

Health Center Site Visit Guide



For HRSA Grantees

DECEMBER 2010

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REQUIREMENTS AND PERFORMANCE IMPROVEMENT PROMPTING QUESTIONS

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3	Staffing	Health center maintains a core staff as necessary to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately credentialed and licensed.	9
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7	Sliding Fee Discounts	Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient ability to pay.	16

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		<ul style="list-style-type: none"> This system must provide a full discount to individuals and families with annual incomes at or below 100% of the poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income.* No discounts may be provided to patients with incomes over 200 % of the Federal poverty level.* 	
8	Quality Improvement / Assurance Plan	<p>Health center has an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management, and that maintains the confidentiality of patient records. The QI/QA program must include:</p> <ul style="list-style-type: none"> a clinical director whose focus of responsibility is to support the quality improvement/assurance program and the provision of high quality patient care;* periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the health center; and such assessments shall: * <ul style="list-style-type: none"> be conducted by physicians or by other licensed health professionals under the supervision of physicians;* be based on the systematic collection and evaluation of patient records;* and identify and document the necessity for change in the provision of services by the health center and result in the institution of such change, where indicated.* 	18

SECTION III: MANAGEMENT AND FINANCE			
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9	Key Management Staff	Health center maintains a fully staffed health center management team as appropriate for the size and needs of the center. Prior review by HRSA of final candidates for Project Director/Executive Director/CEO position is required.	22
10	Contractual/Affiliation Agreements	Health center exercises appropriate oversight and authority over all contracted services, including assuring that any subrecipient(s) meets Health Center Program requirements.	23
11	Collaborative Relationships	Health center makes effort to establish and maintain collaborative relationships with other health care providers, including other health centers, in the service area of the center. The health center secures letter(s) of support from existing Federally Qualified Health Center(s) in the service area or provides an explanation for why such	24

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SECTION III: MANAGEMENT AND FINANCE			
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		letter(s) of support cannot be obtained.	
12	Financial Management and Control Policies	Health center maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to safeguard assets and maintain financial stability. Health center assures an annual independent financial audit is performed in accordance with Federal audit requirements, including submission of a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report.	25
13	Billing and Collections	Health center has systems in place to maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures.	29
14	Budget	Health center has developed a budget that reflects the costs of operations, expenses, and revenues (including the Federal grant) necessary to accomplish the service delivery plan, including the number of patients to be served.	31
15	Program Data Reporting Systems	Health center has systems which accurately collect and organize data for program reporting and which support management decision making.	32
16	Scope of Project	Health center maintains its funded scope of project (sites, services, service area, target population, and providers), including any increases based on recent grant awards.	37

SECTION IV: GOVERNANCE			
No.	Title	Program Requirement	Page^
17	Board Authority	Health center governing board maintains appropriate authority to oversee the operations of the center, including: <ul style="list-style-type: none"> • holding monthly meetings; • approval of the health center grant application and budget; • selection/dismissal and performance evaluation of the health center CEO; • selection of services to be provided and the health center hours of operations; • measuring and evaluating the organization's progress in meeting its annual and long-term programmatic and financial goals and developing plans for the long-range viability of the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance;* and 	39

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SECTION IV: GOVERNANCE			
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		<ul style="list-style-type: none"> establishment of general policies for the health center. <p>Note: In the case of public centers (also referred to as public entities or agencies) with co-applicant governing boards, the public center is permitted to retain authority for establishing general policies (fiscal and personnel policies) for the health center</p> <p>Note: Upon a showing of good cause the Secretary may waive, for the length of the project period, the monthly meeting requirement in the case of a health center that receives a grant pursuant to subsection (g), (h), (i), or (p).</p>	
18	Board Composition	<p>Board Composition: The health center governing board is composed of individuals, a majority of whom are being served by the center and, who as a group, represent the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex. Specifically:</p> <ul style="list-style-type: none"> Governing board has at least 9 but no more than 25 members, as appropriate for the complexity of the organization.* The remaining non-consumer members of the board shall be representative of the community in which the center's service area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community.* No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry.* <p>Note: Upon a showing of good cause the Secretary may waive, for the length of the project period, the patient majority requirement in the case of a health center that receives a grant pursuant to subsection (g), (h), (i), or (p).</p>	44
19	Conflict of Interest Policy	<p>Health center bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by board members, employees, consultants, and those who furnish goods or services to the health center.</p> <ul style="list-style-type: none"> No board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive Officer may serve only as an ex-officio member of the board.* 	48

NOTE: Portions of program requirements notated by an asterisk "*" indicate regulatory requirements that are recommended **but not required** for grantees that receive funds solely for Health Care for the Homeless (section 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.

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The Health Center Site Visit Guide is a review instrument used by the Health Resources and Services Administration (HRSA) to assess an organization's compliance with key section 330 Health Center Program requirements as well as a resource to assist grantees in identifying areas for performance or operational improvements. Health centers may also use this Guide as a self assessment resource as it provides a series of prompting questions for both program requirements and performance improvement.

In addition, the Bureau of Primary Health has launched a new user-friendly Technical Assistance (TA) website available at <http://bphc.hrsa.gov/ta/default.aspx> that provides a variety of related resources. The website will be continually updated as new TA opportunities arise, and health centers are encouraged to check the website frequently.

We hope you find the Health Center Site Visit Guide a useful resource tool as we work together to improve the health of the Nation's underserved communities and vulnerable populations.

SUMMARY OF UPDATES TO SITE VISIT GUIDE

Please note—the following changes have been made to the Site Visit Guide in accordance with updates and clarifications of the Health Center Program Requirements and Required Performance Measures. Where appropriate, Requirement and Performance Improvement prompting questions and Appendices have been added or updated to reflect these changes.

Section	Requirement	Change
III. Management and Finance	Program Data Reporting Systems	<p>In order to both reduce reporting burden and streamline quality improvement requirements for all health centers, beginning with calendar year 2008 data collection, HRSA implemented a standardized list of performance measures that are now integrated into all annual health center renewal applications (Service Area Competition and Budget Period Progress Report) and the New Access Point application. These measures were previously included in what was known as the “Health Care and Business Plans.” <u>Please note that the “Health Care and Business Plans” are now referred to as the “Clinical and Financial Performance Measures (Forms).”</u> These uniform clinical and financial performance measures reported through the UDS, continue to provide grantees with the opportunity to establish quality and performance goals for their organization and patient populations. As noted in last year’s Site Visit Guide, building off these performance measures, consultants will:</p> <ul style="list-style-type: none"> Assess the health center’s capacity to accurately collect and organize data for program reporting and support management decision making from a compliance standpoint. Assess the grantee’s progress in terms of performance improvement on the required Clinical and Financial Performance measures. Consultants will continue to identify one to two required measures from each (see Appendix D for complete list of required measures) to analyze during the site visit.
IV. Governance	Board Authority	Additional and clarified Program Requirement and Performance Improvement prompting questions have been added in 17.A and 17.B.
	Board Composition	The requirement has been clarified to specify that the health center governing board is composed of individuals, a majority of whom are being served by the center and, who as a group, represent the individuals being served by the center <u>in terms of demographic factors such as race, ethnicity, and sex.</u> Additional and clarified Program Requirement and Performance Improvement prompting questions have also been added in 18.A and 18.B.
	Conflict of Interest	Specific provisions or aspects that a health center’s conflict of interest policy must address have been clarified in the Program Requirement prompting questions for 19.A.

New Start Site Visit Note to Consultants

For New Starts (organizations receiving Federal section 330 support for the first time), which may or may not have been operating a primary care clinic prior to grant award, it is HRSA's expectation that full operational capacity, in terms of the projected staffing, sites, services and patient levels presented in the New Access Point application, will be achieved within 2 years of receiving Federal section 330 support and that the third year of funding will represent the project at full operational capacity for a 12-month period of time.

Full operational capacity for a center should be determined using the projected provider levels required by the center to operate at its full level of services (i.e., at the full-range of services required by section 330 statute, regulations and Health Center Program Requirements). In general, a physician to population ratio of 1:1,500 may be used as a guide to calculate appropriate full operational patient capacity. For midlevel practitioners (e.g., nurse practitioners, physician assistants, and certified nurse midwives), a 1:750 provider to patient ratio is suggested. For example, a practice with a team of two full-time physicians and a full-time nurse practitioner would have a full operational capacity of 3 full-time equivalent (FTE) providers and 3,750 patients.

While the 19 requirements included in this guide apply to all health centers (existing grantees and New Starts), throughout their review consultants are requested to pay particular attention to the specific compliance and performance improvement status and technical assistance needs of New Start organizations that may be providing primary care services for the first time.

SECTION I: Need

Program Requirement 1: NEEDS ASSESSMENT

1.A Program Requirement

Authority: Section 330(k)(2) and Section 330(k)(3)(J) of the PHS Act)

Documents to review: 1) Most recent Needs Assessment, 2) Service Area Map

Requirements	Questions	Yes/No
Health center has a documented assessment of the needs of its target population, and has updated its service area if/when appropriate.	Does the grantee have a written needs assessment?	
	Does the grantee have a clearly defined service area?	

1.B Performance Improvement

Additional Documents to Review:

*** Indicates that a document on this specific topic is available to offer to grantee. See Section C.*

Prompting Questions for Performance Improvement Discussions		Response
1	Does the needs assessment encompass all sites in scope? If not, should there be?	
2	When was the last needs assessment completed or updated?	
3	Was it reviewed and approved by the Board? If yes, when?	
4	What priority needs were identified?	
5	What action was taken to address them?	
6	Has the grantee updated their service area based on recent data? If not, is this recommended?	

1.C Documents

Please refer to Appendix B for list of reference documents.

SECTION II: Services

Program Requirement 2: REQUIRED AND ADDITIONAL SERVICES

2.A Program Requirement

Authority: Sections 330(a) and 330(h)(2) of the PHS Act

Documents to review: 1) Clinical Practices and Operating Policies and Procedures, 2) Documentation of services provided via formal written agreements and/or via formal written referral arrangements

*** Indicates that a document on this specific topic is available. See Section C.*

Requirements		Questions	Response
<p>Health center provides all required primary, preventive, and enabling health services (defined in section 330(b)(1)(A) of the PHS Act) and provide additional health services (defined in section 330(b)(2)) as appropriate and necessary, either directly or through established written arrangements and referrals. Note: Grantees that receive (section 330(h)) funding to serve homeless individuals and their families must provide substance abuse services among their required services.</p> <p>Required health center services include:</p>	Please indicate if the services are provided:		
	• Directly by the grantee (D)		
	• By agreement (A) (grantee pays/bills)		
	• By formal (F) referral arrangement (grantee does not pay/bill but maintains responsibility for the patient's treatment plan and will be providing and/or paying/billing for appropriate follow-up care based on the outcome of the referral.)		
	• By informal (I) referral (grantee does not pay)— Informal referral arrangements are not acceptable for the provision of a required service.		
		• Not provided (N)	
Clinical Services			
1	General Primary Medical Care		
2	Diagnostic Laboratory		
3	Diagnostic X-Ray		
4	Screenings		

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Requirements		Questions	Response
	<ul style="list-style-type: none"> • Cancer • Communicable diseases • Cholesterol • Blood lead test for elevated blood lead level • Pediatric vision, hearing, and dental** 		
5	Emergency Medical Services		
6	Voluntary Family Planning		
7	Immunizations		
8	Well Child Services		
9	Gynecological Care		
10	Obstetrical Care		
11	Prenatal and Perinatal Services		
12	Preventive Dental**		
13	Referral to Mental Health (<i>Grantee does <u>not</u> pay for the services</i>)**		
14	Referral to Substance Abuse (<i>Grantee does <u>not</u> pay for the services</i>)**		
15	Referral to Specialty Services (<i>Grantee does <u>not</u> pay for the services</i>)**		
16	Pharmacy		
17	Substance Abuse services (<i>Required only for grantees receiving funding for Health Care for the Homeless; optional for other grantees</i>)		
	<ul style="list-style-type: none"> • Detoxification • Outpatient treatment • Residential treatment • Rehabilitation (non hospital settings) 		
Non-Clinical Services			
1	Case Management, including counseling, referral, and follow-up:**		
1.a.	Counseling/Assessment		
1.b.	Referral**		

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Requirements		Questions	Response
1.c.	Follow-up/Discharge Planning		
1.c.	Eligibility Assistance		
2	Health Education		
3	Outreach		
4	Transportation		
5	For grantees providing translation services <i>(Required only for grantees serving a substantial number of patients with limited English proficiency; optional for other grantees.)**</i> :		Yes/No
	a	Does the type of interpretation/translation services provided appear to be appropriate for the size/needs of the grantee (e.g., bilingual providers, onsite interpreter, language telephone line)?	
	b	Are the Registration Form, Sliding Fee Scale, and other pertinent documents provided to patients in the appropriate languages?	
6	Substance Abuse related Harm/Risk Reduction services—e.g., educational materials, nicotine gum/patches. (Required only for grantees receiving funding for Health Care for the Homeless; optional for other grantees.)		
7	For all required services (listed above), provided by an outside organization/provider, either through agreement or formal referral:		Yes/No
	a	Is a contract or written agreement (e.g., MOA/MOU) in place with the outside organization/provider that at minimum describes services and fees or the manner by which the referral will be made and managed, and the process for referring patients back to the grantee for appropriate follow-up care?	
	b	For formal referral arrangements, is the health center appropriately tracking and providing follow-up care for referred patients?	
	c	Does the outside organization/provider offer the service to health center patients based on a sliding fee discount schedule?	
	d	Is the service is available equally to all health center patients, regardless of ability to pay?	
	e	Has the license of the outside provider been verified?	
	f	Has the certification of the lead provider been verified?	

