





HEALTH CENTER PARTNERS
of Southern California

HCP LEARNING CENTER

Health Center Partners of Southern California has entered into an agreement with Feldesman Tucker Leifer Fidell (FTLF), a leading health center law practice with 50 years of federal grant expertise, to make FTLF Learning Center webinars and toolkits available to HCP members.

Many resources are now available in the HCP Learning Center and others will be added throughout the year.

To access the HCP Learning Center:

- Obtain a User Agreement from HCP Member Services
 - Request by email LearningCenter@hcpsocal.org
- After completing the User Agreement, you will receive a link and access code to create your login credentials.
- Select “Register/Take Course”
 - Login using your existing FTLF username and password,
 - Or register to create a new account
- Select “Take Course” 
- Start with “How to Use This Course” 
 - Review the resources included in the learning center
 - Review the navigation instructions
- [Register for the Toolkits](#) (Access Code Required)
 - Follow the steps to register and access
 - Use the HCP Access Code under promotional discount

HCP Learning Center Summary of Contents

<u>Compliance Webinars</u>	Each month, FTLF attorneys host a 60-minute webinar on a different health center compliance topic. These webinars provide timely advice for emerging risk areas or legal/regulatory changes, an opportunity to brush up on ever-present challenges, and up-to-date information about operational trends FTLF observes in the field.
<u>Health Center Webinars</u>	In addition to the monthly compliance webinars, FTLF also develops webinars on many other topics of interest to health centers and other health care organizations. HCP members receive access to ten (10) additional health center webinars from FTLF's curriculum.
<u>Navigating Telehealth & COVID-19 Webinars</u>	HCP members receive eight (8) Telehealth webinars and five (5) webinars on topics related to the ongoing public health emergency.
<u>Seven Elements of a Compliance Program Toolkit</u>	This Toolkit is designed to help health centers develop, maintain, or improve a corporate compliance program that incorporates the OIG's seven elements. The Toolkit includes customizable sample policies, procedures, and forms, including: a corporate compliance plan, training and education agendas, and sample standards of conduct.
<u>Section 330 Health Center Program Toolkit</u>	This Toolkit is designed to help health centers understand and respond to key compliance issues related to HRSA's programmatic requirements and includes narrative descriptions, checklists, sample sliding fee discount program policies, billing and collections policies, referral relationships and agreements, purchase of services arrangements, corporate bylaws, procurement policies, and more. The Toolkit also highlights key scope of project considerations and requirements applicable to the governing body's composition and authorities.
<u>Confidentiality for Health Centers Toolkit</u>	This Toolkit is designed to help health centers maintain and improve compliance with applicable federal confidentiality and privacy laws and regulations, including the HIPAA Privacy Rule, the Breach Notification Rule, and 42 CFR Part 2. It includes customizable sample policies, procedures, and forms to help health centers build or improve their HIPAA Privacy program and comply with 42 CFR Part 2, including: a sample privacy officer job description, sample policies and procedures for breach analysis and notification, a sample letter to individuals affected by a breach, an authorization form for disclosing PHI, and sample Business Associate Agreements, among other resources.
<u>Federal Grant Management Toolkit</u>	HCP members receive access to this toolkit designed to help both grantees navigate the rules of the federal grant system. Especially useful for health centers that are not HRSA Section 330 grantees, the toolkit includes customizable sample policies, procedures, and checklists, including: Financial Management Policy; Property Management Policy; Procurement Policy and Procedures; Subaward Risk Assessment and Monitoring Policy; and Audit Services RFP.

Compliance Webinars

1. <u>Preventing and Responding to Workplace Violence</u>	This webinar provides an overview of workplace violence, including available guidance from OSHA and Congressional efforts to create national workplace violence prevention standards. The presenters review how health centers should respond to risk of workplace violence to ensure compliance with the CMS Emergency Preparedness Rule.
2. <u>Service Animals and Emotional Support Animals</u>	In recent years, increasing numbers of patients have presented at health centers with their symptoms and their animal companions. In determining how to respond, health centers must determine whether the animal is a service animal or an emotional support animal. This webinar reviews the differences between service animals and emotional support animals; discusses how staff should respond to disruptive animals; and recommends policies, procedures and trainings to support health center staff who respond to patients with animal companions.
3. <u>Integrated Care: Legal and Compliance Risks</u>	This webinar reviews the most common models used by health centers when developing integrated care models, discuss the related patient data sharing considerations and outline key compliance and legal concerns throughout the integration process. (available 9/17/20)
4. <u>Managing Risks Related to New Staffing Models</u>	This webinar will review innovative staffing models such as peer recovery coaches, medical scribes, and volunteers and the most common challenges such as training and FTCA coverage. (available 10/15/20)
5. Gift Giving and Receiving: What's Permissible between Patients, Staff Members, and Vendors	This webinar will review the legal requirements related to gift-giving and gift-receiving, discuss potential risks and responses, and provide practical advice on how to implement the recommended policies and procedures. (available 11/5/20)
6. Preparing Your Compliance and Risk Management Programs for 2021	Presenters discuss how to take the lessons from 2020 and develop your health center's compliance and risk management programs for 2021, including how to document program accomplishments, identify near-misses and failures and develop more efficient compliance & risk management programs. (available 12/17/20)
7. TBD	(available January 2021)
8. TBD	(available February 2021)
9. TBD	(available March 2021)
10. TBD	(available April 2021)
11. TBD	(available May 2021)
12. TBD	(available June 2021)

