Health Center Program
Site Visit Protocol:

Required and Additional Health Services

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REQUIRED AND ADDITIONAL HEALTH SERVICES

Primary Reviewer: Clinical Expert
Secondary Reviewer: N/A

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

Document Checklist for Health Center Staff

Documents Provided Prior to Site Visit:

☐ For health centers with Column III services, operating procedures for tracking and managing referred services (as applicable for health centers that do not manage referrals electronically)

Documents Provided at the Start of the Site Visit:

☐ For services in Column I of the health center’s current Form 5A:
  ◦ Provide a schedule and plan to tour at least one to two health center sites where the majority of services are provided directly by the health center
  ◦ If a service(s) cannot be observed during the site tours, provide documentation of service(s) provision in a current patient record

☐ For services in Column II of the health center’s current Form 5A (if applicable):
  ◦ Sample of up to three written contracts/agreements for EACH Required and EACH Additional service provided via Column II but NOT provided via Column I
  ◦ One written contract/agreement for EACH Required and EACH Additional service provided via Column I AND Column II
  ◦ Health center selection of three to five health center patient records (e.g., using live navigation of the Electronic Health Records (EHR), screenshots from the EHR, or actual records if the records are not electronic/EHR records) that document the provision of various Required and Additional Services provided ONLY via formal written contracts/agreements

☐ For services in Column III of the health center’s current Form 5A (if applicable):
  ◦ Sample of up to three written referral arrangements for EACH Required and EACH Additional service provided via Column III but NOT provided via Column I
  ◦ One written referral arrangement for EACH Required and EACH Additional service provided via Column I AND Column III
  ◦ Log or list of patients referred for one or more Required service(s) in the past 12-24 months and, if time permits, a list of patients referred for one or more Additional service(s) (provided ONLY via Form 5A, Column III) in the past 12-24 months. Using log/list(s), the clinical expert will select three to five records to review and the health center will provide these as health center patient records
(e.g., using live navigation of the EHR, screenshots from the EHR, or actual records if the records are not electronic/EHR records) to assess the referral process. **Note:** This excludes follow-up from hospital admissions or hospital visits that will be reviewed in Continuity of Care and Hospital Admitting

- Sample of key health center documents (for example, materials/application used to assess eligibility for the health center’s sliding fee discount program, intake forms for clinical services, instructions for accessing after-hours services) translated for patients with limited English proficiency

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**Demonstrating Compliance**

**Element a: Providing and Documenting Services within Scope of Project**

The health center provides access to all services included in its HRSA-approved scope of project\(^\text{11}\) (Form 5A: Services Provided) through one or more service delivery methods,\(^\text{12}\) as described below:\(^\text{13}\)

- **Direct:** If a required or additional service is provided directly by health center employees\(^\text{14}\) 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.

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\(^{11}\) In accordance with 45 CFR 75.308 (Uniform Administrative Requirements: Revision of Budget and Program Plans), health centers must request prior approval from HRSA for a change in the scope or the objective of the project or program (even if there is no associated budget revision requiring prior written approval). This prior approval requirement applies, among other things, to the addition or deletion of a service within the scope of project. These changes require prior approval from HRSA and must be submitted by the health center as a formal change in scope request. See [http://www.bphc.hrsa.gov/programrequirements/scope.html](http://www.bphc.hrsa.gov/programrequirements/scope.html) for further details on scope of project, including descriptions of the services listed on Form 5A: Services Provided available at: [https://www.bphc.hrsa.gov/programrequirements/scope/form5aservicedescriptors.pdf](https://www.bphc.hrsa.gov/programrequirements/scope/form5aservicedescriptors.pdf).

\(^{12}\) The Health Center Program statute states that health centers may provide services “either through the staff and supporting resources of the center or through contracts or cooperative arrangements.” (42 U.S.C. 254b(a)(1)) The Health Center Program Compliance Manual utilizes the terms “Formal Written Contract/Agreement” and “Formal Written Referral Arrangement” to refer to such “contracts or cooperative arrangements.” For more information on documenting service delivery methods within the HRSA-approved scope of project on Form 5A: Services Provided, see: [http://bphc.hrsa.gov/programrequirements/scope/form5acolumnndescriptors.pdf](http://bphc.hrsa.gov/programrequirements/scope/form5acolumnndescriptors.pdf).

