

## Health Center Program Site Visit Report

### ▼ TA010254: (H80CS00024) Pinellas County Board of County Commissioners

**TA Dates:** 4/2/2024 - 4/4/2024  
**TA Category:** Site Visits to Grantees  
**Project Officer:** Cindy Eugene

**TA Experts:** Kathy Davis (Lead), Paul Grogan, Martha Carter  
**TA Site Visit Type:** Operational Site Visit

This report has been prepared on behalf of the Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC) for the purposes of oversight of the Health Center Program. This is a DRAFT site visit report and contains HRSA's findings and preliminary compliance determinations. For any findings indicating that program compliance was not demonstrated based on the site visit, your health center has received a Correspondence Request, which provides an opportunity for your health center to respond with additional information that may correct these program compliance issues prior to issuance of the final site visit report. HRSA will review your Correspondence Request response(s), make final compliance determinations, and then issue a FINAL site visit report.

## Site Visit Participants

### Documents Reviewed and/or Interviews Conducted

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

: Yes

: No

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

### Expertise

Expertise	Expert Name
Clinical	Martha Carter
Fiscal	Paul Grogan
Governance/Admin	Katherine Davis

### Site Visit Participants

Name (Last, First, optional Credential)	Title	If 'Other' is selected, provide Title	Interviewed	Entrance Conference	Exit Conference
Butler- Harris, Lori	HRSA Representative (on-site)		No	Yes	Yes
Booker, Maxine	Board Member		No	No	No
Bruning, Christa	Board Secretary		Yes	No	Yes
Burns, Tim	Other	Program Services Division Director	Yes	Yes	Yes
Carrillo, Lisa	Other	Contracts Manager	No	No	Yes
Choe, Ulyee, DO	Chief Medical Officer (CMO)		Yes	Yes	Yes
DeGregorio, Elisa	Chief Executive Officer (CEO)/Project Director		Yes	Yes	Yes
Erb, Edi	Board Chair/President		Yes	No	No
Hillmon, Eddie	Board Member		Yes	No	Yes
Kelly, Victoria	Board Member		Yes	No	Yes
Keogh, Carolyn	Board Member		Yes	No	No
Moller, Sara	Board Member		No	No	Yes

Name (Last, First, <i>optional</i> Credential)	Title	If 'Other' is selected, provide Title	Interviewed	Entrance Conference	Exit Conference
O'Brien, Rhonda, APRN	Quality Improvement/Quality Assurance (QI/QA) Director		Yes	No	Yes
Pondolfino, Joseph	Board Member		Yes	No	No
Post, Jennier	Board Member		Yes	No	No
Slyker, Avery	Board Member		Yes	No	No
Stanton, Abigail	Other	Contract Manager	Yes	Yes	Yes
Sturm, Ashley	Other	Public Services Manager	Yes	Yes	Yes
Van Bruggen, Melissa	Clinical Director		Yes	Yes	Yes
Vizandiou, Keri	Other	Business Services Division Director	Yes	Yes	Yes
Vrlas, Nena	HRSA Representative (off-site)		No	Yes	Yes
Yatchum, Karen	Other	Human Services Director	Yes	Yes	Yes

**Sites Visited**

Sites Visited

BPHC Site ID	Site Name	Site Address
BPS-H80-037285	DOH Mid County Health Center	8751 Ulmerton Rd, Largo, FL 33771

## Site Visit Compliance Summary

### Site Visit Compliance Summary

Program Requirements	Elements	Compliance Demonstrated? (HRSA)
<b>Needs Assessment</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Service Area Identification and Annual Review	Yes
	b. Update of Needs Assessment	Yes
<b>Required and Additional Services</b>	<b>Overall Compliance</b>	<b>No</b>
	<b>a. Providing and Documenting Services within Scope of Project</b>	<b>No</b>
	b. Ensuring Access for Limited English Proficient Patients	Yes
	c. Providing Culturally Appropriate Care	Yes
<b>Clinical Staffing</b>	<b>Overall Compliance</b>	<b>No</b>
	a. Staffing to Provide Scope of Services	Yes
	b. Staffing to Ensure Reasonable Patient Access	Yes
	c. Procedures for Review of Credentials	Yes
	d. Procedures for Review of Privileges	Yes
	e. Credentialing and Privileging Records	Yes
	<b>f. Credentialing and Privileging of Contracted or Referral Providers</b>	<b>No</b>
<b>Accessible Locations and Hours of Operations</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Accessible Service Sites	Yes
	b. Accessible Hours of Operation	Yes
	c. Accurate Documentation of Sites within Scope of Project	Yes
<b>Coverage for Medical Emergencies During and After Hours</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Clinical Capacity for Responding to Emergencies During Hours of Operation	Yes
	b. Procedures for Responding to Emergencies During Hours of Operation	Yes
	c. Procedures or Arrangements for After Hours Coverage	Yes
	d. After Hours Call Documentation	Yes
<b>Continuity of Care and Hospital Admitting</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Documentation of Hospital Admitting Privileges or Arrangements	Yes
	b. Procedures for Hospitalized Patients	Yes
	c. Post-Hospitalization Tracking and Follow-up	Yes
<b>Sliding Fee Discount Program</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Applicability to In-Scope Services	Yes
	b. Sliding Fee Discount Program Policies	Yes
	c. Sliding Fee for Column I Services	Yes
	d. Multiple Sliding Fee Discount Schedules	Yes
	e. Incorporation of Current Federal Poverty Guidelines	Yes
	f. Procedures for Assessing Income and Family Size	Yes
	g. Assessing and Documenting Income and Family Size	Yes
	h. Informing Patients of Sliding Fee Discounts	Yes
	i. Sliding Fee for Column II Services	Yes
	j. Sliding Fee for Column III Services	Yes
	k. Applicability to Patients with Third Party Coverage	Yes
l. Evaluation of the Sliding Fee Discount Program	Yes	
<b>Quality Improvement/Assurance</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. QI/QA Program Policies	Yes
	b. Designee to Oversee QI/QA Program	Yes



Program Requirements	Elements	Compliance Demonstrated? (HRSA)
	c. QI/QA Procedures or Processes	Yes
	d. Quarterly Assessments of Clinician Care	Yes
	e. Retrievable Health Records	Yes
	f. Confidentiality of Patient Information	Yes
<b>Key Management Staff</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Composition and Functions of Key Management Staff	Yes
	c. Process for Filling Key Management Vacancies	Yes
	d. CEO Responsibilities	Yes
	e. HRSA Approval for Project Director/CEO Changes	Yes
<b>Contracts and Subawards</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Procurement Procedures	Yes
	b. Records of Procurement Actions	Yes
	c. Retention of Final Contracts	Yes
	d. Contractor Reporting	Yes
	e. HRSA Approval for Contracting Substantive Programmatic Work	Yes
	f. Required Contract Provisions	Yes
	g. HRSA Approval to Subaward	N/A
	h. Subaward Agreement	N/A
	i. Subrecipient Monitoring	N/A
	j. Retention of Subaward Agreements and Records	N/A
<b>Conflict of Interest</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Standards of Conduct	Yes
	b. Standards for Organizational Conflicts of Interest	Yes
	c. Dissemination of Standards of Conduct	Yes
	d. Adherence to Standards of Conduct	Yes
<b>Collaborative Relationships</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Coordination and Integration of Activities	Yes
	b. Collaboration with Other Primary Care Providers	Yes
<b>Financial Management and Accounting Systems</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Financial Management and Internal Control Systems	Yes
	b. Documenting Use of Federal Funds	Yes
	c. Drawdown, Disbursement and Expenditure Procedures	Yes
	d. Submitting Audits and Responding to Findings	Yes
	e. Documenting Use of Non-Grant Funds	Yes
<b>Billing and Collections</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Fee Schedule for In-Scope Services	Yes
	b. Basis for Fee Schedule	Yes
	c. Participation in Insurance Programs	Yes
	d. Systems and Procedures	Yes
	e. Procedures for Additional Billing or Payment Options	Yes
	f. Timely and Accurate Third Party Billing	Yes
	g. Accurate Patient Billing	Yes
	h. Policies or Procedures for Waiving or Reducing Fees	Yes
	i. Billing for Supplies or Equipment	Yes
	j. Refusal to Pay Policy	Yes
<b>Budget</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Annual Budgeting for Scope of Project	Yes
	d. Other Lines of Business	Yes
<b>Program Monitoring and Data Reporting Systems</b>	<b>Overall Compliance</b>	<b>Yes</b>

Program Requirements	Elements	Compliance Demonstrated? (HRSA)
	a. Collecting and Organizing Data	Yes
	b. Data-Based Reports	Yes
<b>Board Authority</b>	<b>Overall Compliance</b>	<b>No</b>
	a. Maintenance of Board Authority Over Health Center Project	No
	b. Required Authorities and Responsibilities	Yes
	c. Exercising Required Authorities and Responsibilities	No
	d. Adopting, Evaluating, and Updating Health Center Policies	Yes
	e. Adopting, Evaluating, and Updating Financial and Personnel Policies	Yes
<b>Board Composition</b>	<b>Overall Compliance</b>	<b>No</b>
	a. Board Member Selection and Removal Process	Yes
	b. Required Board Composition	Yes
	c. Current Board Composition	Yes
	d. Prohibited Board Members	No
	f. Utilization of Special Population Input	Yes

Program Requirements	Non-Compliant Elements	Program Specific Condition
<b>Required and Additional Services</b>	a. Providing and Documenting Services within Scope of Project	Required and Additional Health Services-90-a: Providing and Documenting Services within Scope of Project
<b>Clinical Staffing</b>	f. Credentialing and Privileging of Contracted or Referral Providers	Clinical Staffing-90-f: Credentialing and Privileging of Contracted or Referral Providers
<b>Board Authority</b>	a. Maintenance of Board Authority Over Health Center Project	Board Authority-90-a: Maintenance of Board Authority Over Health Center Project
	c. Exercising Required Authorities and Responsibilities	Board Authority-90-c: Exercising Required Authorities and Responsibilities
<b>Board Composition</b>	d. Prohibited Board Members	Board Composition-90-d: Prohibited Board Members

## Needs Assessment

### Authority

**Authority**

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

### Related Considerations

#### Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

**Overall Compliance Demonstrated:**

: Yes

: No

### Compliance Assessment

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

**Description**

The health center identifies and annually reviews its service area<sup>1</sup> based on where current or proposed patient populations reside as documented by the ZIP codes reported on the health center's **Form 5B: Service Sites**. [In addition, these service area ZIP codes are consistent with patient origin data reported by ZIP code in its annual **Uniform Data System (UDS)** report (for example, the ZIP codes reported on the health center's Form 5B: Service Sites would include the ZIP codes in which at least 75 percent of current health center patients reside, as identified in the most recent UDS report).]

**Note:** HRSA does not assess health center compliance with the portion of element "a" in brackets during the site visit. HRSA assesses compliance with the portion of element "a" in brackets during its review of the health center's competing continuation application (Service Area Competition (SAC) or Renewal of Designation (RD)).

<sup>1</sup> Also referred to as "catchment area" in the Health Center Program implementing regulation in 42 CFR 51c.102.

**1. Does the health center use patient origin data from its most recent UDS report when recording or updating ZIP codes on its Form 5B site entries?:**

: Yes

: No

**If No, an explanation is required (for example, Form 5B ZIP codes reflect newer data available to the health center)::**

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

: Yes

: No

**Note:**

*A health center's annual service area review may be conducted in a number of ways; for example, as part of a competitive application or as a separate activity during the year, such as review of annual UDS patient origin data or other data on where patients reside.*

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

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

: Yes

: No

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

**Description**

The health center completes or updates a needs assessment of the current or proposed population at least once every 3 years,<sup>2</sup> for the purposes of informing and improving the delivery of health center services. The needs assessment utilizes the most recently available data<sup>3</sup> for the service area and, if applicable, **special populations** and addresses the following:

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

<sup>2</sup> Compliance may be demonstrated based on the information included in a Service Area Competition (SAC) or a Renewal of Designation (RD) application. Note that in the case of a Notice of Funding Opportunity for a New Access Point or Expanded Services grant, HRSA may specify application-specific requirements for demonstrating an applicant has consulted with the appropriate agencies and providers consistent with Section 330(k)(2)(D) of the PHS Act. Such application-specific requirements may require a completed or updated needs assessment more recent than that which was provided in an applicant's SAC or RD application.