2.B Performance Improvement

Additional Documents to Review:

*** Indicates that a document on this specific topic is available. See Section C.*

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Prompting Questions for Performance Improvement Discussions		Response
1. Which of the following Additional (optional) services does the grantee provide? Indicate how they are provided:		
• Directly by the grantee (D)		
• By agreement (A) (grantee pays/bills)		
• By formal (F) referral arrangement (grantee does not pay/bill but maintains responsibility for the patient's treatment plan and will be providing and/or paying/billing for appropriate follow-up care based on the outcome of the referral.)		
• By informal (I) referral (grantee does not pay. Grantee refers a patient to another provider who is responsible for the treatment plan and billing for the services provided and no grant funds are used to pay for the care provided. In addition, in such informal arrangement, the other provider is not required to refer patients back to the grantee for appropriate follow-up care.)		
• Not provided (N)		
Clinical Services		
	Urgent Medical Care	
	Dental Services:**	
	• Restorative	
	• Emergency	
	Mental Health Services:	
	• Treatment/Counseling	
	• Developmental Screening	
	• 24-Hour Crisis	
	Substance Abuse Services	
	Recuperative Care	
	Environmental Health Services	
	Occupational-Related Health Services (<i>applies only to grantees serving migrant and seasonal farmworkers</i>):	
	• Screening for Infectious Diseases	
	• Injury Prevention Programs	
	Occupational Therapy	

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Prompting Questions for Performance Improvement Discussions		Response
	Physical Therapy	
	HIV Testing	
	TB Therapy	
	Podiatry	
	Rehabilitation (Non-Hospital Settings)	
	Other:	
Non-Clinical Services		
	WIC	
	Nutrition (not WIC)	
	Child Care	
	Housing Assistance	
	Employment and Education Counseling	
	Food Bank/Meals	
	Other:	
2	Regarding <u>cultural competency</u> :**	
	a Are there cultural competency training opportunities for the staff?	
	b If yes, how frequently are these trainings offered? If no, are there plans to establish these trainings?	
	c Are the following employees bilingual: Operator, Front Desk staff, Cashier?	
3	Regarding <u>on-site emergency</u> services:	Yes/No
	a Is a crash cart on site?	
	b If yes, is content-compliance monitoring documented?	
	c Does the grantee have written protocols for "in-house" emergency care?	
	d Is the staff adequately trained and currently certified in emergency procedures?	
	e Do procedures exist for the orderly transfer of patient to the hospital via EMS?	
4	Is the grantee's <u>pharmacy</u> provider:	Yes/No

Prompting Questions for Performance Improvement Discussions			Response
	a	Located in-house or off-site?	
	b	If off-site, is it owned by the grantee?	
	c	A participant in the Federal Drug Pricing (340B) program?	
5	If the grantee provides <u>pharmacy services</u> either on-site or through an off-site provider that it owns or manages**:		Yes/No
	a	Has a clinical committee established a formulary to ensure cost-effective prescribing?	
	b	Is there a policy regarding acceptance, stocking, logging, and recording of dispensed sample medications?	
6	Regarding referrals to specialists:**		
	a	What is the level of specialist availability for referrals?	
	b	Are there written procedures and tracking mechanisms in place for specialty referrals?	
	c	Is there a system for following-up on missed specialty care appointments?	

2.C Documents

Please refer to Appendix B for list of reference documents.

SECTION II: Services

Program Requirement 3: STAFFING

3.A Program Requirement

Authority: Section 330(a)(1) and (b)(1), (2) of the PHS Act

Documents to review: 1) Staffing Profile; 2) Contracts, Agreements, and Subrecipient Arrangements related to staffing (as applicable); 3) Credentialing and Privileging Policies and Procedures

Requirements	Questions	Yes/No
Health center maintains a core staff as necessary to carry out all required primary, preventive, enabling health services and	Is the core staff, (those responsible for carrying out both clinical and enabling services) appropriate for serving the patient population?	

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Requirements	Questions	Yes/No
additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately credentialed and licensed.	Are all staff appropriately credentialed and licensed?	

3.B Performance Improvement

Additional Documents to Review: 1) Personnel Manual; 2) Personnel Files Checklist/Matrix; 3) Position descriptions; 4) Staff evaluation forms; 5) Provider contracts; 6) Orientation guide for new staff; 7) Employee satisfaction surveys

*** Indicates that a document on this specific topic is available to offer to grantee. See Section C.*

Prompting Questions for Performance Improvement Discussions		Response
1	Budgeted vs. actual staffing levels:	
	a What is the budgeted FTE provider staffing for the current calendar year?	
	b What is the actual FTE provider staffing?	
	c What is the budgeted FTE administrative staff for the current calendar year?	
	d What is the actual FTE administrative staff?	
2	Personnel Policies / Employee Handbook**	
	a Does the center have a personnel manual?	
	b When was it most recently approved by the Board?	
	c Does each new employee receive a copy of the personnel manual?	
	d Do employees receive policy updates as available?	
3	Personnel Files	
	a Are personnel files maintained in a secure location with restricted access?	
	b Are there rules on accessing and releasing information from personnel files?	
	c Is access to the files recorded?	
	d Is there a standard format for non-clinical personnel files, for clinical personnel files, and for terminated personnel files?	
	e Are personnel's medical files maintained in location separate from patient medical records?	
4	Position Descriptions (PDs)	
	a Are PDs maintained in a central location?	

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Prompting Questions for Performance Improvement Discussions			Response
	b	Are PDs written for all categories of staff?	
	c	Do all PDs have a standard format?	
5	Job Descriptions		
	a	Do employees have a current job description?	
	b	Have employees signed their job description?	
	c	Are employees' jobs consistent with their descriptions?	
6	Performance Evaluations**		
	a	Are evaluations conducted at least annually?	
	b	Is there a standard form used for evaluations?	
	c	Do the employees sign the evaluations?	
	d	Do the supervisors sign the evaluations?	
	e	Do the evaluations include a place for employee comments?	
	f	Is there an employee appeal process ?	
7	Clinical Staff		
	a	Is a provider with training in pediatrics available to see patients during all normal operating hours?	
	b	Is a provider with training in OB/Gyn available to see patients during all normal operating hours?	
	c	Is a provider with training in adult primary care available to see patients during all normal operating hours?	
	d	Are clinical staff being hired in a timely manner?	
	e	Is there adequate leave and funding for continuing professional education?	
	f	Does provider recruitment and retention need to be addressed?**	
	g	Are QI/QA/COI responsibilities included in medical staff members' job descriptions?	
8	Provider Credentialing and Privileging**		
	a	Is there a formal provider credentialing and privileging process (for insurance companies and other third-party payors as well as clinical privileges)?**	
	b	Has the Board approved this process?	
	c	Are providers required to complete the privileging process before starting to see patients?	

Prompting Questions for Performance Improvement Discussions			Response
9	Do employment contracts address:**		
	a	Contract length?	
	b	On-call requirements?	
	c	Cross coverage requirements?	
	d	Compensation and incentives?	
	e	Continuing education?	
	f	Moonlighting?	
	g	Conflict of Interest and Non-compete provisions?	
	h	Malpractice coverage?	
	i	Provider expectations (number of patients to see, etc.)	
10	Is there a standardized orientation for new employees?**		
11	Is there a standard format for agendas and minutes from staff meetings?		
12	Employee satisfaction surveys		
	a	Does the center conduct employee satisfaction surveys?	
	b	If yes, how does the center respond to information gained from the surveys?	

3.C Documents

Please refer to Appendix B for list of reference documents.

SECTION II: Services

Program Requirement 4: ACCESSIBLE HOURS OF OPERATION / LOCATIONS

4.A Program Requirement

Authority: Section 330(k)(3)(A) of the PHS Act

Documents to review: 1) Hours of Operation, 2) Most recent Form 5B: Service Sites [Note that the form lists only the TOTAL number of hours per week each site is open, not the specific schedule], 3) Service Area Map with site locations noted

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Requirements	Questions	Yes/No
Health center provides services at <u>times</u> that assure accessibility and meet the needs of the population to be served.	Are the <u>times</u> that services are provided appropriate to ensure access for the population to be served?	
Health center provides services at <u>locations</u> that assure accessibility and meet the needs of the population to be served.	Is the <u>location(s)</u> at which services are provided accessible to the population to be served? Do facilities meet applicable fire and life safety codes?	

4.B Performance Improvement

Additional Documents to Review: Most recent Form 5C: Other Activities/Locations

*** Indicates that a document on this specific topic is available to offer to grantee. See Section C.*

Prompting Questions for Performance Improvement Discussions		Response
1	Are there additional times that the grantee could be open that would increase accessibility for the population to be served?	
2	Are the hours posted in the appropriate languages for the population?	
3	Is the internal/external signage (including exit signs) clear, properly placed, and sufficient in number?	
4	Is the facility in compliance with the Rehabilitation Act of 1973, the Americans with Disabilities Act? If not, have actions been taken/planned to address non-compliance?**	
5	Is the size of the facility adequate to the population to be served?	

4.C Documents

Please refer to Appendix B for list of reference documents.

SECTION II: Services

Program Requirement 5: AFTER-HOURS COVERAGE

5.A Program Requirement

Authority: Section 330(k)(3)(A) of the PHS Act

Documents to review: Policy for after-hours coverage.

Requirements	Questions	Yes/No
Health center provides professional coverage during hours when the center is closed.	Is professional medical coverage available to patients when the center is closed?	

5.B. Performance Improvement

Prompting Questions for Performance Improvement Discussions		Response
1	What mechanisms/arrangements does the grantee have for after hours coverage (e.g., does it include the health center clinicians, does it use other community clinicians)?	
2	Do all patients receive a written or verbal explanation regarding the procedures for accessing emergency medical/dental care after hours?	
3	Does the general phone system provide information on how to access emergency care after hours?	
4	Is the written information and/or phone message about accessing care after hours provided in the appropriate languages?	
5	Is the answering service and/or provider able to communicate in the appropriate languages to serve the population?	
6	Does the coverage system have established mechanisms for patients needing care to be seen in an appropriate location and assure timely follow-up by health center clinicians for patients seen after-hours?	

5.C Documents

Please refer to Appendix B for list of reference documents.

SECTION II: Services

Program Requirement 6: HOSPITAL ADMITTING PRIVILEGES AND CONTINUUM OF CARE

6.A Program Requirement

Authority: Section 330(k)(3)(L) of the PHS Act

Documents to review: 1) Hospital Agreements, 2) Most recent Form 5C: Other Activities/Locations (hospitals where health center providers have admitting privileges should be noted on the form)

Requirements	Questions	Yes/No
Health center physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, the health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.	Do the health center's physicians admit and follow hospitalized patients?	
	If not, is there a formal, written agreement outlining arrangements for:	
	• Hospitalization?	
	• Discharge planning?	
	• Patient tracking?	

6.B Performance Improvement

Prompting Questions for Performance Improvement Discussions		Response
1	Do the formal written agreements with the hospital(s) address:	
	a Compensation for services rendered?	
	b Admission notification?	
	c Discharge follow-up?	
	d Exchange of information?	
2	How is continuum of care ensured for homeless patients?	
3	When physicians do not follow patients in the hospital, how is continuity of care ensured?	

6.C Documents

Please refer to Appendix B for list of reference documents.

SECTION II: Services

Program Requirement 7: SLIDING FEE DISCOUNTS

7.A Program Requirement

Authority: Section 330(k)(3)(G) of the PHS Act and 42 CFR Part 51c.303(f)

Documents to review: 1) Fee Schedule/Schedule of Charges; 2) Sliding Fee Schedule/Schedule of Discounts; 3) Eligibility Standards/Policy for patient discounts; 4) Sliding Fee Application Form; 5) Self-Declaration Form; 6) Payment agreement form

NOTE: Portions of program requirements notated by an asterisk “*” indicate regulatory requirements that are recommended **but not required** for grantees that receive funds solely for Health Care for the Homeless (section 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.

Requirements		Questions	Yes/No
1	Health center must assure that no patient will be denied services due to their inability to pay for such services.	Are all health center patients provided services regardless of ability to pay?	
		Are there signs in the lobby and at the exit/cashier's desk or other mechanisms for communicating the availability of discounts for eligible low-income persons?	
2	Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay. Under this system:	Does the health center's sliding fee schedule(s) cover the cost of all types of visits (i.e. medical, dental, etc.), procedures, lab tests, and other ancillary services within the approved scope of project?*	
		Is the sliding fee schedule based on a schedule of fees or payments that is consistent with locally prevailing rates or charges and designed to cover the reasonable costs of operation?	
		Does the health center have a written policy for the sliding fee discount schedule so as to assure it is applied equally to all patients?*	
3	a Individuals and families with annual incomes at or below 100% of the Federal poverty level must receive a full discount. (Only nominal fees may be charged.)*	Do individuals and families below 100% of poverty receive a full discount, other than perhaps nominal fees?	

