

The BPHC Newly Funded TA Web Guide Resources for New and Existing Grantees

Developed by:

The U.S. Department of Health and Human Services (HHS)
Health Resources and Services Administration (HRSA)
Bureau of Primary Health Care (BPHC)
Office of Training and Technical Assistance Coordination (OTTAC)

The BPHC Newly Funded TA Web Guide is a self assessment tool designed to help new BPHC grantees provide high-quality primary health care from the day they open their doors for business. The Guide is a central hub for links to HRSA-approved templates, information pages, and policy documents, and many other resources. The intent of the Web Guide is to help Health Center grantees improve their quality and efficiency, work within Health Center Program Requirements, and access Federal policies, programs and resources intended for the specific needs of Health Centers.

This document is a printable version of a portion of the content available on the Web Guide. It was developed by the BPHC Office of Training and Technical Assistance Coordination and is hosted at:
<http://bphc.hrsa.gov/technicalassistance/index.html>

3a. Program Requirement 2: Required and Additional Services

This page contains information and checklists to help assess whether a grantee provides all of the required services directly or through written arrangements and referrals, as well as optional services for consideration.

Requirement: Health center provides all required primary, preventive, and enabling health services (defined in section 330(b)(1)(A) of the PHS Act) and provide additional health services (defined in section 330(b)(2)) as appropriate and necessary, either directly or through established written arrangements and referrals. Note: Grantees that receive (section 330(h)) funding to serve homeless individuals and their families must provide substance abuse services among their required services.

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

Where to Look for Answers: 1) Clinical Practices and Operating Policies and Procedures, 2) Documentation of services provided via formal written agreements and/or via formal written referral arrangements. Review the status of required clinical and non-clinical services in [Form 5A](#) as submitted in the Newly Funded Health Center application. The services listed require verification within 120 days of award. Please see [PIN 2008-01](#) for information and instructions regarding how to update the scope of project.

Links and Additional Resources:

BPHC Health Center [Services Policy Page](#).

The MSCG Resource Center [Services Page](#)*.

**Note: All non-Federal documents are for use as aids to consultants and grantees, the contents of such documents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA, and should not be considered official guidance by BPHC. Any “sample” documents must be tailored to the health center’s unique circumstances and needs.*

Table 1: Required Non-Clinical Services Questions

This checklist is useful for decisions related to referrals to required services and translation services. A thorough needs assessment can help determine what services should be included, and in what ways.

#	Question	Answer
1	For grantees providing interpretation/translation services (Required only for grantees serving a substantial number of patients with limited English proficiency; optional for other grantees.):	Yes/No
1.a.	Does the type of interpretation/translation services provided appear to be appropriate for the size/needs of the grantee (e.g., bilingual providers, onsite interpreter, language telephone line)?	
1.b.	Are the Registration Form, Sliding Fee Scale, and other pertinent documents provided to patients in the appropriate languages?	
2	For all required services, provided by an outside organization/provider, either through agreement or formal referral:	Yes/No

#	Question	Answer
2.a.	Is a contract or written agreement (e.g., MOA/MOU) in place with the outside organization/provider that at minimum describes services and fees or the manner by which the referral will be made and managed, and the process for referring patients back to the grantee for appropriate follow-up care?	
2.b.	For formal referral arrangements, is the health center appropriately tracking and providing follow-up care for referred patients?	
2.c.	Does the outside organization/provider offer the service to health center patients based on a sliding fee discount schedule?	
2.d.	Is the service available equally to all health center patients, regardless of ability to pay?	
2.e.	Has the license of the outside provider been verified?	
2.f.	Has the certification of the lead provider been verified?	

Table 2: Additional Services Questions

This checklist is useful for decisions related to cultural competency, on-site emergency services, pharmacy services, and referrals to specialists. A thorough needs assessment can help determine what services should be included, and in what ways.

#	Question	Answer
1	Regarding <u>cultural competency</u> :	
1.a.	Are there cultural competency training opportunities for the staff?	
1.b.	If yes, how frequently are these trainings offered? If no, are there plans to establish these trainings?	
1.c.	Are the following employees bilingual: Operator, Front Desk staff, Cashier?	
2	Regarding <u>on-site emergency</u> services:	Yes/No
2.a.	Is a crash cart on site?	
2.b.	If yes, is content-compliance monitoring documented?	
2.c.	Does the grantee have written protocols for “in-house” emergency care?	
2.d.	Is the staff adequately trained and currently certified in emergency procedures?	
2.e.	Do procedures exist for the orderly transfer of patient to the hospital via EMS?	
3	Is the grantee’s <u>pharmacy</u> provider:	Yes/No
3.a.	Located in-house or off-site?	
3.b.	If off-site, is it owned by the grantee?	
3.c.	A participant in the Federal Drug Pricing (340B) program?	
4	If the grantee provides <u>pharmacy services</u> either on-site or through an off-site provider that it owns or manages:	Yes/No
4.a.	Has a clinical committee established a formulary to ensure cost-effective prescribing?	

#	Question	Answer
4.b.	Is there a policy regarding acceptance, stocking, logging, and recording of dispensed sample medications?	
5	Regarding referrals to specialists:	
5.a.	What is the level of specialist availability for referrals?	
5.b.	Are there written procedures and tracking mechanisms in place for specialty referrals?	
5.c.	Is there a system for following-up on missed specialty care appointments?	