

Health Center Program Site Visit Protocol: Operational Site Visit Exit Conference Tracking Resource

Last Updated: April 13, 2023

NOTE: This resource complements the [Site Visit Protocol \(SVP\)](#), which is the primary tool for assessing compliance with Health Center Program requirements during Operational Site Visits (OSVs). Refer to the [Health Center Program Compliance Manual](#) as the principal resource to assist health centers in understanding and demonstrating compliance with Health Center Program requirements and the SVP for complete guidance on OSVs.

Primary Reviewer	Demonstrating Compliance Elements	Compliance Demonstrated? (Yes/No/NA)	Notes
NEEDS ASSESSMENT			
G/A	a. Service Area Identification and Annual Review		
	b. Update of Needs Assessment		
REQUIRED AND ADDITIONAL HEALTH SERVICES			
C	a. Providing and Documenting Services within Scope of Project		
	b. Ensuring Access for Limited English Proficient Patients		
	c. Providing Culturally Appropriate Care		
CLINICAL STAFFING			
C	a. Staffing to Provide Scope of Services		
	b. Staffing to Ensure Reasonable Patient Access		
	c. Procedures for Review of Credentials		
	d. Procedures for Review of Privileges		
	e. Credentialing and Privileging Records		
	f. Credentialing and Privileging of Contracted or Referral Providers		

Primary Reviewer: C = Clinical; F = Fiscal; G/A = Governance/Admin

* NOT assessed for look-alikes

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Primary Reviewer	Demonstrating Compliance Elements	Compliance Demonstrated? (Yes/No/NA)	Notes
ACCESSIBLE LOCATIONS AND HOURS OF OPERATION			
G/A	a. Accessible Service Sites		
	b. Accessible Hours of Operation		
	c. Accurate Documentation of Sites within Scope of Project		
COVERAGE FOR MEDICAL EMERGENCIES DURING AND AFTER HOURS			
C	a. Clinical Capacity for Responding to Emergencies During Hours of Operation		
	b. Procedures for Responding to Emergencies During Hours of Operation		
	c. Procedures or Arrangements for After-Hours Coverage		
	d. After-Hours Call Documentation		
CONTINUITY OF CARE AND HOSPITAL ADMITTING			
C	a. Documentation of Hospital Admitting Privileges or Arrangements		
	b. Procedures for Hospitalized Patients		
	c. Post-Hospitalization Tracking and Follow-up		

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Primary Reviewer	Demonstrating Compliance Elements	Compliance Demonstrated? (Yes/No/NA)	Notes
SLIDING FEE DISCOUNT PROGRAM			
F	a. Applicability to In-Scope Services		
	b. Sliding Fee Discount Program Policies		
	c. Sliding Fee for Column I Services		
	d. Multiple Sliding Fee Discount Schedules		
	e. Incorporation of Current Federal Poverty Guidelines		
	f. Procedures for Assessing Income and Family Size		
	g. Assessing and Documenting Income and Family Size		
	h. Informing Patients of Sliding Fee Discounts		
	i. Sliding Fee for Column II Services		
	j. Sliding Fee for Column III Services		
	k. Applicability to Patients with Third-Party Coverage		
l. Evaluation of the Sliding Fee Discount Program			

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Primary Reviewer	Demonstrating Compliance Elements	Compliance Demonstrated? (Yes/No/NA)	Notes
QUALITY IMPROVEMENT/ASSURANCE			
C	a. QI/QA Program Policies		
	b. Designee to Oversee QI/QA Program		
	c. QI/QA Procedures or Processes		
	d. Quarterly Assessments of Clinician Care		
	e. Retrievable Health Records		
	f. Confidentiality of Patient Information		
KEY MANAGEMENT STAFF			
G/A	a. Composition and Functions of Key Management Staff		
	b. Documentation for Key Management Staff Positions	<i>Not Assessed Onsite</i>	
	c. Process for Filling Key Management Vacancies		
	d. CEO Responsibilities		
	e. HRSA Approval for Project Director/CEO Changes		