Requirements			Questions	Yes/No
	b	Individuals and families with incomes between 100% and 200% of poverty must be charged a fee in accordance with a sliding discount policy based on family size and income.*	Are individuals and families between 100% and 200% of poverty charged a fee according to a sliding fee discount policy based on family size and income?	
	c	Individuals and families with incomes over 200% of poverty may not receive discounts.*	Are individuals and families above 200% of poverty charged a non-discounted rate?	

7.B Performance Improvement

Additional Documents to Review: Sliding fee signage

*** Indicates that a document on this specific topic is available to offer to grantee. See Section C.*

Prompting Questions for Performance Improvement Discussions			Response
1		Are the following items available in languages appropriate to the patient mix?	
	a	Signs in the lobby and the cashier's desk announcing the availability of discounts?	
	b	Description of the how the sliding fee discount schedule (SFDS) works?	
2		Are all patients evaluated during registration to determine eligibility for the SFDS?	
3		If the health center charges a nominal fee to individuals below 100% of poverty, is the fee reasonable and aligned with program goals?	
4		Is the health center's schedule of fees/payments and corresponding SFDS reviewed and updated on an annual or other regular basis as appropriate?	
5		To apply for the SFDS, the patients are required to complete an application form that:**	
	a	Requests their name and date of birth?	
	b	Reflects or requires documentation of family size?	
	c	Lists all forms of income?	
	d	Includes a statement about the consequences of providing false information?	
	e	Requires the patient's signature?	
	f	Requires a staff person's verification and signature?	

Prompting Questions for Performance Improvement Discussions			Response
	g	If the grantee serves a substantial number of patients with limited English proficiency or low literacy levels, is the SFDS form explained verbally and/or in the appropriate language?	

7.C Documents

Please refer to Appendix B for list of reference documents.

SECTION II: Services

Program Requirement 8: QUALITY IMPROVEMENT / ASSURANCE PLAN

8.A Program Requirement

Authority: Section 330(k)(3)(C) of the PHS Act, 45 CFR Part 74.25 (c)(2), (3) and 42 CFR Part 51c.303(c)(1-2)

Documents to review: 1) QI / QA plan, 2) Clinical Director's job description

*** Indicates that a document on this specific topic is available to offer to grantee. See Section C.*

NOTE: Portions of program requirements notated by an asterisk "*" indicate regulatory requirements that are recommended **but not required** for grantees that receive funds solely for Health Care for the Homeless (section 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.

Requirements			Questions	Yes/No
1	Health center has an ongoing Quality Improvement/ Quality Assurance (QI/QA) program that:**		Does the health center's QI/QA program:	
	a	Includes clinical services and management.	Address both clinical services and management?	
	b	Maintains the confidentiality of patient records.	b.1. Maintain a clinical record for every patient receiving ongoing care at the health center?	
			b.2. Ensure that medical records are properly secured during times when the medical record staff is not present?	
			b.3. Include procedures to enable patients to give consent for release of medical record information?	
			b.4. Include appropriate procedures for signing-out patient records?	

Health Center Site Visit Guide

Requirements			Questions	Yes/No
			b.5. Include a follow-up procedure to pursue unreturned medical records?	
	c	Includes a clinical director whose focus of responsibility is to support the QI/QA program and the provision of high quality patient care.*	c.1. Have a clinical director? <i>Note: clinical directors may be full or part time staff and should have appropriate training/background (e.g., MD, RN, MPH, etc.) as determined by the needs/size of the health center.</i>	
			c.2. Have a clinical director with clear primary responsibility for carrying out the QI/QA program across the health center, including working with other individual(s) or committee(s) as appropriate?	
	d	Includes periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the health center.*	Include periodic assessments of the appropriateness of both the utilization and quality of services?	
2	These assessments (see d, above) shall:**		Are these assessments (see d., above):	
	a	Be conducted by physicians or by other licensed health professionals under the supervision of physicians.*	Conducted by physicians or licensed health professionals under physician supervision?	
	b	Be based on the systematic collection and evaluation of patient records.*	Based on the systematic collection and evaluation of patient records?	
	c	Identify and document the necessity for change in the provision of services by the health center.*	Used to identify and document necessary changes?	
	d	Result in the institution of such change, where indicated.*	Used to inform and change the provision of services if necessary?	

8.B Performance Improvement

Additional Documents to Review: 1) Risk Management Policies and Procedures; 2) Incident Report Forms, Reporting, and Tracking; 3) Safety Officer and Safety Committee Descriptions; 4) Medical Record policies and procedures

*** Indicates that a document on this specific topic is available to offer to grantee. See Section C.*

Health Center Site Visit Guide

Prompting Questions for Performance Improvement Discussions		Response
1	Was the QI/ QA plan reviewed and approved by the Board? When?**	
2	Are the roles and responsibilities of the following clearly defined in the QA/QI plan?	
	a The Board	
	b Management Staff	
	c Clinical Director	
3	Does the QI/QA plan address all operations areas of the health center, incorporating indicators for:**	
	a Clinical issues?	
	b Environmental issues?	
	c Management issues?	
	d Financial issues?	
	e Patient experience?	
4	Regarding reports:	
	a Are the results of QI audits reported to appropriate committees, nursing, pharmacy, providers, etc.?	
	b Is there an effective method to assure information reported is accurate, timely and available in formats to allow board, staff, and stake holders to make informed decisions?	
5	When deficiencies are identified:	
	a Are there follow-up reports to the Board?	
	b Are Action Plans implemented to correct the deficiencies?	
6	Regarding medical records:	
	a Is there an individual qualified by training or experience responsible for the supervision and direction of the medical records system?	
	b Are portable immunization or prenatal records made available to the patients?	
	c Is there a standardized content and organization for medical records?	
	d Is the medical record system compliant with HIPAA?**	
	e If the health center does not have Electronic Health Records (EHR), is the medical record storage area adequate for the current and future growth needs of physical charts?	

Health Center Site Visit Guide

Prompting Questions for Performance Improvement Discussions			Response
	f	Are migrant farmworkers and other mobile populations informed of the availability of bridge case-management/record transfer and tracking services provided by the Migrant Clinicians Health Network?**	
7		Risk Management**	
	a	Is there a Safety Committee and / or Safety Officer?	
	b	Is there a written procedure to report/track incidents/potential risks? Does it state who is responsible to track and report?	
	c	Are incidents analyzed, patterns observed and improvements made to reduce future risks?	
	d	Does the center meet the requirements to be deemed eligible for FTCA professional liability coverage?**	
	e	Is there any pending litigation under FTCA?	
8		Out-of-Scope Activities	
	a	Is the center involved in out-of-scope activity (e.g., renting space to another organization, providing services not included in defined scope of service)?	
	b	If yes, does the center have coverage separate from FTCA for this activity?	
	c	If yes, is the center expending Federal funds on out of scope services?	
9		Does the grantee have insurance coverage in place for the following:	
	a	General liability?	
	b	Directors and officers liability?	
	c	Malpractice, including any tail or gap coverage?	
	d	Property?	
	e	Business interruption/revenue loss?	
	f	Automobile/ vehicle?	

8.C Documents

Please refer to Appendix B for list of reference documents.

SECTION III: Management and Finance

Program Requirement 9: KEY MANAGEMENT STAFF

9.A Program Requirement

Authority: Section 330(k)(3)(H)(ii) of the PHS Act and 45 CFR Part 74.25 (c)(2),(3)

Requirements		Questions	Yes/No
1	Health center maintains a fully staffed health center management team as appropriate for the size and needs of the center. Prior review by HRSA of final candidates for Project Director/Executive Director/CEO position is required.	Does the health center have a Chief Executive Officer or Executive Director/Project Director?	
		Does the management team include a Clinical Director, Nursing/Health Services Director, Chief Financial Officer, and Chief Information Officer or other key management staff as appropriate for the size of the organization?	
		Is the team fully staffed, with each of the positions listed above filled as appropriate? Note: If the grantee has an open position for or pending change in Project Director, the PO and/or consultant may wish to remind the grantee that this is a "Prior Approval Request" that must be submitted/ processed via the EHB Prior Approval Module and to contact their Project Officer for further information as needed.	

9.B Performance Improvement

Additional Documents to Review: 1) Key Management Staff job descriptions, 2) Performance Evaluation forms for key management staff, 3) Staffing/ Organizational Chart

Prompting Questions for Performance Improvement Discussions		Response
1	Are key management staff directly employed by the health center?	
2	Are key strategic planning goals tied to the performance evaluations for senior management staff**?	
3	What is the Chief Financial Officer's professional background?	
4	Clinical or Medical Director	
	a Does he/she advise the CEO and Board on clinical issues, including QA/QI?	
	b Does he/she have the lead responsibility to hire/dismiss clinical staff?	

Prompting Questions for Performance Improvement Discussions			Response
	c	Does he/she have sufficient time in his/her weekly schedule to adequately carry out the dual responsibilities of provider and administrator?	
5		Are methods in place to ensure competency in key positions**?	
6		If the health center has multiple sites, what systems are in place to manage/ coordinate operations among the sites?	
7		Are there opportunities for improved communication, interaction, or support between the Senior Management Team and the Board?	

9.C Documents

Please refer to Appendix B for list of reference documents.

SECTION III: Management and Finance

Program Requirement 10: CONTRACTUAL / AFFILIATION AGREEMENTS

10.A Program Requirement

Authority: (Section 330(k)(3)(l)(ii), 42 CFR Part 51c.303(n), (l)), Section 1861(aa)(4) and Section 1905(l)(2)(B) of the Social Security Act, and 45 CFR Part 74.1(a)(2))

Documents to review (if applicable): 1) Contracts for core providers, including key management staff if applicable (e.g., CMO, CIO, CFO); 2) Contracts or MOA/MOU for substantial portion(s) of the project; 3) Sub-Recipient Agreement(s) if applicable

Requirements		Questions	Yes/No
1	Health center exercises appropriate oversight and authority over all contracted services.**	Do any of the grantee's contracts or affiliation agreements have the potential to:	
		a. Threaten the grantee's integrity?	
		b. Limit its autonomy?	
		c. Compromise its compliance with Federal program requirements in terms of corporate structure, governance, management, finance, health services, and/or clinical operations?	

Requirements		Questions	Yes/No
2	Health center assures that any subrecipient(s) meets the Health Center Program requirements <i>Applies only to grantees with subrecipients**</i>	For grantees with subrecipient arrangements ONLY: Does the grantee have assurances in place that the subrecipient organization complies with all Health Center Program statutory and regulatory requirements?	

10.B Performance Improvement

There are no *Prompting Questions for Performance Improvement* for this requirement.

10.C Documents

Please refer to Appendix B for list of reference documents.

SECTION III: Management and Finance

Program Requirement 11: COLLABORATIVE RELATIONSHIPS

11.A Program Requirement

Authority: Section 330(k)(3)(B) of the PHS Act

Documents to review: 1) Letters of Support; 2) Memorandums of Agreement/Understanding

Requirements		Questions	Yes/No
1	Health center makes effort to establish and maintain collaborative relationships with other health care providers, including other health centers, in the service area of the center.	Does the health center work to establish and maintain collaborative relationships with other health care providers in its service area, in particular other health centers?	
2	The health center secures letter(s) of support from existing Federally Qualified Health Center(s) in the service area or provides an explanation for why such letter(s) of support cannot be obtained	If there is another Federally Qualified Health Center(s) (FQHC) in the health center's service area, was the grantee able to secure letter(s) of support from the FQHC for its most recent Service Area Competition or other competitive grant application?	

Requirements		Questions	Yes/No
		If the health center was unable to get letter(s) of support from the service area FQHCs, did it explain why and is it working to improve or implement collaborative relationships with these FQHCs?	

11.B Performance Improvement

Prompting Questions for Performance Improvement Discussions			Response
1	How could the grantee strengthen its working relationships with area:		
	a	Hospitals?	
	b	Public health departments/entities?	
	c	Private providers?	
	d	Elected officials?	
	e	Other nearby health centers?	
	f	Other community stakeholders, including social service providers?	
2	If the grantee was unable to secure a letter of support from the existing health center(s) in the service area, what steps could the grantee take to improve this relationship?		

11.C Documents

Please refer to Appendix B for list of reference documents.

SECTION III: Management and Finance

Program Requirement 12: FINANCIAL MANAGEMENT AND CONTROL POLICIES

12.A Program Requirement

Authority: Section 330(k)(3)(D), Section 330(q) of the PHS Act and 45 CFR Parts 74.14, 74.21 and 74.26

Documents to review: 1) Most recent independent financial audit and management letter and audit analysis; 2) Most recent update of Financial Management Policies

Health Center Site Visit Guide

Requirements			Questions	Yes/No
1	Health center maintains accounting and internal control systems that:		Are the grantee's accounting and internal control systems:	
	a	Are appropriate to the size and complexity of the organization.	Appropriate to the organization's size and complexity?	
	b	Reflect Generally Accepted Accounting Principles (GAAP).	Reflective of GAAP?	
	c	Separate functions in a manner appropriate to the organization's size in order to safeguard assets and maintain financial stability.	Designed to separate functions in a manner appropriate to the organization's size in order to safeguard assets?	
			Designed to separate functions in a manner appropriate to the organization's size in order to maintain financial stability?	
2	Health center assures that:			
	a	An annual independent financial audit is performed in accordance with Federal audit requirements.** <i>Note: A complete audit includes: 1) Auditor's Report; 2) A-133 Compliance Supplement, and 3) Reports to Board/Management letters issued by the auditor.</i>	Is an audit performed annually, in accordance with Federal requirements?	
	b	A corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report is submitted.	Did the grantee's corrective action plan address all findings, questioned costs, reportable conditions, and material weaknesses (if applicable) found in the Audit Report?	
			Does the Board review the grantee's corrective actions regularly?	

