



# PROGRAM ASSISTANCE LETTER

**DOCUMENT NUMBER: PAL  
2026-01**

**DOCUMENT NAME:** Calendar  
Year 2027 Requirements for Federal  
Tort Claims Act (FTCA) Coverage  
for Health Centers and Their  
Covered Individuals

**DATE: February 3, 2026**

**TO:** Health Center Program Award Recipients and Subrecipients  
National Technical Assistance Programs  
Primary Care Associations  
Primary Care Offices

## **I. PURPOSE**

The purpose of this Program Assistance Letter (PAL) is to inform Health Center Program stakeholders of the process and requirements for submitting Federal Tort Claims Act (FTCA) Program applications for deemed Public Health Service (PHS) employment through initial deeming and annual redeeming applications for calendar year (CY) 2027<sup>1</sup>. This PAL supersedes PAL 2025-01 “Calendar Year 2026 Requirements for Federal Tort Claims Act (FTCA) Coverage for Health Centers and their Covered Individuals.” This PAL does not address the specifics of the Health Center Volunteer Health Professional (VHP) deeming process and requirements for submitting deeming applications, which are addressed in the VHP PAL on the Health Center VHP FTCA Program website (<https://bphc.hrsa.gov/initiatives/ftca/application-process#health-center-vhps-application>).

Health Center Program award recipients applying for FTCA deeming for the entity and any eligible individuals (not including VHPs) must demonstrate to the Health Resources and Services Administration (HRSA), the Secretary’s designee for this purpose, that they have met applicable requirements to be deemed. This PAL has instructions for applicants submitting:

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<sup>1</sup> Initial health center applicants who apply and are approved under this PAL will be deemed as PHS employees for purposes of liability protections for the calendar year for which their application is approved (Example: CY 2025 or CY 2026, as applicable). Redeeming health centers applying and receiving approval during CY 2026 under this PAL will be deemed for purposes of liability protections during CY 2027.

1. An FTCA application requesting initial deeming; or
2. An annual FTCA redeeming application for coverage for CY 2027 (January 1, 2027 - December 31, 2027).

## **II. BACKGROUND**

Eligible entities (Health Center Program award recipients and subrecipients providing a full range of services on behalf of the award recipient, as described in the Health Center FTCA regulations in 42 C.F.R Part 6), may be deemed by HRSA as PHS employees for purposes of liability protections for alleged negligent acts or omissions in the performance of medical, surgical, dental, and related functions resulting in personal injury, including death, within the scope of deemed employment.

Eligible Health Center Program award recipients and subrecipients -- hereafter “entities,” or “health centers” -- in order to receive deemed employment status under the Federally Supported Health Centers Assistance Acts (FSHCAA) of 1992 (Pub. L. 102-501) and 1995 (Pub. L. 104-73) (section 224 of the PHS Act) (42 U.S.C. §233(g)-(n)), for themselves and their statutorily eligible personnel (“covered individuals”) as further described in 42 U.S.C. §233(g)(1)(A) and Section [I.B. of the Federal Tort Claims Act Health Center Policy Manual](#), must submit and receive approval of a deeming application that demonstrates compliance with all Health Center FTCA Program requirements. As noted above, these requirements include demonstrated implementation of policies and procedures for risk management, QI/QA, credentialing and privileging, and claims management. Each entity seeking FTCA coverage must submit an initial deeming application or redeeming application for the calendar year in the form and manner prescribed by HRSA.

As noted above, section 224(h) of the PHS Act requires the Secretary, as a condition of deeming the entity and its eligible personnel, to make certain determinations. Under section 224(h)(1), the Secretary must determine that the entity has implemented “appropriate policies and procedures to reduce the risk of malpractice and the risk of lawsuits arising out of any health or health-related functions performed by the entity.” Similarly, under section 224(h)(2), the Secretary must determine that the entity has reviewed and verified “the professional credentials, references, claims history, fitness, professional review organization findings, and license status of its physicians and other licensed or certified health care practitioners and, where necessary, has obtained the permission from these individuals to gain access to this information.” In addition, section 224(h)(3) requires that the Secretary determine that an entity “has no history of claims having been filed against the United States ... or if such a history exists, has fully cooperated with the Attorney General in defending against any such claims and either has taken, or will take, any necessary corrective steps to assure against such claims in the future.” Finally, section 224(h)(4) requires that the Secretary determine that the entity “will fully cooperate with the Attorney General in providing information relating to an estimate of annual claims described in subsection (k) of the Act.” Deeming and redeeming applications must demonstrate that the entity seeking FTCA coverage has successfully met all of these requirements.

## **III. APPLICABILITY**

This PAL applies to eligible entities that receive award funding under section 330 of the PHS Act (section 330), including sections 330(e), (g), (h), and/or (i), as award recipients and subrecipients, as defined by 42 C.F.R. 6.2<sup>2</sup>, and their eligible personnel as described in 42 U.S.C. § 233(g)(1)(A).<sup>3</sup> Approval by HRSA of a deeming application submitted in accordance with this PAL will result in a Notice of Deeming Action (NDA) issued to the health center and, where appropriate, to a qualified health center subrecipient. The NDA also extends to the actions of any employee, officer, board member, or qualified individual contractor of the entity meeting the statutory requirements (“covered individuals”) and acting within the scope of deemed employment.<sup>4</sup> The NDA issued to the entity does not extend deeming/coverage to volunteers or VHPs. Deeming/coverage for VHPs is solely made available through a distinct, individual deeming sponsorship process, as required by section 224(q) of the PHS Act. For additional VHP program information please see the FTCA VHP website (<https://bphc.hrsa.gov/initiatives/ftca/application-process#health-center-vhps-application>).

#### **IV. SUBRECIPIENT DEEMING APPLICATIONS**

Certain subrecipients of section 330 award funding are eligible to apply for deeming/FTCA coverage; subrecipients of such award funding are only eligible if they provide a full range of health care services on behalf of an eligible health center and only for those services carried out under the Health Center Program award -funded project.<sup>5</sup> Health center contractors that are not individuals meeting FSHCAA statutory requirements and entities that are not health center subrecipients that provide a full range of services on behalf of a covered section 330 award recipient are ineligible for deeming.<sup>6</sup> All health center subrecipient entities seeking deeming must submit a separate deeming application to HRSA through the award recipient that demonstrates that they are eligible entities under the regulation and meet other applicable deeming requirements.

Because subrecipients are only eligible for deeming based on their receipt of award funding from the Health Center Program award recipient to carry out a full range of services under the Health Center Program-supported project, only the award recipient (the entity named on the Notice of Award) can transmit a request to HRSA for subrecipient deeming, with resultant FTCA coverage, through HRSA’s Electronic Handbooks (EHBs). Health centers requesting FTCA coverage on behalf of a subrecipient must submit a complete deeming application on the subrecipient’s behalf in accordance with the initial deeming and redeeming application requirements specified within this PAL and other FTCA Program requirements. The subrecipient deeming application ordinarily must be completed along with the award

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<sup>2</sup> Under 42 CFR 6.2 and 6.3(b), eligibility for deeming extends only to a “subrecipient” entity which receives Health Center Program grant funds under a grant or a contract from an eligible award recipient to provide a full range of health services on behalf of the award recipient.

