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MARCH 2021

# *Session 1*

Rural Health Clinics: Regulations to Rural Excellence

Kate Hill, VP Clinic Division

 The Compliance Team™

## Session 1: Learning Objectives



- Definition of a Rural Health Clinic

- Federal Regulations for Rural Health Clinics 42 CFR 491.1 to 491.12

- Orientation to TCT RHC program and accreditation timeline

### REMINDER!

Register for Sessions 2 and 3 to complete the training series, “Rural Health Clinics: Regulations to Rural Excellence”

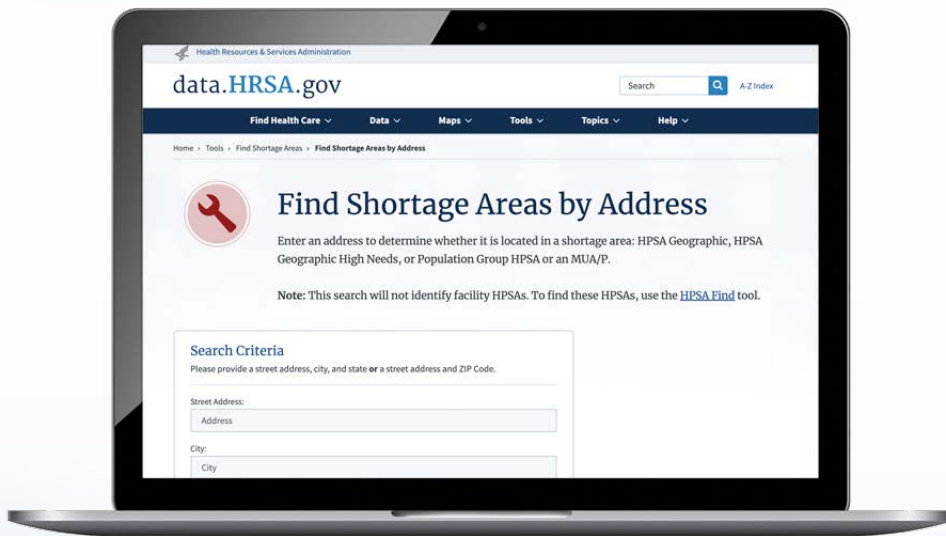
## Definitions from CMS 491.2

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- Rural area means an area that is not delineated as an urbanized area by the Bureau of the Census.
- Rural health clinic or clinic means a clinic that is located in a rural area designated as a shortage area, is not a rehabilitation agency or a facility primarily for the care and treatment of mental diseases and meets all other requirements of this subpart.
- Shortage area means a defined geographic area designated by the Department as having either a shortage of personal health services (under section 1302(7) of the Public Health Service Act) or a shortage of primary medical care manpower (under section 332 of that Act).

# Am I Rural?



**HRSA** offers a tool to help you determine if you are rural at

<https://data.hrsa.gov/tools/shortage-area/by-address>

## RHC Conditions of Certification

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- § 491.1 Purpose and scope.
- § 491.2 Definitions.
- § 491.3 Certification procedures.
- § 491.4 Compliance with Federal, State and local laws.
- § 491.5 Location of clinic.
- § 491.6 Physical plant and environment.
- § 491.7 Organizational structure.
- § 491.8 Staffing and staff responsibilities.
- § 491.9 Provision of services.
- § 491.10 Patient health records.
- § 491.11 Program evaluation.
- § 491.12 Emergency preparedness.

<https://www.law.cornell.edu/cfr/text/42/491.4>

# RHC Conditions of Certification

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## 491.1 Purpose and scope

## 491.2 Definitions (MD, NP, PA, Direct Services, Rural area, Shortage Area)

- Rural health clinic or clinic means a clinic that is located in a rural area designated as a shortage area , is not a rehabilitation agency or a facility primarily for the care and treatment of mental diseases and meets all other requirements of this subpart.

## 491.3 Certification procedures

## 491.4 Compliance with Federal, State and local laws

# RHC Conditions of Certification

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## 491.5 Location of Clinic

**Basic requirements.** An RHC is located in a rural area that is designated as a shortage area.

An FQHC is located in a rural or urban area that is designated as either a shortage area or an area that has a medically underserved population.

