HRSA Compliance: Mastering the Basics

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CEO Bootcamp

Session 3

Agenda

- Overall requirements and compliance (10 min)
- Governance (10m)
- Clinical (10m)
- Fiscal (10m)
- Operational Site Visits and Wrap Up (10m)

Why Compliance?

- It delivers the best for our patients and communities (Mission/Vision)
- Develop excellence in health center operations
- Non-compliance will generate large amounts of extra work and headaches

EXPERIENCE LEVEL SET

How many health center requirements are there?

How many could you name at least generally?

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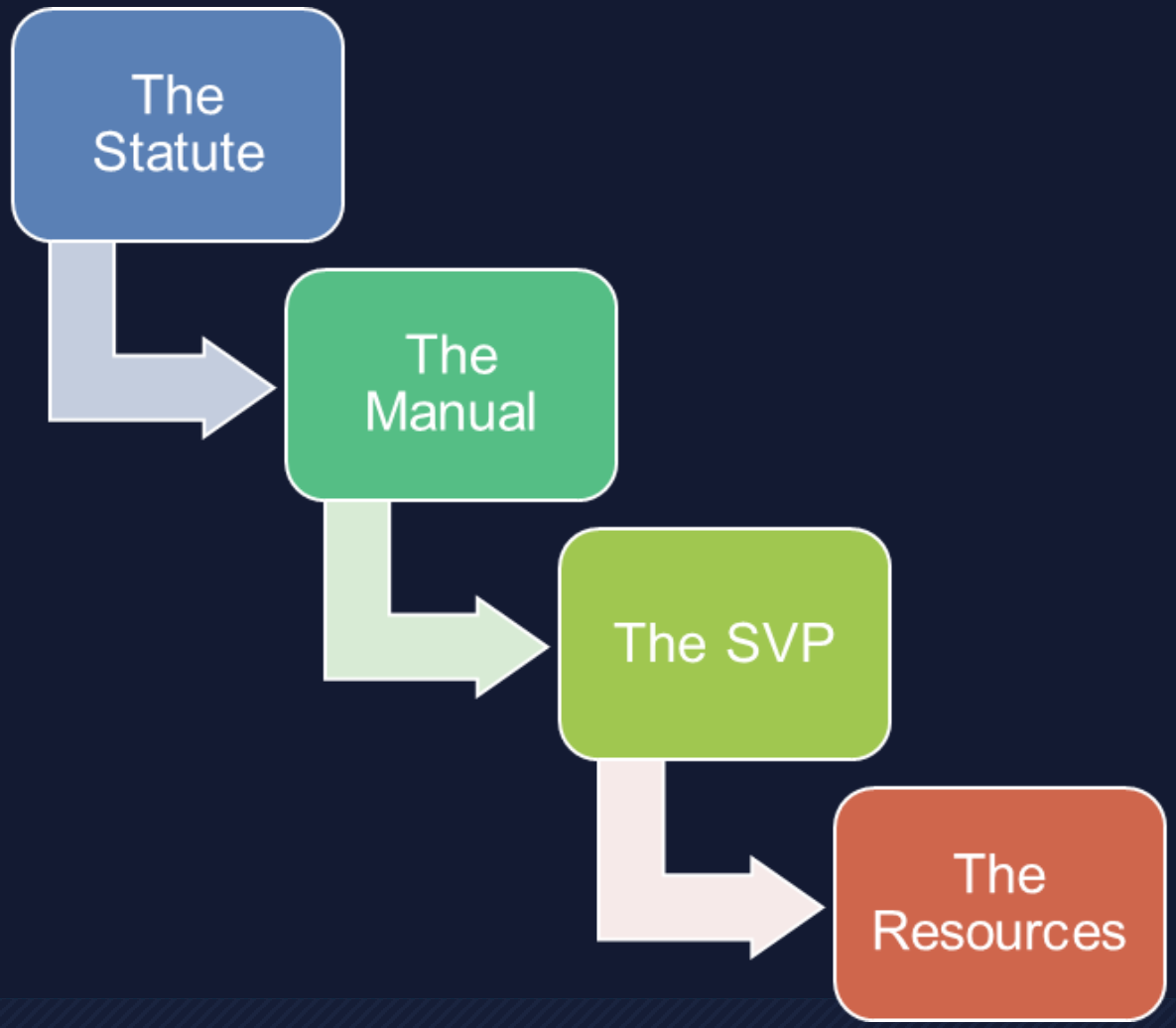
HRSA Compliance—
We're a Health Center or LAL--Now What??

- Let's review the governing law, the statue, the program regulations
- Compliance | Bureau of Primary Health Care (hrsa.gov)

HRSA Compliance…a progression



HRSA Compliance Manual- Chapters

- Source: https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html

Governance

- Chapter 3: Needs Assessment
- Chapter 6: Locations & Hours
- Chapter 11: Key Mgmt Staff
- Chapter 13: Conflict of Interest
- Chapter 14: Collaborative Relationships
- Chapter 19: Board Authority
- Chapter 20: Board Composition

Clinical

- Chapter 4: Required and Addtional Services
- Chapter 5: Clinical Staffing
- Chapter 7: Coverage for Medical Emergencies
- Chapter 8: Continuity of Care
- Chapter 10: Quality
- Chapter 21: FTCA

Fiscal

- Chapter 9: Sliding Fee
- Chapter 12: Contracts and Subawards
- Chapter 15: Financial Mgmt & Accounting Systems
- Chapter 16: Billing and Collections
- Chapter 17: Budget
- Chapter 18: Program Monitoring & Data Reporting Systems

MW1

What's new in 2025 in compliance?

- Adjustments in the Compliance Manual to keywords related to Executive Orders: ~~Gender~~ Sex
- Non-discrimination certification was included in updated HHS Grants Policy Statement in April, but has been removed as of October

~~(a) By accepting the grant award, recipients are certifying that:~~

~~(i) They do not, and will not during the term of this financial assistance award, operate any programs that advance or promote DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws; and~~

- HHS reserved the right to terminate grant awards if activities are not in alignment with "the administrations priorities"
- UDS+ on pause. SOGI data no longer required in UDS
- Revised SAC application and project period (up to 4 years from 3)
  - New focus on patient self management and chronic care prevention
  - New need to avoid terms like DEI, marginalized, and disparity

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Chapters 1 & 2: Program Eligibility & Oversite

Eligibility

- Private non-profit entities
- Public agencies, or
- Tribal or Urban Indian Organizations

&

- Currently delivering primary healthcare services
- Not owned/controlled by another entity
- Not currently receiving Health Center Program award funding

Oversight

- Health Centers are "assessed for compliance with requirements"
- Health Centers are "provided an opportunity to remedy areas of non-compliance"
- If remedy is not made:
- Enforcement Action may be taken