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

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

: Yes

: No

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

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

: Yes

: No

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

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

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

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: Yes

: No

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

**6. Did the health center provide at least one example of how it used the results of its needs assessment to inform and improve the delivery of health center services?:**

: Yes

: No

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

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

: Yes

: No

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## Required and Additional Health Services

### Authority

#### Authority

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

### Related Considerations

#### Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

#### Overall Compliance Demonstrated:

: Yes

: No

### Compliance Assessment

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

#### Description

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

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

<sup>1</sup> In accordance with 45 CFR 75.308 (**Uniform Administrative Requirements: Revision of Budget and Program Plans**), health centers must request prior approval from HRSA for a change in the scope or the objective of the project or program (even if there is no associated budget revision requiring prior written approval). This prior approval requirement applies, among other things, to the addition or deletion of a service within the scope of project. These changes require prior approval from HRSA and must be submitted by the health center as a formal Change in Scope request. Visit [Scope of Project website](#) for further details on scope of project, including the [Form 5A Service Descriptors](#) listed on [Form 5A: Services Provided](#).

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

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

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



benefit contributions withheld.

<sup>5</sup> See [Health Center Program Compliance Manual] [Chapter 12: Contracts and Subawards](#) for more information on program requirements around contracting.

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

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

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**1. Considering all services on Form 5A across all Columns, are services recorded on Form 5A consistent with how they are offered by the health center?:**

: Yes

: No

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**2. IF NO: Did the health center submit Change in Scope requests to HRSA to correct all Form 5A inconsistencies?:**

: Yes

: No

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**If Yes OR No, specify the inconsistencies observed and whether the relevant Change in Scope requests were submitted to HRSA to correct the accuracy of Form 5A.: Optometry and speech-language pathology/therapy services are provided through a formal agreement with the Florida Department of Health as Column II services, but these services were not listed on the recipient’s Form 5A.**

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**3. FORM 5A, COLUMN I: Is the health center directly providing all services on its current Form 5A, Column I?:**

: Yes

: No

: Not Applicable

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

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**If No, an explanation is required, including specifying any inconsistencies between services provided directly by the health center and those recorded on Form 5A, Column I.:**

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**4. FORM 5A, COLUMN II**

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

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**4.1 Does the health center maintain formal written contracts/agreements for services on its current Form 5A, Column II?:**

: Yes

: No

: Not Applicable

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**4.2 Do the health center’s contracts/agreements document how the health center will pay for the services?:**

: Yes

: No

: Not Applicable

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**4.3 Do the health center’s contracts/agreements or supporting internal procedures document how information about the services will be provided to the health center for inclusion in health center patient records?:**

: Yes

: No

: Not Applicable

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**4.4 Did the health center provide patient records from the past 24 months that document receipt of specific contracted services?:**

: Yes

: No

: Not Applicable

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**If No OR Not Applicable was selected for any of the above, an explanation is required providing details on the specific services::**

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**5. FORM 5A, COLUMN III**

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**Note:**

Select "Not Applicable" if the health center does not offer any services via Column III.

**5.1 Does the health center maintain formal written referral arrangements for services on its current Form 5A, Column III?:**

: Yes

: No

: Not Applicable

**5.2 Do the health center's formal written referral arrangements or other documentation (for example, health center procedures) include provisions that address:**

- How referrals will be made and managed; and
- The process for tracking and referring patients back to the health center for appropriate follow-up care (for example, exchange of patient record information, receipt of lab results)?

:

: Yes

: No

: Not Applicable

**5.3 Do the health center patient records include information from these referrals (for example, lab results) and appropriate follow-up care?:**

: Yes

: No

: Not Applicable

**If No OR Not Applicable was selected for any of the above, an explanation is required providing details on the specific services::**

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

: Yes

: No

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

**Description**

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

**6. Does the health center provide access to interpretation for health center patients with LEP?:**

: Yes

: No

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

**7. Did the health center provide examples of key documents currently in use that are translated into different languages for its patient population and that enable patients to access health center services?:**

: Yes

: No

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

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

: Yes

: No

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

**Description**

The health center makes arrangements and/or provides resources (for example, training) that enable its staff to deliver services in a manner that is culturally sensitive and bridges linguistic and cultural differences.

**8. Did the health center provide an example of how it delivers services in a manner that is culturally appropriate for its patient population (for example, culturally-appropriate health promotion tools)?:**

: Yes

: No

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

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

: Yes

: No

## Clinical Staffing

### Authority

**Authority**

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

### Related Considerations

#### Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

**Overall Compliance Demonstrated:**

: Yes

: No

### Compliance Assessment

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

**Description**

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

<sup>1</sup> Clinical staff includes licensed independent practitioners (for example, physician, dentist, physician assistant, nurse practitioner, clinical psychologist), other licensed or certified practitioners (for example, registered nurse, licensed practical nurse, registered dietitian, certified medical assistant, phlebotomist, respiratory therapist, licensed or certified behavioral health support staff), and other clinical staff providing services on behalf of the health center (for example, medical assistants, peer navigators, or community health workers in states, territories, or jurisdictions that do not require licensure or certification).

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

1. Does the health center's current clinical staffing makeup (such as employees, volunteers, contracted and referral providers) enable it to carry out the approved scope of project on Form 5A?:

: Yes

: No

If No, an explanation is required specifying why staffing is insufficient and for which services.:

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

: Yes

: No

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

**Description**

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

2. Did the health center provide one to two examples of how the mix (for example, pediatric and adult providers) and number (for example, full or part time staff, contracted providers) of clinical staff are responsive to the size, demographics, and needs of its patient population?:

: Yes

: No

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

3. Based on the health center's most recent UDS, is the number and mix of current staff (considering all sites and all service delivery methods) sufficient to ensure reasonable patient access to health center services?:

: Yes

: No

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

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

: Yes



: No

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

### Description

The health center has operating procedures for the initial and recurring review (for example, every 2 years) of credentials for all clinical staff members (licensed independent practitioners (LIPs), other licensed or certified practitioners (OLCPs), and other clinical staff providing services on behalf of the health center) who are health center employees, individual contractors, or volunteers. These **credentialing** procedures would ensure verification of the following, as applicable:

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

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

<sup>4</sup> The NPDB is an electronic information repository authorized by Congress. It contains information on medical malpractice payments and certain adverse actions related to health care practitioners, entities, providers, and suppliers. For more information, visit [National Practitioner Data Bank](#).

---

### 4. INITIAL CREDENTIALING ONLY: Do the health center's credentialing procedures require verification of the following for all clinical staff, as applicable, *upon hire*:

#### Note:

*Clinical staff are health center employees, individual contractors, or volunteers and include LIPs, OLCPs and other clinical staff.*

#### 4.1 Clinical staff member's identity using a government-issued picture identification?:

: Yes

: No

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

: Yes

: No

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

: Yes

: No

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

### 5. INITIAL AND RECURRING CREDENTIALING PROCEDURES: Do the health center's credentialing procedures require verification of the following for all clinical staff *upon hire AND on a recurring basis*:

#### Note:

*Clinical staff are health center employees, individual contractors, or volunteers and include LIPs, OLCPs and other clinical staff.*

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

: Yes

: No

#### 5.2 Completion of a query through the NPDB? :

: Yes

: No

#### 5.3 DEA registration, as applicable? :

: Yes

: No

---

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

: Yes

: No

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

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

: Yes

: No

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

**Description**

The health center has operating procedures for the initial granting and renewal (for example, every 2 years) of privileges for clinical staff members (LIPs, OLCPs, and other clinical staff providing services on behalf of the health center) who are health center employees, individual contractors, or volunteers. These [privileging](#) procedures would address the following:

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

<sup>5</sup> The CDC has published recommendations and many states have their own recommendations or standards for provider immunization and communicable disease screening. For more information about CDC recommendations, visit [CDC: Recommended Vaccines for Healthcare Workers](#).

**6. Do the health center's operating procedures address both the initial granting and renewal of privileges for all clinical staff?:**

: Yes

: No

**Note:**

*Clinical staff are health center employees, individual contractors, or volunteers and include LIPs, OLCPs and other clinical staff.*

If No, an explanation is required: :

**7. Do the health center's privileging procedures require verification of fitness for duty for all clinical staff upon hire AND on a recurring basis?:**

: Yes

: No

**Note:**

*Clinical staff are health center employees, individual contractors, or volunteers and include LIPs, OLCPs and other clinical staff.*

If Yes OR No was selected, an explanation is required, including specifying how the health center has verified fitness for duty to ensure all clinical staff have the physical and cognitive ability to safely perform their duties:: The health center uses a self-attestation form to verify fitness for duty, which is completed and signed by the clinical staff member and the medical director.

**8. Do the health center's privileging procedures require verification of the following for all clinical staff upon hire AND on a recurring basis:**

**Note:**

*Clinical staff are health center employees, individual contractors, or volunteers and include LIPs, OLCPs and other clinical staff.*

**8.1 Immunization and communicable disease status?:**

: Yes

: No

**8.2 Current clinical competence? :**

: Yes

: No

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

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

: Yes

: No

If No, an explanation is required::

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

: Yes

: No

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

**Description**

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

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

: Yes

: No

If No, an explanation is required::

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

: Yes

: No

If No, an explanation is required::

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

: Yes

: No

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

**Description**

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

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

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

12. Does the health center ensure through provisions in contracts or through other means (for example, the contracted organization provides the health center with documentation of Joint Commission accreditation) that contracted services (Form 5A, Column II) are provided by organizations that:

**Notes:**

- o Select "Not Applicable" if the health center does not offer any clinical services via **Column II**.
- o For any **Column II** service that involves a contract with a provider organization, the credentialing and privileging process for the provider may either be conducted by the provider organization or may be conducted by the health center. Individual contractors are credentialed and privileged by the health center (refer to element "c").

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

: Yes

: No

: Not Applicable

12.2 Verify providers are competent and fit to perform the contracted services through a privileging process?:

: Yes

: No

: Not Applicable

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

13. Does the health center ensure through provisions in written referral arrangements or through other means (for example, the referral organization provides the health center with documentation of Joint Commission accreditation) that referred services (Form 5A, Column III) are provided by organizations that:

**Notes:**

- o Select "Not Applicable" if the health center does not offer any clinical services via **Column III**.

- o For all **Column III** services, the credentialing and privileging process for providers is external; for example, conducted by the referral provider or referral organization.

---

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

: Yes

: No

: Not Applicable

---

**13.2 Verify providers are competent and fit to perform the referred services through a privileging process?:**

: Yes

: No

: Not Applicable

---

**If No was selected for any of the above, an explanation is required::** The Column III agreement with Evara Health (formerly Community Health Centers of Pinellas County, Inc.) for well-child and obstetrical care does not include a provision for privileging clinical staff.

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

: Yes

: No



## Accessible Locations and Hours of Operation

### Authority

#### Authority

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

### Related Considerations

#### Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

#### Overall Compliance Demonstrated:

: Yes

: No

### Compliance Assessment

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

#### Description

The health center's **service site(s)** are accessible to the patient population relative to where this population lives or works (for example, in areas immediately accessible to public housing for health centers targeting **public housing residents**, or in shelters for health centers targeting **individuals experiencing homelessness**, or at migrant camps for health centers targeting **agricultural workers**). Specifically, the health center considers the following factors to ensure the accessibility of its sites:

- Access barriers (for example, barriers resulting from the area's physical characteristics, residential patterns, or economic and social groupings); and
- Distance and time taken for patients to travel to or between service sites in order to access the health center's full range of in-scope services.

1. Does the health center take the following factors, including any special populations, into consideration in determining where to locate its sites:

1.1 Patient access barriers, such as those resulting from the area's physical characteristics, residential patterns, or economic and social factors?:

: Yes

: No

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

: Yes

: No

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

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

: Yes

: No

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

#### Description

The health center's total number and scheduled hours of operation across its service sites are responsive to patient needs by facilitating the ability to schedule appointments and access the health center's full range of services within the HRSA-approved **scope of project**<sup>1</sup> (for example, a health center service site might offer extended evening hours 3 days a week based on input or feedback from patients who cannot miss work for appointments during normal business hours).

<sup>1</sup> Services provided by a health center are defined at the **awardee/designee** level, not by individual site. Thus, not all services must be available at every health center service site; rather, health center patients must have reasonable access to the full complement of services offered by the center as a whole, either directly or through formal written established arrangements. Visit the **Scope of Project website** for further details, including services and column descriptors listed on **Form 5A: Services Provided**.

2. Has the health center taken patient needs into consideration in setting the hours of operation of its sites? For example, based on available health center resources, the hours of operation are aligned with the most requested appointment times or the most in-demand services.:

: Yes

: No

---

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

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

: Yes

: No

---

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

**Description**

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

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<sup>2</sup> In accordance with 45 CFR 75.308(c)(1)(i), health centers must request prior approval from HRSA for a "Change in the scope or the objective of the project or program (even if there is no associated budget revision requiring prior written approval)." This prior approval requirement applies to the addition or deletion of a service site. These changes require prior approval from HRSA and must be submitted by the health center as a formal Change in Scope request. Visit the **Scope of Project website** for further details.

