

HRSA Grant Compliance and Operational Site Visit Overview

HCHN GOVERNING COUNCIL BRIEFING

JANUARY 14, 2019

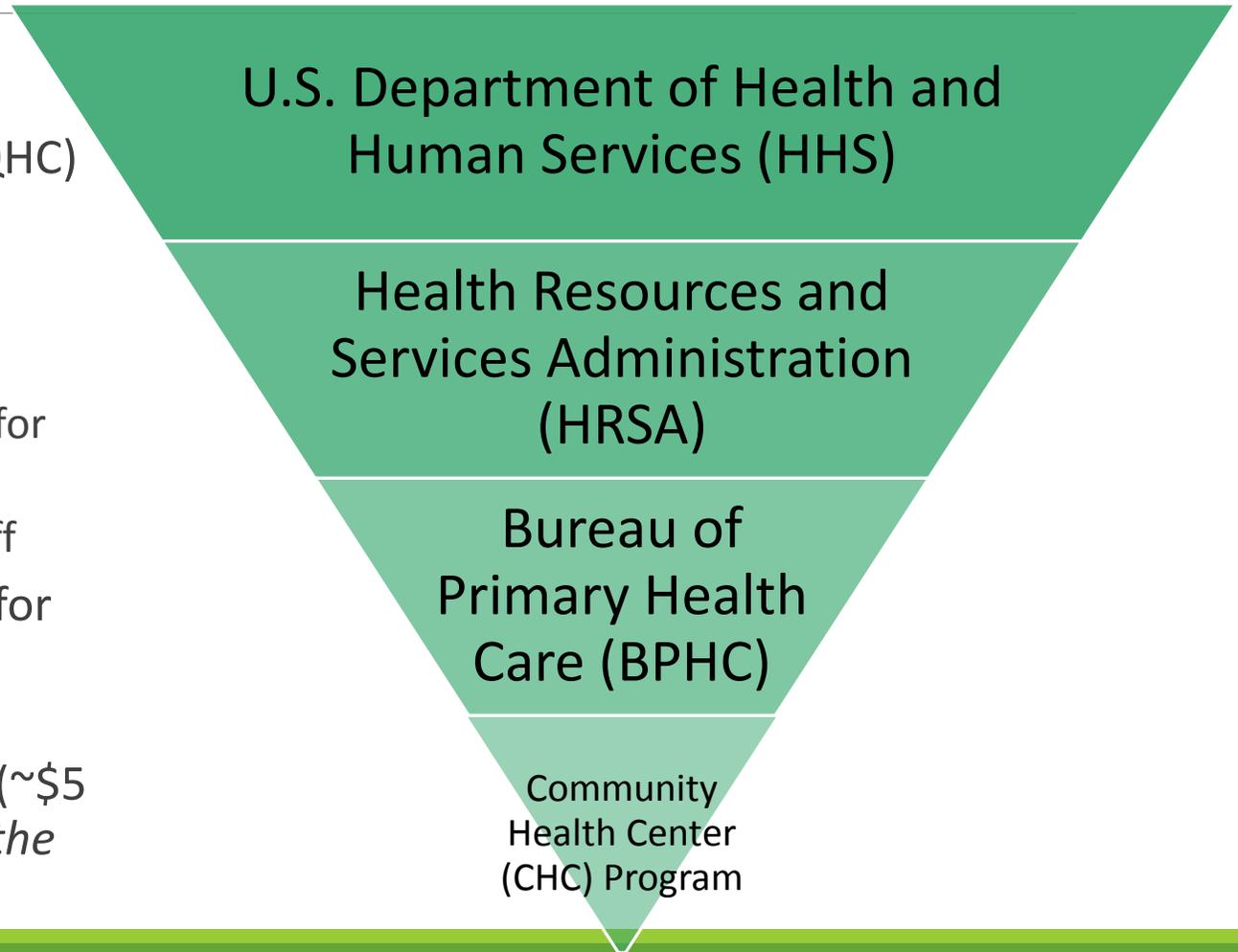
JOHN GILVAR, PROJECT DIRECTOR

HRSA Grant Overview

BPHC establishes requirements for CHC Program grantees/other community health providers to be designated as Federally Qualified Health Centers (FQHC)