Source:
https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-1.html

- https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-2.html

HRSA Compliance Manual- Governance Chapters

Source:
https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html

Governance

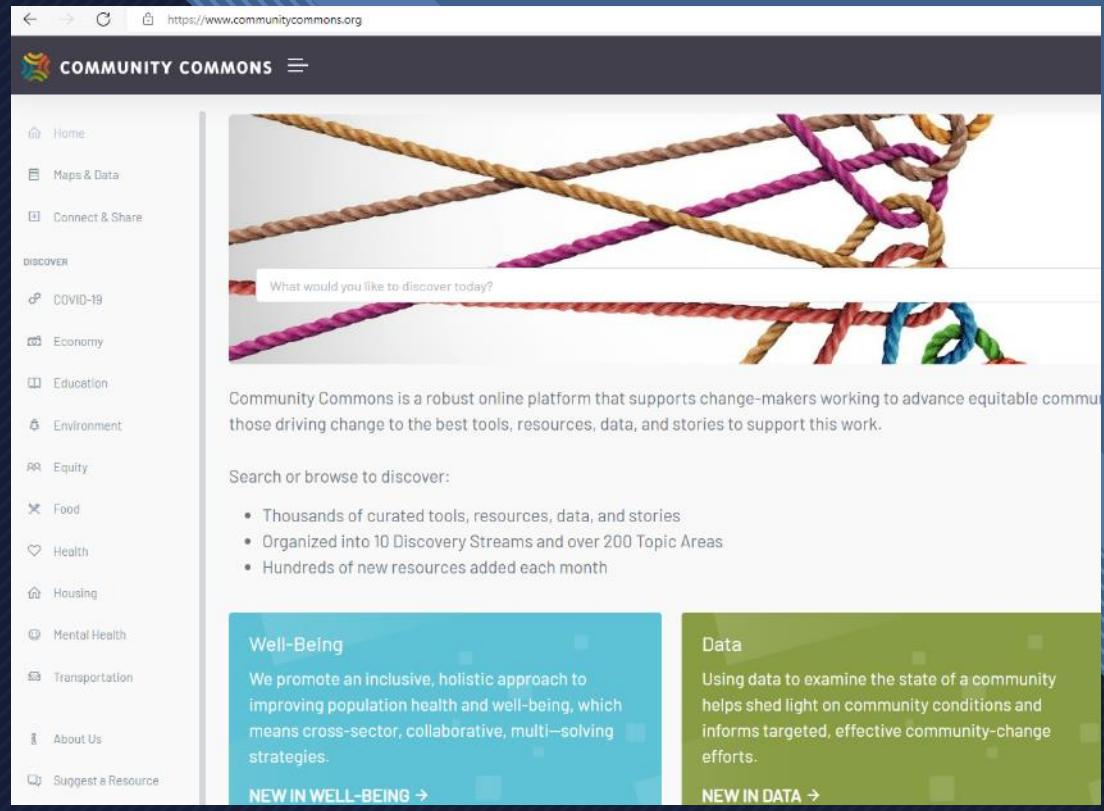
- Chapter 3: Needs Assessment
- Chapter 6: Locations & Hours
- Chapter 11: Key Management Staff
- Chapter 13: Conflict of Interest
- Chapter 14: Collaborative Relationships
- Chapter 19: Board Authority
- Chapter 20: Board Composition

Chapter 3: Needs Assessment

Demonstrating Compliance

a) **Service Area Identification and Annual Review**
   - *Form 5B*

b) **Update of Needs Assessment**
   - *At least every three years*
   - *Wide variety of approaches*
   - *Review with leadership and board*



Maps & Data - Community Commons
Website with AMAZING DATA
Unmet Need Score Map Tool
Service Area Needs Assessment Methodology

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Source: https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-3.html#titletop

Chapter 6: Accessible Hours and Locations

Demonstrating Compliance

a) Accessible Service Sites
b) Accessible Hours of Operation
c) Accurate Documentation of Sites within Scope of Project

Form 5B

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Chapter 11: Key Management Staff

Demonstrating Compliance

a) **Composition and Functions of Key Management Staff**
   - *Form 2 of the SAC Application*
b) **Documentation for Key Management Staff Positions**
c) **Process for Filling Key Management Vacancies**
d) **CEO Responsibility**
e) **HRSA Approval for Project Director/CEO Changes**

Source: https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-11.html#titletop

Chapter 13: Conflict of Interest

Demonstrating Compliance

a) Standards of Conduct
b) Standards for Organizational Conflicts of Interest
   Parent, affiliate or subsidiary
c) Dissemination of Standards of Conduct
d) Adherence to Standards

Source: https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-13.html#titletop

Chapter 14: Collaborative Relationships

Demonstrating Compliance

a) Coordination and Integration of Activities
b) Collaboration with Other Primary Care Providers
c) Expansion of HRSA-Approved Scope of Project

Source: https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-14.html#titletop

Chapter 19: Board Authority

Demonstrating Compliance

a) Maintenance of Board Authority Over Health Center Project (Org, 5A, 5B, Bylaws, Contracts, etc.)
b) Required Authorities and Responsibility
c) Exercising Required Authorities and Responsibilities
d) Adopting, Evaluating and Updating Health Center Policies
e) Adopting, Evaluating and Updating Financial and Personnel Policies

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Source: https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-19.html#titletop

Chapter 20: Board Composition

Demonstrating Compliance

a) Board Member Selection & Removal Process
b) Required Board Composition
c) Current Board Composition
d) Prohibited Board Members
e) Waiver Requests
f) Utilization of Special Population Input (if waiver is in place)

Source: https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-20.html#titletop

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HRSA Compliance Manual- Clinical Chapters

- Source: https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html

Clinical

- Chapter 4: Required and Additional Services
- Chapter 5: Clinical Staffing
- Chapter 7: Coverage for Medical Emergencies
- Chapter 8: Continuity of Care
- Chapter 10: Quality
- Chapter 21: FTCA

Chapter 4: Required and Additional Health Services

Demonstrating Compliance

a) **Providing and Documenting the Services withing Scope of Project**
   - *Form 5A*
   - *Direct; Contract; Referral*

b) **Ensuring Access for Limited English Proficient Patients**

c) **Providing Culturally Appropriate Care**

Required health services

- General Primary Medical Care
- Obstetrical Care (Prenatal Care, L&D, Postpartum Care)
- Preventive Dental
- Diagnostic Laboratory
- Gynecological Care
- Pharmaceutical Services
- Translation
- Diagnostic Radiology
- Well Child Services
- Substance Use Disorder (Req. for homeless care)
- Transportation
- Screenings
- Immunizations
- Case Management
- Outreach
- Coverage for Emergencies During and After Hours
- Voluntary Family Planning
- Eligibility Assistance
- Health Education

Service “Descriptors”
https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form5aservicedescriptors.pdf

Form 5A

Required Services

Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X		X
Diagnostic Laboratory	X		X
Diagnostic Radiology			X
Screenings	X		X
Coverage for Emergencies During and After Hours	X		
Voluntary Family Planning	X		
Immunizations	X		X
Well Child Services	X		X
Gynecological Care	X		
Obstetrical Care			
Prenatal Care			X
Intrapartum Care (Labor & Delivery)			X
Postpartum Care			
Preventive Dental			
Pharmaceutical Services	X		
Case Management	X		
Eligibility Assistance	X		
Health Education	X		
Outreach	X		
Transportation	X		
Translation	X		

