Navigating Policies & Procedures

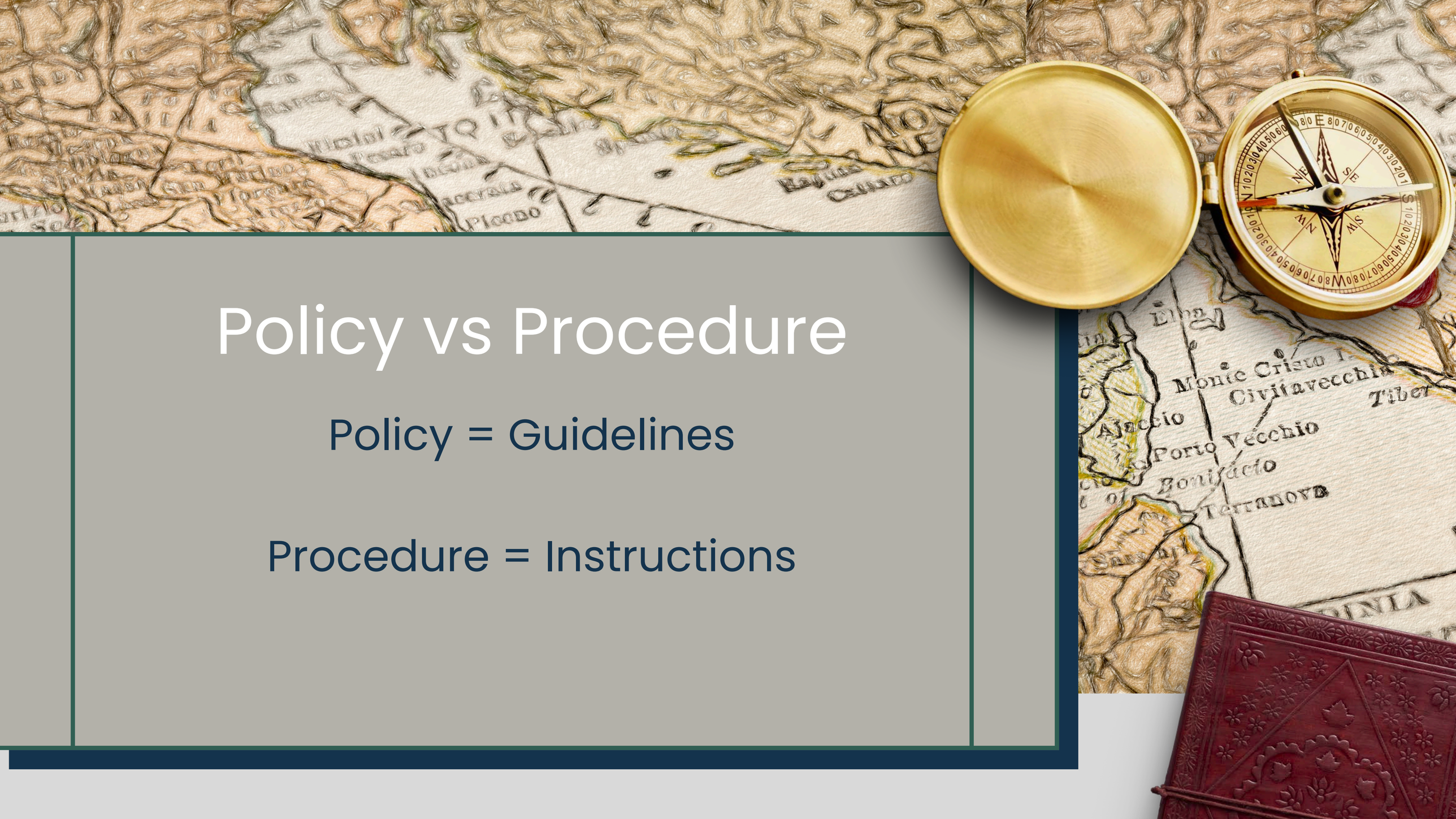
Agenda

- Policy vs Procedure
- Which do I need, policies or procedures?
- How do you know what you need for an RHC?
- How to develop and maintain your policies?
- Staying Compliant

