

PROGRAM REQUIREMENTS

All program requirements are explained in MUCH greater detail in HRSA's Health Center Program Compliance Manual.ⁱ HRSA's Health Center Program Site Visit Protocol is the companion tool HRSA uses to assess compliance with these program requirements.

Needs Assessment

Your health center must define and review its geographic service area annually to ensure it includes the zip codes where at least 75% of your patients reside. You also must conduct a formal needs assessment, which examines the demographic, socioeconomic, and unmet health needs of its served population, at least every three years.

Required and Additional Health Services

You must provide access to **ALL** required servicesⁱⁱ through one or more of three different service delivery methods: directly through employees of your organization, by contracted individuals or organizations, or by formal referral relationships. General primary care services must be provided directly or by contract. All services must be provided in a culturally and linguistically appropriate manner for your patient population.

Clinical Staffing

You must have the clinical staff, contracts, or agreements to perform all these services. You must also meet credentialing and privileging requirements for all clinical staff members, whether they are direct employees, contractors, or referral providers. It is not just your direct employees that must be properly credentialed but ALL of your clinical staff members!

Accessible Locations and Hours of Operation

You must make your services available and accessible to patients in the service area, and ensure your hours of operation, locations are responsive to patient needs.

Coverage for Medical Emergencies During and After Hours

You must have written provisions and arrangements for responding to patient emergencies during and after hours.

Continuity of Care and Hospital Admitting

You must have ongoing, documented, formal referral relationships and/or hospital admitting privileges with one or more hospitals to ensure continuity of care for hospitalized patients. You will also need to have procedures for receiving and tracking medical information about your patients' hospital visits such as discharge instructions or lab results.

Sliding Fee Discount Program

One of the cornerstones of the health center program is that comprehensive services are provided regardless of patients' ability to pay. Your health center must have a sliding fee discount program that applies to all required and additional health services in your HRSA-approved scope of project to ensure patient access regardless of ability to pay. You must have board-approved policies that cover the eligibility and structure of your sliding fee program. The structure of your sliding fee discount program must ensure patients at or below 100% of the federal poverty level pay no fee or just a flat nominal charge. It must

provide a partial discount to patients between 100% and 200% of the poverty level, with at least three discounted pay classes; and it must ensure those above 200% of the poverty level do not receive any discounts as part of the sliding fee structure. Patients should be eligible for discounts based ONLY on their income and family size, not any other criteria.

Quality Improvement/Quality Assurance

You must have a Quality Improvement/Quality Assurance program that ensures provision of high-quality care, assessment of service utilization and appropriateness, and confidentiality of patient records. You need to have board-approved policies and procedures around things like patient satisfaction, patient grievances, patient safety, and adverse events.

Key Management Staff

You must have sufficient full-time equivalent (FTE) employees for key management staff to ensure oversight over the health center program. This includes directly employing your Chief Executive Officer and having personnel who fulfill other key management roles.

Contracts and Subawards

If any of the additional or required services in your approved scope of project are provided by contractors or referral partners, you must have formal contracts or referral arrangements in place with oversight and monitoring to ensure contractors perform according to the contract terms. You also must have documented procurement procedures that comply with Federal standards.

Conflict of Interest

You must have written standards and policies regarding conflicts of interest that apply to employees, officers, and other representatives of the health center.

Collaborative Relationships

You must make reasonable efforts to have collaborative relationships with all the other health centers, hospitals, and safety net providers in the service area and coordinate with others serving the same population.

Financial Management and Accounting Systems

You must have effective financial management and control systems, policies, and procedures in place.

Billing and Collections

You must also have billing and collections policies and procedures, including a schedule of fees, systems of eligibility determination, and processes for collecting from third party payers. You also must make reasonable efforts to collect from patients, while also having policies and procedures for waiving or reducing fees to ensure that NO patient is denied services for inability to pay.

Budget

You must have a budget process with board involvement to develop an annual operating budget that reflects projected costs and revenues necessary to support the health center's proposed or HRSA-approved [scope of project](#).

Program Monitoring and Data Reporting Systems

You also must establish systems for monitoring program performance and reporting data to HRSA – data related to costs, clinical performance, utilization, and more.

Board Authority

You must have a governing board with SPECIFIC authorities detailed in your bylaws and demonstrated in your minutes, including monthly meetings; approving sites, hours, and services; establishing health center policies; and evaluating the performance of the health center.

Board Composition

Your board's composition must meet SPECIFIC requirements, including being 9-25 members in size and majority patients of the health center, and being representative of the community served.

ⁱ "Health Center Program Compliance Manual,"

<https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/pdf/hc-compliance-manual.pdf>

ⁱⁱ "Service Descriptors for Form 5A: Services Provided"

<https://bphc.hrsa.gov/sites/default/files/bphc/compliance/form-5a-service-descriptors.pdf>