12.B Performance Improvement

Additional Documents to Review: 1) Chart of Accounts, 2) Encounter Report, 3) Provider Productivity Report, 4) Balance Sheet, 5) Income Statement, 6) Health Center Required Financial Performance Measures

*** Indicates that a document on this specific topic is available to offer to grantee. See Section 12.C.*

Prompting Questions for Performance Improvement Discussions			Response
1	Is there a monthly cash budget for the health center with monthly projections for at least 12 months?		
2	Are monthly financial statements prepared for review by the Finance Committee and Board? <i>**</i>		

Health Center Site Visit Guide

Prompting Questions for Performance Improvement Discussions		Response
3	Do the statements include a(n):**	
	a Comparative balance sheet?	
	b Income statement showing variances from budget?	
	c Report on encounter activity compared to budget by payor type?	
	d Report on monthly provider productivity	
4	e Comparative report on the status of receivables (either an aging summary or a report of days of income in receivables or both?)	
	Do the last three monthly financial statements reveal:	
	a Adequate cash on hand/working capital?	
	b A reasonable level of accounts receivable?	
5	c A reasonable level of accounts payable?	
	Are expenses appropriately allocated to:	
	a Cost centers?**	
	b Multiple funding sources?	
6	c Multiple sites?	
	Regarding disbursements:	
	a Does the health center have written purchasing and cash disbursements policies?	
	b Is there a reasonable separation of disbursement duties?	
	c In some manner, is every disbursement reviewed and approved by two people?	
7	d Is this two-person review and approval documented?	
	Regarding the chart of accounts:	
	a Is it adequate to yield good financial statements?	
8	b Does it provide adequate income data by major payer with discount and allowance information and expense information at an acceptable object level?	
	Are the accounting procedures adequate to result in financial statements that reflect the financial results from operations, including:	
	a Accounting for patient services revenues and accounts receivable?	
	Preparing monthly estimates for:	
	• Contractual allowances?	
	• Allowances for doubtful accounts?	
	• Grants and contracts receivable?	
b	• Wrap around settlements for Medicaid Managed Care?	
	• Settlements and other receivables?	

Health Center Site Visit Guide

Prompting Questions for Performance Improvement Discussions			Response
		<ul style="list-style-type: none"> • Prepaid expenses? 	
	c	Capturing:	
		<ul style="list-style-type: none"> • Accounts payable? 	
		<ul style="list-style-type: none"> • Accrued payroll? 	
		<ul style="list-style-type: none"> • Uncompensated absences? 	
		<ul style="list-style-type: none"> • Deferred and unearned revenue? 	
		<ul style="list-style-type: none"> • Depreciation expense? 	
		<ul style="list-style-type: none"> • Bad debt write-off? 	
9	Does the health center know the expected breakeven point for operations in terms of patient volume and mix to ensure viable fiscal operations?		
10	Does the health center update its operational plan in the event actual experience is not meeting projections, i.e. number of patients to be seen in the calendar year, total revenues, productivity goals/number of encounters by type (medical, dental, mental health), and other elements from the UDS tables?		
11	Regarding Managed Care contracts:		
	a	Are all health center providers approved providers? If not, why not?	
	b	Is health center staff aware of all managed care contracts in place and the degree of financial risk associated with each?	
	c	Does the health center's practice management system enable it to manage the risks/ rewards?	
	d	Are there clear requirements for prior authorization and utilization of specific panel specialists?	
	e	Are written policies and procedures in place that describe the utilization review process and management of this data?	
	f	Who is responsible for keeping up with and monitoring the managed care contracts and review of data reported?	
12	Is the health center and/or its providers listed in the enrollment documents/website for all of the Managed Care Organizations with which it is participating?		
	For each of the following payor groups: Medicaid, Medicare, Self-Pay, and Private Insurance:		
	a	What is the <u>projected</u> penetration rate on an <u>annual</u> basis?	
	b	What is the <u>projected</u> penetration rate on a <u>monthly</u> basis?	
13	c	What has been the <u>actual monthly</u> penetration rate experience to date?	
	Does the health center record gross charges in the patient registration system and appropriate adjustments based on allowances for payor types in order to report the correct patient accounts receivable by payor source?		

Prompting Questions for Performance Improvement Discussions		Response
14	Does the health center have access to a line of credit to assure availability of operating cash?	
15	Regarding the annual audit:**	
	a How is the auditor selected? Is an RFP issued?	
	b What is the role of the Board in selecting an auditor?	
	c Does the Board review and approve the annual audit?	
16	Are full fee for service charges recorded for every encounter regardless of payer source (including for capitated services) and appropriate allowances being recorded in offsetting accounts?	
17	Regarding signatory policies:	
	a Who are the authorized signers?	
	b Who primarily signs checks?	
	c Is more than one signature required to clear financial transactions?	
	d Is there a dollar threshold established for requiring more than one signature? What is it?	
	e Do policies prohibit signing checks made payable to self?	
18	Regarding provider productivity:	
	a Is provider productivity tracked and reported on a regular basis?	
	b Does the Medical/Clinical Director receive Productivity report data and discuss the data with the CEO, CFO, and individual providers?	
	c Is the provider productivity adequate per the:	
		• Health center's established benchmarks?
		• Health center's projected revenue?
		• National Medicare/Medicaid benchmarks?
	d Do provider contracts reflect expected productivity expectations?	
	e Is compliance with the Fair Labor Standards Act as amended, applicable?	

12.C Documents

Please refer to Appendix B for list of reference documents.

SECTION III: Management and Finance

Program Requirement 13: BILLING AND COLLECTIONS

13.A Program Requirement

Authority: Section 330(k)(3)(F) and (G) of the PHS Act

Documents to review: 1) Policies and procedures for credit, collection, and billing;.2) Encounter form

Requirements		Questions	Yes/No
1	Health center has systems in place to maximize collections and reimbursement for its costs in providing health services.	Does the encounter form include all billable services (on-site and off-site)?	
		Does the grantee have Medicare and Medicaid provider numbers?	
2	These systems include written policies and procedures addressing:	Does the grantee have written policies and procedures for:	
	a Billing	• Billing?	
	b Credit	• Credit?	
	c Collections	• Collections?	

13.B Performance Improvement

Additional Documents to Review: Health Center Required Financial Performance Measures

Prompting Questions for Performance Improvement Discussions		Response
1	Encounter Form	
	a Does the health center have an encounter form?	
	b Does the encounter form reflect the scope of practice of each provider?	
	c Do the ICD and CPT Codes reflect the most current updates?	
	d Do the ICD and CPT Codes meet State billing coding requirements?	
	e Are all encounters recorded in the MIS within 24 hours of service? If not, what is the lag time?	
	f Is a procedure in place to identify and find missing encounter forms on a timely basis?	
	g Are off-site encounters reported and billed on a timely basis?	
	h How does the grantee know if all off-site activity is being reported?	
2	Medicaid and Medicare	
	a Are Medicare and Medicaid billed electronically?	
	b If not, how does the grantee address systems problems that arise?	
	c Have the interim PPS rates been set? If yes:	
		• What is the interim PPS rate for Medicare?
		• What is the interim PPS rate for Medicaid
	• Do these rates appear reasonable?	

Prompting Questions for Performance Improvement Discussions			Response
	d	Are Medicare and Medicaid and other material third party payers billed at least weekly?	
	e	What is the billing procedure?	
3	Other Third-Party Billing		
	a	Are "cross over" patients billed to the secondary payer within a week of payment by the primary payer? If not, what is the lag time?	
	b	If a third party billing is not responded to in 30 days, are effective follow-up procedures done?	
4	Self-Pay**		
	a	Is payment at the time of service encouraged?	
	b	If self pay billings are not paid in 30 days, what is done?	
	c	Are accounts that are 90 days delinquent sent to a collection agency?	
	d	Does the health center have policies in place to limit/restrict methods used by collections agencies?	
5	Accounts Receivable		
	a	How many days of net revenue are tied up in accounts receivable?	
	b	Are the indicators acceptable or are receivable collections lagging?	
	c	Are rejected claims corrected and resubmitted within a week? If not, what is the lag time?	

13.C Documents

Please refer to Appendix B for list of reference documents.

SECTION III: Management and Finance

Program Requirement 14: BUDGET

14.A Program Requirement

Authority: Section 330(k)(3)(D), Section 330(k)(3)(I)(i), and 45 CFR Part 74.25

Documents to review: 1) Annual Budget, 2) Operating Plan, 3) Financial Performance Measures, 4) Capital Plan

Requirements	Questions	Response
Health center has developed a budget that reflects the costs of operations, expenses, and revenues (including the Federal grant) necessary to accomplish the service delivery plan, including the number of patients to be served.	Does grantee have an annual operating/ business plan?	
	Has the annual operating/ business plan been approved by the Board? If so, when?	
	How often does the Board review variance from the operating plan/ budget?	
	Does the grantee have a capital plan?	
	Has the capital plan been approved by the Board? If so, when?	

14.B Performance Improvement

There are no *Prompting Questions for Performance Improvement* for this requirement.

14.C Documents

Please refer to Appendix B for list of reference documents.

SECTION III: Management and Finance

Program Requirement 15: PROGRAM DATA REPORTING SYSTEMS

15.A Program Requirement

Authority: Section 330(k)(3)(I)(ii) of the PHS Act

Documents to review: 1) Most recent UDS report and UDS Health Center Trend Report (if available); 2) Most recent Clinical and Financial Performance Measures 3) Strategic Plan; 4) Annual Operating Plan; 5) Capital Plan

Requirements	Questions	Response
Health center has systems in place which:		
a	Accurately collect and organize data for program reporting.	Does the grantee have systems in place for collecting and organizing the data required for UDS and FFR reporting?***
		(If applicable) Has grantee submitted UDS by deadline?

Requirements		Questions	Response
		Does the grantee have systems in place for collecting and organizing the performance data required in the Clinical and Financial Performance Measures Forms (submitted with the annual renewal applications)?	
b	Support management decision making.	Does grantee have a long-term (3 year) strategic plan?	
		Has the strategic plan been approved by the Board? If so, when?	
		Do the plans reflect the grantee's needs assessment?	

15.B Performance Improvement

Additional Documents to Review: MIS Policies and Procedures, Appendix D of Site Visit Guide

Prompting Questions for Performance Improvement Discussions			Response
1	<p>In reviewing the health center's Clinical Performance Measures, identify <u>one to two required clinical measures</u> (see Appendix D for the complete list of required measures) to focus on during the site visit. The following criteria are suggested to assist in selecting the most appropriate measures:</p> <ul style="list-style-type: none"> <i>Will the health center be in jeopardy if the current and projected trend of the performance measure does not change?</i> <i>Which measure(s) impacts the largest number of patients?</i> <i>Is there significant room for improvement? For example, is there a significant gap between the grantee's goal and their current performance?</i> 	For the 1 to 2 Clinical Performance Measures selected for review, please address the following:	
		a	What were the reasons for selecting the measure(s)?
		b	How is the health center doing (i.e. trend) with respect to the performance measure(s)? <i>If appropriate, consultants are encouraged to present trend data in graph or chart formats.</i>
		c	Are there any factors (internal, external, etc.) contributing to and/or restricting the grantee's performance on these measure(s)?

Health Center Site Visit Guide

Prompting Questions for Performance Improvement Discussions				Response
	<i>Or is there a significant gap between the grantees performance and the performance of other health centers with similar client populations and resources (as noted in the Health Center Trend Report)?</i>	d	What has the health center done or proposed to do to improve performance on the measure(s) (if appropriate) and are these steps/actions feasible?	
	<ul style="list-style-type: none"> <i>Is there a negative historical trend (as noted in the Health Center Trend Report) for the performance measure that suggests an intervention is necessary to turn the direction of the performance trend?</i> 	e	What additional steps/actions are recommended for the grantee to address any restricting factors and to improve performance on the measure(s)?	
	<ul style="list-style-type: none"> <i>Is the grantee committed to developing and implementing an action plan to improve performance on the selected measure?</i> 	f	What role and/or technical assistance could BPHC or other partners provide to assist the grantee in improving performance on the measure(s), if applicable?	
2	In reviewing the health center's Financial Performance Measures, identify <u>one to two required financial measures</u> (see Appendix D for the complete list of required measures) to focus on during the site visit.	For the 1 to 2 Financial Performance Measures selected for review, please address the following:		
	The following criteria are suggested to assist in selecting the most appropriate measures:	a	What were the reasons for selecting the measure(s)?	
	<ul style="list-style-type: none"> <i>Will the health center be in jeopardy if the current and projected trend of the performance measure does not change?</i> 	b	How is the health center doing (i.e. trend) with respect to the performance measure(s)? <i>If appropriate, consultants are encouraged to present trend data in graph or chart formats.</i>	
	<ul style="list-style-type: none"> <i>Which measure(s) impacts the largest number of patients?</i> <i>Is there significant room for improvement? For example, is there a significant gap between the</i> 	c	Are there any factors (internal, external, etc.) contributing to and/or restricting the grantee's performance on these measure(s)?	

