

# **Health Center Program Site Visit Protocol: Clinical Staffing**

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# CLINICAL STAFFING

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**Primary Reviewer:** Clinical Expert

**Secondary Reviewer:** Governance/Administrative Expert (as needed)

**Authority:** Sections 330(a)(1), (b)(1)-(2), and (k)(3)(I)(ii)(II)-(III) of the PHS Act; and 42 CFR 51c.303(a), 42 CFR 51c.303(p), 42 CFR 56.303(a), and 42 CFR 56.303(p)

## Document Checklist for Health Center Staff

### Documents Provided Prior to Site Visit:

- Credentialing and privileging procedures (including Human Resource procedures, if applicable)
- Website URL (if applicable)
- Current staffing profile (name, position, FTE, hire date). Indicate staff with interpretation/translation capabilities (i.e., bilingual, multilingual)

### Documents Provided at the Start of the Site Visit:

- Needs Assessment(s) or related studies or resources
- Provider contracts, agreements and subrecipient arrangements (if applicable, based on service delivery methods indicated on Form 5A)
- Sample of files that contain credentialing and privileging information: four to five licensed independent practitioners (LIP) files; four to five other licensed or certified practitioners (OLCPs) files; and, only if applicable, two to three files for other clinical staff. The selected files should include:
  - Representation from different disciplines and sites
  - Directly employed and contracted providers in addition to volunteers (if applicable)
  - Providers who do procedures beyond core privileges for their discipline(s)
  - Newest provider (to assess timeliness of process and whether clinician was credentialed and privileged prior to delivering patient care)
  - Re-credentialed/re-privileged provider
- Contract or agreement with Credentialing Verification Organization (CVO) or other entity used to perform credentialing functions (such as primary source verification) on behalf of the health center (if applicable)
- Recruitment and retention plan or related documents for clinical staff

## Demonstrating Compliance

### Element a: Staffing to Provide Scope of Services

The health center ensures that it has clinical staff<sup>18</sup> and/or has contracts or formal referral arrangements in place with other providers or provider organizations to carry out all required and additional services included in the HRSA-approved scope of project.<sup>19</sup>

#### Site Visit Team Methodology

- Interview CMO/Clinical Director and/or equivalent leadership (e.g., Dental Director, Pharmacist).
- Tour at least one to two health center site(s) where the majority of required services are delivered.
- Review current staffing profile.
- Review health center's Form 5A for background and alignment of services with staffing, including those services provided via contracts or referral arrangements.

#### Site Visit Findings

1. Does the health center's current clinical staffing makeup (employees, volunteers) — including, if applicable, contracted or referral providers — enable it to carry out the approved scope of project (i.e., the list of Required and Additional services on Form 5A)?  
 YES       NO

If No, an explanation is required specifying what staffing is lacking and for which services:

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### Element b: Staffing to Ensure Reasonable Patient Access

The health center has considered the size, demographics, and health needs (for example, large number of children served, high prevalence of diabetes) of its patient population in determining the number and mix of clinical staff necessary to ensure reasonable patient access to health center services.

#### Site Visit Team Methodology

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<sup>18</sup> Clinical staff includes licensed independent practitioners (for example, Physician, Dentist, Physician Assistant, Nurse Practitioner), other licensed or certified practitioners (for example, Registered Nurse, Licensed Practical Nurse, Registered Dietitian, Certified Medical Assistant), and other clinical staff providing services on behalf of the health center (for example, Medical Assistants or Community Health Workers in states, territories or jurisdictions that do not require licensure or certification).

<sup>19</sup> Health centers seeking coverage for themselves and their providers under the Health Center Federal Tort Claims Act (FTCA) Medical Malpractice Program should review the statutory and policy requirements for coverage, as discussed in the [FTCA Health Center Policy Manual](#).

- Interview CMO/Clinical Director and/or equivalent leadership (e.g., Dental Director, Pharmacist).
- Review health center's needs assessment documentation and Uniform Data System (UDS) Summary report (number of patients served annually, patient demographics, primary diagnosis and clinical quality and outcome measures).
- Assess the type and range of services provided through review of the health center's Form 5A and other resources as appropriate (e.g., website, health center presentation during the Entrance Conference, observation during site visit tour(s), and interviews with clinical leadership).

## Site Visit Findings

2. Was the health center able to provide one to two examples of how the mix (e.g., pediatric and adult providers) and number (e.g., full or part time staff, use of contracted providers) of clinical staff is responsive to the size, demographics and needs of its patient population?

YES       NO

If No, an explanation is required specifying why the example(s) did not show how the mix and number of clinical staff are responsive to the health center's patient population:

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3. Given the number of patients served annually (based on most recent UDS), is the number and mix of current staff (considering the overall scope of project—i.e., all sites and all service delivery methods) sufficient to ensure reasonable patient access to health center services?