<sup>3</sup> Additional policy information is available at Section I.B of the Federal Tort Claims Act Health Center Policy Manual

<sup>4</sup> Under 42 CFR 6.6(d), only acts and omissions related to the grant-supported activity of entities are covered.

<sup>5</sup> Under 42 CFR 6.2 and 6.3(b), eligibility for deeming extends only to a “subrecipient” entity which receives Health Center Program grant funds under a grant or a contract from an eligible award recipient to provide a full range of health services on behalf of the award recipient.

<sup>6</sup> Under 42 CFR 6.6(d), only acts and omissions related to the grant-supported activity of entities are covered.

recipient's deeming application package. **Note: the award recipient's deemed status does not apply to the subrecipient entity and its personnel.** Subrecipient applications are subject to the same requirements as those applicable to award recipients, and only subrecipients of deemed entities that provide a full range of services on behalf of an award recipient are eligible for deeming.

## V. COORDINATION WITH DEEMING PROCEDURE FOR VOLUNTEER HEALTH PROFESSIONALS (VHPs)

Eligible health center VHPs do not receive deemed PHS employee status automatically, nor as noted above, do they receive deemed PHS employee status derivatively through the deeming of the health center pursuant to FSHCAA and this PAL. Instead, health center VHPs must be individually deemed by HRSA in response to a deeming sponsorship application submitted by the health center. The entity's VHP deeming sponsorship application must be submitted through the EHBs separate from and in addition to the entity's organizational deeming application.

The EHBs FTCA module will allow health centers to submit a separate VHP deeming sponsorship application in addition to its organizational initial deeming and/or redeeming application. If the health center's entity deeming application is not approved, the health center's VHPs will be ineligible for deeming and associated FTCA coverage, and any associated VHP sponsorship application, will be denied.

Guidance on the VHP sponsorship application instructions and program requirements can be found in the VHP PAL on the VHP website (<https://bphc.hrsa.gov/initiatives/ftca/application-process#health-center-vhps-application>).

## VI. SUBMITTING FTCA DEEMING APPLICATIONS

All FTCA deeming applications must be submitted electronically through the FTCA deeming module within the EHBs. **The EHBs system will be available to begin receiving CY 2027 deeming applications on February 27, 2026.**

When a health center submits an FTCA application, the EHBs will assign a tracking number. Health centers may create and submit an FTCA application in one session or create and save part of the application and return as many times as necessary to complete it before submitting it for HRSA review. The health center will receive an email confirming that HRSA has received its FTCA application through the EHBs. Each health center is responsible for ensuring that its deeming application has been received by HRSA through the EHBs.

All deeming applicants must:

1. Submit required FTCA application information and materials in a timely manner (including responding within specified time frames to all clarification and additional information requests from HRSA, which may include an FTCA-specific site visit); and
2. Demonstrate compliance with all Health Center FTCA Program requirements.

Entities that submit an incomplete application will be notified of the incomplete application through the EHBs via a change request notification and afforded an opportunity to complete the application.

Applications that do not appropriately address all application questions and/or fail to attach all required documents will be considered incomplete and will not be approved. Additional information about applications that are incomplete or fail to appropriately address program requirements is found below, in subsections VII and VIII.

There must be an electronic signature from the Executive Director/Chief Executive Officer of the health center certifying the contents of the application. If the FTCA application is not signed/certified by such an individual, the application will be returned to the award recipient as described in Section VII: Initial Deeming Applications and Section VIII: Redeeming Applications. All subrecipient applications must be signed/certified separately by an authorizing official for the subrecipient.

**Note: Documentation submitted to HRSA must be redacted of all patient identifiers and other sensitive material that is not needed for HRSA to make a deeming determination. Please also note that redaction to the point that it renders the document impractical for purposes of review may result in an unfavorable deeming determination or request for additional information.**

**Applicants may wish to consult with private legal counsel to address any legal concerns, including questions about redactions.**

**Note: The presence of an active (unresolved) condition based on noncompliance with the Health Center Program requirements for [credentialing and privileging](#) and/or [QI/OA](#) may be deemed to demonstrate noncompliance with the corresponding FTCA Program requirements and may therefore result in disapproval of a deeming application.**

For additional information or technical assistance on how to submit an FTCA application, please visit the FTCA Program website (<https://bphc.hrsa.gov/initiatives/ftca/application-process>). Additional technical assistance for EHBs and this PAL will be made available prior to the application submission deadline.

## **VII. INITIAL DEEMING APPLICATIONS**

Health centers may submit an initial deeming application via EHBs at any time during the year when the system is open to accept applications. If EHBs is closed for maintenance, these blackout dates will be communicated in EHBs notifications within the system and via e-mail to active EHBs users. Health centers are advised to submit initial deeming applications in EHBs at least two months prior to the desired coverage start date.

After reviewing the technical assistance resources (available at: <https://bphc.hrsa.gov/initiatives/ftca/application-process>), award recipients submitting an initial deeming application should consult with Health Center FTCA Program staff (contact information can be found in section X, “Contact Information and Resources” of this document)

if they have any additional questions.

Once a complete initial deeming application is submitted, HRSA will conduct its review within 30 days. Please note that an FTCA deeming application is not considered complete until all required documentation has been submitted through EHBs, and, if required by HRSA, a site visit has been completed. Entities are responsible for ensuring that the information needed to complete their application has been successfully submitted to HRSA through EHBs. Entities that do not submit a complete application in a timely manner may not receive deemed status, with associated FTCA coverage. If additional information or clarification is needed, HRSA may notify the entity through EHBs, and the entity will be given **10 business days from the date of the EHBs notification** to provide the requested information to complete its application. **If the requested information is not submitted within 10 business days of notification, the FTCA deeming application may be considered incomplete and voided. If the application is voided, the award recipient will be notified and will need to submit a new initial deeming application to obtain deemed status.**

Within 30 days after a complete initial deeming application has been received by HRSA, HRSA will notify the contact person(s) identified by the health center of a final determination through EHBs. FTCA coverage will begin on the effective date identified by HRSA on the NDA. Initial deeming applicants should not consider a deeming application approved until they receive written documentation confirming the deeming determination from HRSA and should therefore maintain private malpractice insurance until they receive an NDA from HRSA.

## VIII. REDEEMING APPLICATIONS

Each currently deemed entity must submit a redeeming application for itself and any subrecipients (as applicable) **by June 26, 2026**, to be eligible to be deemed during CY 2026 without a gap in coverage. ***Eligible entities that do not submit a redeeming application by the deadline may experience a gap in FTCA coverage and should consider purchasing private malpractice liability insurance for CY 2027.***

Award recipients are responsible for ensuring that the information needed to complete their redeeming application has been successfully submitted to HRSA through EHBs. If additional information or clarification is needed to support an application, HRSA may notify the award recipient through EHBs. The award recipient will be given **10 business days from the date of such EHBs notification** to resubmit the application with the requested information. **If the requested information is not submitted within 10 business days of notification, the FTCA application may be considered incomplete and voided. If the application is voided, the award recipient will be notified and will need to submit a new initial deeming application to obtain deemed status.**

During the application review process, if HRSA determines that the applicant has not successfully demonstrated compliance with the FTCA deeming requirements and, therefore, is in danger of being disapproved for CY 2027 coverage, the award recipient will be notified via a compliance notice and will be given a final opportunity to provide additional information to demonstrate compliance. The notice will be issued in EHBs and will outline all requested

documentation and the timeframe (30 days) in which those documents must be provided to HRSA.<sup>7</sup>

Once the additional information is submitted, HRSA will review the documentation and make a final FTCA deeming determination. After a final FTCA deeming determination is made for each application, HRSA will notify the contact person(s) identified by the health center of their deeming status through EHBs.