---

**3. Does the health center need to add or remove any sites on its Form 5B?:**

: Yes

: No

---

**4. IF YES: Has the health center submitted any Change in Scope requests to HRSA to correct Form 5B?:**

: Yes

: No

---

**If Yes OR No, specify any inconsistencies observed and whether the relevant Change in Scope requests have been submitted to HRSA to correct Form 5B.:**

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

: Yes

: No

---

## Coverage for Medical Emergencies During and After Hours

### Authority

#### Authority

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

### Related Considerations

#### Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

#### Overall Compliance Demonstrated:

: Yes

: No

### Compliance Assessment

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

#### Description

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

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

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

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

: Yes

: No

If No, an explanation is required, including stating what provisions the health center has in place to respond to patient medical emergencies during regularly-scheduled hours of operation at its sites.:

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

: Yes

: No

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

#### Description

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

2. Does the health center have operating procedures for responding to patient medical emergencies during the health center's regularly-scheduled hours of operation?:

: Yes

: No

If No, an explanation is required.:

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

: Yes

: No

If No, an explanation is required.:

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

: Yes

: No

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

**Description**

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

- Coverage is provided via telephone or face-to-face by an individual with the qualification and training necessary to exercise professional judgment in assessing a health center patient's need for emergency medical care;
- Coverage includes the ability to refer patients either to a licensed independent practitioner for further consultation or to locations such as emergency rooms or urgent care facilities for further assessment or immediate care as needed; and
- Patients, including those with **limited English proficiency (LEP)**,<sup>4</sup> are informed of and are able to access after-hours coverage, based on receiving after-hours coverage information and instructions in the language(s), literacy levels, and formats appropriate to the health center's patient population needs.

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<sup>3</sup> See [Health Center Program Compliance Manual] [Chapter 12: Contracts and Subawards](#) for more information on oversight over such arrangements.

<sup>4</sup> Under Section 602 of Title VI of the Civil Rights Act and the Department of Health and Human Services implementing regulations (45 CFR Section 80.3(b)(2)), recipients of federal financial assistance, including health centers, must take reasonable steps to ensure meaningful access to their programs, services, and activities by eligible **limited English proficient (LEP)** persons. Visit [Office of Civil Rights: Guidance to Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons - Summary](#) for further guidance on translating vital documents for LEP persons.

---

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

:

: Yes

: No

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

---

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

: Yes

: No

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

---

**6. Has the health center addressed barriers that patients face when attempting to use the health center's after-hours coverage? This includes barriers due to LEP or literacy levels.:**

: Yes

: No

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

---

**7. Based on the after-hours call you made to the health center, did you confirm the following:**

---

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

: Yes

: No

---

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

: Yes

: No

---

**7.3 Provisions are in place for calls from patients with LEP?:**

: Yes

: No

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

---

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

: Yes

: No

---

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

**Description**

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

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<sup>5</sup> See [Health Center Program Compliance Manual] [Chapter 8: Continuity of Care and Hospital Admitting](#) for more information on continuity of care.



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

: Yes

: No

---

If No, an explanation is required::

9. Based on review of systems or the sample of records, does the health center provide the necessary follow-up? For example, the health center contacts the patient within a certain number of days to check in on the patient's condition or to schedule an appointment.:

: Yes

: No

---

**Note:**

*For a health center with no after-hours calls that required follow-up (for example, a newly-funded health center that recently started its operations), review operating procedures and interview health center staff to respond to this question.*

---

If No, an explanation is required::

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

: Yes

: No

---

## Continuity of Care and Hospital Admitting

### Authority

#### Authority

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

### Related Considerations

#### Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

#### Overall Compliance Demonstrated:

: Yes

: No

### Compliance Assessment

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

##### Description

The health center has documentation of:

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

<sup>1</sup> In addition to physicians, various provider types may have admitting privileges, if applicable, based on scope of practice in their state (for example, nurse practitioners, certified nurse midwives).

#### 1. Does the health center have:

- Documentation of health center provider hospital admitting privileges (if any health center providers are responsible for admitting and following hospitalized patients); or
- Formal arrangements with other providers or entities (such as a hospital, hospitalist group, obstetrics practice, or other health center) that address health center patient hospital admissions?

:

: Yes

: No

**If Yes OR No, an explanation is required specifying the health center's arrangements for hospital admissions::** Through their formal agreement with the Florida Department of Health, the health center has access to several area hospitals for admissions, including BayCare Health System, AdventHealth, and Orlando Health Bayfront Hospital. The appropriate hospital is chosen based on patient preference, specialist availability, and space availability.

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

: Yes

: No

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

##### Description

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

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

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

**2. Does the health center's internal operating procedures and any arrangements with non-health center providers or entities include provisions that address the following:**

2.1 How the health center obtains or receives medical information related to patient hospital or ED visits and records such information (for example, discharge follow-up instructions and laboratory, radiology, or other results)?:

: Yes

: No

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

: Yes

: No

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

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

: Yes

: No

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

**Description**

The health center follows its operating procedures and formal arrangements as documented by:

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

3. Based on the review of sampled records and interview, is there documentation of:

**Note:**

*For a health center with no hospitalized patients in the past 12 months (for example, a newly-funded health center that recently started its operations), review operating procedures and interview health center staff to respond to these questions.*

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

: Yes

: No

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

: Yes

: No

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

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

: Yes

: No

## Sliding Fee Discount Program

### Authority

#### Authority

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

### Related Considerations

[Health Center Program Compliance Manual Related Considerations](#)

### Overall Compliance Demonstrated

#### Overall Compliance Demonstrated:

: Yes

: No

### Compliance Assessment

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

#### Description

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

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

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

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

#### 1. Are ALL services within the approved scope of project:

- o Offered on a sliding fee discount schedule (SFDS) (for Columns I and II); or
- o Offered under any other type of discount (for Column III)?

:

: Yes

: No

#### Notes:

- o Include any findings about the specific STRUCTURE of the SFDS for services in Columns I, II, and III within elements "c," "i," and "j."
- o "Services" refers to all Required and Additional services across all service delivery methods on the health center's Form 5A for which there are distinct fees.
- o Services (for example, transportation, translation, other non-clinical services) on Form 5A that are not billed for in the local health care market may be excluded from the health center's fee schedules and, therefore, from any health center SFDS.
- o Do not review discounts for supplies and equipment that are related to but NOT included in the service itself as part of prevailing standards of care (for example, eyeglasses, prescription drugs, dentures). These supplies and equipment are not considered services and are not subject to Health Center Program SFDP requirements.

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

**2. FOR ANY REQUIRED OR ADDITIONAL SERVICE (COLUMN I, II, OR III) WITHIN THE HRSA-APPROVED SCOPE OF PROJECT: Are there any patients with incomes at or below 200 percent of the Federal Poverty Guidelines (FPG) who are not eligible for the sliding fee discount program?:**

: Yes

: No

**If Yes, an explanation is required, including specifying why those patients are not eligible::**

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

: Yes

: No

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

### Description

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

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

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

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

### 3. Does the health center's SFDP policy include language or provisions that address all of the following:

#### 3.1 The policy applies uniformly to all patients?:

: Yes

: No

#### 3.2 The definitions of income and family (or "household")? For example, what the health center includes or does not include in the definitions.:

: Yes

: No

#### 3.3 The methods for assessing patient eligibility based only on income and family size?:

: Yes

: No

#### 3.4 The way each SFDS is structured to ensure charges are adjusted based on ability to pay? For example, the policy addresses that flat fee amounts differ across discount pay classes or that there is a graduated percent of charges for patients with incomes above 100 percent and at or below 200 percent of the FPG.:

: Yes

: No

#### 3.5 The setting of any nominal charges for patients with incomes at or below 100 percent of the FPG?

Note: Select "Not Applicable" if the health center does not charge patients with incomes at or below 100 percent of the FPG.:

: Yes

: No

: Not Applicable

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

### 4. Does the health center's SFDP policy ensure that any charges for patients with incomes at or below 100 percent of the FPG are:

#### 4.1 A flat fee?:

: Yes

: No

: Not Applicable

#### 4.2 Nominal from the perspective of patients with incomes at or below 100 percent of the FPG? For example, based on input from patient board members, patient surveys, advisory committees, or a review of Medicare and Medicaid co-pay amounts for patients with comparable incomes.:

: Yes

: No

: Not Applicable

#### 4.3 Not based on the actual cost of the service?:

: Yes



: No  
: Not Applicable

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

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

: Yes  
: No

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

**Description**

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

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

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

<sup>7</sup> See [Health Center Program Compliance Manual] **Chapter 16: Billing and Collections**, if the health center has access to other grants or subsidies that support patient care.

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

*The questions relate to services provided directly by the health center (Form 5A, Column I).*

**5. For patients with incomes at or below 100 percent of the FPG, does the health center's SFDS:**

**Note:**

For a health center with more than one SFDS:

- If some SFDSs provide a full discount and other SFDSs have a nominal charge, then answer "Yes" to both sub-bulleted questions.
- If ANY of the SFDSs fail to provide a full discount OR a nominal charge, select "No" to both sub-bulleted questions.

**5.1 Provide a full discount (no nominal charge)?:**

: Yes  
: No

**5.2 Require only a nominal charge ("fee")?:**

: Yes  
: No

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

**6. If the health center has nominal charges, are the nominal charges less than the fees paid by patients in the first sliding fee discount pay class above 100 percent of the FPG?:**

: Yes  
: No  
: Not Applicable

If No, an explanation is required::

**7. For patients with incomes above 100 percent and at or below 200 percent of the FPG, do the SFDSs:**

- Provide partial discounts adjusted in accordance with gradations in income levels (i.e., as patient income increases, the discounts decrease accordingly); and
- Consist of at least three discount pay classes?

:  
: Yes  
: No

If No, an explanation is required::

**8. For patients with incomes above 200 percent of the FPG, are the SFDSs structured so that these patients are not eligible for a sliding fee discount under the Health Center Program?:**

: Yes

: No

**Note:**

*Health centers that provide discounts to patients with incomes above 200 percent of the FPG may do so, as long as these discounts are supported through other funding sources (for example, Ryan White Part C award).*

If No, an explanation is required::

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

: Yes

: No

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

**Description**

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

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

: Yes

: No

10. IF YES: Is each SFDS based either on service or service delivery method and no other factors? For example, no SFDS is based on patient insurance status, location of site, patient characteristics, or other patient demographics.:

: Yes

: No

: Not Applicable

If No, an explanation is required::

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

: Yes

: No

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

**Description**

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

11. Based on the review of the health center's current SFDSs, does the health center incorporate the current FPG in the calculations for all of the discount pay classes?:

: Yes

: No

If No, an explanation is required::

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

: Yes

: No

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

**Description**

The health center has operating procedures for assessing/re-assessing all patients for income and family size consistent with board-approved SFDP policies.

12. Does the health center have operating procedures for assessing and re-assessing all patients, regardless of their insurance status, for income and family size?:

: Yes

: No

If No, an explanation is required::

13. Are these procedures consistent with the board-approved policy for the SFDP?:

: Yes

: No

If No, an explanation is required::

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

: Yes

: No

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

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

**14. Did the review of the sample indicate that the health center is consistently assessing and re-assessing patient income and family size?:**

: Yes

: No

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

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

: Yes

: No

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

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

**15. Based on site tours, interviews, and review of related materials, does the health center have mechanisms for informing patients of the availability of sliding fee discounts and how to apply for these discounts?:**

: Yes

: No

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

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

: Yes

: No

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

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

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

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

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

**16. Does the health center provide services via contracts/agreements (Form 5A, Column II)?:**

: Yes

: No

**17. For patients receiving services through these contracts/agreements, does the health center ensure sliding fee discounts are provided in a manner that meets all Health Center Program requirements? For example, the health center applies its own SFDS to eligible patients' fees; a contract contains specific sliding fee provisions; contracted services are provided by another health center which uses an SFDS that meets all Health Center Program requirements.:**

: Yes

: No

: Not Applicable

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

**18. For patients with incomes at or below 100 percent of the FPG, the health center ensures that such patients are:**

**Notes:**

- If some SFDSs provide a full discount and other SFDSs have a nominal charge, then answer "Yes" to both sub-bulleted questions.
- If ANY of the SFDSs fail to provide a full discount OR a nominal charge, select "No" to both sub-bulleted questions.

**18.1 Provided a full discount (no nominal charge)?:**

: Yes



- : No  
: Not Applicable

---

18.2 Assessed a nominal charge (“fee”)?:

- : Yes  
: No  
: Not Applicable

---

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

19. If there are nominal charges, are the nominal charges less than the fees paid by patients in the first sliding fee discount pay class above 100 percent of the FPG?:

- : Yes  
: No  
: Not Applicable

---

If No, an explanation is required::

20. For patients with incomes above 100 percent and at or below 200 percent of the FPG, do the SFDSs:

- o Provide partial discounts adjusted in accordance with gradations in income levels (i.e., as patient income increases, the discounts decrease accordingly); and
- o Consist of at least three discount pay classes?