YES       NO

If No, an explanation is required:

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## Element c: Procedures for Review of Credentials

The health center has operating procedures for the initial and recurring review (for example, every two years) of credentials for all clinical staff members (LIPs, OLCs, and other clinical staff providing services on behalf of the health center) who are health center employees, individual contractors, or volunteers. These credentialing procedures would ensure verification of the following, as applicable:

- Current licensure, registration, or certification using a primary source;
  - Education and training for initial credentialing, using:
    - Primary sources for LIPs<sup>20</sup>
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<sup>20</sup> In states in which the licensing agency, specialty board or registry conducts primary source verification of education and training, the health center would not be required to duplicate primary source verification when completing the credentialing process.

- Primary or other sources (as determined by the health center) for OLCPs and any other clinical staff
- Completion of a query through the National Practitioner Data Bank (NPDB);<sup>21</sup>
- Clinical staff member's identity for initial credentialing using a government-issued picture identification;
- Drug Enforcement Administration (DEA) registration; and
- Current documentation of basic life support training.

## Site Visit Team Methodology

- Review the health center's credentialing procedures (including Human Resource procedures, if applicable) for LIPs and OLCPs.
- If the health center utilizes other clinical staff (i.e., clinical staff who do not require licensure or certification to provide services on behalf of the health center), review the health center's credentialing procedures for those other clinical staff.
- Review any contracts the health center has with CVOs (if applicable).
- Interview the individual(s) that conduct or have responsibility for the credentialing of clinical staff to determine:
  - Whether education and training for LIPs is confirmed through primary source verification obtained by the health center or whether the health center relies on the state licensing body.
  - What the health center's method(s) is for tracking timelines for the recurring review of credentials of existing providers as well as tracking of date-sensitive credentials (such as professional licenses, DEA registration) to ensure currency.

## Site Visit Findings

### ***In responding to the questions below, please note:***

- *The health center determines whether to have separate credentialing processes for LIPs versus other provider types. For example, the health center determines what specific aspects of the credentialing process (such as verification of current licensure, registration, or certification) might not apply to "other clinical staff."*
- *For OLCPs and any other clinical staff, the health center determines the sources used for verification of education and/or training.*
- *For LIPs, if verification is not obtained through primary source(s) by the health center, state whether the health center has confirmed that the state licensing body utilizes primary source verification of education and training for LIPs and state whether the state licensing body already has reviewed the primary source(s).*

4. **Initial Credentialing Only:** Do the health center's credentialing procedures require verification of the following for all clinical staff (LIPs, OLCPs, and other clinical staff), as applicable, upon hire:

- Clinical staff member's identity using a government issued picture identification?  
 YES                       NO

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<sup>21</sup> The NPDB is an electronic information repository authorized by Congress. It contains information on medical malpractice payments and certain adverse actions related to health care practitioners, entities, providers, and suppliers. For more information, please visit <http://www.npdb.hrsa.gov>.

- Verification of the education and training of LIPs using a primary source?  
 YES                       NO
- Verification of the education and/or training of OLCPs and, as applicable, other clinical staff using a primary or secondary source, as determined by the health center?  
 YES                       NO

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

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5. **Initial and Recurring Credentialing Procedures:** Do the health center's credentialing procedures require verification of the following for all clinical staff (LIPs, OLCPs, and other clinical staff), as applicable, upon hire AND on a recurring basis:

- Verification of current licensure, registration, or certification using a primary source for LIPs and OLCPs?  
 YES                       NO
- Completion of a query through the NPDB for NPDB-reportable provider types?  
 YES                       NO
- DEA registration (as applicable)?  
 YES                       NO
- Current documentation of basic life support training (or comparable/advanced training, based on provider licensure or certification standards)?  
 YES                       NO

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

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## Element d: Procedures for Review of Privileges

The health center has operating procedures for the initial granting and renewal (for example, every two years) of privileges for clinical staff members (LIPs, OLCPs, and other clinical staff providing services on behalf of the health center) who are health center employees, individual contractors, or volunteers. These privileging procedures would address the following:

- Verification of fitness for duty, immunization, and communicable disease status;<sup>22</sup>
- For initial privileging, verification of current clinical competence via training, education, and, as available, reference reviews;

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<sup>22</sup> The CDC has published recommendations and many states have their own recommendations or standards for provider immunization and communicable disease screening. For more information about CDC recommendations, see <http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>.

- For renewal of privileges, verification of current clinical competence via peer review or other comparable methods (for example, supervisory performance reviews); and
- Process for denying, modifying or removing privileges based on assessments of clinical competence and/or fitness for duty.