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CONTRACTS AND SUBAWARDS			
F (G/A for Element i)	a. Procurement Procedures		
	b. Records of Procurement Actions		
	c. Retention of Final Contracts*		
	d. Contractor Reporting		
	e. HRSA Approval for Contracting Substantive Programmatic Work		
	f. Required Contract Provisions		
	g. HRSA Approval to Subaward*		
	h. Subaward Agreement*		
	i. Subrecipient Monitoring*		
	j. Retention of Subaward Agreements and Records*		
CONFLICT OF INTEREST			
G/A	a. Standards of Conduct*		
	b. Standards for Organizational Conflicts of Interest		
	c. Dissemination of Standards of Conduct**		
	d. Adherence to Standards of Conduct**		

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Primary Reviewer	Demonstrating Compliance Elements	Compliance Demonstrated? (Yes/No/NA)	Notes
COLLABORATIVE RELATIONSHIPS			
G/A	a. Coordination and Integration of Activities		
	b. Collaboration with Other Primary Care Providers		
	c. <i>Expansion of HRSA-Approved Scope of Project</i>	<i>Not Assessed Onsite</i>	
FINANCIAL MANAGEMENT AND ACCOUNTING SYSTEMS			
F	a. Financial Management and Internal Control Systems		
	b. Documenting Use of Federal Funds*		
	c. Drawdown, Disbursement and Expenditure Procedures*		
	d. Submitting Audits and Responding to Findings		
	e. Documenting Use of Non-Grant Funds		

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Primary Reviewer	Demonstrating Compliance Elements	Compliance Demonstrated? (Yes/No/NA)	Notes
BILLING AND COLLECTIONS			
F	a. Fee Schedule for In-Scope Services		
	b. Basis for Fee Schedule		
	c. Participation in Insurance Programs		
	d. Systems and Procedures		
	e. Procedures for Additional Billing or Payment Options		
	f. Timely and Accurate Third-Party Billing		
	g. Accurate Patient Billing		
	h. Policies or Procedures for Waiving or Reducing Fees		
	i. Billing for Supplies or Equipment		
	j. Refusal to Pay Policy		
BUDGET			
F	a. Annual Budgeting for Scope of Project		
	b. Revenue Sources	Not Assessed Onsite	
	c. Allocation of Federal and Non-Federal Funds	Not Assessed Onsite	
	d. Other Lines of Business		
PROGRAM MONITORING AND DATA REPORTING SYSTEMS			
F	a. Collecting and Organizing Data		
	b. Data-Based Reports		

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Primary Reviewer	Demonstrating Compliance Elements	Compliance Demonstrated? (Yes/No/NA)	Notes
BOARD AUTHORITY			
G/A	a. Maintenance of Board Authority Over Health Center Project		
	b. Required Authorities and Responsibilities		
	c. Exercising Required Authorities and Responsibilities		
	d. Adopting, Evaluating, and Updating Health Center Policies		
	e. Adopting, Evaluating, and Updating Financial and Personnel Policies		
BOARD COMPOSITION			
G/A	a. Board Member Selection and Removal Process		
	b. Required Board Composition		
	c. Current Board Composition		
	d. Prohibited Board Members		
	e. <i>Waiver Requests</i>	<i>Not Assessed Onsite</i>	
	f. Utilization of Special Population Input		

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Primary Reviewer	Demonstrating Compliance Elements	Compliance Demonstrated? (Yes/No/NA)	Notes
FEDERAL TORT CLAIMS ACT (FTCA) DEEMING REQUIREMENTS***			
C	Risk Management		
	a.	Risk Management Program	
	b.	Risk Management Procedures	
	c.	Reports on Risk Management Activities	
	d.	Risk Management Training Plan	
	e.	Individual who Oversees Risk Management	
	Claims Management		
	a.	Claims Management Process	
	b.	Claims Activities Point-of-Contact	
	c.	Informing Patients of FTCA Deemed Status	
d.	History of Claims: Cooperation and Mitigation		
ELIGIBILITY REQUIREMENTS FOR LOOK-ALIKE INITIAL DESIGNATION APPLICANTS			
G/A	Primary Care Operational Status of Look-Alike Applicant Organization		
	Ownership and Control of Look-Alike Applicant Organization		

*** These observations will not be used for the purposes of assessing compliance with Health Center Program requirements.

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