Both the RHC and the RQHC may be permanent or mobile units.

**Permanent unit.** The objects, equipment, and supplies necessary for the provision of the services furnished directly by the clinic or center are housed in a permanent structure.

**Mobile unit.** The objects, equipment, and supplies necessary for the provision of the services furnished directly by the clinic or center are housed in a mobile structure, which has fixed, schedule location(s).

**Permanent unit in more than one location.** If clinic or center services are furnished at permanent units in more than one location, each unit is independently considered for approval as a rural health clinic or for approval as an FQHC.



# RHC Conditions of Certification

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## 491.6 Physical Plant and Environment

**Construction.** The clinic or center is constructed, arranged, and maintained to ensure access to and safety of patients, and provides adequate space for the provision of direct services.

**Maintenance.** The clinic or center has a preventive maintenance program to ensure that:

- 1) All essential mechanical, electrical and patient-care equipment is maintained in safe operating condition;
- 2) Drugs and biologicals are appropriately stored; and
- 3) The premises are clean and orderly.

## Posted Hours

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## Posted Hours of Operation

## Safe accessible entrance

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## Signage

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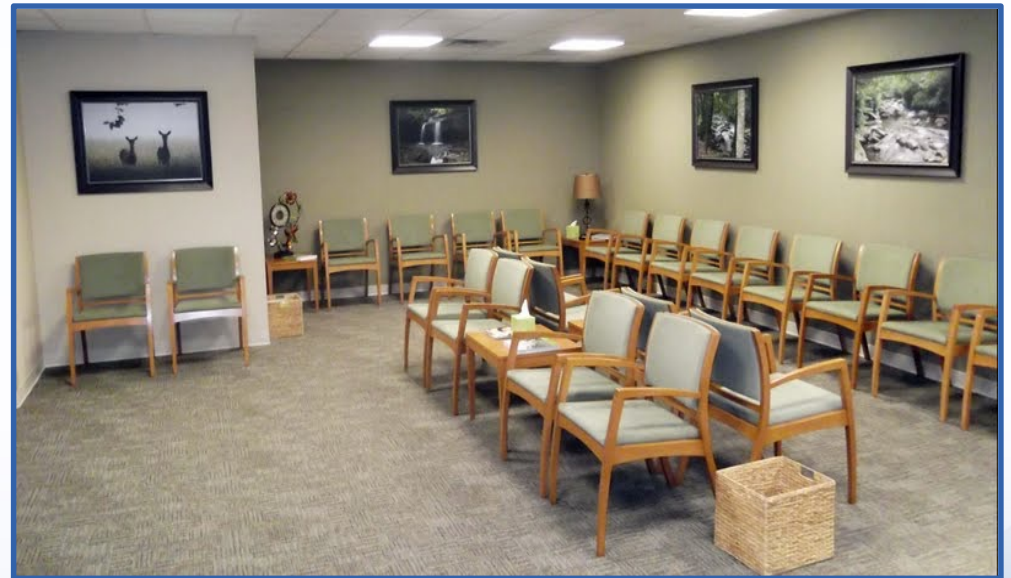


Name on the sign is consistent with CMS 855A application.

Never move your certified clinic without checking the HPSA.

# Physical Plant

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# Physical Plant

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## Physical Plant: Equipment



- All equipment resides on an Inventory List
- Manufacturer's IFUs determines need for Inspection vs Preventive Maintenance (PM)
- Process in place for tracking due dates for PM
- Evidence of initial inspection BEFORE use in patient care
- Annual Bio-Med inspection is evident with stickers or report
- Equipment not in use is labeled as such and stored away

# RHC Conditions of Certification

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## 491.7 Organizational Structure

### Basic requirements.

- 1) The clinic or center is under the medical direction of a physician and has a health care staff that meets the requirements of 491.8.
- 2) The organization's policies and its lines of authority and responsibilities are clearly set forth in writing.
  - (b) Disclosure. The clinic or center discloses the names and addresses of:
    - (1) Its owners, in accordance with section 1124 of the Social Security Act.  
(42 U.S.C. 132 A-3;
    - (2) The person principally responsible for directing the operation of the clinic or center; and
    - (3) The person responsible for medical direction.



