

HRSA

Health Resources & Services Administration

OMB No.: 0915-0285. Expiration Date: 1/31/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Form 1C: Documents On File	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
Notes: <ul style="list-style-type: none"> Headers in the table below link to chapters in the Compliance Manual, and the listed elements align with the Demonstrating Compliance elements in the manual. Policies noted with an asterisk (*) indicate those that must be evaluated by the health center board at least once every 3 years in order to demonstrate compliance with Health Center Program requirements. For more information, review element d within Chapter 19: Board Authority of the Compliance Manual. Example date formats for use on this form are 01/15/2018, First Monday of every April, and bi-monthly (last rev 01/18). 		
<u>Clinical Staffing</u>	Date of Latest Review/Revision (maximum 100 characters)	
Procedures for Review of Credentials (element c)		
Procedures for Review of Privileges (element d)		
<u>Coverage for Medical Emergencies During and After Hours</u>	Date of Latest Review/Revision (maximum 100 characters)	
Procedures for Responding to Emergencies During Hours of Operation (element b)		
Procedures or Arrangements for After-Hours Coverage (element c)		
<u>Continuity of Care and Hospital Admitting</u>	Date of Latest Review/Revision (maximum 100 characters)	
Procedures for Hospitalized Patients (element b)		
<u>Sliding Fee Discount Program</u>	Date of Latest Review/Revision (maximum 100 characters)	
*Sliding Fee Discount Policies (element b)		
Procedures for Assessing Income and Family Size (element f)		
<u>Quality Improvement/Assurance</u>	Date of Latest Review/Revision (maximum 100 characters)	
*QI/QA Program Policies (element a)		
QI/QA Procedures or Processes (element c)		

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Systems for Protecting Confidentiality of Patient Information (element f)	
<u>Contracts and Subawards</u>	Date of Latest Review/Revision (maximum 100 characters)
Procurement Procedures (element a)	
<u>Conflict of Interest</u>	Date of Latest Review/Revision (maximum 100 characters)
Standards of Conduct (element a)	
<u>Financial Management and Accounting Systems</u>	Date of Latest Review/Revision (maximum 100 characters)
Financial Management and Internal Control Systems (element a)	
Procedures for Drawdown, Disbursement, and Expenditure (element c)	
<u>Billing and Collections</u>	Date of Latest Review/Revision (maximum 100 characters)
Billing and Collections Systems and Procedures (element d)	
*Policies for Waiving or Reducing Fees (element h)	

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.

Instructions for Form 1C: Documents on File

This form provides a summary of documents that support the implementation of Health Center Program requirements, as outlined in the Health Center Program [Compliance Manual](#). It does not provide an exhaustive list of all types of health center documents (e.g., policies and procedures, protocols, legal documents). Provide the date that each document was last reviewed and, if appropriate, revised. Any document on Form 1C that is not in place or current should be included on the Operational Plan (Attachment 12) to ensure compliance with Health Center Program requirements. See Appendix C in the NAP NOFO for more information on the Operational Plan.



The policies related to your Sliding Fee Discount Program, Quality Improvement/Assurance, and Billing and Collections – noted in the form with an asterisk (*) – must be evaluated by the health center board at least once every 3 years. For more information, review element d of [Chapter 19: Board Authority of the Compliance Manual](#).

DO NOT submit these documents with the application. HRSA will review these documents as part of an [Operational Site Visit](#) and/or may request these for review post-award.

Note: Beyond Health Center Program requirements, other federal and state requirements may apply. You are encouraged to seek legal advice from your own counsel to ensure that organizational documents accurately reflect all applicable requirements.