

Health Center Program Site Visit Protocol: Collaborative Relationships

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Table of Contents

COLLABORATIVE RELATIONSHIPS.....	81
Document Checklist for Health Center Staff.....	81
Demonstrating Compliance	81
Element a: Coordination and Integration of Activities	81
Element b: Collaboration with Other Primary Care Providers.....	82
Element c: Expansion of HRSA-Approved Scope of Project	83

COLLABORATIVE RELATIONSHIPS

Primary Reviewer: Governance/Administrative Expert

Secondary Reviewer: Clinical Expert

Authority: Section 330(k)(3)(B) of the Public Health Service (PHS) Act; and 42 CFR 51c.303(n), 42 CFR 56.303(n), and 42 CFR 51c.305(h)

Document Checklist for Health Center Staff

Documents Provided at the Start of the Site Visit:

- Documentation of established collaboration with other providers and organizations in the health center's service area, including local hospitals, specialty providers, and social service organizations, to provide access to services not available through the health center
- Documentation of coordination efforts with other federally-funded, state, and local health services delivery projects and programs serving similar patient populations in the service area. At a minimum, this includes documentation of efforts to establish coordination with one or more health centers in the service area (for example, email or other correspondence of requests and responses for coordination)

Note: Examples of collaboration or coordination documentation may include but are not limited to memoranda of agreement (MOAs) or memoranda of understanding (MOUs); letters; monthly collaboration meeting agendas with health center leaders; cross-referral of patients between health centers; or evidence of membership in a city-wide community health planning council or emergency room diversion program.

Demonstrating Compliance

Element a: Coordination and Integration of Activities

The health center documents its efforts to collaborate with other providers or programs in the service area, including local hospitals, specialty providers, and social service organizations (including those that serve special populations), to provide access to services not available through the health center in order to support:

- Reductions in the non-urgent use of hospital emergency departments;
- Continuity of care across community providers; and
- Access to other health or community services that impact the patient population.

Site Visit Team Methodology

- Interview Project Director/CEO regarding collaboration activities, including example(s) of how the health center's collaborative relationship(s) supports each of the following:
 - o Reductions in the non-urgent use of hospital emergency departments;
 - o Continuity of care across community providers; and
 - o Access to other health or community services that impact the patient population.
- Review Collaboration section and any relevant attachments from most recent Service Area Competition (SAC) and other awards (for example, New Access Point).
- Review sample of MOUs, MOAs or any other documentation of collaboration with other community providers or organizations, including local hospitals, specialty providers, and social service organizations (including those that serve special populations).

Site Visit Findings

1. Does the health center have documentation of its efforts to collaborate with other providers or programs in the service area, specifically local hospitals, specialty providers, and social service organizations (including those that serve special populations), to provide access to services not available through the health center?
 YES NO

If No, an explanation is required:

2. Was the health center able to provide at least one documented example of how its collaborative relationship(s) supports each of the following:
 - o Reductions in the non-urgent use of hospital emergency departments;
 - o Continuity of care across community providers; and
 - o Access to other health or community services that impact the patient population? YES NO

If No, an explanation is required:

Element b: Collaboration with Other Primary Care Providers

The health center documents its efforts to coordinate and integrate activities with other federally-funded, as well as state and local, health services delivery projects and programs serving similar patient populations in the service area (at a minimum, this would include establishing and maintaining relationships with other health centers in the service area).

Site Visit Team Methodology

- Review Uniform Data System (UDS) Mapper to identify other health centers with sites in the service area.
- Interview health center Project Director/CEO regarding coordination with other federally-funded, state, and local health services delivery projects and programs serving similar

patient populations in the service area (at a minimum, other health centers in the service area).

- Review relevant documentation of efforts to coordinate or documentation of established coordination.

Site Visit Findings

In responding to the question(s) below, please note:

The health center determines how to document collaboration or coordination with providers and organizations in its service area. For example, documentation of collaborative relationship(s) that support reductions in emergency department use may be in the form of meeting minutes or evidence of membership in an emergency room diversion program.

3. Does the health center have documentation of its efforts to coordinate and integrate activities with other federally-funded, state, and local health services delivery projects and programs serving similar patient populations in the service area?
 YES NO

If No, an explanation is required, including stating if there are no other federally-funded, state, or local health services delivery projects or programs serving similar patient populations in the service area:

4. Was the health center able to document established relationships with at least one health center in the service area?

Note: Only select "Not Applicable" if there are no other health centers in the service area.

YES NO NOT APPLICABLE

If No or Not Applicable, an explanation is required:

Element c: Expansion of HRSA-Approved Scope of Project

If the health center expands^{1,2} its HRSA-approved [scope of project](#):

- *The health center obtains letters or other appropriate documents specific to the request or application that describe areas of coordination or collaboration with health care providers serving similar patient populations in the service area (health centers, rural health clinics, local hospitals including critical access hospitals, health departments, other providers including specialty providers, as applicable); or*
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¹ Expanding the HRSA-approved scope of project may occur by adding sites or services through Change in Scope requests, New Access Point competitive applications, or other supplemental funding applications.

² Additional requirements for documented collaboration may apply based on specific Notices of Funding Opportunity (NOFOs), Notices of Award (NOA), look-alike designation instructions, or other federal statutes, regulations, or policies.

- *If such letters or documents cannot be obtained from these providers, the health center documents its attempts to coordinate or collaborate with these health care providers (health centers, rural health clinics, local hospitals including critical access hospitals, health departments, other providers including specialty providers, as applicable) on the specific request or application proposal.*

Site Visit Team Methodology

N/A – HRSA assesses whether the health center has demonstrated compliance with this element through its review of Change in Scope requests and/or competing applications. No onsite review of this element is required.

Site Visit Findings

N/A – HRSA assesses whether the health center has demonstrated compliance with this element through its review of Change in Scope requests and/or competing applications. No onsite review of this element is required.