Health Center Site Visit Guide

Prompting Questions for Performance Improvement Discussions				Response
	<i>grantee's goal and their current performance? Or is there a significant gap between the grantees performance and the performance of other health centers with similar client populations and resources (as noted in the Health Center Trend Report)?</i> <ul style="list-style-type: none"><i>Is there a negative historical trend (as noted in the Health Center Trend Report) for the performance measure that suggests an intervention is necessary to turn the direction of the performance trend?</i><i>Is the grantee committed to developing and implementing an action plan to improve performance on the selected measure?</i>	d	What has the health center done or proposed to do to improve performance on the measure(s) (if appropriate) and are these steps/actions feasible?	
		e	What additional steps/actions are recommended for the grantee to address any restricting factors and to improve performance on the measure(s)?	
		f	What role and/or technical assistance could BPHC or other partners provide to assist the grantee in improving performance on the measure(s), if applicable?	
3	Regarding the Clinical and/or Financial Performance Measures:			
	a	How often does the clinical staff review the Clinical Performance Measures?		
	b	How often does the management/financial staff review the Financial Performance Measures?		
	c	How often does the Board review/approve the Clinical And Financial Performance Measures?		
	d	Does the management information system supply data required for developing and monitoring the Clinical and Financial Performance Measures?		
	e	Are the measures monitored and integrated into the Quality Improvement/Management program? How?		
4	At what stage is the grantee in the planning process (i.e., long term strategic plan, short term strategic plan, operating/business plan, capital plan)?**			
All of the following questions address the Practice Management Information System (PM):				
5	General Capacities:			
	a	Does the health center operate its own PM or collaborate with another organization on PM?		
	b	Does the PM have a CHC/ FQHC module?		
	c	Have all modules purchased for the PM been activated?		

Health Center Site Visit Guide

Prompting Questions for Performance Improvement Discussions			Response
		Indicate if the following PM applications are operated by the center (C), by another entity (E), or not automated (N):	
		• Billing	
		• Capitation management	
		• General ledger	
		• Registration	
		• Scheduling	
	d	• Patient tracking	
		• Referral tracking	
		• Records	
		• Pharmacy	
		• Word processing	
		• E-mail	
		• Internet access	
		• Spreadsheet	
6		Support and Maintenance	
	a	Does the Center have a contract with a software vendor for patient registration to support the maintenance and other support needs?	
	b	If not, how does the grantee address systems problems that arise?	
7		Policies: Are there documented PM policies and procedures that address:**	
	a	Data collection	
	b	Organization	
	c	Storage	
	d	Maintenance	
	e	Security	
	f	Presentation	
	g	External access	

Prompting Questions for Performance Improvement Discussions			Response
	h	Transfer of information	
	i	Technology and deployment?	
8	Back-up		
	a	Are there appropriate data backup procedures?	
	b	Is backup data stored off-site?	
	c	What is the frequency of transfer off site?	
9	Reports		
	a	Are there reports available to meet the needs of:	
		• Management staff	
		• The Board	
		• Billing staff	
		• Clinical staff	
	b	Is the grantee familiar with UDS reporting requirements?**	
	c	Is the PM able to generate the data needed to meet UDS reporting requirements?	
	d	Is there a specific method to ensure that the UDS data is accurate?	
	e	Is the grantee familiar with FFR reporting requirements?**	
	f	Is the PM able to generate the data needed to meet FFR reporting requirements?	
	g	Is there a specific method to ensure that the FFR data is accurate?	
10	Future Needs		
	a	Is there a system in place for assessing MIS needs?	
	b	If the grantee does not have an Electronic Health Record (EHR), when does it plan to obtain one?	

15.C Documents

Please refer to Appendix B for list of reference documents.

SECTION III: Management and Finance

Program Requirement 16: SCOPE OF PROJECT

16.A Program Requirement

Authority: 45 CFR Part 74.25

Documents to review: 1) Most recent Health Center Trend Report; 2) Applications (specifically Form 1-A) for recent section 330 grant awards

Requirement	Questions	Response
Health center maintains its funded scope of project (sites, services, service area, target population and providers), including any increases based on recent grant awards.	Has the grantee experienced any significant decreases in their funded scope of project in terms of number of patients served, encounters, services available, providers, and/or sites?	
	Has the grantee received any additional BPHC grant awards in the last 5 years (e.g., New Access Point, Service Expansion, Expanded Medical Capacity, etc.)? If yes, have they successfully implemented the newly-funded activity (i.e., reached the projected patient or encounter levels, expanded services, opened new sites, added an EHR, etc.)?	
	NOTE: See Appendix E for additional requirements for reviewing ARRA-funded activities which may impact scope of project.	

16.B Performance Improvement

Prompting Questions for Performance Improvement Discussions		Response
1	Based on the purpose/scope of the grant award received (as applicable) are there market conditions that were not reflected in the grantee's application plans that have or may affect or impede goals for:	
	a Growth in the number of patients?	
	b Growth in the number of encounters?	
	c Addition of new service(s)?	
	d Addition of new provider(s)?	
	e Addition of new site(s)?	
	f Other expansions / improvements (e.g., EHR implementation, construction, etc.)?	
2	Regarding current capacity:	
	a What is the capacity of the facility for medical and dental services?	
	b Based on the center's market plan, when will the facility be at full capacity?	
	c Are plans in place to expand the facility to meet the center's market projections?	
3	Regarding any planned expansions**:	

Prompting Questions for Performance Improvement Discussions			Response
	a	What are the planned expansion areas?	
	b	Have the following been included in the planning phase:	
		• Staffing needs, including when to bring on appropriate management staff; i.e., Medical Director, CFO, billing, and collection staff?	
		• Establishing Medicaid and Medicare numbers to bill and collect?	
		• Funding sources to support the planned expansion?	
		• Purchasing and/or implementing a patient registration and billing system?	
	c	New Starts Only: What things are left to be done that the grantee thinks are necessary to promote an effective New Start operation?	
	d	Is the physical site/facility occupied or plans in place to ensure the facility can be up and running as needed and required in a timely manner?	

16.C Documents

Please refer to Appendix B for list of reference documents.

SECTION IV: Governance

Program Requirement 17: BOARD AUTHORITY

17. A Program Requirement

Authority: Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304

Documents to review: 1) Corporate Bylaws; 2) Minutes of Board Meetings; 3) Governance Policies and Procedures; 4) Corporate Compliance Policies and Procedures (Compliance Officer, Compliance Committee); 5) Corporate Compliance Plan; 6) Board Annual Meeting Schedule; 7) If Applicable: Form 6-B: Waiver of Governance Requirements from most recent SAC or New Start NAP application

NOTE: Portions of program requirements notated by an asterisk “*” indicate regulatory requirements that are recommended *but not required* for grantees that receive funds solely for Health Care for the Homeless (section 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.

Requirements	Questions	Yes/No
Health center governing board maintains appropriate authority to oversee the operations of the center, including:**		

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Requirements		Questions	Yes/No
a	Holding monthly meetings Note: Upon a showing of good cause the Secretary may waive, for the length of the project period, the monthly meeting requirement in the case of a health center that receives a grant pursuant to subsection (g), (h), (i), or (p). (section 330(k)(3)(H) of the PHS Act)	Does the board meet monthly? †Answer "Waiver" if the grantee has a waiver for this requirement and respond to question for grantees with waivers below.	
		Does the health center maintain minutes of the Board meetings?	
		Do the minutes appropriately document major issues/actions for the health center?	
		Health Centers with Approved Waivers ONLY: Are appropriate strategies being implemented to ensure regular oversight, if the Board does not meet monthly?	
b	Approval of the health center grant application and budget;	Does the Board review and approve the annual health center (renewal) application and budget?	
		Is this review and approval documented in the Board minutes?	
c	Selection/dismissal and performance evaluation of the health center CEO;	Does the Board conduct an annual review of the CEO's performance, with clear authority to select a new CEO and/or dismiss the current CEO if needed?	
		Is this review documented in the Board minutes?	
d	Selection of services to be provided and the health center hours of operations;	Does the Board review and approve the services (beyond those required in law to be provided by the health center), as well as the location and mode of delivery of those services?	
		Does the Board review and approve the hours during which services are provided at health center sites, ensuring that these are appropriate and responsive to the community's needs?	
		Is this review and approval documented in the Board minutes?	
e	Measuring and evaluating the organization's progress in meeting its annual and long-term programmatic and financial goals and developing plans for the long-range viability of the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient	Does the Board measure and evaluate the health center's progress in meeting annual and long term clinical and financial goals?	
		Does the Board engage in strategic and/or long term planning for the health center?	
		Does the Board review the health center's mission and bylaws as necessary on a periodic basis?	

† Waivers may only be requested by applicants requesting/receiving targeted funding **solely** to serve migrant and seasonal farmworkers (section 330(g)), people experiencing homelessness (section 330 (h)), and/or residents of public housing (section 330(i)) and that are **NOT** requesting general (Community Health Center - section 330(e)) funds. These grantees are still required to fulfill all other statutory Board responsibilities and requirements.

Health Center Site Visit Guide

Requirements		Questions	Yes/No
	satisfaction, and monitoring organizational assets and performance;* and	Does the Board receive appropriate information that enables it to evaluate health center patient satisfaction, organizational assets, and performance?	
		Are these activities documented in the Board minutes?	

Requirements		Questions	Yes/No
f	Establishment of general policies for the health center.	Does the Board establish general policies and procedures for the health center that are consistent with program and grants management requirements? Examples of specific health center policies and procedures that should be approved and monitored by the Board include but are not limited to: board member selection and dismissal procedures, employee salary and benefit scales, employee grievance procedures, equal opportunity practices, codes of conduct, fee schedules for services, criteria for sliding fee discounts, financial policies that assure accountability for health center resources, and avoidance of conflict of interest. <i>*With the exception of fiscal and personnel policies in the case of public center grantees.</i>	
	Note: In the case of public center grantees (also referred to as public entities or public agencies, e.g., State, county, or local health departments) with co-applicant governing boards, the public center is permitted to retain authority for establishing general policies (fiscal and personnel policies) for the health center (section 330(k)(3)(H) of the PHS Act and 42 CFR 51c.304(d)(iii) and (iv)).	<p>Do the health center bylaws** specify the following:</p> <ul style="list-style-type: none"> • Health center mission. • Authorities, functions and responsibilities of governing board as a whole. • Board membership (size and composition) and individual member responsibilities. • Process for selection/removal of board members. • Election of officers. • Recording, distribution and storage of minutes. • Meeting schedule and quorum. • Officer responsibilities, terms of office, selection/removal processes. • Description of standing committees (which may include but are not limited to, executive, finance, quality improvement, personnel, and planning committees) and the process for the creation of ad-hoc committees. • Provisions regarding board dissolution. 	

* In a co-applicant arrangement, the public center (the grantee of record) is permitted to retain responsibility for establishing general policies (fiscal and personnel policies) when constrained by State law in the delegation of certain government functions to private entities. The co-applicant structure, therefore, creates an arrangement that still adheres to the statutory intent of section 330 (allowing the majority of the health center's policy setting authorities to be carried out, to the greatest extent possible, by the patient/community-based (co-applicant) health center governing board) while satisfying local or State law pertaining to the public center. No justification is required for arrangements in which the public center retains authority for the establishment of the following types of general policy: fiscal and personnel policies.

Requirements		Questions	Yes/No
		For Public Center Grantees with Co-Applicant Arrangements ONLY: Does the public center grantee have a formal agreement with the co-applicant that stipulates:	
		Roles, responsibilities, and the delegation of authorities of each party in the oversight and management of the health center?	
		Any shared roles and responsibilities of each party in carrying out the governance functions?	

17.B Performance Improvement

Additional Documents to Review: 1) Sample of Board packets from recent meetings; 2) Annual Board orientation and training schedule; 3) List of Board Committees; 4) Meeting Schedule for Board Committees; 5) Board Recruitment plan

*** Indicates that a document on this specific topic is available to offer to grantee*

Prompting Questions for Performance Improvement Discussions			Response
1	Monthly Board Packets		
	a	Are monthly packets sent to Board members in advance of the meeting?	
	b	Do the packets include reports and recommended actions from Board committees?	
2	Is there a standard format for agendas and minutes for Board meetings?		
3	Do the By-Laws** specify expectations regarding meeting attendance and related policies for removal of inactive board members?		
4	When were the bylaws last reviewed and approved by the Board?		
5	Corporate Compliance: Has the Board:**		
	a	Approved a corporate compliance plan?	
	b	Established a compliance committee?	
	c	Appointed a corporate compliance officer?	
6	Which Senior Management staff attends the Board meetings?		
7	Does the Board:		
	a	Implement a self-evaluation process? If yes, how frequently?**	
	b	Review and approve the annual audit? (This question is also listed under 12B., Financial Management. And Control Policies)	
	c	Have an Annual Work Plan linked to the approved Strategic Plan and/or Clinical and Financial Performance Measures?	
8	Regarding the CEO, does the Board:		
	a	Have a CEO Recruitment and Retention Plan?	

