**BUREAU OF PRIMARY HEALTH CARE**

# Operational Site Visit (OSV) Expert Recommendation Tracking Resource

## Expert Recommendation Tracking Resource

This document is intended to assist site visit participants, including the experts (consultants) conducting the Operational Site Visit as well as the health center, in tracking preliminary recommendations and findings during the site visit. HRSA will develop and share a site visit report with the health center within 45 days after the site visit that will convey the site visit findings and final compliance determinations.

For additional information, please refer to the Health Center Program Site Visit Protocol available at:
https://www.bphc.hrsa.gov/programrequirements/svprotocol.html.

| Site Visit Protocol Section and Demonstrating Compliance Elements | Primary Reviewer | Compliance Demonstrated? (Yes/No/NA) |
|---|---|---|
| **NEEDS ASSESSMENT** | **GOVERNANCE/ADMINISTRATION** | |
| a. Service Area Identification and Annual Review | | |
| b. Update of Needs Assessment | | |
| **REQUIRED AND ADDITIONAL HEALTH SERVICES** | **CLINICAL** | |
| a. Providing and Documenting Services within Scope of Project | | |
| b. Ensuring Access for Limited English Proficient Patients | | |
| c. Providing Culturally Appropriate Care | | |
| **CLINICAL STAFFING** | **CLINICAL** | |
| 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 Privileges | | |
| e. Credentialing and Privileging Records | | |
| f. Credentialing and Privileging of Contracted or Referral Providers | | |
| **ACCESSIBLE LOCATIONS AND HOURS OF OPERATION** | **GOVERNANCE/ADMINISTRATION** | |
| a. Accessible Service Sites | | |
| b. Accessible Hours of Operation | | |
| c. Accurate Documentation of Sites within Scope of Project | | |
| **COVERAGE FOR MEDICAL EMERGENCIES DURING AND AFTER HOURS** | **CLINICAL** | |
| a. Clinical Capacity for Responding to Emergencies During Hours of Operation | | |
| b. Procedures for Responding to Emergencies During Hours of Operation | | |
| c. Procedures or Arrangements for After Hours Coverage | | |
| d. After Hours Call Documentation | | |
| **CONTINUITY OF CARE AND HOSPITAL ADMITTING** | **CLINICAL** | |
| a. Documentation of Hospital Admitting Privileges or Arrangements | | |
| b. Procedures for Hospitalized Patients | | |
| c. Post-Hospitalization Tracking and Follow-up | | |
| **SLIDING FEE DISCOUNT PROGRAM** | **FISCAL** | |
| a. Applicability to In-Scope Services | | |
| b. Sliding Fee Discount Program Policies | | |

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|---|---|---|
| c. Sliding Fee for Column I Services | | |
| d. Multiple Sliding Fee Discount Schedules | | |
| e. Incorporation of Current Federal Poverty Guidelines | | |
| f. Procedures for Assessing Income and Family Size | | |
| g. Assessing and Documenting Income and Family Size | | |
| h. Informing Patients of Sliding Fee Discounts | | |
| i. Sliding Fee for Column II Services | | |
| j. Sliding Fee for Column III Services | | |
| k. Applicability to Patients with Third Party Coverage | | |
| l. Evaluation of the Sliding Fee Discount Program | | |
| **QUALITY IMPROVEMENT/ASSURANCE** | **CLINICAL** | |
| 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 | | |
| **KEY MANAGEMENT STAFF** | **GOVERNANCE/ADMINISTRATION** | |
| a.  Composition and Functions of Key Management Staff | | |
| b. Documentation for Key Management Staff Positions | | Not Assessed Onsite |
| c. Process for Filling Key Management Vacancies | | |
| d. CEO Responsibilities | | |
| e. HRSA Approval for Project Director/CEO Changes | | |
| **CONTRACTS AND SUBAWARDS** | **FISCAL** | |
| a. Procurement Procedures | | |
| b. Records of Procurement Actions | | |
| c. Retention of Final Contracts | | |
| d. Contractor Reporting | | |
| e. HRSA Approval for Contracting Substantive Programmatic Work | | |
| f. Required Contract Provisions | | |