Additional Webinars

Changes to the Uniform Grants Guidance	On January 22, 2020, the Office of Management and Budget (OMB) issued proposed revisions to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (the Uniform Guidance). Those changes have arrived and were published in the Federal Register on August 13, 2020. The final guidance is available here and you can download a pdf copy here . This is the first major substantive revision to the Uniform Guidance since 2014. This webinar identifies the key revisions, highlights particularly impactful changes, and discuss the likely implications for grantees.
COVID-19 Emergency Webinars	Coming Soon
Finance Webinars	Coming Soon

CMS Emergency Preparedness Rule Webinars (Coming Soon)

It has been nearly two years since Medicare and Medicaid participating providers, including health centers, were required to be in compliance with the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule (the Rule). Since then, CMS has started to survey organizations to evaluate their compliance with the Rule. Failure to comply with the Rule could put a health center's ability to participate in Medicare and Medicaid at risk.

While health centers that are in compliance with HRSA's expectations related to emergency preparedness (PIN 2007-15, Form 10 of the SAC Application) likely have many of the required elements of the CMS Rule in place, it is important to note that CMS requirements far exceed the HRSA expectations related to emergency preparedness. As such, health centers should ensure that they comply with the Rule.

Each webinar session is devoted to one core element and provides information on specific requirements in that area, as well as practical tips for implementation. Additional useful resources (i.e. links, documents, templates) are also provided.

Part 1: Risk Assessment & Emergency Planning focuses on the requirement to conduct an annual risk assessment and develop an emergency management plan.

Part 2: Policies & Procedures - Integrated Health Systems focuses on the requirement to develop and implement policies and procedures to execute the emergency management plan.

Part 3: Communication Plan focuses on the requirement to establish priority communication programs, community integration, and health care coalitions.

Part 4: Training and Testing focuses on the requirement to and conduct annual training for employees and conduct regular testing of the emergency plan.

Navigating Telehealth for FQHCs During COVID-19

1. <u>Health Center Scope of Project</u>	<p>In January 2020, HRSA issued the Program Assistance Letter (PAL) 2020-01: Telehealth and Health Center Scope of Project which specifies that all Health Center Program requirements apply to the entire health center scope of project, regardless of whether telehealth is used. The PAL sets forth instructions regarding the adoption of telehealth and recording such activities in scope, including whether and how to reflect the applicable “service sites” in Form 5B.</p> <p>This webinar reviews the HRSA scope of project considerations, focusing on a) how to accurately record the provision of in-scope services via telehealth in Form 5A, 5B and/or 5C; b) relevant HRSA programmatic requirements to ensure compliance; c) UDS requirements applicable to reporting visits generated via telehealth.</p>
2. <u>Privacy and Security Risk Areas</u>	<p>The Office for Civil Rights (OCR) announced some flexibility in the HIPAA Rules during the public health emergency, including waiving the requirement for covered entities to execute a business associate agreement requirement for certain video platforms and texting applications. Still, other HIPAA requirements remain in place and enforceable, including the HIPAA Privacy Rule requirement that covered entities provide patients with notice as to how their health information will be used and disclosed and the HIPAA Security Rule requirement that covered entities regularly conduct a security risk analysis and develop risk mitigation strategies. As patient information travels to and through the internet, on employee and patient personal devices, the potential for breaches and security incidents increases.</p> <p>This webinar reviews the major privacy and security risks related to adopting and expanding telehealth services in the health center context. Presenters review the applicable federal laws and regulations, including HIPAA and 42 CFR Part 2, and identify key compliance considerations when identifying telehealth vendors, negotiating contracts and business associate agreements, notifying patients about telehealth, training health center staff members and adopting remote monitoring applications and technologies.</p>
3. <u>Caring for Medicare Patients Virtually</u>	<p>Congress, the Department of Health and Human Services (HHS), and many State Medicaid agencies have taken action to facilitate payment for telehealth and other virtual services in the Medicare and Medicaid programs. As well as helping health centers through a fiscal crisis period, these policy changes advance a longstanding need to remove barriers to virtual services under Medicare and Medicaid in FQHCs.</p> <p>This webinar reviews the new statutory provision allowing FQHCs to serve as telehealth “distant site” providers during the emergency, as well as waivers that have relaxed the “originating site” and technology requirements during the emergency. Topics also include a) new developments in Medicare telehealth and virtual services affecting providers and FQHC; b) recent changes to the scope of the “virtual communication services” that FQHCs can provide under Medicare; c) strategies for maximizing the use of virtual services to care for Medicare patients.</p>