# RHC Conditions of Certification

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## 491.8 Staffing and Staff Responsibilities

### Staffing.

- 1) The clinic or center has a health care staff that includes one or more physicians. Rural health clinic staffs must also include one or more PAs or NPs.
- 2) The physician member of the staff may be the owner of the rural health clinic, an employee of the clinic, or under agreement with the clinic to carry out the responsibilities required under this section.
- 3) The PA, NP, nurse-midwife, clinical social worker or clinical psychologist member of the staff may be the owner or an employee of the clinic or may furnish services under contract to the clinic. In the case of a clinic, at least one PA or NP must be an employee of the clinic.
- 4) The staff may also include ancillary personnel who are supervised by the prof staff.
- 5) The staff is sufficient to provide the services essential to the operation of the clinic.
- 6) A physician, NP, PA, certified nurse-midwife, clinical social worker, or clinical psychologist is available to furnish patient care services at all times the clinic or center operates. In addition, for RHCs, an NP or certified nurse-midwife is available to furnish patient care services at least 50 percent of the time the RHC operates.

# RHC Conditions of Certification

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## 491.8 Staffing and Staff Responsibilities

### Physician responsibilities.

The physician performs the following:

- 1) Except for services furnished by a clinical psychologist in an FQHC, which State law permits to be provided without physician supervision, provides medical direction for the clinic's health care activities and consultation for, and medical supervision of, the health care staff.
- 2) In conjunction with the PA and or NP member(s), participates in developing, executing, and periodically reviewing the clinic's or center's written policies and the services provided to Federal program patients.
- 3) Periodically reviews the clinic's patient records, provides medical orders, and provides medical care services to the patients of the clinic.

**What does your review policy say?**

**How many charts per month or quarter per NP or PA?**

# RHC Conditions of Certification

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## 491.8 Staffing and Staff Responsibilities

### Physician assistant and nurse practitioner responsibilities.

- 1) The PA and the NP members of the clinic's or center's staff:
  - I. Participate in the development, execution and periodic review of the written policies governing the services the clinic or center furnishes;
  - II. Participate with a physician in a periodic review of the patient's health records.
- 2) The PA or NP performs the following functions, to the extent they are not being performed by a physician:
  - I. Provides services in accordance with the clinic's policies;
  - II. Arranges for, or refers patients to, needed services that cannot be provided at the clinic; and
  - III. Assures that adequate patient health records are maintained and transferred as required when patients are referred.

# RHC Conditions of Certification

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## 491.9 Provision of services.

### Basic requirements.

- 1) All services offered by the clinic or center are furnished in accordance with applicable Federal, State, and local laws; and
- 2) The clinic or center is primarily engaged in providing outpatient health services and meets all other conditions of this subpart.
- 3) The laboratory requirements in paragraph (c)(2) of this section apply to RHCs, but do not apply to FQHCs.

**Primarily engaged is 51% RHC services**

# RHC Conditions of Certification

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## 491.9 Provision of services.

### Patient care policies.

- 1) The clinic's or center's health care services are furnished in accordance with appropriate written policies which are consistent with applicable State law.
- 2) The policies are developed with the advice of a group of professional personnel that includes one or more physicians and one or more physician's assistants or nurse practitioners. **At least one member is not a member of the clinic or center staff.**
- 3) The policies include:
  - I. A description of the services the clinic or center furnishes directly and those furnished through agreement or arrangement.
  - II. Guidelines for the medical management of health problems which include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services furnished by the clinic or center.
  - III. Rules for the storage, handling, and administration of drugs and biologicals.

# RHC Conditions of Certification

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## 491.9 Provision of services.

### Patient care policies.

- 4) These policies are reviewed at least biennially by the group of professional personnel required under paragraph )b)(2) of this section and reviewed as necessary by the RHC or FQHC.
  - c) Direct services

### General.

The clinic or center staff furnishes those diagnostic and therapeutic services and supplies that are commonly furnished in a physician's office or at the entry point into the health care delivery system.