Policy vs Procedure

Policy = Guidelines

Procedure = Instructions



Policy vs Procedure

Policy/Guidelines	Procedure/Instructions
General advice or recommendations	Detailed directives or orders
Flexible & adaptable	Rigid & require precise adherence
Guides decisions with suggested best practices	To ensure tasks are performed correctly
Advisory & often non-mandatory	Mandatory & often linked to specific tasks
Optional, based on judgement	Compulsory, with little scope for deviation

Procedures are extensions of policies

Which do I need to operate my clinic, Policies or Procedures?

Policies comply with regulations set forth by the government or other regulating bodies; and set expectations and standards for your staff. You will be surveyed against policies to ensure that all patients receive the same level of care and treatment.

Procedures are for efficiency and are to provide clear instructions for routine tasks. You need procedures to ensure safe practices are being followed and are critical for operational efficiency

Reference your procedures within policy, but keep separate. You don't need to change a policy to change a procedure.

Examples

Policies

- Organizational Structure & Ownership
- Non-Discriminatory
- Provision of Services
- Physical Plant Safety
- Medical Records Retention

Procedures

- Handwashing
- Scheduling
- Lab processing
- Managing inventory
- Surgical procedures

How do I determine what policies I need for an RHC?

Federal Regulations- 42 CFR 491.1-491.12 and Appendices G & Z

Other Applicable Federal Regulations

State Specific Regulations

City/County/Parish Regulations

Accreditors Requirements

Patient Center Medical Home Requirements (if participating)

National Health Service Corp Regulations (if participating)

To comply with the federal regulations, you only need approximately 42 to 47 policies

Federal Regulations- 42 CFR 491.1-491.12 and Appendices G & Z

§ 491.4 Compliance with Federal, State and local laws.

The rural health clinic or FQHC and its staff are in compliance with applicable Federal, State and local laws and regulations.

(a) ***Licensure of clinic or center.*** The clinic or center is licensed pursuant to applicable State and local law.

(b) ***Licensure, certification or registration of personnel.*** Staff of the clinic or center are licensed, certified or registered in accordance with applicable State and local laws.

[57 FR 24982, June 12, 1992]

J-0013
(Rev. 177, Issued: 01-26-18, Effective: 01-26-18, Implementation: 01-26-18)

§ 491.4(b) Licensure, certification or registration of personnel.

Staff of the clinic . . . are licensed, certified or registered in accordance with applicable State and local laws.

Interpretative Guidelines § 491.4(b)

The laws requiring licensure vary from State to State. Examples of healthcare professionals that a state may require to be licensed could include: MD/DOs, dentists, physician assistants, nurse practitioners and nurses. Examples of personnel that a state might require to be certified or registered could include dieticians, technicians who administer diagnostic imaging procedures, pharmacy technicians, laboratory technicians, etc.

Survey Procedure § 491.4(b)

- Verify that RHC staff and personnel are licensed, certified, or registered, as applicable.
- Verify that the RHC has established, and follows procedures for determining that personnel are properly licensed, certified, and/or permitted.
- Verify that the RHC has established, and implements, policies and procedures to verify that personnel working at the RHC under contract or arrangement hold whatever license, registration, or certification is required under State law.
- Review a sample of personnel files of clinical staff to verify that licensure or other required credential information is present and up to date.

Other Applicable Federal Regulations

42 CFR 405 (Federal Health Insurance for the Aged and Disabled)

§ 491.3 Certification procedures.

A rural health clinic will be certified for participation in Medicare in accordance with subpart S of 42 CFR part 405. The Secretary will notify the State Medicaid agency whenever he has certified or denied certification under Medicare for a prospective rural health clinic in that State. A clinic certified under Medicare will be deemed to meet the standards for certification under Medicaid.

[71 FR 55346, Sept. 22, 2006]

Section 1557 of the Affordable Care Act

PART 92—NONDISCRIMINATION IN HEALTH PROGRAMS OR ACTIVITIES

Authority: 42 U.S.C. 18116.