Other Health Center Program requirements apply when providing services through contractual agreements and formal referral arrangements. Such requirements are addressed in other chapters of the Manual where applicable.

\(^{13}\) See the 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.

\(^{14}\) 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.
- **Formal Written Contract/Agreement:** 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), 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. 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).

### Site Visit Team Methodology

- Interview CMO and/or other clinical staff responsible for service delivery, including contracted or referred services.
- Interview health center clinical leadership and providers regarding patient language needs (e.g., most common primary languages spoken by the patient population) and the role of cultural competency in the delivery of health center services (e.g., training of front desk and clinical staff in cultural knowledge, attitudes, and beliefs of patient population).
- Review health center's Form 5A: Services Provided.

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15 See the Health Center Program Compliance Manual, Chapter 12: Contracts and Subawards for more information on program requirements around contracting.

16 For purposes of the HRSA-approved scope of project (Form 5A: Services Provided), services provided via “contract/formal agreement” are those provided by practitioners who are not employed by or volunteers of the health center (for example, an individual provider with whom the health center has a contract; a group practice with which the health center has a contract; a locum tenens staffing agency with which the health center contracts; a subrecipient organization). Typically, a health center will issue an Internal Revenue Service (IRS) Form 1099 to report payments to an individual contractor. Please see the 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.

17 For purposes of the HRSA-approved scope of project (Form 5A: Services Provided), access to services provided via “formal referral arrangements” are those referred by the health center but provided and billed for by a third party. Although the service itself is not included within the HRSA-approved scope of project, the act of referral and any follow-up care provided by the health center subsequent to the referral are considered to be part of the health center’s HRSA-approved scope of project. For more information on documenting service delivery methods within the HRSA-approved scope of project on Form 5A: Services Provided, see: [http://bphc.hrsa.gov/programrequirements/scope/form5acolumnndescriptors.pdf](http://bphc.hrsa.gov/programrequirements/scope/form5acolumnndescriptors.pdf).
- Review services in Column I of the health center’s current Form 5A:
  ◦ Based on the Required and Additional services listed in Column I of the health center’s Form 5A, confirm via a tour of one or more health center sites that all such services are currently being provided by the health center directly OR if certain services cannot be observed at various sites due to time/distance constraints, confirm delivery of the service via documentation in a current patient record.
- Review services in Column II of the health center’s current Form 5A (if applicable):
  ◦ Sample of up to three written contracts/agreements for EACH Required and EACH Additional service provided via Column II but NOT provided via Column I.
  ◦ One written contract/agreement for EACH Required and EACH Additional service provided via Column I AND Column II.
  ◦ Health center selection of three to five health center patient records (e.g., using live navigation of the EHR, screenshots from the EHR, or actual records if the records are not electronic/EHR records) that document the provision of various Required and Additional Services provided ONLY via formal written contracts/agreements (Form 5A, Column II).
- Review services in Column III of the health center’s current Form 5A (if applicable):
  ◦ Sample of up to three written referral arrangements for EACH Required and EACH Additional service provided via Column III but NOT provided via Column I.
  ◦ One written referral arrangement for EACH Required and EACH Additional service provided via Column I AND Column III.
  ◦ Log or list of patients referred for one or more Required service(s) in the past 12-24 months and, if time permits, a list of patients referred for one or more Additional service(s) (provided ONLY via Form 5A, Column III) in the past 12-24 months. Using log/list(s), the clinical expert will select three to five records to review and the health center will provide these as health center patient records (e.g., using live navigation of the EHR, screenshots from the EHR, or actual records if the records are not electronic/EHR records) to assess the referral process. Note: This excludes follow-up from hospital admissions or hospital visits that will be reviewed in Continuity of Care and Hospital Admitting.