These include medical history, physical examination, assessment of health status, and treatment for a variety of medical conditions.

## RHC Conditions of Certification

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### **Urgent care, walk in clinic or immediate care.**

- An RHC can be a walk-in clinic if all conditions are met.
- The patient record is complete
- There is a referral process for those who need follow up

# RHC Conditions of Certification

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## 491.9 Provision of services.

**Laboratory.** These requirements apply to RHCs but not to FQHCs. The RHC provides laboratory services in accordance with part 493 of this chapter, which implements the provisions of section 353 of the Public Health Service Act. The RHC provides basic laboratory services essential to the immediate diagnosis and treatment of the patient, including:

- I. Chemical examinations of urine by stick or tablet method or both (including urine ketones);
- II. Hemoglobin or hematocrit;
- III. Blood glucose;
- IV. Examination of stool specimens for occult blood;
- V. Pregnancy tests; and
- VI. Primary culturing for transmittal to a certified laboratory.



## Lab

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- Clinic must have the ability to do all 6 required tests.
- Most common one missing is Hemoglobin or Hematocrit for Provider Based clinics.
- All reagents, strips, controls, etc., must be in date.
- CLIA Certificate is current and posted.
- CLIA has correct clinic name, address and lab director

## 491.9 Emergency Services

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### 491.9 Provision of Services.

**Emergency.** The clinic or center provides medical emergency procedures as a first response to common life-threatening injuries and acute illness and has available the drugs and biologicals commonly used in life saving procedures, such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids.

- While each category of drugs and biologicals must be considered, all are not required to be stored. An RHC must have those drugs and biologicals that are necessary to provide its medical emergency procedures to common life-threatening injuries and acute illnesses.
- The RHC should have written policies and procedures for determining what drugs/biologicals are stored to provide emergency services.
- Policies and procedures should also reflect the process for determining which drugs/biologicals to store, including who is responsible for making the determination.
- They should also be able to provide a complete list of which drugs/biologicals are stored and in what quantities.

## 491.9 Emergency Services

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The clinic provides medical emergency procedures as a first response to common life-threatening injuries and acute illness and has available the drugs and biologicals commonly used in life saving procedures, such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids.

- Written policies and procedures for determining what drugs/biologicals are stored to provide emergency services.
- Policies and procedures should also reflect the process for determining which drugs/biologicals to store, including who is responsible for making the determination.
- They should also be able to provide a complete list of which drugs/biologicals are stored and in what quantities.
- Policy should reflect how refrigerated drugs are managed during a power outage.

# RHC Conditions of Certification

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## 491.9 Provision of Services.

Services provided through agreements or arrangements.

- 1) The clinic or center has agreements or arrangements with one or more providers or suppliers participating under Medicare or Medicaid to furnish other services to its patients, including:
  - I. Inpatient hospital care;
  - II. Physician(s) services (whether furnished in the hospital, the office, the patient's home, a skilled nursing facility, or elsewhere); and
  - III. Additional and specialized diagnostic and laboratory services that are not available at the clinic or center.
- 2) If the agreements are not in writing, there is evidence that patients referred by the clinic or center are being accepted and treated.

## 491.9 Patient Care Policies

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- 3) The policies include:
  - I. A description of the services the clinic furnishes directly and those furnished through agreement or arrangement.
  - II. Guidelines for the medical management of health problems which include the conditions requiring medical consultation and/or patient referral
  - III. The maintenance of health care records, and procedures for the periodic review and evaluation of the services furnished by the clinic.
  - IV. Rules for the storage, handling, and administration of drugs and biologicals.
- 4) These policies are reviewed at least biennially by the group of professional personnel required. (Physician, NP/PA and outside person)

# RHC Conditions of Certification

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## 491.10 Patient Health Records.

### Records system.

- 1) The clinic or center maintains a clinical record system in accordance with written policies and procedures.
- 2) A designated member of the professional staff is responsible for maintaining the records and for insuring that they are completely and accurately documented, readily accessible, and systematically organized.