Prompting Questions for Performance Improvement Discussions			Response
	b	Have a Succession Plan in the event of a CEO vacancy?	
9		Does the health center have any parent-subsidiary arrangements, in particular, when health centers exist as a subsidiary of another entity? If yes, what are its powers (e.g., appointment to the Board)? Note that the "parent" entity may not reserve or withhold powers that the health center governing board must exercise under the relevant statute and implementing regulations, as noted in sections 17. A and 18.A.	
		For Public Center Grantees with Co-Applicant Arrangements ONLY:	
10	a	Are there any performance improvement issues in terms of the implementation of shared roles and responsibilities (articulated in the co-applicant agreement) between the public center and co-applicant governing board?	
	b	If there is a high level of shared responsibility between the public center and the co-applicant governing board, does the co-applicant agreement include provisions for dispute resolution?	

17.C Documents

Please refer to Appendix B for list of reference documents.

SECTION IV: Governance

Program Requirement 18: BOARD COMPOSITION

18.A Program Requirement

Authority: Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304

Documents to review: 1) Composition of Board of Directors/Form 6-A: Board Composition from most recent Continuation (SAC or BPR) or New Start NAP application; 2) Corporate Bylaws; 3) Board member applications and disclosure forms; 4) **If Applicable:** Form 6-B: Waiver of Governance Requirements from most recent SAC or New Start NAP application

*** Indicates that a document on this specific topic is available to offer to grantee.*

NOTE: Portions of program requirements notated by an asterisk "*" indicate regulatory requirements that are recommended **but not required** for grantees that receive funds solely for Health Care for the Homeless (section 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.

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Requirements		Questions	Yes/No
The health center's governing board meets the following requirements:**			
a	A majority of the board members are individuals ("consumers" or "patients"; also previously known as "users") served by the organization.	Do a majority (at least 51%) of the Board members receive services (i.e. are patients) at the health center? †Answer "Waiver" if the grantee has a waiver for this requirement and respond to question for grantees with waivers below.	
		Health Centers with Approved Waivers ONLY: Are appropriate alternative strategies being implemented to ensure consumer/patient participation and input (given board is not 51% consumers/ patients) in the direction and ongoing governance of the organization?	
b	As a group, these "patient" or "consumer" board members represent the individuals being served by the health center in terms of demographic factors such as race, ethnicity, and sex.	As a group, do the "patient/consumer" Board members reasonably represent the individuals who are served by the health center in terms of race, ethnicity and sex? Answer "Waiver" if the grantee has a waiver for this requirement and respond to question for grantees with waivers above.	

† Waivers may only be requested by applicants/grantees requesting/receiving targeted funding **solely** to serve migrant and seasonal farmworkers (section 330(g)), people experiencing homelessness (section 330 (h)), and/or residents of public housing (section 330(i)) and that are **NOT** requesting general (Community Health Center - section 330(e)) funds. **These grantees are still required to fulfill all other statutory Board responsibilities and requirements.**

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Requirements		Questions	Yes/No
		<p><i>The following question applies ONLY to grantees that receive targeted funding to serve migratory and seasonal farmworkers, individuals experiencing homelessness, and/or residents of public housing (sections 330(g), (h), and/or (i) respectively), in addition to Community Health Center (section 330(e) funding). At a minimum, there must be at least one board member that is representative of each of the special populations for which the health center receives section 330 funding/designation.</i></p> <p>Therefore, does the Board include a representatives(s) from and/or for each of these special populations group(s), as appropriate? Special population "advocates" that are not drawn directly from the special population (e.g. currently homeless individual) should be individuals that have personally experienced being a member of, represent, have expertise in, or work closely with the special population and thus can clearly communicate the needs/ concerns of the target population and represent this population on the board (e.g. formerly homeless individual, homelessness advocate, etc.)..</p> <p><i>Note that while the inclusion of "advocate" would meet the requirement for multi-funded health centers to have representation of all the populations for which the health center receives funding/designation, these advocates would not be included in calculating whether the governing board met the patient/consumer-majority requirement unless they were also health center patients. Additionally, while advocates may represent special populations on the board as outlined above, health centers should continue efforts to achieve representation by patients/consumers who are members of the targeted special population.</i></p>	
c	The board has at least 9 but no more than 25 members, as appropriate for the complexity of the organization.*	Does the Board have between 9 and 25 members?	
		Does the current board size comply with the health center's bylaws which must define either a specific number of board members or define a limited range?	
		Is the size of the board appropriate for the complexity of the organization and the diversity of the community served?	

Health Center Site Visit Guide

Requirements		Questions	Yes/No
d	The remaining non-consumer members of the board shall be representative of the community in which the center's service area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community.*	Are the remaining Board members representative of and/or drawn from the grantee's community and service area?	
		Does the Board include a member (or members) with expertise in any of the following:	
		• Community affairs?	
		• Local government?	
		• Finance?	
		• Legal affairs?	
		• Trade union or labor relations?	
		• Business?	
		• Social Services?	
		• Health?	
e	No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry.*	Do more than 50% of the non-consumer Board members derive more than 10% of their annual income from the health care industry?	

18.B Performance Improvement

Additional Documents to Review: 1) Board Recruitment and Retention Plan; 2) Board orientation and training information

Prompting Questions for Performance Improvement Discussions		Response
1	Does the health center have:	
	a A Board recruitment and retention plan, which will help ensure Board development and stability?**	
	b An orientation program for new board members?**	
	c Plans for ongoing board member training?**	
2	Does the overall expertise among the Board members appropriately reflect the health center's scope in terms of services/needs, target population, and service area?	
3	Has Board composition taken into account other key demographic factors such as socioeconomic status and age, in terms of reasonably representing individuals served by the health center?	

18.C Documents

Please refer to Appendix B for list of reference documents.

SECTION IV: Governance

Program Requirement 19: CONFLICT OF INTEREST POLICY

19.A Program Requirement

Authority: 45 CFR Part 74.42 and 42 CFR Part 51c.304(b)

Documents to review: 1) Corporate Bylaws, 2) most recent update of Conflict of Interest policy

NOTE: Portions of program requirements notated by an asterisk "*" indicate regulatory requirements that are recommended **but not required** for grantees that receive funds solely for Health Care for the Homeless (section 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.

Requirements		Questions	Yes/No
Health center's bylaws or written, corporate-board-approved policy includes provisions that:			
a	Prohibit conflict of interest by board members, employees, consultants and those who furnish goods or services to the health center.	Do the bylaws or policy include this provision(s)?	
b	State that no Board member shall be an employee of the health center or an immediate family member (i.e., spouse, child, parent, brother or sister by blood, adoption, or marriage) of an employee.*	Is any current Board member(s) an employee of the health center or an immediate family member of an employee?	
c	State that the Chief Executive may serve only as a non-voting, ex-officio member of the Board. *	Does the CEO participate as a voting member of the Board?	

Health Center Site Visit Guide

Requirements		Questions	Yes/No
d.	<p>Address such issues as:</p> <ul style="list-style-type: none"> disclosure of business and personal relationships, including nepotism, that create an actual or potential conflict of interest; extent to which a board member can participate in board decisions where the member has a personal or financial interest; using board members to provide services to the center; board member expense reimbursement policies; acceptance of gifts and gratuities; personal political activities of board members; and statement of consequences for violating the conflict policy. 	<p>Do the bylaws or policy include and/or address these provisions?</p> <p><i>Note that When section 330 grantees procure supplies and other expendable property, equipment, real property, and other services, the health center's conflict of interest policy must specifically address the following:</i></p> <ul style="list-style-type: none"> <i>The health center grantee must have written standards of conduct governing the performance of its employees engaged in the award and administration of contracts.</i> <i>No health center employee, board member, or agent may participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when a health center employee, board member or agent, or 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 the firm selected for an award.</i> <i>The board members, employees, and agents of the health center grantee shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, or parties to subagreements. However, recipients may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value.</i> <i>The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by board members, employers, or agents of the health center grantee.</i> 	

19.B Performance Improvement

Prompting Questions for Performance Improvement Discussions		Response
1	Are annual conflict of interest statements required?**	
2	If yes, are the required statements on file?	
3	Does the Board allow related party transactions to take place? If yes, please describe.	

19.C Documents

Please refer to Appendix B for list of reference documents.

APPENDIX A: Cross-Cutting Reference Documents And Websites

Cross-Cutting Reference Documents

1	Authorizing Legislation of the Health Center Program: Section 330 of the Public Health Service Act (42 U.S.C. §254b) http://www.bphc.hrsa.gov/about/requirements.htm
2	Program Regulations (42 CFR Part 51c and 42 CFR Parts 56.201-56.604 for Community and Migrant Health Centers) http://www.bphc.hrsa.gov/about/requirements.htm
3	Grants Regulations (45 CFR Part 74) http://www.bphc.hrsa.gov/about/requirements.htm
4	Health Center Program Requirements Overview Slides http://www.bphc.hrsa.gov/about/requirements.htm
5	Glossary of Terms and Concepts for Primary Health Care Centers http://www.mscginc.com/Resources
6	*New Health Center Set-Up Task List (PHC, Inc.) http://www.mscginc.com/Resources

Useful Websites

1	Health Resources and Services Administration (HRSA) website http://www.hrsa.gov/
2	Bureau of Primary Health Care (BPHC) website http://bphc.hrsa.gov/
3	BPHC Policy Information Notices and Program Assistance Letters (PINS and PALS) website http://bphc.hrsa.gov/policy/
4	BPHC Technical Assistance (TA) website http://bphc.hrsa.gov/ta/default.aspx

APPENDIX B: Recommended Reference Documents

Unless a separate URL is provided, all documents referenced in this Appendix can be found in the online Management Solutions Consulting Group (MSCG) Consultant Resource Center at <http://www.mscginc.com/Resources>. The Resource Center is a repository of vetted documents shared by consultants, as well as publications from BPHC, NACHC, and other BPHC Cooperative Agreement partners. The documents are arranged categorically and it is recommended that consultants use and share **only** these documents and publications with BPHC grantees. If there are other items consultants wish to add to the Resource Center, they must first be vetted before they can be used on-site via the process outlined in Resource Center. BPHC Policy documents (PINs and PALs) are also available online at: <http://www.bphc.hrsa.gov/policy/>

Note: All non-policy documents are meant to be used as “sample” documents and aides to consultants and grantees. Publications and documents that HRSA has not produced nor endorsed are marked with an asterisk “*”.

SECTION I: NEED

1.C Documents for Needs Assessment

For Consultant Reference

Service Area Overlap Assessment Site Visit Protocol (*for site visits with service area overlap concerns*) and UDS Mapper tool, available online at <http://www.udsmapper.org>.

To Offer to Grantee

HRSA Need for Assistance (NFA) Resource Guide

SECTION II: SERVICES

2.C Documents for Required and Additional Services

**HRSA has not produced nor does it endorse the statements in these publications.*

Rev: December 2010

2.C Documents for Required and Additional Services

To Offer to Grantee

Cultural & Linguistic Competency (see questions under Requirements #5 and PI #2)

An Organizational Cultural Competence Assessment Profile (HRSA/BPHC), see <http://www.hrsa.gov/culturalcompetence/indicators/default.htm>

*Linguistic Competence in Primary Health Care Delivery Systems (Georgetown University)

*Working with Linguistically Diverse Populations (National Center for Cultural Competence)

Dental Services (see questions under Requirements #4 & #12, and PI #1)

*Safety Net Dental Clinic Manual, see <http://www.dentalclinicmanual.com>

*National Network for Oral Health Access, see <http://www.nnoha.org>

*Increasing Access to Dental Care Through Public/Private Partnerships: Contracting Between Private Dentists and Federally Qualified Health Centers, A Handbook (Burton L. Edelstein, D.D.S., M.P.H.)

*Template for manual of dental services, program procedures, clinical guidelines, and evaluation criteria

*Template for review of dental charts

Case Management (see questions under Requirement - Non-Clinical Services #1)

Levels of Case Management

Referral Tracking (see all Requirement questions and PI#6)

*Manual Referral Tracking System Template

Pharmacy Services (see questions under Requirement #16 and PI #5)

*The Bridge to 340B Comprehensive Pharmacy Services (University of Minnesota College of Pharmacy)

*Pharmacy Policies and Procedures (Hildago Medical Services)

*Impact of Big-Box Generic Medication Programs (Siouxland CHC)

Medicine for People in Need (Medpin) / HRSA Pharmacy Services Support Center (PSSC)

3.C Documents for Staffing

For Consultant Reference

Credentialing and Privileging (see Requirement questions and PI question #8)
PIN 01-16 Credentialing and Privileging of Health Center Practitioners
PIN 02-22 Clarification of Credentialing and Privileging of Health Center Practitioners

To Offer to Grantee

Personnel Policies and Employee Handbooks (see PI#2)

- *Sample Personnel Policies and Procedures (Author not listed)
- *Template for Employee Handbook (NACHC)
- *Employee Handbook (Community Health Care)

Performance Evaluation (see PI#6)

- *Annual Employee Performance Evaluation (PHC, Inc.)
- *Executive Director Performance Assessment (NACHC)

Credentialing & Privileging (see PI#8)

- *Overview of Credentialing and Privileging (Author not listed)
- *Dental Privileging Application (Primary Health Care, Inc.)
- *Sample Procedural Manual for Credentialing and Privileging (Scott Mgt Group)
- *Clinical Privileges (G.A. Carmichael Family Health Clinic)
- *Delineation of Clinical Privileges (Columbia Road Health)

Staff Contracts (see PI#9)

3.C Documents for Staffing

*Contract with Dentist

Employee Orientation (see PI#7 and #10)

*Template for New Employee Orientation (author not listed)

*Job-Specific Orientation and Competencies Record for MA, LPN, RN - PHC, Inc.