Redeeming applicants should not consider a deeming application approved until they have received written documentation confirming the deeming determination from HRSA and should therefore maintain private malpractice insurance until they receive an NDA from HRSA.

## IX. SITE VISITS

HRSA may conduct a site visit, either onsite or virtual or a combination thereof, to any Health Center Program award recipient or subrecipient seeking deeming to ensure compliance with deeming application requirements. A site visit finding of a lack of implementation of the FTCA deeming requirements may lead to denial of the entity's application for initial deeming or redeeming.

Factors that may prompt a site visit include, but are not limited to:

1. Submission of an initial deeming application;
2. Documentation submitted that indicates possible non-compliance with deeming requirements during the review of the health center's FTCA application;
3. The need for follow-up based on prior site visit findings or other identified issues;
4. History of repeated conditions or current conditions placed by HRSA on the health center's Health Center Program award, as documented on the health center's associated Notice of Award and/or through enforcement action; and/or
5. History of medical malpractice claims.

Please note that HRSA also conducts regularly scheduled site visits (FTCA Site Visits and Health Center Program Operational Site Visits) as part of its oversight responsibilities to ensure that QI/QA, credentialing and privileging, risk management, and claims management requirements have been appropriately implemented. The results of such site visits may be incorporated into HRSA's assessment of the completeness of an FTCA deeming application. **Site visit findings indicating non-compliance with FTCA Program requirements may result in a deeming application being considered incomplete or non-compliant and at risk of disapproval. Please visit the HRSA website for more information related to Health Center Program operational site visits and FTCA site visits:**

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<sup>7</sup> Health centers who completed an FTCA site visit and were notified of adverse deeming findings at least 120 days prior to the application submission deadline noted in this PAL may not also be given a 30 day compliance notice and HRSA may base its final deeming determination on the application materials, including the site-visit-related documentation. Health centers who received a compliance notice in the prior calendar year and have similar, reoccurring negative findings on their current application submission also may not receive a further compliance notice and HRSA may base the final deeming determination on the application materials, including the site-visit-related documentation.

<https://bphc.hrsa.gov/compliance/site-visits>.

## **X. CONTACT INFORMATION AND RESOURCES**

Health Center Program award recipients and subrecipients are encouraged to carefully review the FTCA policies and technical assistance resources found on the HRSA website at <https://bphc.hrsa.gov/initiatives/ftca>, deeming application guidance found in the [FTCA Deeming Application Step by Step Guide](#), as well as the requirements found in the [Health Center Program Manual](#).

For programmatic support regarding the Health Center FTCA Program, application requirements, and technical/EHBs support, please contact:

Health Center Program Support  
Phone: 1-877-464-4772, Option 1  
8:00 a.m. to 5:30 p.m. ET, Monday through Friday (except Federal holidays)  
Web contact form: <https://hrsa.my.site.com/support/s/>

James Macrae  
Associate Administrator  
Bureau of Primary Health Care

**Application for Health Center Program Award Recipients for Deemed Public Health Service Employment  
with Liability Protections Under the Federal Tort Claims Act (FTCA)**

**(This application is illustrative, and the actual application may appear differently  
in the HRSA Electronic Handbooks (EHBs) System)**

**\*\*\*Please note: The deeming application of a health center that does not provide sufficient  
information necessary to demonstrate compliance with the prescribed requirements as  
described below will not be approved. \*\*\***

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY	
	Award Recipient Name	Application Type
<b>CONTACT INFORMATION</b>	Application Tracking Number	Grant Number
<b>CONTACT INFORMATION (Please include a preferred title next to the name) All the fields marked with * are required.</b>		
EXECUTIVE DIRECTOR/CHIEF EXECUTIVE OFFICER <i>(Must electronically sign and certify the FTCA application)</i> * Name: * Email: * Direct Phone: Fax:		
GOVERNING BOARD CHAIRPERSON * Name: * Email: * Direct Phone: Fax:		
MEDICAL DIRECTOR * Name: * Email: * Direct Phone: Fax:		
RISK MANAGER * Name: * Email: * Direct Phone: Fax:		

**CONTACT INFORMATION (Please include a preferred title next to the name) All the fields marked with \* are required.**

<p>PRIMARY DEEMING CONTACT <i>(Individual responsible for completing the deeming application)</i></p> <p>* Name: * Email: * Direct Phone: Fax:</p>	
<p>ALTERNATE DEEMING CONTACT <i>(Individual responsible for assisting with the deeming application)</i></p> <p>* Name: * Email: * Direct Phone: Fax:</p>	
<p>CREDENTIALING/PRIVILEGING CONTACT <i>(Individual responsible for managing the credentialing and privileging process)</i></p> <p>* Name: * Email: * Direct Phone: Fax:</p>	
<p>CLAIMS MANAGEMENT CONTACT <i>(Individual responsible for the health center's administrative support to HHS/DOJ, as appropriate, for FTCA claims)</i></p> <p>* Name: * Email: * Direct Phone: Fax:</p>	
<p>QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) CONTACT <i>(Individual responsible for overseeing the QI/QA program)</i></p> <p>* Name: * Email: * Direct Phone: Fax:</p>	

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>	<b>FOR HRSA USE ONLY</b>	
	Award Recipient Name	Application Type
<b>REVIEW OF RISK MANAGEMENT SYSTEMS</b>	Application Tracking Number	Grant Number

The Health Resources Services Administration, Bureau of Primary Health Care, requires that Health Center Program award recipients and subrecipients verify in their applications for deemed Public Health Service employment under the Federally Supported Health Centers Assistance Act (FSHCAA), 42 U.S.C. § 233(g)-(n), that they have provided mandatory training to their employees and staff on certain specified topics. Meeting these training requirements does not guarantee that a health center or its employees will qualify for FTCA coverage under the Federal Tort Claims Act (FTCA), 28 U.S.C. §§ 1346(b), 2401(b), 2671-80, in the event that a claim or suit is filed. Determinations of eligibility for FTCA coverage are made on a case-by-case basis by the U.S. Department of Justice and federal courts. Health centers must meet the program requirements set forth in FSHCAA to be eligible to be deemed as PHS employees under FSHCAA.

**REVIEW OF RISK MANAGEMENT SYSTEMS**

**Applicants must respond to all questions in this section. Health Center FTCA Program risk management requirements are also described in the [Health Center Program Compliance Manual, Chapter 21: Federal Tort Claims Act \(FTCA\) Deeming Requirements](#).**

1(A). I attest that my health center has implemented an ongoing risk management **program** to reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation and that this program requires the following:

- i. Risk management across the full range of health center activities (for example, patient management including scheduling, triage, intake, tracking, and follow-up);
- ii. Health care risk management training for health center staff;
- iii. Completion of quarterly risk management assessments by the health center; and
- iv. Annual reporting to the governing board of: completed risk management activities; status of the health center’s performance relative to established risk management goals; and proposed risk management activities that relate and/or respond to identified areas of high organizational risk.

