRSA of the subrecipient arrangement (i.e., arrangement was included in the last approved Service Area Competition application or was approved through a separate post-award request)?:**

- : Yes
- : No
- : Not Applicable

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No
- : Not Applicable

**Demonstrating Compliance Element: h. Subaward Agreement**

Not Applicable for Look-Alikes

**Description**

The health center's subaward(s) that supports the HRSA-approved scope of project includes provisions that address the following:

- The specific portion of the HRSA-approved scope of project to be performed by the subrecipient;
- The applicability of all Health Center Program requirements to the subrecipient;
- The applicability to the subrecipient of any distinct statutory, regulatory, and policy requirements of other Federal programs associated with their HRSA-approved scope of project;<sup>7</sup>
- Mechanisms for the health center to monitor subrecipient compliance and performance;
- Requirements for the subrecipient to provide data necessary to meet the health center's applicable federal financial and programmatic reporting requirements, as well as provisions addressing record retention and access, audit, and property management;<sup>8</sup> and
- Requirements that all costs paid for by the federal subaward are allowable consistent with Federal Cost Principles.<sup>9</sup>

<sup>7</sup> Subrecipients are generally eligible to receive Federally Qualified Health Center (FQHC) payment rates under Medicaid and Medicare, 340B Drug Pricing, and Federal Tort Claims Act (FTCA) coverage. However, such benefits are not automatically conferred and may require additional actions and approvals (for example, submission and approval of a subrecipient FTCA deeming application).

<sup>8</sup> For further guidance on these requirements, please see the HHS Grants Policy Statement, at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>.

<sup>9</sup> See 45 CFR 75 Subpart E: Cost Principles.

**13. Does the health center's subrecipient agreement(s) include provisions that address the following:**

**13.1 The portion of the health center project that will be carried out by the subrecipient (i.e., sites, services provided) and how? :**

- : Yes

: No  
: Not Applicable

**13.2 All Health Center Program requirements applying to the subrecipient?:**

: Yes  
: No  
: Not Applicable

**13.3 The applicability of any other distinct statutory, regulatory, and policy requirements of associated programs and benefits (e.g., requirements that will apply if the subrecipient participates in the 340B Drug Pricing Program)?:**

: Yes  
: No  
: Not Applicable

**13.4 Mechanisms for the health center to monitor subrecipient compliance and performance?:**

: Yes  
: No  
: Not Applicable

**13.5 The data the subrecipient must collect and report back to the awardee (e.g., UDS data)?:**

: Yes  
: No  
: Not Applicable

**13.6 Record retention and access, audit, and property management (if applicable); and:**

: Yes  
: No  
: Not Applicable

**13.7 Requirements that all costs paid for under the subaward are consistent with Federal Cost Principles?:**

: Yes  
: No  
: Not Applicable

**If No was selected for any of the above, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes  
: No  
: Not Applicable

**Demonstrating Compliance Element: i. Subrecipient Monitoring**

Not Applicable for Look-Alikes

**Description**

The health center monitors the activities of its subrecipient to ensure that the subaward is used for authorized purposes and that the subrecipient maintains compliance with all applicable requirements specified in the Federal award (including those found in section 330 of the PHS Act, implementing program regulations and grants regulations in 45 CFR Part 75). Specifically, the health center's monitoring of the subrecipient includes:

- Reviewing financial and performance reports required by the health center in order to ensure performance goals are achieved, UDS data are submitted by appropriate deadlines, and funds are used for authorized purposes;
- Ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the health center subaward that may be identified through audits, on-site reviews, and other means; and
- Issuing a management decision for audit findings pertaining to the subaward.<sup>10</sup>

<sup>10</sup> Per 45 CFR 75.521, the management decision [issued by the health center to the subrecipient] must clearly state whether or not the audit finding is sustained, the reasons for the decision, and the expected auditee action to repay disallowed costs, make financial adjustments, or take other action.

**14. Does the health center monitor the activities of the subrecipient to ensure the subrecipient maintains compliance with all Health Center Program requirements and all other applicable requirements specified in the federal award?:**

: Yes  
: No  
: Not Applicable

**If No, an explanation is required:**

**15. Does the health center receive and review financial and performance reports in order to ensure:**

**15.1 Performance goals are achieved? :**

: Yes  
: No  
: Not Applicable

**15.2 UDS data are submitted by appropriate deadlines?:**

: Yes

: No  
: Not Applicable

**15.3 Funds are used for authorized purposes?:**

: Yes  
: No  
: Not Applicable

If No was selected for any of the above, an explanation is required:

**16. Does the health center have a process for ensuring that the subrecipient takes timely and appropriate action on deficiencies that may be identified through audits, on-site reviews, or other means (including issuing a management decision for audit findings pertaining to the subaward)?:**

: Yes  
: No  
: Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes  
: No  
: Not Applicable

**Demonstrating Compliance Element: j. Retention of Subaward Agreements and Records**

Not Applicable for Look-Alikes

Description	
	The health center retains final subrecipient agreements and related records, consistent with federal document maintenance requirements. <sup>11</sup>  <sup>11</sup> See 45 CFR 75.361 for HHS retention requirements for records.

**17. Was the health center able to produce final (executed) subrecipient agreements that have been awarded within the past three years and related financial and other performance records?:**

: Yes  
: No  
: Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes  
: No  
: Not Applicable

## Conflict of Interest

### Authority

Authority Section 330(a)(1) and 330(k)(3)(D) of the PHS Act; 42 CFR 51c.113 and 42 CFR 56.114; and 45 CFR 75.327

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Look-Alike Site Visit

Is this a Look-Alike Site Visit?:

: Yes

: No

Note: Because look-alikes do not receive federal funding under section 330 of the Public Health Service (PHS) Act, any aspects of a requirement that relate to the use of Health Center Program federal award funds are not applicable to look-alikes.

### Summary of Findings

#### Demonstrating Compliance Element: a. Standards of Conduct

Not Applicable For Look-Alikes.

Description

The health center has and implements written standards of conduct that apply, at a minimum, to its procurements paid for in whole or in part by the Federal award. Such standards:

- Apply to all health center employees, officers, board members and agents<sup>1</sup> involved in the selection, award, or administration of such contracts;
- Require written disclosure of real or apparent conflicts of interest;<sup>2</sup>
- Prohibit individuals with real or apparent conflicts of interest with a given contract from participating in the selection, award, or administration of such contract;<sup>3</sup>
- Restrict health center employees, officers, board members and agents involved in the selection, award, or administration of contracts from soliciting or accepting gratuities, favors, or anything of monetary value for private financial gain from such contractors or parties to sub-agreements (including subrecipients or affiliate organizations);<sup>4</sup> and
- Enforce disciplinary actions on health center employees, officers, board members, and agents for violating these standards.

<sup>1</sup> An agent of the health center includes, but is not limited to, a governing board member, an employee, officer, or contractor acting on behalf of the health center.

<sup>2</sup>A conflict of interest arises when the employee, officer, or agent (including but not limited to any member of the governing board), any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. See: 45 CFR 75.327(c)1.

<sup>3</sup> This includes, but is not limited to, prohibiting board members that are employees or contractors of a subrecipient of the health center from participating in the selection, award, or administration of that subaward. This also includes prohibiting board members who are employees of an organization that contracts with the health center from participating in the selection, award, or administration of that contract.

<sup>4</sup> Health centers may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value.

1. Was the health center able to provide document(s) that contain its written standards of conduct for the selection, award and administration of contracts that, at a minimum, apply to its procurements paid for in whole or in part by the federal award?:

: Yes

: No

: Not Applicable

If No, an explanation is required:

2. Do these written standards of conduct:

**2.1 Apply to all health center employees, officers, board members, and agents involved in the selection, award, or administration of such contracts?:**

- : Yes
- : No
- : Not Applicable

**2.2 Require written disclosure of any real or apparent conflicts of interest? :**

- : Yes
- : No
- : Not Applicable

**2.3 Prohibit individuals with a real or apparent conflict of interest with a given contract from participating in the selection, award, or administration of such contract? :**

- : Yes
- : No
- : Not Applicable

**2.4 Prohibit accepting gratuities, favors, or anything of monetary value? :**

- : Yes
- : No
- : Not Applicable

**2.5 Provide for disciplinary actions for violating the conflict of interest requirements? :**

- : Yes
- : No
- : Not Applicable

**If No was selected for any of the above, an explanation is required, including specifying which areas were not addressed:**

**3. Does the health center have a process for disclosing real or apparent conflicts of interest in writing by employees, officers, board members, and agents of the health center should such conflicts arise?:**

- : Yes
- : No
- : Not Applicable

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No
- : Not Applicable

**Demonstrating Compliance Element: b. Standards for Organizational Conflicts of Interest**

**Description**

If the health center has a parent, affiliate, or subsidiary that is not a State, local government, or Indian tribe, the health center has and implements written standards of conduct covering organizational conflicts of interest<sup>5</sup> that might arise when conducting a procurement action involving a related organization. These standards of conduct require:

- Written disclosure of conflicts of interest that arise in procurements from a related organization; and
- Avoidance and mitigation of any identified actual or apparent conflicts during the procurement process.

<sup>5</sup> Organizational conflicts of interest mean that because of relationships with a parent company, affiliate, or subsidiary organization, the health center is unable or appears to be unable to be impartial in conducting a procurement action involving a related organization. See: 45 CFR 75.327(c)(2).

**4. Does the health center have a parent, affiliate or subsidiary that is not a state, local government, or Indian tribe?:**

- : Yes
- : No

**5. If Yes: Was the health center able to provide document(s) that contain its written standards of conduct for the selection, award, and administration of contracts that involve the related party or organization?:**

- : Yes
- : No
- : Not Applicable

**If No, an explanation is required:**

**6. Do the health center's organizational conflict of interest standards prevent or mitigate any identified or apparent conflicts of interest? :**

- : Yes
- : No
- : Not Applicable

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No

**Demonstrating Compliance Element: c. Dissemination of Standards of Conduct**

**Description**

The health center has mechanisms or procedures for informing its employees, officers, board members, and agents of the health center's standards of conduct covering conflicts of interest, including organizational

conflicts of interest, and for governing its actions with respect to the selection, award and administration of contracts.

In responding to the question(s) below, please note:

- For look-alikes, this element is applicable ONLY for those look-alikes that have a parent, affiliate, or subsidiary that is not a state, local government, or Indian tribe as identified in the assessment of element "b".
- For all other look-alikes, select "Not Applicable."

