



URBAN INDIAN ORGANIZATION ON-SITE REVIEW MANUAL

Office of Urban Indian Health Programs
Indian Health Service
801 Thompson Avenue, Suite 200
Rockville, Maryland 20852
301-443-4680
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INTRODUCTION

This manual is intended to guide the structured review of Urban Indian Organizations (UIO). A review is conducted annually by the Indian Health Service (IHS) in order to determine compliance with crucial safety and quality requirements. Results of the review are used to plan improvements in the treatment and services provided to American Indian/Alaskan Native peoples and others who receive care at UIO.

In order to assist staff anticipate and prepare for the annual review, a copy of the manual is provided to each UIO.

The requirements contained in the Urban Indian Organization On-site Review Manual are based on relevant, current standards of national healthcare accrediting organizations. These organizations include the Accreditation Association for Ambulatory Health Care (AAAHC), The Joint Commission (TJC), The Commission on the Accreditation of Rehabilitation Facilities (CARF) and The Healthcare Facilities Accreditation Program (HFAP). In addition some requirements are based on relevant chapters from the Indian Health Manual.

Following review by the IHS, the staff of the Urban Indian Organization are asked to implement a corrective action plan for all requirements scored "0" as non-compliant or "1" as partially compliant.

Although the Urban Indian Organization On-site Review Manual is based on current accreditation standards, it is not intended as a substitute for standards manuals separately published by these national organizations that are used by healthcare facility staff to prepare for formal accreditation survey visits.

If you have any questions regarding the purpose or content of this Review Manual, please contact the Office of Urban Indian Health Programs, Indian Health Service, 801 Thompson Avenue, Suite 200, Rockville, Maryland 20852, phone (301) 443-4680.

BACKGROUND

The Indian Health Care Improvement Act, as amended at 25 U.S.C. § 1655, states that the Indian Health Service (IHS) will annually review and evaluate each UIO funded under the law. This manual was prepared to assist the IHS in conducting structured program reviews of UIO. Section 1655 states, in part:

Section 1655. (a) The Secretary, through the Service, shall develop procedures to evaluate compliance with grant requirements under this subchapter and compliance with, and performance of contracts entered into by UIO under this subchapter. Such procedures shall include provisions for carrying out the requirements of this section.

Section 1655. (b) The Secretary, through the Service, shall conduct an annual on-site evaluation of each UIO which has entered into a contract or received a grant under section 1653 of this title for purposes of determining the compliance of such organization with, and evaluating the performance of such organization under, such contract or the terms of such grant.

The Office of Urban Indian Health Programs (OUIO) *On-site Review Manual* shall be used to accomplish this annual evaluation. Should the UIO being reviewed possess current accreditation from an accrediting body recognized by the IHS, it can submit a written request to the Director, OUIO through the appropriate Area Urban Coordinator (AUC) and the Area Director (AD) for a limited waiver. The request for limited waiver should be submitted at least 90 days in advance of the next anticipated annual review based on the previous year's anniversary review date.

An approved waiver will limit the annual review only to the following sections of the Manual:

Section I - *Legislative Review*

Section II - *Governance*

Section III - *Administration*

Section IV- *Financial*

If an accredited UIO would like an annual review of any additional sections, this will be done as a consultation rather than a formal review. The Director of the UIO must make this request in writing to the AUC and the AD. The AUC will attempt to make arrangements for such requests and coordinate any additional reviews with the UIO Director.

ANNUAL URBAN INDIAN ORGANIZATION REVIEW

Urban Indian Organization

Program Name	
Street Address	
City, State, Zip Code	
Facility Contact and Title	
Phone Number	
E-mail Address	

IHS Area Office

Area	
UIO Coordinator	
Phone Number	
E-mail Address	
Date Contacted	
IHS Project Officer	
Area Chief Medical Office	
Area Director	
Contact Date	

Site Visit

Date Site Visit Notification Letter Sent		
Letter Sent By		
Review Dates		
Contact Person at UIO		
Contact Phone Number		
Review Team Members	Review Date	Sections to be Reviewed

The agenda for the annual review should be planned before the start date for the visit. Information found in On-Site Activities, beginning on the next page, can be used to prepare an agenda for the annual program evaluation.

If possible, the review team should complete their visit during the same week.

On-Site Activities

Note: Legislative, Governance, Administration and Financial Management reviews are required for all program reviews. If the UIO is accredited by a nationally recognized accrediting organization, the UIO may request a waiver of the reviews of other sections of the UIO Onsite Review Manual per the instructions found on page 2 of the Manual.

This list of on-site activities can be used to prepare an agenda for the annual review visit. Variables to consider in preparation of the agenda include the scope of services provided by the UIO, the number and availability of UIO staff, and members of the review team.

Session	Participants TBD = To Be Determined	Review Manual Sections	Activities	Documents <i>(Note – additional documents may be requested based finding of initial review)</i>
Opening Conference <i>This session is held the first day of the site visit</i>	<ul style="list-style-type: none"> ▪ UIO Staff <ul style="list-style-type: none"> - Chairperson, Board of Directors - Director - Key leadership staff of the, including as relevant Clinical Director, Chief Nurse, Program Directors of various services ▪ Review Team Member(s) <ul style="list-style-type: none"> - TBD 	None	<ul style="list-style-type: none"> ▪ Welcome and introductions ▪ Explanation of the purpose of the on-site review ▪ Review of the agenda for the on-site review ▪ Agenda revisions as necessary to accommodate UIO and reviewers ▪ Confirmation of the scheduled time for the exit conference with the Urban Program Director and Board Chair. 	None
Leadership	<ul style="list-style-type: none"> ▪ UIO Staff <ul style="list-style-type: none"> - Director - Board Member, if available - Chief Financial Officer or Business Manager ▪ Review Team Member 	<ul style="list-style-type: none"> ▪ Legislative ▪ Governance ▪ Leadership ▪ Financial Management 	<ul style="list-style-type: none"> ▪ Interview of UIO participant ▪ Review of documents requested for this activity 	<ul style="list-style-type: none"> ▪ Legislative <ul style="list-style-type: none"> - Map of urban center catchment area - Demographic breakdown of urban center Indian user population - Health risk appraisal completed in the last three years

Session	Participants TBD = To Be Determined	Review Manual Sections	Activities	Documents <i>(Note – additional documents may be requested based finding of initial review)</i>
	- TBD			<ul style="list-style-type: none"> - List of public and private health services resources within the catchment area - Assessment of urban Indian utilization of community health services during the last three years - Number of urban Indians eligible for use of each local health service - Percent of eligible urban Indians utilizing each local health service - Information for patient population on local health service, e.g. newsletters, mailings, posters, brochures, web-based information, and other forms of communication - List of recommendations submitted to the IHS or other Federal agencies in the last year ▪ Governance <ul style="list-style-type: none"> - Governing body membership and their tribal affiliations

Session	Participants TBD = To Be Determined	Review Manual Sections	Activities	Documents <i>(Note – additional documents may be requested based finding of initial review)</i>
				<ul style="list-style-type: none"> - UIO mission, goals, and objectives reviewed and approved in the last two years - Organizational chart for the UIO - Governing Body Bylaws - Statement on the scope of clinical services - Standards of conduct including conflict of Interest policy and forms - Minutes of Governing Body meetings for the last year - Report from accreditation survey, if one was conducted in the last year - Standing committee membership and minutes for the last year (Human Resources, Finance, Quality Assessment and Performance Improvement, Environmental Safety and Medical Staff) ▪ Leadership

Session	Participants TBD = To Be Determined	Review Manual Sections	Activities	Documents <i>(Note – additional documents may be requested based finding of initial review)</i>
				<ul style="list-style-type: none"> - Policies addressing confidentiality, security, and physical safety of personal information of patients and staff - Policies on handling inquiries from governmental agencies, attorneys, courts, consumer advocate groups, and the media - Statement of responsibilities of UIO leaders - List of clinical services - Memorandum of Understanding (MOU) for services - Strategic Plan - Policy on the reporting and analysis of “adverse (sentinel) events” ▪ Financial Management <ul style="list-style-type: none"> - Policies addressing <ul style="list-style-type: none"> ✓ Purchasing ✓ Inventory ✓ Accounts receivable ✓ Accounts payable ✓ Patient billing ✓ Aging of receivables

Session	Participants TBD = To Be Determined	Review Manual Sections	Activities	Documents <i>(Note – additional documents may be requested based finding of initial review)</i>
				<ul style="list-style-type: none"> - Most recent financial audit and documentation of any corrective action required - Current fee schedule, including sliding scale - Most recent operating budget, including monthly review - Current Business Plan
Facility Tour and Environmental Safety Review	<ul style="list-style-type: none"> ▪ UIO Staff <ul style="list-style-type: none"> - Designated staff (Safety Officer) ▪ Review Team Member <ul style="list-style-type: none"> - Recommend environmental health specialist 	Environmental Safety	<ul style="list-style-type: none"> ▪ Tour of the UIO including <ul style="list-style-type: none"> - Property and supply - Hazardous waste storage locations - Medical gas storage locations - Utilities equipment locations - Fire suppression and alarm controls - Security sensitive areas (Pharmacy, Medical Records, etc.) - Waiting areas - Clinical areas - Parking lots ▪ Review of requested documents 	<ul style="list-style-type: none"> ▪ Evidence of safety rounds and follow-up on deficiencies for the last year ▪ Safety Committee minutes for the last year ▪ Environmental safety staff orientation agenda and materials ▪ Policies and procedures addressing <ul style="list-style-type: none"> - UIO security - Handling of hazardous materials and waste - Safe use of diagnostic radiology equipment (if applicable) - Recall of supplies and equipment - Building evacuation - Medical gas cylinder safety - Management of

Session	Participants TBD = To Be Determined	Review Manual Sections	Activities	Documents <i>(Note – additional documents may be requested based finding of initial review)</i>
				<ul style="list-style-type: none"> biomedical equipment - Response to utility outage ▪ Emergency response plan(s) including fire response ▪ Fire alarms and fire suppression equipment testing and inspections for the last year ▪ Evidence of any inspection by the local or state fire control agency ▪ Emergency generator and emergency battery powered light testing for the last year ▪ Emergency, drills including fire drills and evaluations conducted during the last year
Infection Control	<ul style="list-style-type: none"> ▪ UIO Staff <ul style="list-style-type: none"> - Infection Control Coordinator, or staff assigned to this function ▪ Review Team Member <ul style="list-style-type: none"> - Nurse 	Infection Control	<ul style="list-style-type: none"> ▪ Interview of the UIO participant ▪ Tour of UIO including <ul style="list-style-type: none"> - Sterilization locations - Clean and soiled utility rooms - Food storage locations - Isolation room(s) ▪ Review of requested documents 	<ul style="list-style-type: none"> ▪ Infection prevention and control program plan ▪ Infection control staff orientation agenda and materials ▪ Policies on <ul style="list-style-type: none"> - Hand hygiene - Respiratory hygiene - Minimizing the risk of infection when storing, transporting and disposing of infectious waste

Session	Participants TBD = To Be Determined	Review Manual Sections	Activities	Documents <i>(Note – additional documents may be requested based finding of initial review)</i>
				<ul style="list-style-type: none"> - Bloodborne pathogens - Sharps injury prevention - Cleaning, low-level and high-level disinfection, and sterilization of medical equipment, accessories, instruments, and implants - Managing patients with communicable diseases ▪ Investigating outbreaks of infectious disease ▪ Infection control rounds and follow-up ▪ Mass Influx Plan
Patient Record Review	<ul style="list-style-type: none"> ▪ UIO Staff <ul style="list-style-type: none"> - Staff with knowledge of clinical records - Medical Record/HIM Manager ▪ Review Team Member <ul style="list-style-type: none"> - Reviewer should have clinical skills and knowledge of the service being reviewed 	<ul style="list-style-type: none"> ▪ Clinical Records and Health Information Management ▪ Appendix H– Record Review Forms beginning on page 180 (as appropriate – dental record review to be done during Dental visit) 	<ul style="list-style-type: none"> ▪ Review of no more than 15 medical client records ▪ Review of requested documents 	<ul style="list-style-type: none"> ▪ Policies on <ul style="list-style-type: none"> - Retention of active records - Retirement of inactive records - Release and security of information - Components of a complete clinical record - Use of standardized formats to document care, treatment, or services - Tracking location of all components of the

Session	Participants TBD = To Be Determined	Review Manual Sections	Activities	Documents <i>(Note – additional documents may be requested based finding of initial review)</i>
				<ul style="list-style-type: none"> clinical record - Timely entry of information into the clinical record - Time frame for completion of components of the clinical record - Release of information - Requirements for verbal and telephone orders
Quality Assessment and Performance Improvement	<ul style="list-style-type: none"> ▪ UIO Staff <ul style="list-style-type: none"> - PI Coordinator - Risk Manager - Clinical/Medical Director ▪ Review Team Member <ul style="list-style-type: none"> - TBD 	<ul style="list-style-type: none"> ▪ Quality Assessment and Performance Improvement ▪ Patient Safety 	<ul style="list-style-type: none"> ▪ Interview of UIO participants ▪ Review of requested documents 	<ul style="list-style-type: none"> ▪ Quality assessment and performance Improvement plan ▪ Annual evaluation of QAPI activities ▪ Two QAPI studies completed during the last year ▪ Summary of benchmark data including the most recent analysis of GPRA data ▪ Patient Safety <ul style="list-style-type: none"> - Examples of literature on patient safety provided to staff - Summary of any adverse events that occurred during the last year, and documentation of corrective action

Session	Participants TBD = To Be Determined	Review Manual Sections	Activities	Documents <i>(Note – additional documents may be requested based finding of initial review)</i>
				<ul style="list-style-type: none"> - Policies on <ul style="list-style-type: none"> ✓ Identification, reporting, and analysis of adverse clinical events ✓ Patient behavior warranting dismissal or refusal of care ✓ Response to health care professional incapacitated during care ✓ Response to health care professional who is or appears impaired ✓ Observers entering patient care areas ✓ Communicating reportable events ✓ Identifying, reporting, managing, and analyzing adverse drug events ✓ Obtaining and updating information on the patients' medications
Medical Staff Credential File Review	<ul style="list-style-type: none"> ▪ UIO Staff <ul style="list-style-type: none"> - Clinical/Medical Director 	<ul style="list-style-type: none"> ▪ Medical Staff ▪ Appendix E – Medical Staff 	<ul style="list-style-type: none"> ▪ Review of credential files for all members of the medical staff, unless more 	<ul style="list-style-type: none"> ▪ Credentials files ▪ Completed examples of peer reviews

Session	Participants TBD = To Be Determined	Review Manual Sections	Activities	Documents <i>(Note – additional documents may be requested based finding of initial review)</i>
	<ul style="list-style-type: none"> - Staff assigned to processing of credential files ▪ Review Team Member <ul style="list-style-type: none"> - TBD - Staff with clinical knowledge to review peer review 	Credential File Review page 174	than 15, including <ul style="list-style-type: none"> - Permanent hire - Contractor – locums - Contractor - specialist - Volunteer ▪ Review of requested documents 	<ul style="list-style-type: none"> ▪ Agenda for new provider orientation ▪ Medical staff bylaws or policies addressing <ul style="list-style-type: none"> - Credentialing process - Appointment and reappointment - Granting temporary clinical privileges to a new provider - Fair hearing and appeals
Human Resource File Review	<ul style="list-style-type: none"> ▪ UIO Staff <ul style="list-style-type: none"> - Staff assigned to human resource function ▪ Review Team Member <ul style="list-style-type: none"> - TBD 	<ul style="list-style-type: none"> ▪ Human Resources ▪ Appendix F – Human Resource File Review page 175 	<ul style="list-style-type: none"> ▪ Review of Human Resource files, including permanent hire, contractor or volunteer (sample to be determined by review team) <ul style="list-style-type: none"> - Behavioral health professional - Certified Nursing Assistant (CNA), Nursing Assistant (NA) - Dental Assistant - Driver, if transportation is provided - Housekeeper - Infection Control professional - Medical Assistant (MA) - Nutritionist - Registered Nurse (RN), Licensed Practical Nurse (LPN) 	<ul style="list-style-type: none"> ▪ Personnel files ▪ Agenda for new staff orientation and copy of materials provided ▪ Written procedure to address when licensed independent practitioner brings a nonemployee individual into the UIO to provide care and services ▪ Policy on students and volunteers

Session	Participants TBD = To Be Determined	Review Manual Sections	Activities	Documents <i>(Note – additional documents may be requested based finding of initial review)</i>
			<ul style="list-style-type: none"> - Staff brought in by a contract provider - Substance Abuse Counselor - Supervisor Outreach/Community Service ▪ Review of requested documents 	
Patient Care	<ul style="list-style-type: none"> ▪ UIO Staff <ul style="list-style-type: none"> - Chief Nurse - Other staff as determined by the Chief Nurse ▪ Review Team Member <ul style="list-style-type: none"> - Nurse - Staff with clinical knowledge 	<ul style="list-style-type: none"> ▪ Rights and Responsibilities ▪ Quality of Care Provided 	<ul style="list-style-type: none"> ▪ Interview of UIO participants ▪ Tour of medical clinic including all procedure and examination room ▪ Review of requested documents 	<ul style="list-style-type: none"> ▪ Rights and Responsibilities <ul style="list-style-type: none"> - Patient rights and responsibilities policy - Policy and procedure addressing advance directives - Complaint and grievance policy or process, sample form to voice a complaint - Log of complaints and grievances addressed during the last year - Informed consent policy ▪ Quality of Care Provided ▪ Transfer agreements ▪ Policies and procedures including <ul style="list-style-type: none"> - Assessment and reassessment - Pain management - Identification, reporting, and management of suspected physical

Session	Participants TBD = To Be Determined	Review Manual Sections	Activities	Documents <i>(Note – additional documents may be requested based finding of initial review)</i>
				<ul style="list-style-type: none"> assault, sexual assault, sexual molestation, domestic abuse, or elder or child abuse and neglect - Blood and blood components - Patient education - Procedural sedation - Patient transfer - Immediate and Urgent Care, if applicable ▪ Protocols and standing orders
Dental	<ul style="list-style-type: none"> ▪ UIO Staff <ul style="list-style-type: none"> - Chief Dental Officer ▪ Review Team Member <ul style="list-style-type: none"> - Dentist 	Dental	<ul style="list-style-type: none"> ▪ Interview session ▪ Review of requested documents ▪ Tour of dental clinic ▪ Review of dental record 	<ul style="list-style-type: none"> ▪ Policies <ul style="list-style-type: none"> - Pain management - Dental laboratory
Medical Home	<ul style="list-style-type: none"> ▪ UIO Staff <ul style="list-style-type: none"> - Director - Clinical/ Medical Director - Chief Nurse ▪ Review Team Member <ul style="list-style-type: none"> - Nurse and Physician 	Medical Home	<ul style="list-style-type: none"> ▪ Interview with UIO participants ▪ Discussion about implementation of Medical Home ▪ Review of requested documents 	<ul style="list-style-type: none"> ▪ Scope of services ▪ Patient access guidelines ▪ Strategic Plan or other documents that describe the development of a Medical Home ▪ Education provided to staff on development of the team approach
Pharmacy	<ul style="list-style-type: none"> ▪ UIO Staff <ul style="list-style-type: none"> - Chief Pharmacist ▪ Review Team 	Pharmacy	<ul style="list-style-type: none"> ▪ Interview UIO Chief Pharmacist ▪ Tour of pharmacy ▪ Review of requested 	<ul style="list-style-type: none"> ▪ Contract for pharmacy services, if provided through a contract ▪ Current formulary

Session	Participants TBD = To Be Determined	Review Manual Sections	Activities	Documents <i>(Note – additional documents may be requested based finding of initial review)</i>
	Member - Clinical reviewer, Pharmacist is available		documents	<ul style="list-style-type: none"> ▪ Policies on safe medication practices including <ul style="list-style-type: none"> - Use of injectables and single-use syringes and needles - Look-alike or sound-alike medications - High-alert and hazardous medications - Medication errors and adverse drug events ▪ Other policies <ul style="list-style-type: none"> - Formulary management - Handling of medications brought into the UIO by patients, their families, or licensed independent practitioners - Acceptable medication orders - Medication recalls - Handling of patients' unused, expired, or returned medications including acceptance for disposal ▪ Protocol for administration of influenza and pneumococcal vaccines
Laboratory	<ul style="list-style-type: none"> ▪ UIO Staff 	Laboratory	<ul style="list-style-type: none"> ▪ Interview of UIO Lab 	<ul style="list-style-type: none"> ▪ Copy of CLIA license(s)

Session	Participants TBD = To Be Determined	Review Manual Sections	Activities	Documents <i>(Note – additional documents may be requested based finding of initial review)</i>
	<ul style="list-style-type: none"> - Lab Manager ▪ Review Team Member - Clinical reviewer 		<ul style="list-style-type: none"> Manager ▪ Tour of laboratory ▪ Tour of waived test locations ▪ Review of requested documents 	<ul style="list-style-type: none"> ▪ Policies and procedures <ul style="list-style-type: none"> - Collecting, labeling, storing, and transporting laboratory specimens and biological products - Waived testing - Review of test results by the ordering provider or another privileged provider ▪ Evidence of waived testing competencies for all staff and providers
Radiology	<ul style="list-style-type: none"> ▪ UIO Staff <ul style="list-style-type: none"> - Radiology Manager ▪ Review Team Member <ul style="list-style-type: none"> - Clinical Reviewer 	Radiology	<ul style="list-style-type: none"> ▪ Interview of UIPH Radiology Manager ▪ Tour of radiology ▪ Review of requested documents 	<ul style="list-style-type: none"> ▪ Policies on safety aspects of imaging services including <ul style="list-style-type: none"> - Shielding of patients and staff - Use of radiation monitoring devices and maintenance of appropriate exposure records - Precautions involving pregnant patients and women of childbearing age ▪ Evidence of staff education in safety precautions ▪ Policy on storage and retention of diagnostic images

Session	Participants TBD = To Be Determined	Review Manual Sections	Activities	Documents <i>(Note – additional documents may be requested based finding of initial review)</i>
Behavioral Health	<ul style="list-style-type: none"> ▪ UIO Staff <ul style="list-style-type: none"> - Behavioral Health Manager - Designated UIO Behavioral Health Staff ▪ Review Team Member <ul style="list-style-type: none"> - Behavioral Health Specialist 	Behavioral Health	<ul style="list-style-type: none"> ▪ Interview of UIO Behavioral Health participants ▪ Tour of behavioral health treatment areas ▪ Review of Behavioral Health patient records ▪ Review of requested documents 	<ul style="list-style-type: none"> ▪ Program description and service plan ▪ Suicide register ▪ Waiting list ▪ Agenda for staff orientation and sample materials ▪ QAPI reports or studies ▪ Policies and procedures addressing <ul style="list-style-type: none"> - Special treatment interventions to restrict the rights or physical movement of clients - Admissions process - Initial intake screening (if applicable) - Client assessment and reassessment - Alcohol and drug screenings of clients - Emergency referrals - Treatment planning and updates - Client discharge
Substance Abuse	<ul style="list-style-type: none"> ▪ UIO Staff <ul style="list-style-type: none"> - Behavioral Health Manager - Substance Abuse Manager - Designated Substance Abuse Staff ▪ Review Team Member 	Substance Abuse	<ul style="list-style-type: none"> ▪ Interview with UIO participants ▪ Tour of substance abuse treatment locations ▪ Review of substance abuse records ▪ Review of requested documents 	<ul style="list-style-type: none"> ▪ Substance abuse program description and service plan ▪ QAPI reports or studies ▪ Policies and procedures including <ul style="list-style-type: none"> - Admission - Assessment - Referral to other programs or agencies

Session	Participants TBD = To Be Determined	Review Manual Sections	Activities	Documents <i>(Note – additional documents may be requested based finding of initial review)</i>
	<ul style="list-style-type: none"> - Behavioral Health or Substance Abuse Specialist 			<ul style="list-style-type: none"> - Treatment planning and update - Relapse prevention planning - Client discharge - Scope and content of entries in client records
Public Health Case Management	<ul style="list-style-type: none"> ▪ UIO Staff <ul style="list-style-type: none"> - Director - Contract Public Health Nurse (if available) - Contract Case Manager (if available) ▪ Review Team Member <ul style="list-style-type: none"> - Nurse 	Public Health Nursing	<ul style="list-style-type: none"> ▪ Interview with UIO participants ▪ Review of supply area ▪ Review of requested documents 	<ul style="list-style-type: none"> ▪ Memoranda of Understanding (MOUs) or agreements with local comprehensive clinics and specialty providers ▪ Most recent quarterly report to UIO leadership
Outreach and Community Service	<ul style="list-style-type: none"> ▪ UIO Staff <ul style="list-style-type: none"> - Outreach Manager - Designated Outreach staff ▪ Review Team Member <ul style="list-style-type: none"> - Nurse 	Outreach and Community Service	<ul style="list-style-type: none"> ▪ Interview with UIO participants ▪ Review of requested documents 	<ul style="list-style-type: none"> ▪ Most recent quarterly projections of the number and types of services to be provided ▪ Most recent monthly report data for services provided ▪ Directory for community service resources ▪ Most recent annual program evaluation ▪ Three sets of minutes from staffing meetings held to review difficult cases ▪ Most recent annual report on services provided ▪ Transportation lease

Session	Participants TBD = To Be Determined	Review Manual Sections	Activities	Documents <i>(Note – additional documents may be requested based finding of initial review)</i>
				agreement or purchase information, for the last year <ul style="list-style-type: none"> ▪ Copy of information on public transportation ▪ Policy on referral of clients to other services
Exit Conference <i>This session is held after all Sections identified for review have been evaluated</i>	<ul style="list-style-type: none"> ▪ UIO Staff <ul style="list-style-type: none"> - Chairperson, UIO Board of Directors - UIO Director - Key staff of the UIO ▪ Review Team Member(s) <ul style="list-style-type: none"> - All reviewers that are available 	None	<ul style="list-style-type: none"> ▪ Introductory comments ▪ Summary of each section reviewed ▪ Summary of overall recommendations ▪ Summary of major recommendations that should be immediately addressed ▪ Questions and comments for UIO staff 	

INSTRUCTIONS - URBAN INDIAN ORGANIZATION DIRECTOR

Site Visit

The IHS Area Urban Coordinator will contact the UIO Director to schedule and set an agenda for the annual onsite review. At least 60-days' notice will be given to allow the UIO staff time to collect the required documents and prepare for the onsite review.

Written notification will follow to confirm the dates of the visit and agenda of onsite activities. A copy of the current Urban Indian Organization On-Site Review Manual will be provided along with the notification.

The agenda of onsite review activities set by the IHS Area Urban Coordinator and UIO Director should ensure that all relevant and requirements and sections of the Review Manual are included.

Ideally, the entire area review team will be scheduled for the same dates. However, based on availability of review team members, some activities may need to take place on separate dates

Documents that should be available for the reviewer are found at the end of each Section of the Review Manual.

Urban Indian Organization Profile

All of the grids numbered 1-11 in the Program Profile should be completed by the UIO and provided to the Review Team at least one week before the site visit.

The Program Profile lists basic information about the UIO and is a key document for completing onsite review activities.

1. Overall Summary of UIO Services

UIO Name _____

Description of Services Provided									
Location(s)									
Scope of Service <ul style="list-style-type: none"> ▪ Types and ages of patients served ▪ Services not provided on-site, for which there is a formal arrangement with an offsite facility or agency 									
Days and Hours of Service									
Staffing <ul style="list-style-type: none"> ▪ Staffing complement for all disciplines ▪ Contract staff 									
Community Involvement									
Planning <ul style="list-style-type: none"> ▪ New services 									
Organization Chart	Please provide a signed and dated copy								
Accreditation - please indicate accrediting body and date of last accreditation survey	<table border="1"> <thead> <tr> <th>Accrediting Body</th> <th>Survey Date</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> AAAHC</td> <td></td> </tr> <tr> <td><input type="checkbox"/> CARF</td> <td></td> </tr> <tr> <td><input type="checkbox"/> DNV</td> <td></td> </tr> </tbody> </table>	Accrediting Body	Survey Date	<input type="checkbox"/> AAAHC		<input type="checkbox"/> CARF		<input type="checkbox"/> DNV	
	Accrediting Body	Survey Date							
	<input type="checkbox"/> AAAHC								
	<input type="checkbox"/> CARF								
<input type="checkbox"/> DNV									

	<input type="checkbox"/> The Joint Commission	
	<input type="checkbox"/> Health Facilities Accreditation Program	
Awards Received		

Service Area Profile

If available provide a map of the service area marking the location of local hospitals and the UIO.