*Sample Provider Recruitment & Retention Plan (author not listed)

4.C Documents for Accessible Hours of Operation / Locations

For Consultant Reference (see PI#4)

Americans with Disabilities Act of 1990

Rehabilitation Act of 1973

5.C. Documents for After Hours Coverage

There are no documents recommended for this requirement.

6.C. Documents for Hospital Admitting Privileges & Continuum of Care

There are no documents recommended for this requirement.

7.C. Documents for Sliding Fee Discounts

For Consultant Reference

Federal Poverty Guidelines

**HRSA has not produced nor does it endorse the statements in these publications.*

Rev: December 2010

7.C. Documents for Sliding Fee Discounts

Federal Poverty Guidelines and Website <http://aspe.hhs.gov/poverty/index.shtml#latest>

Sliding Fee Discount Policy

BPHC webpage on Sliding Fee Scale Discount Policy at <http://bphc.hrsa.gov/slidingfeescale/requirements.htm>, copy also available on disk / site with other documents referenced in this Guide

To Offer to Grantee

Sample Documents (See questions under Requirement s #1 and #2)

- *Sample Sliding Fee Scale

- *Sample Sliding Fee Discount Policy and Procedures

- *Sample Sliding Fee Eligibility Application

- *Sample Self Declaration Form

8.C Documents for Quality Improvement / Assurance Plan

For Consultant Reference

Board's Role in Quality Assurance (See PI#1)

Corporate Responsibility & Health Care Quality - A Resource for Boards (HHS OIG, American Health Lawyers Association)

HIPAA (See PI#6d)

PAL 01-27 Protecting the Privacy of Patients Health Information HIPAA Internet

Risk Management (See PI#7)

PAL 05-05 Web-Based Clinical Risk Management Resource Initiative for Health Centers

FTCA (see PI#7d and e)

PIN 99-08 Health Centers & FTCA

**HRSA has not produced nor does it endorse the statements in these publications.*

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8.C Documents for Quality Improvement / Assurance Plan
<p>PIN 99-15 Questions and Answers on the Federal Tort Claims Act Coverage for Section 330-Deemed Grantees</p> <p>PIN 01-11 Clarification of Policy for Health Centers Deemed Covered Under the FTCA for Medical Malpractice</p>
<p>PIN 02-22 Clarification of Credentialing and Privileging Policy Outlined in PIN 01-16</p> <p>PAL 05-01 FTCA Coverage of Corporations under Contract with CHCs</p> <p>PIN 07-16 FTCA Coverage for Responding to Emergencies</p> <p>PAL 08-05 Deeming Requirements for CY09</p> <p>PAL 05-01 FTCA Policy Clarification on Coverage of Corporations under Contract with Health Center</p> <p>Scope of Project & Requesting Changes (See PI#8)</p> <p>PIN 08-01 Defining Scope of Project and Policy for Requesting Changes</p> <p>To Offer to Grantee</p> <p>Quality Assurance/Performance Improvement Plan (See questions under Requirement #1 and PI#3)</p> <p>*Sample Performance Improvement Plan (Primary Health Care, Inc)</p> <p>*QA/QI Plan (Primary Health Care, Inc.)</p> <p>Templates for Chart Reviews (See Requirement 2.b.)</p> <p>*Dental Charts</p> <p>*Case Management Charts -- Levels I, II, & III (Gray, E.M.)</p> <p>HIPAA (See questions under Requirement 1.b. and PI#6d)</p> <p>http://www.hrsa.gov/servicedelivery/hipaa.htm</p> <p>PAL 01-27 Protecting the Privacy of Patients Health Information HIPAA Internet</p> <p>Case-management, record transfer, and tracking services for mobile populations (See PI#6f)</p> <p>*Bridge Case-Management/Record Transfer/Patient Navigation (Migrant Clinicians Network) available at http://www.migrant/clinician.org/ or http://www.migrant/clinician.org/clearinghouse</p>

**HRSA has not produced nor does it endorse the statements in these publications.*

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8.C Documents for Quality Improvement / Assurance Plan

Risk Management (See PI#7)

*Best Practices to Optimize Prevention (Berger, P.S.)

*Clinical Risk Management Virtual Office (NACHC)

*Sample Risk Mgt Plan - Injury Prevention (Primary Health Care, Inc.)

*How to Develop a Risk Management Plan (author not listed)

*Sample Risk Management Plan (Shasta CHC)

*Sample Risk Management Plans (NACHC)

*Implementing a Risk Management Program for Your Health Center (NACHC Info Bulletin)

*Management of Environment of Care (NACHC)

FTCA (see PI#7d)

Clinician's Handbook on FTCA (HRSA)

FTCA Toolkit

Policies & Procedures

*Risk Management Policies & Procedures Template (author not listed)

*Quality Improvement Policies and Procedures (Hidalgo Medical Services)

*Safety and Health Policies and Procedures Template (author not listed)

*Safety Policy (NACHC)

*Incident Reporting Policies and Procedures (Cincinnati Health Dept.)

*"Putting Measurement Into Practice With a Clinical Instrument Panel" Family Practice Management, Feb. 2003

Patient Experience/Satisfaction (see Requirement 1d and PI#3.e.)

*Sample Patient Satisfaction Survey (CHCs of Lane County)

**HRSA has not produced nor does it endorse the statements in these publications.*

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SECTION III: MANAGEMENT AND FINANCE

9.C Documents for Key Management Staff

To Offer to Grantee

Performance Assessment (see PI#2 and #5)

*Template: Executive Director Performance Assessment (NACHC)

10.C Documents for Contractual / Affiliation Agreements

For Consultant Reference

Award Administrative Requirements

CFR- Title 45- PART 74- Uniform Administrative Requirements for Awards

FTCA Coverage

PAL 05-01 FTCA Policy Clarification on Coverage of Corporations under Contract with Health Centers

To Offer to Grantee

Organizational Structures (General Reference)

*Organizational Structures

Procurement Contracts (see Part 1 of Requirement)

Affiliation Agreements (see Part 1 of Requirement)

*A Guide to Affiliations - Options, Steps, and Legal Considerations (NACHC)

PIN 97-27 Affiliation Agreements of Community and Migrant Health Centers

PIN 98-24 Amendment to PIN 97-27 Re Affiliation Agreements of Community and Migrant Health Centers

Affiliation Checklist (HRSA/BPHC)

**HRSA has not produced nor does it endorse the statements in these publications.*

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10.C Documents for Contractual / Affiliation Agreements

Subrecipients (see Part 2 of Requirement)

*Sample Subrecipient Operating Agreement

*Subrecipient Relationship Overview

11.C Documents for Collaborative Relationships

For Consultant Reference

Service Area Overlap Assessment Site Visit Protocol (*for site visits with service area overlap concerns*) and UDS Mapper tool, available online at <http://www.udsmapper.org>.

PINs

PIN 97-27 Affiliation Agreements of Community and Migrant Health Centers

PIN 98-24 Amendment to PIN 97-27 Regarding Affiliation Agreements of Community and Migrant Health Centers

PIN 08-01 Defining Scope of Project and Policy for Requesting Changes

12.C Documents for Financial Management & Control Policies

For Consultant Reference

PALs (see PI# 5a)

PAL 01-20 Developing Strategy for RVU Analysis in Health Centers

Administrative Requirements for Grants and Other Agreements

OMB Circular A-110, Uniform Administrative Requirements for Grants and Other Agreements with Institutions of Higher Education, Hospitals and other Non-Profit Organizations (OMB)

CFR - Chapter 2 - Part 215 - Uniform Administrative Requirements for Grants and Other Agreements with Institutions of Higher Education, Hospitals and other Non-Profit Organizations (OMB)

**HRSA has not produced nor does it endorse the statements in these publications.*

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12.C Documents for Financial Management & Control Policies

To Offer to Grantee

For General Reference

*Ingenix (provider charge data for service area), website <http://www.Ingenix.com>

Audits (see questions under Requirement 2 and PI#15)

OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations

Board and Management Reports (see PI#2)

*Recommended topics and frequency of reports for Board & management (author not listed)

Sample Financial Documents (see PI#3, 4)

*Sample Financial Status Report Form (now known as the Federal Financial Report)

*Sample Balance Sheet and Income Statement

*Sample Chart of Accounts

*Sample Encounter Report by Payer Source

*Sample Financial Policies and Procedures

*Sample Provider Productivity Report

Cost Principles - OMB Circulars (see PI#5a)

Circular A-87, Cost Principles for State, Local, & Indian Tribal Governments

Circular A-122, Cost Principles for Non-Profit Organizations

13.C Documents for Billing & Collections

To Offer to Grantee

Payment (see PI#4)

*Sample Payment Form

**HRSA has not produced nor does it endorse the statements in these publications.*

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13.C Documents for Billing & Collections

Collections (see PI#5)

*The Art of Collections (Salud Family Health Center) available at [http://www.migrantclinician.org/files/resourcebox/TheArtofCollections.ppt#256,1,The Art of Collections](http://www.migrantclinician.org/files/resourcebox/TheArtofCollections.ppt#256,1,The%20Art%20of%20Collections)

*Sample Collection Procedures (Salud Family Health Center)

14.C Documents for Budget

There are no documents recommended for this requirement.

15.C Documents for Program Data Reporting Systems

For Consultant Reference

*Expansion Plan (Siskiyou Community Health Center)
Appendix D Required Performance Measures

To Offer to Grantee

Performance Measurement (see Requirement a)

PAL 08-06 Background and Purpose of the Performance Measure Implementation for HC Program Grantees

Appendix D. Required Performance Measures

UDS (see Requirement a and PI#9b)

UDS Website <http://bphc.hrsa.gov/uds/>

2009 UDS Manual

PAL 09-02 Uniform Data System Changes for Calendar Year 2009

Business Planning Guide (see PI#2)

**HRSA has not produced nor does it endorse the statements in these publications.*

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15.C Documents for Program Data Reporting Systems

*Business Planning Guide for Community Health Centers (NACHC)

Policies and Procedures for Information Management (see PI#7)

*Sample Information Management Policies and Procedures

Federal Financial Report (See PI#9e)

FFR Website <http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrquickguide.pdf>

Completing the Financial Status Report (FSR) (HRSA Seattle, 2001)

16.C Documents for Scope of Project

For Consultant Reference

Service Area Overlap Assessment Site Visit Protocol (*for site visits with service area overlap concerns*) and UDS Mapper tool, available online at <http://www.udsmapper.org>.

Expansions (see PI#3)

*Expansion Plan (Siskiyou Community Health Center)

To Offer to Grantee

PIN 08-01 Defining Scope of Project and Policy for Requesting Changes

SECTION IV: GOVERNANCE

17.C Documents for Board Authority

For Consultant Reference

**HRSA has not produced nor does it endorse the statements in these publications.*

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17.C Documents for Board Authority

Governance—General

PIN 98-12 Implementation of the Section 330 Governance Requirements
Sarbanes-Oxley Act of 2002

PL 108-173 - Sec 431 - Providing Safe Harbor for Certain Collaborative Efforts that Benefit MUPs
OIG Compliance Program for Individual and Small Groups (Federal Register, Vol. 65, No. 194)

To Offer to Grantee

Board Functions and Policies (See Requirement)

*Board & Administrator Responsibilities (author not listed)
*Board Committee Guidelines (author not listed)
*Board Functions and Responsibilities (author not listed)
Governing Board Handbook (HRSA)
*Sample Board of Directors Governance Policy Manual (Sumter CHC)
*Sample Table of Contents for Board Policy Manual (NACHC)
*Health Center Governing Board Requirements (IA/NEPCA)

Bylaws (see PI#3)

*Checklist for Health Center Bylaws (author not listed)
*Ensuring Compliant Health Center Bylaws and Effectively Addressing Conflict of Interest (NACHC)

Corporate Compliance & Responsibility (see PI#5)

*Corporate Governance-Post Enron (W.T. Allen, 2002)
An Integrated Approach to Corporate Compliance (HHS OIG, American Health Lawyers Association)
Corporate Responsibility and Corporate Compliance (HHS OIG, American Health Lawyers Association)
Corporate Responsibility & Health Care Quality - A Resource for Boards (HHS OIG, American Health Lawyers Association)

**HRSA has not produced nor does it endorse the statements in these publications.*

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17.C Documents for Board Authority

Self-Evaluation (see PI#7a)

*Sample Board Self Evaluation (Delaware Valley)

*Sample Board Self Evaluation (Sumter CHC)

*Sample Board Self Evaluation (author not listed)

18.C Documents for Board Composition

For Consultant Reference

PINs

PIN 98-12 Implementation of the Section 330 Governance Requirements

To Offer to Grantee

Board Composition (See Requirement)

*Board of Directors Composition (author not listed)

Recruiting and Retaining Board Members (see PI#1a)

*Recruitment, Retention and Development of Board Members (author not listed)

Application and Orientation Info for New Board Members (See PI#1b)

*Sample Board Member Application (Ochoco)

*Sample Board Member Application (Sumter CHC)

*Sample Board Member Expectations (Sumter CHC)

Governing Board Handbook (HRSA)

*Board & Administrator Responsibilities (author not listed)

Do you know your Board's Duties and Responsibilities?