:

- : Yes  
: No  
: Not Applicable

---

If No, an explanation is required::

21. For patients with incomes above 200 percent of the FPG, are the SFDSs structured so that these patients are not eligible for a sliding fee discount under the Health Center Program?:

- : Yes  
: No  
: Not Applicable

---

**Note:**

*Health centers that provide discounts to patients with incomes above 200 percent of the FPG may do so, as long as these discounts are supported through other funding sources (for example, Ryan White Part C award).*

---

If No, an explanation is required::

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

- : Yes  
: No

---

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

#### Description

For services provided via formal referral arrangements (Form 5A: Services Provided, Column III), the health center ensures that fees for such services are either discounted as described in element “c” above or discounted in a manner such that:

- Individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the FPG receive an equal or greater discount for these services than if the health center’s SFDS were applied to the referral provider’s fee schedule; and
- Individuals and families at or below 100 percent of the FPG receive a full discount or a nominal charge for these services.

---

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

- The questions relate to services provided via formal referral arrangements (Form 5A, Column III).
- Services (for example, transportation, translation, other non-clinical services) on Form 5A that are not billed for in the local health care market may be excluded from the health center’s fee schedules and, therefore, from any health center SFDS.

---

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

- : Yes  
: No

---

23. For patients receiving services through these referral arrangements, does the health center ensure sliding fee discounts are provided in a manner that meets the structural requirements noted in element “c”?:

- : Yes  
: No  
: Not Applicable

---

24. IF NO: For patients receiving services through these referral arrangements, does the health center ensure sliding fee discounts are provided in a manner such that:

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

: Yes  
: No  
: Not Applicable

**If No, an explanation is required, including describing the format and type of any discounts provided::**

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

: Yes  
: No

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

**Description**

Health center patients who are eligible for sliding fee discounts and have third-party coverage are charged no more for any out-of-pocket costs than they would have paid under the applicable SFDS discount pay class.<sup>8</sup> Such discounts are subject to potential legal and contractual restrictions.<sup>9</sup>

<sup>8</sup> For example, an insured patient receives a health center service for which the health center has established a fee of \$80, per its fee schedule. Based on the patient’s insurance plan, the co-pay would be \$60 for this service. The health center also has determined, through an assessment of income and family size, that the patient’s income is 150 percent of the FPG and thus qualifies for the health center’s SFDS. Under the SFDS, a patient with an income at 150 percent of the FPG would receive a 50 percent discount of the \$80 fee, resulting in a charge of \$40 for this service. Rather than the \$60 co-pay, the health center would charge the patient no more than \$40 out-of-pocket, consistent with its SFDS, as long as this is not precluded or prohibited by the applicable insurance contract.

<sup>9</sup> Such limitations may be specified by applicable federal or state programs, or private payor contracts.

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

: Yes  
: No

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

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

: Yes  
: No

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

**Description**

The health center evaluates, at least once every 3 years, its SFDP. At a minimum, the health center:

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

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

: Yes  
: No

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

**27. IF YES: Is this evaluation conducted at least once every 3 years?:**

: Yes  
: No  
: Not Applicable

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

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

: Yes  
: No

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

**29. IF YES: Does the health center use these data or other data, such as collections or patient survey data, to evaluate the effectiveness of its SFDP?:**

: Yes

: No

: Not Applicable

---

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

**30. Has the health center implemented any follow-up actions based on evaluation results? For example, improved sliding fee eligibility screening, enhanced notification methods for sliding fee discounts, or board changes to SFDP policy.:**

: Yes

: No

---

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

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

: Yes

: No

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## Quality Improvement/Assurance

### Authority

**Authority**

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

### Related Considerations

[Health Center Program Compliance Manual Related Considerations](#)

### Overall Compliance Demonstrated

**Overall Compliance Demonstrated:**

: Yes

: No

### Compliance Assessment

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

**Description**

The health center has a board-approved policy(ies) that establishes a QI/QA program.<sup>1</sup> This QI/QA program addresses the following:

- The quality and utilization of health center services;
- Patient satisfaction and patient grievance processes; and
- Patient safety, including adverse events.

<sup>1</sup> See [Health Center Program Compliance Manual] [Chapter 19: Board Authority](#) for more information on the health center governing board's role in approving policies.

**1. Does the health center have a QI/QA program that addresses the following areas:****1.1 The quality and utilization of health center services?:**

: Yes

: No

**1.2 Patient satisfaction and patient grievance processes?:**

: Yes

: No

**1.3 Patient safety, including adverse events?:**

: Yes

: No

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

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

: Yes

: No

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

**Description**

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

**2. Does the health center have at least one designated individual to oversee the QI/QA program?:**

: Yes

: No

If No, an explanation is required: :

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

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

: Yes

: No

**3.2 Ensuring QI/QA assessments are conducted?:**

: Yes

: No

**3.3 Monitoring QI/QA outcomes?:**

: Yes

: No

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

: Yes

: No

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

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

: Yes

: No

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

**Description**

The health center has operating procedures or processes that address all of the following:

- Adhering to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center services, as applicable;
- Identifying, analyzing, and addressing patient safety and adverse events and implementing follow-up actions, as necessary;
- Assessing patient satisfaction;
- Hearing and resolving patient grievances;
- Completing periodic QI/QA assessments on at least a quarterly basis to inform the modification of the provision of health center services, as appropriate; and
- Producing and sharing reports on QI/QA to support decision-making and oversight by key management staff and by the governing board regarding the provision of health center services.

**4. Does the health center have operating procedures or related systems that address:**

**4.1 Adherence to current, applicable evidence-based clinical guidelines, standards of care, and standards of practice (for example, Electronic Health Record (EHR) clinical decision-making support, job aids, protocols)? :**

: Yes

: No

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

: Yes

: No

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

: Yes

: No

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

: Yes

: No

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

: Yes

: No

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

: Yes

: No

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

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

: Yes

: No

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

**6. Did the health center share at least one example of how these reports support decision-making and oversight by key management staff and the governing board on the provision of health center services and responses to patient satisfaction and patient safety issues?:**



: Yes

: No

If No, an explanation is required: :

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

: Yes

: No

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

##### Description

The health center's physicians or other licensed health care professionals conduct QI/QA assessments on at least a quarterly basis, using data systematically collected from patient records, to ensure:

- Provider adherence to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center services, as applicable; and
- The identification of any patient safety and adverse events and the implementation of related follow-up actions, as necessary.

7. Are the health center's QI/QA assessments conducted by physicians or other licensed health care professionals? For example, by nurse practitioners or registered nurses.:

: Yes

: No

If No, an explanation is required: :

8. Are the health center's QI/QA assessments conducted on at least a quarterly basis?:

: Yes

: No

If No, an explanation is required: :

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

: Yes

: No

If No, an explanation is required: :

10. Do these assessments demonstrate that the health center is tracking and, as necessary, addressing issues related to the quality and safety of the care provided to health center patients? For example, by initiating a new safety practice as a result of an adverse event or by increasing use of appropriate medications for asthma, early entry into prenatal care, or HIV linkages to care.:

: Yes

: No

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

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

: Yes

: No

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

##### Description

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

<sup>2</sup> The Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) have established standards and other criteria for structured data that EHRs must use in order to qualify for CMS incentive programs. For health centers that participate in these CMS incentive programs, further information is available at [CMS Promoting Interoperability Program Regulations and Guidance for Certified EHR Technology](#).

11. Does the health center maintain individual health records that are easy to retrieve?:

: Yes

: No

If No, an explanation is required: :

12. Does the health center ensure that the format and content of its health records are consistent with applicable federal and state laws and requirements? For example, the health center implemented a certified EHR.:

: Yes

: No

If No, an explanation is required: :

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

: Yes

: No

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

**Description**

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

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**13. Do the health center's systems (for example, certified EHRs) or other record-keeping procedures address current federal and state requirements related to confidentiality, privacy, and security of protected health information (PHI) including safeguards against loss, destruction, or unauthorized use?:**

: Yes

: No

---

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

**14. Does the health center ensure its staff are trained in the confidentiality, privacy, and security of patient information?:**

: Yes

: No

---

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

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

: Yes

: No

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## Key Management Staff

### Authority

#### Authority

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

### Related Considerations

#### Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

#### Overall Compliance Demonstrated:

: Yes

: No

### Compliance Assessment

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

#### Description

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

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

1. Can the health center justify how the distribution of functions and allocation of time for each key management position are sufficient to carry out the approved scope of the health center project? For example, is there a clear justification for a part-time Project Director/CEO or for the lack of a dedicated CFO position?:

: Yes

: No

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

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

: Yes

: No

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

#### Description

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

#### Note:

N/A – HRSA does not review health center compliance with this element during the site visit. HRSA assesses compliance with this element during its review of the health center's competing continuation application (SAC or RD).

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

#### Description

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

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

: Yes

: No

3. IF YES: Will the health center implement or has the health center implemented a process for filling this position?:

: Yes

: No

: Not Applicable

If No, an explanation is required, including specifying which positions are vacant: :



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

: Yes

: No

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

**Description**

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

<sup>2</sup> While the position title of the key person who is specified in the award/designation may vary, for the purposes of the Health Center Program, [the Health Center Program Compliance Manual **Chapter 11: Key Management Staff**] utilizes the term "Project Director/CEO" when referring to this key person. Under 45 CFR 75.2, the term "Principal Investigator/Program Director (PI/PD)" means the individual(s) designated by the recipient to direct the project or program being supported by the grant. The PI/PD is responsible and accountable to officials of the recipient organization for the proper conduct of the project, program, or activity. For the purposes of the Health Center Program, "Project Director/CEO" is synonymous with the term "PI/PD."

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

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

**4. Is the Project Director/CEO directly employed by the health center?:**

: Yes

: No

**Note:**

*A health center could demonstrate compliance by presenting the Project Director's/CEO's W-2, employment agreement, pay stub, or some other type of documentation of direct employment by the health center.*

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

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

: Yes

: No

**Note:**

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

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

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

: Yes

: No

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

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

: Yes

: No

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

**NOT APPLICABLE FOR LOOK-ALIKE INITIAL DESIGNATION APPLICANTS**

**Description**

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

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

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

: Yes

: No

: Not Applicable

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**Notes:**

- o Only select "Yes" for situations in which the Project Director/CEO:
    - Was absent from the project for any continuous period of 3 months or more; or
    - Reduced time devoted to the project by 25 percent or more from the level that was approved at the time of award.
  - o Only select "Not Applicable" if this is a Look-Alike Initial Designation Site Visit.
- 

**8. IF YES: Is there a Notice of Award (NOA)/Notice of Look-Alike Designation (NLD) from HRSA approving this change or did the health center provide documentation that the prior approval request is still under review by HRSA?:**

: Yes

: No

: Not Applicable

---

**If No, an explanation is required::** The recipient submitted a request to HRSA on March 18, 2024, and was notified that a new project director had been hired. The recipient is currently awaiting approval.

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

: Yes

: No

---

## Contracts and Subawards

### Authority

**Authority**

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

### Related Considerations

**Health Center Program Compliance Manual Related Considerations**

### Overall Compliance Demonstrated

**Overall Compliance Demonstrated:**

: Yes

: No

### Look-Alike Site Visit

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

: Yes

: No

**NOTE:**

*Because look-alikes do not receive federal funding under section 330 of the PHS Act, any requirements that relate to the use of Health Center Program federal award funds do not apply to look-alikes.*

### Compliance Assessment

**Contracts: Procurement And Monitoring****Demonstrating Compliance Element: a. Procurement Procedures****Description**

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

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

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

**2. Does the health center have written policies or procedures for procurement?:**

: Yes

: No

**If No, an explanation is required::****3. Do these policies or procedures, at a minimum, ensure that all procurements directly attributable to the federal award will:**

- o Be conducted using full and open competition<sup>2</sup>; and
- o Only include allowable costs, consistent with federal cost principles? For example, do the procedures contain relevant references or citations to **45 CFR Part 75 Subpart E: Cost Principles**.