	Total Number
Indian population in UIO Service Area	
Active UIO patients for each category below	XXXXXXXXXX
Medical	
Dental	
Behavioral Health	
Substance Abuse	

Health Resources - Agencies

For each community agency list the services provided. Document UIO relationship to the agency F = Formal agreement, I = Informal agreement, N = No agreement

Agency	Services Provided	Relationship to UIPH

2. Board of Directors

UIO Name _____

Number of persons on full board: _____ Number of current vacancies: _____

Name of Board Member	Office Held	Term Expiration	Years on Board	Tribal Affiliation

Is there a formal advisory body to the Board of Directors? ___ Yes ___ No

If yes, list the Advisory Body Members and current information below.

Name of Advisory Body Member	Office Held and Title	Term Expires	Years on Advisory Body	Tribal Affiliation

3. Roster of Clinical Providers

UIO Name _____

Complete the roster listing clinical providers who have been on staff during the current fiscal year.

* Indicate P = permanent hire, C = contract specialist, L = locum, T = telehealth link and V = volunteer

Provider Name	Degree	Category *	Specialty	UIO Service Assignment	Currently on Medical Staff

4. Roster of Other Categories of Patient Care Staff

UIO Name _____

This list should include all staff who provide direct or indirect patient care services including RN, LPN CNA, NA, MA, Dental Assistant, Dental Hygienist, Radiology Tech, Laboratory Staff, Nutritionist, HPDP staff, Pharmacist, Pharm Tech, Social Worker, PT, OT, Speech, Wound Care Specialist, Behavioral Health Counselor, Substance Abuse Counselor

Staff Name	Degree	Position	Department or Service	Hours	
				Full	Part

5. Availability of Services

UIO Name _____

Hours of Service

Indicate the regular hours that services are available (e.g., Monday 8-6, Tuesday 9-4:30). Note in the comments section if only limited services are available during certain periods e.g., Tuesday 7 pm - 9 pm - OB only.

Day	Service						Comments
	Adult	Pediatric	Dental	Immediate or Urgent Care	Substance Abuse	Behavioral Health	
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

6. Standing Committee - Human Resource

Membership List

Member Name	Position Title	Department

Committee Meetings

List dates (mm/dd/yy) of meetings for the last year. If monthly meetings are required and a meeting was missed please explain the reason for cancellation

Month	Date
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

7. Standing Committee - Quality Assessment and Performance Improvement

Membership List

Member Name	Position Title	Department

Committee Meetings

List dates (mm/dd/yy) of meetings for the last year. If monthly meetings are required and a meeting was missed please explain the reason for cancellation

Month	Date
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

8. Standing Committee - Medical Staff

Membership List

Member Name	Position Title	Department

Committee Meetings

List dates (mm/dd/yy) of meetings for the last year. If monthly meetings are required and a meeting was missed please explain the reason for cancellation

Month	Date
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

9. Standing Committee - Environmental Safety

Membership List

Member Name	Position Title	Department

Committee Meetings

List dates (mm/dd/yy) of meetings for the last year. If monthly meetings are required and a meeting was missed please explain the reason for cancellation

Month	Date
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

10. Standing Committee - Finance

Membership List

Member Name	Position Title	Department

Committee Meetings

List dates (mm/dd/yy) of meetings for the last year. If monthly meetings are required and a meeting was missed please explain the reason for cancellation

Month	Date
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

11. Continuity of Care Arrangements

UIO Name _____

Indicate the hospitals where patients are routinely referred by UIO providers for inpatient care. For each hospital, indicate the number of UIO providers who have admitting privileges, and providers who assume responsibility for inpatient care for the indicated hospital services.

Hospital Name and Address	Number UIO Providers with Admitting Privileges

12. Behavioral Health and Substance Abuse Services Description

Program Type

Check all the apply

<input type="checkbox"/> Detoxification	<input type="checkbox"/> Drop-In Center
<input type="checkbox"/> Group Home	<input type="checkbox"/> Halfway House
<input type="checkbox"/> Intensive Outpatient Program (IOP)	<input type="checkbox"/> Outpatient Counseling
<input type="checkbox"/> Prevention, Community-Based	<input type="checkbox"/> Prevention, School-Based
<input type="checkbox"/> Primary Residential Treatment	<input type="checkbox"/> Other (List)

Services Offered

Check all that apply

<input type="checkbox"/> Aftercare	<input type="checkbox"/> Consultation
<input type="checkbox"/> Traditional Healing	<input type="checkbox"/> Substance Abuse Education
<input type="checkbox"/> Residential	<input type="checkbox"/> Medication Management
<input type="checkbox"/> Medical Consultation	<input type="checkbox"/> Prevention Service for Youth
<input type="checkbox"/> Prevention Services Adult	
<input type="checkbox"/> Counseling (check type) <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Family	

Availability of Services

Check all that apply

<input type="checkbox"/> Weekdays only	<input type="checkbox"/> 24-hours a day
<input type="checkbox"/> Evenings and weekends	<input type="checkbox"/> Community Resources

Volume of Services

Total clients seen in last fiscal year	
Total number of staff	
Number of certified or licensed counselors	
Number of non-certified counselors	
Is program currently accredited	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, type of accreditation	
If yes, name of accrediting organization	
If yes, date that accreditation expires	

LEGISLATIVE REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Legislative Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				1. The UIO has estimated the population of urban Indians who are or could be recipients of health care or referral services residing in the catchment area			
				a. A map is available outlining the urban center catchment area (primary and secondary)			
				b. Age and sex breakdown of UIO Indian user population is available for the past fiscal year and most recent census data.			
				c. Bylaws, and/or policies and procedures define the responsibilities of Board members, officers, and standing committees			
				2. The UIO has estimated the current health status of urban Indians residing in the catchment area <i>(Note - Community Health Needs Assessment information is available to capture needs/unmet needs as a focal point. Unmet needs is especially important in the urban centers)</i>			
				a. A health risk appraisal has been completed in the last three years of the urban Indian population.			
				b. Epidemiological data sources are available on the local urban Indian population			
				c. Diagnostic frequency data is available for the user population			
				d. Based upon national standards (<u>'Healthy People 2020</u>) or other national standards,			

Score				Legislative Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				the program has estimated the health care needs of the user population			
				e. The program has estimated the health care needs of the user population being met by other local health service resources.			
				f. The program has estimated the unmet health care needs of the user population.			
				3. Public and private health services resources have been identified within the catchment area. The UIO has developed a directory of health service resources in the area which includes the following information			
				a. Name, address, phone number, website and contact information			
				b. Eligibility criteria for services			
				c. Scope and range of services			
				4. The UIO has determined the use of health service resources by urban Indians residing in the catchment area			
				a. Within the last three years, the UIO has contacted local health services resources to determine the number of urban Indians utilizing each service			
				b. The UIO has estimated the number of urban Indians eligible for use of each local health services			
				c. The program has calculated the percent of eligible urban Indians utilizing each local health services			
				5. The UIO has assisted community health service resources in providing services to urban Indians:			
				a. The UIO has contacted each relevant local			

Score				Legislative Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				health service to determine the barriers to urban Indian utilization of each service			
				b. The UIO has offered local health service assistance and training to increase urban Indian utilization of services			
				c. The UIO makes referrals to local health service as available and appropriate and receives a report back from the referral source			
				d. The UIO has established and implemented training programs to accomplish the referral and education tasks set forth above.			
				6. The UIO has identified gaps between unmet health needs of urban Indians and the resources available to meet such needs			
				a. The UIO has estimated the unmet health care needs of the urban Indian community			
				b. The UIO has identified all health services within the catchment area which are or may be available to urban Indians.			
				c. The UIO has determined those services which are not available to meet the needs of the Indian urban population			
				7. The UIO has assisted urban Indians to become familiar with and utilize community health services resources			
				a. The UIO has surveyed the urban Indian community to determine the barriers to access local health service			
				b. The UIO provides information to the urban Indian community on local health service, particularly those whose focus includes the urban Indian community. (This may include providing newsletters, mailings, posters, brochures,			

Score				Legislative Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				web-based information, and other forms of communication)			
				c. The UIO has determined those services which are not available to meet the needs of the Indian urban population.			
				8. The UIO provides basic health education, including health promotion and disease prevention education to urban Indians			
				a. The UIO has at least one staff member who provides general health education and health promotion/disease prevention (HP/DP) services			
				b. The UIO has an approved HP/DP plan for the urban Indian community			
				c. Health education, including HP/DP is a component of each provider's position description			
				9. The UIO has made recommendations to IHS, Federal, State, local and other resource agencies on methods of improving health programs to meet the needs of urban Indians			
				a. The UIO has submitted written recommendations to the IHS and other Federal resource agencies on methods of improving health service to meet the needs of urban Indians			
				b. The UIO has submitted written recommendations to state resource agencies on methods of improving health service to meet the needs of urban Indians			
				c. The program has submitted written recommendations to local resource agencies on methods of improving health service programs to meet the needs of			

Score				Legislative Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				urban Indians (e.g., local hospitals or local health departments) and received feedback			
				10. Where necessary, the UIO provides, or has entered into contracts or Memorandum of Understanding, for the provision of health care services for urban Indians:			
				a. The UIO has identified the health needs of the urban Indian user population			
				b. The UIO provides health care services for the urban Indian population, based on the identified health care needs			
				c. When unable to provide direct health care services for identified needs, the program has entered into a contractual agreement for the provision of these services			

Total

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GOVERNANCE REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Governance Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				1. The UIO is a nonprofit corporate body, governed by a board of directors the majority (51%) of whose members are urban center American Indians who reside in the local community			
				a. Term limits for governing body members are defined in the Bylaws and are enforced			
				2. The governing body is legally responsible for UIO operation and performance demonstrated by the following			
				a. Mission, goals, and objectives have been reviewed and approved in the last two years			
				b. Facilities and personnel are adequate and appropriate to the services provided			
				c. There is a defined organizational structure for the administration of the UIO			
				d. Corporate bylaws or rules and regulations have been reviewed and approved in the last three years			
				e. UIO policies are current and reflect current practice			

Score				Governance Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				f. The written scope of clinical services reflect services currently offered by the UIO			
				g. There is evidence of UIO-wide quality assessment and performance improvement activities			
				h. Finances are managed appropriately			
				i. The annual budget, and long term capital expenditure plan, if required, have been approved by the governing body			
				j. Patient rights and responsibilities are available, and are posted in locations visible to patients or patient representatives			
				k. Major contracts, Memorandum of Understanding or arrangements affecting UIO medical and dental care are approved by the governing body			
				l. Appointment and reappointment to the medical staff and the granting of clinical privileges are approved by the governing body.			
				m. Any suspension or termination of clinical privileges, and appeals are approved by the governing body			
				n. Medical staff privilege lists reflect current practice within the UIO. All privileges on the list can be performed by members of the			

Score				Governance Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				medical staff and appropriate equipment or support staff are available			
				o. The UIO provides directly or through contract the following services i. Diagnostic imaging ii. Pathology/medical laboratory iii. Housekeeping			
				p. If education to students or postgraduate trainees is offered at the UIO, the governing body has approved the educational services offered and has approved any contract or agreement with the primary education site			
				q. After-hours access to care is posted and readily available to patients or patient representatives.			
				r. Telephone triage services are provided, according written protocols			
				s. Written agreements for services not provided by the UIO are approved by the governing body			
				t. A Strategic Plan has been reviewed and approved by the governing body with the last three years			
				i. Marketing and advertising information and materials accurately represent			

Score				Governance Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				ownership, services provided and accreditation status (if applicable)			
				u. If patient images are used in marketing material there is a signed release for use of the photograph or video			
				v. A Quality Assessment And Performance Improvement Plan was approved by the governing body in the last 12 months			
				w. A Risk Management Plan was approved by the governing body in the last 12 months			
				x. An Infection Control Plan was approved by the governing body in the last 12 months			
				y. The governing body has received reports on the following within the last 12 months i. Quality assessment and performance improvement activities ii. Provider peer review iii. Infection control iv. Risk management v. Environmental safety			
				3. In the last 12 months, The governing board has received and reviewed any information on specific events, including criminal indictments, guilty pleas or verdicts in a criminal proceedings (other than a traffic violation) which have directly or			

Score				Governance Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				indirectly involved the UIO or any of its officers, administrators, provider, or staff within their role in the UIO			
				4. The governing body meets as frequently as required in the Governing Body Bylaws and minutes of the meeting(s) are available			
				a. Minutes of the Governing Body document that required functions have been carried out			
				5. The governing body received reports from the last accreditation survey (if the UIO is accredited) and from the last annual IHS program review, including the status of UIO corrective action plans			
				6. If the governing body elects, appoints, or employs officers and administrators, the authority, responsibility, and functions of these positions are defined			
				7. The UIO Director was selected by and is responsible to the governing body			

Total

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LEADERSHIP REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Leadership Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				1. UIO administrative policies and procedures were reviewed and approved within the last three years			
				2. UIO clinical policies were reviewed and approved within the last three years			
				3. UIO policies are known to staff and are followed			
				4. The UIO has developed a Strategic Plan that addresses needs of the patient population. The plan has been updated at least once in the last three years			
				5. Health center leaders are available to patients and staff			
				6. The health center complies with applicable federal, state, and local laws and regulations			
				7. Fiscal controls are in place to avoid unnecessary purchasing or waste of supplies			
				8. The health center has policies on confidentiality, security, and physical safety of patients and staff personal information			
				9. The health center has policies on handling inquiries from governmental agencies, attorneys, subpoenas, consumer advocacy groups, and the media			

Score				Leadership Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				10. The health center has an information technology infrastructure in place, and has implemented or is moving toward implementation of electronic patient record;			
				11. Health center mission, vision, and goals are posted in waiting area and are available and visible to patients, visitors, and staff			
				12. All health center patient care services are directed by one or more qualified professionals			
				13. The responsibilities of health center leaders are defined in writing			
	1			14. The health center has adequate space for safe, efficient, and effective care, treatment and services			
				15. The grounds, equipment, and special activity areas are safe, maintained, and supervised			
				16. The health center has a process for leaders to address any conflict of interest involving providers and/or staff that affects or has the potential to affect the safety or quality of care, treatment, or services			
				17. Any relationship between care, treatment, or services and financial incentives to providers or staff are available upon request to all patients, and those who work for the health center			
				18. Staff, patients, and families may			

Score				Leadership Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				address ethical issues or issues prone to conflict			
				19. Care, treatment, or services are provided to patients based on their needs, regardless of compensation or financial risk-sharing			
				20. If a staff member is excused from a job responsibility due to religious or moral convictions the care, treatment, or services for patients are not affected in a negative way			
				21. Decisions on provision of ongoing care, treatment, or services, or transfer are based on patient needs, not on the recommendations of any internal or external review			
				22. Patients with comparable needs receive the same standard of care, treatment, or services throughout the health center.			
				23. Contracts for clinical services include the nature and scope of services to be provided			
				24. Contracts for clinical services are evaluated to determine if performance expectations have been met			
				25. If a clinical contract services is terminated continuity of patient care is maintained			
				26. UIO leaders define "adverse (sentinel) event" and communicate the definition and reporting requirements to staff			

Score				Leadership Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				27. Memorandum of Understanding are in place and are reviewed at least once a year to ensure the intent of the MOU is being carried out			

Total

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FINANCIAL MANAGEMENT REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Financial Management Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				1. UIO staff develop and implement financial policies and procedures that describe how functions operate and are monitored including			
				a. Purchasing			
				i. Indian firms are considered, if applicable			
				ii. Three bids are solicited, if applicable			
				iii. Government supply sources used, if applicable			
				b. Inventory			
				c. Banking and Signature			
				d. Accounts Receivable			
				e. Accounts Payable			
				f. Cash transactions			
				g. Petty Cash and/or credit card use			
				h. Patient Billing, including sliding scale			
				i. Collection of fees due			
				j. Aging of receivables			
				k. Expenditure of third party revenue			
				l. Travel by UIO staff			
				m. Posting journal entries			
				n. Preparing income statements and balance sheet			
				o. Prohibiting drawing of checks to "cash"			
				p. Prohibiting signing of blank checks			
				q. Recording and disposal of voided checks			
				2. In the last year there has been an annual, independent, comprehensive financial audit			

Score				Financial Management Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				a. Recommendations resulting from the financial audit are addressed and a corrective action plan put in place			
				3. UIO staff maintain security of paper and electronic fiscal records			
				4. UIO staff submit patient bills for payment within 30 days of service			
				5. UIO staff review and respond to payment denials			
				6. A current fee schedule is available to patients on fees, charges, credit, and collections; sliding scale fees are available			
				28. The UIO has a formal process to review the budget and budget variances on a periodic basis; and to review the long-term capital expenditure plan if applicable			
				7. Capital improvements are made only with proper authorizations			
				8. The Business Plan is reviewed and updated annually			

Total

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PATIENT RIGHTS AND RESPONSIBILITIES REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Patient Rights and Responsibilities Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				1. Patients are treated with respect, consideration, and dignity			
				2. Patients are provided appropriate privacy during registration, examination and treatment			
				3. Translation services are available, based on languages spoken by patient population			
				4. Patients/families/legally authorized persons are provided information concerning their diagnosis, evaluation, treatment, and prognosis			
				5. Patients are encouraged and empowered to participate in decisions involving their health care			
				6. Patient rights are communicated to patients/families, posted and visible or provided in writing when requested			
				7. Information on hours, locations of care and services are available to patients			
				8. Information on how to access care after hours and in an emergency is posted at the entrance to the facility and is accessible to patients/families when the facility is closed			
				9. Patients are informed of fees for services and payment policies			

Score				Patient Rights and Responsibilities Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				10. Patients have the right to refuse to participate in research			
				11. Designated UIO staff provide information on how to complete an Advance Directive in response to patient request			
				12. A list of providers, their position and professional designation is or otherwise readily posted available to patients			
				13. Patients are informed about how to voice a complaint or grievance			
				14. The UIO has a defined process for managing complaints that includes providing timely feedback to patients/families about resolution of concerns			
				15. Patients are informed of their responsibilities including			
				a. Providing complete and accurate information about health status, any medications, including over-the-counter products and dietary supplements being taken and any allergies or sensitivities			
				b. Following the treatment plan established with their provider			
				c. Accepting personal financial responsibility for any charges not covered by insurance			
				d. Being respectful of health care UIO staff, and other patients			

Score				Patient Rights and Responsibilities Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				16. Patients have the right to change providers if other qualified providers are available			
				17. UIO staff respect patients' cultural and personal values, beliefs, and preferences			
				18. UIO staff respect patients' right to pain management			
				19. UIO staff communicate with the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs			
				20. The patient or patient's surrogate has the right to refuse care, treatment, or services, in accordance with law and regulation			
				21. When patients are unable to make decisions about care, treatment, or services, the UIO staff involve a surrogate decision-maker in making these decisions			
				22. UIO staff inform patients or surrogate decision-makers about any unanticipated outcomes of care, treatment, or services			
				23. The UIO policy on informed consent that identifies the specific care, treatment, or services that require informed consent. The consent process includes			
				a. Discussion about the proposed care, treatment, or services			
				b. Discussion about potential			

Score				Patient Rights and Responsibilities Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				benefits, risks, and side effects of the patient proposed care, treatment, or services; the likelihood of the patient achieving his or her goals; and any potential problems that might occur during recuperation			
				24. Patients/families are informed about reasonable alternatives to the patient's proposed care, treatment, or services			
				25. There is an informed consent for the production of recordings, films, or other images			
				26. Research protocols are reviewed for any patient who is participating in or is a subject of a research study			

Total

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ENVIRONMENTAL SAFETY REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Environmental Safety Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				1. The UIO Director designates an individual(s) "Safety Officer" to intervene as needed whenever environmental conditions immediately threaten life or health or threaten to damage equipment or buildings			
				2. The "Safety Officer" <ul style="list-style-type: none"> a. Identifies environmental risks to patients, staff, visitors and others from the following sources <ul style="list-style-type: none"> i. Scheduled hazardous surveillance rounds ii. Scheduled emergency response drills iii. Environmental incident reports iv. Reports on patient and visitor complaints v. Proactive assessment of known risks in the environment vi. Information published in the literature by credible external agencies e.g. Joint Commission's Sentinel Event Alerts, ECRI b. Presents a summary of identified safety issues at least quarterly to a designated UIO safety group or committee c. Monitors actions taken to minimize identified safety risks to determine if they have been effective 			
				3. The UIO has a designated committee assigned to receive reports on environmental safety issues, recommend corrective actions, and			

Score				Environmental Safety Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				follow-up to ensure actions are taken.			
				a. The Environmental Safety Committee meets at the required frequency as specified in the Governing Body Bylaws			
				b. The Committee carries out required functions and these are documented in Committee minutes			
				4. The Safety Officer and designated staff conduct environmental hazard surveillance rounds at least once every six months in all UIO locations used for patient care, The rounds are used to a. Identify safety risks in the environment b. Evaluate staff knowledge and practices regarding prevention and management of environmental safety risks c. Verify correction of previously identified environmental safety problems			
				5. The UIO environment is suitable for patient care, treatment, or services as evidenced by			
				a. Prominently displayed illuminated signs with emergency power capability at all exits, including exits from each floor or hall			
				b. Stairwells protected by fire doors, when applicable			
				c. Exits which are easily accessed and unobstructed			
				d. Reception areas, restrooms, and telephones sufficient for patient and visitor volume			
				e. Examination rooms, dressing rooms, and reception areas that are constructed and maintained to ensures patient privacy			

Score				Environmental Safety Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				during interviews, examinations, treatment, and consultation			
				f. Accommodations for disabled individuals			
				g. Lighting suitable for care, treatment, or services			
				h. Minimal level of noise			
				i. Ventilation, temperature, and humidity levels suitable for the care, treatment, or services provided			
				j. Areas used by patients that are clean and well maintained			
				k. Emergency access to all locked and occupied spaces			
				<p>6. All UIO staff receive an orientation on hire and annually thereafter regarding their responsibilities to identify, report, respond to and manage safety risks in the environment. Topics include</p> <ul style="list-style-type: none"> a. Response to emergencies: fire, hazardous chemical spill or exposures, dangerous weather conditions, utility disruptions and outages, and security emergencies b. Evacuation of premises c. Incident reporting d. Reporting of biomedical equipment issues e. Compressed gas cylinder handling and storage f. Electrical equipment safety g. Radiation safety (for staff using diagnostic imaging equipment) h. Safe storage of equipment and supplies i. Ergonomics, e.g. lifting, carrying patients j. Use of safety, emergency, and fire extinguishing equipment 			

Score				Environmental Safety Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				<ul style="list-style-type: none"> k. Fire prevention and fire hazard reduction l. Workplace violence m. Access control to security sensitive areas 			
				7. Staff attendance and completion of safety risk orientation and annual re-education is documented			
				8. All individuals who provide care and services whether employed, contractor or volunteer attend the safety risk orientation and annual re-education			
				9. Property Inventory - explain the process to obtain new inventory			
				10. The UIO has written policies and procedures for controlling access to and from security sensitive areas including <ul style="list-style-type: none"> a. Patient record storage b. Pharmacy and other medication storage areas c. Information systems equipment rooms d. Laboratory and other areas where patient specimens are stored 			
				11. UIO security policies address <ul style="list-style-type: none"> a. Restricting observers in patient care areas and addressing those persons authorized to perform or assist in procedure areas. b. Evidence of patient consent for non-authorized persons allowed in patient care areas. 			
				12. The UIO maintains a current inventory of regulated hazardous materials and waste that are used, stored, or generated			
				13. UIO staff follow written procedures, including precautions and use of personal protective equipment for			

Score				Environmental Safety Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				<ul style="list-style-type: none"> a. Use of hazardous chemicals b. Handling of hazardous waste c. Response to hazardous material and waste spills or exposures 			
				<p>14. The UIO has written policies and procedures regarding safe use of diagnostic radiology equipment addressing</p> <ul style="list-style-type: none"> a. Staff radiation exposure monitoring b. Warning signage c. Precautions for women of childbearing age d. Protection of pregnant patients and staff e. Shielding of patients during procedures f. Annual testing and inspection of equipment g. Patient screening prior to use of contrast media(if relevant to UIO services) 			
				<p>15. The UIO has a process to minimize risks associated with selecting, handling, storing, transporting, using, monitoring and disposing of hazardous gases and vapors, (<i>Note - Hazardous gases and vapors include glutaraldehyde, ethylene oxide, vapors generated while using cauterizing equipment and lasers, and gases such as nitrous oxide</i>)</p>			
				<p>16. Permits, licenses, manifests, and material safety data sheets required to managing hazardous materials and waste are readily available to staff</p>			
				<p>17. Hazardous materials and waste storage areas are labeled with signs that identify contents and provide hazard warnings</p>			
				<p>18. The UIO has a written fire response plan, that describes</p> <ul style="list-style-type: none"> a. Specific roles of staff during a fire b. When and how to sound fire alarms 			

Score				Environmental Safety Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				c. How to contain smoke and fire d. How to use a fire extinguisher e. How to evacuate patients, staff and self to areas of refuge			
				19. Portable fire extinguishers a. Are available in adequate number and location b. Are inspected at least monthly c. Undergo documented maintenance at least every 12 months			
				20. The UIO has a systematic approach to selecting and acquiring medical equipment			
				21. The UIO has a written inventory of all medical equipment which is readily available upon request to equipment end users			
				22. UIO staff receive education prior to the use of new biomedical devices or products			
				23. The frequency for inspecting, testing, and maintaining medical equipment is based on manufacturers' recommendations, risk levels, or current UIO experience			
				24. The UIO monitors and reports all incidents in which medical equipment is suspected in or attributed to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990			
				25. The UIO has a procedure for clinical staff to follow when medical equipment fails			
				26. Before the initial use of new medical equipment safety, operational, and functional checks are completed by qualified persons			
				27. Qualified persons inspect, test, and maintain all equipment in accordance with manufacturers'			

Score				Environmental Safety Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				instructions			
				28. In UIO areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies			
				29. Utility system controls are labeled to facilitate partial or complete emergency shutdowns			
				30. The UIO has a written procedure for response to utility system disruptions			
				31. Battery powered lights are maintained as follows a. At 30-day intervals, a functional test is done for a minimum duration of 30 seconds, date of the testing is documented b. Every 12 months, a functional test is done for duration of 1 1/2 hours; or the UIO replaces all batteries every 12 months and, during replacement, performs a random test of 10% of all batteries for 1 1/2 hours			
				32. Fire alarms and fire suppression equipment are inspected and tested in accordance with National Fire Protection Association (NFPA) and equipment manufacturer guidelines			
				33. The UIO has a procedure to monitor items that must be kept frozen, refrigerated and/or heated as required by the manufacturer 34. Required temperature ranges are available to staff performing the monitoring. <i>(Note – examples of storage that requires monitoring include vaccines, laboratory reagents, tissues used in wound care)</i>			
				35. The UIO has a policy and process that addresses the recall of			

Score				Environmental Safety Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				<ul style="list-style-type: none"> a. Drugs and vaccines b. Blood and blood products c. Medical devices d. Equipment and supplies e. Food products 			
				<p>36. The UIO has a written product recall policy that addresses</p> <ul style="list-style-type: none"> a. Staff access to sources of recall information (FDA, CDC, manufacturers, and other local, state, or federal sources) b. Methods for notification of staff that need to know of the recall c. Methods to determine if a recalled product is used in the UIO or has been given or administered to patients d. Removal and other required response to recalled products e. Disposition or return of recalled items f. Patient notification, as appropriate 			
				37. Products, including medications, reagents, and solutions, that carry an expiration date are monitored			
				38. The UIO has a policy for disposal or return of expired medications and supplies that is compliant with local, state, and federal guidelines			
				39. UIO staff have access to the personnel, equipment, and procedures needed to deliver safe care, and to handle medical and other emergencies that may arise.			
				40. The UIO has a comprehensive written emergency preparedness plan that addresses internal and external emergencies and describes			

Score				Environmental Safety Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				<ul style="list-style-type: none"> a. Participation in community health emergency or disaster preparedness b. Provision for safe evacuation of patients, visitors and staff during an emergency, especially those at greatest risk 			
				41. UIO leaders determine what role it will have, if any, in the community response plan (<i>Note – community response plan address emergencies that affect the town, county, region, or state, in which a coordinated planned response is activated by community leadership</i>)			
				42. The UIO conducts at least one emergency drill each calendar quarter including <ul style="list-style-type: none"> a. At least one drill that tests the UIO fire response plan b. At least one drill that tests staff knowledge of CPR c. Two other drills which test staff response to emergency events deemed priorities e.g. weather related event, missing child, hazardous chemical spill, security breach, or community –wide emergency 			
				43. Emergency drills may involve response to <ul style="list-style-type: none"> a. Simulations of emergency events b. Actual emergency events 			
				44. The UIO conducts a written evaluation of each drill with <ul style="list-style-type: none"> a. Issues identified in the drill evaluation addressed promptly b. Necessary corrections or modifications made to the emergency response plan c. Education provided to staff d. Report to the governing body 			