# RHC Conditions of Certification

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## 491.10 Patient Health Records.

- 3) For each patient receiving health care services, the clinic or center maintains a record that includes, as applicable:
- I. Identification and social data, evidence of consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient;
  - II. Reports of physical examinations, diagnostic and laboratory test results, and consultative findings;
  - III. All physician's orders, reports of treatments and medications, and other pertinent information necessary to monitor the patient's progress;
  - IV. Signatures of the physician or other health care professional.

# RHC Conditions of Certification

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## 491.10 Patient Health Records.

### 4) Protection of record information.

- I. The clinic or center maintains the confidentiality of record information and provides safeguards against loss, destruction or unauthorized use.
- II. Written policies and procedures govern the use and removal of records from the clinic or center and the conditions for release of information.
- III. The patient's written consent is required for release of information not authorized to be released without such consent.

### 5) Retention of records. The records are retained for at least 6 years from date of last entry, and longer if required by State statute.



# Medical Records 491.10



<b>Medical Record Audit Tool</b> Insert "Y" (YES) if evidence is found, "N" (NO) if evidence of is missing, or "NA" if not applicable. Insert an "M" next the patient number if the patient is a minor child.								
<b>Patient</b>	<b>Patient ID &amp; Social Data</b>	<b>Written Consent to Treat</b>	<b>Medical History</b>	<b>Health Status &amp; Patient Health Needs</b>	<b>Summary &amp; Patient Instructions</b>	<b>Labs Diagnostics &amp; Consult Info</b>	<b>Physicians' Orders &amp; Treatments &amp; Medications (includes allergies)</b>	<b>Signature of Provider &amp; Date</b>
1.								
2.								
3.								

# RHC Conditions of Certification

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## 491.11 Program Evaluation.

- 1) The clinic or center carries out, or arranges for, a biennial evaluation of its total program.
- 2) The evaluation includes review of:
  - I. The utilization of clinic or center services, including at least the number of patients served and the volume of services;
  - II. A representative sample of both active and closed clinical records; and
  - III. The clinic's or center's health care policies.

# RHC Conditions of Certification

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## 491.11 Program Evaluation.

- 3) The purpose of the evaluation is to determine whether:
  - I. The utilization of services was appropriate;
  - II. The established policies were followed; and
  - III. Any changes are needed.
- 4) The clinic or center staff considers the findings of the evaluation and takes corrective action if necessary.

# HIPPA



- Visible PHI**
- Computer Time Outs**
- Cloud Storage**
- Passwords**
- Social Media**

# RHC Conditions of Certification



## 491.12 Emergency Preparedness.



# Emergency Preparedness

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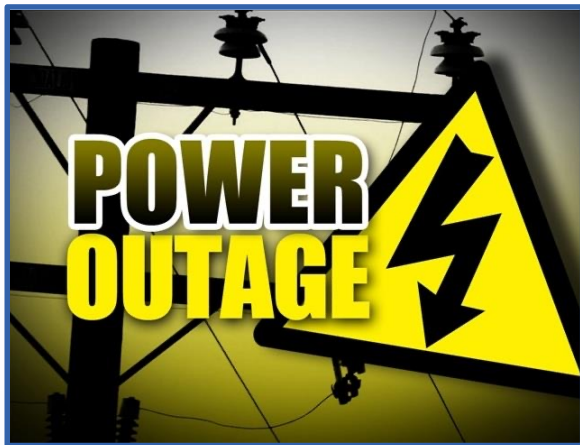
## 491.12 Emergency Preparedness.

The Rural Health Clinic/Federally Qualified Health Center (RHC/FQHC) must comply with all applicable Federal, [State](#), and local emergency preparedness requirements. The RHC/FQHC must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

(a) **Emergency plan.** The [RHC](#) or [FQHC](#) must develop and maintain an emergency preparedness plan that must be reviewed and updated at least every 2 years. The plan must do all of the following:

- (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
- (2) Include strategies for addressing emergency events identified by the risk assessment.
- (3) Address [patient](#) population, including, but not limited to, the type of services the RHC/FQHC has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
- (4) Include a process for cooperation and collaboration with local, tribal, regional, [State](#), and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.