Additional Services

Service Type	Column I. Direct (Health Center Pays)	
Behavioral Health Services		
Mental Health Services	X	
Substance Use Disorder Services		X
Nutrition	X	

Speciality Services

Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Infectious Disease	X		

Required Services

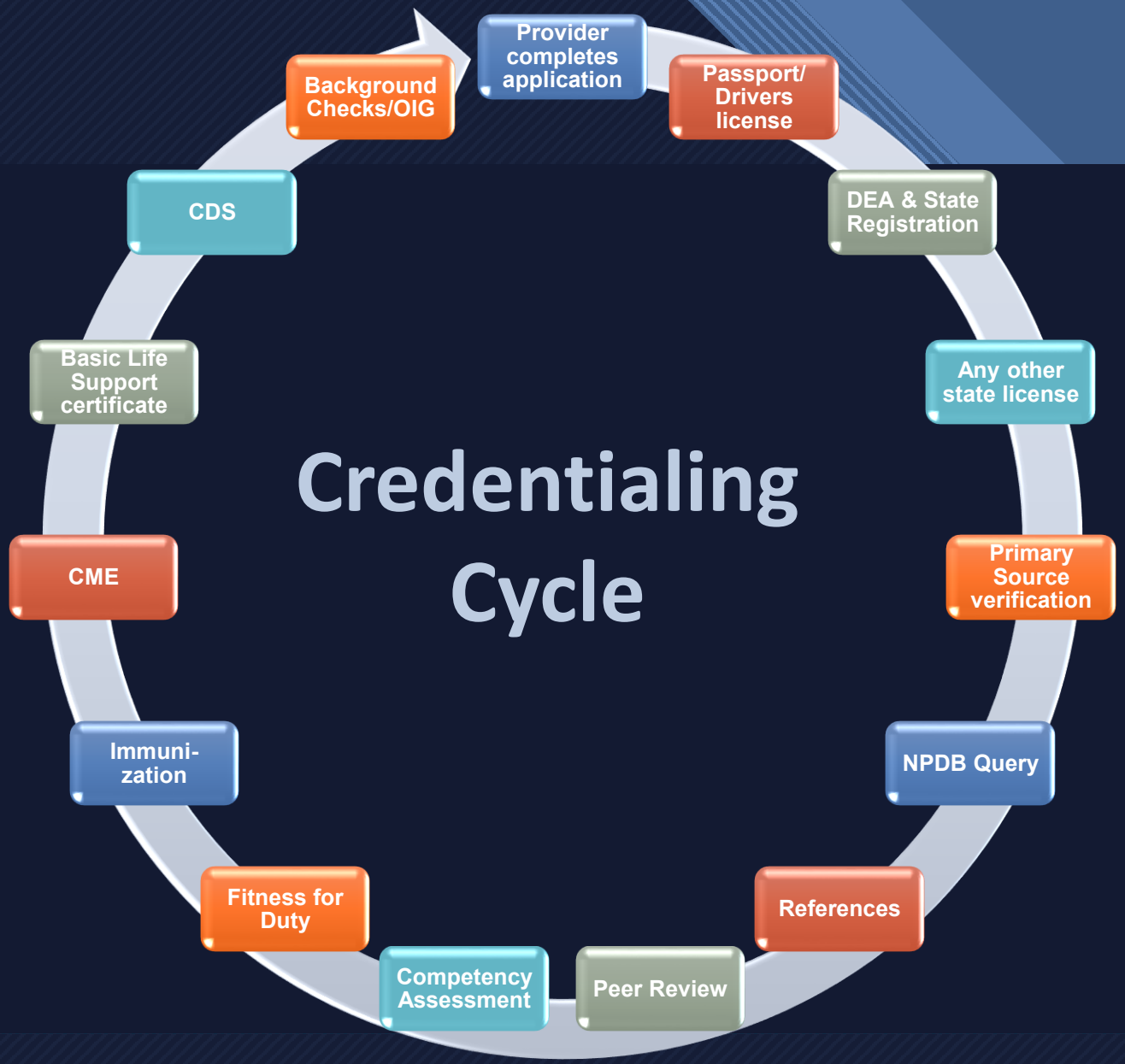
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X		X
Diagnostic Laboratory	X		X
Diagnostic Radiology			X
Screenings	X		X

Chapter 5: Clinical Staffing

Demonstrating Compliance

a) Staffing to Provide Scope of Services
b) Staffing to Ensure Reasonable Patient Access
c) Procedures for Review of Credentials
d) Procedures for Review of Privileging
e) Credentialing and Privileging Records
f) Credentialing and Privileging of Contracted or Referral Providers

Health Center Program Site Visit Protocol: Examples of Credentialing and Privileging Documentation | Bureau of Primary Health Care (hrsa.gov)



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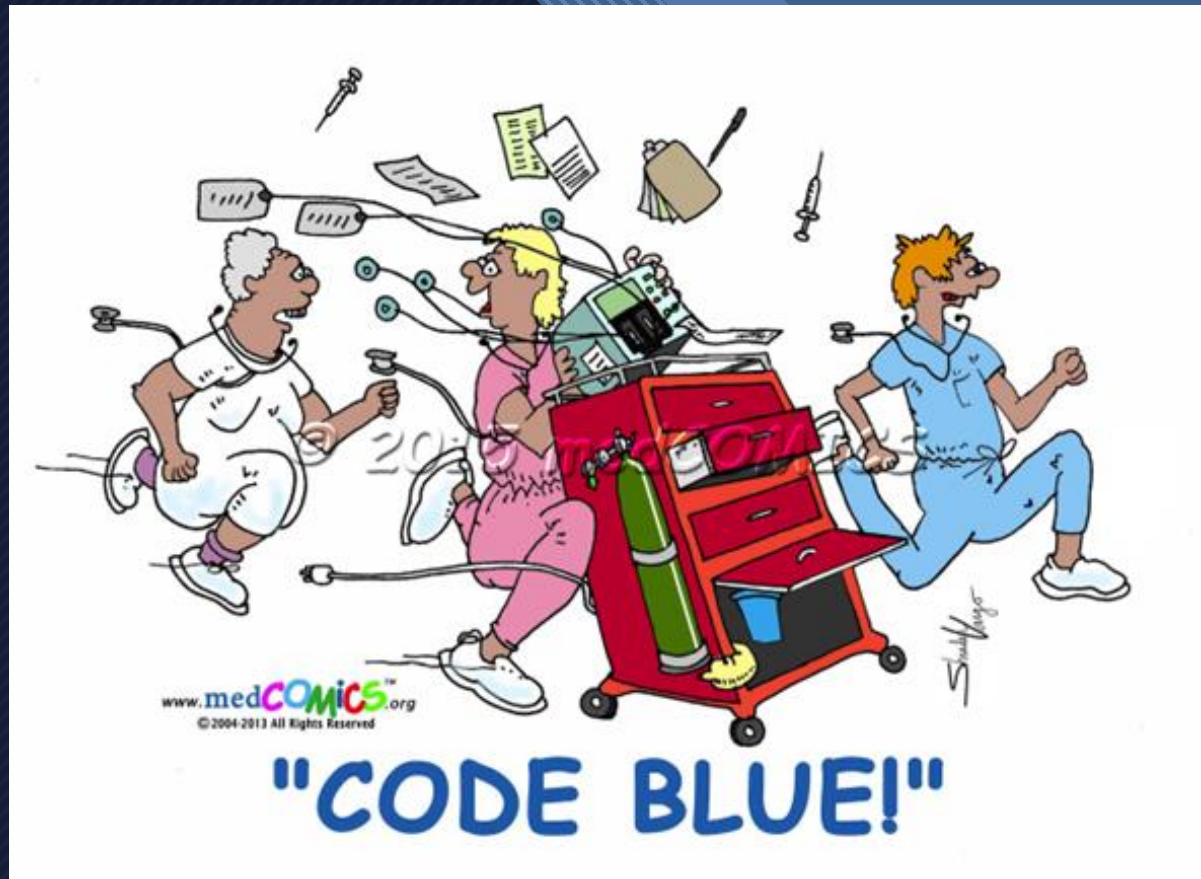
Chapter 7: Coverage for Medical Emergencies During and After Hours