**7. Does the health center inform employees, officers, board members, and agents of its conflict of interest standards of conduct?:**

- : Yes  
: No  
: Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated? :**

- : Yes  
: No  
: Not Applicable

**Demonstrating Compliance Element: d. Adherence to Standards of Conduct**

Description

In cases where a conflict of interest was identified, the health center's procurement records document adherence to its standards of conduct (for example, an employee whose family member was competing for a health center contract was not permitted to participate in the selection, award, or administration of that contract).

In responding to the question(s) below, please note:

- For look-alikes, this element is applicable ONLY for those look-alikes that have a parent, affiliate, or subsidiary that is not a state, local government, or Indian tribe as identified in the assessment of element "b".
- For all other look-alikes, select "Not Applicable."

**8. Were any conflicts of interest (real or apparent), including organizational conflicts of interest, identified in the past three years that were associated with procurement involving federal funds?:**

- : Yes  
: No  
: Not Applicable

**9. If Yes: Was the health center able to produce documentation that it adhered to its standards of conduct related to the identified conflict(s) of interest, including the completion of written disclosures?:**

- : Yes  
: No  
: Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated? :**

- : Yes  
: No  
: Not Applicable

## Collaborative Relationships

### Authority

Authority Section 330(k)(3)(B) of the PHS Act; and 42 CFR 51c.303(n), 42 CFR 56.303(n), and 42 CFR 51c.305(h)

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Coordination and Integration of Activities

Description

The health center documents its efforts to collaborate with other providers or programs in the service area, including local hospitals, specialty providers, and social service organizations (including those that serve special populations), to provide access to services not available through the health center in order to support:

- Reductions in the non-urgent use of hospital emergency departments;
- Continuity of care across community providers; and
- Access to other health or community services that impact the patient population.

1. Does the health center have documentation of its efforts to collaborate with other providers or programs in the service area, specifically local hospitals, specialty providers, and social service organizations (including those that serve special populations), to provide access to services not available through the health center?:

: Yes

: No

If No, an explanation is required:

2. Was the health center able to provide at least one documented example of how its collaborative relationship(s) supports each of the following:

- Reductions in the non-urgent use of hospital emergency departments;
- Continuity of care across community providers; and
- Access to other health or community services that impact the patient population?

:

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Collaboration with Other Primary Care Providers

Description

The health center documents its efforts to coordinate and integrate activities with other federally-funded, as well as State and local, health services delivery projects and programs serving similar patient populations in the service area (at a minimum, this would include establishing and maintaining relationships with other health centers in the service area).

In responding to the question(s) below, please note:

The health center determines how to document collaboration or coordination with providers and organizations in its service area. For example, documentation of collaborative relationship(s) that support reductions in emergency department use may be in the form of meeting minutes or evidence of membership in an emergency room diversion program.

3. Does the health center have documentation of its efforts to coordinate and integrate activities with other federally-funded, state, and local health services delivery projects and programs serving similar patient populations in the service area?:

: Yes

: No

If No, an explanation is required, including stating if there are no other federally-funded, state, or local health services delivery projects or programs serving similar patient populations in the service area:

4. Was the health center able to document established relationships with at least one health center in the service area?:

: Yes

: No

: Not Applicable

Note: Only select "Not Applicable" if there are no other health centers in the service area.

If No or Not Applicable, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: c. Expansion of HRSA-Approved Scope of Project**

<p><b>Description</b></p>	<p>If the health center expands<sup>1,2</sup> its HRSA-approved scope of project:</p> <ul style="list-style-type: none"> <li>• The health center obtains letters or other appropriate documents specific to the request or application that describe areas of coordination or collaboration with health care providers serving similar patient populations in the service area (health centers, rural health clinics, local hospitals including critical access hospitals, health departments, other providers including specialty providers, as applicable); or</li> <li>• If such letters or documents cannot be obtained from these providers, the health center documents its attempts to coordinate or collaborate with these health care providers (health centers, rural health clinics, local hospitals including critical access hospitals, health departments, other providers including specialty providers, as applicable) on the specific request or application proposal.</li> </ul> <hr/> <p><sup>1</sup> Expanding the HRSA-approved scope of project may occur by adding sites or services through change in scope requests, New Access Point competitive applications, or other supplemental funding applications.</p> <p><sup>2</sup> Additional requirements for documented collaboration may apply based on specific Notices of Funding Opportunity (NOFOs), Notices of Award (NOAs), look-alike designation instructions, or other Federal statutes, regulations, or policies.</p>
<p><b>Note:</b></p>	<p>N/A – HRSA assesses whether the health center has demonstrated compliance with this element through its review of change in scope requests and/or competing applications. No onsite review of this element is required.</p>



## Financial Management and Accounting Systems

### Authority

Authority Sections 330(e)(5)(D), 330(k)(3)(D), 330(k)(3)(N), and 330(q) of the PHS Act; 42 CFR 51c.113, 42 CFR 56.114, 42 CFR 51c.303(d), and 42 CFR 56.303(d); and 45 CFR Part 75 Subparts D, E and F

### Overall Compliance Demonstrated

#### Overall Compliance Demonstrated:

: Yes

: No

### Look-Alike Site Visit

#### Is this a Look-Alike Site Visit?:

: Yes

: No

Note: Because look-alikes do not receive federal funding under section 330 of the Public Health Service (PHS) Act, any aspects of a requirement that relate to the use of Health Center Program federal award funds are not applicable to look-alikes.

### Summary of Findings

#### Demonstrating Compliance Element: a. Financial Management and Internal Control Systems

##### Description

The health center has and utilizes a financial management and internal control system that reflects Generally Accepted Accounting Principles (GAAP) for private non-profit health centers or Government Accounting Standards Board (GASB) principles for public agency health centers<sup>1</sup> and that ensures at a minimum:

- Health center expenditures are consistent with the HRSA-approved total budget<sup>2</sup> and with any additional applicable HRSA approvals that have been requested and received;<sup>3</sup>
- Effective control over, and accountability for, all funds, property, and other assets associated with the Health Center Program project;
- The safeguarding of all assets to assure they are used solely for authorized purposes in accordance with the terms and conditions of the Health Center Program award/designation;<sup>4</sup> and
- The capacity to track the financial performance of the health center, including identification of trends or conditions that may warrant action by the organization to maintain financial stability.

<sup>1</sup> GAAP and GASB are used as defined in 45 CFR Part 75.

<sup>2</sup> A health center's "total budget" includes the Health Center Program federal award funds and all other sources of revenue in support of the HRSA-approved health center scope of project. For additional detail, please see Compliance Manual Chapter 17: Budget.

<sup>3</sup> Per 45 CFR 75.308, post-award, federal award recipients are required to report significant deviations from budget or project scope or objective, and are required to request prior approvals from HHS awarding agencies for budget and program plan revisions (re-budgeting). "Re-budgeting, or moving funds between direct cost budget categories in an approved budget, is considered significant when cumulative transfers for a single budget period exceeds 25 percent of the total approved budget (inclusive of direct and indirect costs and federal funds and required matching or cost sharing). The base used for determining significant re-budgeting excludes carryover balances but includes any amounts awarded as supplements."

<sup>4</sup> The requirement to safeguard federal assets as described in this bullet substantially reflects the requirement to have written policies and procedures in place to ensure the appropriate use of federal funds in compliance with applicable federal statutes, regulations, and the terms and conditions of the federal award. See Section 330(k)(3)(N) of the Public Health Service Act.

#### 1. Does the health center's financial management and internal control system reflect GAAP or GASB principles?:

: Yes

: No

If No, an explanation is required:

#### 2. Is the health center able to track actual expenditures in comparison to the Health Center Program project budget? :

: Yes

: No

If No, an explanation is required:

3. Do the health center's financial management and internal control systems have the capacity to account for the expenditure of Health Center Program project funds (e.g., segregation of duties) and safeguard the use of associated assets and property (e.g., procedures for inventory management, maintaining property records)?:

: Yes

: No

If No, an explanation is required regarding the health center's inability to account for expenditures and/or safeguard assets:

4. Was the health center able to demonstrate a capacity to track its financial performance for the purposes of monitoring financial stability?:

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: b. Documenting Use of Federal Funds**

Not Applicable for Look-Alikes

Description

The health center's financial management system is able to account for all Federal award(s) (including the Federal award made under the Health Center Program) in order to identify the source<sup>5</sup> (receipt) and application (expenditure) of funds for federally-funded activities in whole or in part. Specifically, the health center's financial records contain information and related source documentation pertaining to authorizations, obligations, unobligated balances, assets, expenditures, income, and interest under the Federal award(s).

<sup>5</sup> Federal program and federal award identification would include, as applicable, the Catalog of Federal Domestic Assistance (CFDA) title and number, federal award identification number and year, name of the HHS awarding agency, and name of the pass-through entity, if any.

5. Based on the sample, does the health center have a financial management system that is able to account for the Health Center Program federal award and related expenditures (e.g., in chart of accounts) made under the award? Specifically, do the health center's financial records contain relevant information and related source documentation?:

: Yes

: No

: Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

: Not Applicable

**Demonstrating Compliance Element: c. Drawdown, Disbursement and Expenditure Procedures**

Not Applicable for Look-Alikes

Description

The health center has written procedures for:

- Drawing down Federal award funds in a manner that minimizes the time elapsing between the transfer of the Federal award funds from HRSA and the disbursement of these funds by the health center; and
- Assuring that expenditures of Federal award funds are allowable in accordance with the terms and conditions of the Federal award and with the Federal Cost Principles<sup>6</sup> in 45 CFR Part 75 Subpart E.

<sup>6</sup> The cost principles are set forth in 45 CFR Part 75, Subpart E.