Source: 89 FR 37692, May 6, 2024, unless otherwise noted.

Subpart A—General Provisions

§ 92.1 Purpose and effective date.

(a) ***Purpose.*** The purpose of this part is to implement section 1557 of the Patient Protection and Affordable Care Act (ACA) (42 U.S.C. 18116), which prohibits discrimination on the basis of race, color, national origin, sex, age, and disability in certain health programs and activities. Section 1557 provides that, except as otherwise provided in title I of the ACA, an individual shall not, on the grounds prohibited under title VI of the Civil Rights Act of 1964, title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, or section 504 of the Rehabilitation Act of 1973, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity, any part of which is receiving Federal financial assistance, including credits, subsidies, or contracts of insurance, or under any program or activity that is administered by an executive agency or any entity established under title I of the ACA. This part applies to health programs or activities administered by recipients of Federal financial assistance from the Department, Department-administered health programs or activities, and title I entities that administer health programs or activities.

(b) ***Effective date.*** The regulations in this part are effective beginning July 5, 2024, unless otherwise provided in the following schedule:

42 CFR 493 (Laboratory Requirements- CLIA)

PART 493—LABORATORY REQUIREMENTS

Authority: 42 U.S.C. 263a, 1302, 1395x(e), 1395x(s)(3) and (s)(17).

Source: 55 FR 9576, Mar. 14, 1990, unless otherwise noted.

Subpart A—General Provisions

Source: 57 FR 7139, Feb. 28, 1992, unless otherwise noted.

§ 493.1 Basis and scope.

This part sets forth the conditions that all laboratories must meet to be certified to perform testing on human specimens under the Clinical Laboratory Improvement Amendments of 1988 (CLIA). It implements sections 1861(e) and (j), the sentence following section 1861(s)(13), and 1902(a)(9) of the Social Security Act, and section 353 of the Public Health Service Act, as amended by section 2 of the Taking Essential Steps for Testing Act of 2012. This part applies to all laboratories as defined under "laboratory" in § 493.2 of this part. This part also applies to laboratories seeking payment under the Medicare and Medicaid programs. The requirements are the same for Medicare approval as for CLIA certification.

[57 FR 7139, Feb. 28, 1992, as amended at 79 FR 25480, May 2, 2014]

State Specific Regulations

- Public Health
- Fire Marshal
- State Specific RHC Regulations
- Facility & State Licensure Requirements
- Scope of Practices & Supervisory Agreements
- Medical Records & Data Privacy

When state and federal healthcare regulations conflict, the stricter or more stringent rule applies.

City/County/Parish Regulations

- Zoning & Land Use Permits
- Local Health Department Operational Permits
- Signage & Exterior Display Ordiances
- Accessiblity Mandates
- Local Fire Marshal & Occupancy Codes
- City Occupational Licenses

Accreditor Requirements

Quad A

MEDICARE RURAL HEALTH CLINIC (RHC)

ACCREDITATION STANDARDS MANUAL

Version, 4.1 Effective February 2, 2026

Joint Commision

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Rural Health Clinics

Other Potential Requirements

Patient Center Medical Home Requirements

At minimum must meet CMS standards, but can have additional standards of participation

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AAAHC ACCREDITATION ASSOCIATION *for* AMBULATORY HEALTH CARE

JOINT COMMISSION™

NHSC Loan Forgiveness Site Requirements

Sliding Fee Discount Policy and Recruitment & Retention Plan Policy

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Developing and Maintaing Your Policies

- ✓ Evaluate Your Current Policy State
- ✓ Create a Standard Policy Format
- ✓ Define Responsibilities
- ✓ Storage of Policies
- ✓ Dos and Don’ts

Evaluate Your Current Policy State

- What policies do you currently have in place?
- When was the last time your policies were reviewed?
- Who is responsible for developing, maintaining, and approving your policies?
- Do your policies line up with how you currently practice? (Ask your staff)
- Do your policies line up with current regulations and requirements?
- What policies are we missing?