Demonstrating Compliance

a) Clinical Capacity to Respond-during hours
b) Procedures to Respond-during hours
c) Procedures/Arrangements-after hours
d) After-hours Call Documentation



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Chapter 8: Continuity of Care and Hospital Admitting

Demonstrating Compliance

a) Documentation of Hospital Admitting Privileges or arrangements
b) Procedures for hospitalized patients
c) Post-Hospitalization Follow-up

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Chapter 10: Quality Improvement/Assurance

Demonstrating Compliance

a) QI/QA Program Policies
b) Designee to Oversee QI/QA Program
c) QI/QA Procedures or Processes
d) Quarterly Assessments of Clinician Care
e) Retrievable Health Records
f) Confidentiality of Patient Information

Clinical Quality Improvement | Bureau of Primary Health Care (hrsa.gov)

HRSA Accreditation and Patient-Centered Medical Home Recognition Initiative | Bureau of Primary Health Care

Chapter 21: FTCA Deeming Requirements

Demonstrating Compliance- RISK MANAGEMENT

a) Risk Management Program
b) Risk Management Procedures
c) Reports on Risk Mgmt Activities
d) Risk Management Training Plan
e) Individual who Oversees Risk Mgmt

Demonstrating Compliance- CLAIMS MANAGEMENT

a) Claims Management Process
b) Claims Activities Point-of Contact
c) Information Patients of FTCA Deemed Status
d) History of Claims: Cooperation & Mitigation

Source: https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-21.html#titletop

HRSA Compliance Manual- Fiscal Chapters

- Source: https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html

Fiscal

- Chapter 9: Sliding Fee
- Chapter 12: Contracts and Subawards
- Chapter 15: Financial Mgmt & Accounting Systems
- Chapter 16: Billing and Collections
- Chapter 17: Budget
- Chapter 18: Program Monitoring & Data Reporting Systems

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Chapter 9: Sliding Fee Discount Program

Demonstrating Compliance

a) Applicable to In-Scope Services
b) Policies
c) Discounts for Col. I Services
d) Multiple Discount Schedules
e) Federal Poverty Guidelines
f) Procedures to Assess Income & Family Size
g) Actually Assess Income & Family Size
h) Informing Patients
i) Discounts for Col. II Services
j) Discounts for Col. III Services
k) Third-Party Coverage
l) Evaluation of the SFDP

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2024 Sliding Fee Schdule Discount											
GROSS ANNUAL INCOME (Income before taxes)											
FPG: Federal Poverty Guidelines 2024: https://aspe.hhs.gov/poverty.guidelines											
Family/Household Size	**SCALE A**		**SCALE B**		**SCALE C**		**SCALE D**		**SCALE E**		**SCALE F**
	0-100%		**101-125%**		**126-150%**		**151-175%**		**176-200%**		**Greater than 200%**
	Above	Up to & including	Above	Up to & including	Above	Up to & including	Above	Up to & including	Above	Up to & including	Above
1	$0	$15,060	$15,060	$18,825	$18,825	$22,590	$22,590	$26,355	$26,355	$30,120	$30,120
2	$0	$20,440	$20,440	$25,550	$25,550	$30,660	$30,660	$35,770	$35,770	$40,880	$40,880
3	$0	$25,820	$25,820	$32,275	$32,275	$38,730	$38,730	$45,185	$45,185	$51,640	$51,640
4	$0	$31,200	$31,200	$39,000	$39,000	$46,800	$46,800	$54,600	$54,600	$62,400	$62,400
5	$0	$36,580	$36,580	$45,725	$45,725	$54,870	$54,870	$64,015	$64,015	$73,160	$73,160
6	$0	$41,960	$41,960	$52,450	$52,450	$62,940	$62,940	$73,430	$73,430	$83,920	$83,920
7	$0	$47,340	$47,340	$59,175	$59,175	$71,010	$71,010	$82,845	$82,845	$94,680	$94,680
8	$0	$52,720	$52,720	$65,900	$65,900	$79,080	$79,080	$92,260	$92,260	$105,440	$105,440
9	$0	$58,100	$58,100	$72,625	$72,625	$87,150	$87,150	$101,675	$101,675	$116,200	$116,200
10	$0	$63,480	$63,480	$79,350	$79,350	$95,220	$95,220	$111,090	$111,090	$126,960	$126,960
Each Addtl Person		$5,380		$6,725		$8,070		$9,415		$10,760	$10,760
Nominal Fees											
Medical Visit	$25		$30		$35		$40		$45		No Discount
Mental Health Visit	$5		$10		$15		$20		$25		
*Vaccine Admin Only	$2		$4		$6		$8		$10		
Prescriptions	$2		$4		$6		$8		$10		

Valleywise Health
Federally Qualified Health Center Sliding Fee Discount Schedule
Effective 04/22/2020

Medical

Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5
Federal Poverty Level Scale	**0-100%**	**101-138%**	**139-150%**	**151-200%**	**>201% FPL**
Primary Care	$20 Nominal Charge	$30 Flat Fee	$40 Flat Fee	$50 Flat Fee	No Discount
FQHC Specialty Visits (Example - Cardiology)	$50 Nominal Charge	$70 Flat Fee	$80 Flat Fee	$90 Flat Fee	No Discount
Outpatient Ancillary Services (Lab)	$10 Nominal Charge	25% of Medicare rate - 50% due prior to service ($20 minimum)	50% of Medicare rate - 50% due prior to service ($30 Minimum)	75% of Medicare rate - 50% due prior to service ($40 minimum)	No Discount
Outpatient Ancillary Services (Imaging)	$30 Nominal Charge	25% of Medicare rate - 50% due prior to service ($40 minimum)	50% of Medicare rate - 50% due prior to service ($50 Minimum)	75% of Medicare rate - 50% due prior to service ($60 minimum)	No Discount