6. Does the health center have written procedures for drawing down federal funds?:

: Yes

: No

: Not Applicable

If No was selected, an explanation is required:

7. Does the health center have written procedures with provisions or steps that:

7.1 Limit the drawdown to minimum amounts needed to cover allowable project costs?:

: Yes

: No

: Not Applicable

7.2 Time drawdowns in a manner that minimizes the time elapsing between the transfer of the federal award funds from HRSA and the disbursement of these funds by the health center?:

: Yes

- : No
- : Not Applicable

If No was selected for any of the above, an explanation is required:

8. Does the health center have written procedures with specific provisions or steps that ensure all expenditures utilizing federal award funds are allowable in accordance with:

8.1 The terms and conditions of the federal award, including those that limit the use of federal award funds?:

- : Yes
- : No
- : Not Applicable

8.2 The Federal Cost Principles in 45 CFR Part 75 Subpart E?:

- : Yes
- : No
- : Not Applicable

If No was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No
- : Not Applicable

**Demonstrating Compliance Element: d. Submitting Audits and Responding to Findings**

Description

If a health center expends \$750,000 or more in award funds from all federal sources during its fiscal year, the health center ensures a single or program-specific audit is conducted and submitted for that year in accordance with the provisions of 45 CFR Part 75, Subpart F: Audit Requirements and ensures that subsequent audits demonstrate corrective actions have been taken to address all findings, questioned costs, reportable conditions, and material weaknesses cited in the previous audit report, if applicable.

9. Did the health center expend \$750,000 or more in federal award funds during its last complete fiscal year?:

- : Yes
- : No

10. If Yes: Has (i.e., audit is complete at the time of site visit) or will (i.e., audit is in progress at the time of site visit) the health center ensure an audit is conducted in accordance with federal audit requirements?:

- : Yes
- : No
- : Not Applicable

If No, an explanation is required:

11. Based on review of the most recent audit and management letter, were there any findings, questioned or unallowable costs, reportable conditions, material weaknesses, or significant deficiencies, including any cited in the previous audit report?:

- : Yes
- : No
- : Not Applicable

12. If Yes: Has the health center either completed corrective actions to address the finding(s) or was the health center able to document steps it is currently taking to address the finding(s)?:

- : Yes
- : No
- : Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No

**Demonstrating Compliance Element: e. Documenting Use of Non-Grant Funds**

Description

The health center can document that any non-grant funds generated from health center activities, in excess of what is necessary to support the HRSA-approved total health center project budget, were utilized to further the objectives of the project by benefiting the current or proposed patient population and were not utilized for purposes that are specifically prohibited by the Health Center Program.

13. In the last complete fiscal year, did the health center generate revenue from health center activities that was then utilized for activities outside the scope of the project?:

- : Yes
- : No

14. If Yes: Was the health center able to document that these funds were used:

14.1 To support activities that benefit the current patient population?:

- : Yes

: No  
: Not Applicable

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**14.2 For purposes that are not specifically prohibited by the Health Center Program?:**

: Yes  
: No  
: Not Applicable

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**If No was selected for any of the above, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes  
: No

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## Billing and Collections

### Authority

Authority Section 330(k)(3)(E), (F), and (G) of the PHS Act; and 42 CFR 51c.303(e), (f), and (g) and 42 CFR 56.303(e), (f), and (g)

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Fee Schedule for In-Scope Services

Description The health center has a fee schedule for services that are within the HRSA-approved scope of project and are typically billed for in the local health care market.

1. Does the fee schedule include fees for all in-scope services, typically billed for in the local health care market? :

: Yes

: No

Note: Services (e.g., transportation, translation, other non-clinical services) on Form 5A that are not billed for in the local health care market may be excluded from the health center's fee schedule.

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Basis for Fee Schedule

Description The health center uses data on locally prevailing rates and actual health center costs to develop and update its fee schedule.

2. Did the health center use data on locally prevailing rates and actual health center costs to develop its current fee schedule(s)? :

: Yes

: No

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: c. Participation in Insurance Programs

Description The health center participates in Medicaid, CHIP, Medicare, and, as appropriate, other public or private assistance programs or health insurance.

3. Does the health center have documentation of its participation in Medicaid, CHIP, and Medicare? :

: Yes

: No

If No, an explanation is required:

4. Does the health center participate in other public or private assistance programs or health insurance? :

: Yes

: No

If No, an explanation is required, including the justification that the health center provided as to why it is not appropriate to participate in any other programs or insurance plans:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: d. Systems and Procedures

Description The health center has systems, which may include operating procedures, for billing and collections that address:

- Educating patients on insurance and, if applicable, related third-party coverage options available to them;

- Billing Medicare, Medicaid, CHIP, and other public and private assistance programs or insurance in a timely manner, as applicable;<sup>1</sup> and
- Requesting applicable payments from patients, while ensuring that no patient is denied service based on inability to pay.

<sup>1</sup> For information on Federal Tort Claims Act (FTCA) coverage in cases where health centers are using alternate billing arrangements in which the covered provider is billing directly for services provided to covered entity patients, please refer to the FTCA Policy Manual, Section I: E. Eligibility and Coverage, Coverage Under Alternate Billing Arrangements.

**5. Was the health center able to provide at least one example of how it educates patients on the availability of insurance coverage options? :**

: Yes

: No

**If No, an explanation is required:**

**6. Does the health center have systems in place for billing Medicare, Medicaid, CHIP and other public and private assistance programs or insurance?:**

: Yes

: No

**If No, an explanation is required:**

**7. Does the health center have a system(s) in place for collecting balances owed by patients?:**

: Yes

: No

**If No, an explanation is required:**

**8. When requesting payment(s) from patients, do the health center's billing and collections systems/procedures ensure that no patient is denied service based on inability to pay? :**

: Yes

: No

**If Yes OR No, an explanation is required, including describing the systems or procedures:** "The policy does not have specific language that ensures that no patient is denied service based on inability to pay." HRSA reviewed documentation via a Correspondence Request and compliance for this element D as applicable was demonstrated.

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: e. Procedures for Additional Billing or Payment Options**

Description

If a health center elects to offer additional billing options or payment methods (for example, payment plans, grace periods, prompt or cash payment incentives), the health center has operating procedures for implementing these options or methods and for ensuring they are accessible to all patients regardless of income level or sliding fee discount pay class.

**9. Does the health center offer additional billing options or payment methods (for example, payment plans, grace periods, prompt or cash payment incentives)?:**

: Yes

: No

**If Yes, an explanation is required specifying what additional billing options or payment methods are offered by the health center:** Per the AR - Payment Plan Policy: Patients are encouraged to pay in full; however, if they are unable, a payment plan can be created to pay the outstanding balance over time. The billing department staff can set up a payment plan. Per the Point of Service Collections Procedure: Patients who do not qualify for the Sliding Fee will be offered a flat encounter rate of \$95 if payment is made at the time of service. This not compliant since the point of service discount is not available to all patients regardless of income level or sliding fee discount pay class.

**10. If Yes: Does the health center have operating procedures for implementing these options or methods? :**

: Yes

: No

: Not Applicable

**If No, an explanation is required:**

**11. Does the health center ensure these options or methods are accessible to all patients regardless of income level or sliding fee discount pay class?:**

: Yes

: No

: Not Applicable

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: f. Timely and Accurate Third Party Billing**

Description

The health center has billing records that show claims are submitted in a timely and accurate manner to the third party payor sources with which it participates (Medicaid, CHIP, Medicare, and other public and private insurance) in order to collect reimbursement for its costs in providing health services<sup>2</sup> consistent with the terms of such contracts and other arrangements.

<sup>2</sup> This includes services that the health center provides directly (Form 5A, Column I) or provides through a formal written contract/agreement (Form 5A, Column II).

**12. Does the health center submit claims within 14 business days from the date of service?:**

: Yes  
: No

**If No, an explanation is required stating the timeline for claims submissions and how the health center ensures timely submission of claims to third party payors:**

**13. Was the health center able to document that it corrects and resubmits claims that have been rejected due to accuracy? :**

: Yes  
: No

**If No, an explanation is required, including specifying any cases in which Medicaid, CHIP, Medicare, or any other third party payor has suspended payments to the health center and why:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes  
: No

**Demonstrating Compliance Element: g. Accurate Patient Billing**

**Description**

The health center has billing records or other forms of documentation that reflect that the health center:

- Charges patients in accordance with its fee schedule and, if applicable, the sliding fee discount schedule;<sup>3</sup> and
- Makes reasonable efforts to collect such amounts owed from patients.

<sup>3</sup> See Compliance Manual Chapter 9: Sliding Fee Discount Program for more information on the sliding fee discount schedule.

**14. Are patients billed for services in accordance with the health center's fee schedule and are the correct discounts applied to these charges (if applicable)? :**

: Yes  
: No

**If No, an explanation is required:**

**15. Does the health center attempt to collect amounts owed for charges, co-pays, nominal charges, or discounted fees (e.g., health center sends statements for outstanding balances, makes phone calls)?:**

: Yes  
: No

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes  
: No

**Demonstrating Compliance Element: h. Policies or Procedures for Waiving or Reducing Fees**

**Description**

The health center has and utilizes board-approved policies, as well as operating procedures, that include the specific circumstances when the health center will waive or reduce fees or payments required by the center due to any patient's inability to pay.

**16. Does the health center have a provision(s) in policy and procedure that addresses circumstances or criteria related to a patient's inability to pay (regardless of patient income level) to ensure that fees or payments will be waived or reduced?:**

: Yes  
: No

**If Yes OR No, an explanation is required, including specifying whether the health center waives or reduces fees or payments:** Per the Sliding Fee Scale Program Policy: A patient's ability to pay is determined by a review of income with which a staff member estimates an annual income (unless a W-2 is presented). Persons designated as "hardship cases" will be followed up as is needed. Hardship cases are those patients who qualify for the sliding fee due to extenuating circumstances without which they would not normally qualify. The patient's provider must confer with the Vice President of Medical Services and receive approval for these situations.

**17. Does the health center follow the provision(s) in its policies and procedures for waiving or reducing fees or payments? :**

: Yes  
: No  
: Not Applicable

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes  
: No

**Demonstrating Compliance Element: i. Billing for Supplies or Equipment**

**Description**

If a health center provides supplies or equipment that are related to, but not included in, the service itself as part of prevailing standards of care<sup>4</sup> (for example, eyeglasses, prescription drugs, dentures) and charges patients for these items, the health center informs patients of such charges ("out-of-pocket costs") prior to the time of service.<sup>5</sup>

<sup>4</sup> These items differ from supplies and equipment that are included in a service as part of prevailing standards of care and are reflected in the fee schedule (e.g., casting materials, bandages).

<sup>5</sup> For related information on revenue generated from such charges, please see Financial Management and Accounting Systems.