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18.C Documents for Board Composition
<p>Standards of Conduct</p> <ul style="list-style-type: none"> *Sample Standards of Conduct for Board Members (author not listed) *Code of Conduct for Board Members (author not listed)
<p>Training and Needs Survey (see PI#1c)</p> <ul style="list-style-type: none"> *Sample Board Education, Training and Needs Survey (Sumter CHC)
18.C Documents for Board Composition
<p>For Consultant Reference</p> <p>PINs</p> <ul style="list-style-type: none"> PIN 98-12 Implementation of the Section 330 Governance Requirements <p>To Offer to Grantee</p> <p>Board Composition (See Requirement)</p> <ul style="list-style-type: none"> *Board of Directors Composition (author not listed) <p>Recruiting and Retaining Board Members (see PI#1a)</p> <ul style="list-style-type: none"> *Recruitment, Retention and Development of Board Members (author not listed) Application and Orientation Info for New Board Members (See PI#1b) *Sample Board Member Application (Ochoco) *Sample Board Member Application (Sumter CHC) *Sample Board Member Expectations (Sumter CHC) Governing Board Handbook (HRSA)

18.C Documents for Board Composition

*Board & Administrator Responsibilities (author not listed)

Do you know your Board's Duties and Responsibilities?

Standards of Conduct

*Sample Standards of Conduct for Board Members (author not listed)

*Code of Conduct for Board Members (author not listed)

Training and Needs Survey (see PI#1c)

*Sample Board Education, Training and Needs Survey (Sumter CHC)

19.C Documents for Conflict of Interest Policy

For Consultant Reference

General Reference

PIN 98-12 Implementation of the Section 330 Governance Requirements

Codes of Conduct from 42 CFR Part 51c.304(b)

Bylaws and Conflict of Interest

*Ensuring Compliant Health Center Bylaws and Effectively Addressing Conflict of Interest (NACHC)

To Offer to Grantee

Sample Disclosure Form (see PI#1)

*Annual Disclosure of Potential Conflicts of Interest and Conflict of Interest Form (Sumter CHC)

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APPENDIX C: Optional Summary Grid

The following grid may be helpful in noting where a grantee stands on each requirement. A color-coding or lettering system may be used, such as:

Y	Grantee is compliant with the requirement.		N	Grantee is not in compliance with the requirement.
F-U	Grantee is compliant, but follow-up is needed.		R	A recommendation for performance improvement has been offered.
Requ.	Perf Impr.	Requirement	Comments (e.g., reason for non-compliance, summary of PI recommendation)	
		1. Needs Assessment		
		2. Required and Additional Services		
		3. Staffing		
		4. Accessible Hours of Operation / Locations		
		5. After Hours Coverage		
		6. Hospital Admitting Privileges and Continuum of Care		
		7. Sliding Fee Discounts		
		8. Quality Improvement / Assurance Plan		
		9. Key Management Staff		
		10. Contractual/Affiliation Agreements		
		11. Collaborative Relationships		
		12. Financial Management and Control Policies		
		13. Billing and Collections		
		14. Budget		
		15. Program Data Reporting Systems		
		16. Scope of Project		
		17. Board Authority		
		18. Board Composition		
		19. Conflict of Interest Policy		

APPENDIX D: Required Health Center Performance Measures

In order to support the provision of high quality patient care, HRSA-funded health centers are expected to have ongoing quality improvement/assessment programs that include clinical services and quality management. To this end, the Health Center Program incorporates systems of quality assessment, quality improvement, and quality management that focus provider responsibilities on improving care processes and outcomes.

In concert with performance improvement initiatives within the broader health care community, the Health Center Program incorporates quality-related performance measures that place emphasis on health outcomes and demonstrate the value of care delivered by health centers. The following required performance measures are selected to provide a balanced and comprehensive representation of health center services, clinically prevalent conditions among underserved communities, and the population across life cycles. Their use is familiar to the majority of health center grantees that have extensive experience working to improve the quality of perinatal, chronic, and preventative care services. Further, the performance measures are aligned with those of national standard setting organizations, and are commonly used by Medicare, Medicaid, and health insurance/managed care organizations to assess quality performance.

The measures below are to be reported by all grantees in the **Uniform Data System (UDS)**, and are included in the **Clinical and Financial Performance Measures Forms completed as part of the Fiscal Year 2011 Service Area Competition (SAC) and Budget Period Progress Report (BPR) applications**. For the most recent information on UDS reporting, visit <http://www.hrsa.gov/data-statistics/health-center-data/index.html> and for additional information on the performance measures, visit: <http://www.bphc.hrsa.gov/about/performanceasures.htm>. The alignment of the performance measures across grant performance reporting (UDS) and the grant application (SAC and BPR) also provides grantees with the opportunity to establish quality and performance goals for their organization and patient populations, and assess their progress toward these goals. The alignment furthers HRSA's objective to collect data in a way that minimizes grantee reporting burden, and helps document the value of the Health Center Program.

NOTES: Only grantees that provide or assume primary responsibility for some or all of a patient's prenatal care services, whether or not the grantee does the delivery, are required to include prenatal performance measures, including the required measures: *Percentage of pregnant women beginning prenatal care in the first trimester* and *Percentage of births less than 2,500 grams to health center patients*. Only grantees that represent a Tribal, Urban Indian, or Public Entity are able to select "Not Applicable" for the audit-related financial performance measures. Grantees that indicate that an audit-related measure is "Not Applicable" to their organization must provide a justification response in the comments section of the Financial Performance Measures Form.

Required Clinical Performance Measures

Focus	Measure	Numerator	Denominator (Universe)
Outreach / Quality of Care	Percentage of pregnant women beginning prenatal care in the first trimester	All female patients who received perinatal care during the program year (regardless of when they began care) who initiated care in the first trimester either at the grantee's service delivery location or with another provider.	Number of female patients who received prenatal care during the program year (regardless of when they began care), either at the grantee's service delivery location or with another provider. Initiation of care means the first visit with a clinical provider (MD, NP, CNM) where the initial physical exam was done and does not include a visit at which pregnancy was diagnosed or one where initial tests were done or vitamins were prescribed.
	Percentage of children with 2nd birthday during the measurement year with appropriate immunizations	Number of children in the "universe" who received all of the following: 4 DTP/DTaP, 3 IPV, 1 MMR, 3 Hib, 3 HepB, 1VZV (Varicella) and 4 Pneumococcal conjugate, prior to or on their 2nd birthday, among those children included in the denominator.	Number of children with at least one medical encounter during the measurement year, who had their second birthday during the measurement year prior to or on December 31, who did not have a contraindication for a specific vaccine. This includes children who were seen for the first time in the clinic prior to their second birthday, regardless of whether or not they came to the clinic for vaccinations or well child care.
	Percentage of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer	Number of female patients 24-64 years of age receiving one or more Pap tests during the measurement year or during the two years prior to the measurement year, among those women included in the denominator.	Number of female patients 24-64 years of age as of December 31 of the measurement year who were seen for a medical encounter at least once during the measurement year and were first seen by the grantee before their 65th birthday.

Focus	Measure	Numerator	Denominator (Universe)
Health Outcomes / Disparities	Percentage diabetic patients whose HbA1c levels are less than or equal to 9 percent	Number of adult patients age 18 to 75 years of age with a diagnosis of Type 1 or Type 2 diabetes whose most recent hemoglobin A1c level during the measurement year is $\leq 9\%$, among those patients included in the denominator.	Number of adult patients age 18 to 75 years of age as of December 31 of the measurement year with a diagnosis of Type 1 or Type 2 diabetes, who have been seen in the clinic at least twice during the reporting year and do not meet any of the exclusion criteria.
	Percentage of adult patients with diagnosed hypertension whose most recent blood pressure was less than 140/90	Patients 18 to 85 years of age with a diagnosis of hypertension with most recent systolic blood pressure measurement < 140 mm Hg and diastolic blood pressure < 90 mm Hg.	All patients 18 to 85 years of age as of December 31 of the measurement year with a diagnosis of hypertension and have been seen at least twice during the reporting year, and have a diagnosis of hypertension before June 30 of the measurement year.
	Percentage of births less than 2,500 grams to health center patients	Women in the "Universe" whose child weighed less than 2,500 grams during the measurement year, regardless of who did the delivery.	Total births for all women who were seen for prenatal care during the measurement year regardless of who did the delivery.

Additional Clinical Measures

In addition to the above UDS clinical measures, health centers must include **one Behavioral Health** (e.g., Mental Health or Substance Abuse) and **one Oral Health performance measure of their choice**.

Required Financial Performance Measures

Focus	Measure	Numerator	Denominator
Financial Viability / Costs	Total cost per patient	Total accrued cost before donations and after allocation of overhead	Total number of patients <i>UDS Lines: T8AL17CC/T4L6A for existing grantees</i>
	Medical cost per medical encounter	Total accrued medical staff and medical other cost after allocation of overhead (excludes lab and x-ray cost)	Non-nursing medical encounters (excludes nursing (RN) and psychiatrist encounters) <i>UDS Lines: T8AL1CC + T8AL3CC/T5L15CB - TT5L11CB for existing grantees</i>
	Change in net assets to expense ratio	Ending Net Assets - Beginning Net Assets	Total Expense Note: Net Assets = Total Assets – Total Liabilities
	Working capital to monthly expense ratio	Current Assets - Current Liabilities	Total Expense / Number of Months in Audit
	Long term debt to equity ratio	Long Term Liabilities	Net Assets

APPENDIX E: American Recovery and Reinvestment Act (ARRA) Grant Progress Review

Background: The American Recovery and Reinvestment Act (ARRA), signed into law February 17, 2009, provided nearly \$2 billion in grants to health centers to support the Act's goals of job preservation and creation, economic recovery, help to people most impacted by the recession, increased economic efficiency, long-term economic investment in infrastructure, and the preservation of essential services. Health centers receiving funding under ARRA are required to submit quarterly reports on programmatic progress on these grants. ARRA grants to health centers have or will include approximately:

- \$500 million for New Access Points (NAP) and Increased Demand for Services (IDS) awards to support new and existing health center grantees to meet spikes in uninsured populations by offering extended hours, expanding services, and/or increasing numbers of providers.
- \$850 million for the Capital Improvement Program (CIP), to support the construction, repair and renovation of health center sites nationwide, including the purchase of new equipment or health information technology, and expanding the use of certified electronic health records (EHR).
- \$500 million for the Facility Investment Program (FIP), which addresses significant and pressing capital improvement needs in health centers, including modernization, renovation, and construction, while creating employment opportunities in underserved communities over the next 2 years. *NOTE: Early in FY 2011, approximately \$727 million was awarded using Affordable Care Act funds to 143 additional applications that had originally been submitted under ARRA/FIP for capital development projects*

Documents and Items to Review:

- Current ARRA Health Center Quarterly Report (HCQR) Report
- Federal ARRA Section 1512 reports for all ARRA grants (<http://www.federalreporting.gov/>)
- ARRA applications (NAP, IDS, CIP, FIP) to review scope of planned work
- **For CIP and FIP grants, visually tour/review the progress of construction or alterations/renovations and if possible, take photos to attach to the site visit report**

ARRA Award		Questions	Response
a	Increased Demand for Services (IDS) and New Access Point (NAP) Awards	As a result of the ARRA award, what goals or objectives has the grantee accomplished from their IDS and NAP grants since the last Quarterly Report, including but not limited to: <ul style="list-style-type: none"> • new sites opened; • number of new patients that received services; • number of visits new patients received; • number of new uninsured patients that received services; and • number of jobs retained or created? 	
		What factors, if any, are contributing to OR restricting the performance and success of the ARRA supported activities?	
		What role and/or technical assistance could BPHC or other partners provide to assist the grantee in improving the progress or completion of the ARRA activities, if applicable?	
b	Capital Improvement Program (CIP) and Facility Investment Program (FIP)	As a result of the ARRA award, what goals or objectives has the grantee accomplished from their CIP and FIP grants since the last Quarterly Report, including but not limited to: <ul style="list-style-type: none"> • new equipment purchased; • construction completed and/or new sites opened; • alterations/renovations completed; and • HIT equipment and/or certified EHRs implemented? 	
		What factors, if any, are contributing to OR restricting the performance and success of the ARRA supported activities?	
		What role and/or technical assistance could BPHC or other partners provide to assist the grantee in improving the progress or completion of the ARRA activities, if applicable?	