# All Hazards Approach



## Power Grid Failure

Refrigerated Medications  
PHI/EMR



## Natural Disasters

Clinic Closure  
Disruption of Services



## Public Health Emergency

Extended  
Risk Protocols

## 491.12 Emergency Preparedness Cont.

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(b) **Policies and procedures.** The [RHC](#) or [FQHC](#) must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in [paragraph \(a\)](#) of this section, risk assessment at [paragraph \(a\)\(1\)](#) of this section, and the communication plan at [paragraph \(c\)](#) of this section. The policies and procedures must be reviewed and updated at least every 2 years. At a minimum, the policies and procedures must address the following:

- (1) Safe evacuation from the RHC/FQHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.
- (2) A means to shelter in place for patients, staff, and volunteers who remain in the facility.
- (3) A system of medical documentation that preserves [patient](#) information, protects confidentiality of [patient](#) information, and secures and maintains the availability of records.
- (4) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of [State](#) and Federally designated health care professionals to address surge needs during an emergency.



# Emergency Policies and Procedures



## Evacuation

Clearly marked evacuation route and designated meeting location



## Shelter in Place

Safe shelter for patients and staff



## Surge Needs

Emergency Staffing Integration with Local, State and Fed Agencies

## 491.12 Emergency Preparedness Cont.

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(c) **Communication plan.** The [RHC](#) or [FQHC](#) must develop and maintain an emergency preparedness communication plan that complies with Federal, [State](#), and local laws and must be reviewed and updated at least every 2 years. The communication plan must include all of the following:

(1) Names and contact information for the following:

- (i) Staff.
- (ii) Entities providing services under arrangement.
- (iii) Patients' physicians.
- (iv) Other [RHCs](#)/FQHCs.
- (v) Volunteers.

(2) Contact information for the following:

- (i) Federal, [State](#), tribal, regional, and local emergency preparedness staff.
- (ii) Other sources of assistance.

## 491.12 Emergency Preparedness Cont.

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### Communication Plan continued:

- (3) Primary and alternate means for communicating with the following:
  - (i) RHC/FQHC's staff.
  - (ii) Federal, [State](#), tribal, regional, and local emergency management agencies.
- (4) A means of providing information about the general condition and location of [patients](#) under the facility's care as permitted under [45 CFR 164.510\(b\)\(4\)](#).
- (5) A means of providing information about the RHC/FQHC's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

# Training and Testing-



## 491.12 Emergency Preparedness Cont.

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(d) **Training and testing.** The [RHC](#) or [FQHC](#) must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in [paragraph \(a\)](#) of this section, risk assessment at [paragraph \(a\)\(1\)](#) of this section, policies and procedures at [paragraph \(b\)](#) of this section, and the communication plan at [paragraph \(c\)](#) of this section. The training and testing program must be reviewed and updated at least every 2 years.

(1) Training program. The RHC/FQHC must do all of the following:

(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles,

(ii) Provide emergency preparedness training at least every 2 years.

(iii) Maintain documentation of the training.

(iv) Demonstrate staff knowledge of emergency procedures.

(v) If the emergency preparedness policies and procedures are significantly updated, the RHC/FQHC must conduct training on the updated policies and procedures.

## 491.12 Emergency Preparedness Cont.

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(2) **Testing.** The [RHC](#) or [FQHC](#) must conduct exercises to test the emergency plan at least annually. The [RHC](#) or [FQHC](#) must do the following:

(i) Participate in a full-scale exercise that is community-based every 2 years; or

(A) When a community-based exercise is not accessible, an individual, facility-based functional exercise every 2 years; or.

(B) If the [RHC](#) or [FQHC](#) experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [RHC](#) or [FQHC](#) is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.