18. Does the health center provide and charge patients for supplies and equipment related to but not included in the service itself (e.g., eyeglasses, dentures)?:

: Yes

: No

19. If Yes: Does the health center have a method for notifying patients about “out of pocket” costs for such supplies and equipment, in advance of service provision? :

: Yes

: No

: Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: j. Refusal to Pay Policy**

Description

If a health center elects to limit or deny services based on a patient’s refusal to pay, the health center has a board-approved policy that distinguishes between refusal to pay and inability to pay and notifies patients of:

- Amounts owed and the time permitted to make such payments;
- Collection efforts that will be taken when these situations occur (for example, meeting with a financial counselor, establishing payment plans); and
- How services will be limited or denied when it is determined that the patient has refused to pay.

20. Does the health center limit or deny services to patients who refuse to pay? :

: Yes

: No

21. If Yes: Does the health center have a refusal to pay policy?:

: Yes

: No

: Not Applicable

If No, an explanation is required:

22. Does the health center:

22.1 Distinguish between refusal to pay and inability to pay? :

: Yes

: No

: Not Applicable

22.2 Notify patients of amounts owed and the time permitted to make such payments? :

: Yes

: No

: Not Applicable

22.3 Notify patients of collection efforts that will be taken when these situations occur (for example, meeting with a financial counselor, establishing payment plans)? :

: Yes

: No

: Not Applicable

22.4 Notify patients how services will be limited or denied when it is determined that the patient has refused to pay? :

: Yes

: No

: Not Applicable

If Yes OR No, an explanation is required, including specifying whether the health center has a policy or procedure that addresses these areas:

23. In cases where the health center has limited or denied services to a patient(s) due to refusal to pay, was the determination consistent with health center policy or procedure? :

: Yes

: No

: Not Applicable

If Yes OR No, an explanation is required, including how the determination was made:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No



## Budget

### Authority

Authority Section 330(e)(5)(A) and Section 330(k)(3)(l)(i) of the PHS Act; and 45 CFR 75.308(a) and 45 CFR 75 Subpart E

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Annual Budgeting for Scope of Project

Description The health center develops and submits to HRSA (for new or continued funding or designation from HRSA) an annual budget, also referred to as a "total budget,"<sup>1,2</sup> that reflects projected costs and revenues necessary to support the health center's proposed or HRSA-approved scope of project.

<sup>1</sup> A health center's "total budget" includes the Health Center Program federal award funds and all other sources of revenue in support of the HRSA-approved health center scope of project.

<sup>2</sup> Any aspects of the requirement that relate to the use of Health Center Program federal award funds are not applicable to look-alikes.

1. Has the health center developed an annual operating budget that is reflective of the projected costs and revenues necessary to support the health center's HRSA-approved scope of project (i.e., reflects revenue and expenses for all sites, services, and activities within the scope of project)?:

: Yes

: No

If No, an explanation is required

HRSA/BPHC Determination: Compliance Demonstrated?:

: Yes

: No

#### Demonstrating Compliance Element: b. Revenue Sources

Description In addition to the Health Center Program award, the health center's annual budget includes all other projected revenue sources that will support the Health Center Program project, specifically:

- Fees, premiums, and third-party reimbursements and payments that are generated from the delivery of services;
- Revenues from state, local, or other federal grants (for example, Ryan White, Healthy Start) or contracts;
- Private support or income generated from contributions; and
- Any other funding expected to be received for purposes of supporting the Health Center Program project.

Note: N/A – HRSA assesses whether the health center has demonstrated compliance with this element through its review of the competing continuation application (SAC or RD). No onsite review of this element is required.

#### Demonstrating Compliance Element: c. Allocation of Federal and Non-Federal Funds

Description The health center's annual budget identifies the portion of projected costs to be supported by the federal Health Center Program award. Any proposed costs supported by the federal award are consistent with the Federal Cost Principles<sup>3</sup> and the terms and conditions<sup>4</sup> of the award.

<sup>3</sup> Please see 45 CFR Part 75 Subpart E: Cost Principles.

<sup>4</sup> For example, health centers may not use HHS federal award funds to support salary levels above the salary limitations on federal awards.

Note: N/A – HRSA assesses whether the health center has demonstrated compliance with this element through its review of the competing continuation application (SAC or RD). No onsite review of this element is required.

#### Demonstrating Compliance Element: d. Other Lines of Business

**Description**

If the health center organization conducts other lines of business (i.e., activities that are not part of the HRSA-approved scope of project), the costs of these other activities are not included in the annual budget for the Health Center Program project.<sup>5</sup>

<sup>5</sup> As these other lines of business are not included in the health center's total budget, they are not subject to Health Center Program requirements and not eligible for related Health Center Program benefits (for example, reimbursement as a Federally Qualified Health Center (FQHC) under Medicare/Medicaid/Children's Health Insurance Program (CHIP), 340B Program eligibility, Federal Tort Claims Act (FTCA) coverage).

**2. Does the health center engage in any other lines of business (i.e., the health center serves other populations or operates sites, services, or activities that are NOT within the HRSA-approved scope of project)?:**

: Yes

: No

**3. If Yes:**

**3.1 Can the health center document that these other lines of business are fully supported by non-health center project revenues? :**

: Yes

: No

: Not Applicable

**3.2 Can the health center document that all expenses from such other lines of business are excluded from the annual operating budget for the health center project?:**

: Yes

: No

: Not Applicable

**If No, was selected for any of the above, an explanation is required**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

## Program Monitoring and Data Reporting Systems

### Authority

Authority Section 330(k)(3)(l)(ii) of the PHS Act; 42 CFR 51c.303(j) and 42 CFR 56.303(j); and 45 CFR 75.342(a) and (b)

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

### Summary of Findings

#### Demonstrating Compliance Element: a. Collecting and Organizing Data

Description	<p>The health center has a system in place for overseeing the operations of the Federal award-supported activities to ensure compliance with applicable Federal requirements and for monitoring program performance. Specifically:</p> <ul style="list-style-type: none"> <li>The health center has a system in place to collect and organize data related to the HRSA-approved scope of project, as required to meet HHS reporting requirements, including those data elements for Uniform Data System (UDS) reporting; and</li> <li>*The health center submits timely, accurate, and complete UDS reports in accordance with HRSA instructions and submits any other required HHS and Health Center Program reports.*</li> </ul> <p>*Note: HRSA will assess whether the health center has demonstrated compliance in terms of submitting timely, accurate, and complete UDS reports based on internal HRSA UDS reporting information. No onsite review of this portion of the element is required.</p>
In responding to the question(s) below, please note:	Findings related to financial management and accounting systems capacity or quarterly Quality Improvement/Quality Assurance (QI/QA) assessments are to be assessed and documented within the <a href="#">Financial Management and Accounting Systems</a> requirement and <a href="#">QI/QA</a> requirement, respectively, and do NOT need to be repeated here.

**1. Does the health center have systems or methods in place to collect and organize data, including ensuring the integrity of such data, for the purposes of overseeing the Health Center project and for monitoring and reporting on program performance? :**

: Yes

: No

**If No, an explanation is required, including specifying any deficiencies in the health center's methods or safeguards for ensuring the integrity of data: HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Data-Based Reports

Description	<p>The health center produces data-based reports on patient service utilization; trends and patterns in the patient population;<sup>1</sup> and overall health center performance, as necessary to inform and support internal decision-making and oversight by the health center's key management staff and by the governing board.</p> <p><sup>1</sup> Examples of data health centers may analyze as part of such reports may include patient access to and satisfaction with health center services, patient demographics, quality of care indicators, and health outcomes.</p>
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**2. Do the health center's program data reporting systems or methods result in the production of relevant reports that can inform and support internal decision-making and oversight by key management staff and the governing board? This would include, but is not limited to, the production of reports regarding:**

**2.1 Patient service utilization?:**

: Yes

: No

**2.2 Trends and patterns in the patient population?:**

: Yes

: No

**2.3 Overall health center clinical, financial, or operational performance?:**

: Yes

: No

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**If No was selected for any of the above, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

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## Board Authority

### Authority

Authority Section 330(k)(3)(H) of the PHS Act; 42 CFR 51c.303(i), 42 CFR 56.303(i), 42 CFR 51c.304(d), and 42 CFR 56.304(d); and 45 CFR 75.507(b)(2)

### Overall Compliance Demonstrated

**Overall Compliance Demonstrated:**

- : Yes
- : No
- : Not Applicable

### Board Authority

**1. Is the health center operated by an Indian tribe, tribal group, or Indian organization under the Indian Self-Determination Act or an Urban Indian Organization under the Indian Health Care Improvement Act?<sup>1</sup>:**

- : Yes
- : No

Footnote: <sup>1</sup> The governing board of a health center operated by Indian tribes, tribal groups, or Indian organizations under the Indian Self-Determination Act or Urban Indian Organizations under the Indian Health Care Improvement Act is exempt from the specific board authority requirements discussed in this chapter. Section 330(k)(3)(H) of the PHS Act.

### Summary of Findings

#### Demonstrating Compliance Element: a. Maintenance of Board Authority Over Health Center Project

**Description**

The health center’s organizational structure, articles of incorporation, bylaws, and other relevant documents ensure the health center governing board maintains the authority for oversight of the Health Center Program project, specifically:

- The organizational structure and documents do not allow for any other individual, entity or committee (including, but not limited to, an executive committee authorized by the board) to reserve approval authority or have veto power over the health center board with regard to the required authorities and functions;<sup>2</sup>
- In cases where a health center collaborates with other entities in fulfilling the health center’s HRSA-approved scope of project, such collaboration or agreements with the other entities do not restrict or infringe upon the health center board’s required authorities and functions; and
- For public agencies with a co-applicant board,<sup>3</sup> the health center has a co-applicant agreement that delegates the required authorities and functions to the co-applicant board and delineates the roles and responsibilities of the public agency and the co-applicant in carrying out the health center project.

<sup>2</sup> This does not preclude an executive committee from taking actions on behalf of the board in emergencies, on which the full board will subsequently vote.

<sup>3</sup> Public agencies are permitted to utilize a co-applicant governance structure for the purposes of meeting Health Center Program governance requirements. Public centers may be structured in one of two ways to meet the program requirements: 1) the public agency independently meets all the Health Center Program governance requirements based on the existing structure and vested authorities of the public agency’s governing board; or 2) together, the public agency and the co-applicant meet all Health Center Program requirements.

**In responding to the question(s) below, please note:** In a public agency/co-applicant health center arrangement, the public agency is not considered to be an outside entity as it is the award recipient.