Score				Environmental Safety Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				45. The UIO provides evidence of compliance with the following <ul style="list-style-type: none"> a. Applicable state and local building codes and regulations. b. Applicable state and local fire prevention regulations, such as the NFPA 101® <i>Life Safety Code</i>,® 2000 Edition, published by the National Fire Protection Association, Inc.1 c. Applicable federal regulations. d. Periodic inspection by the local or state fire control agency, if this service is available in the community 			
				46. Smoking is not permitted in the UIO			

Total

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INFECTION CONTROL REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Infection Control Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				1. Infection prevention and control activities follow recognized national guideline established for healthcare facilities, e.g. Center for Disease Control (CDC), Association of Professionals in Infection Control (APIC). Activities including plans and policies are			
				a. Approved by the governing body			
				b. Under the direction of a designated and qualified health care professional "Infection Control Professional " with education and competence in infection control who			
				i. Oversees the development of policies to prevent and identify and managing communicable diseases and infection risks			
				ii. Directs intervention to prevent infection			
				2. All UIO providers, staff contractors and volunteers receive orientation and annual education on UIO infection control policies and procedures			
				3. The UIO has policies that address			
				a. Preventing and controlling infections to providers, staff, patients, visitors, and families including			
				i. Hand hygiene			
				ii. Respiratory hygiene			
				b. Minimizing the risk of infection when storing, transporting and disposing of infectious waste			

Score				Infection Control Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				c. Bloodborne pathogens, including			
				i. Compliance with all applicable occupational health and safety regulations for health care workers			
				ii. Implementation of a Hepatitis B vaccination program			
				iii. Post-exposure evaluation and treatment			
				iv. Implementation of standard precautions			
				d. Sharps injury prevention that includes			
				i. Documentation of new employee orientation, annual staff education, and additional education as needed			
				ii. Disposal of intact needles and syringes into appropriate puncture-resistant sharps containers			
				iii. Placement of sharps containers in appropriate care areas, secured from tampering			
				iv. Replacement of sharps containers when the fill line is reached			
				v. Handling, storage, and disposal of filled sharps containers in accordance with applicable regulations			
				e. Cleaning, low-level and high-level disinfection, and sterilization of medical equipment, accessories, instruments, and implants including			
				i. Identification and processing of medical equipment and instruments that fail to meet high-level disinfection or sterilization parameters			
				ii. Handling and storage of sterile equipment and instruments to maintain sterility			

Score				Infection Control Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				f. Cleaning of patient treatment and care areas including i. Cleaning before use ii. Cleaning between patients iii. Terminal cleaning at the end of the day			
				g. Isolation or immediate transfer of patients with communicable diseases			
				i. When UIO staff become aware that they have transferred a patient who has an infection requiring monitoring, treatment, and/or isolation, they inform the receiving facility			
				h. Investigating outbreaks of infectious disease			
				4. Protection of health care worker including			
				a. Screening for exposure and/or immunity to infectious disease made available to staff who may come in contact with infections at the workplace			
				b. Immunizations for other infectious risks			
				c. Tuberculosis respiratory protection			
				d. Referral of staff who have or are suspected of having an infectious disease that puts others at risk for assessment and potential testing, prophylaxis/treatment, or counseling			
				e. A process to provide or refer staff who have been occupationally exposed to an infectious disease, for assessment and potential testing, prophylaxis/treatment, or counseling			
				f. Annual influenza vaccination program that			
				i. Provides education to providers and staff about the influenza vaccine; non-vaccine control and prevention measures; and the			

Score				Infection Control Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				diagnosis, transmission, and impact of influenza			
				ii. Offers the influenza vaccination on site to providers, staff, contractors and volunteers; or facilitates how to obtain influenza vaccination off site			
				iii. Has a goal of improving influenza vaccination rates			
				iv. Collects and reviews the reasons why staff have declined the influenza vaccination			
				v. Calculates the influenza vaccination rate data and reports annually to leadership			
				5. The UIO maintains a functional and sanitary environment for the provision of services by			
				a. Checking of clinical supplies for expiration, damage and compromised sterility			
				b. Monitoring of temperature to ensure that products are not compromised due to out of range temperatures			
				c. Adhering to infection control policies on cleaning of patient care areas			
				6. The UIO has mechanism to notify public health authorities of reportable conditions			
				7. The Infection Control Professional conducts periodic surveillance that includes			
				a. Infection control rounds			
				b. Identification of infection risks in the environment			
				c. Observation of provider and staff infection control practices			
				d. Review of records of patients with positive cultures			

Score				Infection Control Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				e. Assistance in the management of specific infectious cases			
				8. The UIO has a process to identify and address potential infection risks based on			
				a. Geographic location, community, and population served			
				b. Care, treatment, or services provided			
				c. Analysis of infection surveillance and control data			
				9. The UIO addresses how it would handle the influx of potentially infectious patients that includes			
				a. Identified resources that can provide information about infections (<i>Note – Resources may include local, state, and federal public health systems</i>)			
				b. How to obtain current clinical and epidemiological information regarding new infections that could cause an influx			
				c. A method for communicating critical information to providers and staff about emerging infections that could cause an influx			
				d. A written description of how health will activate and staff will respond to an influx			

Total

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CLINICAL RECORDS AND HEALTH INFORMATION MANAGEMENT

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Clinical Records and Health Information Management Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				1. The UIO maintains a system for proper collection, processing, maintenance, storage, retrieval, and distribution of clinical records			
				2. A designated person is in charge of clinical records with responsibilities that include			
				a. Confidentiality, security, and physical safety of records			
				b. Timely retrieval of requested records			
				c. Supervision of the collection, processing, maintenance, storage, and appropriate access to and usage of records			
				d. Security of clinical records including a method of tracking who accesses records in order to block unauthorized access			
				3. An individual clinical record is established for each patient receiving care.			
				4. The content and format of records, including the sequence of information, are uniform for each clinical discipline including, as applicable			
				a. Medical			
				b. Dental			
				c. Optometry			
				d. Behavioral health			
				e. Substance abuse			
				5. Records are organized in a consistent manner to facilitate continuity of care			
				6. The UIO ensures continuity of care by			
				a. Obtaining documentation of consultations, procedures, hospitalization notes, etc. from			

Score				Clinical Records and Health Information Management Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				external providers, facilities with an MOU in place, or Accountable Care Organizations and incorporating them into the patient's UIO record			
				b. Providing requested information to external health care professional(s), if the patient approves release of information			
				7. All staff who access to patient records have completed security certification			
				8. Any record that contains clinical, social, financial, or other data on a patient is treated as strictly confidential and is protected from loss, tampering, alteration, destruction, and unauthorized or inadvertent disclosure a. Patients are given the opportunity to approve or refuse release of records, except when release is permitted or required by law			
				9. All clinical information relevant to a patient is readily available to authorized personnel any time the UIO is open			
				10. Written UIO policies address			
				a. Retention of active records			
				b. Retirement of inactive records			
				c. Release and security of information including accountability for editing, deletion, and access of clinical record content			
				d. Components of a complete clinical record			
				e. Standardized formats to document care, treatment, or services			
				f. Tracking location for all components of the clinical record			

Score				Clinical Records and Health Information Management Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				g. Timely entry of information into the clinical record			
				h. Time frame for completion of the record			
				i. Requirement that original clinical records are not released unless the UIO is responding to law and regulation			
				j. Requirements for verbal and telephone orders including			
				i. Who can receive a verbal or telephone order			
				ii. Document the date and the names of individuals who gave, received, recorded, and implemented the orders			
				iii. Authentication within the time frame specified by law and regulation			
				11. Only authorized individuals make entries in the clinical record			
				12. The UIO defines the types of entries in the clinical record made by students and trainees that require countersignature			
				13. The author of each record entry is identified in the clinical record			
				14. Entries in the clinical record are authenticated by the author, including entries made through transcription or dictation a. Authentication includes the degree or profession of the author			
				15. The individual identified by the signature stamp or method of electronic authentication is the only individual who uses it			

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QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Quality Assessment and Performance Improvement Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				1. The UIO has a written quality assessment and performance Improvement (QAPI) plan which addresses			
				a. Purposes and objectives			
				b. Scope of QAPI activities			
				c. Priorities established by UIO leaders			
				d. Designation of topics and performance measures associated with the stated priorities			
				e. Data collection processes to be used			
				f. Assignment of responsibility for coordination and oversight of QAPI activities			
				g. Integration of quality improvement, peer review, patient safety, environmental safety, infection control and risk management activities			
				2. Designated UIO staff prepare an annual evaluation of the QAPI activities which addresses			
				a. Accomplishments			
				b. Effectiveness			
				c. Priorities			
				3. Adequate resources are provided to conduct QAPI activities including sufficient staff, access to data, education and time allocation for planning, data collection, summary, analysis and deliberation			
				4. Data collection methods used to conduct QAPI activities include			
				a. Criteria based review of patient records			
				b. Review of other types of clinical and administrative documentation, e.g. logs, complaints			

Score				Quality Assessment and Performance Improvement Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				c. Observation of care and treatment practices			
				d. Interviews of patients, family members, and staff			
				e. Written surveys of patients, family members, and staff			
				5. Topics or performance measures chosen for the QAPI activities include as relevant d a. Number or rate of specific types of adverse events i. Complications in the use of moderate or deep sedation or anesthesia ii. Transfusion reactions iii. Significant adverse drug reactions iv. Significant medication dispensing or administration errors v. Surgical complications including surgical site infections vi. Liability cases vii. Other types of adverse events			
				b. Rate of compliance to pre-established criteria, evidence based guidelines or best practices for i. Specific operative, invasive or high risk procedures ii. Assessment and continuing clinical management of specific diagnoses, and conditions iii. Prescribing of specific medications iv. Utilization of specific diagnostic tests			

Score				Quality Assessment and Performance Improvement Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				c. Rate of patient and community satisfaction with services including <ul style="list-style-type: none"> i. Timeliness of services ii. Accessibility of services iii. Patient complaints or grievances iv. Professionalism of staff v. Benefits of care provided vi. Adequacy of environment 			
				d. Rate of clinical outcomes for specific <ul style="list-style-type: none"> i. Procedures performed ii. Diagnoses treated iii. Populations served iv. Types of therapy provided v. Education provided 			
				e. Rate of compliance to Medical Record documentation criteria <ul style="list-style-type: none"> i. Diagnoses and procedure (Appendix H page 180) or other reviews ii. Random case review iii. Record completion iv. Reports from external consultants and facilities 			
				6. Completed QAPI activities include documented evidence of the following			
				a. Statement of purpose of activity			
				b. Description of topics or performance measures and data to be collected			
				c. Description of data collection method(s) including how often data is to be summarized and presented			
				d. Statement of goal(s) or benchmarks if available			
				e. Results of data collection summarized at frequency required			

Score				Quality Assessment and Performance Improvement Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				f. Analysis of data results including comparison of data results to goals			
				g. Corrective action(s) implemented to improve results and resolve identified problem(s) including <ul style="list-style-type: none"> i. Staff education ii. Revision of policies and procedures iii. Other actions 			
				h. Re-measurement to determine if corrective actions have achieved and sustained improvements			
				i. Communication of results to leaders, governing body and staff of the UIO			
				7. The UIO participates in external benchmarking activities with <ul style="list-style-type: none"> a. Results of benchmarking activities incorporated into QAPI activities b. Results of benchmarking activities reported to the governing body and to staff of the UIO 			
				8. The Quality Assessment and Performance Improvement Committee meets at the required frequency as specified in the Governing Body Bylaws and			
				a. The Committee carries out the required functions and these are documented in Committee minutes			

Total

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PATIENT SAFETY REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Patient Safety Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				1. UIO leaders create and maintain a culture of safety and quality			
				2. All UIO staff are encouraged to identify and report on issues of safety and quality			
				3. Literature and advisories relevant to patient safety are available to UIO staff			
				4. UIO leaders define how members of the population served can help identify and manage issues of safety and quality within the UIO			
				5. The UIO has a well-defined process for the identification, reporting, and analysis of adverse clinical events. The analysis identifies <ul style="list-style-type: none"> a. Causal factors underlying the event b. Potential improvements to reduce the likelihood of such events in the future 			
				6. The UIO conducts an analysis of the adverse clinical events <ul style="list-style-type: none"> a. An unexpected occurrence during a health care encounter involving patient death or serious physical or psychological injury or illness, including loss of limb or function, not related to the natural course of the patient's illness or underlying condition b. Any process variation for which a recurrence carries a significant chance of a serious adverse outcome 			

Score				Patient Safety Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				<ul style="list-style-type: none"> c. Events such as actual breaches in medical care, administrative procedures, or other events resulting in an outcome that is not associated with the standard of care or acceptable risks associated with the provision of care and service for a patient d. All events involving reactions to drugs and materials e. Circumstances or events that could have resulted in an adverse event 			
				<p>7. The UIO has written policies and procedures to address specific circumstances which entail risk to patients and staff including</p> <ul style="list-style-type: none"> a. Patient behavior warranting dismissal or refusal of care b. Health care professional incapacitated during a medical or surgical procedure c. Health care professional who is or appears impaired d. Observers in patient care areas that are not authorized staff 			
				8. The UIO has a policy and procedure for communicating reportable events as required by law and regulation			
				9. The UIO undertakes a periodic review of all litigation involving the facility and its staff and health care professionals			
				10. The UIO provides timely notification to the professional liability insurance carrier when adverse or reportable events occur			
				11. The UIO identifies and maintains a current list of look-alike, sound-alike medications			

Score				Patient Safety Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				12. The UIO identifies, in writing, its high-alert and hazardous medications			
				13. The UIO has a written process to respond to actual or potential adverse drug events, including significant adverse drug reactions, and medication errors			
				14. UIO staff use at least two unique patient identifiers when providing care, treatment, or services			
				15. Health care staff label containers used in the collection of blood and other specimens in the presence of the patient			
				<p>16. In perioperative and other procedural settings UIO staff responsible for management of medications</p> <ul style="list-style-type: none"> a. Label medications and solutions on and off the sterile field that are not immediately administered or have been transferred from the original packaging to another container b. Verify all medication or solution labels both verbally and visually whenever the person preparing the medication or solution is not the person who will be administering it. c. Label each medication or solution as soon as it is prepared, unless it is immediately administered d. Immediately discard any medication or solution found unlabeled e. Remove all labeled containers on the sterile field and discard their contents at the conclusion of the procedure f. Immediately review all medications and 			

Score				Patient Safety Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				the labels of all medications when entering and exiting procedure area during procedure			
				<p>17. The UIO has a procedure to systematically obtain and/or update information on the medications patients are taking This information</p> <p>a. Is documented in a list or other format that is useful to those who manage medications</p> <p>b. Allows providers to identify and resolve discrepancies in the medications the patient is taking with the medications that have been prescribed for the patient</p>			
				18. The UIO has a procedure to provide patients or families with written information on the medications they should be taking at the conclusion of their visit to the UIO			
				<p>19. The UIO implements either the current Centers for Disease Control and Prevention (CDC) or World Health Organization (WHO) hand hygiene guidelines and takes the following steps</p> <p>a. Educates staff regarding hand hygiene guidelines</p> <p>b. Measures staff compliance with hand hygiene guidelines</p> <p>c. Provides continuing education and other interventions to improve compliance with hand hygiene guidelines</p>			
				20. If relevant to services provided, the UIO takes steps to prevent surgical site			

Score				Patient Safety Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				<p>infections. These steps include</p> <ul style="list-style-type: none"> a. Education of staff involved in surgical procedures at orientation and annually regarding evidence –based practices to prevent surgical site infections b. Education of patients who are undergoing surgical procedures about prevention of surgical site infections c. Formal adoption of evidence- based practices to prevent surgical site infections derived from Center For Disease Control (CDC) or relevant professional associations d. Monitoring compliance to surgical site prevention practices e. Evaluating the effectiveness of surgical site prevention practices and taking corrective action as needed 			
				<p>21. The UIO has a written pre-procedure process to verify the correct procedure, for the correct patient, at the correct site The procedure includes the following steps</p> <ul style="list-style-type: none"> a. Identification of the items that must be available for the procedure and use of a standardized list to verify their availability: e.g. documentation of history and physical, test results, blood, devices, equipment, etc. b. Marking of the procedure site <ul style="list-style-type: none"> i. At the incision or insertion site if there is more than one possible location for the procedure ii. Before the procedure iii. If possible, with the involvement of the patient 			

Score				Patient Safety Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				iv. By the individual performing the procedure v. Using a consistent, unambiguous marking method vi. With an alternative process for patients who refuse marking or for whom marking is impossible			
				22. Conducting and documenting a ‘time-out’ immediately before starting the invasive procedure or making the incision during which members of the procedure team at a minimum, agree and confirm the following: a. Correct patient identity b. The correct site c. The procedure to be done			

Total

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MEDICAL STAFF REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Medical Staff Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				1. The medical staff is accountable to the governing body			
				2. When an application for medical staff appointment is complete, the applicant's credentials are verified according to procedures established by the UIO			
				3. Clinical privileges are granted based on an applicant's qualifications			
				4. Clinical privileges are granted only for those types of treatment and procedures that can be safely performed in the UIO			
				5. The UIO has a process for granting temporary clinical privileges to a new provider in order to meet important patient needs			
				6. Following approval of clinical privileges by the governing body, providers are given a written list of granted initial, renewed, or revised privileges and any denied privileges			
				7. At the time of reappointment, results of peer review are used for granting clinical privileges			
				8. At the time of reappointment, the UIO reviews any clinical performance that is outside of acceptable standards before			

Score				Medical Staff Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				granting clinical privileges to a licensed independent practitioner			
				9. At the time of reappointment, the UIO verifies that providers have adhered to UIO policies, procedures, rules and regulations			
				10. Newly credentialed UIO providers are oriented to <ul style="list-style-type: none"> a. Patient rights b. Environmental safety including response to emergencies c. Infection prevention and control d. Patient record documentation e. Cultural issues f. Relevant clinical policies and procedures 			
				11. The UIO has written procedures addressing fair hearing and appeal process for credentialed providers			
				12. Credentialed providers participate in a peer review process that includes			
				a. Ongoing monitoring of important aspects of the care provided by physicians, dentists, and other health care professionals			
				b. Participation by providers in development and application of criteria used to evaluate care they provide			
				c. Data related to established criteria collected in an ongoing manner and periodically evaluated to identify acceptable or unacceptable trends or			

Score				Medical Staff Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				occurrences that affect patient outcomes			
				13. Anesthesia services are limited to those techniques approved by the governing body			
				a. Anesthesia services are performed only by providers credentialed and granted clinical privileges for these services			
				b. Adequate supervision of anesthesia services is the responsibility of one or more qualified physicians or dentists who are approved and have privileges for such supervision granted by the governing body			
				14. The Medical Staff Committee meets at the required frequency as specified in the Governing Body Bylaws and documents the following in Committee minutes			
				a. Reviews and makes recommendations to the Governing Body on applicants for appointment and reappointment to medical staff			
				b. Receives reports on quality of care provided and makes recommendations for improvement as necessary			
				c. Carries out all functions specified in the Governing Body Bylaws			

Total

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HUMAN RESOURCES REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Human Resources Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				1. The UIO complies with laws and regulations regarding verification of eligibility for employment, such as I-9 (Immigration and Naturalization form) and visas, as required			
				2. UIO position descriptions include requirements for the position, qualifications, job responsibilities, supervisory authority and required licensure or certification			
				3. All staff who provide patient care, treatment, or services possess a current license, certification, or registration as required in the position description			
				4. If licensure or certification is required for the position, primary source verification of the licensure or certification is done			
				5. If there are educational requirements for the position primary source verification of education is done			
				6. Criminal background check is completed and compliant with the Indian Child Protection and Family Violence Prevention Act and P.L. 101-647, Crime Control Act of 1990			

Score				Human Resources Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				7. Initial orientation and training of new staff is completed within 30 days of employment, is documented and includes			
				a. Advance directives			
				b. Adverse incident identification and reporting			
				c. Bloodborne pathogens, and universal precautions			
				d. Cultural diversity			
				e. Infection prevention and control policies and practices			
				f. Medication management			
				g. Pain assessment and management			
				h. Patient rights, including ethical aspects of care, treatment, or services and the process used to address ethical issues			
				i. Patient safety policies			
				j. Risk management procedures			
				k. Sharps injury prevention			
				l. Identification, reporting, responding to and managing safety risks in the environment. including <ul style="list-style-type: none"> i. Response to fire, hazardous chemical spills or exposures, dangerous weather conditions, utility disruptions, and security emergencies ii. Evacuation of UIO premises iii. Reporting of biomedical equipment issues 			

Score				Human Resources Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				iv. Compressed gas cylinder handling and storage v. Electrical equipment safety vi. Radiation safety (for staff using diagnostic imaging equipment) vii. Safe storage of equipment and supplies viii. Ergonomics, e.g. lifting, carrying patients ix. Use of safety, emergency, and fire extinguishing equipment x. Workplace violence prevention and response xi. Access control procedures			
				8. UIO leaders are oriented to their roles and responsibilities			
				9. The UIO conducts a periodic appraisal of each staff member's job performance, including a validation of current competency			
				10. Annual mandatory education is provided for all staff that addresses			
				a. Advance directives			
				b. Adverse incident identification and reporting			
				c. Cardiopulmonary resuscitation and other lifesaving emergency equipment			
				d. Cultural diversity			
				e. Emergency procedures and the use of fire extinguishers			
				f. Evacuation procedures			

Score				Human Resources Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				g. Fire prevention and fire hazard reduction			
				h. Infection prevention and control			
				i. Medication management			
				j. Pain assessment and management			
				k. Patient rights, including ethical aspects of care, treatment, or services and the process used to address ethical issues			
				l. Patient safety policies and procedures			
				m. Risk management policies and procedures			
				11. The UIO maintains records of work injuries and illnesses consistent with reporting requirements			
				12. UIO staff participate in ongoing education			
				a. To maintain or increase competency			
				b. Whenever job responsibilities change			
				c. Specific to the needs of the population(s) served			
				d. About reporting adverse events			
				13. Competencies are defined for each position that provides patient care, treatment, or services			
				14. The individual assigned to conduct competence assessment has the requisite education, experience, or knowledge to objectively evaluate staff competency			

Score				Human Resources Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				15. Competence is assessed soon after hire and documented as part of orientation			
				16. Competence is assessed periodically during the period of employment (<i>Note competency is normally assessed annually</i>)			
				17. Appropriate action is taken when staff competence does not meet expectations			
				18. When a licensed independent practitioner brings a nonemployee individual into the UIO to provide care, treatment, or services, the UIO reviews the individual's qualifications competencies and performance at the same frequency and in the same manner as individuals employed by the UIO			
				19. All health care professionals practice their professions in an ethical and legal manner			
				20. All clinical support staff with direct patient contact maintain skills in basic cardiac life support (BCLS)			
				21. All staff assisting in the provision of health care services are appropriately qualified and supervised and are available in sufficient numbers for the level of care provided			
				22. If urgent or immediate care is provided			

Score				Human Resources Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				a. Staff who are trained in cardiopulmonary resuscitation and the uses of cardiac and all other emergency equipment and are present during hours of operation			
				b. Care is provided only by health care professionals who are appropriately licensed and who have been granted privileges to provide care by the governing body			
				c. During hours of operation, at least one qualified physician is present or immediately available			
				23. If anesthesia services are provided there are policies and procedures for anesthesia services including			
				a. Education, training, and supervision of personnel b. Responsibilities of non-physician anesthetists c. Responsibilities of supervising physicians and dentists			
				24. Health care professionals providing imaging services and/or interpreting results have a. Appropriate training and credentials b. Been granted privileges to provide services			
				25. If dental services are provided, personnel assisting in the provision of dental services are			

Score				Human Resources Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				a. Appropriately qualified b. Available in sufficient numbers for scheduled dental procedures			
				26. Health care professionals providing dental, surgical, or anesthesia services are prepared to evaluate, stabilize, and transfer medical emergencies that may occur			
				27. The UIO has written policies and procedures that define the role of students and postgraduate trainees is			
				28. If students or volunteers are used the UIO has a system of management that include a. Identification of duties b. Scope of responsibilities c. Supervision d. Orientation e. Training f. Assessment of performance g. Confidentiality h. Background checks i. Dismissal process			
				29. Assigned staff supervise students and post graduate trainees when they provide patient care, treatment, or services as part of their training			
				30. The Human Resource Committee meets at the required frequency as specified in the Governing Body Bylaws			
				a. The Committee carries out the functions specified in the Governing Body Bylaws and these are documented in Committee minutes			

Total

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QUALITY OF CARE PROVIDED REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Quality of Care Provided Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				1. Health care provided is consistent with current standards of care			
				2. Clinical patient assessments are conducted and results interpreted only by those qualified to do so based on licensure, privileges granted, job description and demonstrated competency			
				3. The UIO defines, in writing			
				a. The scope and content of screening, assessment, and reassessment information it collects			
				b. Criteria that identify when additional, specialized, or more in-depth assessments are required			
				c. Information to be gathered in the initial assessment including <ul style="list-style-type: none"> i. Physical, psychological, and social assessment ii. Nutrition and hydration status iii. Functional status iv. For patients receiving end-of-life care, the social, spiritual, and cultural variables that influence patient and family perception of grief 			
				d. Time frame(s) in which the initial assessment is to be completed			
				4. UIO staff conduct a reassessment of the patient based on the plan for care or changes in condition			
				5. When warranted by the patient's condition, UIO staff			

Score				Quality of Care Provided Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				a. Either conduct or refer patients for a comprehensive pain assessment			
				b. Use methods to assess pain consistent with patient age, condition, and ability to understand			
				c. Reassess and respond to the patients pain, based on reassessment criteria			
				6. At each patient visit, UIO staff document updates to the patient's condition			
				7. UIO staff address physical assault, sexual assault, sexual molestation, domestic abuse, or elder or child abuse and neglect and			
				a. Use criteria to identify those patients who may be victims			
				b. Assist with referrals of possible victims using a list of community agencies that provide or arrange for assessment and care			
				c. Educate staff about how to recognize signs of possible abuse and neglect and about their roles in follow-up			
				d. Either assess patients who meet criteria for possible abuse and neglect or refer them to a public or private community agency for assessment			
				e. Specify how cases of possible abuse and neglect are to be reported			
				8. UIO staff plan patient care, treatment, or services based on needs identified by the assessment, reassessment, and results of diagnostic tests			
				9. UIO staff provide each patient with care, treatment, or services according to an individualized plan of care			

Score				Quality of Care Provided Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				10. Before taking action on a verbal order or verbal report of a critical test result, UIO staff use a record and "read back" process to verify the information			
				11. Diagnostic testing and procedures are performed as ordered			
				12. Diagnostic testing and procedures are performed within time frames defined by the UIO			
				13. When a test report requires clinical interpretation, information necessary to interpret the results is included with the test order			
				14. Patients are contacted as quickly as possible by UIO staff for follow-up regarding significant problems or abnormal findings, when warranted			
				15. UIO policy for acquiring blood or blood component(s) includes a. Source of materials used during acquisition b. Time frames for acquisition c. Accountability for acquisition d. On-site storage			
				16. Food and nutrition products provided to patients are consistent with each patient's care, treatment, or services			
				17. UIO staff manage food and nutrition products safely. (<i>Note – Safe management refers to sanitation, temperature, light, moisture, ventilation, and security</i>)			
				18. UIO staff provide education and training to patients based on assessed needs			
				19. UIO staff collaborate on patient education			
				20. Education and training provided to patients by the UIO include the following as relevant a. Plan for care, treatment, or services			

Score				Quality of Care Provided Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				<ul style="list-style-type: none"> b. Basic health practices and safety c. Safe and effective use of medications d. Nutrition interventions (for example, supplements and exercise) and modified diets e. Pain management f. Oral health g. Safe and effective use of medical equipment or supplies provided to the patient by the UIO h. Habilitation or rehabilitation techniques 			
				21. The UIO provides information to patients on how to communicate concerns about patient safety issues that occur before, during, and after care is received			
				22. The UIO provides operative and invasive procedures, anesthesia and procedural sedation in a safe and appropriate manner			
				<ul style="list-style-type: none"> a. Policies for sedation and anesthesia apply to <ul style="list-style-type: none"> i. General, spinal, or other major regional anesthesia ii. Moderate or deep sedation (with or without analgesia) 			
				b. UIO staff administering moderate or deep sedation and anesthesia are qualified to manage and rescue patients at whatever level of sedation or anesthesia is achieved, either intentionally or unintentionally			
				c. In addition to the individual performing the procedure, a sufficient number of qualified staff are present to evaluate the patient, to provide the sedation and/or anesthesia, to help with the procedure, and to monitor and			

