



# Operational Site Visits Reimagined: Creating a More Streamlined Approach

March 5, 2026  
1:30PM – 3:00PM



Bureau of Primary Health Care  
Office of Health Center Program Monitoring (OHCPM)

**Vision: Healthy Communities, Healthy People**





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# Welcoming Remarks



**Tasha Akitobi**

**Director, Office of Health Center Program Monitoring  
Bureau of Primary Health Care**

## Office Director Remarks



# Health Center Program Site Visit Protocol Updates



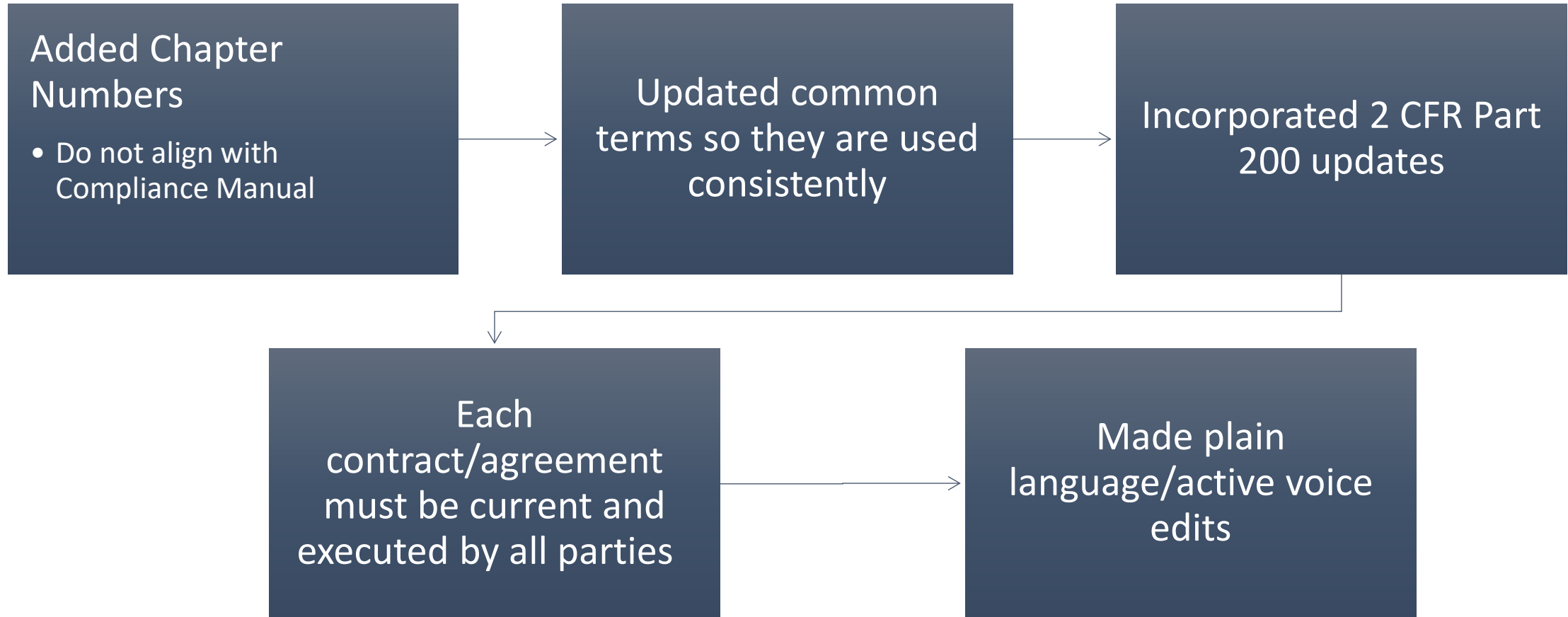
# Health Center Program Site Visit Protocol

## **The Site Visit Protocol (SVP) is a tool for assessing compliance with Health Center Program requirements during site visits**

- Designed to provide HRSA with the information to perform oversight responsibilities
- Standard and transparent methodology
- Applies to health centers that are funded or designated, and those applying to enter the program
- BPHC updates the SVP every year



# Examples of Cross-Cutting Changes



# Chapter 10: Contracts and Subawards



# Changes to Procurement Procedures: Not Just a Reference to 2 CFR 200 Subpart E

## Site Visit Findings (Clarification)

3. Do these policies or procedures, at a minimum, ensure that all procurements directly attributable to the federal award will:

- Be conducted using full and open competition; and
- Only include allowable costs, consistent with federal cost principles? For example, do the procedures contain relevant references or citations to 2 CFR 200 Subpart E: Cost Principles.

### Notes:

- A citation to grants regulations at 2 CFR 200 Subpart E does not demonstrate compliance. To demonstrate compliance with the Health Center Program Compliance Manual Chapter 12: Contracts and Subawards, a health center's procurement procedures would include specific information consistent with the standards set forth in grants regulations at 2 CFR 200 Subpart E, as well as any other federal mandates or related requirements for all procurements related to the federal award.
- Reference to the specific citation of 2 CFR 200 Subpart E is not necessary.



## Methodology (Clarification)

- Review the contracts for Column II services from within the sample (both those that use and those that do not use Health Center Program federal award funds)

### Notes:

- If the sample does not contain Column II contracts, review the remaining contracts in the sample.
- Do not review agreements related to Column III-only services.
- If a contract covers a mix of Column II and Column III services, only review the portion of the contract related to Column II services.
- Review any documentation that supports health center monitoring of contractor performance (for example, health center policies or procedures for purchasing, procurement, and contract management).



# Chapter 13: Financial Management and Accounting Systems



# Changes to Submitting Audits and Responding to Findings: Audit Threshold Changed to \$1,000,000

## Element Language (New)

If a health center expends **\$1,000,000 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 2 CFR 200 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.

# Chapter 18: Board Composition



# Element C: Current Board Composition

The health center has documentation that the board is composed of:

- At least 9 and no more than 25 members;
- A patient majority (at least 51 percent);
- Patient board members, as a group, represent the individuals who are served by the health center; and
- As applicable, non-patient board members:
  - 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;
  - 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, social services, or other relevant expertise (for example, working with the medically underserved) within the community; and
  - Of whom no more than 50 percent earn more than 10 percent of their annual income from the health care industry.



# Changes to Board Composition: Documents the Health Center Provides

## Documents the Health Center Provides (New)

- Updated Form 6A or board roster (if board composition has changed since last application submission to HRSA) indicating current board member characteristics as follows: patient status, area of expertise, and if their percentage of income from the healthcare industry is greater than 10 percent.
- Additional documentation about current board member characteristics (for example, applications, bios, disclosure forms).
- Health center analysis used to assess whether patient board members, as a group, represent the individuals who are served by the health center.

**Note:** *The health center determines the sources of information (for example, health center's most recent Uniform Data System (UDS) report, needs assessment, or other sources of information) it will use to assess whether patient board members, as a group, represent the individuals who are served by the health center.*

- Billing records from within the past 24 months that verify board member patient status.
- For health centers with approved waivers: Examples of the use of special medically underserved populations input (for example, board minutes, board meeting handouts, board packets).

# Changes to Current Board Composition: Analysis Used to Determine Patient Board Representation

## Methodology (New)

- Review the UDS data for an overview of patient population.
- Review the health center's analysis used to assess whether patient board members, as a group, represent the individuals who are served by the health center.
- Interview board members on how the board evaluates board membership in terms of representing patient population.
- Review the current board roster or Form 6A.

# Changes to Current Board Composition: Health Center Analysis

## Site Visit Findings (New)

**8. Did the health center conduct an analysis to assess whether patient board members, as a group, represent the individuals who are served by the health center?**

### Notes:

- The health center determines the sources of information (for example, health center's most recent Uniform Data System (UDS) report, needs assessment, or other sources of information) it will use to assess whether patient board members, as a group, represent the individuals who are served by the health center.
- Select "Not Applicable" only if the health center has an approved waiver AND no patient board members.

# Helpful Resources

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- [Full Summary of Changes for the 2025 SVP](#)
- [2025 Site Visit Protocol](#)
- [Site Visit Protocol Resources](#)
- [Scope of Project](#)
- [The Compliance Manual](#)



# Operational Site Visits Updates

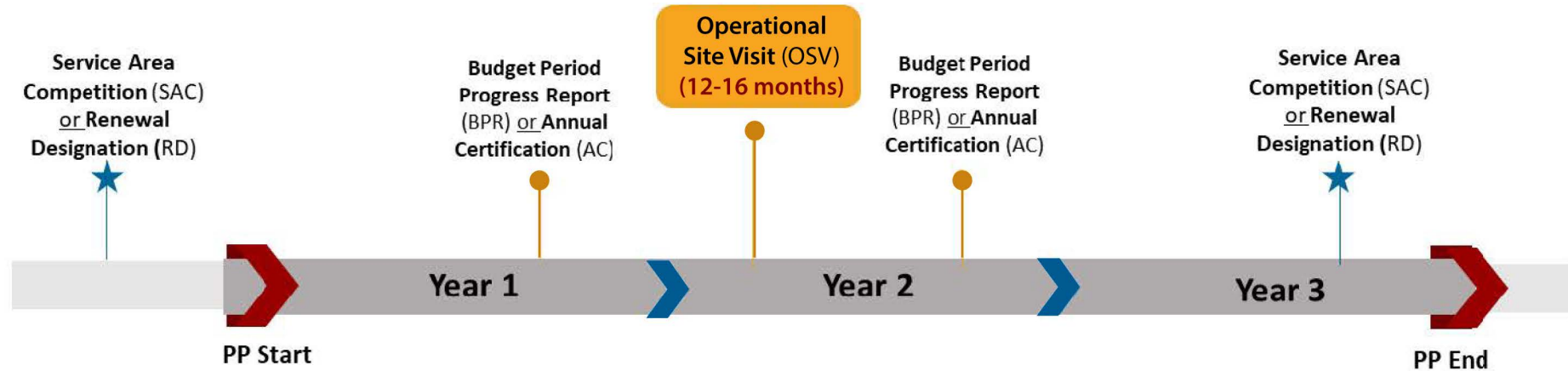


# Current OSV Timeline

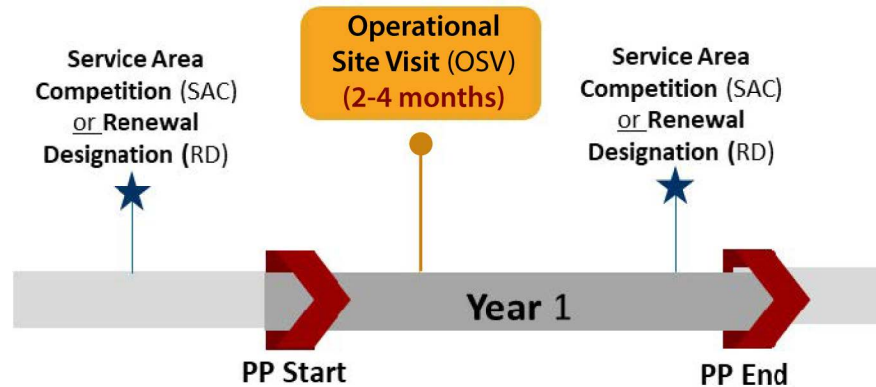


# Current Health Center Monitoring Strategies

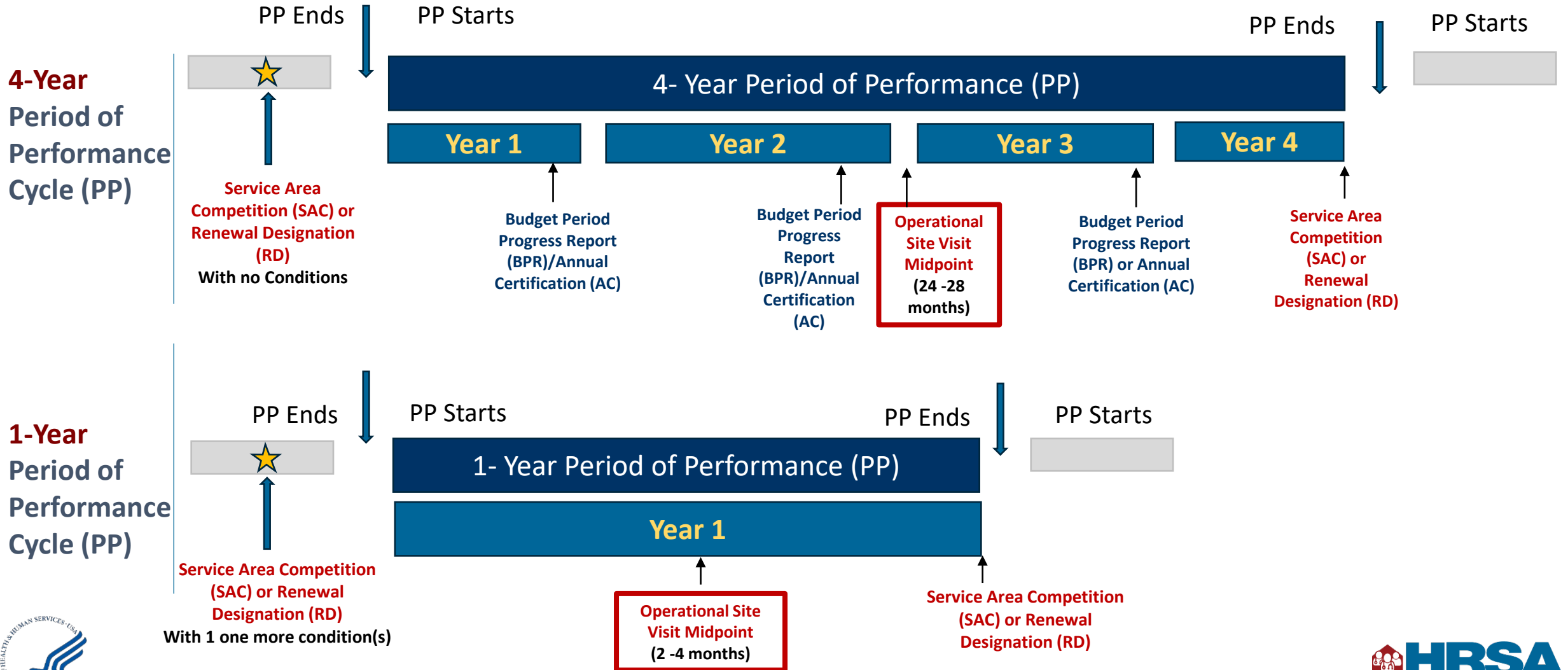
## 3-Year Period of Performance Cycle (PP)



## 1-Year Period of Performance Cycle (PP)



# New Health Center Monitoring Strategy



# FY2026 OSVs and Targets



- Complete 267 Onsite OSVs in FY2026
- Transitioning to 4-year Period of Performance in March 2026
- Complete OSVs at the period of performance midpoint (24-28 *months post project start*)
- Launch new OSV Models Pilot in Q2

# Upcoming Operational Site Visit Pilot



# OSV Models Pilot: Background & Objectives

## OSV Models

**Three Day  
OSV  
(Traditional)**

**Two Day OSV**

**One Day OSV**

- Pilot new models with 9-15 Health Centers
- Strengthen OSV efficiency & effectiveness
  - Cost-savings
  - Time-savings
  - Compliance determination

# One-Day & Two-Day OSV Models

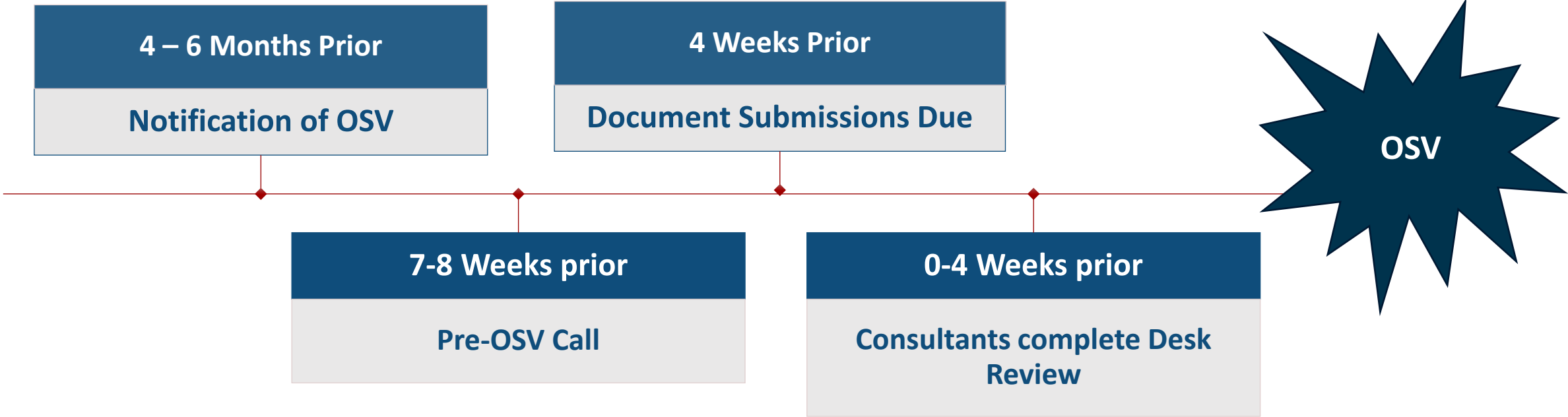
## One Day OSV Model

- Shortened entrance/exit conference
- Compliance Review
  - Pre-Onsite Desk review
  - On-site review
- Follow-up to desk audit
- Board meeting
- Debrief for Fed Rep
- Debrief for CEO

## Two Day OSV Model

- Full entrance/exit conference
- Traditional first day OSV
- Compliance Review
  - Pre-Onsite Desk review
  - On-site review
- Board meeting
- Follow-up to desk audit

# OSV Models Pilot: Updated OSV Prep Timeline



# Q & A



# Thank You!

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



[Health Center Program Support](#)



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