Dental

Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5
Federal Poverty Level Scale	**0-100%**	**101-138%**	**139-150%**	**151-200%**	**>201% FPL**
Diagnostic Dental Services	$35 Nominal Charge	$45 Flat Fee	$55 Flat Fee	$65 Flat Fee	No Discount
Restorative Dental Services ***See Grid Below**	$50 Nominal Charge + Cost of Supplies	75% of Delta Dental allowable rates	80% of Delta Dental allowable rates	85% of Delta Dental allowable rates	No Discount
Dental Lab Services	$50 Nominal Charge + Cost of Supplies	85% of Delta Dental allowable rates	90% of Delta Dental allowable rates	95% of Delta Dental allowable rates	No Discount

Restorative Grid (Including Nominal Charge)	Category 1	Category 2	Category 3	Category 4	Category 5
Filling	$90.00	$98.00	$105.00	$112.00	No Discount
Crowns	$250.00	$545.00	$583.00	$620.00	No Discount
Dentures - complete	$350.00	$795.00	$842.00	$865.00	No Discount
Dentures - partial	$250.00	$740.00	$784.00	$827.00	No Discount
Bridges	$250.00	$550.00	$590.00	$620.00	No Discount
Extractions - simple	$50.00	$62.00	$66.00	$70.00	No Discount
Extractions - complex	$100.00	$169.00	$180.00	$191.00	No Discount

Chapter 12: Contracts and Subawards

Contracts: Procurement & Monitoring

Demonstrating Compliance:

a) Procurement Procedures
b) Records of Procurement Actions
c) Retention of Final Contracts
d) Contractor Reporting
e) HRSA Approval for Subaward
f) Required Contract Provisions

Subawards: Monitoring & Management

Demonstrating Compliance:

a) HRSA Approval for Subaward
b) Subaward Agreement
c) Subrecipient Monitoring
d) Retention of Subaward Agreements & Records

2 CFR § 200.1 - Definitions. | CFR | US Law | LII / Legal Information Institute (cornell.edu)

Source: Chapter 12: Contracts and Subawards | Bureau of Primary Health Care (hrsa.gov)

Chapter 15:
Financial Management and Accounting Systems

Demonstrating Compliance

a) Financial Management & Internal Control Systems
b) Documenting Use of Federal Funds
c) Drawdown, Disbursement & Expenditure Procedures
d) Submitting Audits and Responding to Findings
e) Documenting Use of Non-Grant Funds

Source: https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-15.html#titletop

Chapter 16: Billing and Collections

Demonstrating Compliance

a) Fee Schedule for In-Scope Services
b) Basis for Fee Schedule
c) Participation in Insurance Programs
d) Systems and Procedures
e) Procedures for Additional Billing or Payment Options
f) Timely and Accurate Third-Party Billing
g) Accurate Patient Billing
h) Policy or Procedures for Waiving or Reducing Fees
i) Billing for Supplies or Equipment
j) Refusal to Pay Policy

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Source: https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-16.html#titletop

Chapter 17: Budget

Demonstrating Compliance

a) Annual Budgeting for Scope of Project
b) Revenue Sources
c) Allocation of Federal and Non-Federal Funds
d) Other Lines of Business

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Source: https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-17.html#titletop

Budget Period	1/1/2020-12/31/2020
Award	$ 1,614,995

100%

COMMUNITY HEALTH CLINIC OF ANYTOWN	YEAR ONE		YEAR ONE TOTAL	CHC
	Federal	*Non-Federal*		
REVENUE				
Program Income (See Form 3)		$ 2,930,646	$ 2,930,646	2930646
Other Federal (DETAILS)		$ 174,042	$ 174,042	174042
State Government (DETAILS)		$ 50,000	$ 50,000	50000
Other (DETAILS)		$ 290,874	$ 290,874	290874
Federal 330 Grant	$ 1,614,995	$ -	$ 1,614,995	1614995
Total Revenue	**$ 1,614,995**	**$ 3,445,562**	**$ 5,060,557**	**$ 5,060,557**
EXPENSES				
Personnel				
Administration	$ 74,463	$ 306,026	$ 380,489	380489
Medical Staff	$ 1,371,090	$ -	$ 1,371,090	1371090
Dental Staff	$ 42,267	$ 344,923	$ 387,190	387190
TOTAL PERSONNEL	**$ 1,614,995**	**$ 873,817**	**$ 2,488,812**	**$ 2,488,812**
Fringe Benefits				
FICA @ 7.65%		$ 190,394	$ 190,394	190394
SUTA @ 0.5%		$ 12,444	$ 12,444	12444
Medical @ 17.9%		$ 445,497	$ 445,497	445497
TOTAL FRINGE @ 35%	**$ -**	**$ 880,745**	**$ 880,745**	**$ 880,745**
Supplies				
Medical Supplies		$ 148,000	$ 148,000	148000
Dental Supplies		$ 104,000	$ 104,000	104000
TOTAL SUPPLIES	**$ -**	**$ 276,000**	**$ 276,000**	**$ 276,000**
Contractual				
Contracted Services		$ 1,293,000	$ 1,293,000	1293000
TOTAL CONTRACTUAL	**$ -**	**$ 1,293,000**	**$ 1,293,000**	**$ 1,293,000**
Other				
Uniforms		$ 7,000	$ 7,000	7,000
Training/Education		$ 14,000	$ 14,000	14,000
Vehicle expenses		$ 3,000	$ 3,000	3,000
TOTAL OTHER	**$ -**	**$ 94,000**	**$ 94,000**	**$ 94,000**
TOTAL DIRECT CHARGES	**$ 1,614,995**	**$ 3,445,562**	**$ 5,060,557**	**$ 5,060,557**
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES above)	**$ 1,614,995**	**$ 3,445,562**	**$ 5,060,557**	**$ 5,060,557**

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Chapter 18: Program Monitoring and Data Reporting Systems

Demonstrating Compliance

a) Collecting and Organizing Data
b) Data-Based Reports

Health Center Program Uniform Data System (UDS) Data Overview (hrsa.gov)