Score				Quality of Care Provided Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				recover the patient			
				d. The UIO has equipment available to monitor the patient's physiological status			
				e. The UIO has equipment available to administer intravenous fluids and medications, and, if needed, blood and blood components			
				f. The UIO has resuscitation equipment available			
				g. Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: UIO staff i. Perform and document a history and physical examination. 1. Within 30 days before an operative or other high-risk procedure ii. Perform and document diagnostic tests or other data. iii. Ascertain and document the preoperative diagnosis. iv. Conduct a pre-sedation or pre-anesthesia patient assessment v. Assess anticipated needs in order to plan for the post-procedure care vi. Provide patients with pre-procedural education vii. Ascertain and document the need to administer blood or blood component			
				h. Informed consent is obtained before a procedure is performed			

Score				Quality of Care Provided Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				i. Before administering moderate or deep sedation or anesthesia, a licensed independent practitioner plans or concurs with the plan for sedation or anesthesia			
				j. UIO staff reevaluate patients immediately before administering moderate or deep sedation or anesthesia			
				k. During operative or other high risk procedures, including those that require the administration of moderate or deep sedation or anesthesia, the patient's oxygenation, ventilation, and circulation are monitored continuously			
				l. At a minimum, all settings in which sedation or anesthesia is administered have the following equipment for resuscitation purposes: i. Reliable and adequate source of oxygen delivery. ii. A device such as a self-inflating hand resuscitator bag capable of administering at least 90% oxygen. iii. Appropriate emergency drugs, supplies, and equipment. iv. Appropriate monitoring equipment for the intended anesthesia care. v. Reliable suction source and appropriate equipment to ensure a clear airway			
				m. UIO staff assess patients physiological status immediately after operative or other high risk procedures and/or as patients recover from moderate or deep sedation or anesthesia			
				n. UIO staff monitor the patients physiological			

Score				Quality of Care Provided Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				status, mental status, and pain level at a frequency and intensity consistent with the potential effect of the operative or other high risk procedure and/or the sedation or anesthesia administered			
				o. A qualified licensed independent practitioner discharges patients from the recovery area or from the UIO. In the absence of a qualified licensed independent practitioner, patients are discharged according to criteria approved by clinical leaders			
				p. Patients who have received sedation or anesthesia are discharged in the company of an individual who accepts responsibility for the patient			
				23. UIO written policies and procedures on the use of restraint specify the frequency, format, and content of entries in clinical record for each episode of restraint			
				24. The UIO describes the reason(s) or and conditions under which the patients are discharged or transferred			
				25. There is process for shifting responsibility for a patient's care from one clinician, organization, program, or service to another			
				26. The UIO provides adequate specialty consultation services			
				a. There is a policy on external transfer of patients			
				b. UIO staff agree with the receiving organization about each of their roles to keep the patient safe during transfer			
				27. UIO staff identify any needs a transferring or			

Score				Quality of Care Provided Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				discharged patient may have for continuing psychosocial or physical care			
				28. When emergencies or unplanned outcomes occur and a hospitalization is indicated for the evaluation and stabilization of a patient, the UIO has one of the following in place			
				a. A written agreement for transferring patients to a nearby hospital			
				b. A written policy of credentialing and privileging physicians and dentists who have admitting and similar privileges at a nearby hospital			
				c. Written agreement with a physician or provider group with admitting privileges at a nearby hospital			
				d. A detailed written procedural plan for handling medical emergencies			
				i. UIO staff respond to life-threatening emergencies according to written policies and procedures			
				29. The UIO has a mechanism to obtain timely reports, records, test results or other documents from external referral sources, providers or healthcare facilities			
				a. UIO staff monitor the receipt of reports, records, test results or other documents			
				b. UIO staff contact the external referral source, provider or healthcare facility to obtain reports, records, test results or other documents that have not been received in a timely manner			
				30. Patients are educated about prescribed medical devices and associated protocols			

Score				Quality of Care Provided Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				31. Health education and health promotion services are provided by UIO staff that <ol style="list-style-type: none"> a. Have appropriate training, education, credentials, and skills b. Have access to and utilize consultative services c. Have ready access to appropriate reference materials d. Participate in continuing professional education in health education and wellness 			
				32. Health education and disease prevention programs are based on a population needs assessment which <ol style="list-style-type: none"> a. Considers relevant health risks and health education needs b. Uses a variety of data or data sources c. Quantifies risk whenever possible d. Uses data to direct programming. 			
				33. Health education and disease prevention programs consider the medical, psychological, social, and cultural needs of the population. Topics that are considered include <ol style="list-style-type: none"> a. Disease-specific screening and educational programs b. Substance abuse prevention and education, including programs related to alcohol, tobacco, and other drugs c. Promotion of healthy eating d. Promotion of physical fitness e. Sexuality education and skill building for healthy relationships f. Sexual, physical, and emotional violence prevention g. Promotion of and education about stress 			

Score				Quality of Care Provided Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				management and relaxation			
				34. The range of immediate or urgent care services offered by the UIO and hours of operation are clearly defined and communicated to the public and relevant organizations			
				a. The UIO does not solicit patients with life-threatening conditions			
				b. Patients seeking immediate/urgent care services are seen without prior appointments			
				c. The UIO is prepared in terms of staff, equipment, and procedures to evaluate, stabilize, and transfer medical emergencies that may occur			
				d. Equipment, drugs, and other agents necessary to provide immediate/urgent care services are available			
				e. The UIO maintains communication with police and fire departments, community social service agencies, ambulance services, poison control centers, and hospitals as needed			
				f. In UIO that offer immediate or urgent care services, health care professionals maintain skills in advanced cardiac life support (ACLS) or advanced trauma life support (ATLS)			

Total

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DENTAL REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Dental Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				1. Dental services are appropriate to the needs of the patients			
				2. Dental services performed are limited to those procedures that are approved by the governing body upon the recommendation of qualified dental personnel			
				3. Dental procedures are performed only by dental health professionals who a. Are licensed to perform such procedures b. Have been granted privileges to perform procedures by the governing body			
				4. Dental histories and physicals are conducted and periodically updated, including an assessment of the hard and soft tissues of the mouth			
				5. Dental policies include identification, treatment, and management of pain.			
				6. Dental providers discuss with the patient/family the necessity or appropriateness of proposed dental procedure(s), alternative treatments and the order of care prior to delivery of services			
				7. Informed consent is obtained and incorporated into the dental record prior to dental extractions			

Score				Dental Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				8. The UIO has policies and procedures for the dental laboratories			
				9. If the UIO sells dental products to patients, there is a process to evaluate and monitor the products to ensure practices are done in an ethical manner			

Total

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MEDICAL HOME REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Medical Home Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				1. UIO services include			
				a. Preventive care with surveillance, anticipatory medical and oral health care guidance, age-appropriate screening and well-baby care			
				b. Wellness care addressing healthy lifestyle issues such as appropriate sleep, stress relief, weight management, healthy diet, oral care, etc.			
				c. Health risk appraisal and health risk assessment and discussions with the patient			
				d. Acute illness and injury care			
				e. Chronic illness management			
				f. End-of-life care			
				2. Patient access is available for the following 24 hours a day, 7 days a week a. Appointment and scheduling b. Requests for prescription renewal c. Test results d. Clinical advice for urgent health needs			
				3. Flexible scheduling is available to accommodate patient care needs <i>(Note – This may include open scheduling, same-day appointments, group visits,</i>			

Score				Medical Home Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				<i>expanded hours, and arrangements with other organizations)</i>			
				4. The UIO has a process to address patient urgent care needs 24 hours a day, 7 days a week			
				5. Patients are provided with information and explanation regarding the Medical Home approach to care			
				6. If the Medical Home limits the population that can be served, those limitations are disclosed to prospective UIO patients			
				7. Each Medical Home patient has a designated primary care clinician			
				8. Patient care is directed by a physician, nurse practitioner, or physician assistant			
				9. More than 50% of Medical Home visits of any patient are with the same physician/nursing team			
				10. The patient may select a primary care clinician			
				11. Patients are empowered to participate in decisions involving their health care			
				12. The UIO provides the opportunity for patients to obtain care from other clinicians of patient's choosing within the Medical Home in order to a. Seek a second opinion b. Seek specialty care			
				13. UIO staff treat patients with cultural sensitivity			

Score				Medical Home Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				14. The patient's primary care provider			
				a. Listens carefully to patient or patient caregiver			
				b. Speaks to the patient about health problems and concerns			
				c. Communicates easy-to-understand instructions about taking care of health concerns			
				d. Knows important facts about the patient's health history			
				e. Spends sufficient time with the patient			
				f. Is as thorough as the patient believes is needed			
				g. Speaks with the patient about making lifestyle changes to help prevent illness			
				h. Inquires as to the patient's concerns, worries, and stressors			
				i. Inquires as to the patient's mental health status			
				j. Is responsible for ensuring the interdisciplinary team provides comprehensive and coordinated care, treatment, or services and maintains the continuity of care i. Coordination of care may include making internal and external referrals, developing and evaluating treatment plans, and resolving conflicts in the provision of care			
				15. The UIO provides services within a team framework, and the "team"			

Score				Medical Home Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				provider is communicated to patients			
				16. The primary care clinician and the interdisciplinary team			
				a. Incorporate patient's health literacy needs into education			
				b. Educate the patient on self-management tools and techniques based on individual needs			
				c. Identify oral and written communication needs, including the patient's preferred language for discussing health care i. Examples include personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials			
				d. Communicate with the patient during the provision of care, treatment, or services in a manner that meets the patient's oral and written communication needs			
				e. Provide care for a designated group of patients			
				17. The interdisciplinary team			
				a. Identifies patient health literacy needs			
				b. Provides comprehensive and coordinated care, treatment, or services and maintains continuity of care, including			

Score				Medical Home Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				making internal and external referrals			
				c. Tracks the care provided when a patient is referred to an external organization			
				d. Acts on recommendations from internal and external referrals for additional care, treatment, or services			
				e. Participates in development of the treatment plan			
				f. Works in partnership with the patient to achieve outcomes			
				g. Monitors patient progress toward achieving treatment goals			
				h. Assesses patients for health risk behaviors			
				i. Actively participates in quality assessment/performance improvement activities			
				18. Supervision of patient care by the UIO staff includes			
				a. Appropriate and timely diagnosis based on findings of history and physical examination			
				b. Medication review and update including prescription, over-the-counter, and diet supplements, and if indicated, use of recreational drugs and substances			
				c. Appropriate ordering of diagnostic tests			

Score				Medical Home Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				d. Absence of clinically unnecessary diagnostic or therapeutic procedures			
				e. Appropriate management of patient referrals and avoidance of unnecessary referrals			
				19. The UIO manages transitions in care and provides or facilitates access to care, treatment, or services including a. Acute care b. Management of chronic care c. Preventive services that are age- and gender-specific d. Behavioral health needs e. Oral health care f. Urgent and emergent care g. Substance abuse treatment			
				20. Evidence-based guidelines and performance measures are incorporated in the delivery of clinical services			
				21. Critical referrals, critical consultations, and critical diagnostic studies are tracked, and appropriate follow-up is made when results are not received within a timely manner			
				22. Referrals are appropriate to the patient's needs; when referrals occur, the UIO collaborates with the specialist			
				23. The UIO respects patient's right to			
				a. Make decisions about management of care			
				b. Obtain care from other clinicians			

Score				Medical Home Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				of the patient's choosing within the primary care UIO			
				c. Seek a second opinion from a clinician of the patient's choosing			
				d. Seek specialty care			
				24. The UIO offers language interpreting options as available, which may include a. Trained bilingual staff b. Contract interpreting services c. Employed language interpreters			
				25. The UIO offers language interpreting options in person or via telephone or video			
				26. Patient education material and other patient related documents are available languages spoken in the patient population			
				27. UIO staff keep the patient informed about their appointment time when there is a delay that causes the appointment to be later than scheduled			
				28. Patient self-management goals are identified, agreed upon with the patient, and incorporated into the patient's treatment plan			
				29. Patient family members or significant other are included, as appropriate, in patient care decisions, treatment, and education			
				30. The UIO uses clinical decision support tools to guide decision making			

Score				Medical Home Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				31. The UIO uses health information technology to <ul style="list-style-type: none"> a. Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, and services b. Document and track care, treatment, and services c. Support disease management, including providing patient education d. Support preventive care, treatment, or services e. Create reports for internal use and external reporting f. Facilitate electronic exchange of information among providers g. Support performance improvement 			
				32. The clinical record contains			
				a. Information about care, treatment, or services that promotes continuity of care among internal and external provider			
				b. Patient race and ethnicity.			
				c. Patient's self-management goals and progress toward achieving goals			
				d. Patient communication needs, including preferred language for discussing health care			
				e. Report of consultations, if ordered			

Score				Medical Home Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				f. Referrals for services external to the UIO			
				g. Results of referrals			
				h. Follow-up appointments			
				i. After-hour encounters			
				j. Missed appointments			
				k. Transition of care (e.g., pediatric to adult or adult to geriatric) proactively planned, coordinated, and documented, when appropriate			
				33. The UIO uses an electronic prescribing process			
				34. Patient education and self-management resources are provided			
				35. UIO staff are knowledgeable about community resources that support the patient needs			
				36. The needs of the patient's personal caregiver, when known, are assessed and addressed to the extent that they impact the care of the patient			
				37. Leaders involve patients in quality assessment/performance improvement activities			
				38. Performance measures include			
				a. Evaluation of the effectiveness of the primary care clinician and interdisciplinary team interaction with the patient			
				b. Disease management outcomes.			
				c. Use and effectiveness of evidence-based clinical			

Score				Medical Home Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				guidelines			
				d. Patient experience or perception of <ul style="list-style-type: none"> i. Satisfaction regarding access to care, treatment, or services ii. Comprehensiveness of care, treatment, or services iii. Coordination of care, treatment, or services iv. Continuity of care, treatment, or services v. Provider availability, treatment plan information, clinical record contents, advice, routine care, and urgent care 			
				39. The UIO conducts at least one study every three years on each of the following topics <ul style="list-style-type: none"> a. Patient/primary care provider relationship. b. Accessibility to care. c. Comprehensiveness of care. d. Continuity of care. e. Clinical outcomes 			

Total

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PHARMACY REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Pharmacy Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				1. UIO pharmaceutical services are directed by a licensed pharmacist or, when appropriate, by a physician or dentist who is qualified to assume professional, organizational, and administrative responsibility for pharmaceutical services			
				a. If pharmaceutical services are available through a contractual agreement, the services are provided in accordance with all relevant in this section			
				2. Patients are educated about the safe and effective use of medications			
				3. Medication storage and security practices include the following			
				a. Injectable medications expire 28 days after opening			
				b. Medications are stored according to manufacturers' recommendations			
				c. Controlled (scheduled) medications are stored to prevent diversion i. A perpetual inventory is maintained daily ii. Medication cabinets or safes are locked			
				d. The pharmacy and all			

Score				Pharmacy Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				medication storage areas are locked and access strictly controlled to prevent unauthorized individuals from entering or obtaining medications			
				e. Medications and components used in preparation are labeled with the contents, expiration date, and any applicable warnings			
				i. Prescription pads are controlled to prevent unauthorized access. Pre-signed and/or postdated prescription pads are prohibited			
				f. All medications, including vaccines and samples are i. Checked for expiration dates on a regular basis ii. Disposed of, when expired or compromised, in a manner that prevents unauthorized access, protects safety, and complies with regulations			
				g. Periodic inspections are conducted in all medication storage areas by authorized and qualified pharmacy staff			
				4. Safe medication practices include the following			
				a. All injectable medications drawn into syringes and oral			

Score				Pharmacy Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				medications removed from the packaging identified by the original manufacturer must be appropriately labeled if not administered immediately.			
				b. Staff adhere to written policies for safe use of injectables and single-use syringes and needles			
				c. Look-alike or sound-alike medications are identified and procedures are in place to prevent errors, including <ul style="list-style-type: none"> i. Tallman lettering for drug name ii. Medication stored by generic name iii. Medications order policy that requires specific indication for use 			
				d. High-alert and hazardous medications have been identified and procedures are in place to prevent errors Among procedures used are <ul style="list-style-type: none"> i. "High Alert" sticker on the top of each medication designated high alert or hazardous ii. Storage of High alert medication in a plastic bag, requiring staff to take a second step to ensure the correct medication was selected 			

Score				Pharmacy Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				<ul style="list-style-type: none"> iii. Limiting medications to pharmacy only iv. Requiring two staff members to verify the medication prior to dispensing or administration v. Disallowing verbal or telephone orders for high alert or hazardous medications 			
				<ul style="list-style-type: none"> e. Medication errors and adverse drug events or reactions are reported and addressed according to an established procedure that includes the following <ul style="list-style-type: none"> i. The prescriber is notified of an adverse drug event, significant adverse drug reaction, or medication error ii. The actual or potential adverse drug event, significant adverse drug reaction, or medication error is reviewed and classified iii. Summary reports of adverse drug, significant adverse drug reaction and medication errors are prepared and address <ul style="list-style-type: none"> (1) Severity (2) Drug category (3) Location of the event (4) Steps taken to prevent recurrence 			

Score				Pharmacy Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				5. Relevant information about the patient is accessible to provider and staff who participate in medication management			
				6. Formulary management includes the following			
				a. A current written list of medications available in the UIO including strength and dosage			
				b. Criteria for determining which medications are available for dispensing or administering			
				c. Written policy describing the steps in adding a new medication to the formulary			
				d. Method to monitor response of the patient before using a medication new to the UIO			
				e. Standardization and limitation on the number of drug concentrations available in the UIO			
				f. Process to select and procure medications that are not on the formulary, and are needed for a one time use or for a specific patient)			
				g. Information on medication shortages and outages available to providers			
				7. Emergency medications and supplies are available, when needed			
				a. Clinical leaders determine which emergency medications and			

Score				Pharmacy Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				supplies will be readily accessible in patient care areas			
				b. When emergency medications and supplies are used, they are located in a place readily accessible to authorized staff			
				c. When possible, emergency medications are available in unit-dose, age-specific, and ready-to-administer forms			
				d. When emergency medications or supplies are used, there is a process to replace them as soon as possible to maintain a full stock			
				e. A current (2011) Braslow tape is available for pediatric emergencies			
				8. The UIO defines when medications brought into the UIO by patients, their families, or licensed independent practitioners can be administered			
				9. The UIO has a policy that identifies specific types of acceptable medication orders			
				a. If the UIO uses pre-printed medication order sheets, or electronic order sets, there is a process for updating based on current evidence and practice.			
				b. A protocol is developed for administration of influenza and pneumococcal polysaccharide			

Score				Pharmacy Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				vaccines. A separate order is NOT required			
				<ul style="list-style-type: none"> c. All medication orders are reviewed by pharmacists or providers for <ul style="list-style-type: none"> i. Patient allergies or potential sensitivities ii. Existing or potential interactions between the medication ordered and food and medications the patient is currently taking 			
				10. Medication preparation practices are safe and appropriate			
				<ul style="list-style-type: none"> a. When an on-site licensed pharmacy is available, pharmacy staff compounds or admixes all compounded sterile preparations except in urgent situations in which a delay could harm the patient or when the product's stability is short 			
				<ul style="list-style-type: none"> b. Staff use clean or sterile techniques and maintain clean, uncluttered, and functionally separate areas for product preparation to avoid contamination of medications 			
				<ul style="list-style-type: none"> c. Staff visually inspect medications for particulates, discoloration, or other loss of integrity 			
				<ul style="list-style-type: none"> d. Medication containers are labeled whenever medications 			

Score				Pharmacy Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				are prepared but not immediately administered The label specifies			
				i. Information in a standardized format			
				ii. Medication name, strength, and amount (if not apparent from the container)			
				iii. Expiration date when not used within 24 hours or time if medication expires in less than 24 hours			
				iv. Patient name when preparing individualized medications for multiple patients			
				11. The UIO dispenses medications and maintains clinical records in accordance with law and regulation, licensure, and professional standards of practice			
				12. The UIO has a written policy describing medication recalls			
				a. The UIO informs patients as soon as possible if their medication has been recalled or discontinued by the manufacturer or FDA			
				13. The UIO determines under what circumstances patients' unused, expired, or returned medications will be accepted by the pharmacy for disposal			
				a. When the UIO accepts unused, expired, or returned medications,			

Score				Pharmacy Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				it has a process for returning medications to the pharmacy's or UIO's control in a manner that prevents diversion			
				14. The UIO determines if and when outside sources are used for destruction of medications			
				15. Only staff who are licensed and authorized to administer medications are permitted to do so			
				16. Before medication administration, the individual administering the medication does the following			
				a. Verifies that the medication selected matches the medication order and product label			
				b. Visually inspects the medication for particulates, discoloration, or other loss of integrity			
				c. Verifies that the medication has not expired			
				d. Verifies that no contraindications exist			
				e. Verifies that the medication is being administered at the proper time, in the prescribed dose, and by the correct route			
				f. Discusses any unresolved concerns about the medication with the patient's provider, prescriber (if different from the provider), and/or staff involved with the patient's care			
				17. Before administering a new			

Score				Pharmacy Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				medication, the patient or family is informed about any potential clinically significant adverse reactions or other concerns			
				18. The UIO has a written process addressing the use of investigational medications that includes review, approval, supervision, and monitoring			

Total

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LABORATORY REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Laboratory Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				1. The UIO meets the relevant requirements for the Clinical Laboratory Improvement Amendments (CLIA) if it performs its own laboratory services, or a. Has procedures for obtaining routine and emergency laboratory services from a certified laboratory if it does not perform its own laboratory services.			
				2. Pathology and medical laboratory services provided or made available are appropriate to the needs of patients			
				3. The UIO has policies and procedures for identifying, storing, and transporting laboratory specimens and biological products that include a. Logging and tracking to ensure that results for each specimen are obtained and have been reported to the ordering physician in a timely manner			
				4. Pathology and medical laboratory services include, but are not limited to: a. Conducting laboratory procedures appropriate to patient needs b. Performing tests in a timely manner c. Distributing test results after completion of a test and maintaining a copy of the results d. Performing and documenting appropriate quality control procedures, including, but not limited to, calibrating equipment periodically and validating test results			

Score				Laboratory Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				e. Ensuring that staff performing tests have adequate training and competence			
				<p>5. If waived tests are performed by UIO staff, the person whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified designee, establishes written policies and procedures that address</p> <ul style="list-style-type: none"> a. Clinical usage and limitations of the test methodology b. Need for confirmatory testing and result follow-up recommendations (for example, a recommendation to repeat the test when results are higher or lower than the reportable range of the test) c. Specimen type, collection, and identification, and required labeling d. Specimen preservation, if applicable e. Instrument maintenance and function checks, such as calibration f. Storage conditions for test components g. Reagent use, including not using a reagent after its expiration date h. Quality control (including frequency and type) and remedial action i. Test performance j. Result reporting, including not reporting individual patient results unless quality control is acceptable k. Equipment performance evaluation 			
				6. UIO staff performing waived tests have access to waived test policies and procedures			
				7. Clinical use of results is consistent with the UIO policies and manufacturers' recommendations			

Score				Laboratory Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				for waived tests			
				8. Staff and licensed independent practitioners who perform waived testing have received orientation in accordance with the UIO's specific services. The orientation for waived testing is documented			
				9. Staff and licensed independent practitioners who perform waived testing have documentation of training for each test that they are authorized to perform			
				10. Staff and licensed independent practitioners who perform waived tests that require the use of an instrument have documented training on its use and maintenance			
				11. Competency for waived testing is assessed using at least two of the following methods per test: a. Performance of a test on a blind specimen b. Periodic observation of routine work by the supervisor or qualified designee c. Monitoring of each user's quality control performance d. Use of a written test			
				12. Competence for waived testing is assessed according to UIO policy at defined intervals, but at least at the time of orientation and annually thereafter			
				13. The documented quality control rationale for waived tests is based on the following: a. How the test is used b. Reagent stability c. Manufacturers' recommendations d. The UIO's experience with the test e. Currently accepted guidelines			

Score				Laboratory Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				14. For non-instrument-based waived tests, quality control checks are performed at the frequency and number of levels recommended by the manufacturer and as defined by the UIO's policies			
				15. For instrument-based waived tests quality control checks are performed on each instrument used for patient testing per manufacturers' instructions			
				16. For instrument-based waived tests quality control checks require two levels of control, if commercially available			
				17. Quality control results, including internal and external controls for waived tests are documented			
				18. The results of waived tests are documented in the patient's clinical record			
				19. Quantitative test results in the clinical record for waived tests are accompanied by reference intervals (normal values) specific to the test method used and the population served			
				20. Individual test results for waived tests are associated with quality control results and instrument records			
				21. The UIO has a policy that ensures that test results are reviewed and documented by the ordering provider or another privileged provider			

Total

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RADIOLOGY REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Radiology Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				1. Imaging services include, but are not limited to <ol style="list-style-type: none"> a. Radiographic, fluoroscopic, ultrasonic, or other methods appropriate to the UIO scope of service and capabilities b. Interpreting images and ensuring timely documentation c. Maintaining appropriate records or reports of services provided 			
				2. The UIO has policies that address the safety aspects of imaging services including <ol style="list-style-type: none"> a. Precautions against electrical, mechanical, magnetic, ultrasonic, radiation, and other applicable hazards b. Proper shielding where radiation, magnetic field, and other potentially hazardous energy sources are used c. Acceptable monitoring of devices or processes to ensure safety of all staff who might be exposed to radiation, or otherwise harmful energy; if radiation exposure is not monitored, documentation exists within the UIO to support this 			

Score				Radiology Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				<p>decision</p> <p>d. Maintenance of appropriate exposure records</p> <p>e. Education of staff in safety precautions and in dealing with accidental hazardous energy field exposure</p>			
				3. The UIO arranges for a qualified individual to conduct a periodic evaluation of energy sources and of all safety measures followed, including calibration of equipment and testing the integrity of personal protective devices			
				4. Proper warning signs are in place, alerting the patients, visitors, and staff to the presence of hazardous energy fields, emphasizing concern for particularly susceptible individuals, including pregnant females.			
				5. A radiologist authenticates all examination reports			
				6. Authenticated, dated reports of all examinations performed are made a part of the patient's clinical record			
				7. Diagnostic imaging services provided by the UIO are directed by a physician or dentist who is qualified to assume professional, organizational, and administrative responsibility for the quality of the services rendered.			
				8. Diagnostic imaging tests are			

Score				Radiology Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				performed only upon the order of a qualified health care professional. Such orders are accompanied by a concise statement of the reason for the examination			
				9. Diagnostic images are maintained and readily accessible based on applicable laws and policies of the UIO			
				10. A UIO policy addresses the storage and retention of diagnostic images			

Total

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BEHAVIORAL HEALTH REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Behavioral Health Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				1. The UIO has written behavioral health program description and service plan that includes <ul style="list-style-type: none"> a. A listing of services offered, including hours, times of service, locations and contact information b. Program goals and objectives c. List of treatment, therapeutic individual and group modalities offered d. Identification of population(s) to be served 			
				2. The behavioral health program is directed by a licensed professional who has been designated by the governing body			
				3. The physical environment of behavioral health services is designed and maintained to <ul style="list-style-type: none"> a. Support therapeutic activities b. Enhance client dignity c. Ensure client privacy d. Maintain confidentiality of client information e. Provide security for clients, staff and visitors 			
				4. Program staff maintain a directory of current relevant Federal, state, tribal, and local behavioral health resources			
				5. The behavioral health program has written policies and procedures approved by the clinical director, UIO Director, and governing board addressing special treatment interventions that may be used to restrict the rights and/or physical movement of clients			
				6. Program staff respond in a timely manner to			

Score				Behavioral Health Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				requests from other health care providers in the UIO for consultation regarding diagnosis, planning, management, referrals and follow-up of individual patients.			
				7. Program staff establish appropriate contacts with public and private health, legal, education and welfare agencies to find persons with unmet mental health needs. a. The program establishes referral channels and uses as appropriate the public media, pamphlets, health fairs, and other appropriate means to inform potential clients of the availability of services through the behavioral health program			
				8. Program staff follow a written policy and procedure for the assessment, management, referral of prospective and current clients who are deemed to be an immediate danger to themselves or others or who are exhibiting other high risk behaviors			
				9. Program staff develop and maintain an up-to-date suicide register. The register is used to identify referrals and current clients with suicide ideation, gestures, attempts and completions			
				10. Program staff receive education on identification, prevention, and response to suicidal behavior on an annual basis			
				11. The behavioral health program has written policies and procedures addressing how admissions are conducted, who is responsible for making admissions decisions and how prospective admissions are to be prioritized a. Admissions procedures define eligibility, ineligibility, and exclusionary criteria for each component service of the behavioral health			

