

RURAL HEALTH CLINIC POLICY REVIEW FORM

DATA TAG	REQUIREMENT	COMMENTS
J-3	CONDITION: The RHC is in compliance with applicable state, federal, and local laws.	
J-4	STANDARD: The RHC is licensed according to applicable state and local laws.	
J-5	STANDARD: The staff of the clinic are licensed, certified, or registered in accordance with applicable state and local laws.	
J-6	CONDITION: Location of Clinic.	
J-7	STANDARD: (a) Basic Requirement; The clinic is located in a rural area that is designated a shortage area. May be permanent or mobile clinic.	
J-8	STANDARD: (1) Permanent Unit; The objects, equipment, and supplies necessary for services are housed in a permanent structure.....	
J-9	STANDARD: (2) Mobile Unit; The objects, equipment, and supplies necessary for services are housed in a mobile structure that has fixed, scheduled locations.	
J-10	STANDARD: (b) Does the facility meet location eligibility in a rural health shortage area through one of the following requirements;	
J-11	STANDARD: (1) A facility certified under this subpart will not be disqualified if the area is subsequently fails to meet definition of rural shortage area.	
J-12	STANDARD: (2) A private nonprofit facility that meets all other conditions of the subpart except for location in a shortage area	
J-13	STANDARD: (c) The facility meets the rural area requirements under one of the following criteria;	

RURAL HEALTH CLINIC POLICY REVIEW FORM

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J-14	STANDARD: (1) Rural areas not delineated as urbanized areas in the last census conducted by the census bureau.	
J-15	STANDARD: (2) Included in the rural area classification are those portions of extended cities that the Census Bureau has determined to be rural.	
J-16	STANDARD: The facility meets the shortage area requirements under one of the following criteria:	
J-17	(1) Determination of the shortage of personal health services (under section 1302(7) of the Public Health Service Act).	
J-18	(2) Determination of shortage of primary medical care manpower (under section 332(a) (1) (A) of the Public Health Service Act).	
J-19	CONDITION: Physical Plant and Environment.	
J-20	STANDARD: CONSTRUCTION The clinic is constructed, arranged, and maintained to ensure access to and safety of patients, adequate space for services.....	
J-21	STANDARD: MAINTENANCE The clinic has a preventative maintenance program to ensure that;	
J-22	(1) All essential mechanical, electrical, and patient-care equipment is maintained in safe operating condition.	
J-23	(2) Drugs and biologicals are properly stored.	
J-24	(3) The premises are clean and orderly.	

RURAL HEALTH CLINIC POLICY REVIEW FORM

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J-25	STANDARD: (c) EMERGENCY PROCEDURES; The clinic assures the safety of patients in case of non-medical emergencies by:	
J-26	(1) Training staff in handling emergencies.	
J-27	(2) Placing exit signs in appropriate locations; and	
J-28	(3) Taking other appropriate measures that are consistent with the particular conditions of the area in which the clinic is located.	
J-29	CONDITION: ORGANIZATIONAL STRUCTURE:	
J-30	(a) Basic Requirements:	
J-31	(1) The clinic is under the medical direction of a physician and has a health care staff that meets the requirements of §481.8.	
J-32	(2) The organization's policies and lines of authority and responsibility are clearly set forth in writing.	
J-33	(b) Disclosure. The clinic discloses the names and addresses of;	
J-34	(1) it's owners, in accordance with section 1124 of the SSA (42 USC 132 A-3);	
J-35	(2) The person primarily responsible for directing the operations of the clinic, and;	

RURAL HEALTH CLINIC POLICY REVIEW FORM

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J-37	CONDITION: 481.8 Staffing and Staff Responsibilities.	
J-38	(a) Staffing	
J-39	(1) The clinic has a health care staff that includes one or more physicians and one or more PA-C or NP.	
J-40	(2) The staff, i.e., the NP, MD/DO, PA-C, meet the qualification requirements in section 481.2(b), (c), (d).	
J-41	(3) A MD/DO, NP, or PA-c is available to furnish patient care services at all times during the clinic's regular hours of operation. NP or PA-c available to furnish 60% services.....	
J-42	(4) The staff is sufficient to provide the services essential the operation of the clinic.	
J-45	(b) Physician responsibilities:	
J-46	(1) The physician provides medical direction for the clinic's health care activities and consultation for, and medical supervision of the health care staff.	
J-47	(2) In conjunction with the PA-C and/or NP member(s), the MD/DO participates in developing, executing, and periodically reviewing written policies and services.....	
J-48	(3) The MD/DO periodically reviews the clinic's patient records, provides medical orders, and medical care services to the clinic patients.	
J-49	(4) A physician is present for sufficient periods of time, at least once in every 2 week period (x circumstances) to provide medical direction, care services, consultation etc.	