:

: Yes

: No

: Not Applicable

**If No, an explanation is required::****HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

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

■ NOT APPLICABLE FOR LOOK-ALIKES

**Description**

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

**4. Does the health center have any:**

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

- : Yes
- : No
- : Not Applicable

**4.2 Contracts that had a period of performance which ended less than 3 years ago and that were paid for in whole or in part with federal award funds?:**

- : Yes
- : No
- : Not Applicable

**5. Based on the review of the sample of contracts, is there supporting documentation of the procurement process that addresses the following:**

**5.1 Rationale for the procurement method?:**

- : Yes
- : No
- : Not Applicable

**5.2 Selection of contract type?:**

- : Yes
- : No
- : Not Applicable

**5.3 Contractor selection or rejection?:**

- : Yes
- : No
- : Not Applicable

**5.4 Basis for the contract price?:**

- : Yes
- : No
- : Not Applicable

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

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

- : Yes
- : No
- : Not Applicable

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

**■ NOT APPLICABLE FOR LOOK-ALIKES**

**Description**

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

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

**6. Did the health center provide final executed contracts that were awarded within the past 3 years?:**

- : Yes
- : No
- : Not Applicable

If No, an explanation is required::

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

- : Yes
- : No
- : Not Applicable

## Demonstrating Compliance Element: d. Contractor Reporting

### Description

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

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

: Yes

: No

If No, an explanation is required::

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

: Yes

: No

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

### Description

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

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

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

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

: Yes

: No

9. IF YES: Did the health center provide documentation of prior approval by HRSA (i.e., the arrangement was included in a HRSA-approved application or was approved by HRSA through a post-award request)?:

: Yes

: No

: Not Applicable

**Note:**

*Only select "Not Applicable" if this is a Look-Alike Initial Designation Site Visit.*

If No, an explanation is required::

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

: Yes

: No

## Demonstrating Compliance Element: f. Required Contract Provisions

### Description

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

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

<sup>5</sup> For further guidance on these requirements, see the [HHS Grants Policy Statement](#).

10. Does the health center have one or more contracts to provide health center services or for other goods and services that support the HRSA-approved scope of project?:

: Yes

: No

11. IF YES: Based on the sample of contracts reviewed, do these contracts contain provisions that address the following areas:



**11.1 Specific activities or services performed or goods provided by the contractor?:**

- : Yes
- : No
- : Not Applicable

**11.2 How the health center will monitor contractor performance?:**

- : Yes
- : No
- : Not Applicable

**11.3 Requirements for contractor data reporting, including reporting frequency?:**

- : Yes
- : No
- : Not Applicable

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

- : Yes
- : No
- : Not Applicable

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

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

- : Yes
- : No

**Subawards: Monitoring And Management**

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

**ELEMENT "G" THROUGH ELEMENT "J" ARE ONLY APPLICABLE FOR AWARDEES WITH AT LEAST ONE SUBRECIPIENT AND ARE NOT APPLICABLE TO LOOK-ALIKES.**

**Description**

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

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

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

**12. Did the health center make any subawards (new or continuing) during the current period of performance?:**

- : Yes
- : No
- : Not Applicable

**13. Did the health center provide documentation of prior approval by HRSA of the subrecipient arrangement (i.e., arrangement was included in the last HRSA-approved Service Area Competition (SAC) application or was approved by HRSA through a post-award request)?:**

- : Yes
- : No
- : Not Applicable

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

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

- : Yes
- : No
- : Not Applicable

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

**Description**

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

- The specific portion of the HRSA-approved scope of project to be performed by the subrecipient;
- The applicability of all Health Center Program requirements to the subrecipient;

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

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

<sup>8</sup> For further guidance on these requirements, see the [HHS Grants Policy Statement](#).

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

**14. Do all of the health center's subrecipient agreements include provisions that address the following:**

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

- : Yes  
: No  
: Not Applicable

**14.2 The applicability of all Health Center Program requirements to the subrecipient?:**

- : Yes  
: No  
: Not Applicable

**14.3 The applicability of other distinct statutory, regulatory, and policy requirements of associated programs and benefits to the subrecipient? For example, requirements that apply if the subrecipient participates in the 340B Drug Pricing Program.:**

- : Yes  
: No  
: Not Applicable

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

- : Yes  
: No  
: Not Applicable

**14.5 Data the subrecipient must collect and report back to the awardee (for example, UDS data)?:**

- : Yes  
: No  
: Not Applicable

**14.6 Record retention and access, audit, and property management?:**

- : Yes  
: No  
: Not Applicable

**14.7 Requirements that all costs paid for under the subaward are consistent with federal cost principles?:**

- : Yes  
: No  
: Not Applicable

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

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

- : Yes  
: No  
: Not Applicable

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

**Description**

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

subrecipient includes:

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

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

**15. Does the health center have a process for monitoring the activities of the subrecipient during the current period of performance? Specifically, does the process ensure that the subrecipient maintains compliance with all Health Center Program requirements and all other applicable requirements specified in the federal award, including implementing any corrective actions?:**

- : Yes  
: No  
: Not Applicable

**If Yes OR No, an explanation is required describing the health center's monitoring methods::**

**16. Does the health center have a specific process for receiving and reviewing financial and performance reports (including the subrecipient's annual audit) during each period of performance that addresses the following areas:**

**16.1 Achievement of performance goals?:**

- : Yes  
: No  
: Not Applicable

**16.2 Submission of UDS data by appropriate deadlines?:**

- : Yes  
: No  
: Not Applicable

**16.3 Use of funds for authorized purposes?:**

- : Yes  
: No  
: Not Applicable

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

**17. Did the health center receive and review the following reports from the subrecipient during the current period of performance:**

**17.1 Financial reports, including the subrecipient's audit?:**

- : Yes  
: No  
: Not Applicable

**17.2 Performance reports, including submission of data for the health center's UDS reporting?:**

- : Yes  
: No  
: Not Applicable

**If No was selected for either of the above, an explanation is required, including specifying which reports the health center did not receive or review::**

**18. Did the health center identify any deficiencies with the subrecipient's financial or performance reporting during the current period of performance, including any deficiencies in the subrecipient's annual audit?:**

- : Yes  
: No  
: Not Applicable

**19. IF YES: Is there documentation that the health center ensured the subrecipient took timely corrective action on the identified deficiencies?:**

- : Yes  
: No  
: Not Applicable

**If No, an explanation is required specifying what deficiencies remain::**

**20. Did the health center provide documentation demonstrating that each subrecipient is currently compliant with the following Board Composition requirements:**

**Note:**

Select "No" if the health center is unable to provide documentation that verifies that the subrecipient is in compliance OR if the documentation provided does not demonstrate subrecipient compliance.

**20.1 The subrecipient's board is currently composed of at least 9 and no more than 25 members?:**

: Yes

: No

: Not Applicable

**20.2 At least 51 percent of subrecipient board members are classified by the subrecipient as patients?**

**Note:** Select "Not Applicable" only if the awardee has approved the subrecipient's request for a waiver of patient majority board composition requirements. A waiver is only available if the health center awardee receives an award under section 330(g), 330(h) and/or 330(i) and does not receive an award under section 330(e). :

: Yes

: No

: Not Applicable

**20.3 Each subrecipient patient board member has received at least one in-scope service at an in-scope service site within the past 24 months that generated a health center visit?**

**Note:** Select "Not Applicable" only if the awardee has approved the subrecipient's request for a waiver of patient majority board composition requirements. A waiver is only available if the health center awardee receives an award under section 330(g), 330(h) and/or 330(i) and does not receive an award under section 330(e). :

: Yes

: No

: Not Applicable

**20.4 Patient board members as a group are representative of the subrecipient's patient population in terms of race, ethnicity, and gender consistent with the demographics reported in the health center's UDS report?**

**Note:** Select "Not Applicable" only if the awardee has approved the subrecipient's request for a waiver of patient majority board composition requirements. A waiver is only available if the health center awardee receives an award under section 330(g), 330(h) and/or 330(i) and does not receive an award under section 330(e). :

: Yes

: No

: Not Applicable

**If No OR Not Applicable is selected for any of the above, an explanation is required::**

**21. Did the health center provide documentation demonstrating that each subrecipient is currently compliant with the following Board Authority requirements:**

**Note:**

Select "No" if the health center is unable to provide documentation that verifies that the subrecipient is in compliance OR if the documentation provided does not demonstrate subrecipient compliance.

**21.1 Holding monthly meetings?:**

: Yes

: No

: Not Applicable

**21.2 Approving the selection and termination or dismissal of the subrecipient's Project Director/CEO?:**

: Yes

: No

: Not Applicable

**21.3 Approving the subrecipient's health center project annual budget and applications?:**

: Yes

: No

: Not Applicable

**21.4 Approving the subrecipient's health center services?:**

: Yes

: No

: Not Applicable

**21.5 Approving the location and hours of operation of the subrecipient's health center sites?:**

: Yes

: No

: Not Applicable

**21.6 Evaluating the performance of the subrecipient's health center project?:**

: Yes

: No

: Not Applicable

**21.7 Establishing or adopting policy related to the operations of the subrecipient's health center project?:**

: Yes

: No

: Not Applicable

**21.8 Assuring the subrecipient operates in compliance with applicable federal, state, and local laws and regulations?:**

: Yes

: No

: Not Applicable

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

**22. Did the health center provide documentation showing that each subrecipient's Sliding Fee Discount Program (SFDP) policy includes language or provisions that address all of the following:**

**Note:**

*Select "No" if the health center is unable to provide documentation that verifies that the subrecipient is in compliance OR if the documentation provided does not demonstrate subrecipient compliance.*

**22.1 The policy applies uniformly to all patients?:**

: Yes

: No

: Not Applicable

**22.2 The definitions of income and family (or "household")? For example, what the subrecipient includes or does not include in the definitions.:**

: Yes

: No

: Not Applicable

**22.3 The methods for assessing patient eligibility based only on income and family size?:**

: Yes

: No

: Not Applicable

**22.4 The way each sliding fee discount schedule is structured to ensure charges are adjusted based on ability to pay? For example, the policy addresses that flat fee amounts differ across discount pay classes or that there is a graduated percent of charges for patients with incomes above 100 percent and at or below 200 percent of the Federal Poverty Guidelines (FPG).:**

: Yes

: No

: Not Applicable

**22.5 The setting of any nominal charges for patients with incomes at or below 100 percent of the FPG?**

**Note:** *Select "Not Applicable" if the subrecipient does not charge patients with incomes at or below 100 percent of the FPG.:*

: Yes

: No

: Not Applicable

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

**23. Did the health center provide documentation showing that each subrecipient's SFDP policy ensures that any charges for patients with incomes at or below 100 percent of the FPG are:**

**Notes:**

- o Select "No" if the health center is unable to provide documentation that verifies that the subrecipient is in compliance OR if the documentation provided does not demonstrate subrecipient compliance.*
- o Select "Not Applicable" if the health center does not charge patients with incomes at or below 100 percent of the FPG.*



**23.1 A flat fee?:**

: Yes

: No

: Not Applicable

---

**23.2 Nominal from the perspective of patients with incomes at or below 100 percent of the FPG? For example, based on input from patient board members, patient surveys, advisory committees, or a review of Medicare and Medicaid co-pay amounts for patients with comparable incomes.:**

: Yes

: No

: Not Applicable

---

**23.3 Not based on the actual cost of the service?:**

: Yes

: No

: Not Applicable

---

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

**24. Does the health center have a process that ensures the subrecipient resolves noncompliance with Health Center Program requirements?:**

: Yes

: No

: Not Applicable

---

**If Yes OR No, an explanation is required.**

- o **IF NO: Describe the deficiencies in the health center's process.**
- o **IF YES: Describe the health center's process.**
- o **IF THE HEALTH CENTER HAS IDENTIFIED SUBRECIPIENT NONCOMPLIANCE: Specify the requirements and how the health center has confirmed or will confirm subrecipient compliance.**

:

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

: Yes

: No

: Not Applicable

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

**Description**

The health center retains final subrecipient agreements and related records, consistent with federal document maintenance requirements.<sup>11</sup>

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<sup>11</sup> See 45 CFR 75.361 for HHS retention requirements for records.

---

**25. Does the health center have final executed subrecipient agreements that were awarded within the past 3 years as well as related financial and other performance records?:**

: Yes

: No

: Not Applicable

---

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

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

: Yes

: No

: Not Applicable

## Conflict of Interest

### Authority

#### Authority

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

### Related Considerations

#### Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

#### Overall Compliance Demonstrated:

: Yes

: No

### Look-Alike Site Visit

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

: Yes

: No

#### Note:

*Because look-alikes do not receive federal funding under section 330 of the PHS Act, any requirements that relate to the use of Health Center Program federal award funds do not apply to look-alikes.*

### Compliance Assessment

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



NOT APPLICABLE FOR LOOK-ALIKES

#### Description

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

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

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

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

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

<sup>4</sup> Health centers may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. See **Related Considerations** in [Health Center Program Compliance Manual] **Chapter 13: Conflict of Interest**.