Score				Behavioral Health Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				program			
				12. The behavioral health program has a written policy guiding staff actions whenever a person seeking services is deemed ineligible based on entry criteria <ul style="list-style-type: none"> a. The individual seeking services is informed of the reason for the decision b. The individual seeking services is informed about alternatives 			
				13. If a waiting list for services is maintained by the behavioral health program there is documentation of <ul style="list-style-type: none"> a. Each prospective client's placement on the list b. Identified needs c. Ongoing review and updating of the list d. Referral of persons in crisis to necessary care e. Interim contacts with persons on the waiting list 			
				14. The behavioral health program has a policy addressing the initial intake screening for prospective clients. The screening includes <ul style="list-style-type: none"> a. A review of eligibility for admission to the program b. A statement of problems including any urgent or critical needs of the prospective client c. Funding sources and issues as relevant d. Determination if the UIO can provide the needed services e. A statement of alternate resources recommended if it is determined that services cannot be provided f. A summary of any telephone or in-person interview(s) conducted with the prospective client or referral source representative(s) 			
				15. Program staff ensure that the time from the initial contact requesting services to intake screening are minimized			

Score				Behavioral Health Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				<p>16. Each client accepted for behavioral health treatment receives an orientation in a language they understand which includes</p> <ul style="list-style-type: none"> a. An explanation of client rights and responsibilities b. Any client financial obligations and fees c. Program health and safety policies regarding <ul style="list-style-type: none"> i. Illegal or legal substances brought into the facility ii. Prescription medications brought into the facility iii. Weapons brought into the facility d. Program rules and expectations of clients regarding <ul style="list-style-type: none"> i. Restrictions that may be placed on client participation in the program ii. Events and behaviors and their consequences including infractions that will result in discharge from the program iii. Process for regaining rights or privileges that have been restricted in the course of treatment in the program iv. Explanation of the purpose and process of assessment procedures e. Explanation of the establishment of treatment plan and updates f. The role of the client in setting and achieving treatment goals and objectives g. The potential course of treatment h. Expectations regarding any legal issues associated with treatment of e.g. requirements for keeping appointments, sanctions or court notifications 			
				17. The behavioral health program has a policy			

Score				Behavioral Health Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				addressing the content and timing of initial client assessments for new admissions			
				18. Assessment information is gathered from all relevant sources including <ul style="list-style-type: none"> a. Client b. Family/guardian c. Significant others d. Teachers, e. Referral source agency professionals f. Previous behavioral health treatment professionals g. Professionals associated with the court system h. Law enforcement professionals i. Medical providers 			
				19. Program staff conduct Initial and ongoing assessment of clients using valid, reliable, or standardized tools, tests, and instruments as defined in program policy			
				20. Initial assessment for each client includes information sufficient to develop a treatment plan including <ul style="list-style-type: none"> a. Presenting problems and issues from the perspective of the client b. Personal strengths c. Individual needs d. Abilities, interests e. Preferences f. Presenting problems g. Urgent needs, include suicide risk, personal safety and risk to others h. Previous behavioral health services with diagnosis, treatment, medication information i. Physical health history and status j. Diagnosis; 			

Score				Behavioral Health Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				<ul style="list-style-type: none"> k. Mental status l. Function level m. Relevant life information including employment, history, legal history, family history, abuse history, relationships n. Issues important to patient o. Substance use history p. Need for social support q. Risk-taking behaviors r. Educational functioning s. Advance directive, if applicable t. Medication use profile including history, efficacy of current and previous medications, and history of allergies and adverse reactions u. Adjustment to disorder, or disability 			
				<p>21. The initial assessments for child and adolescent clients also include the following</p> <ul style="list-style-type: none"> a. Developmental history b. Medication history c. Cultural d. Treatment history e. School history f. Language function—speech/hearing g. Visual function h. Immunization record i. Learning ability j. Intellectual functioning k. Family relationships l. Peer interaction m. Environment n. Prenatal exposure to tobacco, drugs or alcohol o. History of substance use p. Parent or guardian custodial status q. Willingness of parent/guardian to participate in 			

Score				Behavioral Health Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				treatment			
				<p>22. If a client is being seen only for short term crisis intervention and stabilization, the initial assessment may be limited to the following</p> <ul style="list-style-type: none"> a. Presenting concerns b. Suicide risk c. Issues since last stabilization d. Current living situation e. Availability of support system f. Risk of harm to self or others g. Current medication and compliance to medication regimen h. Use of alcohol or drugs i. Medical conditions j. History of previous crises, including response and results 			
				<p>23. The behavioral health program has a written policy that addresses any initial and periodic alcohol and drug screenings of clients which specifies</p> <ul style="list-style-type: none"> a. Frequency of drug screening b. Provisions for the individualization of drug screening c. Interpretation of results d. Actions to be taken based on results e. Collection and processing of urine samples f. Observation practices g. Chain of custody of urine sample h. Other relevant laboratory procedures as needed 			
				<p>24. Program staff prepare an interpretive summary for each client based on the initial assessment results. The summary is used by program staff as the basis for referral to appropriate external services or in the development of the client's individualized treatment plan if treatment services are to continue within the</p>			

Score				Behavioral Health Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				program			
				25. The written summary of assessment and referral is provided to the client or client's legal representative upon request			
				26. The behavioral health program has a written policy addressing the use of diagnostic criteria, e.g. DSM-IV TR or the equivalent as appropriate			
				27. Program staff maintain current contact information regarding community emergency and crisis intervention services to which clients may be referred as indicated			
				28. The behavioral health program has written policies addressing client referrals to a. Alcohol and substance abuse treatment programs b. Abstinence support programs c. Psychiatric treatment programs d. Medical programs			
				29. If a client is referred out following screening assessment, program staff a. Identify appropriate choices of community resources and as available provide the client with informational materials pertaining to those resources b. Determine whether the outside services were accessed by the client, if deemed necessary			
				30. Program staff a. Periodically update each client's assessment information to reflect changes client condition, status, and treatment b. Review and update assessment information at least once annually for each active client c. Complete an initial assessment for any client who returns requesting treatment after an			

Score				Behavioral Health Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				absence of greater than six months			
				31. A qualified staff member is assigned to coordinate the health care to each client			
				32. Program staff are not knowingly assigned to assess or treat a client with whom they currently or historically have had a close personal association, defined to include the following <ul style="list-style-type: none"> a. Immediate family members b. Former employees, employers, or business partners c. Close personal friends d. Persons with whom they have had or currently have an intimate relationship 			
				33. An individualized treatment plan is developed for each behavioral health client seen by program staff for a continuous course of treatment. The treatment plan is <ul style="list-style-type: none"> a. Developed with the participation and consent of the client b. Based on primary assessment information and the interpretive summary c. Based on expressed needs or desires of the client d. Focused on the client's integration to community and family e. Communicated to the client in an understandable way f. Reflects the informed choices of client and as appropriate those of the client's family members, legal guardian g. Is appropriate to the client's culture and age h. Is based on the client's identified strengths, needs, abilities and preferences i. Has objectives that are measurable, achievable, 			

Score				Behavioral Health Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				time-specific, and appropriate to the treatment setting j. Specifies the frequency of interventions			
				34. Program staff review and update behavioral health client treatment plans to a. Reflect current client status b. Identify current treatment issues being addressed c. Specify any modifications in goals, objectives and treatment interventions			
				35. The treatment plan of each behavioral client is reviewed for currency and pertinence at least once every three months			
				36. Program staff coordinate the implementation of the treatment plan as needed with the client's primary care provider			
				37. Program staff complete progress notes for each behavioral health client following each individual or group treatment session to indicate any of the following a. Date and time of the session b. Type of session c. Level of achievement of any treatment goals and objectives addressed in the session d. Client's level and nature of participation e. Any significant events that occurred or were discussed in the session f. Changes in the client's life related to treatment, g. Outcome of specific interventions and modalities that were provided h. Changes in the frequency or level of care provided			
				38. Program staff complete progress notes a. Within 3 business days following the treatment			

Score				Behavioral Health Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				<p>session</p> <p>b. In accordance with a standardized format identified in program policy, e.g. SOAP</p>			
				<p>39. Behavioral health clients whose psychopharmacological medication regimen are being managed by program staff</p> <p>a. Receive a documented review of the efficacy of the medication regimen on a regular basis by a licensed provider with prescribing privileges as specified in program policy</p> <p>b. Are tested for known side effects and complications in accordance with guidelines published by the drug manufacturer or program policy</p>			
				<p>40. The behavioral health program has written policies to guide client referrals, transfers to other programs or services, discharges, and follow-up</p>			
				<p>41. A written transition plan is developed for each client as soon as possible in the course of treatment which includes</p> <p>a. Progress toward recovery and well-being during treatment</p> <p>b. Gains achieved during the course of treatment</p> <p>c. Need for continuing support systems or services following treatment</p> <p>d. Information on continuing need for medication management as relevant</p> <p>e. Referral information including continuing care contact names, telephone numbers addresses, hours of services as applicable</p>			
				<p>42. Prior to client discharge from the program a discharge summary is written which includes</p> <p>a. Date of admission</p> <p>b. Description of services provided</p>			

Score				Behavioral Health Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				<ul style="list-style-type: none"> c. Presenting condition d. Extent to which the goals and objectives of treatment were achieved e. Reason for discharge f. Status of client at last contact g. Recommendations for further treatment or services h. Date of discharge from the program 			
				<p>43. When a client is discharged from the behavioral health program unexpectedly, program staff conduct follow-up is as soon as possible to</p> <ul style="list-style-type: none"> a. Provide necessary notifications b. Clarify the reasons for the discharge 			
				<p>44. Any administrative discharge of a behavioral health client prior to the completion of a course of treatment is carried out in accordance with a written policy which specifies</p> <ul style="list-style-type: none"> a. The circumstances under which such discharge can be initiated b. Required reviews by program director or others of any recommendation for administrative discharge of a client c. Process for client to appeal or file a grievance related to the discharge 			
				<p>45. All program staff receive an orientation and annual education on the</p> <ul style="list-style-type: none"> a. Prevention of workplace violence b. Management and response to client threatening, aggressive or assaultive behaviors c. Management and response to client self-injury behaviors d. Management and response to other designated high risk client behaviors 			
				46. Children and Adolescent Services			

Score				Behavioral Health Review Requirements	Comments	Action Plan	Assigned To Date
1	2	3	N/A				
				a. If services disrupt a child or adolescent's educational environment, the program provides or makes arrangements for continuity of the client's education			
				b. The treatment environment is suitable and appropriate for children and adolescents including the physical plant, furniture, equipment, and supplies			
				c. A criminal background check is conducted for any program staff who provide direct services to children and adolescents			
				d. Children and adolescents are not excluded from behavioral health treatment services solely based on juvenile justice status			
				47. Program staff provide coordination and assistance as needed by clients exploring and accessing <ul style="list-style-type: none"> a. Crisis intervention and stabilization services b. Social support networks c. Transportation d. Safe housing e. Employment opportunities f. Skill development services related to budgeting, meal planning, personal care, housekeeping g. Financial help services h. Clinical services i. Other community services needed 			
				48. The behavioral health program uses the RPMS Suicide Report Form or uses a paper form (for RPMS uses enter information into the RPMS Behavioral Health Module). Providers complete a corresponding RPMS MHSS encounter form and update the client's behavioral health problem list accordingly.			
				49. A representative from the Behavioral Health program participates in the Quality Assessment and Performance Improvement Committee. Program-specific reports on quality of care and record review are submitted at least annually			

Total

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SUBSTANCE ABUSE REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Substance Abuse Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				1. The UIO has a current written substance abuse program description and service plan that includes <ul style="list-style-type: none"> a. A list of the assessment, referral, educational, prevention and treatment services offered with designated American Society of Addiction Medicine (ASAM) level(s) b. Service hours, times, locations and contact information for each component of the program c. Program mission d. Program goals and objectives e. Populations to be served 			
				2. All substance abuse program services are directed by a licensed professional who has been designated by the UIO's governing body			
				3. Substance abuse services are coordinated by a licensed or certified alcohol or substance abuse counselor			
				4. Substance abuse counselors and other treatment professionals possess licensure, certification, and continuing education required under any agreements with state agencies			
				5. The physical environment in which substance services are delivered is designed and maintained to <ul style="list-style-type: none"> a. Support therapeutic activities 			

Score				Substance Abuse Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				<ul style="list-style-type: none"> b. Enhance client dignity c. Ensure client privacy d. Maintain confidentiality of client information e. Provide security for clients, staff and visitors 			
				<p>6. The substance abuse program has written admission policies which specify</p> <ul style="list-style-type: none"> a. How admissions are conducted b. Who is responsible for making admissions decisions c. How prospective admissions are to be prioritized d. Eligibility, ineligibility, and exclusionary criteria for each component service of the substance abuse program 			
				<p>7. Only clinical professionals deemed qualified by licensure, certification, experience, and demonstrated competency conduct substance client assessments</p>			
				<p>8. In response to a referral program staff may conduct a screening assessment to quickly determine</p> <ul style="list-style-type: none"> a. Whether the prospective client is eligible for services b. Whether treatment services offered by the program meet the prospective client's needs c. What type and level of services would best meet the prospective client's needs 			
				<p>9. If a preliminary screening is done, program staff ascertain the prospective client's</p> <ul style="list-style-type: none"> a. Strengths, needs, abilities and preferences b. Emotional and physical status including the presence of <ul style="list-style-type: none"> i. Cognitive disability ii. Mental illness iii. Medical disorders, 			

Score				Substance Abuse Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				<ul style="list-style-type: none"> iv. Ongoing use of prescribed medications; v. Legal status vi. Employment status, work history, school status/history c. Drug and alcohol use status and history including <ul style="list-style-type: none"> i. Types of substances used, including prescribed or over the counter medications ii. Amount used iii. Frequency of use iv. Date of last use v. Duration of use vi. Tolerance level vii. Withdrawal history viii. Influence of living situation on use ix. Treatment history x. History of previous chemical dependency treatment 			
				<ul style="list-style-type: none"> 10. The preliminary screening assessment is <ul style="list-style-type: none"> a. Scheduled as soon as possible after the initial referral for services b. Conducted in person or by telephone 			
				<ul style="list-style-type: none"> 11. If a prospective substance abuse treatment client is deemed ineligible or inappropriate for any of the program services, program staff <ul style="list-style-type: none"> a. Inform the prospective client and referring source of the reason b. Inform the prospective client of other potential sources of treatment and services 			

Score				Substance Abuse Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				<p>12. Clients accepted for substance abuse services receive a comprehensive initial assessment which includes the following</p> <ul style="list-style-type: none"> a. Client's emotional, behavioral and cognitive functioning including history or presence of <ul style="list-style-type: none"> i. Cognitive disabilities ii. Psychiatric disorders iii. Behavioral problems b. Client's physical functioning including <ul style="list-style-type: none"> i. Known medical conditions and complications ii. Communicable disease iii. Ongoing use of prescription medications c. Client's vocation and employment history including current status d. Client's legal status including <ul style="list-style-type: none"> i. Current and past involvement with the criminal justice system ii. Impending court dates iii. Probationary status a. Client's family and social situation including <ul style="list-style-type: none"> iv. Family composition v. Family member substance abuse history vi. Supportive or dysfunctional relationships vii. Other family issues b. Client's peer relationships outside of family a. Client drug, alcohol and tobacco use status and history including <ul style="list-style-type: none"> i. Types of substances used, including prescribed or over the counter medications ii. Age of first use iii. Amount used 			

Score				Substance Abuse Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				<ul style="list-style-type: none"> iv. Frequency of use v. Date of last use vi. Duration of use vii. Consequences of use viii. Abstinence periods ix. Tolerance level x. Withdrawal history xi. Influence of living situation on use b. Client's assessment and treatment history <ul style="list-style-type: none"> xii. Likelihood of continued use xiii. Relapse and problem potential xiv. Readiness to change behavior and life xv. Other addictive behaviors 			
				13. Program staff assess the client's drug and alcohol use using standardized reliable instruments approved by the Program Director			
				14. Program staff contact, as indicated, family members current healthcare providers, friends, educators and court personnel to verify social history, medical history, substance abuse history, behavioral health and legal history			
				15. Program staff prepare an written summary for each client based on the initial assessment results in which they <ul style="list-style-type: none"> a. Confirm client placement level b. Recommend referral for outside services c. Specify priority issues and problems to be addressed in the course of treatment d. Indicate preliminary recommendations for aftercare e. Provide diagnostic finding and impressions 			
				16. Unless otherwise specified in regulations to which the program must adhere, e program staff utilize the			

Score				Substance Abuse Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				American Society of Addiction Medicine multidimensional risk profile criteria in formulating placement recommendations			
				17. The substance abuse program has a written policy for obtaining additional medical or psychiatric evaluations, if indicated, as part of the client's initial assessment.			
				18. Initial and periodic alcohol drug screenings of clients are performed in accordance with written program policies which specify <ul style="list-style-type: none"> a. Frequency of drug screening b. Provisions for the individualization of drug screening c. Interpretation of results d. Actions to be taken based on results e. Collection and processing of urine samples f. Observation practices g. Chain of custody of urine sample h. Other relevant laboratory procedures as needed 			
				19. The substance abuse program has written policies that describe referral to other programs or agencies <ul style="list-style-type: none"> a. The written policies include a mechanism by which a client may request a referral to another community provider. 			
				20. The assigned primary substance abuse counselor provides an orientation to each new client at the time treatment is initiated. Orientation includes <ul style="list-style-type: none"> a. An explanation of client rights and responsibilities b. Any client financial obligations and fees c. Program health and safety policies including <ul style="list-style-type: none"> i. Illegal or legal substances brought into the facility 			

Score				Substance Abuse Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				<ul style="list-style-type: none"> d. Prescription medications brought into the facility i. Weapons brought into the facility e. Program rules and expectations including <ul style="list-style-type: none"> i. Restrictions that may be placed on client participation in the program ii. Events and behaviors and their consequences including infractions that will result in discharge from the program iii. Process for regaining rights or privileges that have been restricted in the course of treatment in the program f. Explanation of the purpose and process of assessment procedures g. Explanation of the establishment of treatment plan and updates h. The role of the client in setting and achieving treatment goals and objectives i. The potential course of treatment j. The use of any motivational incentives k. Expectations regarding any legal issues associated with treatment, e.g. requirements for keeping appointments, sanctions or court notifications 			
				<p>21. The primary substance abuse counselor prepares an individualized written plan for each assigned client who enters treatment that includes the following</p> <ul style="list-style-type: none"> a. Problems and diagnoses listed and written in clearly understandable terms. b. Treatment goals expressed as measurable behavior. c. Services to be provided to the client including therapeutic and educational activities in which the client is expected to participate, and when 			

Score				Substance Abuse Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				these services will be provided. d. Staff members to be involved in the client's treatment.			
				22. The treatment plan is prepared in partnership with the client, reviewed with the client at least monthly and revised as often as necessary			
				23. Program staff coordinate the implementation of the treatment plan as needed with the client's primary care provider			
				24. Program staff are not knowingly assigned or accept a referral to assess, educate or treat a client with whom they currently or historically have had a close personal association, defined to include the following a. Immediate family members b. Former employees, employers, or business partners c. Close personal friends d. Persons with whom they have had or currently have an intimate relationship			
				25. The substance abuse program has written policies addressing the discharge of clients who have failed to comply with the rules of the program including a. Types of infraction that can lead to discharge b. Who has authority to discharge clients c. Evidence of prior notification of the client. d. A process for appeal or review of a discharge decision or other disciplinary action			
				26. Program staff follow written policies in efforts to retain and provide support for treatment program clients during lapse or relapse episodes a. Consistent with maintaining an alcohol and drug-free environment			
				27. The substance abuse programs does not deny			

Score				Substance Abuse Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				<p>treatment services to clients who are taking current, physician-prescribed medications.</p> <p>a. The program may consider whether the nature and extent of the prescribed medications requires a level of care not offered by the program</p>			
				<p>28. Program staff complete progress notes for each substance abuse client following individual or group treatment or educational sessions which include the following</p> <p>a. Date and time of the session</p> <p>b. Type of session</p> <p>c. Level of achievement of any treatment goals and objectives addressed in the session</p> <p>d. Client's level of participation in the session</p> <p>e. Any significant events that occurred or were discussed in the session</p> <p>f. Changes in the client's life related to treatment,</p> <p>g. Outcome of specific interventions and modalities that were provided</p> <p>h. Changes in the frequency or level of care that is to be provided</p>			
				<p>29. A relapse prevention plan is developed for each substance abuse client as soon as possible in the course of treatment to include</p> <p>a. Contact and involvement with community support groups individuals</p> <p>b. Changes in family and peer relationships</p> <p>c. Vocational or educational activities</p> <p>d. Relapse prevention triggers and interventions</p>			
				<p>30. The substance abuse program has a written policy on the discharge of clients. When a client is discharged, the primary counselor documents the following</p>			

Score				Substance Abuse Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				<ul style="list-style-type: none"> a. Reason for the discharge b. The proposed aftercare plan to including placement in continuing treatment c. Relapse prevention measures d. Summary of client's progress toward treatment goals and objectives achieved. e. Client's alcoholism/substance status at discharge. f. Program or individual to whom the client is discharged. g. Information provided to the client regarding <ul style="list-style-type: none"> i. How to reestablish contact with the program in times of crisis. ii. Regarding the frequency with which the program will attempt to contact for follow-up. iii. Referrals made for continuing treatment including contact information 			
				31. Program staff <ul style="list-style-type: none"> a. Use standardized formats for documenting assessments, assessment summaries, individualized plans, treatment notes, educational sessions, relapse prevention plans, transition/discharge plans and discharge summaries that have been approved for use by the Program Director b. Adhere to written program policies which define the scope and content of entries in client records 			
				32. A representative from the substance abuse program participates in the Quality Assessment and Performance Improvement Committee. Program-specific reports on quality of care and record review are submitted at least annually			

Total

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PUBLIC HEALTH CASE MANAGEMENT REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Public Health Case Management Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				1. The UIO contracts for Public Health Case Management to service eligible American Indians/Alaska Natives who have limited or no health insurance coverage including			
				a. Individuals and/or families lacking medical and dental health coverage			
				b. Youth and/or adults enrolled in job training or education programs			
				c. Elderly individuals age 65 and above			
				d. Individuals with chronic health conditions			
				e. Individuals with chemical addictions or behavioral health conditions			
				2. Public Health Case Management supervisors establish Memoranda of Understanding (MOUs) or agreements with local comprehensive clinics and specialty providers			

Score				Public Health Case Management Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				3. Public Health Case Management supervisors provide a quarterly report to UIO leadership which includes <ul style="list-style-type: none"> a. Number of UIO patients seen through MOU or agreement b. Number of UIO Visits made for primary and secondary diagnosis c. Cost of care paid to the MOU or agreement providers 			
				4. Public health nursing (PHN) services include <ul style="list-style-type: none"> a. Outreach b. Intake/Screening c. Assessment d. Plan Development e. Implementation f. Tracking g. Termination/Transition of care 			
				5. UIO patients are referred to MOU or agreement providers for diagnosis/ treatment and follow-up			
				<ul style="list-style-type: none"> a. PHNs maintain contact with external referral sources to ensure coordination of care 			
				<ul style="list-style-type: none"> b. PHNs follow-up with external referral sources, providers or healthcare facilities to obtain timely reports, records, test results or other documents 			
				6. PHNs document client contact in client files and entered information into the RPMS Patient Care Component (PCC) system			

Score				Public Health Case Management Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				7. PHNs provide, coordinate and supervise case management services including			
				a. Integrated intake, assessment and gate keeping			
				b. Outcome based treatment planning			
				c. Coordinated management of services			
				d. Development of a unified case plan			
				e. Prospective authorization to access high-cost services			
				f. Focused review of utilization and efficacy of services			
				g. Disease prevention and education			
				h. Establishing and monitoring performance measures			
				8. PHN staff are licensed and/or certified by the State in which the UIO is located			
				9. UIO staff refer patients based on a medical/dental priority list and review by case management and utilization review team which includes			
				a. Representatives from public health nursing, medical, administration, finance, and consultant provider staff			

Total

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OUTREACH AND COMMUNITY SERVICES REQUIREMENTS

Reviewer _____ Title _____ Date _____

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

Score				Outreach and Community Services Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				1. The UIO has a written outreach/community service program policies and procedures including			
				a. Referral of clients to other services			
				2. The UIO prepares quarterly projections of the number and types of services to be provided			
				3. Monthly reports are provided to UIO leadership that include data for services provided			
				4. The UIO has a directory for community service resources, staff and providers are educated about the directory			
				5. Staffing meetings are held as needed to review difficult cases			
				6. The supervisor of outreach and community services prepares an annual evaluation that addresses a. Quality of services b. Patient/client satisfaction c. Recommendations for improvement			
				7. The supervisor of outreach and community services prepares an annual report that includes a. Numbers of services provided			

Score				Outreach and Community Services Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				b. Types of services			
				c. User satisfaction with services			
				d. Assessment of each component program and recommendations for any improvements			
				8. Outreach/community service staff ensure referrals receive necessary follow-up a. At least one attempt is made to follow up on persons who were unavailable on first contact b. Patient contacts, including attempted contacts, are documented			
				9. Outreach/community service staff provide information about available services available for the community			
				10. Outreach/community service staff develop linkages with community agencies including health departments			
				11. If the outreach/community services provide transportation the following are documented			
				a. Lease/purchase agreements			
				b. Supervisory responsibilities			
				c. Driver requirements including a valid driver's license for the services provided per State laws			
				d. Monitoring of expiration dates and any restrictions on driver's licenses			
				e. Education of drivers on proper techniques for assisting			

Score				Outreach and Community Services Review Requirements	Comments	Action Plan	Assigned To Date
2	1	0	N/A				
				handicapped clients			
				f. Education of drivers on addressing emergency situations			
				g. Liability insurance			
				h. Patient eligibility criteria			
				i. Service areas covered			
				j. Activity reports			
				k. Vehicle maintenance schedules and procedures			
				l. Seat belt and child restraint policy			
				m. No smoking policy			
				n. Vehicle logs			
				12. The transportation supervisor periodically monitors user satisfaction with transportation service			
				13. The UIO provides information on public transportation to clients			

Total

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APPENDIX A - DOCUMENTATION OF ONSITE REVIEW

Summary Sheet

UIO Name _____

Program Address _____

Review Dates: _____

Title	Name	Phone	E-mail address	Manual Sections Assigned
UIO Director				
Governing Body Chair				
Review Team Leader				
Team Member				
Team Member				
Team Member				
Team Member				
Team Member				
Team Member				
Team Member				

Provide the names of staff who will be involved in the annual review.

