

## 2019 HRSA Operational Site Visit (OSV)

Compliance Action Steps

Updated 9/5/19

This provides an update for compliance with the 6/2019 HRSA OSV, including what was submitted during the 14-day Compliance Resolution Opportunity (4 items, due 7/31/19) and 3 remaining items to complete by 90 days after receipt of final report (11/6/19). Green items below have been resolved, red items are in process.

Requirement & Action Summary	Status
<p><b>Billing &amp; Collections</b> – Element H: Policies or Procedures for Waiving or Reducing Fees</p> <ul style="list-style-type: none"> <li>Issue: Seattle-King County Public Health Department (SKCPHD) does not have a policy or procedures that include the specific circumstances when the health center will waive or reduce fees or payments required by the center due to any patient's inability to pay.</li> <li><b>Action:</b> language on waiving fees is being drafted to add to Sliding Fee policy, to be finalized in CHS &amp; approved by Governance Council (GC.)</li> </ul>	<p style="color: green;">Updated Sliding Fee Discount Program policy and Billing and Collections guidelines submitted 8/21/19</p> <p style="color: red;">Board approval to follow OSV submission, once HRSA accepts</p>
<p><b>Board Authority</b> – Element A: Maintenance of Board Authority Over Health Center Project</p> <ul style="list-style-type: none"> <li>Issue: The co-applicant agreement does not delineate the roles and responsibilities of the public agency.</li> <li><b>Action:</b> Modifications made in consultation with KC legal advisors to both co-applicant agreement and by-laws, and with HRSA feedback on draft.</li> </ul>	<p style="color: green;">Revised versions reviewed by GC Exec Comm 8/6 and approved by full Governance Council 8/19. Versions signed by GC and Dept submitted 9/4/19.</p> <p style="color: red;">Awaiting HRSA approval.</p>
<p><b>Contracts &amp; Subawards</b> – Element A: Procurement Procedures</p> <ul style="list-style-type: none"> <li>Issue: Seattle-King County Public Health Department's procurement procedures for the use of federal funds do not include relevant references or citations to 45 CFR Part 75 Subpart E: Cost Principles. The procedures refer to the Uniform Guidance known as 2 CFR 200.</li> <li><b>Action:</b> Policy developed covering procurement with Federal funds.</li> </ul>	<p style="color: green;">Policy developed and submitted 7/31/19; item resolved.</p>
<p><b>Financial Management and Accounting Systems</b> – Element C: Drawdown, Disbursements &amp; Expenditure Procedures</p> <ul style="list-style-type: none"> <li>Issue: Seattle-King County Public Health Department's administrative policies and procedures for accounting, reporting, and management of grants and other financial assistance do not include the federal cost principles in 45 CFR Part 75 Subpart E.</li> <li><b>Action:</b> Policy developed covering financial management per federal cost principles.</li> </ul>	<p style="color: green;">Policy developed and submitted 7/31/19; item resolved.</p>
<p><b>Required and Additional Services</b> – Element A: Providing and Documents Services within Scope of Project</p> <ul style="list-style-type: none"> <li>Issue: The contracts listed below linked to Column II on Form 5A do not show specificity with respect to the list of services to be provided by the referred organization. Also, some contracts are in draft format without</li> </ul>	<p style="color: green;">submitted 7/17; scope change approved 7/18; item resolved 7/18/19</p>

<p>signatures. The contracts linked to Column II on Form 5a without a list of services to be provided include: a) NeighborCare Health b) Medical Teams International for Mobile Van Dental (draft) c) Country Doctor Community Health Centers.</p> <ul style="list-style-type: none"> <li>• <b>Action:</b> language on specific services provided was added to Neighborcare Health sub-recipient agreement. Service erroneously attributed to Country Doctor was correctly added to NCH agreement. Dental services provided by contract with MTI were unchecked from Column II due to not fitting the service provision requirement.</li> </ul>	
<p><b>Sliding Fee Discount Program – Element B: Sliding Fee Discount Program Policies</b></p> <ul style="list-style-type: none"> <li>• Issue: The health center does not have a board-approved policy for its sliding fee discount program that applies uniformly to all patients and addresses the following areas. The policy does not contain definitions of income and family (or households), such as inclusions or exclusions in how they are defined. The policy does not assess all of its patients for sliding fee eligibility based only on income and family size. Patients are also assessed based on the type of clinical service provided or the location of the service. The billing guidelines approved by the board at the same time as the policy state the following: "Clients receiving services within the following programs will have all fees waived: School-Based Health, Parent-Child Health, Behavioral Health, and TB Program."</li> <li>• <b>Action:</b> drafting policy changes in response to several elements, to be approved by GC.</li> </ul>	<p>Updated Sliding Fee Discount Program policy and Billing and Collections guidelines submitted 8/21/19</p> <p>Board approval to follow OSV submission, once HRSA accepts</p>
<p><b>Sliding Fee Discount Program – Element J: Sliding Fee for Column III Services</b></p> <ul style="list-style-type: none"> <li>• Issue: The health center has a referral arrangement for mental health services with NAVOS Mental Health Solutions, which does not have any wording in it regarding how patients that are at or below 200 percent of the FPL will pay a fee that is equal to or better than the fee scale they would pay through the health center.</li> <li>• <b>Action:</b> Column III was unchecked for Mental Health Services by referral, as NAVOS agreement is not a true referral arrangement.</li> </ul>	<p>submitted 7/17; scope change approved 7/18; item resolved 7/18/19</p>