| Site Visit Protocol Section and Demonstrating Compliance Elements | Primary Reviewer | Compliance Demonstrated? (Yes/No/NA) |
|---|---|---|
| g. HRSA Approval to Subaward | | |
| h. Subaward Agreement | | |
| i. Subrecipient Monitoring | | |
| j. Retention of Subaward Agreements and Records | | |
| **CONFLICT OF INTEREST** | **FISCAL** | |
| a. Standards of Conduct | | |
| b. Standards for Organizational Conflicts of Interest | | |
| c. Dissemination of Standards of Conduct | | |
| d. Adherence to Standards of Conduct | | |
| **COLLABORATIVE RELATIONSHIPS** | **GOVERNANCE/ADMINISTRATION** | |
| a. Coordination and Integration of Activities | | |
| b. Collaboration with Other Primary Care Providers | | |
| c. Expansion of HRSA-Approved Scope of Project | | Not Assessed Onsite |
| **FINANCIAL MANAGEMENT AND ACCOUNTING SYSTEMS** | **FISCAL** | |
| a. Financial Management and Internal Control Systems | | |
| b. Documenting Use of Federal Funds | | |
| c. Drawdown, Disbursement and Expenditure Procedures | | |
| d. Submitting Audits and Responding to Findings | | |
| e.  Documenting Use of Non-Grant Funds | | |
| **BILLING AND COLLECTIONS** | **FISCAL** | |
| 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. Policies or Procedures for Waiving or Reducing Fees | | |
| i. Billing for Supplies or Equipment | | |
| j. Refusal to Pay Policy | | |

| Site Visit Protocol Section and Demonstrating Compliance Elements | Primary Reviewer | Compliance Demonstrated? (Yes/No/NA) |
|---|---|---|
| **BUDGET** | **FISCAL** | |
| a. Annual Budgeting for Scope of Project | | |
| b. Revenue Sources | | Not Assessed Onsite |
| c. Allocation of Federal and Non-Federal Funds | | Not Assessed Onsite |
| d. Other Lines of Business | | |
| **PROGRAM MONITORING AND DATA REPORTING SYSTEMS** | **FISCAL OR GOVERNANCE/ADMIN** | |
| a. Collecting and Organizing Data | | |
| b. Data-Based Reports | | |
| **BOARD AUTHORITY** | **GOVERNANCE/ADMINISTRATION** | |
| a. Maintenance of Board Authority Over Health Center Project | | |
| b. Required Authorities and Responsibilities | | |
| c. Exercising Required Authorities and Responsibilities | | |
| d. Adopting, Evaluating, and Updating Health Center Policies | | |
| e. Adopting, Evaluating, and Updating Financial and Personnel Policies | | |
| **BOARD COMPOSITION** | **GOVERNANCE/ADMINISTRATION** | |
| a. Board Member Selection and Removal Process | | |
| b. Required Board Composition | | |
| c. Current Board Composition | | |
| d. Prohibited Board Members | | |
| e. Waiver Requests | | Not Assessed Onsite |
| f. Utilization of Special Population Input | | |

**Federal Torts Claims Act (FTCA) Site Visit Protocol Section**
*Completed ONLY for health centers that are <u>currently FTCA deemed</u>*

**PRIMARY REVIEWER: CLINICAL**

*Note that FTCA may consider the observations documented in this section of the site visit report during the annual application deeming/redeeming process. However, these observations will not be used for the purposes of assessing compliance with Health Center Program requirements.*

| Site Visit Protocol FTCA Section and Demonstrating Compliance Elements | Findings/Notes |
|---|---|
| **RISK MANAGEMENT** | |
| a. Risk Management Program<br>b. Risk Management Procedures<br>c. Reports on Risk Management Activities<br>d. Risk Management Training Plan<br>e. Individual who Oversees Risk Management | |
| **CLAIMS MANAGEMENT** | |
| a. Claims Management Process<br>b. Claims Activities Point-of-Contact<br>c. Informing Patients of FTCA Deemed Status<br>d. History of Claims: Cooperation and Mitigation | |