**2. Do health center documents and agreements contain language or provisions that allow:**

**2.1 Any other individual, entity, or committee (including, but not limited to, an executive committee authorized by the board) to reserve or have approval/veto power over the health center board with regard to the required authorities and functions? :**

- : Yes
- : No

**2.2 Any of the health center’s collaborations or agreements with other entities to restrict or infringe upon the health center board’s required authorities and functions? :**

: Yes

: No

If Yes was selected for any of the above, an explanation is required:

3. For public agencies with a co-applicant board: Does the health center have a co-applicant agreement that delegates the required authorities and functions to the co-applicant board and that delineates the roles and responsibilities of the public agency and the co-applicant in carrying out the health center project?:

: Yes

: No

: Not Applicable

If No, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: b. Required Authorities and Responsibilities**

**Description**

The health center’s articles of incorporation, bylaws, or other relevant documents outline the following required authorities and responsibilities of the governing board:

- Holding monthly meetings<sup>4,5</sup>;
- Approving the selection (and termination or dismissal, as appropriate) of the health center’s Project Director/CEO;
- Approving the annual Health Center Program project budget and applications;
- Approving health center services and the location and hours of operation of health center sites;
- Evaluating the performance of the health center;
- Establishing or adopting policy<sup>6</sup> related to the operations of the health center; and
- Assuring the health center operates in compliance with applicable Federal, State, and local laws and regulations.

<sup>4</sup> Where geography or other circumstances make monthly, in-person participation in board meetings burdensome, monthly meetings may be conducted by telephone or other means of electronic communication where all parties can both listen and speak to all other parties.

<sup>5</sup> Boards of organizations receiving a Health Center Program award/designation only under [section 330\(g\)](#) may meet less than once a month during periods of the year, as specified in the bylaws, where monthly meetings are not practical due to health center patient migration out of the area. 42 CFR 56.304(d)(2).

<sup>6</sup> The governing board of a health center is generally responsible for establishing and/or approving policies that govern health center operations, while the health center’s staff is generally responsible for implementing and ensuring adherence to these policies (including through operating procedures).

4. Do the health center’s articles of incorporation, bylaws (either for the health center board or, if applicable, the co-applicant health center board), or other corporate documents (e.g., co-applicant agreement) outline the following required authorities and responsibilities:

**4.1 Holding monthly meetings? :**

: Yes

: No

**4.2 Approving the selection (and termination or dismissal, as appropriate) of the health center’s Project Director/CEO? :**

: Yes

: No

**4.3 Approving the health center’s annual budget and applications? :**

: Yes

: No

**4.4 Approving health center services and the location and hours of operation of health center sites? :**

: Yes

: No

**4.5 Evaluating the performance of the health center? :**

: Yes

: No

**4.6 Establishing or adopting policy related to the operations of the health center?:**

: Yes

: No

**4.7 Assuring the health center operates in compliance with applicable federal, state, and local laws and regulations?:**

: Yes

: No

If No was selected for any of the above, an explanation is required, including specifying which authorities/responsibilities are not addressed in such documents:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: c. Exercising Required Authorities and Responsibilities**

<p><b>Description</b></p>	<p>The health center’s board minutes and other relevant documents confirm that the board exercises, without restriction, the following authorities and functions:</p> <ul style="list-style-type: none"> <li>• Holding monthly meetings where a quorum is present to ensure the board has the ability to exercise its required authorities and functions;</li> <li>• Approving the selection, evaluation and, if necessary, the dismissal or termination of the Project Director/CEO from the Health Center Program project;</li> <li>• Approving applications related to the Health Center Program project, including approving the annual budget, which outlines the proposed uses of both Health Center Program award and non-Federal resources and revenue;</li> <li>• Approving the Health Center Program project’s sites, hours of operation and services, including decisions to subaward or contract for a substantial portion of the health center’s services;</li> <li>• Monitoring the financial status of the health center, including reviewing the results of the annual audit, and ensuring appropriate follow-up actions are taken;</li> <li>• Conducting long-range/strategic planning at least once every three years, which at a minimum addresses financial management and capital expenditure needs; and</li> <li>• Evaluating the performance of the health center based on quality assurance/quality improvement assessments and other information received from health center management,<sup>7</sup> and ensuring appropriate follow-up actions are taken regarding:             <ul style="list-style-type: none"> <li>○ Achievement of project objectives;</li> <li>○ Service utilization patterns;</li> <li>○ Quality of care;</li> <li>○ Efficiency and effectiveness of the center; and</li> <li>○ Patient satisfaction, including addressing any patient grievances</li> </ul> </li> </ul> <p><sup>7</sup> For more information related to the production of reports associated with these topics, see Health Center Program Compliance Manual, <a href="#">Chapter 18: Program Monitoring and Data Reporting Systems</a>, <a href="#">Chapter 15: Financial Management and Accounting Systems</a>, and <a href="#">Chapter 10: Quality Improvement/Assurance</a>.</p>
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**5. Do board minutes document that the board met monthly for the past 12 months and had a quorum (quorum is determined by the health center) present that enabled the board to carry out its required authorities and functions?:**

: Yes

: No

**If No, an explanation is required:**

**6. Based on your review of board minutes, other relevant documents, and interviews conducted with the Project Director/CEO and board members, were there examples of how the board exercises the following authorities and functions:**

**6.1 Approving the selection of, evaluating, and, if necessary, approving the dismissal or termination of the Project Director/CEO from the health center project? :**

: Yes

: No

**6.2 Approving applications related to the health center project, including approving the annual budget, which outlines the proposed uses of both federal Health Center Program award and non-federal resources and revenue?:**

: Yes

: No

**6.3 Approving the health center project’s sites, hours of operation, and services, including (if applicable) decisions to subaward or contract for a substantial portion of the health center’s services?:**

: Yes

: No

**6.4 Monitoring the financial status of the health center, including reviewing the results of the annual audit and ensuring appropriate follow-up actions are taken? :**

: Yes

: No

**6.5 Conducting long-range/strategic planning at least once every three years, which at a minimum addresses financial management and capital expenditure needs?:**

: Yes

: No

**If No was selected for any of the above, an explanation is required, including specifying any restrictions on the board in carrying out these authorities and functions:**

**7. Based on your review of board minutes, other relevant documents, and interviews conducted with the Project Director/CEO and board members, were there examples of how the board evaluates the performance of the health center based on quality assurance/quality improvement assessments and other information received from health center management?:**

: Yes

: No

If No, an explanation is required:

8. If Yes: Based on these performance evaluations, were there also examples of follow-up actions reported back to the board regarding:

Note: Only select "Not Applicable" for an item below if follow-up action was not necessary.

8.1 Achievement of project objectives?:

: Yes

: No

: Not Applicable

8.2 Service utilization patterns? :

: Yes

: No

: Not Applicable

8.3 Quality of care? :

: Yes

: No

: Not Applicable

8.4 Efficiency and effectiveness of the center? :

: Yes

: No

: Not Applicable

8.5 Patient satisfaction, including addressing any patient grievances?:

: Yes

: No

: Not Applicable

If No OR Not Applicable was selected for any of the above, an explanation is required: "The minutes did not specify any patient satisfaction/grievances discussed at the board meetings, although the board was informed that two patients were dismissed." HRSA reviewed documentation via a Correspondence Request and compliance for this element C as applicable was demonstrated.

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: d. Adopting, Evaluating, and Updating Health Center Policies**

Description

The health center board has adopted, evaluated at least once every three years, and, as needed, approved updates to policies in the following areas: Sliding Fee Discount Program, Quality Improvement/Assurance Program, and Billing and Collections.<sup>8</sup>

<sup>8</sup> Policies related to billing and collections that require board approval include those that address the waiving or reducing of amounts owed by patients due to inability to pay, and, if applicable, those that limit or deny services due to refusal to pay.

9. Within the last three years, has the board adopted or evaluated health center policies in the following areas:

9.1 Sliding Fee Discount Program?:

: Yes

: No

9.2 Quality Improvement/Assurance Program?:

: Yes

: No

9.3 Billing and Collections (policy for waiving or reducing patient fees and, if applicable, refusal to pay)?:

: Yes

: No

If No was selected for any of the above, an explanation is required: "The Quality Program Plan was approved on October 22, 2018, but it is more of a plan than a policy." HRSA reviewed documentation via a Correspondence Request and compliance for this element D as applicable was demonstrated.

10. Was the health center able to provide one to two examples, if applicable, of how it has modified or updated its policies as a result of these evaluations?:

: Yes

: No

: Not Applicable

If No or Not Applicable, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No



**Demonstrating Compliance Element: e. Adopting, Evaluating, and Updating Financial and Personnel Policies**

**Description** The health center board has adopted, evaluated at least once every three years, and, as needed, approved updates to policies that support financial management and accounting systems and personnel policies. However, in cases where a public agency is the recipient of the Health Center Program Federal award or designation and has established a co-applicant structure, the public agency may establish and retain the authority to adopt and approve policies that support financial management and accounting systems and personnel policies.

**In responding to the question(s) below, please note:** The content and extent of a health center’s financial management and personnel policies may vary. For example, some financial management policies may address procurement, but the lack thereof does not indicate non-compliance. Assessing compliance with respect to procurement procedures is addressed in Contracts and Subawards.

**11. Within the last three years, has the board evaluated health center policies that support the following areas:**

**11.1 Financial management and accounting systems? :**

- : Yes
- : No
- : Not Applicable

**11.2 Personnel? :**

- : Yes
- : No
- : Not Applicable

**Note:** For health centers where the public agency retains the authority to adopt and approve the policies listed, select “Not Applicable” for the above questions.

**If No was selected for any of the above, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No

## Board Composition

### Authority

Authority

Section 330(k)(3)(H) of the PHS Act; and 42 CFR 51c.304 and 42 CFR 56.304

### Overall Compliance Demonstrated

Overall Compliance Demonstrated:

: Yes

: No

: Not Applicable

### Board Composition

1. Is the health center operated by an Indian tribe, tribal group, or Indian organization under the Indian Self-Determination Act or an Urban Indian Organization under the Indian Health Care Improvement Act?<sup>1</sup>:

: Yes

: No

Footnote:

<sup>1</sup> The governing board of a health center operated by Indian tribes, tribal groups, or Indian organizations under the Indian Self-Determination Act or Urban Indian Organizations under the Indian Health Care Improvement Act is exempt from the specific board composition requirements discussed in this document. Section 330(k)(3)(H) of the PHS Act.