## Site Visit Team Methodology

- Review the health center's privileging procedures (including Human Resource procedures, if applicable) for LIPs, OLCs and other clinical staff providing services on behalf of the health center to assess procedures for: verification of fitness for duty and immunization and communicable disease status; clinical competence; and modification or removal of privileges.
- Interview individual(s) or committee that completes or has approval authority for privileging of clinical staff to determine:
  - How fitness for duty and immunization and communicable disease status are verified
  - How clinical competence is assessed for initial granting of privileges
  - How clinical competence is assessed for renewal of clinical privileges
  - What the health center's processes are for modifying or removing privileges

## Site Visit Findings

### ***In responding to the questions below, please note:***

*If a health center does not have "other clinical staff," the health center does not have to include such staff in its operating procedures.*

6. Do the health center's operating procedures address both the initial granting and renewal of privileges for clinical staff who are health center employees, individual contractors or volunteers?

YES       NO

If No, an explanation is required:

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7. Do the health center's privileging procedures require verification of the following for providers upon hire and on a recurring basis:

- Fitness for duty?

YES       NO

- Immunization and communicable disease status?

YES       NO

- Current clinical competence?

YES       NO

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

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8. Does the health center have criteria and processes for modifying or removing privileges based on the outcomes of clinical competence assessments?  
 YES       NO

If No, an explanation is required:

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## Element e: Credentialing and Privileging Records

The health center maintains files or records for its clinical staff (for example, employees, individual contractors, and volunteers) that contain documentation of licensure, credentialing verification, and applicable privileges, consistent with operating procedures.

### Site Visit Team Methodology

- Review sample of files that contain credentialing and privileging information: four to five LIP files; four to five OLCP files; and, only if applicable, two to three files for other clinical staff.
- If possible, conduct the review of the file sample together with the health center individual(s) responsible for maintaining credentialing and privileging documentation.

**Note:** Please utilize the *Credentialing and Privileging File Review Resource* to assist in this review and for examples of documentation methods and sources.

### Site Visit Findings

9. Based on the review of the sample of provider files, did the files contain up-to-date (as defined by the health center in its operating procedures) documentation of licensure and credentialing of these clinical staff (employees, individual contractors, and volunteers)?  
 YES       NO

If No, an explanation is required:

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10. Based on the review of the sample of provider files, did the files contain up-to-date (as defined by the health center in its operating procedures) documentation of privileging decisions (e.g., an up-to-date privileging list for each provider) for these clinical staff (employees, individual contractors, and volunteers)?  
 YES       NO

If No, an explanation is required:

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## Element f: Credentialing and Privileging of Contracted or Referral Providers

If the health center has contracts with provider organizations (for example, group practices, locum tenens staffing agencies, training programs) or formal, written referral agreements with other provider organizations that provide services within its scope of project, the health center ensures<sup>23</sup> that such providers are:

- Licensed, certified, or registered as verified through a credentialing process, in accordance with applicable federal, state, and local laws; and
- Competent and fit to perform the contracted or referred services, as assessed through a privileging process.

### Site Visit Team Methodology

- If possible, conduct the review of the contract(s)/agreement(s), referral arrangement(s), or related documentation together with health center staff involved in overseeing and managing services provided via contracts and/or referral arrangements:
  - Review a total of two to three samples of contract(s)/agreement(s) or related documentation for services offered via Column II. Prioritize the review of any services that are offered only via Column II.
  - Review a total of two to three samples of formal written referral arrangement(s) or related documentation for services offered via Column III. Prioritize the review of any services that are offered only via Column III.

**Note:** For the review of Column II and III services, you may draw from the same sample of contracts and/or referral arrangements that would be pulled for the review of Required and Additional Health Services.

### Site Visit Findings

11. Was the health center able to ensure, either through provisions in the contract(s) or through other means, that contracted services (Form 5A, Column II) are provided by organizations or providers that:
- Verify provider licensure, certification or registration through a defined credentialing process?  
 YES                       NO                       NOT APPLICABLE
  - Complete a privileging process relevant to the contracted service(s)?  
 YES                       NO                       NOT APPLICABLE

**Notes:**

- Select “Not Applicable” if the health center does not offer any services via Column II.

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<sup>23</sup> This may be done, for example, through provisions in such contracts and cooperative arrangements with such organizations or health center review of such organizations’ credentialing and privileging processes.

- *In some cases for Column II services (e.g., contracts with group practices), the credentialing and privileging process for providers may be external (e.g., conducted by the group practice and not by the health center).*

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

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12. Was the health center able to ensure, either through provisions in the referral arrangement or through other means, that referred services (Form 5A, Column III) are provided by organizations that:

- Verify provider licensure, certification or registration through a defined credentialing process?  
 YES                       NO                       NOT APPLICABLE
- Complete a privileging process relevant to the referred service(s)?  
 YES                       NO                       NOT APPLICABLE

**Notes:**

- *Select “Not Applicable” if the health center does not offer any services via Column III.*
- *In all cases for Column III services, the credentialing and privileging process for providers is external (i.e., conducted by the referral provider/organization).*

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

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