## 491.12 Emergency Preparedness Cont.

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### Testing continued:

(ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under [paragraph \(d\)\(2\)\(i\)](#) of this section is conducted, that may include, but is not limited to following:

(A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise;  
or

(B) A mock disaster drill; or

(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

(iii) Analyze the [RHC](#) or [FQHC](#)'s response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [RHC](#) or [FQHC](#)'s emergency plan, as needed.

## 491.12 Emergency Preparedness Cont.

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(e) Integrated healthcare systems. If a RHC/FQHC is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the RHC/FQHC may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:

- (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
- (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, [patient](#) populations, and services offered.
- (3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.



## 491.12 Emergency Preparedness Cont.

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### Integrated Health Systems continued:

(4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include all of the following:

(i) A documented community-based risk assessment, utilizing an all-hazards approach.

(ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.

(5) Include integrated policies and procedures that meet the requirements set forth in [paragraph \(b\)](#) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.

# Useful Resources

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## Session 1, Handout 1

Session 1, Part 2

*Orientation to TCT RHC Program  
And Accreditation Timeline*

Regulations to Rural Excellence

Kate Hill, VP Clinic Division

## Building Blocks of RHC Compliance

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Accreditation  
Organization  
Standards

Specific State  
Requirements

Code of Federal  
Regulations

## Regulatory to Rural Excellence

# Regulatory Requirements

CFR Title 42, Chapter IV, Subchapter G  
Standards and Certification

Part 491 Cert of Certain Health Facilities

Subpart A—Rural Health Clinics: Conditions for Certification;

- § 491.1 Purpose and scope.
- § 491.2 Definitions.
- § 491.3 Certification procedures.
- § 491.4 Compliance with Federal, State and local laws.
- § 491.5 Location of clinic.
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The Compliance Team

**Exemplary Provider®**

**Accreditation Program**

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**Rural Health Clinics**

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Revised Standards – 04 11 18

  
The Compliance Team™

# The RHC Checklist



Facility Name/Clinic:	Surveyor Number(s):		
	Survey Start Date:	Survey End Date:	
Total Number of Exam Rooms:	Time In:	Hours Onsite:	
	Time Out:		
<b>CORPORATE COMPLIANCE</b>			
	<b>STANDARD</b>	<b>YES</b>	<b>NO</b>
The Clinic has a written Corporate Compliance Plan.	COM 1.0		
The Clinic is in good standing with the Medicare/Medicaid Programs.	COM 2.0		
The clinic that participates in Medicare/Medicaid programs has been free of sanctions for a period of at least 2 years.	COM 2.0.1		
The clinic prohibits employment/contracting with individuals or companies, which have been convicted of a criminal felony offense related to healthcare.	COM 2.0.2		
Clinic can provide evidence of verification of individuals through OIG exclusion database.	COM 2.0.2(a)		
Evidence of the process and documentation upon hire and re-verification at a minimum annually.	COM 2.0.2(b)		
Staff of the clinic are licensed, certified, or registered in accordance with applicable State and local laws. (§491.4(b))	COM 3.0		
The clinic has a process to verify personnel are licensed, certified, or registered with applicable State laws.	COM 3.0.1		
This information is documented and tracked in an organized format.	COM 3.0.2		
<b>ADMINISTRATION</b>			
	<b>STANDARD</b>	<b>YES</b>	<b>NO</b>
The clinics hours of operation are posted outside the clinic.	ADM 3.0.4		
All clinic documents and signage (both internal and external) are consistent with the CMS-855A enrollment application.	ADM 3.0.5		
The Clinic has a governing body or individual who has legal responsibility for the conduct of the clinic.	ADM 4.0		
The clinic discloses the names and addresses of the following: (§491.7(b))	ADM 4.0.1		
<ul style="list-style-type: none"> <li>Names of the owner(s). (§491.7(b)(1))</li> </ul>	ADM 4.0.1(a)		
<ul style="list-style-type: none"> <li>Person principally responsible for directing the clinic's operation. (§491.7(b)(2))</li> </ul>	ADM 4.0.1(b)		
<ul style="list-style-type: none"> <li>Person responsible for medical direction. (§491.7(b)(3))</li> </ul>	ADM 4.0.1(c)		