Yes [ ] No [ ]

If “No”, provide an explanation as to any discrepancies from the information identified above.

**[2,000-character comment box]**

1(B). By checking “Yes,” below, I also acknowledge that failure to implement an ongoing risk management program and provide documentation of such implementation upon request may result in disapproval of this deeming application and/or other administrative remedies.

Yes

2(A). I attest that my health center has implemented ongoing risk management **procedures** to reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation. At a minimum, these procedures specifically address the following:

- i. Identifying and mitigating (for example, through clinical protocols, medical staff supervision) the health care areas/activities of highest risk within the health center’s HRSA-approved scope of project, including but not limited to tracking referrals, diagnostics, and hospital admissions ordered by health center providers;
- ii. Documenting, analyzing, and addressing clinically related complaints, “near misses”, and sentinel events reported by health center employees, patients, and other individuals;
- iii. Setting annual risk management goals and tracking progress toward those goals;
- iv. Developing and implementing an annual health care risk management training plan for all staff members that addresses the following identified areas/activities of clinical risk: medical record documentation, follow-up on adverse test results, obstetrical procedures, and infection control, as well as training in Health Insurance Portability and Accountability Act (HIPAA) and other applicable medical record confidentiality requirements; and
- v. Completing an annual risk management report for the governing board and key management staff that addresses the risk management program activities, goals, assessments, trainings, incidents, and procedures.

Yes  No

If “No”, provide an explanation as to any discrepancies from the information identified above.

**[2,000-character comment box]**

2(B). I also acknowledge that failure to implement and maintain risk management procedures to reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation, as further described above, may result in disapproval of this deeming application.

Yes

2(C). Upload the risk management procedures that address mitigating risk in tracking of referrals, diagnostics, and hospital admissions ordered by health center providers or initiated by the patient.

[Attachment control named ‘Referral Tracking’]

[Attachment control named ‘Hospitalization Tracking’]

[Attachment control named ‘Diagnostic Tracking’ (must include labs and x-rays)]

3(A). I attest that my health center has developed and implemented an annual health care risk management training plan for staff members based on identified areas/activities of highest clinical risk for the health center. These training plans include detailed information related to the health center's tracking/documentation methods to ensure that trainings have been completed by the appropriate staff, including clinical staff, at least annually. I attest that the training plans at a minimum incorporate obstetrical procedures (for example, continuing education for electronic fetal monitoring (such as the online course available through ECRI Institute), and shoulder dystocia drills).

**Note: health centers that provide obstetrical services directly or through individual health center contractors are required to include obstetrical training as part of their risk management training plans to demonstrate compliance.**

All health centers that are currently deemed as PHS employees, as well as those seeking deemed or redeemed status, must conduct OB training on an annual basis if they provide clinical services to any of the following individuals (even if they do not provide labor and delivery services):

1. Pre-natal patients
2. Post-partum patients
3. Patients who are of reproductive age

All health centers that provide any health services to patients of reproductive age, even if they do not offer obstetrical services directly, must include obstetrical training as part of their annual required trainings to demonstrate compliance.

Health centers should consider the following:

1. **Which staff must complete the OB training:** The health center should consider each staff member's role, responsibilities, and their level of clinically related contact with patients of reproductive age in determining the employee's specific training needs. The health center must clearly document which staff members are required to complete OB training and the process used to determine inclusion or exclusion from the OB training requirement.
2. **Source of the training:** Health centers may choose from various training sources, such as HRSA trainings, HRSA supported ECRI trainings, in-house trainings, or other public or private training resources.
3. **Delivery method and format:** Health centers have the flexibility to choose the delivery method and format of the OB training. Options may include in-person, virtual, or hybrid trainings. Additionally, health centers may utilize different training formats, such as lectures, videos, presentations, labs, or online modules.
4. **Content covered during OB training:** Health centers can determine the specific content covered during each OB training session. OB topics and content must be selected based on health center data, assessments, and other available health center information.

Yes [ ] No [ ]

If "No", provide an explanation as to any discrepancies from the information identified above.

**[2,000-character comment box]**

3(B) I attest that my health center has developed and implemented an annual health care risk management training plan for staff members based on identified areas/activities of highest clinical risk for the health center. These training plans include detailed information related to the health center's tracking/documentation methods to ensure that trainings have been completed by the appropriate staff, including all clinical staff, at least annually. I attest that the training plans at a minimum incorporate infection control and sterilization (for example, Blood Borne Pathogen Exposure protocol, Infection Prevention and Control policies, Hand Hygiene training and monitoring program, dental equipment sterilization).

Yes  No

If "No", provide an explanation as to any discrepancies from the information identified above.

**[2,000-character comment box]**

3(C) I attest that my health center has developed and implemented an annual health care risk management training plan for staff members based on identified areas/activities of highest clinical risk for the health center. These training plans include detailed information related to the health center's tracking/documentation methods to ensure that trainings have been completed by the appropriate staff, including all clinical staff, at least annually. I attest that the training plans at a minimum incorporate HIPAA medical record confidentiality requirements.

Yes  No

If "No", provide an explanation as to any discrepancies from the information identified above.

**[2,000-character comment box]**

3(D). I attest that my health center has developed and implemented an annual health care risk management training plan for staff members based on identified areas/activities of highest clinical risk for the health center. These training plans include detailed information related to the health center's tracking/documentation methods to ensure that trainings have been completed by the appropriate staff, including all clinical staff, at least annually. I attest that the training plans at a minimum incorporate specific training for groups of providers that perform various services which may lead to potential risk (for example, dental, pharmacy, family practice).

Yes  No

If "No", provide an explanation as to any discrepancies from the information identified above.

**[2,000-character comment box]**

3(E). Upload the health center’s current annual risk management training plans for all staff, including all clinical and non-clinical staff, based on identified areas/activities of highest clinical risk for the health center and that include the items outlined in risk management question 3(A) – 3(D) of this application. The annual risk management educational training plan must clearly include OB, Infection Control, HIPAA and specific training for areas of high-risk.

**Note: The annual risk management educational training plan must cover the period from January 1<sup>st</sup> to December 31<sup>st</sup> of the previous calendar year of submission of the application (for example, application submitted in 2026 must include the complete training plan that was used in 2025).**

[Attachment control named ‘Risk Management Educational Training Plan’]

3(F). Enter the following information for one completed **obstetrical** training for clinical and non-clinical staff who provide any health services to patients of reproductive age (even if not OB services).