UIO Supervisory Staff Name	Department	Position	Phone	E-mail Address

Scoring Summary

UIO Name _____

Instructions

For each Section of the Review Manual tally the total number of “2s”, “1s”, “0s” and N/As” and record below. Once this is completed calculate the total number for all Sections

Requirement Section	Total				Comments
	2	1	0	N/A	
Legislative					
Governance					
Leadership					
Financial Management					
Rights and Responsibilities					
Environmental Safety					
Infection Control					
Clinical Records and Health Information Management					
Quality Assessment and Performance Improvement					
Patient Safety					
Medical Staff					
Human Resources					
Quality of Care Provided					
Dental					
Medical Home					
Pharmacy					
Laboratory					
Radiology					
Behavioral Health					
Substance Abuse					
Public Health Case Management					
Outreach and Community Services					
Total					

2 = compliant 1 = partial compliance 0 = non-compliance N/A = not applicable

APPENDIX B EXIT CONFERENCE

UIO _____ Dates of Site Visit _____

Team Member	Sections Reviewed
	▪
	▪
	▪
	▪
	▪

Team Leader Instructions

- Introduce yourself and other team members present. Mention the names of team members that are not present and the sections they reviewed
- Thank the UIO staff for their assistance with the review
- Mention that though the Exit Conference focuses deficiencies, there were many areas of compliance – reference a few of these areas
- State when the Health Program should expect the written report

Preparing for the Exit Conference

- At the conclusion of their review, each Team Member should complete an Exit Conference Summary for the Sections they reviewed, this may be hand written
- Team Members should provide a copy of all their Exit Conference Summary(ies) to the Team Leader
- The Team Leader will present the findings for Team Members not present at the Exit Conference
- Team Leader may use the Exit Conference Summary sheets from Team Members not present at the Exit Conference
- Each Team Member present at the Exit Conference will present findings for their Sections
- Completing the Exit Conference Summary
 - Reviewed – Each Team Member will enter their initial for each Section they reviewed
 - Review Section – No information to be entered
 - Score – Enter the Score for each Section you reviewed
 - Major Findings – Include those finding that need immediate response for correction. Findings may be from interview, document review, facility tour, medical record review, medical staff or human resource file review
- At the conclusion of the presentation for each Section, the Team Leader should provide a few overall recommendations for improvement. Mention that recommendations for each Section will be provided in the written report

Exit Conference Summary

Reviewed	Review Section Requirements	Score	Major Findings
	Legislative		▪
	Governance		▪
	Leadership		▪
	Financial Management		▪
	Rights and Responsibilities		▪
	Environmental Safety		▪
	Infection Control		▪
	Clinical Records and Health Information Management		▪
	Quality Assessment and Performance Improvement		▪
	Patient Safety		▪
	Medical Staff		▪
	Human Resources		▪
	Quality of Care Provided		▪
	Dental		▪
	Medical Home		▪
	Pharmacy		▪
	Laboratory		▪
	Radiology		▪
	Behavioral Health		▪
	Substance Abuse		▪
	Public Health Case Management		▪
	Outreach and Community Services		▪

APPENDIX C - INSTRUCTIONS FOR THE WRITTEN REPORT

- The Urban Indian Organization written report should be completed within 30 calendar days of the Exit Conference. The report will include of the following:
 - A cover letter addressed to the Urban Indian Organization Director. The letter will indicate that a copy of the report will be provided to the IHS Area Director and the IHS Office of Urban Indian Health Program Officer. The letter will mention the expectations for correction of areas found deficient during the review
 - An Executive Summary highlighting significant findings, both positive and negative, identified during the Health Program review
 - The report of the Health Program Review will be prepared for each Section of the Urban Indian Health Organization Review Manual that was used in the annual evaluation. The report will have a cover page titled Urban Indian Organization Annual Review, and includes the name of the Urban Indian Organization, the name of the UIO Director, the names of the Review Team Members and the dates of the visit. For each Section reviewed the body of the report will begin with the name of the Section and the report itself will in tabular format with columns for Score, Findings, Recommendations, and Action Plan
- The report will be sent electronically to the UIO Director, the appropriate IHS Area Director and the IHS Urban Indian Program Director

Sample Letter On-Site Review Report

Print on Letterhead

Date

Insert - Name, Title and Address of Board Chair and Director, Urban Indian Organization

Dear (insert names of Board Chair and Director, Urban Indian Organization)

Thank you and your staff for your courtesy and assistance provided during the On-Site Review Visit conducted (insert dates of review) by the Area Review Team. Team Members included:

- (List names and titles of Review Team members and the Section(s) they reviewed)

Enclosed is the report which includes an Executive Summary, a Scoring Summary and the On-site Review Report. An electronic copy has been forward to you for use as the Corrective Action Plan

Please contact me with any questions or if clarification is needed on the report.

Collegially,

Insert name
Area Urban Indian Program Coordinator

Enclosures:

- Executive Summary – On-Site Review
- Scoring Summary Table
- Review Findings

Executive Summary – On-Site Program Review

UIO Name

Dates of Review

Review Process

The survey process included interviews and discussions with staff, tour of the facility and grounds and review of documents. The Program Review Report addresses findings from the review including items determined to be partially compliant or non-compliant. The corrective actions should address those items in the report scored “1” or “0”.

Highlights

Overall we found many excellent things at your facility, including

- (list examples)

Priority Areas

During the Exit Conference some priorities were mentioned that required immediate action. These include

- List priorities from the exit conference

APPENDIX D - RESPONDING TO REPORT OF HEALTH PROGRAM REVIEW

Following receipt of the Report of Health Program Review, the UIO Director should assemble a group to address findings and recommendations in the report; Area staff may be requested to participate in this review.

Instructions for Developing an Action Plan

The Action Plan process is designed to make corrections to the sections of the Review Manual that were found to be deficient during the annual review. The process is as follows

- If not already in this format, sort each Section of the report by “Score”
- Identify the “Review Criteria” in each Section with a score of “0” or “1”, these are the finding that need corrective action
- Designate a staff member to be responsible for the Action Plan for each Section with scores of “0” or “1”
 - If needed a group of staff may need to be called upon to address various finding in the report
 - Read the Recommendations in the report for those “Review Criteria” scored “0” or “1”
 - Determine if the recommendations listed would correct the deficiency for the UIO, if not in the “Action Plan” section of the report document what needs to be done to improve compliance. Also for those recommendations that would correct the deficiency document what will be done to achieve compliance
 - For each deficiency assign a staff, group or department that will be responsible for implementing the corrective action, document the name(s) in the “Responsible Party” column
 - Determine a proposed “Completion Date” and make adjustments as needed, these adjustments should be documented in “Comments” and a revised “Completion Date” determined
- The UIO Director should review the Action Plan for each Section and follow-up on missed completions dates
 - Those responsible for each Section should manage each deficiency through to completion

APPENDIX E - MEDICAL STAFF CREDENTIAL FILE REVIEW

Provider _____

Criteria	In File	Documents Needed
Application		
License		
DEA		
Current copy of certificate for BLS <input type="checkbox"/> ACLS <input type="checkbox"/> ATLS <input type="checkbox"/> PALS <input type="checkbox"/>		
Medical School/Professional School Education		
Board Certification – for midlevel providers		
ECFMG for foreign medical grads		
Post-graduate Training		
References		
NPDB/HIPDB		
Health Status		
Evidence of malpractice insurance		
Explanation of Adverse Actions and Liability Claims, if applicable		
Clinical Privileges		
OIG Report of Sanctioned Providers		
Current CME listings or certificates		
Reappointed within two years		
Photo Identification		
CNACI/Background Check		
Peer Review Information		

Reviewer _____

Date _____

APPENDIX F – HUMAN RESOURCE FILE REVIEW

Employee	Hire Date
Department/Unit	Current Position

File Item	Yes	No	N/A	Comments
Job Description				
License/Registration – including verification				
Facility Orientation				
Orientation to key safety content before provision of care, treatment, and services				
Department Orientation				
Department Initial Skills Checklist				
Annual Competency Checklist				
Last Completed Annual Performance Appraisal				
Log of In-services Attended – including annual mandatory education				
Other certifications, such as CPR/AED, ACLS, etc.				
Background check				
Education				
Employee Health – TB and Hep B				

APPENDIX G – ENVIRONMENTAL AND INFECTION CONTROL CHECKLIST

Department/Service _____

Date _____

Note – The following are items that should NOT be observed. If one of these items is found place mark the “Y” column.

Area	Evaluated For	Y	Comments
Lobby and Waiting Area	<ul style="list-style-type: none"> ▪ Unsupervised children ▪ Non-laminated posters and signs (acceptable for short-term use) ▪ Furniture in disrepair ▪ Floors dirty or in disrepair ▪ Staff conversation with patients able to be overheard ▪ Information posted for patients not current –or information is not available including roster of providers, hours of operation, after hours emergencies, patient rights and responsibilities 		
Hallways	<ul style="list-style-type: none"> ▪ Equipment or supplies blocking fire exits, fire extinguishers, fire doors or exit doorways ▪ Soiled linen or trash on floor ▪ Housekeeping supplies left unattended ▪ Equipment stored on both sides of hall blocking exit in case of fire ▪ Non-laminated paper signs taped to walls ▪ Conversations involving patient specific information can be overheard ▪ Floors and baseboards dirty or in disrepair ▪ Tripping hazards present ▪ Children wandering unsupervised ▪ Fire extinguishers not mounted or blocked by equipment or supplies ▪ Exit signs not illuminated ▪ Battery-powered emergency lights not functioning properly ▪ Staff not wearing ID badges ▪ Electrical panels blocked by equipment or supplies 		
Patient Treatment Rooms and General Areas	<ul style="list-style-type: none"> ▪ Clean linen left or stored on chairs, trash containers or radiators ▪ Trash overflowing in waste basket or biohazard container ▪ Biohazard waste in regular trash container ▪ Dust on furniture including examination tables, cabinets, light, supply cabinets, 		

Area	Evaluated For	Y	Comments
	<ul style="list-style-type: none"> shelves ▪ Privacy curtains dirty or stained ▪ Unsecured, uncovered patient records or information out on desk or counters ▪ Unattended computer with patient information visible on screen ▪ Biomedical equipment with past due preventive maintenance (PM) sticker or PM status unavailable to staff ▪ Soiled floor ▪ Sharps container at full line ▪ Staff food open or uncovered in room ▪ Hand sanitizer container empty ▪ Unsecured medications ▪ Multi-dose vials open without open date ▪ Medications or supplies stored that are past expiration date ▪ Refrigerator with no temperature log or temperatures out of range ▪ Exam tables or chairs with covering torn ▪ Call lights not functional ▪ Children left unsupervised ▪ Staff not wearing ID badges ▪ Access to fire extinguisher blocked by equipment and supplies ▪ Staff not observing appropriate hand hygiene or other infection prevention procedures 		
Radiology	<ul style="list-style-type: none"> ▪ Warning signs re pregnancy not posted in prominent locations easily visible to patients ▪ Lead aprons torn stained, or compromised ▪ Staff not wearing dosimetry badges ▪ Access to imaging area not well controlled ▪ Patient changing area lacks adequate privacy 		
Sterilization Areas	<ul style="list-style-type: none"> ▪ Sterilizer testing records not available or not current ▪ Biological indicators used for sterilization expired ▪ Clean and dirty area of sterilization area not clearly marked ▪ Sterilized packages not properly sealed or stored ▪ No evidence of preventive maintenance or cleaning of sterilizer as required by 		

Area	Evaluated For	Y	Comments
	manufacturer		
General Storage Areas	<ul style="list-style-type: none"> ▪ Storage area for biological waste or other hazardous materials unlocked ▪ Storage less than 18 inches of the sprinkler head ▪ Damaged broken equipment without “Do Not Use” tag ▪ Unsecured patient records in storage area ▪ Expired or compromised supplies in storeroom without clear “do not use” designation ▪ Uncovered clean linen in storage area ▪ Materials or supplies stored on high shelf without safe means for staff to reach ▪ Medical; gas cylinders not secured ▪ Cardboard boxes used for permanent storage of patient care supplies ▪ Clean and soiled patient care supplies stored together 		
Housekeeping Storage Areas and Carts	<ul style="list-style-type: none"> ▪ Closet unlocked ▪ Unattended carts with chemical or full buckets ▪ Hazardous chemicals unlocked or unsecured ▪ Used gloves hanging on cart ▪ MSDS not available for chemicals 		
Medication Storage Areas	<ul style="list-style-type: none"> ▪ Not locked or under constant observation ▪ Expired or compromised medications not separated in clearly marked area ▪ Narcotics not properly secured ▪ Narcotics log not properly maintained ▪ Refrigerator log not completed daily ▪ Food kept in medication refrigerator ▪ Storage areas dirty 		
Clean Utility Rooms	<ul style="list-style-type: none"> ▪ Supplies on floor ▪ Mixed storage ▪ Expired supplies ▪ Shelves and cabinets dusty or dirty ▪ Patient care supplies under sink 		
Staff Only Rooms	<ul style="list-style-type: none"> ▪ Patient care supplies or medications stored ▪ Unattended patient records 		
Behavioral Health	<ul style="list-style-type: none"> ▪ Fire alarm cannot be heard ▪ Client confidentiality or privacy compromised (accessible client records, appointment lists left out, conversations 		

Area	Evaluated For	Y	Comments
	<ul style="list-style-type: none"> can be overheard ▪ Security notification devices not working properly ▪ Equipment and supplies not maintained or not properly stored ▪ First aid kit available (if there if programs is not located in a medical clinic facility) ▪ Unsecured medications 		
Substance Abuse	<ul style="list-style-type: none"> ▪ Fire alarm cannot be heard ▪ Client confidentiality or privacy compromised (accessible client records, appointment lists left out, conversations can be overheard) ▪ Security notification devices not working properly ▪ Equipment and supplies not maintained or not properly stored ▪ First aid kit available (if there if programs is not located in a medical clinic facility) ▪ Unsecured medications 		

Reviewed By _____ Date _____

APPENDIX H – SAMPLE PATIENT RECORD REVIEW FORMS

Forms in this Appendix can be used for individual provider Peer Review, UIO QA/PI review and by the Area Review Team conducting the annual UIO evaluation.

General Content Review

Medical Record Number _____

Date of Service _____

Clinical Service _____

Provider _____

Each Record Includes	Yes	No	N/A	Comments
1. Name				
2. Medical record number				
3. Date of birth				
4. Gender				
5. Responsible party, if applicable				
6. Address				
7. Phone number				
8. Name of any legally authorized representative				
9. Sex				
10. Height				
11. Weight				
12. Legal status of any patient receiving behavioral health care services				
13. Language and communication needs				
14. Initial diagnosis, diagnostic impression(s), or condition(s)				
15. Findings of assessments and reassessments				
16. Allergies to food				
17. Allergies to medications				
18. Conclusions or impressions drawn from the patient's medical history and physical examination				
19. Diagnoses or conditions established during the patient's course of care, treatment, or services				
20. Consultation reports				
21. Progress notes				
22. Medications ordered or prescribed				
23. Medications administered, including				
a. Strength, dose, and route				
b. Access site for medication, administration devices used, and rate of administration				
c. Patient response to medication administered				
24. Adverse drug reactions				
25. Plans for care and revisions				
26. Orders for diagnostic and therapeutic tests and procedures and results				
27. Handwritten entries are legible				

Reviewed By _____

Date _____

Clinic Visit Record

Medical Record Number _____

Date of Service _____

Clinical Service _____

Provider _____

Visit Notes Include	Yes	No	N/A	Comments
1. All entries are dated				
2. All entries are timed				
3. Chief complaint or purpose of visit				
4. Clinical findings				
5. Studies ordered, such as laboratory or x-ray studies				
6. Care rendered and therapies administered				
7. List of medications including current medications, over-the-counter medications, and herbal preparations				
8. Medication reconciliation is documented				
9. Changes in prescription and non-prescription medication with name and dosage				
10. Discharge diagnosis or impression				
11. Disposition, recommendations, and instructions given to the patient				
12. Signature of the health care professional on the clinical record entries				
13. If a patient has three or more visits for the same condition there is a Problem List in the record				
Supplementary Entries	Yes	No	N/A	Comments
1. Missed and canceled appointments				
2. Significant medical advice given by text, email, or telephone, including medical advice provided after-hours				
3. Diagnostic or therapeutic intervention as part of clinical research				
4. Discussions concerning necessity, appropriateness, and risks of proposed care, surgery, or procedure, and discussion of treatment alternatives				
5. Advance directive in chart for patients who state they have an advance directive				
6. Informed consent in chart for patients who had a procedure performed				

Reviewed By _____

Date _____

Urgent or Immediate Care Record

Medical Record Number _____

Date of Service _____

Clinical Service _____

Provider _____

Entries	Yes	No	N/A	Comments
1. Time of arrival				
2. Means of arrival				
3. Indication that the patient left against medical advice, when applicable				
4. Conclusions reached at the termination of care, treatment, or services				
a. Disposition				
b. Condition				
c. Instructions given for follow-up care, treatment, or services				

Reviewed By _____

Date _____

Surgical and Invasive Procedure Record

Medical Record Number _____

Date of Service _____

Clinical Service _____

Provider _____

Entries	Yes	No	N/A	Comments
16. Operative or other high-risk procedure and/or the administration of moderate or deep sedation or anesthesia				
17. Provisional diagnosis before an operative or other high-risk procedure is performed				
18. An operative or other high-risk procedure report is written or dictated upon completion of the operative or other high-risk procedure and before the patient is transferred to the next level of care				
19. The operative or high-risk procedure report includes a. The name(s) of the provider(s) who performed the procedure and any assistant(s) b. The name of procedure c. Description of the procedure d. Findings of the procedure e. Estimated blood loss f. Specimen(s) removed g. Postoperative diagnosis				
20. When a full operative or high-risk procedure report cannot be entered immediately into the patient's clinical record, a note is entered immediately that includes a. Name(s) of the primary surgeon(s) and assistant(s) b. Procedure performed c. Description of each procedure finding d. Estimated blood loss e. Specimens removed f. Postoperative diagnosis g. Complications				
21. The clinical record contains the following postoperative information a. Vital signs and level of consciousness b. Medications, including intravenous fluids and any administered blood, blood products, and blood components c. Unanticipated events or complications (including blood transfusion reactions) and the management of those events				
22. Discharged from recovery phase either by the provider responsible for his or her care or according to discharge criteria a. Use of approved discharge criteria that determine the patient's readiness for discharge				
23. Name of the provider responsible for discharge				
24. Entries related to anesthesia administration				

Reviewed By _____

Date _____

Restraint Record

Medical Record Number _____

Date of Service _____

Clinical Service _____

Provider _____

Entries	Yes	No	N/A	Comments
1. Order for use of restraint				
2. Results of patient monitoring				
3. Reassessment for continued use of restraint				
4. Unanticipated changes in the patient's condition				

Reviewed By _____

Date _____

Behavioral Health

Medical Record Number _____

Date of Service _____

Clinical Service _____

Provider _____

Criteria	Yes	No	N/A	Comments
1. Initial bio-psychosocial assessment complete with relevant domains addressed				
2. Psychological testing obtained, if needed				
3. Treatment plan identifies relevant patient goals				
a. Treatment plan updated and revised to reflect significant changes in patient status or new issues being addressed in treatment				
b. Individual visit notes address progress to treatment goals				
4. Individual visit notes include statement on current suicidal ideation for any patient with relevant history of depression, self-injury, or suicidal ideation				
5. Prescribing provider reviews and incorporates medication reconciliation when prescribing new medication or changing existing prescription				
6. Prescribing providers notes address patient compliance to medication regimen and effectiveness of medications prescribed				
7. Appropriate laboratory tests ordered and results reviewed if relevant to psychotropic medications prescribed				
8. Individual visit notes include continuing care plan for patients completing a course of treatment				

Reviewed By _____

Date _____

Provide summary results of review to the QAPI Committee

Optometry Record Review

Medical Record Number _____

Date of Service _____

Clinical Service _____

Provider _____

Criteria	Yes	No	N/A	Comments
1. Documentation of family ocular health history				
2. External eye examination				
3. Adnexa examination				
4. Tissues of anterior segment examined				
5. Tissues of posterior segment examined				
6. Intra-ocular pressures measured				
7. If presenting with monocular, visual acuity at distance documented				
8. If presenting with monocular, visual acuity at near documented				
9. Measure of refraction conducted				
10. Monocular visual acuities recorded for prescription change				
11. Magnitude and director of any distance horizontal deviation measured				
12. Magnitude and director of any near horizontal deviation measured				

Reviewed By _____

Date _____

Prenatal Care Record

Medical Record Number _____

Date of Service _____

Clinical Service _____

Provider _____

Criteria	Yes	No	N/A	Comments
1. Pregnancy diagnosed before third month				
2. Initial evaluation included				
a. Complete history, including history of STDs, diabetes mellitus, heart disease; prior pregnancies and outcomes, and WIC participation				
b. Measurement of height				
c. Measurement of weight				
d. Measurement of blood pressure				
e. Physical examination, including exam of neck, breasts, abdomen, pelvis, rectum, and heart				
f. Pap smear				
g. Urinalysis				
h. Hemoglobin or hematocrit				
i. Rubella antibody titer				
j. Rh factor test NA=Documented from prior pregnancy				
k. VDRL or rapid plasma reagin (RPR) test, if VDRL or RPR is positive, a fluorescent treponemal antibody absorption (FTA-ABS) test done				
3. One prenatal visit was recorded every six weeks in the first seven months				
4. One prenatal visit was recorded every two weeks in the eighth and ninth months				
5. Recorded at each regular visit				
a. Weight				
b. Blood pressure				
6. Fetal heart tones were recorded at each regular visit in the last trimester				
7. STD screening (Gon/Chlamydia)				
8. HIV Screening				
9. Alcohol, substance abuse and tobacco screening				
10. Domestic violence screening				

Reviewed By _____

Date _____

Well Baby Record

Medical Record Number _____

Date of Service _____

Clinical Service _____

Provider _____

Criteria	Yes	No	N/A	Comments
1. Each routine health visit includes				
a. Measurement of length				
b. Measurement of weight without clothes				
c. Measurement of head circumference through 24 months of age				
d. Physical examination includes eyes, ears, nose, throat, heart, lungs, abdomen, hips, and feet				
e. Appropriate screening for vision				
f. Appropriate - does not to be done every visit screening for hearing				
g. Immunizations given according to recommended schedules				

Reviewed By _____

Date _____

Hypertension Record

Medical Record Number _____

Date of Service _____

Clinical Service _____

Provider _____

Criteria	Yes	No	N/A	Comments
1. Known duration of hypertension in chart				
2. Risk factors were recorded				
3. Cardiovascular symptoms were recorded.				
4. At least annually, a physical exam included				
a. Measurement of height				
b. Measurement of weight				
c. Fundoscopic exam				
d. Exam of heart				
5. Laboratory tests included, at least annually				
6. Urinalysis				
a. Blood urea nitrogen or creatinine				
b. Serum cholesterol				
c. Fasting serum glucose				
d. Serum potassium				
e. Electro-cardiogram				
f. Chest x-ray				
g. Triglycerides, HDL and LDL annually				
7. Blood pressure was elevated on two separate visits before prescription was given. Both measures must be greater than 150/95				
8. Management includes				
9. Number of office visits consistent with treatment				
a. If diuretic only is prescribed, 2 visits per year are required; if patient is on additional meds, 3 visits are needed				
10. After six months of treatment, patient's blood pressure is equal to or lower than 140/90				

Reviewed By _____

Date _____

Diabetes Mellitus Record

Medical Record Number _____

Date of Service _____

Clinical Service _____

Provider _____

Criteria	Yes	No	N/A	Comments
1. Complete history is obtained				
2. History should include: past medical history, current symptoms, family history, weight gain/loss history, complications, medication history				
3. Physical exam is completed on new patients including				
a. Phthalomoscipic exam or JVN screening				
b. Sensory exam in lower extremities				
c. Pulses				
d. Foot exam				
e. Urine dipstick				
f. Check blood glucose				
g. EKG and chest x-ray				
4. Appropriate medical therapy is initiated				
5. Referral is made to nutritionist				
6. Suggested referral criteria:				
7. Serum creatinine>2.5 mg% - nephrologist				
8. Other appropriate referrals are made.				
9. Suggested referral criteria				
a. Serum creatinine>2.5 mg% - nephrologist				
b. Neuropathic ulcer – podiatrist, orthopedist				
c. New and/or complicated patients – public health nurse.				
d. Retinopathy or decreased visual acuity – ophthalmologist				
10. Patient education is provided				
a. Topics should include: causes, symptoms, treatment, urine testing, meds, foot care, weight loss, complications, and signs/symptoms and treatment of hypoglycemia and acidosis. (Refer to the IHS Diabetes Education or other acceptable educational materials)				
11. Medical follow-up is provided				
12. Suggested schedule for follow-up:				
a. Each week until diabetes is stable - foot exam, urine dipstick, capillary blood glucose				
b. Yearly - pulses, eye exam, sensory exam of lower extremities, creatinine clearance				

Reviewed By _____

Date _____

Obesity Record

Medical Record Number _____

Date of Service _____

Clinical Service _____

Provider _____

Criteria	Yes	No	N/A	Comments
1. Complete history is obtained and should include a. Age of onset if available b. Family history of obesity c. Previous weight reduction attempts				
2. Physical exam is obtained, including				
a. Current weight				
b. Current height				
c. FTS.T4-if indicated				
3. Rule out underlying disease a. Examples include hypertension, DM, gall bladder disease, gout, and coronary artery disease				
4. Referral is made to nutritionist				
5. Evaluation is made by nutritionist including				
a. Dietary history				
b. Current weight				
c. Ideal body weight for height				
d. Weight reduction goal				
e. Appropriate caloric level diet to achieve weight reduction				
6. Patient education is provided by nutritionist. a. Educational topics should include: exercise, caloric content of foods, need for long term follow-up				
7. Medical follow-up is obtained; recommended schedule for medical follow-up a. Counseling each week for 1 week b. Then every 2 weeks for 3 months c. Then every month for 3 months				

Reviewed By _____

Date _____

Dental Record

Medical Record Number _____

Date of Service _____

Clinical Service _____

Provider _____

Criteria	Yes	No	N/A	Comments
1. Practitioner's name and profession (DDS, RDH)				
2. Chief complaint purpose of visit				
3. Health history is reviewed and initialed at least annually				
4. Allergies and health problems are noted				
5. Blood pressure is routinely taken				
6. Annual periodontal examination (adults)				
7. Adequate consent forms are used for local/topical anesthesia or conscious sedation and for invasive procedures (e.g. root canals, extractions, etc.)				
8. Patient records are stored properly with limited access				
9. Sealants are routinely provided when appropriate				
10. Topical fluoride/varnish is routinely applied (children/infants)				
11. Objective findings (description of symptoms)				
12. Diagnosis or clinical impressions				
13. Studies ordered, such as laboratory, x-ray studies				
14. Therapies administered (Treatment and/or drugs required)				
15. Disposition, recommendations, and instructions to patient				
16. Signature or initials of practitioners				
17. Referral reports from and to referral specialists				

Reviewed By _____

Date _____

Patient Education Record

Medical Record Number _____

Date of Service _____

Clinical Service _____

Provider _____

Criteria	Yes	No	N/A	Comments
1. Patient/family learning needs are assessed				
2. Patient/family barriers to learning assessed				
3. Patient/family education is provided for the following				
4. Patient/family education is provided for				
a. New patient				
b. New diagnosis or condition				
c. New or change in medication regimen				
d. Change in self care regimen				
e. Patient referral for tests or procedures				
f. Prior to procedure being performed at UIO				
g. Initiation or change in rehabilitation status				
h. Initiation of home medical equipment or supplies				
i. Initiation or change in therapy regimen				
j. Prior to referral to community resource				
k. Patient condition has not improved, due in part to patient non-compliance				
l. Patient presents with chief complaint of pain				
5. Education is provided on				
a. Plan for care, treatment, or services				
b. Basic health practices and safety				
c. Safe and effective use of medications				
d. Nutrition interventions (for example, supplements and exercise) and modified diets				
e. Pain management				
f. Oral health				
g. Safe and effective use of medical equipment or supplies provided to the patient by the UIO				
h. Habilitation or rehabilitation techniques				
6. Patient education is documented				
7. Patient/family provided educational materials				

Reviewed By _____

Date _____

APPENDIX J - ANNUAL CONTRACT/AGREEMENT EVALUATION

This form is used to evaluate contracts for clinical services provided within the UIO, e.g. physical therapists, radiology technicians, linen service.

Contract/Project Officer Instructions

Complete the top portion of the form and forward to the appropriate reviewer 60 days prior to the contract/agreement expiration date.

Review Date	
Contract/Agreement Number	
Contract/Agreement Expiration Date	
Contractor Name	
Contractor Address	
Contractor Telephone Number	
Does the contract/agreement define the nature and scope of services or care provided by the outside source? (See attached Scope of Work)	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain
Is the contract service accredited, licensed or certified by (Check all that apply)	<input type="checkbox"/> The Joint Commission <input type="checkbox"/> AAAHC <input type="checkbox"/> CARF <input type="checkbox"/> State <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> N/A Comments
Contract/Project Officer Name	

Signature _____

Date _____

Medical or Administrative Reviewer Instructions

Evaluate the Contractor on each item listed below indicating a rating of 1 = poor to 5 = excellent. If the question does not apply, indicate N/A. Please return this Evaluation to the Contract/Project Officer within 15 days of receipt.

Question	1	2	3	4	5	N/A
Communications, including reporting of adverse events (if applicable)						
Timeliness of Response						
Appropriateness of Service						
Quality of Service						
Overall Service						
Cost of Service						
Scope of Work Completed						

Comments

During the past twelve months have you received any patient or staff complaints or has a patient or staff been injured as a result of this contract service?

Yes No
If yes, explain

During the past twelve months, has a physician or other staff expressed a concern regarding this contract service?

Yes No
If yes, explain

Upon evaluation, do you recommend continuation of this service?