Note: Please devote no more than 2 hours to assessing accuracy of scope of project as documented on Form 5A. The primary focus of this portion of the site visit is on validating the actual provision of the various required and additional services. When reviewing the provision of enabling services provided via Column II or III (e.g., transportation, translation, outreach), it is acceptable that the related “formal written” contracts or referral arrangements may not contain the level of detail that would need to be demonstrated for clinical services provided via contracts or referral arrangements.

Site Visit Findings

In responding to the questions below, please note:
Any findings regarding the structure or availability of a health center’s SLIDING FEE DISCOUNT PROGRAM as it relates to the SERVICES listed on Form 5A (e.g., health center is providing an additional service directly, but the service is NOT discounted through the health center’s sliding fee discount program) will be assessed and documented under the Sliding Fee Discount Program section.
1. Form 5A, Column I:

- Are all services listed in Column I on the health center’s current Form 5A being provided by the health center directly?
  - YES □  NO □  NOT APPLICABLE

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

If No, an explanation is required, including specifying any missing services:

2. Form 5A, Column II:

- Does the health center maintain formal written contracts/agreements for services listed in Column II on its current Form 5A?
  - YES □  NO □  NOT APPLICABLE

- Do these contracts/agreements document how the health center will pay for the service(s) and how the service will be documented in the patient’s health center record?
  - YES □  NO □  NOT APPLICABLE

- Was the health center able to produce patient records from the past 12-24 months that document receipt of specific contracted services?
  - YES □  NO □  NOT APPLICABLE

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

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

3. Form 5A, Column III:

- Does the health center maintain formal written referral arrangements for services listed in Column III on its current Form 5A?
  - YES □  NO □  NOT APPLICABLE

- Does the health center have a process for making, tracking and managing referrals for these services with the referral provider(s) (e.g., process for tracking whether patient presented at the referral provider or the outcomes of the referral visit)?
  - YES □  NO □  NOT APPLICABLE

- Is there documentation in the patient record of appropriate follow-up care and information that resulted from these referrals (e.g., exchange of patient record information, receipt of lab results)?
  - YES □  NO □  NOT APPLICABLE

**Note:** Select “Not Applicable” for each of the above questions if the health center does not offer any services via Column III.
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If No was selected for any of the above, an explanation is required:

4. Considering the overall scope of project (i.e., all services on Form 5A across the various Columns), were services recorded on Form 5A consistent with how they were offered by the health center at the time of the site visit?
   - YES
   - NO

   If No, an explanation is required, including specifying any discrepancies observed:

Element b: Ensuring Access for Limited English Proficient Patients

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

Site Visit Team Methodology

- Review UDS patient demographic data.
- Review sample of translated health center documents.
- Review access to interpretation services (e.g., on-site interpreter(s), contract(s) for interpretation services).
- Interview health center clinical leadership and providers regarding patient language needs (e.g., most common primary languages spoken by the patient population) and the role of cultural competency in the delivery of health center services (e.g., training of front desk and clinical staff in cultural knowledge, attitudes, and beliefs of patient population).

Site Visit Findings

5. Does the health center provide access to interpretation for health center patients with limited English proficiency?
   - YES
   - NO

   If No, an explanation is required:

6. Was the health center able to provide an example of a key document (i.e., documents that enable patients to access health center services) translated into different languages for its patient population?
   - YES
   - NO

   If No, an explanation is required:
Element c: Providing Culturally Appropriate Care

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.

Site Visit Team Methodology

- Review UDS patient demographic data.
- Review sample of translated health center documents.
- Review access to interpretation services (e.g., on-site interpreter(s), contract(s) for interpretation services).
- Interview health center clinical leadership and providers regarding patient language needs (e.g., most common primary languages spoken by the patient population) and the role of cultural competency in the delivery of health center services (e.g., training of front desk and clinical staff in cultural knowledge, attitudes, and beliefs of patient population).

Site Visit Findings

7. Was the health center able to provide an example of how it delivers services in a manner that is culturally appropriate for its patient population (e.g., culturally appropriate health promotion tools)?
   □ YES □ NO

   If No, an explanation is required: