

Health Center Program Site Visit Protocol:

Operational Site Visit Required Documents and File Naming Convention

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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.

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General Instructions

Purpose

As you prepare for your Health Center Program Operational Site Visit (OSV) or Look-alike Initial Designation (LAL-ID) visit, you must gather required documents outlined in each “Documents the Health Center Provides” sub-section of the [Health Center Program Site Visit Protocol](#) (SVP) and submit them to HRSA through an online file sharing system. Using this file naming convention will help the site visit team access and accurately review your documents.

File Naming Convention Contents

In addition to these general instructions, this file contains two main sections:

- The [OSV Required Documents – Checklist](#) provides a **quick reference guide** to the file naming convention including the file name, document description, and fields to track upload status and any notes.
- The [OSV Required Documents – Details](#) provides **thorough instructions and notes** to ensure documents meet all file naming convention requirements.

Accessing and Using Your OSV Folder

You will have your own OSV folder through a secure, password protected, web-based system, based on your OSV task assignment number (TA00XXXX). We will share the OSV folder link with you, your OSV team, and your Federal Representative once your OSV is scheduled. The OSV folder is used to upload required documents for the OSV team to review prior to, and during the OSV. Reach out to your OSV Federal Representative if you have questions about the link or the security of the system.

Use this link to upload your required OSV documents into your OSV folder at least **two weeks** in advance of the scheduled OSV dates. When you first access the system, review the user guides included in the main OSV folder carefully.

Your OSV folder contains a series of sub-folders organized by each program requirement chapter of the [SVP](#) with the documents in the sub-folders corresponding to the “Documents the Health Center Provides” sub-section of each chapter.

Summary of Sub-folders within each OSV Folder

SVP Chapter	Sub-folder Topic	Abbreviated Name
1	Needs Assessment	1-Need
2	Required and Additional Health Services	2-Services
3	Clinical Staffing	3-Staffing
4	Accessible Locations and Hours of Operation	4-Sites-Hrs
5	Coverage for Medical Emergencies During and After Hours	5-Emerg
6	Continuity of Care and Hospital Admitting	6-Cont-Hosp
7	Sliding Fee Discount Program	7-SFDP
8	Quality Improvement/Assurance	8-QI-QA

SVP Chapter	Sub-folder Topic	Abbreviated Name
9	Key Management Staff	9-Key Mgmt
10	Contracts and Sub-awards	10-Contracts
11	Conflict of Interest	11-COI
12	Collaborative Relationships	12-Collab
13	Financial Management and Accounting Systems	13-Fin Mgmt
14	Billing and Collections	14-Billing
15	Budget	15-Budget
16	Program Monitoring and Data Reporting Systems	16-Data Sys
17	Board Authority	17-Bd Auth
18	Board Composition	18-Bd Comp
19	LAL-ID OSV – Eligibility Requirements	19-LAL-ID
	OSV Agenda	Agenda
	HRSA Documents	HRSA Documents
	<i>HRSA Required File Sharing System User Guide</i>	N/A
	<i>HRSA Required Videoconferencing system User Guide</i>	N/A

Only upload required documents for sub-folders labeled:

- 1 through 18 for H80 funded health centers and re-designation LAL OSVs
- 1 through 19 for LAL-ID OSVs

HRSA provides the documents included in your last application (Service Area Competition (SAC), Renewal of Designation (RD), New Access Point (NAP), or Initial Designation (LAL-ID)). You do not need to submit these documents again unless the documents have changed.

You do not need to upload any files to the unnumbered sub-folders.

Health centers should review the technical user guides that are provided in the main OSV folder.

Documents Listed under Multiple Sub-Folders

You **should not upload the same document in multiple folders**. The file naming convention will indicate where to upload the required document.

For example, organizational charts are needed under Key Management and Board Authority. Key Management serves as the primary sub-folder for that file and that is the only place where the file needs to be uploaded. Under Board Authority, the file naming convention instructs the reader to find the organizational chart by indicating “Refer to 9.1 in 9-Key Mgmt Sub-Folder” and linking to that section of the file naming convention.

Selecting Samples

- In cases where a sample (for example, sample of patient records) is referenced in the list of documents to be provided by the health center, **you are expected to provide (or "pull") the sample.**

- When the SVP allows for a range in the sample size, you should take into account the size and complexity of your health center when determining sample size.
- You should provide samples that are representative of your current Health Center Program project operations.
- If the HRSA site visit team is unable to assess the program requirement using your health center's sample, the team may complete additional sampling in coordination with you.
- You may choose to provide samples of patient records before or during the site visit. If you plan to provide patient records during the site visit, you should communicate this to the site visit team before the site visit to avoid any disruption or delay in the site visit process. Use live navigation of the Electronic Health Record (EHR), screenshots from the EHR, or other patient record formats. Redact any uploaded documents with personally identifiable information (PII), or you use live navigation.
- Refer to the [Sampling Review Resource Guide](#) to help select samples.
- Use the same sample of contracts/agreements and referral arrangements for the review of [Required and Additional Health Services](#), [Clinical Staffing](#), and [Sliding Fee Discount Program](#).
- Use the same sample of contracts/agreements for the review of both [Contracts and Subawards](#) and [Conflict of Interest](#).
- The sampling methodologies in [Required and Additional Health Services](#), [Clinical Staffing](#), and [Sliding Fee Discount Program](#) **are different** from the sampling methodologies in [Contracts and Subawards](#) and [Conflict of Interest](#), even though they may result in some overlap in the contracts/agreements reviewed.
- Each contract or agreement must be current and executed by all parties (for example, a signed paper copy, electronically-signed documents, emails documenting acceptance).

OSV Required Documents – Checklist

The **OSV Required Documents – Checklist** provides a quick reference guide to the file naming convention, including the file name, document description, checkboxes to track upload status, and any notes. You can check off files in this document as you upload them to your OSV folder. For detailed instructions, refer to the [OSV Required Documents - Details](#) below to ensure your documents meet all OSV file naming convention requirements.

File Naming Convention Format

File names begin with the sub-folder number followed by a “period” and a document number starting with “1.”

- **For example:** sub-folder 1 would be: 1.1 – short title, 1.2 – short title, etc.

If multiple documents are needed for an item, a letter is added to the end of the number starting at “a.”

- **For example:** 1.1a – short title, 1.1b – short title, etc.

Where text is in *italics*, the health center should provide a short description **not to exceed 35 characters**.

- **For example:** 1.1 – Service Area Reps-Anal – *short topic* (for each report/analysis)

If your internal file name already clearly references the requested document and is within the character limit, you only need to add the file naming convention numbering system to the beginning of the existing file name. Otherwise, update the file name to match the file naming convention.

You **should not upload** the same document in multiple sub-folders.

Checklist

Check	File Name	Document Description	Notes
1-Need			
	1.1 – Service Area Reps-Anal – <i>short topic</i> (for each report/analysis)	Service area reports or analysis documentation	
	1.2 – Recent NA-Docs – <i>short topic</i> (for each study, resource, report)	Most recent needs assessment and documentation (for example, studies, resources, reports) used to develop the needs assessment	
2 - Services			
	2.1 – LEP - <i>Short Title</i> (for each document)	Sample of key health center documents translated for patients with limited English proficiency	
	2.2 – Site List	A list of Form 5B service sites to be toured. Select sites where a variety of services are provided.	
	2.2a – V-Tour – <i>Site Name</i> 2.2b – V-Tour – <i>Site Name</i>	For OSVs conducted virtually and only, in rare instances, when approved by the Federal Representative: Pre-recorded tours	
	Live navigation of EHR or 2.2a – C1 Pat Sample 1 2.2b – C1 Pat Sample 2 2.2c – C1 Pat Sample 3, etc.	If a Column I service cannot be verified through a site tour: Documentation of service provision in a current patient record	
	2.3 – C2 Procedures for Patient Records	For health centers with Column II services that occur at any locations that are not Form 5B service sites: Health center internal procedures that address how information in patient health center records is documented (for example, lab results, x-ray results)	

Check	File Name	Document Description	Notes
	2.3 – C2 <i>Contract Name-Service</i> (for each contract for Column II services - include the Name of Provider/Vendor and the service being provided in the label for each contract)	At least one but no more than three Column II written contracts/agreements for EACH Required and EACH Additional Service	
	Live navigation of EHR or 2.3a – C2 Pat Sample 1- <i>Service</i> 2.3b – C2 Pat Sample 2- <i>Service</i> 2.3c – C2 Pat Sample 3- <i>Service</i> , etc. including the name of the service(s) provided	Based on three Required Services and two Additional Services: A total of three to five health center patient records for patients who have received required and additional health services in the past 24 months from Column II contracted providers or contracted organizations	
	2.3a – C2 Pat Sample 1 – <i>Subrecipient Name-Service</i> 2.3b – C2 Pat Sample 1 – <i>Subrecipient Name-Service</i> 2.3c – C2 Pat Sample 1 – <i>Subrecipient Name-Service</i> , etc. including the name of the subrecipient and the service(s) provided	For health centers delivering services through subrecipient agreements: Subrecipient patient records	
	2.4 – C3 Referral Procedures	For health centers with Column III services: Health center operating procedures for tracking and managing referred services	
	2.4 – C3 Ref Agr - <i>Name-Service</i> (for each referral agreement for Column III services including the name of the provider/vendor and the service provided)	At least one but no more than three Column III written referral arrangements for EACH Required and EACH Additional Service	

Check	File Name	Document Description	Notes
	2.4 – C3 Referral SOPs If more than one SOP: 2.4a – C3 Referral SOP – <i>Make/ Manage</i> 2.4b – C3 Referral SOP – <i>tracking</i> and 2.4c – C3 Referral SOP – <i>Follow-up</i> or refer to 2.3 – C4 Referral Procedures if same as SOPs	If required provisions are not present within the referral arrangements: Provide additional documentation (for example, health center procedures) that contain those provisions	
	Live navigation of EHR or 2.4a – C3 Pat Sample 1 2.4b – C3 Pat Sample 2 2.4c – C3 Pat Sample 3, etc.	Based on three Required Services and two Additional Services: A total of three to five health center patient records for patients who have received required and additional services in the past 24 months from Column III referral providers or referral organizations	
3-Staffing			
	3.1a – Credentialing Proc 3.1b – Privileging Proc 3.1c – Cred-Priv Proc – <i>Short Title</i> , etc. (for a combined procedure or for additional credentialing and privileging procedure documents, include the procedure topic as the short title)	Credentialing and privileging procedures for all clinical staff, including licensed independent practitioners (LIP), other licensed or certified practitioners (OLCP), or other clinical staff	
	3.2 – Website	If the health center has a website: The website URL	
	Refer to 1.2 in 1-Need Sub-folder	Most recent needs assessment	
	3.3 – Clinical Staff List	Current clinical staffing profile that lists: Name, Position, FTE, Credential (for example, RN, MD), Hire date, Provider type (LIP, OLCP, or other clinical staff), and Staff who are bilingual or multilingual	

Check	File Name	Document Description	Notes
	In-person/video-conferencing review or 3.4a – Cred-Priv Sample 1 3.4b – Cred-Priv Sample 2 3.4c – Cred-Priv Sample 3, etc.	Files for current clinical staff that contain credentialing and privileging information: Four to five LIP files; four to five OLCP files; and, if the health center has other clinical staff, two to three files for those other clinical staff	
	3.5 – Cred Verification – <i>Contract Name</i>	Any contracts or agreements with outside entities, such as Credentialing Verification Organizations (CVOs), that perform credentialing functions (such as primary source verification)	
	Refer to 2.3 and 2.4 in 2-Services Sub-folder . In addition , 3.6 – Cred-Priv Contracted/Ref Providers – <i>Short Title</i> (for each additional document to demonstrate verification of credentialing and privileging for contracted and referral providers)	If clinical services are provided via Column II or III: No more than three Column II written contracts/agreements with provider organizations and no more than three Column III written referral arrangements, and any additional documentation showing the health center has ensured credentialing and privileging of the contracted and referral providers	
<u>4-Sites-Hrs</u>			
	4.1 – List of Sites	List of sites that include address, hours of operation, and services provided for each listed site.	
	4.2 – Service Area Map	Health Center Program GeoCare Navigator service area map, if updated since last application	
	4.3 – Patient Satisfaction Survey For additional documents: 4.3a – Patient Sat Survey – <i>Short Title</i> 4.3b – Patient Sat Survey – <i>Short Title</i> , etc.	Patient satisfaction surveys or other forms of patient input	

Check	File Name	Document Description	Notes
	Refer to 1.2 in 1-Need Sub-folder For any additional documents not already uploaded under Needs Assessment: 4.4a – Sites-Hrs/Loc - <i>Short Title</i> 4.4b – Sites-Hrs/Loc – <i>Short Title, etc.</i>	Any additional documents not already included under Needs Assessment related to site location selection or setting of hours of operation	
5-Emerg			
	5.1 – Emergency Proc – During Hrs	Operating procedures for addressing medical emergencies during health center’s hours of operation	
	5.2 – Emergency Proc – After Hrs	Operating procedures for responding to patient medical emergencies after hours	
	5.3a – Basic Life Sup – <i>Site Name</i> 5.3b – Basic Life Sup – <i>Site Name, etc.</i>	Staffing schedules for up to five service delivery sites that identify at least one individual at each site with current certification in basic life support (BLS)	
	5.3a – Proof BLS Cert – <i>Site Name</i> 5.3b – Proof BLS Cert – <i>Site Name, etc.</i>	A copy of current BLS certifications for individuals identified in staffing schedules	
	5.4a – On-Call Schedules – <i>Name</i> 5.4b – Answering Service - <i>Contract Name</i>	If the health center uses its providers for after-hours coverage: Health center provider on-call schedules	
	5.5a – After Hrs Cover Agr – <i>Name - Site</i> 5.5a – After Hrs Cover Agr – <i>Name - Site, etc.</i>	If the health center uses non-health center providers for after-hours coverage: After-hours written arrangements with non-health center providers/entities	
	5.6 – Access After Hrs Info	Information provided to patients for accessing after-hours coverage	
	Live navigation of EHR or 5.7a – After Hrs Advice 1 5.7b – After Hrs Advice 2 5.7c – After Hrs Advice 3	Three samples of after-hours clinical advice documentation in patient records. Include associated documentation of follow-up	
	5.8a –After Hrs Tracking Proc – <i>Short Title</i> 5.8b –After Hrs Tracking Proc – <i>Short Title, etc.</i>	Procedures for tracking, recording, and storing of after-hours coverage interactions and any follow-up	

Check	File Name	Document Description	Notes
6-Cont-Hosp			
	6.1 – Hospital Tracking – Non-HC Provider Procedures	Health center’s internal operating procedures and documentation of any arrangements with non-health center providers or entities for tracking of patient hospitalization and continuity of care	
	6.2 – Hospital Admit Privileges – <i>Hospital Name</i> or 6.2 – Hospital Admit Arrangement – <i>Hospital Name</i>	Health center provider hospital admitting privileges that address delivery of care in a hospital setting to health center patients or All formal arrangements that address health center patient hospital admissions	
	Live navigation of EHR or 6.3a – Hospital-ER 1 6.3b – Hospital-ER 2 6.3c – Hospital-ER 3, etc.	Sample of 5-10 health center patient records for patients who were hospitalized or who had Emergency Department (ED) visits within the past 12 months	
7-SFDP			
	7.1 – SFDP Policies	Sliding fee discount program (SFDP) policies	
	7.2 – SFDP Procedures or If part of 7.1 label: 7.1 – SFDP Pol and Proc	SFDP procedures	
	7.3 – Discount Schedule or If there is more than one discount schedule, such as dental, women’s health, etc.: 7.3a – Discount Sch – <i>Name of Service</i> ; 7.3b – Discount Sch – <i>Name of Service</i> ; etc.	Sliding fee discount schedule (SFDS), including any SFDSs that differ by service or service delivery method	

Check	File Name	Document Description	Notes
	7.4a – SFDP App Form 7.4b – Registration Policy and Proc 7.4c – Scheduling Policy and Proc 7.4d – Fin Eligibility-Screen-Assist 7.4e – Pat Notifications Or as may be combined with documents in 14.5 in 14-Billing Sub-folder	Any related policies, procedures, forms, and materials that support the SFDP	
	7.5a – Set Nominal Charge – Pat Perspective 7.5b – Set Nominal Charge – vs Actual Cost 7.5c – Set Nominal Charge – Amount 7.5d – Set Nominal Charge – <i>Short Title</i>	Setting of nominal charge documentation (for health centers that choose to have a nominal charge for patients with incomes at or below 100 percent of the Federal Poverty Guidelines (FPG))	
	Live navigation of EHR or 7.6a – SFDP Sample 1 7.6b – SFDP Sample 2 7.6c – SFDP Sample 3, etc. If self-declaration allowed, include in sample	Sample of 5-10 records, files, or other forms of documentation of patient income and family size	
	Refer to 2.4 in the 2-Services Sub-folder	For any service delivered via Column II (whether or not the service is also delivered via Column I and/or Column III): At least one but no more than three written contracts/agreements for EACH Required and EACH Additional Service	
	Refer to 2.4 in the 2-Services Sub-folder	For any service delivered via Column III (whether or not the service is also delivered via Column I and/or Column II): At least one but no more than three written referral arrangements for EACH Required and EACH Additional Service	
	7.7a – 3 rd Party - Proof Barring SF Discounts – <i>Health Plan</i> 7.7b – Proof Barring SF Discounts – <i>Health Plan</i> ; etc.	Third party legal or contractual restrictions, as applicable	

Check	File Name	Document Description	Notes
	7.8a – SFDP Eval Data-Records – <i>Short Title</i> 7.8b – SFDP Eval Data-Records – <i>Short Title</i> , etc.	Data, reports, or any other relevant materials used to evaluate the SFDP	
<u>8-QI/QA</u>			
	8.1 – QI-QA Policies If there are multiple policy documents use: 8.1a – QI-QA – <i>Short Title</i> 8.1b – QI-QA – <i>Short Title</i> , etc.	Policies that establish the Quality Improvement/ Quality Assurance (QI/QA) program	
	8.2 – QI-QA Procedures If there are multiple policy documents use: 8.2a – QI-QA – <i>Short Title</i> 8.2b – QI-QA – <i>Short Title</i> , etc.	QI/QA-related operating procedures or processes that address: <ul style="list-style-type: none"> • Clinical guidelines, standards of care, and standards of practice; • Patient safety and adverse events, including implementation of follow-up actions; • Patient satisfaction; • Patient grievances; • Periodic QI/QA assessments; and • QI/QA report generation and oversight 	
	8.3 – QI-QA Lead Job Desc – <i>Name – Position</i> If more than one lead staff: 8.3a – QI-QA Lead Job Desc – <i>Name – Position</i> 8.3b – QI-QA Lead Job Desc – <i>Name – Position</i> , etc.	Job or position descriptions of individuals who oversee the QI/QA program	
	8.4a – Pat Satisfaction – Sample 1 8.4b – Pat Satisfaction – Sample 2 8.4c – Pat Satisfaction – Sample 3 And/or refer to 4.3 in 4-Sites-Hrs Sub-folder	Sample of patient satisfaction results	

Check	File Name	Document Description	Notes
	8.5a – QI-QA Syst - <i>Short Title</i> , 8.5b – QI-QA Syst – <i>Short Title</i> , 8.5c – QI-QA Syst – <i>Short Title</i> ; etc. for each QI/QA system support report	Documentation of any related systems that support QI/QA	
	8.6 – QI-QA Schedule of Assessments	QI/QA assessment schedule or calendar	
	8.7a – QI Assess Sample 1 8.7b – QI Assess Sample 2	Sample of two QI/QA assessments from the past 12 months and any related reports resulting from these assessments	
	Refer to 2.2, 2.3, and 2.4 in 2-Services Sub-folder and 5.7 in 5-Emerg Sub-folder	Sample of 5-10 health center patient records that include clinic visit notes or summary of care	
	8.8 – Securing Patient Confidentiality	Systems (for example, certified EHRs) and record-keeping procedures for maintaining and monitoring the confidentiality, privacy, and security of patient information, including protected health information	
9-Key Mgmt			
	9.1 – Organizational Chart – <i>Short Title</i> (for each separate chart)	Health center organization charts with names and titles of key management staff (if updated since last application submission to HRSA)	
	9.2a – JD - <i>Name of Position</i> 9.2b – JD - <i>Name of Position</i> , etc. for each position	Position descriptions of key management staff (if updated since last application submission to HRSA)	
	9.3a – Contract - <i>Name of Position</i> 9.3b – Contract - <i>Name of Position</i> , etc. for each contract	Any contracts for key management staff	

Check	File Name	Document Description	Notes
	9.4 – HR Proc – Hiring Key Staff; and 9.5 – Vacancy Fill Doc - <i>Name of Position</i> If more than one vacancy or type of documentation: 9.5a – Vacancy Fill Doc – <i>Name of Position – Short Title</i> 9.5b – Vacancy Fill Doc - <i>Name of Position – Short Title</i> , etc.	If the health center has key management staff vacancies: <ul style="list-style-type: none"> • Human Resources procedures relevant to recruiting and hiring of key management staff • Documentation associated with filling key management staff vacancies (for example, job advertisements or revised position descriptions) 	
	9.6 – PD-CEO Employ Agreement	Project Director/CEO employment agreement	
	9.7 – PD-CEO Proof of Employee Status (redact PII)	Project Director/CEO’s W-2 or, if a W-2 has not yet been issued, documentation of receipt of salary directly from the health center (for example, pay stub)	
	9.8 – Key Mgmt Rep Struct – <i>Short Title</i> 9.8b – Key Mgmt Rep Struct – <i>Short Title</i>	Any additional documentation of key management reporting structures	
	Refer to 17.5 in 17-Bd Auth Sub-folder	If the health center has a co-applicant: co-applicant agreement (if updated since last application submission to HRSA)	
	9.9 – NOA-NLD Approve PD-CEO Change	If the current Project Director/CEO has changed since the start of the current period of performance: The Notice of Award (NOA)/Notice of Look-Alike Designation (NLD) approving the current Project Director/CEO or if the prior approval request for the current Project Director/CEO is still under review by HRSA, the documentation of the request	
<u>10-Contracts</u>			

Check	File Name	Document Description	Notes
	10.1a – Purchasing Pol-Proc 10.1b – Procurement Pol-Proc 10.1c – Contract Management Pol-Proc	Policies or procedures for purchasing, procurement, and contract management	
	10.2 – List of Contracts	A complete list of health center contracts that support the Health Center Program project, including contracts for health center clinical services or other goods and services (for example, tech support, janitorial, payroll)	
	10.3a – <i>Contract Name 1</i> - Fed 10.3b – <i>Contract Name 2</i> - Fed 10.3c – <i>Contract Name 3</i> – Fed, etc. for each contract; 10.3a – Procurement Support 1 10.3b – Procurement Support 2 10.3c – Procurement Support 3, etc. for each contract	Five contracts AND related supporting procurement documentation for actions that use Health Center Program federal award funds	
	10.4a – <i>Contract Name 1</i> – Non-Fed 10.4b – <i>Contract Name 2</i> – Non-Fed 10.4c – <i>Contract Name 3</i> – Non-Fed, etc.	Five contracts that do NOT use Health Center Program federal award funds	
	10.5a – Rep-Record 1 – <i>Contract Name</i> – <i>Short Title</i> 10.5b – Rep-Record 2 – <i>Contract Name</i> – <i>Short Title</i> 10.5c – Rep-Record 3 – <i>Contract Name</i> – <i>Short Title</i>	A total of two to three reports or records of the contractors’ health center-related activities	
	10.6 – <i>Contract Name</i> – Substantive Work – Prior Appr	HRSA approval documentation of substantive programmatic work	
10.7-10.13 are only required if the health center has a subrecipient			

Check	File Name	Document Description	Notes
	10.7a – Audit – <i>Subrecipient Name – FYE</i> 10.7b – Audit – <i>Subrecipient Name – FYE</i> 10.7c – Audit – <i>Subrecipient Name – FYE, etc.</i>	Most recent subrecipient audit	
	10.7a – Audit Mgmt Letter – <i>Subrecipient Name - FYE</i> 10.7b – Audit Mgmt Letter – <i>Subrecipient Name – FYE</i> 10.7c – Audit Mgmt Letter – <i>Subrecipient Name – FYE, etc.</i>	Most recent subrecipient audit management letter	
	10.8 – Subrecipient Monitor Pol and Proc	Policies or procedures for subrecipient monitoring	
	10.9a - Subrecipient Agr – <i>Name of Entity</i> 10.9b - Subrecipient Agr – <i>Name of Entity, etc.</i>	All subrecipient agreements (if updated since last application submission to HRSA)	
	10.10a – Prior Appr – <i>Subrecipient Name</i> 10.10b – Prior Appr – <i>Subrecipient Name</i> 10.10c – Prior Appr – <i>Subrecipient Name, etc.</i>	Documentation of HRSA prior approval of subrecipient arrangements	
	10.11a – Fin Rep - <i>Subrecipient Name</i> 10.11b – Fin Rep - <i>Subrecipient Name</i> 10.11c – Fin Rep - <i>Subrecipient Name, etc.</i>	Subrecipient financial reports	
	10.11a – Perf Rep – <i>Subrecipient Name</i> 10.11a – Perf Rep – <i>Subrecipient Name</i> 10.11a – Perf Rep – <i>Subrecipient Name, etc.</i>	Subrecipient performance reports	

Check	File Name	Document Description	Notes
	10.12a – Monitor Doc – <i>Subrecipient Name - Date</i> 10.12b – Monitor Doc – <i>Subrecipient Name - Date</i> 10.12c – Monitor Doc – <i>Subrecipient Name – Date, etc.</i>	Documentation of subrecipient monitoring by the health center	
	10.12a – Monitor Findings – <i>Subrecipient Name - Date</i> 10.12b – Monitor Findings – <i>Subrecipient Name - Date</i> 10.12c – Monitor Findings – <i>Subrecipient Name – Date, etc.</i>	Any documentation of subrecipient corrective action	
	10.13a – <i>Subrecipient Name 1 – short title</i> 10.13b – <i>Subrecipient Name 2 – short title</i> 10.13c – <i>Subrecipient Name 3 – short title, etc.</i>	Documentation of subrecipient compliance	
11-COI			
	Refer to 13.1 in 13-Fin Mgmt Sub-folder	Two most recent annual audits and management letters	
	11.1 – Standards of Conduct – <i>short title</i> and/or refer to 17-Bd Auth Sub-folder for any document listed here required for Board Authority	Documents containing the health center’s standards of conduct (for example, articles of incorporation, bylaws, board manual, employee manual, policies and procedures, and disclosure forms)	
	Refer to 10.3 in 10-Contracts Sub-folder	For contracts that support the Health Center Program project: Five contracts AND related supporting procurement documentation for actions that use Health Center Program federal award funds. Choose the contracts that use the largest amounts of Health Center Program federal award funds.	

Check	File Name	Document Description	Notes
	11.2 – <i>Entity Name – Agreement Type</i>	If the health center has a parent corporation, affiliate, subsidiary, or subrecipient: The agreements with the parent corporation, affiliate, subsidiary, or subrecipient organizations	
	11.3a – <i>Contract Name 1 - LAL</i> 11.3b – <i>Contract Name 2 - LAL, etc.</i> for each contract as described in this section; then: 11.3a – <i>Procurement Support 1 - LAL</i> 11.3b – <i>Procurement Support 2 – LAL, etc.</i>	If the health center is a look-alike that has parent, affiliate, or subsidiary organizations (that are not a state, local government, or Indian tribe): Five contracts AND related supporting procurement documentation for procurements involving the related parent, affiliate, or subsidiary organizations	
	11.4 – <i>Name of Procurement – COI Disclosure – short title</i> (for each document)	If a real or apparent conflict of interest was identified in a procurement action that occurred within the last 3 years: All related disclosures that were completed by employees, officers, board members, and agents of the health center	
12-Collab			
	12.1a – <i>Collaboration Name 1 – Short Title</i> 12.1b - <i>Collaboration Name 2 – Short Title</i> etc.	Documentation of established collaboration with other providers and organizations in the health center service area to provide access to services not available through the health center, including: <ul style="list-style-type: none"> • Local hospitals; • Specialty providers; • Social service organizations; and • Organizations that serve special medically underserved populations 	

Check	File Name	Document Description	Notes
	12.2a – <i>Coordination Name 1 – Short Title</i> 12.2b - <i>Coordination Name 2 – Short Title</i> , etc.	Documentation of coordination with other federally-funded, as well as state and local, health services delivery projects and programs serving similar patient populations in the service area	
	Refer to 4.2 in 4-Sites-Hrs	Health Center Program GeoCare Navigator Map documentation showing other health centers with sites in the service area	
<u>13-Fin Mgmt</u>			
	13.1a – Audit for FYE <i>MM-DD-YY</i> 13.1b – Audit for FYE <i>MM-DD-YY</i>	Two most recent annual audits	
	13.1a – Mgmt Letter for FYE <i>MM-DD-YY</i> 13.1b – Mgmt Letter for FYE <i>MM-DD-YY</i>	Two most recent management letters	
	13.2 – Fin Mgmt Pol-Proc (for a single document with all related policies and procedures, such as a manual, be sure to include an index) For each separate policy and procedure document, when not part of a manual, use: 13.2a – Fin Pol-Proc – <i>Short Title</i> 13.2b – Fin Pol-Proc – <i>Short Title</i> , etc.	Financial management, accounting, and internal control procedures	
	13.3 – Drawdown Pol-Proc or refer to 13.2 if part of the financial management and internal control procedures	Procedures for drawdown, disbursement, and expenditure of federal award funds	
	13.4 – Non-Grant Funds – Pol-Proc	Policies or procedures that govern and track the use of non-grant funds	
	13.5 – <i>Name of Manual</i>	Any manuals or documentation that support the financial management system used by the health center	

Check	File Name	Document Description	Notes
	13.5a – Fin Reports – <i>Month</i> 13.5b – Fin Reports – <i>Month, etc.</i> If other financial reports are included use: 13.5a – Fin Reports – <i>Name of Report – Month</i> 13.5b – Fin Reports – <i>Name of Report – Month, etc.</i>	Two financial reports selected from the past 6 months that were provided to the board & key management staff	
	13.6 – Interim Financial Statements as of <i>MM-DD-YY</i>	The most recent interim financial statement	
	13.7 – Aged AR as of <i>MM-DD-YY</i>	Aged Accounts Receivable, as of most recent interim financial statement	
	13.8 – Aged Payables as of <i>MM-DD-YY</i>	Aged Accounts Payable, as of most recent interim financial statement	
	13.9a – Exp Sup 1 – <i>Short Title</i> 13.9b – Exp Sup 2 – <i>Short Title, etc.</i>	Sample of source documentation for expenditures made under the federal Health Center Program award for the last quarter	
14-Billing			
	14.1a – Fee Schedule – <i>Service Name</i> 14.1b – Fee Schedule – <i>Service Name, etc.</i>	Current fee schedule for each service	
	14.2 – Method for Setting Fees If more than one document or different by service, use: 14.2a – Setting Fees – <i>Short Title – Service Name</i> 14.2b – Setting Fees – <i>Short Title – Service Name, etc.</i>	Data used to develop and update fee schedules based on health center costs and locally prevailing rates	
	Refer to 7.3 in 7-SFDP Sub-folder	Sliding fee discount schedule (SFDS), including any SFDSs that differ by service or service delivery method	
	14.3 – Provider Billing Numbers	List of provider, program, or site billing numbers for Medicaid, CHIP, Medicare, or any other documentation of participation	

Check	File Name	Document Description	Notes
	14.4 – 3 rd Party Payor List by Type	Documentation of participation in any other public or private program or health insurance plans	
	14.5 – Billing-Collection Pol-Proc If multiple separate files for each topic below, use: 14.5a – Bill-Coll – Waive-Reduce Fees 14.5b – Bill-Coll – 3 rd Party Billing, etc.	Billing and Collections policies or procedures and systems, including: <ul style="list-style-type: none"> • Provisions to waive or reduce fees owed by patients, regardless of patient income level; • Third-party payor billing procedures and contracts; • Any policies on patients’ refusal to pay; and • Procedures for notifying patients of any additional costs for supplies and equipment related to, but not included in, the service 	
	14.6 – <i>Billing Service Name</i> – Contract For multiple contracts, use: 14.6a – <i>Billing Service Name</i> – Contract 14.6b – <i>Billing Service Name</i> – Contract, etc.	Contracts with any outside organizations that conduct billing or collections on behalf of the health center	
	14.7a – Registration-Scheduling Pol-Proc 14.7b – Eligibility Pol-Proc 14.7c – Outreach Pol-Proc 14.7d - Enrollment Pol-Proc, etc.	Eligibility, outreach, and enrollment procedures	

Check	File Name	Document Description	Notes
	14.8 – Revenue Cycle Metrics If multiple reports, use: 14.8a – RC Metrics – <i>Short Title</i> 14.8b – RC Metrics – <i>Short Title, etc.</i>	Current data on the following revenue cycle management metrics: <ul style="list-style-type: none"> • Collection ratios; • Bad debt write-off as a percentage of total billing; • Collections per visit; • Charges per visit; • Percentage of accounts receivable (A/R) less than 120 days; and • Days in A/R (for context on billing and collections efforts) 	
	In-person/video-conferencing review or 14.9a – Billing Sample 1 – <i>Service – Payer</i> 14.9b – Billing Sample 2 – <i>Service – Payer, etc.</i> Up to a total of 21 samples; add “R” for rejected claims in the sample	Sample of at least 21 claims submissions and resubmissions to the health center’s most common third-party payors	
	14.9 – Claims Report – Past 6 Mos	Report showing the last 6 months of claims data, specifically the average filing time for the last 6 months of claims as well as the individual claims numbers, dates of service, dates claims were first billed, and filing times	
	Live navigation of EHR or 14.10a – Pat Billing Record Sample 1 – <i>Service – Income Level</i> 14.10b – Pat Billing Record 2 – <i>Service – Income Level, etc.</i>	Sample of at least 15 billing and payment records related to the health center’s charges to patients	
	Live navigation of EHR or 14.11a – Waive-Reduce Sample 1 14.11b – Waive-Reduce Sample 2, etc.	Sample of two to three billing records where patient fees or payments were waived or reduced	

Check	File Name	Document Description	Notes
	14.12 – Notification Costs – Supplies and Equip	Documentation of methods for notifying patients of any additional costs for supplies and equipment related to, but not included in, the service	
	Live navigation of EHR or 14.13a – Refusal to Pay Sample 1 14.13b – Refusal to Pay Sample 2, etc.	If the health center has a refusal to pay policy, documentation of any cases in the past 24 months when the health center applied this policy	
15-Budget			
	15.1 – HCP Budget	Updated annual budget for the health center project (if updated since last application submission to HRSA)	
	15.2 – Budget Comparison – Current Yr	Budget to actual comparison report for the current fiscal year	
	15.3 – Budget Comparison –Prior Yr	Budget to actual comparison report for the prior fiscal year	
	Refer to 13.2 in 13-Fin Mgmt Sub-folder	For context and background on budget development process, financial management procedures	
	15.4 – Fin Stmt for MM/DD/YY – Other Lines of Business or refer to 13.1 or 13.6 in 13-Fin Mgmt Sub-folder for audits	As a reference for any other lines of business, most recent annual audit and management letter, or recent audited financial statements	
	15.5 – Budget for <i>Org-Wide or Name of Program or Other Line of Business</i>	If the health center has an organizational budget that is separate from the health center project budget, all separate organizational budgets for the current fiscal year	
16-Data Sys			
	16.1 – Data-Based Report If multiple reports, use: 16.1a – Data-Based Rep 1 – <i>Short Title</i> 16.1b – Data-Based Rep 2 – <i>Short Title</i>	One to two data-based reports generated by the health center for the governing board or key management staff from the past 12 months	

Check	File Name	Document Description	Notes
17-Bd Auth			
	Refer to 9.1 in 9-Key Mgmt Sub-folder	Health center organization charts with names and titles of key management staff	
	17.1 – <i>Corporate or Public Entity Dept Name</i> – Org Chart	For public agencies or organizations with a parent or subsidiary: Corporate organization charts	
	17.2 – Articles of Incorporation	Articles of Incorporation	
	17.3 – Bylaws	Bylaws (if updated since last application submission to HRSA)	
	17.4a – Corp-Gov – <i>Short Title</i> 17.4b – Corp-Gov – <i>Short Title</i> , etc. for each additional document	Any additional corporate or governing documents	
	17.5 – Co-applicant Agreement	For public agencies with a co-applicant: Co-applicant agreement (if updated since last application submission to HRSA)	
	Refer to 11.2 in 11-COI Sub-folder	Any agreements with a parent corporation, affiliate, subsidiary, or subrecipient organizations	
	17.6 – <i>Name of Entity Contract or Agr – Purpose</i> or refer to 10.3, 10.4, and 10.9 in 10-Contracts Sub-folder if same agreement(s)	Any collaborative or contractual agreements with outside entities that impact the health center board’s authorities or functions	
	17.7 – Board Calendar or Work Plan	Board calendar or other related scheduling documents for the most recent 12 months	

Check	File Name	Document Description	Notes
	17.8a – Board Minutes – <i>Month</i> (for each of the most recent 12 months) 17.8b - Board Agendas – <i>Month</i> (for each of the most recent 12 months, if not included with the minutes) 17.8c - Board Minutes – <i>Short Topic</i> or add <i>Short Topic to the Month</i> (for each of the specific required board approvals)	Board agendas and minutes for: <ul style="list-style-type: none"> • The most recent 12 months; and • Any other relevant meetings from the past 3 years that demonstrate board authorities were clearly exercised, including approving key policies on Sliding Fee Discount Program; Quality Improvement/Quality Assurance Program; Billing and Collections, specifically policies for waiving or reducing patient fees and any policies on patients’ refusal to pay; Financial Management and Accounting Systems; and Personnel 	
	17.9 – Board Packet – <i>Month</i>	Sample of board packets from two board meetings that occurred during the most recent 12 months	
	17.10a – Com Mnts – <i>Name of Board Committee – Month(s)</i> 17.10b – Com Mnts – <i>Name of Board Committee – Month(s), etc.</i>	Board committee minutes OR committee documents from the most recent 12 months that support board functions and activities	
	17.11 – Strategic Plan – <i>time period</i>	Strategic plan or long-term planning documents from within the past 3 years	
	Refer to 9.2a in 9-Key Mgmt Sub-folder	Position description for the Project Director/CEO	
	Refer to 9.6 in 9-Key Mgmt Sub-folder	Project Director/CEO employment agreement, highlighting the provisions that address Project Director/CEO selection, evaluation, and dismissal or termination	
	17.12 – PD-CEO Evaluation – <i>Date of Eval</i>	Most recent evaluation of Project Director/CEO	
<u>18-Board Comp</u>			

Check	File Name	Document Description	Notes
	Refer to 9.1 in 9-Key Mgmt Sub-folder	Health center organization charts with names of key management staff	
	Refer to 17.1 in 17-Bd Auth Sub-folder	For public agencies or organizations with a parent or subsidiary: Corporate organization charts	
	Refer to 17.2 in 17-Bd Auth Sub-folder	Articles of Incorporation	
	Refer to 17.3 in 17-Bd Auth Sub-folder	Bylaws (if updated since last application submission to HRSA)	
	Refer to 17.4 in 17-Bd Auth Sub-folder	Any additional corporate or governing documents	
	Refer to 17.5 in 17-Bd Auth Sub-folder	For public agencies with a co-applicant: Co-applicant agreement (if updated since last application submission to HRSA)	
	18.1 – Form 6A – Board Roster – <i>date last updated</i>	Updated Form 6A or board roster (if board composition has changed since last application submission to HRSA)	
	18.2a – Bd Rep – <i>Member Name – Short Title</i> 18.2b – Bd Rep – <i>Member Name – Short Title, etc.</i>	Additional documentation about current board member characteristics (forexample, applications, bios, disclosure forms)	
	18.3 – Patient Rep Anal– <i>Short Title</i>	Health center analysis used to assess whether patient board members, as a group, represent the individuals who are served by the health center	
	Live navigation via EHR or 18.4a – Bd Billing Sample 1 18.4b – Bd Billing Sample 2, etc.	Billing records from within the past 24 months that verify board member patient status	
	18.5 – Sp Pop Input – <i>Sp Pop Name – Short Title</i>	For health centers with approved waivers, examples of the use of special medically underserved populations input	
<u>19-LAL ID</u>			
	19.1 – Pat and Serv Data – Past 6 M – <i>Short Title</i>	Patient services utilization report from within the past 6 months	

Check	File Name	Document Description	Notes
	Live navigation via EHR or 19.2a – Pat Sample 1 19.2b – Pat Sample 2 19.2c – Pat Sample 3, etc.	Five health center patient records that document the provision of General Primary Medical Care services	
	Refer to 7.3 in 7-SFDP Sub-folder	All Sliding Fee Discount Schedules	
	Refer to 9.1 in 9-Key Mgmt Sub-folder	Applicant’s current organization charts with names of key management staff	
	Refer to 17.1 in 17-Bd Auth Sub-folder	Only for public agencies or for organizations with a parent or subsidiary: Corporate organization charts	
	Refer to 9.2 in 9-Key Mgmt Sub-folder	Project Director/CEO position description	
	Refer to 9.6 in 9-Key Mgmt Sub-folder	Project Director/CEO employment agreement	
	Refer to 13.1 or 13.6 in 13-Fin Mgmt Sub-folder	Most recent annual audit and management letter. If audits are not available, the most recent financial statements	
	Via live navigation of EHR or 19.3a – Medicare-Medicaid Pat Sample 1 19.3b – Medicare-Medicaid Pat Sample 2 19.3c – Medicare-Medicaid Pat Sample 3	Sample of up to three Medicare or Medicaid claims or other billing documents	
	Refer to 17.3 in 17-Bd Auth Sub-folder	Bylaws (if updated since last application submission to HRSA)	
	Refer to 17.5 in 17-Bd Auth Sub-folder	For public agencies with a co-applicant: Co-applicant agreement (if updated since last application submission to HRSA)	
	Refer to 17.8 in 17-Bd Auth Sub-folder	Board minutes for the most recent 12 months.	

Check	File Name	Document Description	Notes
	19.4 – List of Contracts-Agrmnts	Only if the applicant has contracts agreements that support the proposed Health Center Program scope of project (i.e., to provide health center services or to acquire other goods and services), provide a complete list of these contracts and agreements	
	19.5a – Contract – <i>Contract Name — Short Title</i> 19.5b – Contract – <i>Contract Name — Short Title, etc.</i>	All contracts or agreements based on the list above, excluding contracts or agreements for the acquisition of supplies, material, equipment, or general support services (for example, janitorial services)	
	Refer to 11.2 in 11-COI Sub-folder	If the applicant has a parent corporation, affiliate, subsidiary, or other controlling organization: All related agreements or other documentation	
	19.6 – Ownership-Control - <i>Short Title (for other documentation)</i> And refer to 9.3, 9.6, 9.7, and 9.8 in 9-Key Mgmt Sub-folder	Documentation (for example, employment contracts) that shows the organization is not owned, operated, or controlled by another entity	

OSV Required Documents – Details

This section provides **thorough instructions and notes to ensure documents meet all OSV file naming convention requirements**. Each chapter/sub-folder in this section follows this format:

- File Name: File naming instructions **or** reference to the primary sub-folder that contains the same document. **Text in bold indicates the file name that should be used.** *Text in italics indicates the health center should provide your own short description, not to exceed 35 characters:*
 - Document Description: Brief document description
 - SVP Notes: If applicable, relevant notes and examples regarding document

File Naming Convention Format

File names begin with the sub-folder number, followed by a “period” and a document number starting with “1.”

- **For example:** Sub-folder 1 would be: 1.1 – short title, 1.2 – short title, etc.

If multiple documents are needed for an item, a letter is added to the end of the number starting at “a.”

- **For example:** 1.1a – short title, 1.1b – short title, etc.

Where text is in *italics*, the health center should provide a short description, **not to exceed 35 characters**.

- **For example:** 1.1 – Service Area Reps-Anal – *short topic* (for each report/analysis)

If your internal file name already clearly references the requested document and is within the character limit, you only need to add the file naming convention numbering system to the beginning of the existing file name. Otherwise, update the file name to match the file naming convention.

You **should not upload** the same document in multiple sub-folders.

NEEDS ASSESSMENT

Sub-folder: 1-Need

- File Name: **1.1 – Service Area Reps-Anal – *short topic*** (for each report/analysis):
 - Document Description: Service area reports or analysis documentation
- File Name: **1.2 – Recent NA-Docs – *short topic*** (for each study, resource, report):
 - Document Description: Most recent needs assessment and documentation (for example, studies, resources, reports) used to develop the needs assessment

REQUIRED AND ADDITIONAL HEALTH SERVICES

Notes:

- Health centers may choose to provide samples of patient records before or during the site visit. If patient records will be provided during the site visit, this should be communicated to the site visit team before the site visit to avoid any disruption or delay in the site visit process.
- Use live navigation of the EHR, screenshots from the EHR, or other patient record formats.
- Refer to the [Sampling Review Resource Guide](#) to help select the samples for Required and Additional Health Services.

Sub-folder: 2-Services

Limited English Proficiency:

- File Name: **2.1 – LEP - *Short Title*** (for each document):
 - Document Description: Sample of key health center documents translated for patients with limited English proficiency
 - SVP Notes: For example, forms and materials used to assess eligibility for the health center's sliding fee discount program, intake forms for clinical services, instructions for accessing after-hours services

Form 5A, Column I:

- File Name: **2.2 - Site List:**
 - Document Description: A list of Form 5B service sites to be toured. Select sites where a variety of services are provided.
 - SVP Notes:
 - If the health center has more than one service site, the list must include at least two health center service sites.
 - If the health center has subrecipient or contractor-operated sites, include at least one of those sites in this list.

- File Name: **2.2a – V-Tour – Site Name; 2.2b – V-Tour – Site Name:**
 - Document Description: For OSVs conducted virtually and only, in rare instances, when approved by Federal Representative: Pre-recorded tours
- File Name: Review the sample through the EHR directly with staff for in-person visits or via video-conferencing for virtual visits, **or** upload records with PII redacted with the following labels: **2.2a – C1 Pat Sample 1; 2.2b – C1 Pat Sample 2; 2.2c – C1 Pat Sample 3**, etc.:
 - Document Description: If a **Column I** service cannot be verified through a site tour: Documentation of service provision in a current patient record.

FORM 5A, COLUMN II: For services delivered via Column II (whether or not the service is also delivered via Column I and/or Column III):

- File Name: **2.3 – C2 Procedures for Patient Records:**
 - Document Description: For health centers with **Column II** services that occur at any locations that are not Form 5B service sites: Health center internal procedures that address how the information in patient health center records is documented (for example, lab results, x-ray results)
- File Name: **2.3 – C2 Contract Name-Service** (For each contract for Column II services, include the Name of Provider/Vendor and the service being provided in the label for each contract):
 - Document Description: At least one, but no more than three written contracts/agreements for EACH Required and EACH Additional Service
 - SVP Notes:
 - For any required or additional service noted as a Column II service on Form 5A, at least one written contract. If there is more than one contract for the same service, each contract would be included in the sample, up to a maximum of three contracts. For example:
 - Primary Care Services is listed in **Column II**. The health center maintains four separate contracts for individual contracted providers. The sample would include a maximum of three of these contracts for Primary Care Services.
 - Preventive Dental is listed in **Column II**. The health center maintains one contract for its preventive dental services. The sample would include one contract for Preventive Dental.
 - To assist in the review, the health center **should flag all relevant provisions** within contracts/agreements related to:
 - How the service will be documented in the patient’s health center record; and
 - How the health center will pay for the service.
 - **Use the same sample of contracts/agreements** for the review of [Required and Additional Health Services](#), [Clinical Staffing](#), and [Sliding Fee Discount Program](#).
 - The sampling methodologies in Required and Additional Health Services,

[Clinical Staffing](#), and [Sliding Fee Discount Program](#) are different from the sampling methodologies in [Contracts and Subawards](#) and [Conflict of Interest](#), even though they may result in some overlap in the contracts/agreements reviewed.

- Each contract/agreement for services must be current and executed by all parties (for example, a signed paper copy, electronically-signed documents, emails documenting acceptance).
- File Name: Review the sample through the EHR directly with staff for in-person visits or via video-conferencing for virtual visits, or upload records with PII redacted with the following labels: **2.3a – C2 Pat Sample 1-Service; 2.3b – C2 Pat Sample 2-Service; 2.3c – C2 Pat Sample 3-Service**, etc., including the name of the service(s) provided:
 - Document Description: Based on three Required Services and two Additional Services, a total of three to five health center patient records for patients who have received required and additional health services in the past 24 months from contracted providers or contracted organizations.
 - SVP Notes:
 - If the same patient has received more than one of these services, the same record can be used for assessing those services.
 - For **Column II** Services provided by individual contractors who work at a health-center-Form 5B site, documentation in the patient record of the services provided would occur in the health center's own patient record system.
- File Name: For health centers delivering services through subrecipient agreements, review the sample through the EHR directly with staff for in-person visits or via video-conferencing for virtual visits, or upload records with PII redacted with the following labels: **2.3a – C2 Pat Sample 1 – Subrecipient Name-Service; 2.3b – C2 Pat Sample 1 – Subrecipient Name-Service; 2.3c – C2 Pat Sample 1 – Subrecipient Name-Service**, etc., including the name of the subrecipient and the service(s) provided:
 - Document Description: Subrecipient patient records if a health center delivers services through subrecipient agreements
 - SVP Notes:
 - For a health center with five or fewer subrecipients, select a total of three to five patient records from each subrecipient.
 - For a health center with more than five subrecipients, select patient records from the five subrecipients that receive the largest amounts of Health Center Program subaward funds, for a total of three to five patient records from each subrecipient.

FORM 5A, COLUMN III: For services delivered via Column III (whether or not the service is also delivered via Column I and/or Column II):

- File Name: **2.4 – C3 Referral Procedures:**

- Document Description: For health centers with **Column III** services, health center operating procedures for tracking and managing referred services
- File Name: **2.4 – C3 Ref Agr - Name-Service** (for each referral agreement for Column III services, including the name of the provider/vendor and the service provided):
 - Document Description: At **least one, but no more than three**, written referral arrangements for EACH Required and EACH Additional Service
 - SVP Notes:
 - For any required or additional service noted as a **Column III** service on Form 5A, at least one written referral arrangement. If there is more than one referral arrangement for the same service, each written arrangement would be included in the sample up to a maximum of three written arrangements. For example:
 - Intrapartum Services is listed in **Column III**. The health center maintains four separate arrangements for these services in its service area. The sample would include a maximum of three of these written arrangements for Intrapartum Care Services.
 - Diagnostic Laboratory Services is listed in **Column III**. The health center maintains one referral arrangement with a local hospital to provide these services. The sample would include one written arrangement for Diagnostic Laboratory Services.
 - To assist in the review, the health center should flag all relevant provisions within the referral arrangements related to:
 - 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).
 - **Use the same sample** of referral arrangements for the review of Required and Additional Health Services, [Clinical Staffing](#), and [Sliding Fee Discount Program](#).
 - Each referral arrangement for services must be current and executed by all parties (for example, a signed paper copy, electronically-signed documents, emails documenting acceptance).
- File Name: **2.4 – C3 Referral SOPs**; if more than one SOP: **2.4a – C3 Referral SOP – Make/Manage**; **2.4b – C3 Referral SOP – tracking**; and **2.4c – C3 Referral SOP – Follow-up**; if these SOPs are the same as 2.4 – C3 Referral Procedures above, refer to **2.4 – C3 Referral Procedures**:
 - Document Description: If above provisions are not present within the referral arrangements, provide additional documentation (for example, health center procedures) that contain those provisions.
- File Name: Review the sample through the EHR directly with staff for in-person visits or via video-conferencing for virtual visits, **or** upload records with PII redacted

with the following labels: **2.4a – C3 Pat Sample 1; 2.4b – C3 Pat Sample 2; 2.4c – C3 Pat Sample 3**, etc.:

- Document Description: Based on three Required Services and two Additional Services, a total of three to five health center patient records for patients who have received required and additional services in the past 24 months from referral providers or referral organizations.
- SVP Notes:
 - Ensure each record clearly documents the patient’s entire referral process, from initial referral to receipt of care and follow-up by the health center.
 - If the same patient has received more than one of these services, the same record can be used for assessing those services.

CLINICAL STAFFING

Notes:

- Refer to [SVP Sampling Review Resource Guide](#) for more information.

Sub-folder: 3-Staffing

- File Name: **3.1a – Credentialing Proc; 3.1b – Privileging Proc; 3.1c – Cred-Priv Proc – *Short Title***, etc. (for a combined procedure or for additional credentialing and privileging procedure documents, include the procedure topic as the short title):
 - Document Description: Credentialing and privileging procedures for all clinical staff, including licensed independent practitioners (LIP), other licensed or certified practitioners (OLCP), or other clinical staff
 - SVP Notes:
 - Credentialing and privileging procedures may be included in Human Resource procedures
 - 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).
- File Name: **3.2 – Website:**
 - Document Description: If the health center has a website, the website URL
- File Name: **Refer to 1.2 in [1-Need Sub-folder](#):**
 - Document Description: Most recent needs assessment
- File Name: **3.3 – Clinical Staff List:**
 - Document Description: Current clinical staffing profile that lists:

- Name;
 - Position;
 - FTE;
 - Credential (for example, RN, MD);
 - Hire date;
 - Provider type: LIP, OLCP, or other clinical staff (for example, non-certified medical/dental assistants, community health representatives, case managers); and
 - Staff who are bilingual or multilingual.

- File Name: Review the sample directly with staff for in-person visits or via video-conferencing for virtual visits, **or** upload records with PII redacted with the following labels: **3.4a – Cred-Priv Sample 1; 3.4b – Cred-Priv Sample 2; 3.4c – Cred-Priv Sample 3**, etc.:
 - Document Description: Files for current clinical staff that contain credentialing and privileging information: Four to five LIP files; four to five OLCP files; and, if the health center has other clinical staff, two to three files for those other clinical staff
 - SVP Note: For the selected files, include:
 - Representation from different clinical disciplines and service sites;
 - Employees, contractors, and volunteers;
 - Providers who do procedures beyond core privileges for their clinical disciplines;
 - Providers who have been initially credentialed; and
 - Providers who have been re-credentialed/re-privileged.

Note: Please use the [Examples of Credentialing and Privileging Documentation](#) resource for common documentation methods and sources.

- File Name: **3.5 – Cred Verification – Contract Name:**
 - Document Description: Any contracts or agreements with outside entities, such as Credentialing Verification Organizations (CVOs), that perform credentialing functions (such as primary source verification)

- File Name: **Refer to 2.3 and 2.4 in [2-Services Sub-folder](#)**. In addition, **3.6 – Cred-Priv Contracted/Ref Providers – Short Title** (for each additional document to demonstrate verification of credentialing and privileging for contracted and referral providers):
 - Document Description: If clinical services are provided via **Column II or III**, **no more than three Column II** written contracts/agreements with provider organizations and **no more than three Column III** written referral arrangements, **and** any additional documentation showing the health center has ensured credentialing and privileging of the contracted and referral providers
 - SVP Notes:
 - Use the same sample of contracts/agreements and referral arrangements for the review of [Required and Additional Health Services](#), [Clinical Staffing](#), and

[Sliding Fee Discount Program](#). The sampling methodologies in [Required and Additional Health Services](#), [Clinical Staffing](#), and [Sliding Fee Discount Program](#) **are different** from the sampling methodologies in [Contracts and Subawards](#) and [Conflict of Interest](#), even though they may result in some overlap in the contracts/agreements reviewed.

- Select contracts and referral arrangements that support clinical services (for example, general primary medical care, preventive dental). HRSA recognizes that contracts or referral arrangements for patient support services (for example, transportation, translation, outreach) may not contain provisions for credentialing and privileging.
- Each contract/agreement and referral arrangement for services must be current and executed by all parties (for example, a signed paper copy, electronically-signed documents, emails documenting acceptance).
- Prioritize contracts for any clinical services that are only offered via Column II.
- Prioritize referral arrangements for any clinical services that are only offered via Column III.
- Examples of additional documentation showing the health center has reviewed include:
 - The contracted organization’s credentialing and privileging processes for providers, such as physicians, pharmacists, and dentists;
 - The contracted organization’s documentation from a nationally recognized accreditation organization; or
 - The contracted laboratory’s documentation of Clinical Laboratory Improvement Amendments (CLIA) compliance.

ACCESSIBLE LOCATIONS AND HOURS OF OPERATION

Sub-folder: 4-Sites-Hrs

- File Name: **4.1 – List of Sites:**
 - Document Description: List of sites
 - SVP Notes: List of health center sites with the following information for each site:
 - Address;
 - Hours of operation; and
 - Services offered (for example, medical, oral health, behavioral health).
- File Name: **4.2 – Service Area Map:**
 - Document Description: [Health Center Program \(HCP\) GeoCare Navigator](#) service area map, if updated since last application.
 - SVP Notes: Refer to HRSA Documents Sub-folder applications; provide an update if there are any changes since the application submission to Service Area Map.
- File Name: **4.3 – Patient Satisfaction Survey; for additional documents: 4.3a – Patient Sat Survey – *Short Title*; 4.3b – Patient Sat Survey – *Short Title*, etc.:**

- Document Description: Patient satisfaction surveys or other forms of patient input
- File Name: **Refer to 1.2 in the [1-Need Sub-folder](#)**. For any additional documents not already uploaded under Needs Assessment related to site location selection or setting of hours of operation: **4.4a – Sites-Hrs/Loc - *Short Title*; 4.4b – Sites-Hrs/Loc – *Short Title***, etc.:
 - Document Description: Most recent needs assessment or related studies or resources

COVERAGE FOR MEDICAL EMERGENCIES DURING AND AFTER HOURS

Sub-folder: 5-Emerg

- File Name: **5.1 – Emergency Proc – During Hrs:**
 - Document Description: Operating procedures for addressing medical emergencies during the health center’s hours of operation
- File Name: **5.2 – Emergency Proc – After Hrs:**
 - Document Description: Operating procedures for responding to patient medical emergencies after hours
- File Name: **5.3a – Basic Life Sup – *Site Name*; 5.3b – Basic Life Sup – *Site Name***, etc.:
 - Document Description: Staffing schedules for up to five service delivery sites that identify at least one individual at each site with current certification in basic life support (BLS)
- File Name: **5.3a – Proof BLS Cert – *Site Name*; 5.3b – Proof BLS Cert – *Site Name***, etc.:
 - Document Description: A copy of current BLS certifications for the individuals identified in the staffing schedules
 - SVP Notes: For example, credentialing file for licensed independent practitioner or other licensed or certified practitioner, certification of training if non-clinical staff
- File Name: **5.4a – On-Call Schedules – *Name*; 5.4b – Answering Service - *Contract Name***:
 - Document Description: If the health center uses its providers for after-hours coverage, health center provider on-call schedules
- File Name: **5.5a – After Hrs Cover Agr – *Name - Site*; 5.5a – After Hrs Cover Agr – *Name - Site***, etc.:
 - Document Description: If the health center uses non-health center providers for after-hours coverage, after-hours written arrangements with non-health center providers/entities

- SVP Notes: For example, formal agreements with other community providers, nurse call lines
- File Name: **5.6 – Access After Hrs Info:**
 - Document Description: Information provided to patients for accessing after-hours coverage
- File Name: Review the sample through the EHR directly with staff for in-person visits or via video-conferencing for virtual visits, **or** upload records with PII redacted with the following labels: **5.7a – After Hrs Advice 1; 5.7b – After Hrs Advice 2; 5.7c – After Hrs Advice 3:**
 - Document Description: Three samples of after-hours clinical advice documentation in patient records. Include associated documentation of follow-up.
 - SVP Notes:
 - Refer to [SVP Sampling Review Resource Guide](#) for more information.
 - Select a sample based on after-hours calls that necessitated follow-up by the health center. If the health center has fewer than three after-hours calls that required follow-up, make up the difference with after-hours call documentation that did not require follow-up.
- File Name: **5.8a –After Hrs Tracking Proc– Short Title; 5.8a –After Hrs Tracking Proc– Short Title, etc.:**
 - Document Description: Procedures for tracking, recording, and storing of after-hours coverage interactions and any follow-up (for example, log of patient calls).
 - SVP Notes: A health center can use live navigation of its system.

CONTINUITY OF CARE AND HOSPITAL ADMITTING

Sub-folder: 6-Cont-Hosp

- File Name: **6.1 – Hospital Tracking – Non-HC Provider Procedures:**
 - Document Description: Health center’s internal operating procedures and documentation of any arrangements with non-health center providers or entities for tracking of patient hospitalization and continuity of care
- File Name: **6.2 – Hospital Admit Privileges – Hospital Name; or 6.2 – Hospital Admit Arrangement – Hospital Name:** Documentation of either:
 - Document Description:
 - Health center provider hospital admitting privileges that address delivery of care in a hospital setting to health center patients; **or**
 - All formal arrangements that address health center patient hospital admissions.
 - SVP Notes:
 - Examples of health center provider documentation include hospital staff membership or provider employee contracts.

- Examples of formal arrangements documentation include provisions in hospitalist contract, transfer agreements, supporting procedures, or other documentation of inpatient care coordination with the health center.
- File Name: Review the sample through the EHR directly with staff for in-person visits or via video-conferencing for virtual visits, **or** upload records with PII redacted with the following: **6.3a – Hospital-ER 1; 6.3b – Hospital-ER 2; 6.3c – Hospital-ER 3**, etc.:
 - Document Description: Sample of 5-10 health center patient records for patients who were hospitalized or who had Emergency Department (ED) visits within the past 12 months.
 - SVP Notes: Ensure each record clearly documents the health center’s entire hospitalization tracking process, from admission and follow-up through closure.

SLIDING FEE DISCOUNT PROGRAM

Notes:

- Refer to [SVP Sampling Review Resource Guide](#) for more information.

Sub-folder: 7-SFDP

- File Name: **7.1 – SFDP Policies:**
 - Document Description: Sliding fee discount program (SFDP) policies
- File Name: **7.2 – SFDP Procedures.** If part of 7.1 label, **7.1 – SFDP Pol and Proc:**
 - Document Description: SFDP procedures
- File Name: **7.3 – Discount Schedule.** If there is more than one discount schedule, such as dental, women’s health, etc. – **7.3a – Discount Sch – *Name of Service*; 7.3b – Discount Sch – *Name of Service***, etc.:
 - Document Description: 7.3 – Sliding fee discount schedule (SFDS), including any SFDSs that differ by service or service delivery method
 - SVP Notes: The SFDS is NOT the same as the “fee schedule.” The SFDS (also commonly referred to as a “sliding fee scale”) is applied to the fee schedule charges and discounts those charges based on a patient’s ability to pay.
- File Name: **7.4a – SFDP App Form; 7.4b – Registration Policy and Proc; 7.4c – Scheduling Policy and Proc; 7.4d – Fin Eligibility-Screen-Assist; 7.4e – Pat Notifications**, or as these policies and procedures may be combined and/or may be included under Billing and Collections policies and procedures, refer to 14.5 in [14-Billing Sub-folder:](#)
 - Document Description: Any related policies, procedures, forms and materials that support the SFDP
 - SVP Notes: For example, registration and scheduling, financial eligibility, screening, enrollment, patient notifications, billing and collections

- File Name: **7.5a – Set Nominal Charge – Pat Perspective; 7.5b – Set Nominal Charge – vs Actual Cost; 7.5c – Set Nominal Charge – Amount; 7.5d – Set Nominal Charge – Short Title** (such as board minutes, reports, etc.):
 - Document Description: Setting of nominal charge documentation
 - SVP Notes: For health centers that choose to have a nominal charge for patients with incomes at or below 100 percent of the FPG:
 - Documentation that the nominal charge was set at a level that would be 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 co-pay amounts associated with Medicare and Medicaid for patients with comparable incomes.
 - Documentation that shows each nominal charge does not reflect the actual cost of the service being provided.
 - If the board-approved SFDP policy does not state a specific amount for each nominal charge or how each nominal charge is determined: Other documentation of board involvement in setting the amount of each nominal charge (for example, board minutes, reports).

- File Name: Review the sample through the EHR directly with staff for in-person visits or via video-conferencing for virtual visits, **or** upload records with PII redacted with the following labels: **7.6a – SFDP Sample 1; 7.6b – SFDP Sample 2; 7.6c – SFDP Sample 3**, etc.:
 - Document Description: Sample of 5-10 records, files, or other forms of documentation of patient income and family size
 - SVP Notes: Ensure the sample includes records for:
 - Uninsured and insured patients
 - Initial assessments for income and family size as well as re-assessments

- File Name: **Refer to 2.4 in the [2-Services Sub-folder](#):**
 - Document Description: For any service delivered via **Column II (whether or not the service is also delivered via Column I and/or Column III)**, at least one, but no more than three, written contracts/agreements for EACH Required and EACH Additional Service. Provide any other supporting documentation showing how the health center ensures sliding fee discounts for those selected services.
 - SVP Notes:
 - Use the same sample of contracts/agreements for the review of [Required and Additional Health Services](#), [Clinical Staffing](#), and [Sliding Fee Discount Program](#).
 - The sampling methodologies in [Required and Additional Health Services](#), [Clinical Staffing](#), and [Sliding Fee Discount Program](#) **are different** from the sampling methodologies in [Contracts and Subawards](#) and [Conflict of Interest](#), even though they may result in some overlap in the contracts/agreements reviewed.
 - Each contract/agreement for services must be current and executed by all

parties (for example, a signed paper copy, electronically-signed documents, emails documenting acceptance).

- File Name: **Refer to 2.4 in the [2-Services Sub-folder](#):**
 - Document Description: For any service delivered via **Column III (whether or not the service is also delivered via Column I and/or Column II)**, at least one but no more than three written referral arrangements for EACH Required and EACH Additional Service. Provide any other supporting documentation showing how the health center ensures sliding fee discounts for those selected services.
 - SVP Notes:
 - Use the same sample of referral arrangements for the review of [Required and Additional Health Services](#), [Clinical Staffing](#), and [Sliding Fee Discount Program](#).
 - Each referral arrangement for services must be current and executed by all parties (for example, a signed paper copy, electronically-signed documents, emails documenting acceptance).

- File Name: **7.7a – 3rd Party - Proof Barring SF Discounts – Health Plan; 7.7b – Proof Barring SF Discounts – Health Plan**, etc.:
 - Document Description: Documentation of third-party legal or contractual restrictions.
 - SVP Notes: Applicable if the health center is subject to legal or contractual restrictions applicable to sliding fee discounts for patients with third-party coverage

- File Name: **7.8a – SFDP Eval Data-Records – Short Title; 7.8b – SFDP Eval Data-Records – Short Title**, etc.:
 - Document Description: Data, reports, or any other relevant materials used to evaluate the SFDP

QUALITY IMPROVEMENT/ASSURANCE

Sub-folder: 8-QI-QA

- File Name: **8.1 – QI-QA Policies**; use **8.1a – QI-QA – Short Title; 8.1b – QI-QA – Short Title**; etc. if there are multiple policy documents:
 - Document Description: Policies that establish the Quality Improvement/ Quality Assurance (QI/QA) program

- File Name: **8.2 – QI-QA Procedures**; use **8.2a – QI-QA – Short Title; 8.2b – QI-QA – Short Title**, etc. if there are multiple procedure documents, label with short titles following the list below:
 - Document Description: QI/QA-related operating procedures or processes that address:
 - Clinical guidelines, standards of care, and standards of practice;
 - Patient safety and adverse events, including implementation of follow-up actions;

- Patient satisfaction;
 - Patient grievances;
 - Periodic QI/QA assessments; and
 - QI/QA report generation and oversight.
- File Name: **8.3 – QI-QA Lead Job Desc – Name – Position**; if more than one lead staff - **8.3a – QI-QA Lead Job Desc – Name – Position, 8.3b – QI-QA Lead Job Desc – Name – Position**, etc.:
 - Document Description: Job or position descriptions of individuals who oversee the QI/QA program
- File Name: **8.4a – Pat Satisfaction – Sample 1; 8.4b – Pat Satisfaction – Sample 2; 8.4c – Pat Satisfaction – Sample 3**; and/or refer to 4.3 in [4-Sites-Hrs Sub-folder](#):
 - Document Description: Sample of patient satisfaction results
- File Name: **8.5a – QI-QA Syst - Short Title; 8.5b – QI-QA Syst – Short Title; 8.5c – QI-QA Syst – Short Title**, etc. for each QI/QA system support report:
 - Document Description: Documentation of any related systems that support QI/QA
 - SVP Notes: For example, event reporting system, tracking resolutions and grievances, dashboards
- File Name: **8.6 – QI-QA Schedule of Assessments**:
 - Document Description: QI/QA assessment schedule or calendar
- File Name: **8.7a – QI Assess Sample 1; 8.7b – QI Assess Sample 2**:
 - Document Description: Sample of two QI/QA assessments from the past 12 months and any related reports resulting from these assessments
- File Name: **Refer to 2.2, 2.3, and 2.4 in [2-Services Sub-folder](#) and 5.7 in [7-Emerg Sub-folder](#)** for sample patient records:
 - Document Description: Sample of 5-10 health center patient records that include clinic visit notes or summary of care
 - SVP Notes:
 - The same sample of patient records used for reviewing other program requirement areas may also be used for this sample
 - Use live navigation of the EHR, screenshots from the EHR, or other patient record formats
- File Name: **8.8 – Securing Patient Confidentiality**:
 - Document Description: Systems (for example, certified EHRs) and record-keeping procedures for maintaining and monitoring the confidentiality, privacy, and security of patient information, including protected health information (PHI)

KEY MANAGEMENT STAFF

Sub-folder: 9-Key Mgmt

- File Name: **9.1 – Organizational Chart – Short Title** for each separate chart:
 - Document Description: Health center organization charts with names and titles of key management staff (if updated since last application submission to HRSA)
- File Name: **9.2a – JD - Name of Position; 9.2b – JD - Name of Position**, etc. for each position:
 - Document Description: Position descriptions of key management staff (if updated since last application submission to HRSA)
- File Name: **9.3a – Contract - Name of Position; 9.3b – Contract - Name of Position**, etc. for each contract:
 - Document Description: Any contracts for key management staff
- File Name: **9.4 – HR Proc – Hiring Key Staff**; and **9.5 – Vacancy Fill Doc - Name of Position**; if more than one vacancy or type of documentation - **9.5a – Vacancy Fill Doc – Name of Position – Short Title**; **9.5b – Vacancy Fill Doc - Name of Position – Short Title**, etc.:
 - Document Description: If the health center has key management staff vacancies:
 - Human Resources procedures relevant to recruiting and hiring of key management staff
 - Documentation associated with filling key management staff vacancies (for example, job advertisements or revised position descriptions)
- File Name: **9.6 – PD-CEO Employ Agreement**:
 - Document Description: Project Director/CEO employment agreement
 - SVP Notes: For the review under [17-Bd Auth](#), agreement should highlight the provisions that address Project Director/CEO selection, evaluation, and dismissal or termination
- File Name: **9.7 – PD-CEO Proof of Employee Status** (redact PII):
 - Document Description: Project Director/CEO's W-2 or, if a W-2 has not yet been issued, documentation of receipt of salary directly from the health center (for example, pay stub)
- File Name: **9.8 – Key Mgmt Rep Struct – Short Title**; **9.8b – Key Mgmt Rep Struct – Short Title**, etc.:
 - Document Description: Any additional documentation of key management reporting structures
- File Name: **Refer to 17.5 in [17-Bd Auth Sub-folder](#)**

- Document Description: If the health center has a co-applicant, co-applicant agreement (if updated since last application submission to HRSA)
- File Name: **9.9 – NOA-NLD Approve PD-CEO Change:**
 - Document Description: If the current Project Director/CEO has changed since the start of the current period of performance, the Notice of Award (NOA)/Notice of Look-Alike Designation (NLD) approving the current Project Director/CEO **or** if the prior approval request for the current Project Director/CEO is still under review by HRSA, the documentation of the request

CONTRACTS AND SUBAWARDS

Notes:

- Refer to [SVP Sampling Review Resource Guide](#) for more information.

Sub-folder: 10-Contracts

Contracts: Procurement and Monitoring

- File Name: **10.1a – Purchasing Pol-Proc; 10.1b – Procurement Pol-Proc; 10.1c – Contract Management Pol-Proc:**
 - Document Description: Policies or procedures for purchasing, procurement, and contract management
- File Name: **10.2 – List of Contracts:**
 - Document Description: A complete list of health center contracts that support the Health Center Program project, including contracts for health center clinical services or other goods and services (for example, tech support, janitorial, payroll)
 - SVP Notes: Include all active contracts and all contracts that had a period of performance that ended less than 3 years ago. In the list, include all of the following information for each contract:
 - Whether the health center uses Health Center Program federal award funds to pay in whole or in part for the contract (not applicable to look-alikes);
 - Contractor/contract organization;
 - Value of the contract (if there is a federal share, state the federal share amount);
 - Brief description of the goods or services provided;
 - Period of performance/timeframe (for example, ongoing contractual relationship, specific duration);
 - Whether the contract supports a Column II service delivery method; and
 - Whether the contract supports substantive programmatic work. 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.

- File Name: **10.3a – Contract Name 1 - Fed; 10.3b – Contract Name 2 - Fed; 10.3c – Contract Name 3 – Fed**, etc. for each contract as described in this section; then,
- File Name: **10.3a – Procurement Support 1; 10.3b – Procurement Support 2; 10.3c – Procurement Support 3**, etc. for each contract as described in this section:
 - Document Description: Five contracts AND related supporting procurement documentation for actions that **use Health Center Program federal award funds**
 - SVP Notes: Based on the list of contracts that support the HRSA-approved scope of project (refer to 10.2):
 - Choose the five contracts that use the largest amounts of Health Center Program federal award funds.
 - Use the same sample of contracts/agreements for the review of both [Contracts and Subawards](#) and [Conflict of Interest](#). The sampling methodologies in [Required and Additional Health Services](#), [Clinical Staffing](#), and [Sliding Fee Discount Program](#) **are different** from the sampling methodologies in [Contracts and Subawards](#) and [Conflict of Interest](#), even though they may result in some overlap in the contracts/agreements reviewed.
 - Each contract/agreement must be current and executed by all parties (for example, a signed paper copy, electronically-signed documents, emails documenting acceptance).
- File Name: **10.4a – Contract Name 1 – Non-Fed; 10.4b – Contract Name 2 – Non-Fed; 10.4c – Contract Name 3 – Non-Fed**, etc.:
 - Document Description: Five contracts that **do NOT use Health Center Program federal award funds**
 - SVP Notes:
 - Choose the five contracts that use the largest amounts of non-Health Center Program federal award funds.
 - Each contract/agreement must be current and executed by all parties (for example, a signed paper copy, electronically-signed documents, emails documenting acceptance).
 - The health center determines if, as other lines of business, it enters into contracts where it performs a service on behalf of another organization. None of these activities may be included as part of the health center’s HRSA-approved scope of project or annual budget and the health center does not submit these contracts to HRSA for approval.
- File Name: **10.5a – Rep-Record 1 – Contract Name – Short Title; 10.5b – Rep-Record 2 – Contract Name – Short Title; 10.5c – Rep-Record 3 – Contract Name – Short Title**:
 - Document Description: From the contractors included in the sample of selected contracts, a total of two to three reports or records of the contractor’s health center-related activities

- SVP Notes:
 - Select from the sample of selected contractors (refer to 10.3 and 10.4)
 - For example, monthly invoices or billing reports, data on patients served or visits provided
- File Name: **10.6 – Contract Name – Substantive Work – Prior Appr:**
 - Document Description: HRSA approval documentation of substantive programmatic work
 - SVP Notes: Only for any contracts for the performance of substantive programmatic work (i.e., contracting with a single entity for the majority of health care providers) under the federal award

Subawards: Monitoring and Management

ONLY APPLICABLE FOR RECIPIENTS WITH AT LEAST ONE SUBRECIPIENT; NOT APPLICABLE TO LOOK-ALIKES

- File Name: **10.7a – Audit – Subrecipient Name – FYE; 10.7b – Audit – Subrecipient Name – FYE; 10.7c – Audit – Subrecipient Name – FYE, etc.:**
 - Document Description: For each subrecipient, the subrecipient’s most recent annual audit
- File Name: **10.7a – Audit Mgmt Letter – Subrecipient Name - FYE; 10.7b – Audit Mgmt Letter – Subrecipient Name – FYE; 10.7c – Audit Mgmt Letter – Subrecipient Name – FYE, etc.:**
 - Document Description: For each subrecipient, the most recent auditor’s management letter to the subrecipient
- File Name: **10.8 – Subrecipient Monitor Pol and Proc:**
 - Document Description: 10.8 – Policies or procedures for subrecipient monitoring
- File Name: **10.9a - Subrecipient Agr – Name of Entity; 10.9b - Subrecipient Agr – Name of Entity; etc.:**
 - Document Description: Subrecipient agreements
 - SVP Notes:
 - All subrecipient agreements (if updated since last application submission to HRSA) that support the awardee’s HRSA-approved scope of project.
 - Per 2 CFR 200.331, “All of the characteristics listed below [refer to 2 CFR 200.331(a) and (b)] may not be present in all cases, and some characteristics from both categories may be present at the same time. No single factor or any combination of factors is necessarily determinative. The pass-through entity must use judgment in classifying each agreement as a subaward or a procurement contract. In making this determination, the substance of the relationship is more important than the form of the agreement..”

- File Name: **10.10a – Prior Appr – Subrecipient Name; 10.10b – Prior Appr – Subrecipient Name; 10.10c – Prior Appr – Subrecipient Name**; etc.:
 - Document Description: Documentation of HRSA prior approval of subrecipient arrangements

NOTE: For a health center with five or fewer subrecipients, provide the following documentation from all subrecipients. For a health center with more than five subrecipients, provide the documentation from the five subrecipients that receive the largest amounts of Health Center Program subaward funds.

- File Name: **10.11a – Fin Rep - Subrecipient Name; 10.11b – Fin Rep - Subrecipient Name; 10.11c – Fin Rep - Subrecipient Name**, etc.:
 - Document Description: Subrecipient financial and performance reports
 - SVP Notes: Sample of financial reports from within the current period of performance from the subrecipient
- **10.11a – Perf Rep – Subrecipient Name; 10.11a – Perf Rep – Subrecipient Name; 10.11a – Perf Rep – Subrecipient Name**, etc.:
 - Document Description: Subrecipient performance reports
 - SVP Notes: Sample performance reports from within the current period of performance from the subrecipient
- File Name: **10.12a – Monitor Doc – Subrecipient Name - Date; 10.12b – Monitor Doc – Subrecipient Name - Date; 10.12c – Monitor Doc – Subrecipient Name – Date**, etc.:
 - Document Description: Documentation of subrecipient monitoring by the health center
 - SVP Notes: Through audits, on-site reviews, and other means that occurred during the current period of performance
- File Name: **10.12a – Monitor Findings – Subrecipient Name - Date; 10.12b – Monitor Findings – Subrecipient Name - Date; 10.12c – Monitor Findings – Subrecipient Name – Date**, etc.:
 - Document Description: Only if there have been subrecipient deficiencies identified by the health center through its monitoring process, documentation ensuring that the subrecipient took corrective action
- File Name: **10.13a – Subrecipient Name 1 – short title** (for each document in the list below); **10.13b – Subrecipient Name 2 – short title** (for each document in the list below); **10.13c – Subrecipient Name 3 – short title** (for each document in the list below), etc.:
 - Document Description: Documentation of subrecipient compliance
 - SVP Notes: The following documentation used by the health center to confirm subrecipient compliance:

- Subrecipient articles of incorporation, bylaws (either for the subrecipient’s board or the co-applicant board of a public agency subrecipient), or other corporate documents (for example, co-applicant agreement)
- Subrecipient sliding fee discount program (SFDP) policy:
 - If the subrecipient board-approved SFDP policy does not state a specific amount for each nominal charge or how each nominal charge is determined: Other documentation (for example, subrecipient board minutes, subrecipient reports) of subrecipient board involvement in setting the amount of each nominal charge
- Current subrecipient board roster or completed [Form 6A](#) 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
- Subrecipient billing records from within the past 24 months to confirm the patient status of subrecipient board members
- Subrecipient analysis used to assess whether subrecipient patient board members, as a group, represent the individuals who are served by the health center.