Medical Reviewer Signature

Yes No
If no, explain – use additional pages if needed

Date

Urban Indian Organization Director Signature

Yes No
If no, explain – use additional pages if needed

Date

Governing Body Signature

Yes No
If no, explain – use additional pages if needed

Date

APPENDIX K - TIPS FOR ON-SITE REVIEW SURVEY

- **Manager**
 - Complete competency or skills assessment for staff, including contractors
 - Identify environmental concerns in your department
 - Validate that staff follow proper infection control practices – this means that infection control policies for your department may be needed
- **Staff**
 - Read department and facility policies
 - Learn your role in emergency or disaster situations
 - Follow infection control practices
 - Incorporate patient safety initiatives into your daily routine
 - Inform your supervisor of any environmental issues in the department – chipped tile, broken equipment, leaking faucet, so that the issue can be addressed and repaired
 - Be able to describe several improvements in service or patient care that resulted from departmental performance improvement activities
 - Be positive about your role at the hospital, and try not to let the surveyor make you feel defensive or nervous
 - Surveyors use some hospital policies as a guide. If you are not sure of a policy, consult your supervisor
 - If you don't know the specific answer to a question, describe what you do by explaining how you provided care to a patient related to the questions
 - Know where to find the manuals and policies in your department

APPENDIX L - SAMPLE QAPI REPORTING FORM

Measure												
Criteria						Assigned To						
Graphic Display						Analysis and Comments						
						<ul style="list-style-type: none"> ▪ 						
Goal						Month Due	J	F	M	A	M	J
							J	A	S	O	N	D
Actions	Action					Assigned To				Date Completed		

Instructions for Completion of Form

Measure	The title of the performance measure							
Criteria	List the criteria or guidelines that will be used to review the performance measure.	Assigned To	The name of the department, work center or program conducting the performance measure					
Graphic Display	Insert a graph, a table of results	Analysis and Comments						
		<ul style="list-style-type: none"> Provide a summary of what you learned from the review, i.e., problems, opportunities for improvement 						
Goal	Either a percent or a number to be achieved. Next to "Goal" place an arrow indicating if the results should be above or below the goal. ↑ ↓	Month Due	J	F	M	A	M	J
			J	A	S	O	N	D
			Highlight the month or months the report is due					
Actions	Action	Assigned To	Date Completed					
	What needs to be done to make improvement and to achieve the goal	Who will take action	When the action was done					

Notes on Performance Monitoring

1. If a review is to be facility-wide, remember to also include any field clinics
2. Time frame of a review should begin at the start of a month and end at the end of a month. This does not mean that a review is only one month long, rather that it takes in all of a given month
 - a. Most reviews should be done more than once a year
 - b. If findings do not meet the goal, the study must be redone once action is taken for improvement
3. When possible, data should be reported by quarters – Oct – Dec; Jan – Mar; Apr – Jun; Jul – Sep
4. Include the sample size in the report – number of files reviewed, number of events observed, number of people questioned
5. Choosing a sample consider
 - a. All cases, for something that does not happen all of the time
 - b. At least 30 cases, for something that happens frequently. *Note - You cannot review a case and eliminate it because the review criteria were not met*
6. Reporting timeframe for each site, if you have field clinics, should be the same for the same indicator
7. At least some of the review criteria must be the same for a review that is conducted at more than one site. It is acceptable to add some criteria based on the specific facility need
8. Under *Analysis and Comments*
 - a. Explain any circumstances that contributed to the result being below the goal
 - b. If results did not meet your goal describe what is going to be done – this should include the name of the person responsible and the date it should be implemented
9. Graphs should easily explain what is being viewed. The title of the graph must include
 - a. Name of department
 - b. Performance Measure name
 - c. Review period
 - d. Sample size

Samples

Measure	Completion of scheduled preventive maintenance							
Criteria	PM completed within one month of scheduled date	Assigned To	Biomedical					
Graphic Display	Life critical due on time – 98%	Analysis and Comments						
	Other biomedical equipment completed – 96%							
		Life Critical Equipment ✓ 10 pieces of life critical equipment could not be located						
Goal ↑	100% of life critical due on time	Month Due	J	F	M	A	M	J
	95% of all other biomedical equipment completed on time		J	A	S	O	N	D
Actions	Action	Assigned To	Date Completed					
	Department managers where equipment could not be located were contacted to determine if the equipment is still in use	Biomed						

Measure	Central Line Placement																	
Criteria	<ol style="list-style-type: none"> 1. IV removed when no longer essential. 2. Peripheral line replaced at least every 96 hours 3. If aseptic technique cannot be assured, catheter replaced as soon as possible and no longer than 48 hours. 4. Short term CVP replaced if purulence is observed at insertion site 	Assigned To	Med/Surg Nursing															
Graphic Display ↑	<p style="text-align: center;">Central Line Placement Compliance with CDC Guidelines January 2007 N = 7</p> <table border="1" style="display: none;"> <caption>Central Line Placement Compliance Data</caption> <thead> <tr> <th>Criteria</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr> <td>IV removed when no longer essential.</td> <td>100</td> </tr> <tr> <td>Peripheral line replaced at least every 96 hours</td> <td>85</td> </tr> <tr> <td>If aseptic technique can not be assured, catheter replaced as soon as possible and no longer than 48 hours.</td> <td>100</td> </tr> <tr> <td>Short term CVP replaced if purulence is observed at insertion site</td> <td>100</td> </tr> </tbody> </table>					Criteria	Compliance (%)	IV removed when no longer essential.	100	Peripheral line replaced at least every 96 hours	85	If aseptic technique can not be assured, catheter replaced as soon as possible and no longer than 48 hours.	100	Short term CVP replaced if purulence is observed at insertion site	100	Analysis and Comments		
Criteria	Compliance (%)																	
IV removed when no longer essential.	100																	
Peripheral line replaced at least every 96 hours	85																	
If aseptic technique can not be assured, catheter replaced as soon as possible and no longer than 48 hours.	100																	
Short term CVP replaced if purulence is observed at insertion site	100																	
Goal	100% compliance with policy and procedure and CDC guidelines					Month Due <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td> </tr> <tr> <td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td> </tr> </table>	J	F	M	A	M	J	J	A	S	O	N	D
J	F	M	A	M	J													
J	A	S	O	N	D													
Actions	Action		Assigned To		Date Completed													
	Case referred to Infection Control		Nurse Manager		2/15/13													
	Staff re-education on replacement of peripheral lines		Infection Control		3/5/2013													

APPENDIX M - SAMPLE PATIENT SATISFACTION SURVEY

UIO Name
Address

General Information

The visit I am commenting on was
I am completing this survey for

Scheduled Appointment	Walk –In Patient
Myself	A family member or friend

Date of visit

Time of Arrival

Time of Appointment

Please circle the clinic that you visited

Clinic Name	Family Medicine	Behavioral Health	OB/GYN	Dental
	Eye	Pediatrics	Internal Medicine	Behavioral Health
	Substance Abuse	Walk-in		

Scheduled Appointment

Please circle your response to the statement below

I had a scheduled appointment and saw the provider	Before my scheduled appointment time	At my scheduled appointment time	More than a 30 minutes after my scheduled time	I had to reschedule my appointment because the provider did not see me
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Walk-In

Please circle your response to the statements below

I was a walk-in patient and had to wait	0- 30 minutes	30 minutes– 1 hour	Between 1 –2 Hours	More than 2 hours
I was told long I would have to wait to be seen		Yes		No

Please rate your view of the following issues

Staff courtesy and respect	Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1
Staff answers to your questions	Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1
Staff explanation of tests, treatment, or condition	Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1
Staff instructions about your condition	Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1
Staff respect for my privacy	Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1
The facility was clean and comfortable	Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1

Comments About Your Visit

Please list your comments below

Do you have Any complaints? *Please complete contact information below*

Do you have any suggestions how we can improve our services?

I would like someone to contact me to discuss my comments

Name

Telephone Number

()

Address

Mailing Address

City

State

Zip code

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REFERENCE

Authorizing Legislation of the Health Center Program - Section 330 of the Public Health Service Act (42 USCS § 254b)

(a) Definition of health center.

(1) In general. For purposes of this section, the term "health center" means an entity that serves a population that is medically underserved, or a special medically underserved population comprised of migratory and seasonal agricultural workers, the homeless, and residents of public housing, by providing, either through the staff and supporting resources of the center or through contracts or cooperative arrangements --

(A) required primary health services (as defined in subsection (b)(1)); and

(B) as may be appropriate for particular centers, additional health services (as defined in subsection (b)(2)) necessary for the adequate support of the primary health services required under subparagraph (A); for all residents of the area served by the center (hereafter referred to in this section as the "catchment area").

(2) Limitation. The requirement in paragraph (1) to provide services for all residents within a catchment area shall not apply in the case of a health center receiving a grant only under subsection (g), (h), or (i).

(b) Definitions. For purposes of this section:

(1) Required primary health services.

(A) In general. The term "required primary health services" means--

(i) basic health services which, for purposes of this section, shall consist of--

(I) health services related to family medicine, internal medicine, pediatrics, obstetrics, or gynecology that are furnished by physicians and where appropriate, physician assistants, nurse practitioners, and nurse midwives;

(II) diagnostic laboratory and radiologic services;

(III) preventive health services, including--

(aa) prenatal and perinatal services;

(bb) appropriate cancer screening;

(cc) well-child services;

(dd) immunizations against vaccine-preventable diseases;

(ee) screenings for elevated blood lead levels, communicable diseases, and cholesterol;

(ff) pediatric eye, ear, and dental screenings to determine the need for vision and hearing correction and dental care;

(gg) voluntary family planning services; and

(hh) preventive dental services;

(IV) emergency medical services; and

(V) pharmaceutical services as may be appropriate for particular centers;

(ii) referrals to providers of medical services (including specialty referral when medically indicated) and other health-related services (including substance abuse and mental health services);

(iii) patient case management services (including counseling, referral, and follow-up services) and other services designed to assist health center patients in establishing eligibility for and gaining access to Federal, State, and local programs that provide or financially support the provision of medical, social, housing, educational, or other related services;

(iv) services that enable individuals to use the services of the health center (including outreach and transportation services and, if a substantial number of the individuals in the population served by a center are of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of such individuals); and

(v) education of patients and the general population served by the health center regarding the availability and proper use of health services.

(B) Exception. With respect to a health center that receives a grant only under subsection (g), the Secretary, upon a showing of good cause, shall--

(i) waive the requirement that the center provide all required primary health services under this paragraph; and

(ii) approve, as appropriate, the provision of certain required primary health services only during certain periods of the year.

(2) Additional health services. The term "additional health services" means services that are not included as required primary health services and that are appropriate to meet the health needs of the population served by the health center involved. Such term may include--

(A) behavioral and mental health and substance abuse services;

(B) recuperative care services;

(C) environmental health services, including--

(i) the detection and alleviation of unhealthful conditions associated with--

(I) water supply;

(II) chemical and pesticide exposures;

(III) air quality; or

(IV) exposure to lead;

(ii) sewage treatment;

(iii) solid waste disposal;

(iv) rodent and parasitic infestation;

(v) field sanitation;

(vi) housing; and

(vii) other environmental factors related to health; and

(D) in the case of health centers receiving grants under subsection (g), special occupation-related health services for migratory and seasonal agricultural workers, including--

(i) screening for and control of infectious diseases, including parasitic diseases; and

(ii) injury prevention programs, including prevention of exposure to unsafe levels of agricultural chemicals including pesticides.

(3) Medically underserved populations.

(A) In general. The term "medically underserved population" means the population of an urban or rural area designated by the Secretary as an area with a shortage of personal health services or a population group designated by the Secretary as having a shortage of such services.

(B) Criteria. In carrying out subparagraph (A), the Secretary shall prescribe criteria for determining the specific shortages of personal health services of an area or population group. Such criteria shall--

(i) take into account comments received by the Secretary from the chief executive officer of a State and local officials in a State; and

(ii) include factors indicative of the health status of a population group or residents of an area, the ability of the residents of an area or of a population group to pay for health services and their accessibility to them, and the availability of health professionals to residents of an area or to a population group.

(C) Limitation. The Secretary may not designate a medically underserved population in a State or terminate the designation of such a population unless, prior to such designation or termination, the Secretary provides reasonable notice and opportunity for comment and consults with--

(i) the chief executive officer of such State;

(ii) local officials in such State; and

(iii) the organization, if any, which represents a majority of health centers in such State.

(D) Permissible designation. The Secretary may designate a medically underserved population that does not meet the criteria established under subparagraph (B) if the chief executive officer of the State in which such population is located and local officials of such State recommend the designation of such population based on unusual local conditions which are a barrier to access to or the availability of personal health services.

(c) Planning grants.

(1) In general.

(A) Centers. The Secretary may make grants to public and nonprofit private entities for projects to plan and develop health centers which will serve medically underserved populations. A project for which a grant may be made under this subsection may include the cost of the acquisition and lease of buildings and equipment (including the costs of amortizing the principal of, and paying the interest on, loans) and shall include--

(i) an assessment of the need that the population proposed to be served by the health center for which the project is undertaken has for required primary health services and additional health services;

(ii) the design of a health center program for such population based on such assessment;

(iii) efforts to secure, within the proposed catchment area of such center, financial and professional assistance and support for the project;

(iv) initiation and encouragement of continuing community involvement in the development and operation of the project; and

(v) proposed linkages between the center and other appropriate provider entities, such as health departments, local hospitals, and rural health clinics, to provide better coordinated, higher quality, and more cost-effective health care services.

(B) Managed care networks and plans. The Secretary may make grants to health centers that receive assistance under this section to enable the centers to plan and develop a managed care network or plan. Such a grant may only be made for such a center if--

- (i) the center has received grants under subsection (e)(1)(A) for at least 2 consecutive years preceding the year of the grant under this subparagraph or has otherwise demonstrated, as required by the Secretary, that such center has been providing primary care services for at least the 2 consecutive years immediately preceding such year; and
- (ii) the center provides assurances satisfactory to the Secretary that the provision of such services on a prepaid basis, or under another managed care arrangement, will not result in the diminution of the level or quality of health services provided to the medically underserved population served prior to the grant under this subparagraph.

(C) Practice management networks. The Secretary may make grants to health centers that receive assistance under this section to enable the centers to plan and develop practice management networks that will enable the centers to--

- (i) reduce costs associated with the provision of health care services;
- (ii) improve access to, and availability of, health care services provided to individuals served by the centers;
- (iii) enhance the quality and coordination of health care services; or
- (iv) improve the health status of communities.

(D) Use of funds. The activities for which a grant may be made under subparagraph (B) or (C) may include the purchase or lease of equipment, which may include data and information systems (including paying for the costs of amortizing the principal of, and paying the interest on, loans for equipment), the provision of training and technical assistance related to the provision of health care services on a prepaid basis or under another managed care arrangement, and other activities that promote the development of practice management or managed care networks and plans.

(2) Limitation. Not more than two grants may be made under this subsection for the same project, except that upon a showing of good cause, the Secretary may make additional grant awards.

(d) Loan guarantee program.

(1) Establishment.

(A) In general. The Secretary shall establish a program under which the Secretary may, in accordance with this subsection and to the extent that appropriations are provided in advance for such program, guarantee up to 90 percent of the principal and interest on loans made by non-Federal lenders to health centers, funded under this section, for the costs of developing and operating managed care networks or plans described in subsection (c)(1)(B), or practice management networks described in subsection (c)(1)(C).

(B) Use of funds. Loan funds guaranteed under this subsection may be used--

- (i) to establish reserves for the furnishing of services on a pre-paid basis;
- (ii) for costs incurred by the center or centers, otherwise permitted under this section, as the Secretary determines are necessary to enable a center or centers to develop, operate, and own the network or plan; or
- (iii) to refinance an existing loan (as of the date of refinancing) to the center or centers, if the Secretary determines--

(I) that such refinancing will be beneficial to the health center and the Federal Government;

(II) that the center (or centers) can demonstrate an ability to repay the refinanced loan equal to or greater than the ability of the center (or centers) to repay the original loan on the date the original loan was made.

(C) Publication of guidance. Prior to considering an application submitted under this subsection, the Secretary shall publish guidelines to provide guidance on the implementation of this section. The Secretary shall make such guidelines available to the universe of parties affected under this subsection, distribute such guidelines to such parties upon the request of such parties, and provide a copy of such guidelines to the appropriate committees of Congress.

(D) Provision directly to networks or plans. At the request of health centers receiving assistance under this section, loan guarantees provided under this paragraph may be made directly to networks or plans that are at least majority controlled and, as applicable, at least majority owned by those health centers.

(E) Federal credit reform. The requirements of the Federal Credit Reform Act of 1990 (2 U.S.C. 661 et seq.) shall apply with respect to loans refinanced under subparagraph (B)(iii).

(2) Protection of financial interests.

(A) In general. The Secretary may not approve a loan guarantee for a project under this subsection unless the Secretary determines that--

(i) the terms, conditions, security (if any), and schedule and amount of repayments with respect to the loan are sufficient to protect the financial interests of the United States and are otherwise reasonable, including a determination that the rate of interest does not exceed such percent per annum on the principal obligation outstanding as the Secretary determines to be reasonable, taking into account the range of interest rates prevailing in the private market for similar loans and the risks assumed by the United States, except that the Secretary may not require as security any center asset that is, or may be, needed by the center or centers involved to provide health services;

(ii) the loan would not be available on reasonable terms and conditions without the guarantee under this subsection; and

(iii) amounts appropriated for the program under this subsection are sufficient to provide loan guarantees under this subsection.

(B) Recovery of payments.

(i) In general. The United States shall be entitled to recover from the applicant for a loan guarantee under this subsection the amount of any payment made pursuant to such guarantee, unless the Secretary for good cause waives such right of recovery (subject to appropriations remaining available to permit such a waiver) and, upon making any such payment, the United States shall be subrogated to all of the rights of the recipient of the payments with respect to which the guarantee was made. Amounts recovered under this clause shall be credited as reimbursements to the financing account of the program.

(ii) Modification of terms and conditions. To the extent permitted by clause (iii) and subject to the requirements of section 504(e) of the Credit Reform Act of 1990 (2 U.S.C. 661c(e)), any terms and conditions applicable to a loan guarantee under this subsection (including terms and conditions imposed under clause (iv)) may be modified or waived by the Secretary to the extent the Secretary determines it to be consistent with the financial interest of the United States.

(iii) Incontestability. Any loan guarantee made by the Secretary under this subsection shall be incontestable--

(I) in the hands of an applicant on whose behalf such guarantee is made unless the applicant engaged in fraud or misrepresentation in securing such guarantee; and

(II) as to any person (or successor in interest) who makes or contracts to make a loan to such applicant in reliance thereon unless such person (or successor in interest) engaged in fraud or misrepresentation in making or contracting to make such loan.

(iv) Further terms and conditions. Guarantees of loans under this subsection shall be subject to such further terms and conditions as the Secretary determines to be necessary to assure that the purposes of this section will be achieved.

(3) Loan origination fees.

(A) In general. The Secretary shall collect a loan origination fee with respect to loans to be guaranteed under this subsection, except as provided in subparagraph (C).

(B) Amount. The amount of a loan origination fee collected by the Secretary under subparagraph (A) shall be equal to the estimated long term cost of the loan guarantees involved to the Federal Government (excluding administrative costs), calculated on a net present value basis, after taking into account any appropriations that may be made for the purpose of offsetting such costs, and in accordance with the criteria used to award loan guarantees under this subsection.

(C) Waiver. The Secretary may waive the loan origination fee for a health center applicant who demonstrates to the Secretary that the applicant will be unable to meet the conditions of the loan if the applicant incurs the additional cost of the fee.

(4) Defaults.

(A) In general. Subject to the requirements of the Credit Reform Act of 1990 (2 U.S.C. 661 et seq.), the Secretary may take such action as may be necessary to prevent a default on a loan guaranteed under this subsection, including the waiver of regulatory conditions, deferral of loan payments, renegotiation of loans, and the expenditure of funds for technical and consultative assistance, for the temporary payment of the interest and principal on such a loan, and for other purposes. Any such expenditure made under the preceding sentence on behalf of a health center or centers shall be made under such terms and conditions

as the Secretary shall prescribe, including the implementation of such organizational, operational, and financial reforms as the Secretary determines are appropriate and the disclosure of such financial or other information as the Secretary may require to determine the extent of the implementation of such reforms.

(B) Foreclosure. The Secretary may take such action, consistent with State law respecting foreclosure procedures and, with respect to reserves required for furnishing services on a prepaid basis, subject to the consent of the affected States, as the Secretary determines appropriate to protect the interest of the United States in the event of a default on a loan guaranteed under this subsection, except that the Secretary may only foreclose on assets offered as security (if any) in accordance with paragraph (2)(A)(i).

(5) Limitation. Not more than one loan guarantee may be made under this subsection for the same network or plan, except that upon a showing of good cause the Secretary may make additional loan guarantees.

(6) Authorization of appropriations. There are authorized to be appropriated to carry out this subsection such sums as may be necessary.

(e) Operating grants.

(1) Authority.

(A) In general. The Secretary may make grants for the costs of the operation of public and nonprofit private health centers that provide health services to medically underserved populations.

(B) Entities that fail to meet certain requirements. The Secretary may make grants, for a period of not to exceed 2 years, for the costs of the operation of public and nonprofit private entities which provide health services to medically underserved populations but with respect to which the Secretary is unable to make each of the determinations required by subsection (k)(3) [(l)(3)].

(C) Operation of networks and plans. The Secretary may make grants to health centers that receive assistance under this section, or at the request of the health centers, directly to a network or plan (as described in subparagraphs (B) and (C) of subsection (c)(1)) that is at least majority controlled and, as applicable, at least majority owned by such health centers receiving assistance under this section, for the costs associated with the operation of such network or plan, including the purchase or lease of equipment (including the costs of amortizing the principal of, and paying the interest on, loans for equipment).

(2) Use of funds. The costs for which a grant may be made under subparagraph (A) or (B) of paragraph (1) may include the costs of acquiring and leasing buildings and equipment (including the costs of amortizing the principal of, and paying interest on, loans), and the costs of providing training related to the provision of required primary health services and additional health services and to the management of health center programs.

(3) Construction. The Secretary may award grants which may be used to pay the costs associated with expanding and modernizing existing buildings or constructing new buildings (including the costs of amortizing the principal of, and paying the interest on, loans) for projects approved prior to October 1, 1996. [(4)](3) Limitation. Not more than two grants may be made under subparagraph (B) of paragraph (1) for the same entity.

[(5)](4) Amount.

(A) In general. The amount of any grant made in any fiscal year under subparagraphs (A) and (B) of paragraph (1) to a health center shall be determined by the Secretary, but may not exceed the amount by which the costs of operation of the center in such fiscal year exceed the total of--

(i) State, local, and other operational funding provided to the center; and

(ii) the fees, premiums, and third-party reimbursements, which the center may reasonably be expected to receive for its operations in such fiscal year.

(B) Networks and plans. The total amount of grant funds made available for any fiscal year under paragraph (1)(C) and subparagraphs (B) and (C) of subsection (c)(1) to a health center or to a network or plan shall be determined by the Secretary, but may not exceed 2 percent of the total amount appropriated under this section for such fiscal year.

(C) Payments. Payments under grants under subparagraph (A) or (B) of paragraph (1) shall be made in advance or by way of reimbursement and in such installments as the Secretary finds necessary and adjustments may be made for overpayments or underpayments.

(D) Use of nongrant funds. Nongrant funds described in clauses (i) and (ii) of subparagraph (A), including any such funds in excess of those originally expected, shall be used as permitted under this section, and may be used for such other purposes as are not specifically prohibited under this section if such use furthers the objectives of the project.

(f) Infant mortality grants.

(1) In general. The Secretary may make grants to health centers for the purpose of assisting such centers in--

(A) providing comprehensive health care and support services for the reduction of--

(i) the incidence of infant mortality; and

(ii) morbidity among children who are less than 3 years of age; and

- (B) developing and coordinating service and referral arrangements between health centers and other entities for the health management of pregnant women and children described in subparagraph (A).
- (2) Priority. In making grants under this subsection the Secretary shall give priority to health centers providing services to any medically underserved population among which there is a substantial incidence of infant mortality or among which there is a significant increase in the incidence of infant mortality.
- (3) Requirements. The Secretary may make a grant under this subsection only if the health center involved agrees that--

- (A) the center will coordinate the provision of services under the grant to each of the recipients of the services;
- (B) such services will be continuous for each such recipient;
- (C) the center will provide follow-up services for individuals who are referred by the center for services described in paragraph (1);
- (D) the grant will be expended to supplement, and not supplant, the expenditures of the center for primary health services (including prenatal care) with respect to the purpose described in this subsection; and
- (E) the center will coordinate the provision of services with other maternal and child health providers operating in the catchment area.

(g) Migratory and seasonal agricultural workers.

- (1) In general. The Secretary may award grants for the purposes described in subsections (c), (e), and (f) for the planning and delivery of services to a special medically underserved population comprised of--
 - (A) migratory agricultural workers, seasonal agricultural workers, and members of the families of such migratory and seasonal agricultural workers who are within a designated catchment area; and
 - (B) individuals who have previously been migratory agricultural workers but who no longer meet the requirements of subparagraph (A) of paragraph (3) because of age or disability and members of the families of such individuals who are within such catchment area.
- (2) Environmental concerns. The Secretary may enter into grants or contracts under this subsection with public and private entities to--
 - (A) assist the States in the implementation and enforcement of acceptable environmental health standards, including enforcement of standards for sanitation in migratory agricultural worker and seasonal agricultural worker labor camps, and applicable Federal and State pesticide control standards; and
 - (B) conduct projects and studies to assist the several States and entities which have received grants or contracts under this section in the assessment of problems related to camp and field sanitation, exposure to unsafe levels of agricultural chemicals including pesticides, and other environmental health hazards to which migratory agricultural workers and seasonal agricultural workers, and members of their families, are exposed.
- (3) Definitions. For purposes of this subsection:
 - (A) Migratory agricultural worker. The term "migratory agricultural worker" means an individual whose principal employment is in agriculture, who has been so employed within the last 24 months, and who establishes for the purposes of such employment a temporary abode.
 - (B) Seasonal agricultural worker. The term "seasonal agricultural worker" means an individual whose principal employment is in agriculture on a seasonal basis and who is not a migratory agricultural worker.
 - (C) Agriculture. The term "agriculture" means farming in all its branches, including--
 - (i) cultivation and tillage of the soil;
 - (ii) the production, cultivation, growing, and harvesting of any commodity grown on, in, or as an adjunct to or part of a commodity grown in or on, the land; and
 - (iii) any practice (including preparation and processing for market and delivery to storage or to market or to carriers for transportation to market) performed by a farmer or on a farm incident to or in conjunction with an activity described in clause (ii).

(h) Homeless population.

- (1) In general. The Secretary may award grants for the purposes described in subsections (c), (e), and (f) for the planning and delivery of services to a special medically underserved population comprised of homeless individuals, including grants for innovative programs that provide outreach and comprehensive primary health services to homeless children and youth and children and youth at risk of homelessness.
- (2) Required services. In addition to required primary health services (as defined in subsection (b)(1)), an entity that receives a grant under this subsection shall be required to provide substance abuse services as a condition of such grant.
- (3) Supplement not supplant requirement. A grant awarded under this subsection shall be expended to supplement, and not supplant, the expenditures of the health center and the value of in kind contributions for the delivery of services to the population described in paragraph (1).

(4) Temporary continued provision of services to certain former homeless individuals. If any grantee under this subsection has provided services described in this section under the grant to a homeless individual, such grantee may, notwithstanding that the individual is no longer homeless as a result of becoming a resident in permanent housing, expend the grant to continue to provide such services to the individual for not more than 12 months.

(5) Definitions. For purposes of this section:

(A) Homeless individual. The term "homeless individual" means an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.

(B) Substance abuse. The term "substance abuse" has the same meaning given such term in section 534(4) [42 USCS § 290cc-34(4)].

(C) Substance abuse services. The term "substance abuse services" includes detoxification, risk reduction, outpatient treatment, residential treatment, and rehabilitation for substance abuse provided in settings other than hospitals.

(i) Residents of public housing.

(1) In general. The Secretary may award grants for the purposes described in subsections (c), (e), and (f) for the planning and delivery of services to a special medically underserved population comprised of residents of public housing (such term, for purposes of this subsection, shall have the same meaning given such term in section 3(b)(1) of the United States Housing Act of 1937 [42 USCS § 1437a(b)(1)]) and individuals living in areas immediately accessible to such public housing.

(2) Supplement not supplant. A grant awarded under this subsection shall be expended to supplement, and not supplant, the expenditures of the health center and the value of in kind contributions for the delivery of services to the population described in paragraph (1).

(3) Consultation with residents. The Secretary may not make a grant under paragraph (1) unless, with respect to the residents of the public housing involved, the applicant for the grant--

(A) has consulted with the residents in the preparation of the application for the grant; and

(B) agrees to provide for ongoing consultation with the residents regarding the planning and administration of the program carried out with the grant.

(j) Access grants.