2. Did the health center provide documents containing its standards of conduct for the selection, award, and administration of contracts that apply to its procurements paid for in whole or in part by the federal award?:

: Yes

: No

: Not Applicable

If No, an explanation is required: :

3. Do these written standards of conduct:

3.1 Apply to all health center employees, officers, board members, and agents involved in the selection, award, or administration of contracts paid for in whole or in part by the federal award?:

: Yes

: No

: Not Applicable

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

: Yes

: No

: Not Applicable

3.3 Prohibit individuals with a real or apparent conflict of interest with a given contract from participating in the selection, award, or administration of any contract paid for in whole or in part by the federal award? :

: Yes

: No

: Not Applicable

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

: Yes

: No

: Not Applicable

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

: Yes

: No

: Not Applicable

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

4. Does the health center have a process for employees, officers, board members, and agents of the health center to disclose in writing any real or apparent conflicts of interest when a conflict occurs?:

: Yes

: No

: Not Applicable

If No, an explanation is required: :

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

: Yes

: No

: Not Applicable

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

#### Description

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

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

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

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

: Yes

: No

6. IF YES: Did the health center provide documents containing its written standards of conduct for the selection, award, and administration of contracts that involve the related party or organization?:

: Yes

: No  
: Not Applicable

If No, an explanation is required: :

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

: Yes  
: No  
: Not Applicable

If No, an explanation is required: :

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

: Yes  
: No

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

#### Description

The health center has mechanisms or procedures for informing its employees, officers, board members, and agents of the health center's standards of conduct covering conflicts of interest, including organizational conflicts of interest, and for governing its actions with respect to the selection, award and administration of contracts.

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

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

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

: Yes  
: No  
: Not Applicable

If No, an explanation is required: :

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

: Yes  
: No  
: Not Applicable

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

#### Description

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

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

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

9. Did the health center identify any real or apparent conflicts of interest, including organizational conflicts of interest, for procurements involving federal funds? For look-alikes, did the health center identify any real or apparent organizational conflicts of interest for procurements involving any related parent, affiliate, or subsidiary organization?:

: Yes  
: No  
: Not Applicable

10. IF YES: Did the health center provide documentation showing that it adhered to its standards of conduct for all identified conflicts of interest, including the completion of written disclosures?:

: Yes  
: No  
: Not Applicable

If No, an explanation is required: :

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

: Yes  
: No  
: Not Applicable

## Collaborative Relationships

### Authority

**Authority**

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

### Related Considerations

**Health Center Program Compliance Manual Related Considerations**

### Overall Compliance Demonstrated

**Overall Compliance Demonstrated:**

: Yes

: No

### Compliance Assessment

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

**Description**

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

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

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

: Yes

: No

If No, an explanation is required.:

2. Did the health center provide at least one documented example of how its collaborative relationships support each of the following:

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

:

: Yes

: No

If No, an explanation is required.:

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

: Yes

: No

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

**Description**

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

3. Does the health center have documentation of its efforts to establish relationships with at least one health center in the service area?:

: Yes

: No

: Not Applicable

**Note:**

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

If No OR Not Applicable, an explanation is required. If Not Applicable, state if the UDS Mapper documentation shows there are no other health centers in the service area.:



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

: Yes

: No

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

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

: Yes

: No

---

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

**Description**

If the health center expands<sup>1,2</sup> its HRSA-approved **scope of project**:

- The health center obtains letters or other appropriate documents specific to the request or application that describe areas of coordination or collaboration with health care providers serving similar patient populations in the service area (health centers, rural health clinics, local hospitals including critical access hospitals, health departments, other providers including specialty providers, as applicable); or
- If such letters or documents cannot be obtained from these providers, the health center documents its attempts to coordinate or collaborate with these health care providers (health centers, rural health clinics, local hospitals including critical access hospitals, health departments, other providers including specialty providers, as applicable) on the specific request or application proposal.

---

<sup>1</sup> Expanding the HRSA-approved scope of project may occur by adding sites or services through Change in Scope requests, New Access Point competitive applications, or other supplemental funding applications.

<sup>2</sup> Additional requirements for documented collaboration may apply based on specific Notices of Funding Opportunity (NOFOs), Notices of Award (NOAs), look-alike designation instructions, or other federal statutes, regulations, or policies.

**Note:**

**N/A** – HRSA does not review health center compliance with this element during the site visit. HRSA assesses compliance with this element during its review of the health center’s Change in Scope requests and competing continuation application (SAC or RD).

---

## Financial Management and Accounting Systems

### Authority

#### Authority

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

### Related Considerations

#### Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

#### Overall Compliance Demonstrated:

: Yes

: No

### Look-Alike Site Visit

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

: Yes

: No

#### Note:

Because look-alikes do not receive federal funding under section 330 of the PHS Act, any requirements that relate to the use of Health Center Program federal award funds do not apply to look-alikes.

### Compliance Assessment

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

#### Description

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

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

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

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

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

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

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

: Yes

: No

If No, an explanation is required::

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

: Yes

: No

If No, an explanation is required::

4. Do the health center's financial management and internal control systems have the capacity to:

4.1 Account for the expenditure of Health Center Program project funds (for example, segregation of funds)?:

: Yes

: No

4.2 Safeguard the use of associated assets and property (for example, procedures for inventory management, maintaining property records)?:

: Yes

: No

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

5. Does the health center have the capacity to track its financial performance for the purposes of monitoring financial stability?:

: Yes

: No

If No, an explanation is required::

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

: Yes

: No

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

NOT APPLICABLE FOR LOOK-ALIKES

#### Description

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

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

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

: Yes

: No

: Not Applicable

If No, an explanation is required::

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

: Yes

: No

: Not Applicable

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

NOT APPLICABLE FOR LOOK-ALIKES

#### Description

The health center has written procedures for:

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

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

<sup>7</sup> For more information on legislative mandates related to annual appropriations that limit the use of funds from HRSA awards, visit: [HRSA Grants Policies, Regulations, & Guidance website](#).

---

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

: Yes

: No

: Not Applicable

If No was selected, an explanation is required::

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

---

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

: Yes

: No

: Not Applicable

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

: Yes

: No

: Not Applicable

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

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

---

9.1 The terms and conditions of the federal award, including those that limit the use of federal award funds?<sup>7</sup>:

: Yes

: No

: Not Applicable

9.2 The federal cost principles in [45 CFR Part 75 Subpart E](#)?:

: Yes

: No

: Not Applicable

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

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

: Yes

: No

: Not Applicable

---

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

#### Description

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

---

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

: Yes

: No

11. IF YES: Has or will the health center ensure an audit is conducted in accordance with federal audit requirements? Specifically, is the audit either complete or in progress at the time of the site visit?:

: Yes

: No

: Not Applicable

If No, an explanation is required::

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

: Yes

: No

: Not Applicable

13. IF YES: Has the health center either completed corrective actions to address all findings or did the health center document steps it is currently taking to address all findings?:

: Yes

: No

: Not Applicable

---

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

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

: Yes

: No

---

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

**Description**

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

---

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

: Yes

: No

---

**15. IF YES: Does the health center have documentation that these funds were used:**

**15.1 To support activities that benefit the current patient population?:**

: Yes

: No

: Not Applicable

---

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

: Yes

: No

: Not Applicable

---

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

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

: Yes

: No



## Billing and Collections

### Authority

**Authority**

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

### Related Considerations

[Health Center Program Compliance Manual Related Considerations](#)

### Overall Compliance Demonstrated

**Overall Compliance Demonstrated:**

: Yes

: No

### Compliance Assessment

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

**Description**

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

**1. Do all fee schedules include fees for all in-scope services typically billed for in the local health care market?:**

: Yes

: No

**Note:**

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

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

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

: Yes

: No

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

**Description**

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

**2. Did the health center use data on locally prevailing rates and actual health center costs to develop its current fee schedules?:**

: Yes

: No

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

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

: Yes

: No

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

**Description**

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

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

: Yes

: No

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

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

: Yes

: No

**If No, an explanation is required, including the health center's justification for why it is not appropriate to participate in any other programs or insurance plans: :**

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

: Yes

: No

---

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

#### Description

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

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

---

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

---

#### 5. Did the health center explain how it educates patients about available insurance coverage options?:

: Yes

: No

If No, an explanation is required: :

---

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

: Yes

: No

If No, an explanation is required: :

---

#### 7. Does the health center have systems in place for collecting balances owed by patients?:

: Yes

: No

If No, an explanation is required: :

---

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

: Yes

: No

If Yes OR No, an explanation is required, including describing the systems and procedures: : The health center's policies and the patient's information card and packet state that no patient is denied service based on the inability to pay for services. The health center also has a waiver policy that outlines when fees for patients with financial hardships can be waived, and the staff was able to provide examples of patients for whom fee waivers had been granted.

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

: Yes

: No

---

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

#### Description

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

---

#### 9. Does the health center offer additional billing options or payment methods? For example, payment plans, grace periods, or prompt or cash payment incentives.:

: Yes

: No

If Yes, an explanation is required specifying what additional billing options or payment methods are offered by the health center: : The health center has a provision for a six-month grace period when patients cannot provide payment of outstanding balance.

---

#### 10. IF YES: Does the health center have operating procedures for implementing these options or methods? :

: Yes

: No

: Not Applicable

If No, an explanation is required: :

---

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

: Yes

: No

: Not Applicable

If No, an explanation is required: :

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

: Yes

: No

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

**Description**

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

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

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

: Yes

: No

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

**13. Does the health center correct and resubmit claims that have been rejected or denied due to accuracy? :**

: Yes

: No

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

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

: Yes

: No

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

**Description**

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

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

<sup>3</sup> See [Health Center Program Compliance Manual] **Chapter 9: Sliding Fee Discount Program** for more information on the SFDS.

**14. Are patients billed for services using the health center's fee schedules and are the correct discounts applied to these charges?:**

: Yes

: No

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

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

: Yes

: No

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

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

: Yes

: No

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

**Description**

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

**16. Do the health center's policies and procedures include a provision stating the circumstances or criteria for when fees or payments will be waived or reduced based on a patient's inability to pay (regardless of patient income level)?:**

: Yes

: No

**If Yes OR No, an explanation is required, including specifying whether the health center waives or reduces fees or payments: :** The health center has a waiver policy that includes criteria for when it will waive fees due to a patient's inability to pay. This policy applies to all patients, and the staff was able to provide examples of patients for whom fee waivers had been granted.

**17. Based on the sample of records, does the health center follow the provision in its policies and procedures for waiving or reducing fees or payments? :**

: Yes

- : No  
: Not Applicable

---

**If No, an explanation is required. If the health center has no billing records where patient fees or payments were waived or reduced, an explanation is also required. :**

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

- : Yes  
: No

---

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

**Description**

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

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

<sup>5</sup> See [Health Center Program Compliance Manual] [Chapter 15: Financial Management and Accounting Systems](#) for related information on revenue generated from such charges.

---

**18. Does the health center charge patients for supplies or equipment (for example, eyeglasses, dentures, insulin pump) related to but not included in the service?:**

- : Yes  
: No

---

**19. IF YES: Does the health center have a method for notifying patients about out-of-pocket costs for those supplies or equipment, before providing the service? :**

- : Yes  
: No  
: Not Applicable

---

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

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

- : Yes  
: No

---

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

**Description**

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

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

---

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

- : Yes  
: No

---

**21. IF YES: Does the health center have a refusal to pay policy?:**

- : Yes  
: No  
: Not Applicable

---

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

**22. Does the health center:**

---

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

- : Yes  
: No  
: Not Applicable

---

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

- : Yes  
: No  
: Not Applicable
-

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

: Yes

: No

: Not Applicable

---

22.4 Notify patients how services may be limited or denied when the patient has refused to pay?:

: Yes

: No

: Not Applicable

---

If Yes OR No was selected for any of the above, an explanation is required, including specifying whether the health center has a policy or procedure that addresses each area. :

23. In cases where the health center has limited or denied services to one or more patients due to refusal to pay, were the determinations consistent with health center policies or procedures? :

: Yes

: No

: Not Applicable

---

If Yes OR No, an explanation is required, including how the determinations were made. :

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

: Yes

: No

---



## Budget

### Authority

**Authority**

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

### Related Considerations

#### Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

**Overall Compliance Demonstrated:**

: Yes

: No

### Compliance Assessment

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

**Description**

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

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

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

1. Does the health center have an annual operating budget that reflects the projected costs and revenues necessary to support the health center's HRSA-approved scope of project; specifically, does the budget reflect revenue and expenses for all sites, services, and activities within the scope of project?:

: Yes

: No

If No, an explanation is required::

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

: Yes

: No

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

**Description**

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

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

**Note:**

**N/A** – HRSA does not review health center compliance with this element during the site visit. HRSA assesses compliance with this element during its review of the health center's competing continuation application (SAC or RD).