CONFLICT OF INTEREST

Sub-folder: 11-COI

- File Name: **Refer to 13.1 in [13-Fin Mgmt Sub-folder](#):**
 - Document Description: Two most recent annual audits and management letters
- File Name: **11.1 – Standards of Conduct – *short title* and/or refer to [17-Bd Auth Sub-folder](#)** for any document listed here required for Board Authority – include flags as specified (for each document with COI requirements):
 - Document Description: Documents containing the health center’s standards of conduct (for example, articles of incorporation, bylaws, board manual, employee manual, policies and procedures, disclosure forms)
- File Name: **Refer to 10.3 in [10-Contracts Sub-folder](#):**
 - Document Description: For contracts that support the Health Center Program project, five contracts AND related supporting procurement documentation for actions that **use Health Center Program federal award funds**. Choose the contracts that use the largest amounts of Health Center Program federal award funds.
 - SVP Notes:
 - Use the same sample of contracts/agreements for the review of both [Contracts and Subawards](#) and [Conflict of Interest](#).
 - The sampling methodologies in [Required and Additional Health Services](#), [Clinical Staffing](#), and [Sliding Fee Discount Program](#) **are different** from the sampling methodologies in [Contracts and Subawards](#) and [Conflict of Interest](#), even though they may result in some overlap in the contracts/agreements

reviewed.

- Each contract/agreement must be current and executed by all parties (for example, a signed paper copy, electronically-signed documents, emails documenting acceptance).
- File Name: **11.2 – Entity Name – Agreement Type:**
 - Document Description: If the health center has a parent corporation, affiliate, subsidiary, or subrecipient, the agreements with the parent corporation, affiliate, subsidiary, or subrecipient organizations
- File Name: **11.3a – Contract Name 1 - LAL; 11.3b – Contract Name 2 – LAL**, etc. for each contract as described in this section; then **11.3a – Procurement Support 1 - LAL; 11.3b – Procurement Support 2 – LAL**, etc.:
 - Document Description: If the health center is a look-alike that has parent, affiliate, or subsidiary organizations (that are not a state, local government, or Indian tribe), five contracts AND related supporting procurement documentation for procurements involving the related parent, affiliate, or subsidiary organizations
 - SVP Notes: Contracts in the sample are either active or have a period of performance, which ended less than 3 years ago
- File Name: **11.4 – Name of Procurement – COI Disclosure – short title** (for each document):
 - Document Description: If a real or apparent conflict of interest was identified in a procurement action that occurred within the last 3 years, all related disclosures that were completed by employees, officers, board members, and agents of the health center
 - SVP Notes: For example, board minutes documenting disclosures, standard forms to report disclosures

COLLABORATIVE RELATIONSHIPS

Sub-folder: 12-Collab

- File Name: **12.1a – Collaboration Name 1 – Short Title; 12.1b - Collaboration Name 2 – Short Title**, etc.:
 - Document Description: Documentation of established collaboration with other providers and organizations in the health center service area to provide access to services not available through the health center, including:
 - Local hospitals;
 - Specialty providers;
 - Social service organizations; and
 - Organizations that serve special medically underserved populations.
 - SVP Notes: Examples of documentation may include memoranda of agreement (MOAs), memoranda of understanding (MOUs), letters, evidence of membership in a

city-wide community health planning council, or evidence of participation in an emergency room diversion program.

- File Name: **12.2a – Coordination Name 1 – Short Title; 12.2b - Coordination Name 2 – Short Title**, etc.:
 - Document Description: Documentation of coordination with other federally-funded, as well as state and local, health services delivery projects and programs serving similar patient populations in the service area
 - SVP Notes:
 - If coordination is not established, documentation of efforts to establish coordination
 - Documentation must include one or more health centers in the service area
 - Examples of documentation may include minutes or agendas from meetings, emails, or other correspondence

- File Name: **Refer to 4.2 in 4-Sites-Hrs:**
 - Document Description: [Health Center Program GeoCare Navigator](#) map documentation showing other health centers with sites in the service area

FINANCIAL MANAGEMENT AND ACCOUNTING SYSTEMS

Sub-folder: 13-Fin Mgmt

- File Name: **13.1a – Audit for FYE MM-DD-YY; 13.1b – Audit for FYE MM-DD-YY:**
 - Document Description: Two most recent annual audits

- File Name: **13.1a – Mgmt Letter for FYE MM-DD-YY; 13.1b – Mgmt Letter for FYE MM-DD-YY:**
 - Document Description: Two most recent annual audit management letters

- File Name: **13.2 – Fin Mgmt Pol-Proc** (for a single document with all related policies and procedures, such as a manual, be sure to include an index); for each separate policy and procedure document, use **13.2a – Fin Pol-Proc – Short Title; 13.2b – Fin Pol-Proc – Short Title**, etc.:
 - Document Description: Financial management, accounting, and internal control procedures
 - SVP Notes: These procedures may be in the form of financial/accounting policies, manuals, or other related documents

- File Name: **13.3 – Drawdown Pol-Proc** or **refer to 13.2** if part of the financial management and internal control procedures:
 - Document Description: Procedures for drawdown, disbursement, and expenditure of federal award funds
 - SVP Notes: These procedures may be separate or part of the financial management and internal control procedures

- File Name: **13.4 – Non-Grant Funds – Pol-Proc:**
 - Document Description: Policies or procedures that govern and track the use of non-grant funds

- File Name: **13.5 – *Name of Manual:***
 - Document Description: Any manuals or documentation that support the financial management system used by the health center
 - SVP Notes:
 - For example, financial accounting software, practice management system
 - Some or all of the financial management system may be contracted out or carried out via a Health Center Controlled Network

- File Name: **13.5a – Fin Reports – *Month*; 13.5b – Fin Reports – *Month*; etc.;** if other financial reports are included use **13.5a – Fin Reports – *Name of Report – Month*; 13.5b – Fin Reports – *Name of Report – Month*,** etc. for each type of report included in monthly financial reports:
 - Document Description: Two financial reports selected from the past 6 months that were provided to the board & key management staff

- File Name: **13.6 – Interim Financial Statements as of *MM-DD-YY*:**
 - Document Description: The most recent interim financial statement

- File Name: **13.7 – Aged AR as of *MM-DD-YY*:**
 - Document Description: Aged Accounts Receivable, as of the most recent interim financial statement

- File Name: **13.8 – Aged Payables as of *MM-DD-YY*:**
 - Document Description: Aged Accounts Payable, as of the most recent interim financial statement

- File Name: **13.9a – Exp Sup 1 – *Short Title*; 13.9b – Exp Sup 2 – *Short Title*,** etc.:
 - Document Description: Sample of source documentation for expenditures made under the federal Health Center Program award for the last quarter
 - SVP Notes: Documentation should include:
 - Drawdowns under the Health Center Program award with supporting documentation (for example, financial records, receipts, invoices, payroll records supporting payroll costs included in the drawdown of federal funds);
 - Last non-payroll drawdown under the Health Center Program award with supporting documentation;
 - If there was a capital-related Health Center Program award drawdown within the last 3 years, the last capital drawdown with supporting documentation; and
 - Copy of the journal entry that records these drawdowns in the general ledger under the Health Center Program award.

BILLING AND COLLECTIONS

Notes:

- Health centers may choose to provide samples of patient records before or during the site visit. If patient records will be provided during the site visit, this should be communicated to the site visit team before the site visit to avoid any disruption or delay in the site visit process.
- Use live navigation of the EHR, screenshots from the EHR, or other patient record formats.
- Refer to the [Sampling Review Resource Guide](#) for more information.

Sub-folder: 14-Billing

- File Name: **14.1a – Fee Schedule – Service Name; 14.1b – Fee Schedule – Service Name**, etc.:
 - Document Description: Current fee schedule for each service
 - SVP Notes:
 - For example, medical, dental, behavioral health
 - The “fee schedule” is NOT the same as the sliding fee discount schedule (SFDS). The fee schedule is a list of charges for the services that are within the health center’s HRSA-approved scope of project. The fee schedule must be consistent with locally prevailing rates or charges and is designed to cover the reasonable costs of operations.
- File Name: **14.2 – Method for Setting Fees**; if more than one document or different by service, use **14.2a – Setting Fees – Short Title – Service Name; 14.2b – Setting Fees – Short Title – Service Name**, etc.:
 - Document Description: Data used to develop and update fee schedules based on health center costs and locally prevailing rates
 - SVP Notes: For example, operating costs for service delivery, relative value units (RVUs) or other relevant data sources, Medicare and Medicaid cost reports
- File Name: **Refer to 7.3 in 7-SFDP Sub-folder**:
 - Document Description: Sliding fee discount schedule (SFDS), including any SFDSs that differ by service or service delivery method
- File Name: **14.3 – Provider Billing Numbers**:
 - Document Description: List of provider, program, or site billing numbers for Medicaid, CHIP, Medicare, or any other documentation of participation
 - SVP Notes: For example, individual provider NPIs
- File Name: **14.4 – 3rd Party Payor List by Type**:
 - Document Description: Documentation of participation in any other public or private program or health insurance plans
 - SVP Notes: For example, list or copy of third-party payor contracts including any managed care contracts

- File Name: **14.5 – Billing-Collection Pol-Proc**; if multiple separate files for each topic below, use – **14.5a – Bill-Coll – Waive-Reduce Fees**; **14.5b – Bill-Coll – 3rd Party Billing**, etc. per listing below:
 - Document Description: Billing and Collections policies or procedures and systems (separate and distinct policies and procedures from those for the Sliding Fee Discount Program), including:
 - Provisions to waive or reduce fees owed by patients, regardless of patient income level;
 - Third-party payor billing procedures and contracts;
 - Any policies on patients’ refusal to pay; and
 - Procedures for notifying patients of any additional costs for supplies and equipment related to but not included in the service.

- File Name: **14.6 – Billing Service Name – Contract**; For multiple contracts, use – **14.6a – Billing Service Name – Contract**; **14.6b – Billing Service Name – Contract**, etc.:
 - Document Description: Contracts with any outside organizations that conduct billing or collections on behalf of the health center

- File Name: **14.7 – Registration-Scheduling Pol-Proc**; **14.7b – Eligibility Pol-Proc**; **14.7c – Outreach Pol-Proc**; **14.7d - Enrollment Pol-Proc**, etc. named based on how these policies are organized by the health center:
 - Document Description: Eligibility, outreach, and enrollment procedures
 - SVP Notes: For example, new patient registration and screening procedures

- File Name: **14.8 – Revenue Cycle Metrics**; if multiple reports, use **14.8a – RC Metrics – Short Title**; **14.8b – RC Metrics – Short Title**, etc.:
 - Document Description: Current data on the following revenue cycle management metrics:
 - Collection ratios;
 - Bad debt write-off as a percentage of total billing;
 - Collections per visit;
 - Charges per visit;
 - Percentage of accounts receivable (A/R) less than 120 days; and
 - Days in A/R (for context on billing and collections efforts).