- i. Title of Training
- ii. Topic Area
- iii. Brief description of training
- iv. Date training initially offered

**Note: FTCA may request additional information about course completion (for example, proof of training certificates, attendance records, continuing education documentation, and/or training completion reports).**

**Note: Non-clinical staff should only be included if the health center has determined that they are required to complete OB training because of clinically related contact with patients of reproductive age.**

**Note: All training must cover the period from January 1st to December 31st of the previous calendar year of submission of the application (for example, applications submitted in 2026 must demonstrate training was completed in 2025).**

**Upload your OB training tracking documentation that demonstrates attendance and training completion of the training entered above. Use the FTCA Educational Training Tracking Form to demonstrate compliance. The form can be downloaded by clicking on the following link: *(Add Link)***

[Attachment control named ‘Risk Management Proof of Attendance and Training Completion Documentation’]

**If multiple OB training courses are offered at your health center, use a separate FTCA Educational Training Tracking Form for each additional course to document those trainings. The FTCA Educational Training Tracking Form(s) can be downloaded by clicking on the following link: *(Add Link)***

[Attachment control named ‘Additional Risk Management FTCA Educational Training Tracking Form(s)’]

3(G). Enter the following information for at least one completed **Infection Control** training for clinical and non-clinical staff.

- i. Title of Training
- ii. Topic Area
- iii. Brief description of training
- iv. Date training initially offered

**Note: FTCA may request additional information about course completion (for example, proof of training certificates, attendance records, continuing education documentation, and/or training completion reports).**

**Note: All training must cover the period from January 1st to December 31st of the previous calendar year of submission of the application (for example, applications submitted in 2026 must demonstrate training was completed in 2025).**

**Upload your Infection Control training tracking documentation that demonstrates attendance and training completion of the training entered above. Use the FTCA Educational Training Tracking Form to demonstrate compliance. The form can be downloaded by clicking on the following link: *(Add Link)***

[Attachment control named 'Risk Management Proof of Attendance and Training Completion Documentation']

**If multiple Infection Control training courses are offered at your health center, use a separate FTCA Educational Training Tracking Form for each additional course to document those trainings. The FTCA Educational Training Tracking Form(s) can be downloaded by clicking on the following link: *(Add Link)***

[Attachment control named 'Additional Risk Management FTCA Educational Training Tracking Form(s)']

3(H). Enter the following information for at least one completed **HIPAA** training for clinical and non-clinical staff.

- i. Title of Training
- ii. Topic Area
- iii. Brief description of training
- iv. Date training initially offered

**Note: FTCA may request additional information about course completion (for example, proof of training certificates, attendance records, continuing education documentation, and/or training completion reports).**

**Note: All training must cover the period from January 1st to December 31st of the previous calendar year of submission of the application (for example, applications submitted in 2026 must demonstrate training was completed in 2025).**

**Upload your HIPAA training tracking documentation that demonstrates attendance and training completion of the training entered above. Use the FTCA Educational Training Tracking Form to**

**demonstrate compliance. The form can be downloaded by clicking on the following link: *(Add Link)***

[Attachment control named 'Risk Management Proof of Attendance and Training Completion Documentation']

**If multiple HIPAA training courses are offered at your health center, use a separate FTCA Educational Training Tracking Form for each additional course to document those trainings. The FTCA Educational Training Tracking Form(s) can be downloaded by clicking on the following link: *(Add Link)***

[Attachment control named 'Additional Risk Management FTCA Educational Training Tracking Form(s)']

3(l). Enter the following information for at least one completed **Areas of High-Risk** training for clinical and non-clinical staff.

- i. Title of Training
- ii. Topic Area
- iii. Brief description of training
- iv. Date training initially offered

**Note: FTCA may request additional information about course completion (for example, proof of training certificates, attendance records, continuing education documentation, and/or training completion reports).**

**Note: All training must cover the period from January 1st to December 31st of the previous calendar year of submission of the application (for example, applications submitted in 2026 must demonstrate training was completed in 2025).**

**Upload your areas of high-risk training tracking documentation that demonstrates attendance and training completion of the training entered above. Use the FTCA Educational Training Tracking Form to demonstrate compliance. The form can be downloaded by clicking on the following link: *(Add Link)***

[Attachment control named 'Risk Management Proof of Attendance and Training Completion Documentation']

**If multiple areas of high-risk training courses are offered at your health center, use a separate FTCA Educational Training Tracking Form for each additional course to document those trainings. The FTCA Educational Training Tracking Form(s) can be downloaded by clicking on the following link: *(Add Link)***

[Attachment control named 'Additional Risk Management FTCA Educational Training Tracking Form(s)']

4. Upload documentation for each quarter (for example, completed assessment tool or completed assessment checklist with detailed information, outcomes, and follow-up action) that demonstrates that the health center has completed quarterly risk management assessments reflective of health center activities that covers the period from January 1<sup>st</sup> to December 31<sup>st</sup> of the previous calendar year of submission.

4(A). Quarter 1

- i. Name of assessment
- ii. Area assessed
- iii. Date completed
- iv. Findings
- v. [Attachment control named 'Assessments Quarter 1']
- vi. Action Plan (attachment)

4(B). Quarter 2

- i. Name of assessment
- ii. Area assessed
- iii. Date completed
- iv. Findings
- v. [Attachment control named 'Assessments Quarter 2']
- vi. Action Plan (attachment)

4(C). Quarter 3

- i. Name of assessment
- ii. Area assessed
- iii. Date completed
- iv. Findings
- v. [Attachment control named 'Assessments Quarter 3']
- vi. Action Plan (attachment)

4(D). Quarter 4

- i. Name of assessment
- ii. Area assessed
- iii. Date completed
- iv. Findings
- v. [Attachment control named 'Assessments Quarter 4']

Action Plan (attachment)

5(A). Upload the annual report provided to the board and key management staff on health care risk management activities and progress in meeting goals and documentation provided to the board and key management staff showing that any related follow-up actions have been implemented. **The report must cover the period from January 1st to December 31st of the previous calendar year of submission and must be reflective of the activities related to risk from the previous calendar year (for example, applications submitted in 2026 must demonstrate training was completed in 2025). Any documents dated outside of this period will not be accepted.**

**Note: a consolidated report covering the previous calendar year is required. Separate quarterly or monthly reports are not acceptable.** The report must include the following information:

- i. Completed risk management activities (for example, risk management projects, assessments)
- ii. Status of the health center's performance relative to established risk management goals (for example, data and trends analyses, including, but not limited to, sentinel events, adverse events,

- near misses, falls, wait times, patient satisfaction information, other risk management data points selected by the health center); and
- iii. Proposed risk management activities that cover the previous calendar year (January 1<sup>st</sup> to December 31<sup>st</sup>) of submission for the next calendar year period that relate and/or respond to identified areas of high organizational risk.

[Attachment control named 'Annual Risk Management Report to Board and Key Management Staff']

5(B). Upload proof that the health center board has received and reviewed the report uploaded for risk management question 5(A) of this application (for example, minutes signed by the board chair/board secretary, or minutes and a signed letter from the board chair/board secretary that clearly indicate that the board received and reviewed the report and took any necessary actions).

**All documents must cover the period from January 1<sup>st</sup> to December 31<sup>st</sup> of the previous calendar year of submission. Any documents dated outside of this period will not be accepted.**

[Attachment control named 'Proof of Board Review of Annual Risk Management Report']

6. Upload the relevant Position Description of the risk manager who is responsible for the coordination of health center risk management activities and any other associated risk management activities.

**Note: the job description must clearly detail that the risk management activities are part of the risk manager's daily responsibilities.**

[Attachment control named 'Risk Management Position Description']

7(A). Has the health center risk manager completed health care risk management training between January 1<sup>st</sup> to December 31<sup>st</sup> of the previous calendar year of submission?

