

In Advance of the Site Visit

The following items are representative of what our team can offer if we provide consultation services to your community health center.

- This is an open book exam. You have what reviewers have.
- While there used to be some latitude on the review outcomes based on the reviewer, much more is prescribed now. The Site Visit Protocol (SVP) is key.
- Don't be afraid to submit all documents even if they say you do not need to do so if it was already provided – such as bylaws if no changes have been made since the SAC.
- Make it easy for the reviewers to find what is required.
- No one is sitting in a conference room with you.
- When you do the virtual tour, have someone running the camera and another person with good administrative and clinical knowledge guiding the tour or ready to step in to answer questions that may arise on the tour. Remember – you will need to show two sites.
- Assign a section lead (Governance/Administrative, Clinical, and Fiscal) to be ultimately responsible for assuring each area is ready. The lead should be someone who knows the content area and not just a good project manager.
- As you are preparing for the VOSV, have the Compliance Manual with you as you review and prepare each section, even though the SVP is the key. You will see what HRSA has for compliance expectations and has pulled from the manual to use as methodology to have CHCs demonstrate compliance.
- Read each section carefully to determine the documents needed and be sure you have all of them uploaded within 2 weeks of the VOSV.
- Be sure your staff and board all have downloaded and tested the GoToMeeting link to be ready to join the meetings when they are scheduled. Be a few minutes early for each session.

- When you are in sessions for the VOSV, make sure you have the SVP with each of you to follow along with the reviewer.
- Technically, you will have until the close of day one to find and upload documents that may have been missing. Depending on the federal rep, you may be given more latitude. But do not count on this.
- You will have the 14-day period of Compliance Reconciliation Opportunity (CRO) to fix noncompliance items before there are any conditions placed on you.
- Upload documents to show documented compliance evidence (DCE) in multiple locations. Do not tell the chapter 19 reviewers to look in chapter 9 to find the board's actions on the SFDP P+P.
- The ideal is to have a coversheet that identifies what the element is and highlight the evidence if it is not clear and obvious. For example: Board minutes from the past three years that show XYZ and highlight the portion of the minutes that demonstrate compliance.
- When you are pulling patient charts, agreements, HR files, meeting minutes, etc., have one or two more in your back pocket in case the reviewer is not satisfied with the evidence you provide initially. Remember – it is up to you to pick the evidence and the reviewer is not allowed to make the selection.
- Carefully go chapter by chapter and prepare your evidence.
- Consider your procedures to be like a recipe and clearly demonstrate how you meet the standard. For example: in the procedure for recruiting key management staff, do a step-by-step procedure walkthrough to include all that you do.

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