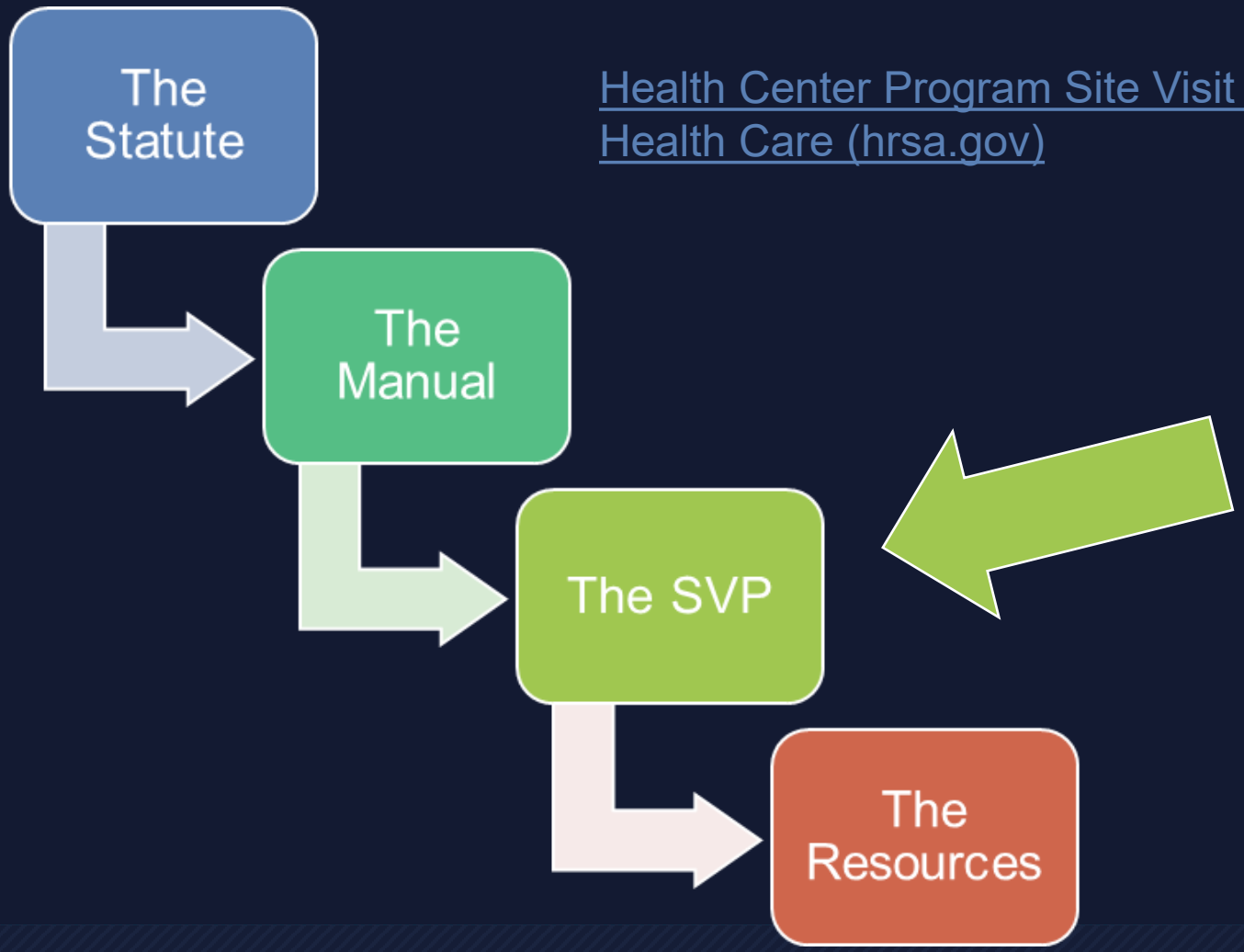
Source: https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-18.html#titletop

The Operational Site Visit

What is it, why is it and how is it?

- **WHAT:**
  - A review of how well the grantee is complying with the Legislative Requirements
- **WHY:**
  - Health Center Program Compliance Manual, Chapter 2: Health Center Program Oversight
- **HOW:**
  - Usually, a 3-day visit/review
  - OSV Team
    - Fiscal, Clinical, Governance
    - Federal Representative

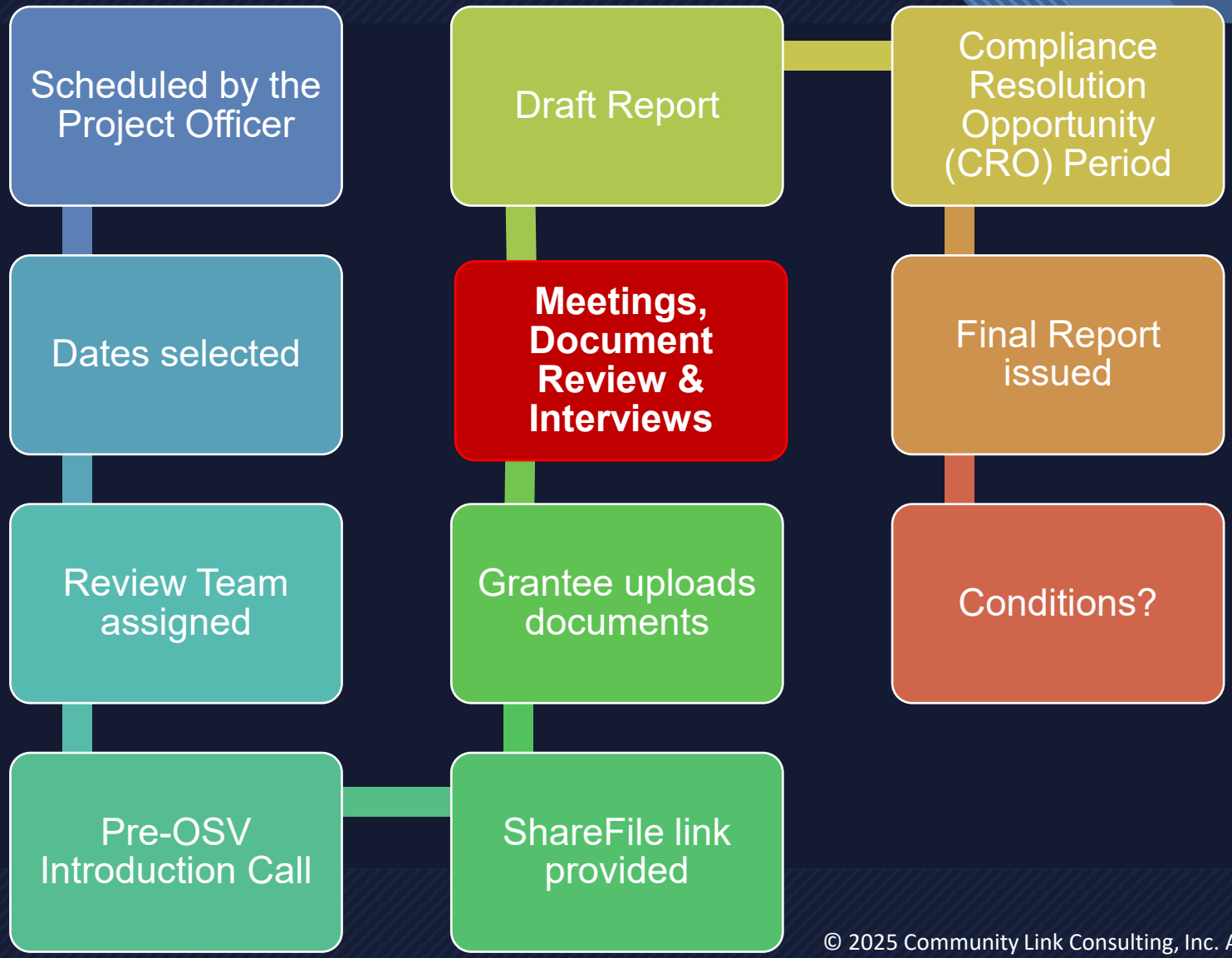
HRSA Compliance…a progression



Health Center Program Site Visit Protocol | Bureau of Primary Health Care (hrsa.gov)

The Site Visit Protocol spells out how HRSA will verify compliance through a combination of document review, tours, and staff interviews.