RURAL HEALTH CLINIC POLICY REVIEW FORM

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J-50	(c) PA-C and NP Responsibilities:	
J-51	(1) The PA-C and NP of the clinic staff: (i) participate in development, execution and periodic review of written policies governing services furnished	
	(ii) provide services according to those policies. (iii) arrange for or refer patients to needed services not provided at clinic.	
	(iv) assure adequate health records are maintained and transferred as required when patients are referred; and	
	(v) participate in the periodic review of patient's health records..	
J-52	CONDITION: 481.9 Provision of Services.	
J-53	(a) Basic Requirements; The clinic is primarily engaged in providing outpatient health services as described in 481.9(c).	
J-54	(b) Patient Care Policies;	
J-55	(1) The clinic's health care services are furnished in accordance with appropriate written policies consistent with state law.	
J-56	(2) The policies are developed with the advice of a group of professional personnel including one or more MD and PA/NP and one non staff member.	
J-57	(3) The policies include: (i) a description of services provided by the clinic directly and those furnished through arrangement or agreement;	

RURAL HEALTH CLINIC POLICY REVIEW FORM

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J-57 cont.	(ii) guidelines for medical management of health problems including the conditions requiring medical consultation and/or referral, the maintenance of health care records , and	
	Procedures for periodic review and evaluation of the services furnished in the clinic. (iii) rules for the storage, handling, and administration of medications.	
J-58	(4) The policies are reviewed at least annually by the group of professional personnel required under (b)(2) above in this section and reviewed as necessary by the clinic..	
J-59	(c) Direct Services;	
J-60	(1) General; The clinic staff furnishes those diagnostic and therapeutic services and supplies commonly furnished in MD office (H&P, health status assessment....)	
J-61	(2) Laboratory. The clinic provides basic lab essential to immediate dx & tx of pt. (i) chemical exam of urine by stick or tablet (including urine ketones).	
	(ii) microscopic exam of urine sediment; (iii) hemoglobin and hematocrit; (iv) blood sugar; (v) gram stain;	
	(vi) exam of stool specimen for occult blood; (vii) pregnancy tests; (viii) primary culture for transmittal to	
	certified lab; and (ix) test for pinworms.	
J-62	(3) Emergency. The clinic provides medical emergency procedures as a first response to common life-threatening injuries and acute illness, has drugs, biologicals, commonly used	
	In life saving procedures, such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes, and emetics, serums and toxoids.	

RURAL HEALTH CLINIC POLICY REVIEW FORM

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J-63	(d) Services Provided Through Agreements or Arrangements.	
J-64	(1) The clinic 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) physicians services whether furnished at the hospital, the office, patient home, SNF, or elsewhere; and	
	(iii) additional and specialized diagnostic and laboratory services not available at the clinic.	
J-65	(2) If the agreements are not in writing, there is evidence that patients referred by the clinic are being accepted and treated.	
J-66	VII 481.10 Patient Health Records	
J-67	(a) Records System	
J-68	(1) The clinic maintains a clinical record system in accordance with written policies and procedures.	
J-69	(2) A designated member of the professional staff is responsible for maintaining records and for ensuring complete and accurate documentation, readily accessible, organized.	
J-70	(3) For each patient receiving health care services, the clinic maintains a record that includes; (i) id and social data, evidence of consent	
	Forms, pertinent med hx, health status assessment, health care needs, brief summary of episode, disposition, and instructions given to the patient.	

RURAL HEALTH CLINIC POLICY REVIEW FORM

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J-70 cont.	(ii) reports of physical exam, diagnostic and lab test results, and consultative findings. (iii) all physician orders, treatment reports, medications and other pertinent information	
	Necessary to monitor patients progress; (iv) signatures of the physician or other health care professional.	
J-71	(b) Protection of Record Information:	
J-72	(1) The clinic maintains the confidentiality of record information and provides safeguards against loss, destruction, or unauthorized use.	
J-73	(2) written policies and procedures governing use and removal of records from the clinic and conditions for release of information.	
J-74	(3) the patient's written consent is required for release of information not authorized by law.	
J-75	(c) Retention of Records; The records must be maintained for at least 6 years from the date of the last entry and longer if required by state statute.	
J-76	CONDITION: VIII. 481.11 Program Evaluation;	
J-77	(a) The clinic carries out or arranges for an annual evaluation of it's total program.	
J-78	(b) the evaluation includes review of:	
J-79	(1) the utilization of clinic services, including at least the number of patients served and volume of services.	

RURAL HEALTH CLINIC POLICY REVIEW FORM

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J-80	(2) a representative sample of both active and closed clinical records, and	
J-81	(3) The clinics' health care policies.	
J-82	(c) The purpose of the evaluation is to determine whether:	
J-83	(1) the utilization of services was appropriate;	
J-84	(2) the established policies were followed;	
J-85	(3) any changes are needed.	
J-86	(d) the clinic staff considers the findings of the evaluation and takes corrective action if necessary.	