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

**Description**

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

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

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

---

**Note:** **N/A** – HRSA does not review health center compliance with this element during the site visit. HRSA assesses compliance with this element during its review of the health center’s competing continuation application (SAC or RD).

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

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

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

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**2. Does the health center engage in any other lines of business; specifically, does the health center serve other populations or operate sites, services, or activities that are NOT within the HRSA-approved scope of project?:**

: Yes

: No

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**3. IF YES:**

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

: Yes

: No

: Not Applicable

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

: Yes

: No

: Not Applicable

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

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

: Yes

: No

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## Program Monitoring and Data Reporting Systems

### Authority

#### Authority

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

### Related Considerations

#### Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

#### Overall Compliance Demonstrated:

: Yes

: No

### Compliance Assessment

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

#### Description

The health center has a system in place for overseeing the operations of the federal award-supported activities to ensure compliance with applicable federal requirements and for monitoring program performance. Specifically:

- The health center has a system in place to collect and organize data related to the HRSA-approved **scope of project**, as required to meet HHS reporting requirements, including those data elements for **Uniform Data System (UDS)** reporting; and
- *[The health center submits timely, accurate, and complete UDS reports in accordance with HRSA instructions and submits any other required HHS and Health Center Program reports.]*

**Note:** HRSA does not review health center compliance with the portion of element "a" in brackets during the site visit. HRSA assesses compliance with the portion of element "a" in brackets during its review of the health center's UDS report submission.

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

: Yes

: No

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

: Yes

: No

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

#### Description

The health center produces data-based reports on: patient service utilization; trends and patterns in the patient population;<sup>1</sup> and overall health center performance, as necessary to inform and support internal decision-making and oversight by the health center's key management staff and by the governing board.

<sup>1</sup> Examples of data health centers may analyze as part of such reports may include patient access to and satisfaction with health center services, patient demographics, quality of care indicators, and health outcomes.

**2. Do the health center's program data reporting systems or methods result in the production of relevant reports that can inform and support internal decision-making and oversight by key management staff and the governing board? This includes the production of reports on:**

**2.1 Patient service utilization?:**

: Yes

: No

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

: Yes

: No

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

: Yes

: No

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

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

: Yes

: No

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## Board Authority

### Authority

#### Authority

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

### Related Considerations

#### Health Center Program Compliance Manual Related Considerations

### Overall Compliance Demonstrated

#### Overall Compliance Demonstrated:

- : Yes  
: No  
: Not Applicable

### Board Authority

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

- : Yes  
: No

#### Footnote:

<sup>1</sup> The governing board of a health center operated by Indian tribes, tribal groups, or Indian organizations under the Indian Self-Determination Act or Urban Indian Organizations under the Indian Health Care Improvement Act is exempt from the specific board authority requirements discussed in [Health Center Program Compliance Manual [Chapter 19: Board Authority](#)]. Section 330(k)(3)(H) of the PHS Act.

### Compliance Assessment

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

#### Description

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

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

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

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

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

*For a public agency with a co-applicant board, the public agency is not considered to be an outside entity because it is the award recipient.*

#### 2. Do health center documents and agreements confirm that:



2.1 No other individual, entity, or committee (including, but not limited to, an executive committee authorized by the board) reserves approval authority or has veto power over the health center board with regard to the required authorities and functions?:

: Yes

: No

2.2 The health center's collaborations or agreements with other entities do not restrict or infringe upon the health center board's required authorities and functions?:

: Yes

: No

**If No was selected for any of the above, an explanation is required::** The health center does not have any documents that confirm that no other individual, entity, or committee (including, but not limited to, an executive committee authorized by the board) reserves approval authority or has veto power over the health center board with regard to the required authorities and functions. In addition, no documents, including bylaws, confirm that the health center's collaborations or agreements with other entities do not restrict or infringe upon the health center board's required authorities and functions.

**3. FOR PUBLIC AGENCIES WITH A CO-APPLICANT BOARD: Does the health center have a co-applicant agreement that:**

3.1 Delegates the required authorities and functions to the co-applicant board?:

: Yes

: No

: Not Applicable

3.2 Delineates the required roles and responsibilities of the public agency and the co-applicant board in carrying out the health center project?:

: Yes

: No

: Not Applicable

**If No was selected for either of the above, an explanation is required::** The health center and the public agency are executing a co-applicant agreement. The county commissioners have approved the agreement, and all relevant signatures are being obtained. Once fully executed, the co-applicant agreement will delineate all required roles and responsibilities.

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

: Yes

: No

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

#### Description

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

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

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

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

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

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

4.1 Holding monthly meetings?:

: Yes

: No

**4.2 Approving the selection and the termination or dismissal of the health center's Project Director/CEO?:**

: Yes

: No

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

: Yes

: No

**4.4 Approving health center services?:**

: Yes

: No

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

: Yes

: No

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

: Yes

: No

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

: Yes

: No

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

: Yes

: No

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

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

: Yes

: No

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

**Description**

The health center's board minutes and other relevant documents confirm that the board exercises, without restriction, the following authorities and functions:

- Holding monthly meetings where a quorum is present to ensure the board has the ability to exercise its required authorities and functions;
- Approving the selection, evaluation and, if necessary, the dismissal or termination of the Project Director/CEO from the Health Center Program project;
- Approving applications related to the Health Center Program project, including approving the annual budget, which outlines the proposed uses of both Health Center Program award and non-federal resources and revenue;
- Approving the Health Center Program project's sites, hours of operation and services, including decisions to subaward or contract for a substantial portion of the health center's services;
- Monitoring the financial status of the health center, including reviewing the results of the annual audit, and ensuring appropriate follow-up actions are taken;
- Conducting long-range/strategic planning at least once every 3 years, which at a minimum addresses financial management and capital expenditure needs; and
- Evaluating the performance of the health center based on quality assurance/quality improvement assessments and other information received from health center management,<sup>7</sup> and ensuring appropriate follow-up actions are taken regarding:
  - Achievement of project objectives;
  - Service utilization patterns;
  - Quality of care;
  - Efficiency and effectiveness of the center; and
  - Patient satisfaction, including addressing any patient grievances.

<sup>7</sup> For more information related to the production of reports associated with these topics, see [Health Center Program Compliance Manual] [Chapter 18: Program Monitoring and Data Reporting Systems](#), [Chapter 15: Financial Management and Accounting Systems](#), and [Chapter 10: Quality Improvement/Assurance](#).

**5. Do board minutes document that the board met monthly for the past 12 months and had a quorum present that enabled the board to carry out its required authorities and functions?:**

: Yes

: No

**Notes:**

- o The health center determines how to set quorum for board meetings consistent with state, territorial or other applicable law.
- o For look-alike initial designation applicants and newly-funded health centers that did not have 12 months of board agendas and minutes, determine whether the board met monthly based on the board minutes provided.

**If No, an explanation is required: The board did not have a quorum for board meetings held in May 2023 and January 2024.**

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

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

: Yes

: No

**6.2 Approving applications related to the health center project? For example, Service Area Competition (SAC), look-alike Renewal of Designation (RD), New Access Point (NAP), and supplemental funding applications.:**

: Yes

: No

**6.3 Approving the health center project's annual budget, which outlines the proposed uses of both federal Health Center Program award and non-federal resources and revenue?:**

: Yes

: No

**6.4 Approving the health center project's sites and hours of operation?:**

: Yes

: No

**6.5 Approving the health center project's services and any decisions to subaward or contract for a substantial portion of the health center's services?:**

: Yes

: No

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

: Yes

: No

**6.7 Conducting long-term strategic planning at least once every 3 years, which at a minimum addresses financial management and capital expenditure needs?:**

: Yes

: No

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

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

: Yes

: No

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

**8. IF YES: Based on these performance evaluations, are there examples of follow-up actions that are reported back to the board about:**

**Note:**

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

**8.1 Achievement of Health Center Program project objectives?:**

: Yes

: No

: Not Applicable

**8.2 Service utilization patterns?:**

: Yes

: No

: Not Applicable

**8.3 Quality of care?:**

: Yes

: No

: Not Applicable

**8.4 Efficiency and effectiveness of the health center?:**

: Yes

: No

: Not Applicable

**8.5 Patient satisfaction, including addressing any patient grievances?:**

: Yes

: No

: Not Applicable

**If No OR Not Applicable was selected for any of the above, an explanation is required::**

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

: Yes

: No

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

**Description**

The health center board has adopted, evaluated at least once every 3 years, and, as needed, approved updates to policies in the following areas: **Sliding Fee Discount Program (SFDP)**, **Quality Improvement/Assurance**, and **Billing and Collections**.<sup>8</sup>

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

**9. Within the last 3 years, did the board adopt or evaluate health center policies in the following areas:**

**9.1 SFDP?:**

: Yes

: No

**9.2 Quality Improvement/Quality Assurance Program?:**

: Yes

: No

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

: Yes

: No

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

**10. Did the health center provide one to two examples of how it has modified or updated its policies, if needed, because of these evaluations?:**

: Yes

: No

: Not Applicable

**Note:**

*Select "Not Applicable" if updates were not needed because of these evaluations.*

**If No OR Not Applicable, an explanation is required::**

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

: Yes

: No

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

**Description**

The health center board has adopted, evaluated at least once every 3 years, and, as needed, approved updates to policies that support financial management and accounting systems and personnel policies. However, in cases where a public agency is the **recipient** of the Health Center Program federal award or designation and has established a co-applicant structure, the public agency may establish and retain the authority to adopt and approve policies that support financial management and accounting systems and personnel policies.

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

The content of a health center's financial management and personnel policies may vary. For example, a health center may still demonstrate compliance even if its procurement procedures are not part of its board-

approved financial management policy. Assess compliance with procurement procedures in [Contracts and Subawards](#).

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**11. Within the last 3 years, did the board evaluate health center policies that support the following areas:**

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**Note:**

*For health centers where the public agency retains the authority to adopt and approve personnel policies or policies that support financial management and accounting systems, select "Not Applicable."*

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

: Yes

: No

: Not Applicable

---

**11.2 Personnel?:**

: Yes

: No

: Not Applicable

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

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

: Yes

: No

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## Board Composition

### Authority

**Authority**

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

### Related Considerations

**Health Center Program Compliance Manual Related Considerations**

### Overall Compliance Demonstrated

**Overall Compliance Demonstrated:**

: Yes

: No

: Not Applicable

### Board Composition

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

: Yes

: No

**Footnote:**

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

### Compliance Assessment

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

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

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

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

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

: Yes

: No

**If No, an explanation is required: :****3. Do the bylaws or other documentation confirm that the health center board selects or removes its own members without any limitations? Specifically, the health center board has no limitations in selecting or removing any of the following:****3.1 The board chair?:**

: Yes

: No

**3.2 The majority of health center board members?:**

: Yes

: No

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

: Yes

: No

If No was selected for any of the above, an explanation is required describing how the health center board is limited in its board member selection or removal process::

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

: Yes

: No

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

#### Description

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

- Board size is at least 9 and no more than 25 members,<sup>5</sup> with either a specific number or a range of board members prescribed;
- At least 51 percent of board members are patients served by the health center. For the purposes of board composition, a patient is an individual who has received at least one service in the past 24 months that generated a health center visit, where both the service and the **site** where the service was received are within the HRSA-approved **scope of project**;
- Patient members of the board, as a group, represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender;
- Non-patient members are representative of the community served by the health center or the health center's **service area**;
- Non-patient members are selected to provide relevant expertise and skills such as:
  - Community affairs;
  - Local government;
  - Finance and banking;
  - Legal affairs;
  - Trade unions and other commercial and industrial concerns; and
  - Social services;
- No more than one-half of non-patient board members derive more than 10 percent of their annual income from the health care industry;<sup>6</sup> and
- Health center employees<sup>7,8,9</sup> and immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be health center board members.

<sup>4</sup> For public agencies that elect to have a **co-applicant**, these board composition requirements apply to the co-applicant board.

<sup>5</sup> For the purposes of the Health Center Program, the term "board member" refers only to voting members of the board.

<sup>6</sup> Per the regulations in 42 CFR 56.304, for health centers awarded/designated solely under **section 330(g)** of the PHS Act, no more than two-thirds of the non-patient board members may derive more than 10 percent of their annual income from the health care industry.

<sup>7</sup> For the purposes of health center board composition, an employee of the health center would include an individual who would be considered a "common-law employee" or "statutory employee" according to the Internal Revenue Service (IRS) criteria, as well as an individual who would be considered an employee for state or local law purposes.

<sup>8</sup> In the case of public agencies with co-applicant boards, this includes employees or immediate family members of either the co-applicant organization or the public agency component in which the Health Center Program project is located (for example, department, division, or sub-agency within the public agency).