- Section 330 of the Public Health Service Act
- FQHC status benefits:
 - Eligibility for CHC Program grant funds
 - Providers to bill Medicaid at a greatly enhanced rate for eligible primary care and other services
 - Loan repayment opportunities for eligible clinical staff
- BPHC sets aside a percentage of CHC grant funds for programs serving homeless population

Public Health-Seattle & King County has the FQHC designation and receives CHC Program grant funds (~\$5 Million annually) *specifically for its Health Care for the Homeless (HCH) services*



Compliance with BPHC's CHC Program Requirements

The CHC Program compliance manual specifies requirements related to how grantees provide *primary care and related services* to underserved areas and populations

- Underserved pops include homeless, residents of public housing, & migrant workers

Examples of requirements:

- Scope of services
- Accessible hours of operation/locations
- Regular needs assessments
- A sliding fee scale ensuring that no one is turned away due to inability to pay
- Community oversight by a governing board with certain authorities and responsibilities

Required and “Additional” Services

Services that must be provided by grantee (Public Health)

- Medical (e.g., family medicine, internal medicine, pediatrics, obstetrics, gynecology, etc.)
- Diagnostic laboratory and radiologic services
- Preventive services, such as prenatal care, cancer screening, well child services, immunizations, family planning, preventive dental services
- Emergency medical services
- Pharmaceutical services, as may be appropriate for particular grantees
- Referrals to medical and other services, such as medical specialists and substance use treatment
- Case management, including assistance in navigating toward financial support
- Enabling services, such as outreach, transportation, language services
- Education re: the availability and proper use of health services

Note that the above services are not required to be provided at all sites and are not required to be provided by grantee employees

Our BPHC “Scope of Project”

Scope of Project: the official HRSA list of...

- Public Health and HCHN contractor sites at which primary care and other services are provided in compliance with CHC Program requirements
- All required and additional health care and related services provided
 - Directly, by contract, or by referral
- Includes sites and services not funded with BPHC grant dollars

Our sites include:

- All of Public Health’s fixed site clinics, some of which provide primary care
- The Mobile Medical units (vans)
- HCHN contractor-operated fixed-site clinics with primary care and/or BH services
- Specialty sites such as Medical Respite @ Jefferson Terrace, STD Clinic

Our services include:

- All of the required primary care, oral health care, behavioral health care, family planning, and a wide array of preventive, case management, enabling, and education services
- Many of the additional permitted services such as behavioral health treatment and recuperative care (respite) services
- Note that HCH grantees are required to provide substance use services

How does BPHC ensure compliance?

Grant renewal applications

- Service Area Competition - every 3 years
- Budget Period Renewal - every intervening year

Operational Site Visits (OSV) - every 3 years

Uniform Data System (UDS) Reporting - annually

Updates to Scope of Sites and Services – ongoing

OSV Overview

- 3 days- June 18-20, 2019
- 3 reviewers (Clinical, Finance, Administrative/Governance) and HRSA Project Officer
- Reviewers use as evidence of compliance or non-compliance: Public Health policies and procedures, written records, interviews, site visits
- Reviewers will interview GC members (at least a subset or Exec Com)
 - Admin Team staff will orient GC in greater detail as OSV dates approach
 - Strategic Planning Retreat
 - Timing of required Governing Council briefings and approvals currently being addressed by GC Executive Committee in agenda planning process
 - Examples: Votes to approve HCHN's QI/QM policy (currently being updated) and the evaluation of performance of the grant Project Director (John)

HCHN Admin Team Preparation for OSV

- HCHN Admin Team has begun project management to collect all needed documentation and identify any gaps to be addressed
 - Team using 2016 OSV documentation and feedback as a guide
 - Requirements have not changed since 2016 OSV
 - Preparation using a new OSV protocol document released in August 2018
 - Goal is zero conditions (HRSA's term for findings of non-compliance)
 - In 2016, the OSV resulted in several conditions, but all were eliminated after Public Health provided additional documentation or made adjustments

Questions?