### Summary of Findings

#### Demonstrating Compliance Element: a. Board Member Selection and Removal Process

Description

The health center has bylaws or other relevant documents that specify the process for ongoing selection and removal of board members. This board member selection and removal process does not permit any other entity, committee or individual (other than the board) to select either the board chair or the majority of health center board members<sup>2</sup>, including a majority of the non-patient board members<sup>3</sup>.

<sup>2</sup> An outside entity may only remove a board member who has been selected by that entity as an organizational representative to the governing board.

<sup>3</sup> For example, if the health center has an agreement with another organization, the agreement does not permit that organization to select either the chair or a majority of the health center board.

2. Do the bylaws or other documentation specify an ongoing selection and removal process for board members?:

: Yes

: No

If No, an explanation is required:

3. Do the bylaws or other documentation in any way limit the health center's ability to select or remove its own board members, specifically the ability to select any of the following:

3.1 The board chair?:

: Yes

: No

3.2 The majority of health center board members?:

: Yes

: No

3.3 The majority of the non-patient board members?:

: Yes

: No

If Yes was selected for any of the above, an explanation is required describing how the health center board is limited in its board member selection or removal process:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

#### Demonstrating Compliance Element: b. Required Board Composition

Description

The health center has bylaws or other relevant documents that require the board to be composed<sup>4</sup> as follows:

- Board size is at least 9 and no more than 25 members,<sup>5</sup> with either a specific number or a range of board members prescribed;
- At least 51 percent of board members are patients served by the health center. For the purposes of board composition, a patient is an individual who has received at least one service in the past 24 months that generated a health center visit, where both the service and the site where the service was received are within the HRSA-approved scope of project;
- Patient members of the board, as a group, represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender;
- Non-patient members are representative of the community served by the health center or the health center's service area;
- Non-patient members are selected to provide relevant expertise and skills such as:
  - Community affairs;
  - Local government;
  - Finance and banking;
  - Legal affairs;
  - Trade unions and other commercial and industrial concerns; and
  - Social services;
- No more than one-half of non-patient board members derive more than 10 percent of their annual income from the health care industry<sup>6</sup>; and
- Health center employees<sup>7,8,9</sup> and immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be health center board members.

<sup>4</sup> For public agencies that elect to have a [co-applicant](#), these board composition requirements apply to the co-applicant board.

<sup>5</sup> For the purposes of the Health Center Program, the term "board member" refers only to voting members of the board.

<sup>6</sup> Per the regulations in 42 CFR 56.304, for health centers awarded/designated solely under [section 330\(g\)](#) of the PHS Act, no more than two-thirds of the non-patient board members may derive more than 10 percent of their annual income from the health care industry.

<sup>7</sup> For the purposes of health center board composition, an employee of the health center would include an individual who would be considered a "common-law employee" or "statutory employee" according to the Internal Revenue Service criteria, as well as an individual who would be considered an employee for state or local law purposes.

<sup>8</sup> In the case of public agencies with co-applicant boards, this includes employees or immediate family members of both the co-applicant organization and the public agency component (for example, department, division, or sub-agency) in which the health center project is located.

<sup>9</sup> While no board member may be an employee of the health center, 42 CFR 51c.107 permits the health center to use [Federal award](#) funds to reimburse board members for these limited purposes: 1) reasonable expenses actually incurred by reason of their participation in board activities (e.g., transportation to board meetings, childcare during board meetings); or 2) wages lost by reason of participation in the activities of such board members if the member is from a family with an annual family income less than \$10,000 or if the member is a single person with an annual income less than \$7,000. For section 330(g)-only awarded/designated health centers, 42 CFR 56.108 permits the use of grant funds for certain limited reimbursement of board members as follows: 1) for reasonable expenses actually incurred by reason of their participation in board activities (e.g., transportation to board meetings, childcare during board meetings); 2) for wages lost by reason of participation in the activities of such board members. Health centers may wish to consult with their legal counsel and auditor on applicable state law regarding reimbursement restrictions for non-profit board members and implications for IRS tax-exempt status.

<sup>10</sup> Per the regulations in 42 CFR 56.304, for health centers funded/look-alikes designated solely under section 330(g) of the PHS Act, no more than two-thirds of the non-patient board members may derive more than 10 percent of their annual income from the health care industry.

#### 4. Do the bylaws or other corporate or governing documentation include provisions that ensure:

##### 4.1 Board size is at least 9 and no more than 25 members, with either a specific number or a range of board members prescribed?:

: Yes

: No

##### 4.2 At least 51 percent of board members are patients served by the health center?:

: Yes

: No

: Not Applicable

Note: Select "Not Applicable" only if the health center has an approved waiver.

**4.3 Patient members of the board, as a group, represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender?:**

: Yes  
: No

**4.4 Non-patient members are representative of the community served by the health center or the health center's service area?:**

: Yes  
: No

**4.5 Non-patient members are selected to provide relevant expertise and skills such as community affairs, local government, finance and banking, legal affairs, trade unions and other commercial and industrial concerns, and social services?:**

: Yes  
: No

**4.6 No more than one-half of non-patient board members derive more than 10 percent of their annual income from the health care industry?<sup>10</sup>:**

: Yes  
: No

**4.7 Health center employees and immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be health center board members?:**

: Yes  
: No

If No was selected for any of the above, an explanation is required:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes  
: No

**Demonstrating Compliance Element: c. Current Board Composition**

Description

The health center has documentation that the board is composed of:

- At least 9 and no more than 25 members;
- A patient<sup>11</sup> majority (at least 51 percent);
- Patient members of the board, as a group, represent the individuals who are served by the health center in terms of demographic factors — such as race, ethnicity, and gender — consistent with the demographics reported in the health center's Uniform Data System (UDS) report<sup>12</sup>;
- Representative(s) from or for each of the special population(s)<sup>13</sup> for those health centers that receive any award/look-alike designation under one or more of the special populations section 330 subparts, 330(g), (h), and/or (i); and
- As applicable, non-patient board members:
  - Who are representative of the community in which the health center is located, either by living or working in the community, or by having a demonstrable connection to the community;
  - With relevant skills and expertise in areas such as community affairs, local government, finance and banking, legal affairs, trade unions, other commercial and industrial concerns, or social services within the community; and;
  - Of whom no more than 50 percent earn more than 10 percent of their annual income from the health care industry<sup>14</sup>.

<sup>11</sup> A legal guardian of a patient who is a dependent child or adult, a person who has legal authority to make health care decisions on behalf of a patient, or a legal sponsor of an immigrant patient may also be considered a patient of the health center for purposes of board representation. Students who are health center patients may participate as board members subject to state laws applicable to such non-profit board members.

<sup>12</sup> For health centers that have not yet made a UDS report, this would be assessed based on demographic data included in the health center's application.

<sup>13</sup> Representation could include advocates for the health center's 330 (g), (h), or (i) patient population (for example, those who have personally experienced being a member of, have expertise about, or work closely with the current special population). Such advocate board members would count as "patient" board members only if they meet the patient definition set forth in this Manual.

<sup>14</sup> For example, in a 9 member board with 5 patient board members, there could be 4 non-patient board members. In this case, no more than 2 non-patient board members could earn more than 10 percent of their income from the health care industry.

<sup>15</sup> Per the regulations in 42 CFR 56.304, for health centers funded and look-alikes designated solely under section 330(g) of the PHS Act, no more than two-thirds of the non-patient board members may derive more than 10 percent of their annual income from the health care industry.

**5. Is the health center board currently composed of at least 9 and no more than 25 members?:**

: Yes  
: No

If No, an explanation is required, including specifying the number of total board members:

6. Are at least 51 percent of health center board members classified by the health center as patients?:

- : Yes
- : No
- : Not Applicable

Note: Select "Not Applicable" only if the health center has an approved waiver.

If No, an explanation is required, including specifying the number of total board members and how many (if any) are current patients of the health center:

7. Were you able to confirm that individuals classified by the health center as patient board members have actually received at least one in-scope service at an in-scope site within the past 24 months that generated a health center visit?:

- : Yes
- : No

If No, an explanation is required:

8. For health centers with special populations funding/designation: Was the health center able to identify one or more board member(s) who serves as a representative from or for each of the health center's funded/designated special population(s) (individuals experiencing homelessness, migratory and seasonal agricultural workers, residents of public housing)? :

- : Yes
- : No
- : Not Applicable

If No, an explanation is required:

9. Are patient board members as a group representative of the health center's patient population in terms race, ethnicity, and gender?:

- : Yes
- : No
- : Not Applicable

Note: Select "Not Applicable" only if the health center has an approved waiver.

If No, an explanation is required regarding why patient board members as a group are not representative of the health center's patient population and what efforts the health center has made to recruit representative board members: While the board composition does not currently correlate exactly with the characteristics of the population served As the board is currently comprised, it not representative of the health center's patient population in terms of gender or race. Patient data is based on the 2018 UDS report. Eight of the board's 11 members or 73 percent are current patients, but only 25 percent of the board's patient board members are African American versus 41 percent of the patient population. Only 25 percent of the patient board members are women versus 50 percent of the patient population; 75 percent of the patient board members are male versus 39 percent of the patient population; 11 percent identified as something else or declined to specify a gender. HRSA reviewed documentation via a Correspondence Request and compliance for this element C as applicable was demonstrated.

10. For the health center's non-patient board members, do all such board members either live or work in the community where the health center is located?:

- : Yes
- : No

If No, an explanation is required describing whether/how board members who do not live or work in the community have a demonstrable connection to the community:

11. Do the non-patient board members have relevant skills and expertise in a variety of areas that support the board's governance and oversight role (e.g., community affairs, local government, finance, banking, legal affairs, trade unions, major local employers or businesses, social services)?:

- : Yes
- : No

If No, an explanation is required:

12. Do any non-patient board members earn more than 10 percent of their annual income from the health care industry?<sup>15</sup>:

- : Yes
- : No

Note: The health center determines how to define "health care industry" and how to determine the percentage of annual income of each non-patient board member derived from the health care industry.