The Operational Site Visit



What happens during the OSV

Print the entire Site Visit Protocol (PDF - 1 MB)

Keywords

Health Center Program Site Visit Protocol

- Introduction
- **Needs Assessment**
- Required and Additional Health Services
- Clinical Staffing
- Accessible Locations and Hours of Operation
- Coverage for Medical Emergencies During and After Hours
- Continuity of Care and Hospital Admitting
- Sliding Fee Discount Program
- Quality Improvement/ Assurance
- Key Management Staff
- Contracts and Subawards
- Conflict of Interest
- Collaborative Relationships
- Financial Management and Accounting Systems
- Billing and Collections
- Budget

Needs Assessment

In this section:

- Documents the Health Center Provides
- Compliance Assessment

Primary Reviewer: Governance/Administrative Expert

Secondary Reviewer: Clinical Expert

Authority: *Section 330(k)(2) and Section 330(k)(3)(J) of the Public Health Service (PHS) Act; and 42 CFR 51c.104(b)(2-3), 42 CFR 51c.303(k), 42 CFR 56.104(b)(2), 42 CFR 56.104(b)(4), and 42 CFR 56.303(k)*

Health Center Program Compliance Manual Related Considerations

Documents the Health Center Provides

Checklist +

Compliance Assessment

Select each element below for the corresponding text of the element, site visit team methodology, and site visit finding questions.

Element a: Service Area Identification and Annual Review +

Element b: Update of Needs Assessment +

Footnotes

Element a: Service Area Identification and Annual Review −

Site Visit Findings

1. **Does the health center use patient origin data from its most recent UDS report when recording or updating ZIP codes on its Form 5B site entries?**

   Response is either: Yes or No

   If No, an explanation is required (for example, Form 5B ZIP codes reflect newer data available to the health center).

2. **Is this service area review process completed at least annually?**

   Note: *A health center's annual service area review may be conducted in a number of ways; for example, as part of a competitive application or as a separate activity during the year, such as review of annual UDS patient origin data or other data on where patients reside.*

   Response is either: Yes or No

   If No, an explanation is required.

At least a month before the visit:

1

Interview preparation

- Be prepared to answer questions for each section – use the protocol
- Plan the tour
- Are front desk up to date on sliding fee training?

2

Board preparation

- Ask board members to block visit time
- Has the Board reviewed and approved all applicable policies
- Complete training(s) for your Board
- Review the pieces they will be questioned on
- Give them a short summary of their board actions over the last year (hours of operation, sliding fee updates, policy approval, service area, etc.)

3

Document preparation

- Start compiling documents
- Follow the naming convention
- Organize by chapter

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Tips to stay sane during the visit

- Relax, the federal government is there to help
  - The reviewers do see themselves as providing expertise and identifying areas for improvement, and they do!
- It's OK to push back sometimes
  - Ask where in the Compliance Manual or Site Visit Guide they are referencing
  - Know that the site reviewers don't approve HRSA's report, they just draft it
- Do assume that you may be needed at any time during the 3 days
  - Set the same expectation with your key leaders
  - Put OSV dates and times on the calendars of Board members

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Trouble areas and common findings

- Board composition is not 51% patients
- Board is not demonstrating its required authorities, such as approving the sliding fee schedule annually or approving changes to site hours of operations
- SFDP is not used consistently for all patients (insured patients too). Often this is a lack of training of staff and/or a complicated SFDS.
- Credentialling documents are not fully up to date
- Conflict of interest forms are not signed annually
- Form 5A is not accurate

Discussion

What sorts of HRSA findings have you experienced?

How did you address them?

Resources

Site Visit Resources	• Site Visit Resources | Bureau of Primary Health Care (hrsa.gov)
5A Descriptors	• https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form5aservicedescriptors.pdf
5A Column Descriptors	• Form 5A Service Delivery Method Descriptors (hrsa.gov)
5B Instructions	• https://bphc.hrsa.gov/programrequirements/scope/instructions-form-5b-service-sites
PINs and PALs	• https://bphc.hrsa.gov/programrequirements/policies/pinspals
Conditions Library	• https://bphc.hrsa.gov/programrequirements/conditions-library.html
Policies, Regulations, & Guidance	• https://www.hrsa.gov/grants/manage-your-grant/policies-regulations-guidance
Manage Your Grant	• https://www.hrsa.gov/grants/manage-your-grant
FAQs	• https://bphc.hrsa.gov/programrequirements/faqs.html

Source: https://www.hrsa.gov/

Other Compliance links

Financial Management Requirements

- https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/financial-management-requirements.pdf

HRSA Grant Policy Bulletin – Legislative Mandates

- https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/grants-policy-bulletin-2021-03E.pdf