Yes  No

If "No", provide an explanation.

**[2,000-character comment box]**

7(B). Upload evidence that the risk manager has completed health care risk management training between January 1<sup>st</sup> to December 31<sup>st</sup> of the previous calendar year of submission.

[Attachment control named 'Annual Risk Manager Training']

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration</b>	<b>FOR HRSA USE ONLY</b>	
	Award Recipient Name	Application Type
<b>QUALITY IMPROVEMENT/QUALITY ASSURANCE PLAN (QI/QA)</b>	Application Tracking Number	Grant Number

The Health and Resources Services Administration, Bureau of Primary Health Care, requires that Health Center Program award recipients and subrecipients verify in their applications for deemed Public Health Service employment under the Federally Supported Health Centers Assistance Act (FSHCAA), 42 U.S.C. § 233(g)-(n), that they have provided mandatory training to their employees and staff on certain specified topics. Meeting these training requirements does not guarantee that a health center or its employees will qualify for FTCA coverage under the Federal Tort Claims Act (FTCA), 28 U.S.C. §§ 1346(b), 2401(b), 2671-80, in the event that a claim or suit is filed. Determinations of eligibility for FTCA coverage are made on a case-by-case basis by the U.S. Department of Justice and federal courts. Health centers must meet the program requirements set forth in FSHCAA to be eligible to be deemed as PHS employees under FSHCAA.

**QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA)**  
**Applicants must respond to all questions in this section. Health Center FTCA Program QI/QA requirements are also described in the [Health Center Program Compliance Manual, Chapter 10: Quality Improvement/Assurance](#).**

1(A). I attest that my health center has board-approved policies (for example, a QI/QA plan) that demonstrate that the health center has an established, ongoing QI/QA program that, at a minimum, demonstrates that the QI/QA program addresses the following:

- i. The quality and utilization of health center services;
- ii. Patient satisfaction and patient grievance processes; and
- iii. Patient safety, including adverse events. Yes [ ] No [ ]

If “No”, provide an explanation as to any discrepancies from the information identified above.

**[2,000-character comment box]**

1(B). I attest that my health center has ongoing QI/QA program operating procedures or processes that, at a minimum, address the following:

- i. Adhering to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center services, as applicable;
- ii. Identifying, analyzing, and addressing patient safety and adverse events and implementing follow-up actions, as necessary;
- iii. Assessing patient satisfaction;
- iv. Hearing and resolving patient grievances;
- v. Completing periodic QI/QA assessments on at least a quarterly basis to inform the modification of the provision of health center services, as appropriate; and
- vi. Producing and sharing reports on QI/QA to support decision-making and oversight by key management staff and by the governing board regarding the provision of health center services.

Yes  No

If “No”, provide an explanation as to any discrepancies from the information identified above.

**[2,000-character comment box]**

2. Has the health center implemented a certified Electronic Health Record for all health center patients?

Yes  No

If No, describe the health center’s systems and procedures for maintaining a retrievable health record for each patient, the format and content of which is consistent with both federal and state law requirements.

**[4,000-character comment box]**

3. I attest that my health center has implemented and maintains systems and procedures for protecting the confidentiality of patient information and safeguarding this information against loss, destruction, or unauthorized use, and that such systems and procedures are consistent with federal and state requirements.

Yes  No

If “No”, provide an explanation as to any discrepancies from the information identified above.

**[2,000-character comment box]**

4. I also acknowledge and agree that failure to implement and maintain systems and procedures for protecting the confidentiality of patient information and safeguarding this information against loss, destruction, or unauthorized use may result in disapproval of this deeming application.

Yes

5. Indicate whether you currently have an active condition or any other enforcement action on your Health Center Program award related to QI/QA.

Yes  No

If “Yes”, indicate the date that the condition was imposed why the condition was imposed.

**[2,000-character comment box]**

**Note: The presence of certain award conditions and/or enforcement actions related to quality improvement/quality assurance may demonstrate non-compliance with FTCA Program requirements and may result in disapproval of deemed status.**

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY	
	Award Recipient Name	Application Type
CREDENTIALING AND PRIVILEGING		
	Application Tracking Number	Grant Number
<p>The Health and Resources Services Administration, Bureau of Primary Health Care, requires that Health Center Program award recipients and subrecipients verify in their applications for deemed Public Health Service employment under the Federally Supported Health Centers Assistance Act (FSHCAA), 42 U.S.C. § 233(g)-(n), that they have provided mandatory training to their employees and staff on certain specified topics. Meeting these training requirements does not guarantee that a health center or its employees will qualify for FTCA coverage under the Federal Tort Claims Act (FTCA), 28 U.S.C. §§ 1346(b), 2401(b), 2671-80, in the event that a claim or suit is filed. Determinations of eligibility for FTCA coverage are made on a case-by-case basis by the U.S. Department of Justice and federal courts. Health centers must meet the program requirements set forth in FSHCAA to be eligible to be deemed as PHS employees under FSHCAA.</p>		
<p style="text-align: center;"><b>CREDENTIALING AND PRIVILEGING</b></p> <p><b>Applicants must respond to all questions in this section. Health Center FTCA Program credentialing and privileging requirements are also described in the <a href="#">Health Center Program Compliance Manual, Chapter 5: Clinical Staffing</a>.</b></p>		
<p>1(A). I attest that my health center has implemented an ongoing credentialing process for all clinical staff members (including for licensed independent practitioners and other licensed or certified healthcare practitioners, and other clinical staff providing services on behalf of the health center who are health center employees, individual contractors, or volunteers). I also attest that my health center has operating procedures for the initial and recurring review of credentials, and responsibility for ensuring verification of all of the following:</p> <ul style="list-style-type: none"> <li>i. Current licensure, registration, or certification using a primary source;</li> <li>ii. Education and training for initial credentialing, using: <ul style="list-style-type: none"> <li>a. Primary sources for licensed independent practitioners;</li> <li>b. Primary or other sources for other licensed or certified practitioners and any other clinical staff;</li> </ul> </li> <li>iii. Completion of a query through the National Practitioner Databank (NPDB);</li> <li>iv. Clinical staff member’s identity for initial credentialing using a government issued picture identification;</li> <li>v. Drug Enforcement Administration registration (if applicable);</li> <li>vi. Current documentation of Basic Life Support training; and</li> <li>vii. Any other credentialing information required by applicable law to be completed for health care providers (e.g., state laws requiring background checks).</li> </ul> <p>[ ] Yes [ ] No</p> <p>If “No”, provide an explanation.</p> <p><b>[2,000-character comment box]</b></p>		

1(B). I also acknowledge and agree that failure to implement and maintain a credentialing process as further described above may result in disapproval of this deeming application.

Yes

2(A). I attest that my health center has implemented privileging procedures for the initial granting and renewal of privileges for clinical staff members (including for licensed independent practitioners and other licensed or certified health care practitioners who are health center employees, individual contractors, and volunteers). I also attest that my health center has privileging procedures that address all of the following:

- i. Verification of fitness for duty, which may include immunization, and communicable disease status to the extent applicable to health care providers by applicable law;
- ii. For initial privileging, verification of current clinical competence via training, education, and, as available, reference reviews;
- iii. For renewal of privileges, verification of current clinical competence via peer review or other comparable methods (for example, supervisory performance reviews); and
- iv. Process for denying, modifying or removing privileges based on assessments of clinical competence and/or fitness for duty.