- File Name: Review the sample directly with staff for in-person visits or via video-conferencing for virtual visits, **or** upload records with PII redacted with the following labels: **14.9a – Billing Sample 1 – Service – Payer**; **14.9b – Billing Sample 2 – Service – Payer**, etc. up to a total of 21 samples; add “**R**” for rejected claims in the sample:
 - Document Description: Sample of at least 21 claims submissions and resubmissions to the health center’s most common third-party payors
 - SVP Notes:

- At a minimum, this must include claims to Medicare, Medicaid, and CHIP
 - Randomly choose 7 claims submissions and resubmissions for patient visits from across at least 3 unique services (for example, routine primary care, preventive dental, behavioral health, obstetrics)
 - Within this sample, include at least 7 rejected claims.
- File Name: **14.10 – Claims Report – Past 6 Mos:**
 - Document Description: Report showing the last 6 months of claims data, specifically for the average filing time for the last 6 months of claims.
 - SVP Notes: The claims report should include: Individual claim number, date of service, dates claims were first billed, and filing times.
- File Name: Review the sample through the EHR directly with staff for in-person visits or via video-conferencing for virtual visits, **or** upload records with PII redacted with the following labels: **14.11a – Pat Billing Record Sample 1 – Service – Income Level; 14.11b – Pat Billing Record 2 – Service – Income Level, etc.:**
 - Document Description: Sample of at least 15 billing and payment records related to the health center’s charges to patients
 - SVP Notes:
 - Randomly choose 5 records for patient visits from across at least 3 unique services (for example, routine primary care, preventive dental, behavioral health, obstetrics).
 - Ensure the sample includes patients with incomes at or below 200 percent of the FPG.
 - If the health center has patients with incomes above 200 percent of the FPG, include records for those patients.
- File Name: Review the sample through the EHR directly with staff for in-person visits or via video-conferencing for virtual visits, **or** upload records with PII redacted with the following labels: **14.12a – Waive-Reduce Sample 1; 14.12b – Waive-Reduce Sample 2, etc.:**
 - Document Description: Sample of two to three billing records where patient fees or payments were waived or reduced
- File Name: **14.13 – Notification Costs – Supplies and Equip:**
 - Document Description: Documentation of methods for notifying patients of any additional costs for supplies and equipment related to, but not included in, the service
- File Name: Review the sample through the EHR directly with staff for in-person visits or via video-conferencing for virtual visits, **or** upload records with PII redacted with the following labels: **14.14a – Refusal to Pay Sample 1; 14.14b – Refusal to Pay Sample 2, etc.:**

- Document Description: If the health center has a refusal-to-pay policy, documentation of any cases in the past 24 months when the health center applied this policy

BUDGET

Sub-folder: 15-Budget

- File Name: **15.1 – HCP Budget:**
 - Document Description: Updated annual budget for the health center project (if updated since last application submission to HRSA)
- File Name: **15.2 – Budget Comparison – Current Yr:**
 - Document Description: Budget-to-actual comparison report for the current fiscal year
- File Name: **15.3 – Budget Comparison – Prior Yr:**
 - Document Description: Budget-to-actual comparison report for the prior fiscal year
- File Name: **Refer to 13.2 in [13-Fin Mgmt Sub-folder](#):**
 - Document Description: For context and background on budget development process, financial management procedures
- File Name: **15.4 – Fin Stmt for MM/DD/YY – Other Lines of Business; refer to 13.1 or 13.6 in [13-Fin Mgmt Sub-folder](#) for audits:**
 - Document Description: As a reference for any other lines of business, most recent annual audit and management letter. If audits are not available, the most recent financial statements.
- File Name: **15.5 – Budget for *Org-Wide or Name of Program or Other Line of Business*:**
 - Document Description: If the health center has an organizational budget that is separate from the health center project budget, all separate organizational budgets for the current fiscal year

PROGRAM MONITORING AND DATA REPORTING SYSTEMS

Sub-folder: 16-Data Sys

- File Name: **16.1 – Data-Based Rep; if multiple reports, use 16.1a – Data-Based Rep 1 – *Short Title*; 16.1b – Data-Based Rep – *Short Title*:**
 - Document Description: One to two data-based reports generated by the health center for the governing board or key management staff from the past 12 months
 - SVP Notes:

- For example, dashboards, board packets, reports provided to the Finance or Quality Improvement Committee, routine reports generated by the health center for key management staff
- The reports must include information on:
 - Patient service utilization;
 - Trends and patterns in the patient population; and
 - Overall health center clinical, financial, or operational performance.
- Service utilization refers to the quantity of health care services and the trends in the types of health care services accessed by patients.

BOARD AUTHORITY

Sub-folder: 17-Bd Auth

- File Name: **Refer to 9.1 in [9-Key Mgmt Sub-folder](#):**
 - Document Description: Health center organization charts with names and titles of key management staff
- File Name: **17.1 – *Corporate or Public Entity Dept Name – Org Chart*:**
 - Document Description: For public agencies or organizations with a parent or subsidiary, corporate organization charts
- File Name: **17.2 – *Articles of Incorporation*:**
 - Document Description: Articles of Incorporation
- File Name: **17.3 – *Bylaws*:**
 - Document Description: Bylaws (if updated since last application submission to HRSA)
- File Name: **17.4a – *Corp-Gov – Short Title*; 17.4b – *Corp-Gov – Short Title***, etc. (for each additional document):
 - Document Description: Any additional corporate or governing documents
- File Name: **17.5 – *Co-applicant Agreement*:**
 - Document Description: For public agencies with a co-applicant, co-applicant agreement (if updated since last application submission to HRSA)
- File Name: **Refer to 11.2 in [11-COI Sub-folder](#):**
 - Document Description: Any agreements with a parent corporation, affiliate, subsidiary, or subrecipient organizations
- File Name: **17.6 – *Name of Entity Contract or Agr – Purpose* or refer to 10.3, 10.4, and 10.9 in [10-Contracts Sub-folder](#) if same agreement(s):**
 - Document Description: Any collaborative or contractual agreements with outside entities that impact the health center board’s authorities or functions

- File Name: **17.7 – Board Calendar or Work Plan:**
 - Document Description: Board calendar or other related scheduling documents for the most recent 12 months

- File Name: **17.8a – Board Minutes – *Month*** (for each of the most recent 12 months); **17.8b - Board Agendas – *Month*** (for each of the most recent 12 months, if not included with the minutes); **17.8c - Board Minutes –*Short Topic or add Short Topic to the Month*** (for each of the specific required board approvals - SFDP, QI/QA, etc., as listed below; for example, “17.8a – Board Minutes – Jan – QI/QA”):
 - Document Description: Board agendas and minutes for:
 - The most recent 12 months
 - Any other relevant meetings from the past 3 years that demonstrate board authorities were clearly exercised, including approving key policies on:
 - Sliding Fee Discount Program;
 - Quality Improvement/Quality Assurance Program;
 - Billing and Collections, specifically policies for waiving or reducing patient fees and any policies on patients’ refusal to pay;
 - Financial Management and Accounting Systems; and
 - Personnel.
 - SVP Notes:
 - For look-alike initial designation applicants and newly-funded health centers that do not have 12 months of board agendas and minutes, all of the available board agendas and minutes from within the past 12 months.

- File Name: **17.9 – Board Packet – *Month*:**
 - Document Description: Sample of board packets from two board meetings that occurred during the most recent 12 months

- File Name: **17.10a – Com Mnts – *Name of Board Committee – Month(s)*, 17.10b – Com Mnts – *Name of Board Committee – Month(s)*, etc.:**
 - Document Description: Board committee minutes OR committee documents from the most recent 12 months that support board functions and activities

- File Name: **17.11 – Strategic Plan – *time period*:**
 - Document Description: Strategic plan or long-term planning documents from within the past 3 years

- File Name: **Refer to 9.2a in [9-Key Mgmt Sub-folder](#):**
 - Document Description: Position description for the Project Director/CEO

- File Name: **Refer to 9.6 in [9-Key Mgmt Sub-folder](#):**
 - Document Description: Project Director/CEO employment agreement, highlighting the provisions that address Project Director/CEO selection, evaluation, and dismissal or termination

- File Name: **17.12 – PD-CEO Evaluation – *Date of Eval:***
 - Document Description: Most recent evaluation of Project Director/CEO

BOARD COMPOSITION

Sub-folder: 18-Bd Comp

- File Name: **Refer to 9.1 in 9-Key Mgmt Sub-folder:**
 - Document Description: Health center organization charts with names of key management staff
- File Name: **Refer to 17.1 in 17-Bd Auth Sub-folder:**
 - Document Description: For public agencies or organizations with a parent or subsidiary: Corporate organization charts
- File Name: **Refer to 17.2 in 17-Bd Auth Sub-folder:**
 - Document Description: Articles of Incorporation
- File Name: **Refer to 17.3 in 17-Bd Auth Sub-folder:**
 - Document Description: Bylaws (if updated since last application submission to HRSA)
- File Name: **Refer to 17.4 in 17-Bd Auth Sub-folder:**
 - Document Description: Any additional corporate or governing documents
- File Name: **Refer to 17.5 in 17-Bd Auth Sub-folder:**
 - Document Description: For public agencies with a co-applicant, co-applicant agreement (if updated since last application submission to HRSA)
- File Name: **18.1 – Form 6A – Board Roster – *date last updated:***
 - Document Description: Updated Form 6A or board roster (if board composition has changed since last application submission to HRSA)
 - SVP Notes: Indicate 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

File Name: **18.2a – Bd Rep – *Member Name – Short Title;* 18.2b – Bd Rep – *Member Name – Short Title,* etc.:**

- Document Description: Additional documentation about current board member characteristics (for example, applications, bios, disclosure forms).
- File Name: **18.3 – Patient Rep Anal – *Short Title:***
 - Document Description: Health center analysis used to assess whether patient board members, as a group, represent the individuals who are served by the health center.

- SVP 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.
- File Name: Review the sample through the EHR directly with staff for in-person visits or via video-conferencing for virtual visits, **or** upload records with PII redacted with the following labels: **18.4a – Bd Billing Sample 1; 18.4b - Bd Billing Sample 2;** etc.:
 - Document Description: Billing records from within the past 24 months that verify board member patient status.
- File Name: **18.5 – Sp Pop Input – Sp Pop Name – Short Title:**
 - Document Description: For health centers with approved waivers, examples of the use of special medically underserved populations input
 - SVP Notes: For example, board minutes, board meeting handouts, board packets

ELIGIBILITY REQUIREMENTS FOR LOOK-ALIKE INITIAL DESIGNATION APPLICANTS

Notes:

- Health centers may choose to provide samples of patient records before or during the site visit. If patient records will be provided during the site visit, this should be communicated to the site visit team before the site visit to avoid any disruption or delay in the site visit process.
- Use live navigation of the EHR, screenshots from the EHR, or other patient record formats.
- Refer to the [Sampling Review Resource Guide](#) for more information.

Sub-folder: 19-LAL ID

- File Name: **19.1 – Pat and Serv Data – Past 6 M – Short Title:**
 - Document Description: Patient services utilization report from within the past 6 months
 - SVP Notes:
 - For example, from the EHR
 - Data should include , payor type, type of services, and how the service was provided (**Column I, II, or III**)
- File Name: Review the patient records sample through the EHR directly with staff for in-person visits or via video-conferencing for virtual visits; **or** upload records with PII redacted with the following labels: **19.2a – Pat Sample 1; 19.2b – Pat Sample 2; 19.2c – Pat Sample 3,** etc.:
 - Document Description: Five health center patient records that document the provision of General Primary Care services

- SVP Notes:
 - The same sample of patient records used for reviewing other program requirement areas may also be used for this sample.
- File Name: Refer to 7.3 in [7-SFDP Sub-folder](#):
 - Document Description: All Sliding Fee Discount Schedules
- File Name: **Refer to 9.1 in [9-Key Mgmt Sub-folder](#)**:
 - Document Description: Applicant's current organization charts with names of key management staff
- File Name: **Refer to 17.1 in [17-Bd Auth Sub-folder](#)**:
 - Document Description: Only for public agencies or for organizations with a parent or subsidiary, corporate organization charts
- File Name: **Refer to 9.2 in [9-Key Mgmt Sub-folder](#)**:
 - Document Description: Project Director/CEO position description
- File Name: **Refer to 9.6 in [9-Key Mgmt Sub-folder](#)**:
 - Document Description: Project Director/CEO employment agreement
- File Name: Refer to **13.1**, or **13.6** in [13-Fin Mgmt Sub-folder](#):
 - Document Description: Most recent annual audit and management letter. If audits are not available, the most recent financial statements.
- File Name: Review the sample through the EHR directly with staff for in-person visits or via video-conferencing for virtual visits, **or** upload records with PII redacted with the following labels: **19.3a – Medicare-Medicaid Pat Sample 1; 19.3b – Medicare-Medicaid Pat Sample 2; 19.3c – Medicare-Medicaid Pat Sample 3**:
 - Document Description: Sample of up to three Medicare or Medicaid claims or other billing documents.
 - SVP Notes: The sample should show the organization entity or unit that conducts the billing.
- File Name: **Refer to 17.3 in [17-Bd Auth Sub-folder](#)**:
 - Document Description: Bylaws (if updated since last application submission to HRSA)
- File Name: **Refer to 17.5 in [17-Bd Auth Sub-folder](#)**:
 - Document Description: For public agencies with a co-applicant, co-applicant agreement (if updated since last application submission to HRSA)
- File Name: **Refer to 17.8 in [17-Bd Auth Sub-folder](#)**:
 - Document Description: Board minutes for the most recent 12 months
 - SVP Notes: If the applicant does not have 12 months of board minutes, all of the available board minutes from within the past 12 months.

- File Name: **19.4 – List of Contracts-Agrmts:**
 - Document Description: Only if the applicant has contracts or agreements) that support the proposed Health Center Program scope of project (i.e., to provide health center services or acquire other goods and services), provide a complete list of these contracts and agreements that includes:
 - All active contracts and agreements;
 - All contracts and agreements that had a period of performance that ended less than 3 years ago; and
 - The following information for each contract and agreement:
 - Name of organization;
 - Brief description of all goods and services provided;
 - Period of performance/timeframe (for example, specific duration, ongoing contractual/agreement relationship); and
 - Whether the contract or agreement indicates a third party plays a substantive role in the Health Center Program project (for example, a contract or agreement with a single entity for the majority of: health care providers and services, key management staff, or administrative functions).

- File Name: **19.5a – Contract – *Contract Name – Short Title*; 19.5b – Contract – *Contract Name – Short Title*, etc.:**
 - Document Description: All contracts or agreements based on the list above, excluding contracts or agreements for the acquisition of supplies, material, equipment, or general support services (for example, janitorial services).

- File Name: Refer to 11.2 in [11-COI Sub-folder](#):
 - Document Description: If the applicant has a parent corporation, affiliate, subsidiary, or other controlling organization, all related agreements or other documentation

- File Name: **19.6 – Ownership-Control - *Short Title*** (for other documentation) and refer to **9.3, 9.6, 9.7, and 9.8** in [9-Key Mgmt Sub-folder](#):
 - Document Description: Documentation (for example, employment contracts) that shows the organization is not owned, operated, or controlled by another entity