Create a Standard Policy Format

NAME (Keep it short and descriptive)
Type (What standard does this fall under)
Date (Adopted or revised date)
Policy number (Optional, but helps keep organization)
Declaration ("This is the XYZ policy of clinic")
Purpose (Reason for creating the policy)
Statement (What are the intentions)
Scope (Informational and procedural in nature)
Body (Expectations of the clinic in regard to specific topic, situation, or issue being addressed)
Procedures (Reference the procedure documents that relate to complying with this policy)
Related policies (Reference other policies that influence or coincide with this policy)

Keep Your Policies:
✓Consistent
✓Simple
✓Easy to Understand

Define Responsibilities

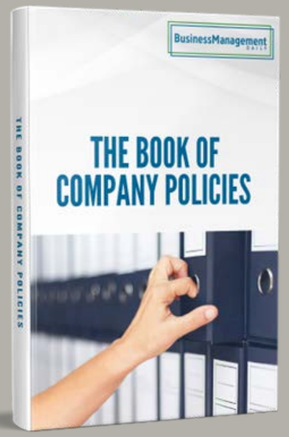
Who is responsible for creating, reviewing, and maintaining the clinic's policies?

- Required (Per CFR 42 491.9(b)(2)
  - 1 Physician (Typically Medical Director)
  - 1 NP or PA
  - 1 Outside person (Not on clinic payroll)
- Optional
  - Clinic Administrator
  - Other Medical Staff
  - CEO/COO/CNO
  - Clinical and operations staff

How often should the policies be reviewed and signed?

- Per 42 CFR 491.9(b)(4) clinic policies must be reviewed at least biennially (every 2 years)
- Anytime there are updates to Federal or State regulations
- Anytime there are updates to your accreditor's requirements
- Anytime there is a change within your organization that affects policy

Storage of Policies



Must be accessible at all times by all staff

Keep in central location and don't maintain multiple copies

If store electronically, need to have multiple avenues for staff to access and <u>do not</u> print out a copy

Who is responsbile for knowing and understanding your policies?

- **ALL** staff and providers who work in the RHC should review policies at least biennially, but recommend annually
- Staff and providers do not need to be able to recite the policies, but should know that the clinic has a policy and know where to find the policies
- Anytime there is a meaningful update to a policy staff should review the policy
- Keep a log of when each staff member reviewed the policies

Do’s and Don’t of Policies

DON’T	DO
Copy Another Clinic’s Policy	Review examples of similar policies and update to how your clinic practices
Purchase a policy development system and roll out as is	Purchase a policy development system that adjusts to your clinic practices
Create your policies and then never review	Review your policies at least biennially
Use your hospital’s or parent company policies as the clinic’s	Have policies specific to your clinic and reference any hospital or organizational policies that apply to your clinic
Give paper copies of policies to each staff member	Have a central location for policies that is accessible by all staff at all times
Update policies and then not make staff aware.	Educate all staff on any significant changes made to a policy

Policy Compliance and Adherence

1. **Keep Evidence of Compliance (Evidence Binder)**
    a. Maintain evidence of compliance either electronically or on paper
    b. Only need about 60 to 70 pieces of evidence
    c. Keep the evidence with the policy that it is verifying
    d. Set reminders
    e. Maintain logs (Quality, training, audits, staff meetings)
    f. Make it so accreditors/surveyors can easily see your compliance without having to go looking
2. **Internal Reviews/Education**
    a. Chart Audits
    b. Mock Surveys
    c. Staff competencies
    d. Staff Meetings
        i. Review areas of non-compliance
        ii. Celebrate areas of compliance
        iii. Educate
        iv. Update on any changes in policies

How are accrediators and surveyors verifying policy compliance?

- ✓ Read through policies and procedures
- ✓ Site walk through
- ✓ Staff interviews
- ✓ Patient Interviews
- ✓ Chart Audits
- ✓ Evidence
- ✓ HR Files (Training logs, license/certifications)

Federal References for RHC Policy Development

Code of Federal Regulations 42 CFR Part 491.1-491.2

Code of Federal Regulations 42 CFR Part 405

State Operations Manual Appendix G

State Operations Manual Appendix Z (EP for all Provider Types)

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QUESTIONS