Federal Poverty Guidelines

- https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

Code of Federal Regulation (CFR) – Title 45

- eCFR :: 45 CFR Part 75 Subpart E -- Cost Principles

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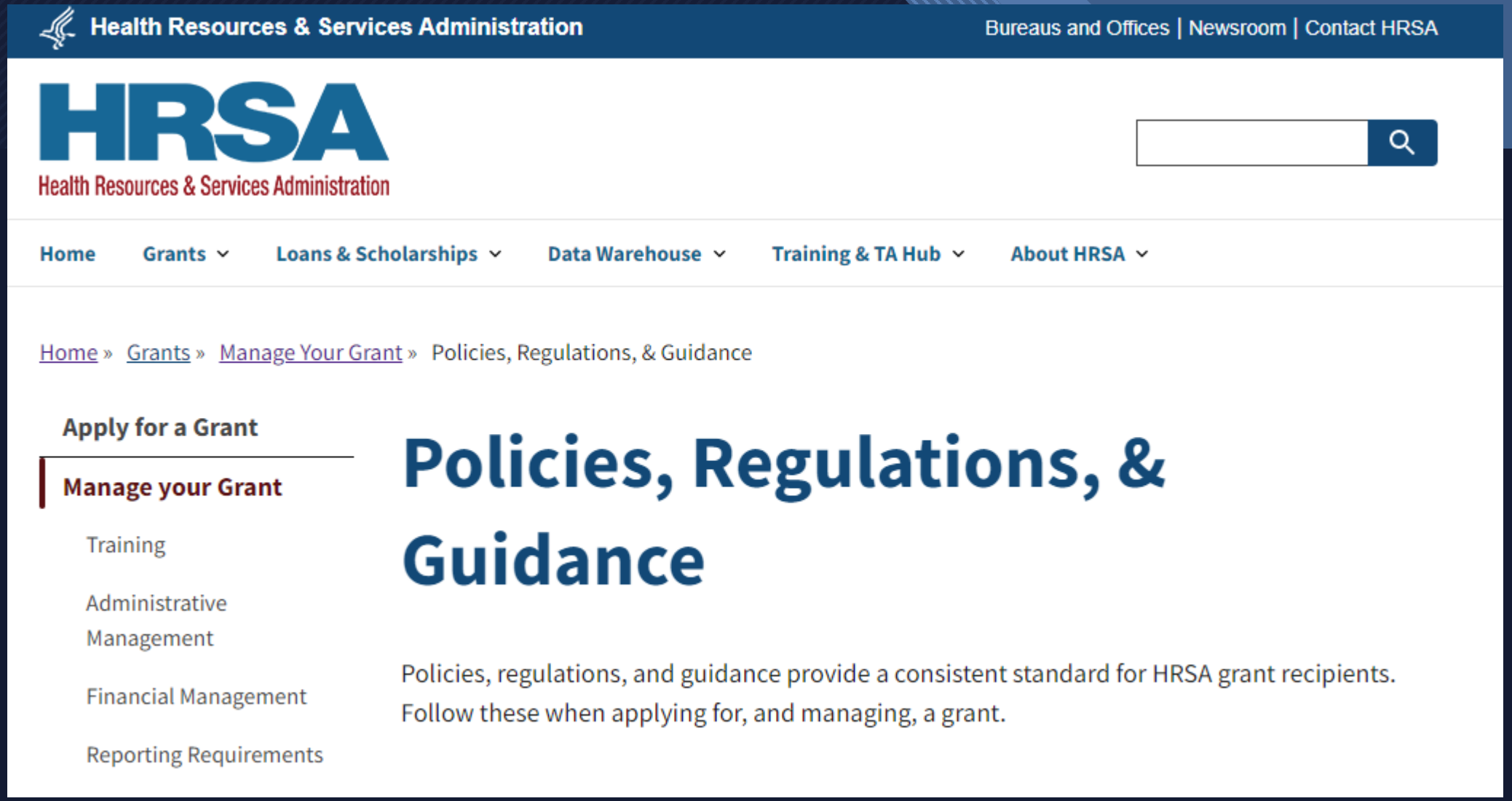
Make sure your CHC is keeping up with requests to HRSA

Prior Approvals

- Carryover of Unobligated Balance (UOB)
- Re-budgeting
- Drawdown
- Extension without Funds/No Cost Extension (NCE)
- Extension with Funds

Change in Scope (CIS)

- Hours of operation
- Services – 5A
- Locations – 5B
- Other Activities/Locations – 5C
- Program Director change



Policies, Regulations, & Guidance | HRSA

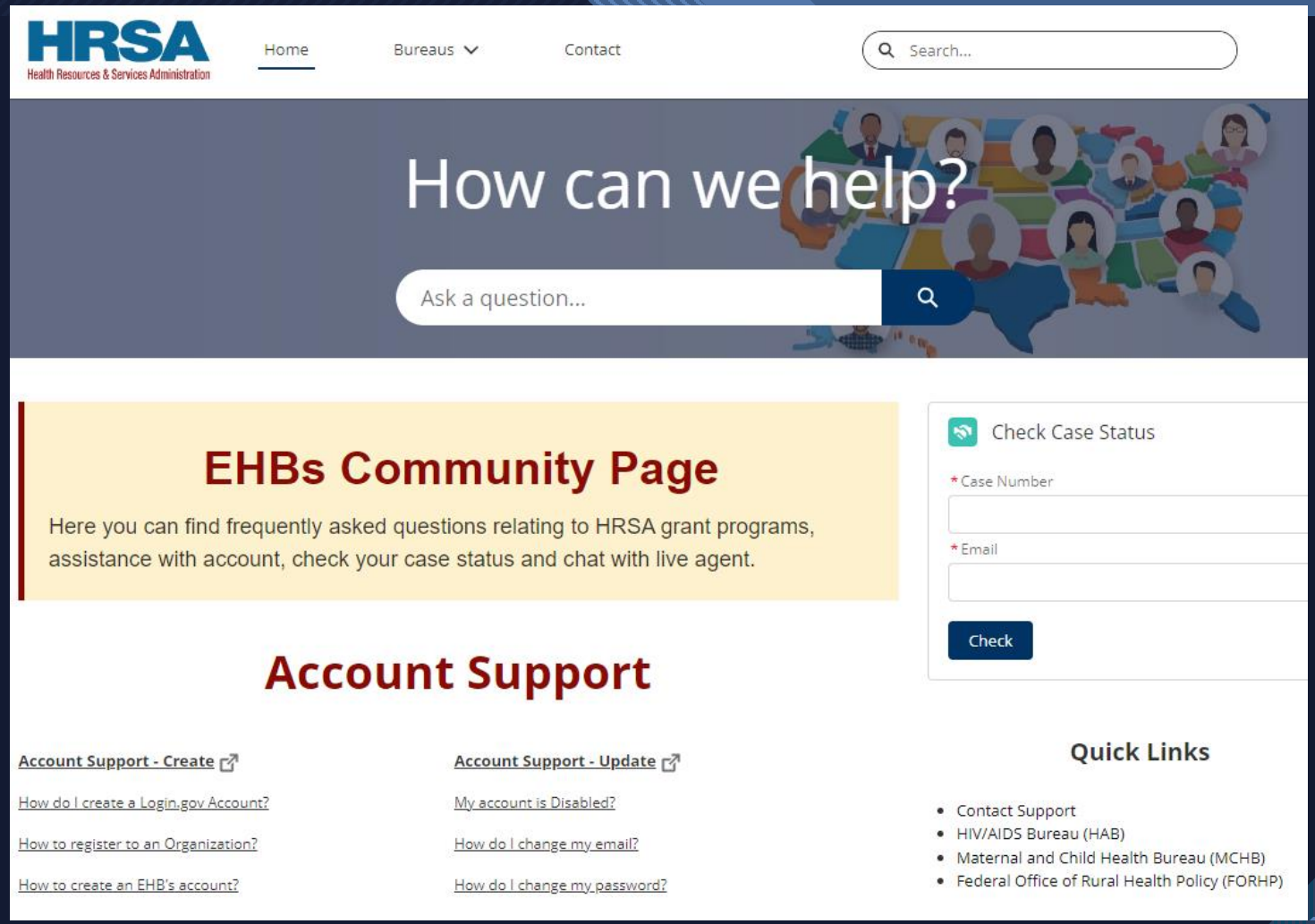
HRSA Resource Support

Project Officer (PO)

- H80 vs. Supplemental
- Capital POs

Grants Management Specialist (GMS)

HRSA Help Desk



Community Health Center Support

- NACHC – National Association of Community Health Centers
- PCA – Primary Care Association – State, Multi-State, Regional
- HCCN - Health Center Control Network
- PCMH – Primary Care Medical Home
- Federal Torts Claim Act (FTCA)
- 340B – Drug Discount Program
- Joint Commission
- Health Center Loan Guarantee Program
- National Health Service Corps (NHSC)
- Legal firms, like Feldesman LLP
- Other CHCs in your region

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Questions?

Contact Information

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