**Note: If the health center chooses to submit a policy and procedure that incorporates temporary credentialing and/or privileges, those temporary credentialing and privileging procedures must align with the guidelines in the current Temporary Privileging of Clinical Providers by Federal Tort Claims Act (FTCA) Deemed Health Centers in Response to Certain Declared Emergency Situations - PAL 2024-01. Use of temporary credentialing and privileging is not allowed for situations not outlined in PAL 2024-01 and therefore should not appear in the health center’s general policies and procedures. Language that indicates use of temporary credentialing and privileging that is not aligned with PAL 2024-01, will be considered as non-compliant with FTCA credentialing and privileging requirements.**

Yes  No

If “No”, provide an explanation as to any discrepancies from the information identified above.

**[2,000-character comment box]**

2(B). I also acknowledge and agree that failure to implement and maintain an ongoing privileging process for the initial granting and renewal of privileges for clinical staff members, including operating procedures as further described above, may result in disapproval of this deeming application.

Yes

3. Upload the health center’s credentialing and privileging operating procedures that address all credentialing and privileging components listed in questions 1(A) & 2(A) above.

**Note: Procedures that are missing any of the components referenced in the credentialing and privileging section questions 1(A) & 2(A) of this application will be interpreted as the health center not implementing those missing components.**

[Attachment control named ‘Credentialing and Privileging Operating Procedures’]

4. I certify that my health center reviews the credentials and privileges of all Licensed Independent Practitioners (LIP), Other Licensed or Certified Practitioners (OLCP), and Other Clinical Staff (OCS) at least every two years, in compliance with the FTCA credentialing and privileging requirements. I understand that failure or refusal to demonstrate compliance will result in the denial of this application for FTCA deemed status.

Yes  No

If “No”, provide an explanation as to any discrepancies from the information identified above.

**[2,000-character comment box]**

5. I attest that my health center maintains files or records for our clinical staff (for example, employees, individual contractors, and volunteers) that contain documentation of the verification, at least every two years, of credentialing and privileging requirements outlined in Chapter 5 of the Health Center Compliance Manual, consistent with the health center’s operating procedures.

Yes  No

If “No”, provide an explanation as to any discrepancies from the information identified above.

**[2,000-character comment box]**

6. I attest that if my health center has contracts with provider organizations (for example, group practices, staffing agencies) or formal, written referral agreements with other provider organizations that provide services within the health center’s scope of project, the health center ensures (for example, through provisions in formal, written referral agreements, contracts, other documentation) that such providers are:

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

**Note: A contract between a covered entity and a provider's corporation does not confer FTCA coverage on the provider. Services provided strictly pursuant to a contract between a covered entity and any corporation, including eponymous professional corporations (defined as a professional corporation to**

**which one has given one's name, for example, John Doe, LLC), are not eligible for coverage under FSHCAA and the FTCA. This is further described in the [FTCA Health Center Policy Manual](#).**

Select N/A if the health center does not contract with provider organizations or have any formal, written referral agreements with other provider organizations.

Yes  No  N/A

If "No", provide an explanation as to any discrepancies from the information identified above.

**[2,000-character comment box]**

7. Indicate whether you currently have an active condition or any other enforcement action on your Health Center Program award related to credentialing or privileging.

**Note: The presence of certain award conditions and/or enforcement actions related to credentialing and privileging may demonstrate noncompliance with FTCA Program requirements and may result in disapproval of deemed status.**

Yes  No

If "Yes", indicate the date and source (for example, Operational Site Visit, Service Area Competition application) through which you received this condition or other enforcement action. Also, indicate the specific nature of the condition or other enforcement action, including the finding and reason why it was imposed, such as failure to verify licensure, etc. Describe your entity's plan to remedy the deficiency that led to imposition of the condition or enforcement action and the anticipated timeline by which the plan is expected to be fully implemented.

**[2,000-character comment box]**

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration</b>	<b>FOR HRSA USE ONLY</b>	
	Award Recipient Name	Application Type
<b>CREDENTIALING AND PRIVILEGING LIST</b>		
	Application Tracking Number	Grant Number

The Health and Resources Services Administration, Bureau of Primary Health Care, requires that Health Center Program award recipients and subrecipients verify in their applications for deemed Public Health Service employment under the Federally Supported Health Centers Assistance Act (FSHCAA), 42 U.S.C. § 233(g)-(n), that they have provided mandatory training to their employees and staff on certain specified topics. Meeting these training requirements does not guarantee that a health center or its employees will qualify for FTCA coverage under the Federal Tort Claims Act (FTCA), 28 U.S.C. §§ 1346(b), 2401(b), 2671-80, in the event that a claim or suit is filed. Determinations of eligibility for FTCA coverage are made on a case-by-case basis by the U.S. Department of Justice and federal courts. Health centers must meet the program requirements set forth in FSHCAA to be eligible to be deemed as PHS employees under FSHCAA.

**CREDENTIALING AND PRIVILEGING LIST**

Credentialing and Privileging information must be entered into the EHBs system. This information should not be uploaded as an attachment. Please enter all Licensed Independent Practitioners (LIP), Other Licensed or Certified Practitioners (OLCP), and Other Clinical Staff (OCS) at all health center sites, including employed or individual contracted practitioners (which the health center is responsible for credentialing and privileging), and volunteers. Health Center FTCA Program Credentialing and Privileging requirements are described in the [Health Center Program Compliance Manual, Chapter 5: Clinical Staffing](#).

The following fields are **required** for each practitioner:

- First Name
- Last Name
- Professional Designation
- Clinical Staff Type
- Most Recent Credentialing Date
- Most Recent Privileging Date
- Credentialing Type: Initial Credentialing or Recredentialing

**Note: For the FTCA Program’s purposes, practitioners’ credentialing and privileging must occur at least every two years.**

**Note: Inclusion in this list indicates that the health center has properly credentialed the individual in accordance with the application requirements and the Health Center Program Compliance Manual. However, inclusion of practitioners on this list does not guarantee that a health center or its employees will qualify for coverage under the Federal Tort Claims Act (FTCA), 28 U.S.C. §§ 1346(b), 2401(b), 2671-80, in the event that a claim or suit is filed. Determinations of eligibility for FTCA coverage are made on a case-by-case basis by the U.S. Department of Justice and federal courts. Health centers must meet the program requirements set forth in FSHCAA to be eligible for deeming under the FTCA.**

1. I attest that the documents noted below, as outlined in Chapter 5 of the Health Center Compliance Manual, have been collected and verified in the form and manner prescribed by HRSA and the individual is fully credentialed and privileged. Furthermore, I am able to provide documented proof of full credentialing and privileging upon request.

Credentialing:

- Current licensure, registration, or certification using a primary source;
- Education and training for initial credentialing, using:
  - Primary sources for LIPs
  - 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);
- Clinical staff member's identity for initial credentialing using a government-issued picture identification; [Redact sensitive information; leaving only Name and Picture present]
- Drug Enforcement Administration (DEA) registration (if applicable); and
- Current documentation of basic life support training.