The Compliance Team Quality Standards and Checklist incorporate the federal regulatory requirements with universal and specialty standards to demonstrate rural excellence through Exemplary Provider Accreditation

  
*The Compliance Team* **Exemplary Provider** Accreditation

## **TCT Approach**

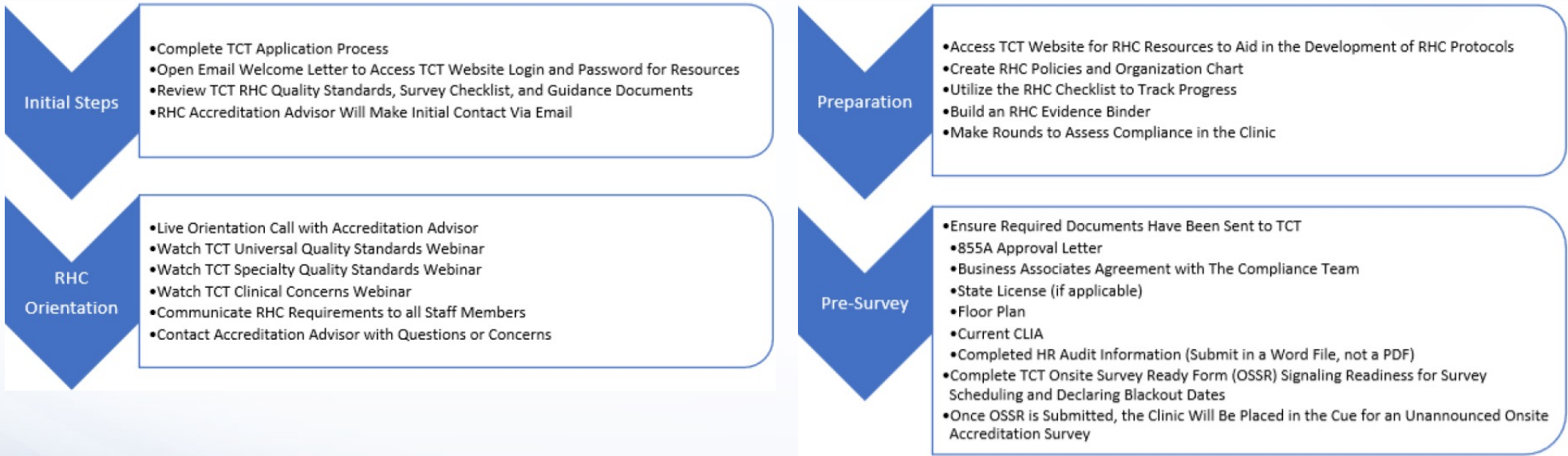
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*“Operational Excellence leads  
to Clinical Excellence”*

**Sandy Canally**, RN TCT CEO and Founder



# Preparation Timeline





Thank You For All You Do!

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Join us on  
**Tuesday March 16, 2021 for Session 2!**

Thank you!



**QUESTIONS?**

**Kate Hill**, RN, VP Clinic Division

**215-654-9110**

[khill@thecomplianceteam.org](mailto:khill@thecomplianceteam.org)

  
*The Compliance Team™*



## *Regulations to Rural Excellence*

### Session 1 – Handout 1

#### Helpful Links to Regulatory and other Resources

[https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/RHC\\_FQHC](https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/RHC_FQHC)

<https://www.law.cornell.edu/cfr/text/42/part-491>

[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_g\\_rhc.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_g_rhc.pdf)

<https://www.cms.gov/regulations-and-guidance/legislation/paperworkreductionactof1995practicing/cms-855a>

<https://data.hrsa.gov/tools/shortage-area/by-address>

#### Emergency Preparedness

[Business Risk Assessment Table \(ready.gov\)](#)

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/CMS-Understanding-the-EP-Final-Rule-Update-BR11-2019.pdf>



## *Regulations to Rural Excellence*

### Session 1 – Handout 2

#### The Compliance Team – RHC Accreditation Timeline



Average time to completion is 90 to 120 days. Process can be accelerated based on clinic's need. In some cases, depending on staff availability, the process can be completed in weeks.