<sup>9</sup> While no board member may be an employee of the health center, 42 CFR 51c.107 permits the health center to use **federal award** funds to reimburse board members for these limited purposes: 1) reasonable expenses actually incurred by reason of their participation in board activities (for example, transportation to board meetings, childcare during board meetings); or 2) wages lost by reason of participation in the activities of such board members if the member is from a family with an annual family income less than \$10,000 or if the member is a single person with an annual income less than \$7,000. For section 330(g)-only awarded/designated health centers, 42 CFR 56.108 permits the use of grant funds for certain limited reimbursement of board members as follows: 1) for reasonable expenses actually incurred by reason of their participation in board activities (for example, transportation to board meetings, childcare during board meetings); 2) for wages lost by reason of participation in the activities of such board members. Health centers may wish to consult with their legal counsel and auditor on applicable state law regarding reimbursement restrictions for non-profit board members and implications for IRS tax-exempt status.

<sup>10</sup> Per the regulations in 42 CFR 56.304, for health centers awarded/designated solely under section

330(g) of the PHS Act, no more than two-thirds of the non-patient board members may derive more than 10 percent of their annual income from the health care industry.

**4. Do the bylaws or other corporate or governing documentation include provisions that ensure:**

**4.1 Board size is at least 9 and no more than 25 members, with either a specific number or a range of board members prescribed?:**

: Yes

: No

**4.2 At least 51 percent of board members are patients served by the health center?:**

: Yes

: No

: Not Applicable

**Note: Select "Not Applicable" only if the health center has an approved waiver.**

**4.3 Patient members of the board, as a group, represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender?:**

: Yes

: No

**4.4 Non-patient members are representative of the community served by the health center or the health center's service area?:**

: Yes

: No

**4.5 Non-patient members are selected to provide relevant expertise and skills such as:**

- o Community affairs;
- o Local government;
- o Finance and banking;
- o Legal affairs;
- o Trade unions and other commercial and industrial concerns; and
- o Social services?

:

: Yes

: No

**4.6 No more than one-half of non-patient board members derive more than 10 percent of their annual income from the health care industry?<sup>10</sup>:**

: Yes

: No

**4.7 Health center employees and immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be health center board members?:**

: Yes

: No

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

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

: Yes

: No

**Demonstrating Compliance Element: c. Current Board Composition**

**Description**

The health center has documentation that the board is composed of:

- At least 9 and no more than 25 members;
- A patient<sup>11</sup> majority (at least 51 percent);
- Patient board members, as a group, represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender, consistent with the demographics reported in the health center's **Uniform Data System (UDS)** report;<sup>12</sup>
- Representative(s) *from or for* each of the **special population(s)**<sup>13</sup> for those health centers that receive any award/designation under one or more of the special populations section 330 subparts, 330(g), (h), and/or (i); and
- As applicable, non-patient board members:
  - o Who are representative of the community in which the health center is located, either by living or working in the community, or by having a demonstrable connection to the community;
  - o With relevant skills and expertise in areas such as community affairs, local government, finance and banking, legal affairs, trade unions, other commercial and industrial concerns, or social services within the community; and
  - o Of whom no more than 50 percent earn more than 10 percent of their annual income from the health care industry.<sup>14</sup>

<sup>11</sup> A legal guardian of a patient who is a dependent child or adult, a person who has legal authority to make health care decisions on behalf of a patient, or a legal sponsor of an immigrant patient may also be considered a patient of the health center for purposes of board representation. Students who are health center patients may participate as board members subject to state laws applicable to such non-profit board members.

<sup>12</sup> For health centers that have not yet made a **UDS** report, this would be assessed based on demographic data included in the health center's application.

<sup>13</sup> Representation could include advocates for the health center's section 330 (g), (h), or (i) patient population (for example, those who have personally experienced being a member of, have expertise about, or work closely with the current special population). Such advocate board members would count as "patient" board members only if they meet the patient definition set forth in the [Health Center Program Compliance Manual] **Chapter 20: Board Composition**.

<sup>14</sup> For example, in a 9 member board with 5 patient board members, there could be 4 non-patient board members. In this case, no more than 2 non-patient board members could earn more than 10 percent of their income from the health care industry.

<sup>15</sup> Per the regulations in 42 CFR 56.304, for health centers awarded/designated solely under section 330(g) of the PHS Act, no more than two-thirds of the non-patient board members may derive more than 10 percent of their annual income from the health care industry.

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**5. Is the health center board currently composed of at least 9 and no more than 25 members?:**

: Yes

: No

**If No, an explanation is required, including specifying the number of total board members::**

**6. Are at least 51 percent of health center board members classified by the health center as patients?:**

: Yes

: No

: Not Applicable

**Note:**

*Select "Not Applicable" only if the health center has an approved waiver.*

---

**If No, an explanation is required, including specifying the number of total board members and how many are current patients of the health center.:**

**7. Based on the previous response, did each patient board member receive at least one in-scope service at an in-scope site within the past 24 months that generated a health center visit?:**

: Yes

: No

**If No, an explanation is required::** This recipient has an approved waiver.

**8. FOR HEALTH CENTERS WITH SPECIAL POPULATIONS FUNDING/DESIGNATION: Did the health center identify board members who serve as representatives from or for each of the health center's funded/designated special populations (individuals experiencing homelessness, migratory and seasonal agricultural workers, residents of public housing)?:**

: Yes

: No

: Not Applicable

**Note:**

*At least one unique individual needs to represent each special population.*

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

**9. Are patient board members as a group representative of the health center's patient population in terms of race, ethnicity, and gender consistent with the demographics reported in the health center's UDS report?:**

: Yes

: No

: Not Applicable

**Note:**

*Select "Not Applicable" only if the health center has an approved waiver AND no patient board members.*

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**If No, an explanation is required regarding why patient board members as a group are not representative of the health center's patient population and what efforts the health center made to evaluate board composition and recruit representative patient board members based on the health center's UDS data.:**

**10. Do the health center's non-patient board members either live or work in the community where the health center is located?:**

: Yes

: No

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**If No, for each non-patient board member who does not live or work in the community, an explanation is required describing that board member's connections to the community.:**

**11. Do the non-patient board members have relevant skills and expertise in a variety of areas that support the board's governance and oversight role (for example, community affairs, local government, finance, banking, legal affairs, trade unions, major local employers or businesses, social services)?:**



: Yes

: No

If No, an explanation is required::

12. Do any non-patient board members earn more than 10 percent of their annual income from the health care industry?<sup>15</sup>:

: Yes

: No

Note:

*The health center determines how to define "health care industry" and how to determine the percentage of annual income of each non-patient board member derived from the health care industry.*

If Yes, an explanation is required that includes the number of non-patient board members who earn more than 10 percent of their annual income from the health care industry and the total number of non-patient board members::

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

: Yes

: No

#### Demonstrating Compliance Element: d. Prohibited Board Members

##### Description

The health center verifies periodically (for example, annually or during the selection or renewal of board member terms) that the governing board does not include members who are current employees of the health center, or immediate family members of current health center employees (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage).

<sup>16</sup> For the purposes of health center board composition, an employee of the health center would include an individual who would be considered a "common-law employee" or "statutory employee" according to the IRS criteria, as well as an individual who would be considered an employee for state or local law purposes.

<sup>17</sup> In the case of public agencies with co-applicant boards, this includes employees or immediate family members of both the co-applicant organization and the public agency component (for example, department, division, or sub-agency) in which the Health Center Program project is located.

13. Has the health center verified that the current board does not include any members who are:

Note:

*The health center board determines whether to include non-voting, ex-officio members such as the Project Director/CEO or community members on the board, consistent with what is permitted under other applicable laws.*

13.1 Employees of the health center?<sup>16,17</sup>:

: Yes

: No

13.2 Immediate family members of current health center employees (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage)?:

: Yes

: No

If No was selected for any of the above, an explanation is required:: The health center does not currently verify that board members are not employees.

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

: Yes

: No

#### Demonstrating Compliance Element: e. Waiver Requests

##### Description

In cases where a health center receives an award/designation under section 330(g), 330(h) and/or 330(i), does not receive an award/designation under section 330(e), and requests a waiver of the patient majority board composition requirements, the health center presents to HRSA for review and approval:

- "Good cause" that justifies the need for the waiver by documenting:
  - The unique characteristics of the population (**homeless, migratory or seasonal agricultural worker**, and/or **public housing** patient population) or service area that create an undue hardship in recruiting a patient majority; and
  - Its attempt(s) to recruit a majority of special population board members within the past 3 years; and
- Strategies that will ensure patient participation and input in the direction and ongoing governance of the organization by addressing the following elements:
  - Collection and documentation of input from the special population(s);
  - Communication of special population input directly to the health center governing board; and
  - Incorporation of special population input into key areas, including but not limited to: selecting health center services;<sup>18</sup> setting hours of operation of health center sites;<sup>19</sup> defining budget priorities;<sup>20</sup> evaluating the organization's progress in meeting goals, including patient satisfaction;<sup>21</sup> and assessing the effectiveness of the sliding fee discount program.<sup>22</sup>



<sup>18</sup> See [Health Center Program Compliance Manual] **Chapter 4: Required and Additional Health Services** for more information on providing services within the HRSA-approved scope of project.

<sup>19</sup> See [Health Center Program Compliance Manual] **Chapter 6: Accessible Locations and Hours of Operation** for more information on health center service sites and hours of operation.

<sup>20</sup> See [Health Center Program Compliance Manual] **Chapter 17: Budget** for more information on the Health Center Program project budget.

<sup>21</sup> See [Health Center Program Compliance Manual] **Chapter 19: Board Authority** for more information on the health center board's required authorities.

<sup>22</sup> See [Health Center Program Compliance Manual] **Chapter 9: Sliding Fee Discount Program** for more information on requirements for health center SFDPs.

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**Note:** N/A - HRSA does not review health center compliance with this element during the site visit. HRSA assesses compliance with this element during its review of the health center's competing continuation application (SAC or RD).

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#### **Demonstrating Compliance Element: f. Utilization of Special Population Input**

**Description** For health centers with approved waivers, the health center has board minutes or other documentation that demonstrates how special population patient input is utilized in making governing board decisions in key areas, including but not limited to: selecting health center services; setting hours of operation of health center sites; defining budget priorities; evaluating the organization's progress in meeting goals, including patient satisfaction; and assessing the effectiveness of the SFDP.

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**14. FOR HEALTH CENTERS WITH APPROVED WAIVERS ONLY: Does the health center collect and document input from the special populations?:**

- : Yes
  - : No
  - : Not Applicable
- 

**Note:** Select "Not Applicable" only if the health center does not have an approved waiver.

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

**15. Did the health center provide at least one example of how special population input has impacted board decision-making? For example, selecting health center services; setting hours of operation of health center sites; defining budget priorities; evaluating the organization's progress in meeting goals, including patient satisfaction; or assessing the effectiveness of the SFDP.:**

- : Yes
  - : No
  - : Not Applicable
- 

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

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

- : Yes
  - : No
  - : Not Applicable
-

## Federal Torts Claims Act (FTCA) Deeming Requirements

### Authority

#### Authority

Section 224(g)-(n), 224(q) of the Public Health Service (PHS) Act (42 U.S.C. 233(g)-(n) and (q)); and 42 CFR Part 6

### Related Considerations

#### Health Center Program Compliance Manual Related Considerations

### Federal Torts Claims Act (FTCA)



The FTCA Program uses the site visit report to support programmatic decisions, including but not limited to FTCA deeming decisions, and to identify technical assistance needs for FTCA-deemed health centers. In circumstances where the site visit report contains FTCA risk and claims management findings that require follow-up, the FTCA Program may develop and share a Corrective Action Plan (CAP) with the health center. HRSA expects the health center to respond to the CAP and address findings.

An unresolved Health Center Program condition related to Clinical Staffing or Quality Improvement/Assurance requirements may impact FTCA deeming if the condition is not resolved by the time that HRSA makes annual FTCA deeming decisions.

Health centers that have questions about the FTCA Program or FTCA deeming requirements may use the [BPHC Contact Form](#) or call 1-877-464-4772.

1. Is the health center currently deemed under the Health Center Federal Tort Claims Act (FTCA) Program?:

: Yes

: No

## Promising Practices

### Authority

Authority

45 CFR 75.301

### Promising Practices



A promising practice refers to an activity, procedure, approach, or policy that may lead to improved outcomes or increased efficiency for health centers. HRSA collects these promising practices to share externally with other stakeholders.

**The site visit team should:**

**Use this section of the report to document any promising practices observed during the course of the site visit;**

**Closely follow the methodology below to determine if anything is a promising practice; and**

**List no more than two promising practices for each site visit.**

**1. Were any promising practices identified as part of this site visit?:**

: Yes

: No

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