If Yes, an explanation is required that includes the number of non-patient board members who earn more than 10 percent of their annual income from the health care industry and the total number of non-patient board members:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No

**Demonstrating Compliance Element: d. Prohibited Board Members**

Description	<p>The health center verifies periodically (for example, annually or during the selection or renewal of board member terms) that the governing board does not include members who are current employees of the health center, or immediate family members of current health center employees (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage).</p> <p><sup>16</sup> For the purposes of health center board composition, an employee of the health center would include an individual who would be considered a "common-law employee" or "statutory employee" according to the Internal Revenue Service criteria, as well as an individual who would be considered an employee for state or local law purposes.</p> <p><sup>17</sup> In the case of public agencies with co-applicant boards, this includes employees or immediate family</p>
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members of both the co-applicant organization and the public agency component (for example, department, division, or sub-agency) in which the health center project is located.

**Note:** The health center board determines whether to include non-voting, ex-officio members such as the Project Director/Chief Executive Officer (CEO) or community members on the board, consistent with what is permitted under other applicable laws.

**13. Has the health center verified that the current board does not include any members who are:**

**13.1 Employees of the health center?<sup>16,17</sup>:**

: Yes

: No

**13.2 Immediate family members of current health center employees (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage)?:**

: Yes

: No

**If No was selected for any of the above, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: e. Waiver Requests**

**Description**

In cases where a health center receives an award/designation under section 330(g), 330(h) and/or 330(i), does not receive an award/designation under section 330(e), and requests a waiver of the patient majority board composition requirements, the health center presents to HRSA for review and approval:

- “Good cause” that justifies the need for the waiver by documenting:
  - The unique characteristics of the population (homeless, migratory or seasonal agricultural worker, and/or public housing patient population) or service area that create an undue hardship in recruiting a patient majority; and
  - Its attempt(s) to recruit a majority of special population board members within the past three years; and
- Strategies that will ensure patient participation and input in the direction and ongoing governance of the organization by addressing the following elements:
  - Collection and documentation of input from the special population(s);
  - Communication of special population input directly to the health center governing board; and
  - Incorporation of special population input into key areas, including but not limited to: selecting health center services<sup>18</sup>; setting hours of operation of health center sites<sup>19</sup>; defining budget priorities<sup>20</sup>; evaluating the organization’s progress in meeting goals, including patient satisfaction<sup>21</sup>; and assessing the effectiveness of the sliding fee discount program<sup>22</sup>.

<sup>18</sup> See Compliance Manual Chapter 4: Required and Additional Health Services for more information on providing services within the HRSA-approved scope of project.

<sup>19</sup> See Compliance Manual Chapter 6: Accessible Locations and Hours of Operation for more information on health center service sites and hours of operation.

<sup>20</sup> See Compliance Manual Chapter 17: Budget for more information on the Health Center Program project budget.

<sup>21</sup> See Compliance Manual Chapter 19: Board Authority for more information on the health center board’s required authorities.

<sup>22</sup> See Compliance Manual Chapter 9: Sliding Fee Discount Program for more information on requirements for health center sliding fee discount programs.

**Note:** N/A – HRSA assesses whether the health center has demonstrated compliance with this element through its review of the competing continuation application (SAC or RD). No onsite review of this element is required.

**Demonstrating Compliance Element: f. Utilization of Special Population Input**

**Description**

For health centers with approved waivers, the health center has board minutes or other documentation that demonstrates how special population patient input is utilized in making governing board decisions in key areas, including but not limited to: selecting health center services; setting hours of operation of health center sites; defining budget priorities; evaluating the organization’s progress in meeting goals, including patient satisfaction; and assessing the effectiveness of the sliding fee discount program.

**14. For health centers with approved waivers only: Does the health center collect and document input from the special population(s)?:**

: Yes

: No  
: Not Applicable

**Note:** Select "Not Applicable" only if the health center does not have an approved waiver.

**If No, an explanation is required:**

**15. Was the health center able to provide at least one example of how special population input has impacted board decision-making (e.g., selecting health center services; setting hours of operation of health center sites; defining budget priorities; evaluating the organization's progress in meeting goals, including patient satisfaction; or assessing the effectiveness of the sliding fee discount program)?:**

: Yes  
: No  
: Not Applicable

**If No, an explanation is required:**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes  
: No  
: Not Applicable

## Federal Torts Claims Act (FTCA) Deeming Requirements

### Authority

Authority

Section 224(g)-(n) of the PHS Act (42 U.S.C. 233(g)-(n)); and 42 CFR Part 6

### Federal Torts Claims Act (FTCA)



Please find below observations regarding the review of FTCA requirements regarding Risk and Claims Management.

The FTCA Program uses the site visit report to support programmatic decisions, including but not limited to FTCA deeming decisions, and to identify technical assistance needs for FTCA deemed health centers. In circumstances where the site visit report contains FTCA risk and claims management findings that require follow-up, the FTCA Program will develop and share a Corrective Action Plan with the health center. HRSA expects the health center to respond to the Corrective Action Plan and address findings.

Unresolved Health Center Program conditions related to Clinical Staffing and/or Quality Improvement/Assurance requirements that apply to both Health Center Program and FTCA deeming may impact FTCA deeming if they are not resolved by the time that HRSA makes annual FTCA deeming decisions.

Health centers that have questions regarding the FTCA Program or FTCA deeming requirements may contact Health Center Program Support at 1-877-464-4772 or <https://www.hrsa.gov/about/contact/bphc.aspx>.

Is the health center currently deemed under the Health Center Federal Tort Claims Act (FTCA) Program?:

: Yes

: No

### Risk Management

#### a. Risk Management Program

Description

The health center has and currently implements an ongoing health care risk management program to reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation and that requires the following:

- Risk management across the full range of health center health care activities;
- Health care risk management training for health center staff;
- Completion of quarterly risk management assessments by the health center; and
- Annual reporting to the health center board which includes: completed risk management activities; status of the health center's performance relative to established risk management goals; and proposed risk management activities that relate and/or respond to identified areas of high organizational risk.

#### b. Risk Management Procedures

Description

The health center has risk management procedures that address the following areas for health center services and operations:

- Identifying and mitigating the health care areas/activities of highest risk within the health center's HRSA-approved scope of project, including but not limited to tracking referrals, diagnostics, and hospital admissions ordered by health center providers;
- Documenting, analyzing, and addressing clinically-related complaints and "near misses" reported by health center employees, patients, and other individuals;
- Setting and tracking progress related to annual risk management goals;
- Developing and implementing an annual health care risk management training plan for all staff members based on identified areas/activities of highest clinical risk for the health center (including, but not limited to, obstetrical procedures and infection control) and any non-clinical trainings appropriate for health center staff (including HIPAA medical record confidentiality requirements); and
- Completing an annual risk management report for the board and key management staff.

#### c. Reports on Risk Management Activities

Description

The health center provides reports to the board and key management staff on health care risk management activities and progress in meeting goals at least annually, and provides documentation to the board and key management staff showing that any related follow-up actions have been implemented.

#### d. Risk Management Training Plan

Description



The health center has a health care risk management training plan for all staff members and documentation showing that such trainings have been completed by the appropriate staff, including all clinical staff, at least annually.

#### e. Individual who Oversees Risk Management

##### Description

The health center designates an individual(s) (for example, a risk manager) who oversees and coordinates the health center's health care risk management activities and completes risk management training annually.

**1. Does the health center currently have an individual(s) who oversees and coordinates the health center's risk management activities?:**

: Yes

: No

**If No, an explanation is required:**

**2. Do the health center's risk management policies or procedures apply to all services and sites within the health center's scope of project?:**

: Yes

: No

**If No, an explanation is required:**

**3. How does the health center identify and mitigate areas/activities of highest patient safety risk? Describe if and how this informs or aligns with the health center's overall risk management program (e.g., staff training, establishment of risk management goals, changes in clinical safety practices). An explanation is required, including one to two examples:** The health center has a risk management committee across multiple departments that meets every other month.

Committee members consider their respective departments and outline the highest perceived risks. These are presented to the committee and ranked according to the overall actual or potential risk of harm. The health center has an incident report system in which all staff has received training on including what needs to be reported, how to complete the required documentation, and who receives the report. The pharmacy has its own incident report to document medication errors, "near misses," and adverse events. Identification and mitigation of patient safety issues may also result from peer reviews and quality improvement activities.

**4. Was the health center able to provide examples of how it documents, analyzes, and addresses clinically-related complaints and "near misses" reported by health center employees, patients, and other individuals?:**

: Yes

: No

**If Yes OR No, an explanation is required, including describing the examples:** 1. Incident reports are being created and submitted, but while some aspects of these reports are being tracked and reported, there is other information that would be useful for risk management purposes. The center will be investigating what is tracked and if more granular data needs to be followed. 2. MedTrainer is being used for mandatory annual training. It is being used, the staff is completing training, but reporting and tracking of the training done by staff in the application, aren't readily available or being produced regularly. The health center is currently investigating how to get regular reporting on this training. 3. An increase in medication administration errors resulted in a revision of the medication administration policy. The policy now requires all medications to be visually checked and documented by two staff members prior to administration.

**5. Was the health center able to produce documentation of its last two quarterly risk management assessments?:**

: Yes

: No

**If No, an explanation is required:**

**6. Was the health center able to provide a copy of a report on the status of risk management activities and progress in meeting risk management goals that was presented within the past 12 months to the board and key management staff?:**

: Yes

: No

**If No, an explanation is required:**

**7. What follow-up actions has the health center implemented based on its risk management assessments and its reporting to the board and key management staff? An explanation is required, including explaining the health center's reasoning if no related follow-up actions have been implemented:**

The center has increased staff education and training. The center has an active search for a new computer-based education platform to improve tracking for mandatory training, and the center has developed a risk management committee with ongoing scheduled meetings.

**8. Does the health center's training plan require risk management training for relevant clinical staff on obstetrical services?:**

: Yes

: No

: Not Applicable

##### Notes:

- Health centers that do not directly provide obstetrical services such as labor and delivery but provide prenatal and postpartum care must provide relevant training to clinical staff.
- Select "Not Applicable" if the health center provides all obstetrical services including prenatal and postpartum care to patients through direct referral to another provider.