(1) In general. The Secretary may award grants to eligible health centers with a substantial number of clients with limited English speaking proficiency to provide translation, interpretation, and other such services for such clients with limited English speaking proficiency.

(2) Eligible health center. In this subsection, the term "eligible health center" means an entity that--

(A) is a health center as defined under subsection (a);

(B) provides health care services for clients for whom English is a second language; and

(C) has exceptional needs with respect to linguistic access or faces exceptional challenges with respect to linguistic access.

(3) Grant amount. The amount of a grant awarded to a center under this subsection shall be determined by the Administrator. Such determination of such amount shall be based on the number of clients for whom English is a second language that is served by such center, and larger grant amounts shall be awarded to centers serving larger numbers of such clients.

(4) Use of funds. An eligible health center that receives a grant under this subsection may use funds received through such grant to--

(A) provide translation, interpretation, and other such services for clients for whom English is a second language, including hiring professional translation and interpretation services; and

(B) compensate bilingual or multilingual staff for language assistance services provided by the staff for such clients.

(5) Application. An eligible health center desiring a grant under this subsection shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require, including--

(A) an estimate of the number of clients that the center serves for whom English is a second language;

(B) the ratio of the number of clients for whom English is a second language to the total number of clients served by the center;

(C) a description of any language assistance services that the center proposes to provide to aid clients for whom English is a second language; and

(D) a description of the exceptional needs of such center with respect to linguistic access or a description of the exceptional challenges faced by such center with respect to linguistic access.

(6) Authorization of appropriations. There are authorized to be appropriated to carry out this subsection, in addition to any funds authorized to be appropriated or appropriated for health centers under any other subsection of this section, such sums as may be necessary for each of fiscal years 2002 through 2006.

(k) Applications.

(1) Submission. No grant may be made under this section unless an application therefore is submitted to, and approved by, the Secretary. Such an application shall be submitted in such form and manner and shall contain such information as the Secretary shall prescribe.

(2) Description of need. An application for a grant under subparagraph (A) or (B) of subsection (e)(1) for a health center shall include--

(A) a description of the need for health services in the catchment area of the center;

(B) a demonstration by the applicant that the area or the population group to be served by the applicant has a shortage of personal health services; and

(C) a demonstration that the center will be located so that it will provide services to the greatest number of individuals residing in the catchment area or included in such population group.

Such a demonstration shall be made on the basis of the criteria prescribed by the Secretary under subsection (b)(3) or on any other criteria which the Secretary may prescribe to determine if the area or population group to be served by the applicant has a shortage of personal health services. In considering an application for a grant under subparagraph (A) or (B) of subsection (e)(1), the Secretary may require as a condition to the approval of such application an assurance that the applicant will provide any health service defined under paragraphs (1) and (2) of subsection (b) that the Secretary finds is needed to meet specific health needs of the area to be served by the applicant. Such a finding shall be made in writing and a copy shall be provided to the applicant. (3) Requirements. Except as provided in subsection (e)(1)(B), the Secretary may not approve an application for a grant under subparagraph (A) or (B) of subsection (e)(1) unless the Secretary determines that the entity for which the application is submitted is a health center (within the meaning of subsection (a)) and that--

(A) the required primary health services of the center will be available and accessible in the catchment area of the center promptly, as appropriate, and in a manner which assures continuity;

(B) the center has made and will continue to make every reasonable effort to establish and maintain collaborative relationships with other health care providers in the catchment area of the center;

(C) the center will have an ongoing quality improvement system that includes clinical services and management, and that maintains the confidentiality of patient records;

(D) the center will demonstrate its financial responsibility by the use of such accounting procedures and other requirements as may be prescribed by the Secretary;

(E) the center--

(i) (I) has or will have a contractual or other arrangement with the agency of the State, in which it provides services, which administers or supervises the administration of a State plan approved under title XIX of the Social Security Act [42 USCS §§ 1396 et seq.] for the payment of all or a part of the center's costs in providing health services to persons who are eligible for medical assistance under such a State plan; and

(II) has or will have a contractual or other arrangement with the State agency administering the program under title XXI of such Act (42 U.S.C. 1397aa et seq.) with respect to individuals who are State children's health insurance program beneficiaries; or

(ii) has made or will make every reasonable effort to enter into arrangements described in subclauses (I) and (II) of clause (i);

(F) the center has made or will make and will continue to make every reasonable effort to collect appropriate reimbursement for its costs in providing health services to persons who are entitled to insurance benefits under title XVIII of the Social Security Act [42 USCS §§ 1395 et seq.], to medical assistance under a State plan approved under title XIX of such Act [42 USCS §§ 1396 et seq.], or to assistance for medical expenses under any other public assistance program or private health insurance program;

(G) the center--

(i) has prepared a schedule of fees or payments for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation and has prepared a corresponding schedule of discounts to be applied to the payment of such fees or payments, which discounts are adjusted on the basis of the patient's ability to pay;

(ii) has made and will continue to make every reasonable effort--

(I) to secure from patients payment for services in accordance with such schedules; and

- (II) to collect reimbursement for health services to persons described in subparagraph (F) on the basis of the full amount of fees and payments for such services without application of any discount;
 - (iii) (I) will assure that no patient will be denied health care services due to an individual's inability to pay for such services; and
 - (II) will assure that any fees or payments required by the center for such services will be reduced or waived to enable the center to fulfill the assurance described in subclause (I); and
 - (iv) has submitted to the Secretary such reports as the Secretary may require to determine compliance with this subparagraph;
- (H) the center has established a governing board which except in the case of an entity operated by an Indian tribe or tribal or Indian organization under the Indian Self-Determination Act or an urban Indian organization under the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.)--
- (i) is composed of individuals, a majority of whom are being served by the center and who, as a group, represent the individuals being served by the center;
 - (ii) meets at least once a month, selects the services to be provided by the center, schedules the hours during which such services will be provided, approves the center's annual budget, approves the selection of a director for the center, and, except in the case of a governing board of a public center (as defined in the second sentence of this paragraph), establishes general policies for the center; and
 - (iii) in the case of an application for a second or subsequent grant for a public center, has approved the application or if the governing body has not approved the application, the failure of the governing body to approve the application was unreasonable; except that, upon a showing of good cause the Secretary shall waive, for the length of the project period, all or part of the requirements of this subparagraph in the case of a health center that receives a grant pursuant to subsection (g), (h), (i), or (q);
- (I) the center has developed--
- (i) an overall plan and budget that meets the requirements of the Secretary; and
 - (ii) an effective procedure for compiling and reporting to the Secretary such statistics and other information as the Secretary may require relating to--
 - (I) the costs of its operations;
 - (II) the patterns of use of its services;
 - (III) the availability, accessibility, and acceptability of its services; and
 - (IV) such other matters relating to operations of the applicant as the Secretary may require;
- (J) the center will review periodically its catchment area to--
- (i) ensure that the size of such area is such that the services to be provided through the center (including any satellite) are available and accessible to the residents of the area promptly and as appropriate;
 - (ii) ensure that the boundaries of such area conform, to the extent practicable, to relevant boundaries of political subdivisions, school districts, and Federal and State health and social service programs; and
 - (iii) ensure that the boundaries of such area eliminate, to the extent possible, barriers to access to the services of the center, including barriers resulting from the area's physical characteristics, its residential patterns, its economic and social grouping, and available transportation;
- (K) in the case of a center which serves a population including a substantial proportion of individuals of limited English-speaking ability, the center has--
- (i) developed a plan and made arrangements responsive to the needs of such population for providing services to the extent practicable in the language and cultural context most appropriate to such individuals; and
 - (ii) identified an individual on its staff who is fluent in both that language and in English and whose responsibilities shall include providing guidance to such individuals and to appropriate staff members with respect to cultural sensitivities and bridging linguistic and cultural differences;
- (L) the center, has developed an ongoing referral relationship with one or more hospitals; and
- (M) the center encourages persons receiving or seeking health services from the center to participate in any public or private (including employer-offered) health programs or plans for which the persons are eligible, so long as the center, in complying with this subparagraph, does not violate the requirements of subparagraph (G)(iii)(I).

For purposes of subparagraph (H), the term "public center" means a health center funded (or to be funded) through a grant under this section to a public agency.

(4) Approval of new or expanded service applications. The Secretary shall approve applications for grants under subparagraph (A) or (B) of subsection (e)(1) for health centers which--

(A) have not received a previous grant under such subsection; or

(B) have applied for such a grant to expand their services;

in such a manner that the ratio of the medically underserved populations in rural areas which may be expected to use the services provided by such centers to the medically underserved populations in urban areas which may be expected to use the services provided by such centers is not less than two to three or greater than three to two.

(l) Technical assistance.

The Secretary shall establish a program through which the Secretary shall provide technical and other assistance to eligible entities to assist such entities to meet the requirements of subsection (l)(3). Services provided through the program may include necessary technical and nonfinancial assistance, including fiscal and program management assistance, training in fiscal and program management, operational and administrative support, and the provision of information to the entities of the variety of resources available under this title and how those resources can be best used to meet the health needs of the communities served by the entities.

(m) Memorandum of agreement.

In carrying out this section, the Secretary may enter into a memorandum of agreement with a State. Such memorandum may include, where appropriate, provisions permitting such State to--

(1) analyze the need for primary health services for medically underserved populations within such State;

(2) assist in the planning and development of new health centers;

(3) review and comment upon annual program plans and budgets of health centers, including comments upon allocations of health care resources in the State;

(4) assist health centers in the development of clinical practices and fiscal and administrative systems through a technical assistance plan which is responsive to the requests of health centers; and

(5) share information and data relevant to the operation of new and existing health centers.

(n) Records.

(1) In general. Each entity which receives a grant under subsection (e) shall establish and maintain such records as the Secretary shall require.

(2) Availability. Each entity which is required to establish and maintain records under this subsection shall make such books, documents, papers, and records available to the Secretary or the Comptroller General of the United States, or any of their duly authorized representatives, for examination, copying or mechanical reproduction on or off the premises of such entity upon a reasonable request therefore. The Secretary and the Comptroller General of the United States, or any of their duly authorized representatives, shall have the authority to conduct such examination, copying, and reproduction.

(o) Delegation of authority.

The Secretary may delegate the authority to administer the programs authorized by this section to any office, except that the authority to enter into, modify, or issue approvals with respect to grants or contracts may be delegated only within the central office of the Health Resources and Services Administration.

(p) Special consideration.

In making grants under this section, the Secretary shall give special consideration to the unique needs of sparsely populated rural areas, including giving priority in the awarding of grants for new health centers under subsections (c) and (e), and the granting of waivers as appropriate and permitted under subsections (b)(1)(B)(i) and (l)(3)(G).

(q) Audits.

(1) In general. Each entity which receives a grant under this section shall provide for an independent annual financial audit of any books, accounts, financial records, files, and other papers and property which relate to the disposition or use of the funds received under such grant and such other funds received by or allocated to the project for which such grant was made. For purposes of assuring accurate, current, and complete disclosure of the disposition or use of the funds received, each such audit shall be conducted in accordance with generally accepted accounting principles. Each audit shall evaluate--

(A) the entity's implementation of the guidelines established by the Secretary respecting cost accounting,

(B) the processes used by the entity to meet the financial and program reporting requirements of the Secretary, and

(C) the billing and collection procedures of the entity and the relation of the procedures to its fee schedule and schedule of discounts and to the availability of health insurance and public programs to pay for the health services it provides.

A report of each such audit shall be filed with the Secretary at such time and in such manner as the Secretary may require.

(2) Records. Each entity which receives a grant under this section shall establish and maintain such records as the Secretary shall by regulation require to facilitate the audit required by paragraph (1). The Secretary may specify by regulation the form and manner in which such records shall be established and maintained.

(3) Availability of records. Each entity which is required to establish and maintain records or to provide for and audit under this subsection shall make such books, documents, papers, and records available to the Secretary or the Comptroller General of the United States, or any of their duly authorized representatives, for examination, copying or mechanical reproduction on or off the premises of such entity upon a reasonable request therefore. The Secretary and the Comptroller General of the United States, or any of their duly authorized representatives, shall have the authority to conduct such examination, copying, and reproduction.

(4) Waiver. The Secretary may, under appropriate circumstances, waive the application of all or part of the requirements of this subsection with respect to an entity.

(r) Authorization of appropriations.

(1) In general. For the purpose of carrying out this section, in addition to the amounts authorized to be appropriated under subsection (d), there are authorized to be appropriated \$ 1,340,000,000 for fiscal year 2002 and such sums as may be necessary for each of the fiscal years 2003 through 2006.

(2) Special provisions.

(A) Public centers. The Secretary may not expend in any fiscal year, for grants under this section to public centers (as defined in the second sentence of subsection (l)(3)) the governing boards of which (as described in subsection (l)(3)(H)) do not establish general policies for such centers, an amount which exceeds 5 percent of the amounts appropriated under this section for that fiscal year. For purposes of applying the preceding sentence, the term "public centers" shall not include health centers that receive grants pursuant to subsection (h) or (i).

(B) Distribution of grants. For fiscal year 2002 and each of the following fiscal years, the Secretary, in awarding grants under this section, shall ensure that the proportion of the amount made available under each of subsections (g), (h), and (i), relative to the total amount appropriated to carry out this section for that fiscal year, is equal to the proportion of the amount made available under that subsection for fiscal year 2001, relative to the total amount appropriated to carry out this section for fiscal year 2001.

(3) Funding report. The Secretary shall annually prepare and submit to the appropriate committees of Congress a report concerning the distribution of funds under this section that are provided to meet the health care needs of medically underserved populations, including the homeless, residents of public housing, and migratory and seasonal agricultural workers, and the appropriateness of the delivery systems involved in responding to the needs of the particular populations. Such report shall include an assessment of the relative health care access needs of the targeted populations and the rationale for any substantial changes in the distribution of funds.

HISTORY:

(July 1, 1944, ch 373, Title III, Part D, Subpart I, § 330, as added Oct. 11, 1996, P.L. 104-299, § 2, 110 Stat. 3626; Oct. 26, 2002, P.L. 107-251, Title I, § 101, 116 Stat. 1622.)

HISTORY; ANCILLARY LAWS AND DIRECTIVES

References in text: The "Indian Self-Determination Act", referred to in this section, is Act Jan. 4, 1975, P.L. 93-638, Title I, 88 Stat. 2206, which appears generally as 25 USCS §§ 450 et seq. For full classification of such Act, consult USCS Tables volumes.

Explanatory notes:

The bracketed reference "(l)(3)" has been inserted in subsec. (e)(1)(B), to indicate the reference probably intended by Congress. The bracketed paragraph designations "(4)" and "(5)" have been inserted in subsec. (e) in order to maintain numerical continuity.

A prior § 254b (Act July 1, 1944, ch 373, Title III Part D[B][A], Subpart I, § 329 [319] [310], as added Sept. 25, 1962, P.L. 87-692, 76 Stat. 592; Aug. 5, 1965, P.L. 89-109, § 3, 79 Stat. 436; Oct. 15, 1968, P.L. 90-574, Title II, § 201, 82 Stat. 1006; March 12, 1970, P.L. 91-209, 84 Stat. 52; June 18, 1973, P.L. 93-45, Title I, § 105, 87 Stat. 91; July 23, 1974, P.L. 93-353, Title I, § 102(d), 88 Stat. 362; July 29, 1975, P.L. 94-63, Titles IV, VII, §§ 401(a), 701(c), 89 Stat. 334, 352; April 22, 1976, P.L. 94-278, Title VIII, § 801(a), 90 Stat. 414; Aug. 1, 1977, P.L. 95-83, Title III, § 303, 91 Stat. 388; Nov. 10, 1978, P.L. 95-626, Title I, Part A, §§ 102(a), 103(a)-(f), (g)(1)(A), (B), (g)(2), (h), (i), 92 Stat. 3551; July 10, 1979, P.L. 96-32, § 6(a), 93 Stat. 83; Aug. 13, 1981, P.L. 97-35, Title IX, Subtitle D, § 930, 95 Stat. 930; Dec. 21, 1982, P.L. 97-375, Title I, § 107(b), 96 Stat. 1820; April 24, 1986, P.L. 99-280, §§ 6, 7, 100 Stat. 400, 401; Aug. 10, 1988, P.L. 100-386, § 2, 102 Stat. 919; Nov. 6, 1990, P.L. 101-527, § 9(b), 104 Stat. 2332; Oct. 27, 1992, P.L. 102-531, Title III, § 309(a), 106 Stat. 3499) was omitted in the general amendment of this Subpart by Act Oct. 11, 1996, P.L. 104-299, § 2, 110 Stat. 3626. Such section provided for migrant health centers.

A prior § 329 of Act July 1, 1944, ch 373, which provided for a National Health Service Corps, was repealed by Act Oct. 12, 1976, P.L. 94-484, Title IV, § 407(b)(1), 90 Stat. 2268. Similar provisions appear as 42 USCS § 254d.

Effective date of section:

This section became effective on October 1, 1996, pursuant to § 5 of Act Oct. 11, 1996, P.L. 104-299, which appears as 42 USCS § 233 note.

Amendments:

2002. Act Oct. 26, 2002, in subsec. (b), in para. (1)(A), in cl. (i)(III)(bb), substituted "appropriate cancer screening" for "screening for breast and cervical cancer", in cl. (ii), inserted "(including specialty referral when medically indicated)", and, in cl. (iii), inserted "housing," and, in para. (2), redesignated subparas. (A) and (B) as subparas. (C) and (D), respectively, inserted new subparas. (A) and (B), and, in subpara. (C)(i) as redesignated, substituted "associated with--" and subcls. (I)-(IV) for "associated with water supply;"; in subsec. (c)(1), in subpara. (B), in the heading, substituted "Managed care" for "Comprehensive service delivery", in the introductory matter, substituted "managed care network or plan." for "network or plan for the provision of health services, which may include the provision of health services on a prepaid basis or through another managed care arrangement, to some or to all of the individuals which the centers serve.", and deleted the concluding matter, which read: "Any such grant may include the acquisition and lease of buildings and equipment which may include data and information systems (including the costs of amortizing the principal of, and paying the interest on, loans), and providing training and technical assistance related to the provision of health services on a prepaid basis or under another managed care arrangement, and for other purposes that promote the development of managed care networks and plans.", and added subparas. (C) and (D); in subsec. (d), substituted the subsection heading for one which read: "Managed care loan guarantee program.", in para. (1), in subpara. (A), substituted "up to 90 percent of the principal and interest on loans made by non-Federal lenders to health centers, funded under this section, for the costs of developing and operating managed care networks or plans described in subsection (c)(1)(B), or practice management networks described in subsection (c)(1)(C)." for "the principal and interest on loans made by non-Federal lenders to health centers funded under this section for the costs of developing and operating managed care networks or plans.", in subpara. (B), in cl. (i), deleted "or" following the concluding semicolon, in cl. (ii), substituted "; or" for a concluding period, and added cl. (iii), and added subparas. (D) and (E), deleted paras. (6) and (7), which read:

"(6) Annual report. Not later than April 1, 1998, and each April 1 thereafter, the Secretary shall prepare and submit to the appropriate committees of Congress a report concerning loan guarantees provided under this subsection. Such report shall include--

"(A) a description of the number, amount, and use of funds received under each loan guarantee provided under this subsection;

"(B) a description of any defaults with respect to such loans and an analysis of the reasons for such defaults, if any; and

"(C) a description of the steps that may have been taken by the Secretary to assist an entity in avoiding such a default.

"(7) Program evaluation. Not later than June 30, 1999, the Secretary shall prepare and submit to the appropriate committees of Congress a report containing an evaluation of the program authorized under this subsection. Such evaluation shall include a recommendation with respect to whether or not the loan guarantee program under this subsection should be continued and, if so, any modifications that should be made to such program.", and redesignated para. (8) as new para. (6); in subsec. (e), in para. (1), in subpara. (B), substituted "subsection (k)(3)" for "subsection (j)(3), and added subpara. (C), in para. (5), in subpara. (A), in the introductory matter, inserted "subparagraphs (A) and (B) of", redesignated subparas. (B) and (C) as subparas. (C) and (D), respectively, and inserted new subpara. (B), and redesignated paras. (4) and (5) as paras. [(4)](3) and [(5)](4), respectively; in subsec. (g), in para. (2), in subpara. (A), inserted "and seasonal agricultural worker", and, in subpara. (B), substituted "and seasonal agricultural workers, and members of their families," for "and members of their families", and, in para. (3)(A), deleted "on a seasonal basis" following "agriculture"; in subsec. (h), in para. (1), substituted "homeless children and youth and children and youth at risk of homelessness" for "homeless children and children at risk of homelessness", redesignated para. (4) as para. (5), inserted new para. (4), and, in para. (5)(C) as redesignated, substituted ", risk reduction, outpatient treatment, residential treatment, and rehabilitation" for "and residential treatment"; in subsec. (j)(3), in subpara. (E), in cl. (i), designated the existing provisions as subcl. (I), substituted "plan; and" for "plan; or", and added subcl. (II), and substituted cl. (ii) for one which read: "(ii) has made or will make every reasonable effort to enter into such an arrangement;"; in subpara. (G), in cl. (ii)(II), deleted "and" following the concluding semicolon, redesignated cl. (iii) as cl. (iv), and inserted new cl. (iii), in subpara. (H), substituted "or (q)" for "or (p)", in subpara. (K)(ii), deleted "and" following the concluding semicolon, in subpara. (L), substituted "; and" for a concluding period, and added subpara. (M); and redesignated subsec. (I) as subsec. (s).

Such Act further purported to redesignate subsecs. (j), (k), and (m)-(q) as subsecs. (n), (o), and (p)-(s), respectively; however, this amendment was executed by redesignating subsecs. (j), (k) and (m)-(q) as subsecs. (l), (m), and (n)-(r), respectively, in order to effectuate the probable intent of Congress. Such Act further inserted new subsec. (j); substituted new subsec. (m) for subsec. (m) as redesignated, for one which read: "(m) Technical and other assistance. The Secretary may provide (either through the Department of Health and Human Services or by grant or contract) all necessary technical and other nonfinancial assistance (including fiscal and program management assistance and training in such management) to any public or private nonprofit entity to assist entities in developing plans for, or operating as, health centers, and in meeting the requirements of subsection (j)(2)."; in subsec. (q) as redesignated, substituted "(l)(3)(G)" for "(j)(3)(G)"; and, in subsec. (s) as redesignated, in para. (1), substituted "\$ 1,340,000,000 for fiscal year 2002 and such sums as may be necessary for each of the fiscal years 2003 through 2006." for "\$ 802,124,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 through

2001.", and, in para. (2), in subpara. (A), substituted "(l)(3)" for "(j)(3)" and substituted "(l)(3)(H)" for "(j)(3)(G)(ii)", and substituted subpara. (B) for one which read:

"(B) Distribution of grants.

(i) Fiscal year 1997. For fiscal year 1997, the Secretary, in awarding grants under this section shall ensure that the amounts made available under each of subsections (g), (h), and (i) in such fiscal year bears the same relationship to the total amount appropriated for such fiscal year under paragraph (1) as the amounts appropriated for fiscal year 1996 under each of sections 329, 340, and 340A (as such sections existed one day prior to the date of enactment of this section) bears to the total amount appropriated under sections 329, 330, 340, and 340A (as such sections existed one day prior to the date of enactment of this section) for such fiscal year.

"(ii) Fiscal years 1998 and 1999. For each of the fiscal years 1998 and 1999, the Secretary, in awarding grants under this section shall ensure that the proportion of the amounts made available under each of subsections (g), (h), and (i) is equal to the proportion of amounts made available under each such subsection for the previous fiscal year, as such amounts relate to the total amounts appropriated for the previous fiscal year involved, increased or decreased by not more than 10 percent."

Other provisions:

GAO study of hospital staff privileges for physicians practicing in community health centers. Act Nov. 5, 1990, P.L. 101-508, Title IV, Subtitle A, Part 2, Subpart B, § 4161(a)(7), 104 Stat. 1388-94; Oct. 31, 1994, P.L. 103-432, Title I, Subtitle B, Part III, § 147(f)(4)(B), 108 Stat. 4431 (effective as if included in the enactment of Act Nov. 5, 1990, as provided by § 147(g) of the 1994 Act, which appears as 42 USCS § 1320a-3a note), provides:

"(A) Study. The Comptroller General shall conduct a study of whether physicians practicing in community and migrant health centers are able to obtain admitting privileges at local hospitals. The study shall review--

"(i) how many physicians practicing in such centers are without hospital admitting privileges or have been denied admitting privileges at a local hospital, and

"[(ii)](i)(I) the criteria hospitals use in deciding whether to grant admitting privileges and (II) whether such criteria act as significant barriers to health center physicians obtaining hospital privileges.

"(B) Report. By not later than 18 months after the date of the enactment of this Act, the Comptroller General shall submit a report on the study under subparagraph (A) to the Committees on Ways and Means and Energy and Commerce of the House of Representatives and to the Committee on Finance of the Senate and shall include in such report such recommendations as the Comptroller General deems appropriate." Oct. 11, 1996 amendments; transition provisions. Act Oct. 11, 1996, P.L. 104-299, § 3(b), 110 Stat. 3644 (effective Oct. 1, 1996, as provided by § 5 of such Act, which appears as 42 USCS § 233 note), provides:

"The Secretary of Health and Human Services shall ensure the continued funding of grants made, or contracts or cooperative agreements entered into, under subpart I of part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) (as such subpart existed on the day prior to the date of enactment of this Act), until the expiration of the grant period or the term of the contract or cooperative agreement. Such funding shall be continued under the same terms and conditions as were in effect on the date on which the grant, contract or cooperative agreement was awarded, subject to the availability of appropriations."

References to community health centers, etc. Act Oct. 11, 1996, P.L. 104-299, § 4(c), 110 Stat. 3645 (effective Oct. 1, 1996, as provided by § 5 of such Act, which appears as 42 USCS § 233 note), provides: "Whenever any reference is made in any provision of law, regulation, rule, record, or document to a community health center, migrant health center, public housing health center, or homeless health center, such reference shall be considered a reference to a health center."

Act Oct. 11, 1996; additional amendments. Act Oct. 11, 1996, P.L. 104-299, § 4(e), 110 Stat. 3645 (effective Oct. 1, 1996, as provided by § 5 of such Act, which appears as 42 USCS § 233 note), provides: "After consultation with the appropriate committees of the Congress, the Secretary of Health and Human Services shall prepare and submit to the Congress a legislative proposal in the form of an implementing bill containing technical and conforming amendments to reflect the changes made by this Act [for full classification, consult USCS Tables volumes]."

Guarantee study. Act Oct. 26, 2002, P.L. 107-251, Title V, § 501, 116 Stat. 1664, provides: "The Secretary of Health and Human Services shall conduct a study regarding the ability of the Department of Health and Human Services to provide for solvency for managed care networks involving health centers receiving funding under section 330 of the Public Health Service Act [this section]. The Secretary shall prepare and submit a report to the appropriate Committees of Congress regarding such ability not later than 2 years after the date of enactment of the Health Care Safety Net Amendments of 2002 [enacted Oct. 26, 2002]."

NOTES:

CODE OF FEDERAL REGULATIONS

Public Health Service, Department of Health and Human Services-Grants for migrant health services, 42 CFR Part 56.

CROSS REFERENCES

This section is referred to in 29 USCS § 777b; 42 USCS §§ 218, 254g, 296m, 297b, 297j, 300e-14a, 300ee-16, 300ee-33, 1396b, 1396r-1.

RESEARCH GUIDE

Am Jur:

70C Am Jur 2d, Social Security and Medicare § 2327.

INTERPRETIVE NOTES AND DECISIONS

1. Generally

2. Governing body

3. Challenges to administrative decisions 1. Generally

Community health center provides health services for all residents of area it serves (42 USCS § 254c(a)) unlike migrant health centers which serve narrower group (predecessor to 42 USCS § 254b). *Martinez v Mathews* (1976, CA5 Fla) 544 F2d 1233.

2. Governing body

Preliminary injunction was properly issued requiring provider of health services for migrant and seasonal farmworkers to comply with Migrant Health Act's requirement that individuals being served by medical center comprise majority of provider's "governing board" as mandated under predecessor to 42 USCS § 254b by requiring that new board be selected as soon as plan therefor was approved by court. *Martinez v Mathews* (1976, CA5 Fla) 544 F2d 1233.

3. Challenges to administrative decisions

Migrant health service provider claiming that HEW's disapproval of benefits granted under predecessor to 42 USCS § 254b damaged reputation of provider was within protective zone of interest and had standing to challenge HEW's action. *Southern Mut. Help Asso. v Califano* (1977) 187 US App DC 307, 574 F2d 518.