Privileging:

- Verification of fitness for duty
- Process for denying, modifying or removing privileges based on assessments of clinical competence and/or fitness for duty.
- For initial privileging, verification of current clinical competence via training, education, and, as available, reference reviews OR
- For renewal of privileges, verification of current clinical competence via peer review or other comparable methods (for example, supervisory performance reviews)

Yes [ ] No [ ]

If "No", provide an explanation as to any discrepancies from the information identified above.

**[2,000-character comment box]**

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY	
	Award Recipient Name	Application Type
CLAIMS MANAGEMENT		
	Application Tracking Number	Grant Number
<p>The Health and Resources Services Administration, Bureau of Primary Health Care, requires that Health Center Program award recipients and subrecipients verify in their applications for deemed Public Health Service employment under the Federally Supported Health Centers Assistance Act (FSHCAA), 42 U.S.C. § 233(g)-(n), that they have provided mandatory training to their employees and staff on certain specified topics. Meeting these training requirements does not guarantee that a health center or its employees will qualify for FTCA coverage under the Federal Tort Claims Act (FTCA), 28 U.S.C. §§ 1346(b), 2401(b), 2671-80, in the event that a claim or suit is filed. Determinations of eligibility for FTCA coverage are made on a case-by-case basis by the U.S. Department of Justice and federal courts. Health centers must meet the program requirements set forth in FSHCAA to be eligible to be deemed as PHS employees under FSHCAA.</p>		
<p style="text-align: center;"><b>CLAIMS MANAGEMENT</b></p> <p><b>Applicants must respond to all questions with an * in this section. Health Center FTCA Program claims management requirements are also described in the <a href="#">Health Center Program Compliance Manual, Chapter 21: Federal Tort Claims Act (FTCA) Deeming Requirements</a>.</b></p>		
<p><b>Note: If a claim or lawsuit involving covered activities is presented to the covered entity/individual or filed in court, it is essential that the covered entity preserve all potentially relevant documents. Once a covered entity or covered individual reasonably anticipates litigation—and it is reasonable to anticipate litigation once a claim or lawsuit is filed, whether administratively or in state or federal district court—the entity or individual must suspend any routine destruction and hold any documents relating to the claimant or plaintiff so as to ensure their preservation for purposes of claim disposition or litigation.</b></p>		
<p>1(A). *I attest that my health center has a claims management process for addressing any potential or actual health or health-related claims, including medical malpractice claims, which may be eligible for FTCA coverage. My health center’s claims management process includes information related to how my health center ensures the following:</p> <ul style="list-style-type: none"> <li>i. The preservation of all health center documentation related to any actual or potential claim or complaint (for example, medical records and associated laboratory and x-ray results, billing records, employment records of all involved clinical providers, clinic operating procedures); and</li> <li>ii. That any service of process/summons that the health center or its provider(s) receives relating to any alleged claim or complaint is promptly sent to the HHS, Office of the General Counsel, General Law Division, per the process prescribed by HHS and as further described in the FTCA Health Center Policy Manual.</li> </ul> <p>Yes [ ] No [ ]</p> <p>If “No”, provide an explanation as to any discrepancies from the information identified above.</p> <p><b>[2,000-character comment box]</b></p>		

1(B). \*I also acknowledge and agree that failure to implement and maintain a claims management process as described above may result in disapproval of this deeming application.

Yes [ ]

1(C). \*Upload documentation of the health center’s claims management process (for example, claims management procedures) for addressing any potential or actual health or health-related claims, including medical malpractice claims, that may be eligible for FTCA coverage.

**Note: This process must include the items outlined in Claims Management question 1(A) of this application.**

[Attachment control named ‘Claims Management Procedures’] (If answer to 1(A) is Yes, attachment required; if answer to 1(A) is No, no attachment is required.)

2(A). \*Has the health center had any history of claims under the FTCA?

**Note: Health centers must provide any medical malpractice claims or allegations that have been presented during the past 5 years.**

Yes [ ] No [ ]

If “Yes”, provide a list of the claims. For each claim, include:

- i. Name of provider(s) involved
- ii. Role(s) in Health Center
- iii. Specialty
- iv. Others
- v. Nature of Allegation
- vi. Date of occurrence
- vii. Date Claim Filed
- viii. Summary of allegations
- ix. Has the claim or allegation been resolved or settled?  
<https://bphc.hrsa.gov/sites/default/files/bphc/compliance/ftcahc-policy-manual.pdf>
- x. Summary of health center internal analysis and implemented steps to mitigate the risk of such claims in the future. (Only submit a summary if the case is closed. If the case has not been settled do not include the summary.)

[Attachment control named ‘History of Claims’]

2(B). \*I agree that the health center will cooperate with all applicable Federal government representatives in the defense of any FTCA claims.

Yes [ ] No [ ]

If “No”, provide an explanation.

**[2,000-character comment box]**

2(C). I attest and agree that upon HHS OGC request, the health center, will provide requested documentation, in a separate PDF or electronic file for each of the individual items outlined in Section K.1 (1-13) of the FTCA Health Center Policy Manual and will retain copies. I will keep all records until HHS OGC notifies the health center that an administrative claim or lawsuit has been finally resolved either by settlement, denial, or final judgment in litigation, including any post-judgment reconsideration request or appeal. I will use the method to transmit the records that HHS OGC requests, including a secure digital portal for electronic submission of the requested documents. I will ensure that the dates of the documents correspond to the dates of the incident.

Yes  No

If “No”, provide an explanation as to any discrepancies from the information identified above.

**[2,000-character comment box]**

3(A). \*I attest that my health center informs patients using plain language that it is a deemed Federal PHS employee via its website, promotional materials, and/or within an area(s) of the health center that is visible to patients. For example: “This health center receives HHS funding and has Federal Public Health Service (PHS) deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals.”

Yes  No

If “No”, provide an explanation as to any discrepancies from the information identified above.

**[2,000-character comment box]**

3(B). Include a screenshot to the exact location where this information is posted on your health center website or attach the relevant promotional material or pictures.

[Attachment control named ‘Screenshot’]

[Attachment control named ‘FTCA Promotional Materials’]

(If answer to 3(A) is Yes, either Screenshot control or FTCA Promotional Materials required; if answer to 3(A) is No, no free response control or attachment is required.)

3(C). \*Upload the relevant Position Description(s) that describe the health center’s designated individual(s) who is responsible for the management and processing of claims-related activities and serves as the claims point of contact. The job description must clearly detail that the claims management activities are a part of the individual’s daily responsibilities.

[Attachment control named ‘Claims Management Position Descriptions’]

**[2,000-character comment box]**

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY	
	Award Recipient Name	Application Type
ADDITIONAL INFORMATION		
	Application Tracking Number	Grant Number
<b>CERTIFICATION AND SIGNATURES</b> <b>Completion of this section by a typed name will constitute signature on this application.</b> <b>This field is required.</b>		
<p>I [    ] declare under the penalty of perjury that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation and that any material false statement or omission in response to any question may result in denial or subsequent revocation of coverage.</p> <p>I understand that by printing my name I am signing this application.</p> <p><b>Note: This must be signed by the Executive Director, as indicated in the Contact Information Section of the FTCA application. If not signed by the Executive Director, the application will be returned to the health center.</b></p>		