**If No, an explanation is required as to why such trainings are not included in the training plan:**

**9. Does the health center's training plan require risk management training for clinical staff on infection prevention and control for all departments?:**

: Yes

: No

**If No, an explanation is required:**

**10. Does the health center's training plan also require training for all relevant staff on HIPAA medical record confidentiality requirements?:**

: Yes

: No

**If No, an explanation is required:**

**11. Does the health center have documentation that all relevant staff completed training in accordance with the health center's annual risk management training plan?:**

: Yes

: No

If No, an explanation is required, including stating what follow-up actions, if any, the health center has or will implement to assure all relevant staff complete training:

**Claims Management**

**a. Claims Management Process**

Description	<p>The health center has a claims management process for addressing any potential or actual health or health-related claims, including medical malpractice claims, that may be eligible for FTCA coverage. In addition, this process ensures:</p> <ul style="list-style-type: none"> <li>• The preservation of all health center documentation related to any actual or potential claim or complaint (for example, medical records and associated laboratory and x-ray results, billing records, employment records of all involved clinical providers, clinic operating procedures); and</li> <li>• Any service-of-process/summons that the health center or its provider(s) receives relating to any alleged claim or complaint is promptly sent to the HHS Office of the General Counsel, General Law Division, per the process prescribed by HHS and as further described in the FTCA Health Center Policy Manual.</li> </ul>
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**b. Claims Activities Point-of-Contact**

Description	<p>The health center has a designated individual(s) who is responsible for the management and processing of claims-related activities and serves as the claims point of contact.</p>
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**c. Informing Patients of FTCA Deemed Status**

Description	<p>The health center informs patients using plain language that it is a deemed federal Public Health Service (PHS) employee<sup>1</sup> via its website, promotional materials, and/or within an area(s) of the health center that is visible to patients.</p>
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<sup>1</sup> For example: "This health center receives HHS funding and has federal Public Health Service (PHS) deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals." For more information, please see <http://www.bphc.hrsa.gov/ftca/>.

**d. History of Claims: Cooperation and Mitigation**

Description	<p>If a history of claims under the FTCA exists, the health center can document that it:</p> <ul style="list-style-type: none"> <li>• Cooperated with the Attorney General, as further described in the FTCA Health Center Policy Manual; and</li> <li>• Implemented steps to mitigate the risk of such claims in the future.</li> </ul>
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**1. Does the health center currently have an individual(s) who is responsible for the management and processing of claims-related activities and who serves as the claims point of contact? :**

- : Yes
- : No

If No, an explanation is required:

**2. Was the health center able to describe how it has (if health center has a history of claims under FTCA) or would (if no claims history) manage health or health-related claims? Specifically, was the health center able to demonstrate how it has or would:**

- Preserve claims-related documentation (e.g., medical records and associated laboratory and x-ray results, billing records, employment records of all involved clinical providers, clinic operating procedures); and
- Promptly communicate with HHS Office of the General Counsel, General Law Division, regarding any actual or potential claim or complaint?

- :
- : Yes
- : No

If No, an explanation is required:

**3. Does the health center inform patients (using plain language) that it is a deemed federal PHS employee via its website, promotional materials, and/or within an area(s) of the health center that is visible to patients?:**

- : Yes
- : No

If No, an explanation is required:

**4. For health centers with a history of closed claims under the FTCA within the past five years: For each closed claim, what steps has the health center implemented to mitigate the risk of such claim in the future?:**

- : Not Applicable

An explanation is required:

## Performance Analysis

### Authority

Authority: 45 CFR 75.301

### Health Center Participants

- Health Center Participants:
- Project Director/Chief Executive Officer (CEO)
  - Chief Medical Officer (CMO)/Clinical Director(s) and Quality Improvement/Quality Assurance (QI/QA) Director
  - Other QI/QA staff
  - Providers and other key management staff (if available)

■ The Diabetes Control measure must be selected for review.

It is recommended that all health center staff responsible for the QI/QA program participate in the Performance Analysis planning and root cause analysis discussion that occurs during the site visit.

While this performance analysis process will focus on the diabetes control measure, the health center can subsequently replicate and apply this process to any area in which it desires improvement (e.g., clinical, governance, fiscal).

### Performance Analysis

1. Select a clinical performance measure for review.: Diabetes Control

'Other' Clinical Performance Measure Description  
(Required if you selected 'Other')

#### 1.1 Document Data For The Clinical Measure

■ Complete this table by entering the three most recent years of Uniform Data System (UDS) data for the selected measure. Please enter the data in ascending order by year (e.g., Diabetes Control measure data for Calendar Years: 2015-2016-2017). Data for Adjusted Quartile Ranking and data for National and State Averages are for the most recent calendar year. If data are not available for a particular year, please enter "0."

(%)	(%)	(%)	Adjusted Quartile Ranking (1-4)	State Average (%)	National Average (%)
22.49	25.17	26.59	2	33.92	32.79

Description	Calendar Year(s)
Please enter the calendar years of the UDS data utilized (e.g., "UDS data for calendar years 2015-2017"):	2016-2018

#### 1.2 Contributing And Restricting Factors

Review the below list of categories and definitions of common health center Contributing and Restricting Factors. In the first column, select Yes for ALL applicable categories that are Contributing Factor(s) to the health center's success with the performance measure. Contributing factors are those that push the trend in the desired direction. In the second column, select Yes for ALL applicable categories that are Restricting Factor(s) to the health center's success with the performance measure. Restricting factors are those that create barriers to improved performance. In the last column, briefly describe the factors. If the health center's Contributing (or Restricting) Factor(s) include characteristics not reflected by the categories below, select "Other" and summarize the missing characteristic(s).

Select Yes for All that Apply:

Contributing Factor(s)	Restricting Factor(s)	Categories	Category Definitions	Factor Details
Yes	No	QI/QA Program	Utilization of a structured, on-going program for planning, implementing, measuring, and reporting the impact of quality improvement interventions on patient care processes and outcomes. Includes having a designated individual(s) to oversee the Program (Plan-Do-Study-Act (PDSA) cycle is a common method used in QI/QA Programs).	The center uses information exchange systems. Providers and clinical support staff have access to data tracked regarding quality indicators.
Yes	No	Clinical Care Guidelines/Protocols	Implementation of National, state, population-specific, or other clinical care guidelines/protocols by clinical staff during patient assessment and treatment. Often will involve evidence-based clinical standards and practices. Includes staff training on the details of the guideline/protocol.	Providers follow ADA Guidelines. There are standing orders for point-of-care testing.
Yes	No	Education, Counseling and Other Support Provided to Patients	Provision of educational resources, counseling or other support to patients related to health care prevention and/or disease management. Often involves a focus on self-care management options.	The college of pharmacy in the area provides diabetes education, and pharmaceutical companies offer educational programs.

No	Yes	Population–Specific Strategies	Implementation of population-specific strategies to support optimal patient outcomes. Population may be defined based on BPHC’s special populations (e.g., farmworkers, homeless), age (e.g., school aged), linguistic, geographic or other characteristic shared across the population.	Migrant workers often present for an initial visit and are frequently diagnosed with diabetes, but move from the area without returning for follow-up appointments.
Yes	No	Clinician Capacity	Appropriate number and types of clinicians and appropriate utilization of clinicians (e.g., team-based care) to support optimal provision of patient care.	The health center staff feels that they currently have the appropriate number and mix of staff to ensure access and the provision of evidence-based care.
Yes	No	Facility Capacity	Physical space to support optimal provision of patient care. Includes the appropriate number and/or types of clinical care spaces (e.g., patient care rooms) and the design or lay-out of clinical spaces within and across departments.	The health center staff verbalized that the physical space at all locations is appropriate to provide quality care efficiently.
Yes	No	Information Technology	Training on and use of an electronic data system to document and report patient care and outcomes. Can involve decision support features that support clinicians’ follow-up patient care.	The center implemented a new EHR system in July 2019 with the improved capacity to provide targeted reports on clinical outcomes.
Yes	No	Patient Access to Low-Cost Medications and Related Supplies	Patient access to the medications and supplies needed to support optimal clinical outcomes. (HRSA’s 340B Program and pharmaceutical companies’ patient assistance programs are common methods for supporting such patient access).	The health center patients have access to medications and testing supplies via two in-house 340B pharmacies, as well as contracted 340B pharmacies. Well-Vista is a state program that provides medication assistance to qualified individuals. The health center also has the staff to assist patients with applying to patient assistance programs.
Yes	No	Partnerships	Collaborations with other health centers, community providers, or other organizations to support optimal clinical outcomes.	5 Star Diagnostics performs diabetic retinal eye exams.

Yes	No	Other Health Center Operational Processes	Implementation of other health center operational processes that support optimal clinical care and outcomes (e.g., appointment scheduling, patient satisfaction assessments, or good customer service practices). Includes any related training of staff.	Scheduling with the new EHR/PM system has improved the organization's ability to ensure follow-up appointments are scheduled in a timely manner, and also patient reminders.
Yes	No	OTHER Category	Unique contributing or restricting factor(s).	QI improvement specialists call specifically for medication adherence and work with providers and pharmacists to ensure patients get medications, a 90-day supply, and they mail pill boxes directly to patient homes.

**1.3 Recommended Activities**

Document the three (3) recommended activities or action steps the health center will commit to doing or that the health center is currently doing to improve performance on the measure. When responding, ensure all activities or action steps address and align with factors identified in the root cause analysis and will support the health center to improve or maintain performance on the measure. Ensure actions are S.M.A.R.T. (Specific, Measurable, Attainable, Realistic, Timely) as these will be monitored by HRSA for a minimum of one year as a part of the health center's diabetes Action Plan.

Recommended Activities
To ensure that they are not losing patients to follow up, the center will start with a current list of patients and run reports to determine which diabetic patients are out of control or who have not had an HBA1c performed in the last 12 months. Of those patients, those who have not been seen within the last six months, staff will reach out to these patients and try to schedule appointments.
Of the patients with no HBA1c, review the last appointment(s) to determine why an HBA1c was not completed, which is on the standing order list. Staff re-education will be performed regarding standing orders and the need for opportunistic procedures when available (e.g., scheduling multiple services on the same day when possible, like point-of-care testing and dilated eye exams).
Determine whether out of control diabetic patients are also those patients not filling their prescription(s) at the pharmacy. Of those patients not filling their prescription(s), staff will reach out and educate and counsel patients on the need to consistently fill prescriptions and take medications.

## Promising Practices

### Authority

Authority

45 CFR 75.301

### Promising Practices



Definition of Promising Practice: A promising practice refers to an activity, procedure, approach, or policy that leads to, or is likely to lead to, improved outcomes or increased efficiency for health centers.

**1. Were any promising practices identified as part of this site visit?:**

: Yes

: No