<p>4. <u>Using Federal Funds to Expand Virtual Services</u></p>	<p>As health centers look to expand capacity for telehealth services, many organizations may be looking at significant expenditures for information technology (IT). While there are many factors to consider before making such purchases, the federal procurement standards and property standards are important considerations in any major IT purchase. Not only do these principles set baseline requirements, but they also inform how an entity might wish to research options and how they may want to structure their relationship with the vendor or vendors they ultimately select.</p> <p>In expending federal award funds to develop telehealth systems, health centers must be mindful of key federal grant management requirements that will have short- and long-term impacts on their operations. This webinar explains some of the key considerations you need to be aware of and discuss strategies for managing these issues.</p>
<p>5. <u>Caring for Medicaid Patients Virtually</u></p>	<p>Because of shelter-in-place and social distancing orders relating to the COVID-19 pandemic, FQHCs' patient encounter volumes around the country have declined rapidly. Medicare and Medicaid encounter volume have also fallen, creating a crisis for many health centers that is both fiscal (keeping their doors open) and clinical (continuing to assist patients in self-isolation).</p> <p>This webinar reviews the various means states can use - including emergency state plan amendments, emergency Section 1115 demonstrations, and Section 1135 waivers - to expand coverage of virtual services, during the emergency period or permanently. Additional topics include a) how the CMS defines "telehealth" for purposes of Medicaid; b) where telehealth coverage fits within the Medicaid prospective payment system (PPS) framework; promising state Medicaid telehealth coverage policies for FQHCs.</p>
<p>6. <u>Drafting Policies and Contracts for Virtual Services</u></p>	<p>The adoption of telehealth as a modality to provide a range of services is rapidly expanding throughout the Health Center Project, fueled by the COVID-19 public health emergency. Adopting policies that govern the provision of care via telehealth is essential to support this expansion in a clinically and operationally appropriate manner, and to promote compliance with applicable laws. HRSA recently issued PAL 2020-01: Telehealth and Health Center Scope of Project, which "strongly encourages" health centers that provide or are planning to provide health services via telehealth to maintain written telehealth policies that are compliant with Health Center Program requirements; Federal, State, and local requirements; and applicable standards of practice. In addition to establishing written policies, health centers must also assess whether and how telehealth activities will be supported via contractual arrangements with other providers.</p> <p>This webinar outlines key elements that should be incorporated into your organization's telehealth policies and provides sample language that specifically addresses key HRSA-related requirements. In addition, this webinar will describe contracting opportunities, best practices, and the key risk areas, with information regarding the requirements to align such transactions with a "safe harbor" to the federal Anti-Kickback Statute.</p>

<p>7. <u>FTCA Coverage for Virtual Services</u></p>	<p>Health centers are rapidly shifting their provision of services to a telehealth modality in response to the COVID-19 pandemic. For health centers that are deemed pursuant to the Federal Tort Claims Act (FTCA), it is essential to carefully consider which telehealth activities will be covered by FTCA. Notwithstanding HRSA's recent clarifications regarding the intersection of telehealth and FTCA, there remain several key areas of risk, particularly regarding telehealth visits with non-health center patients. An understanding of the FTCA statute, regulations, and guidance is essential to navigate and reduce such risk.</p> <p>This webinar explores FTCA coverage for the provision of in-scope services via telehealth, incorporating lessons learned from prior FTCA litigation and HRSA's latest informal guidance. This webinar further describes how you can best ensure malpractice liability protection for your health center and staff members, both in regard to the provision of services that specifically respond to COVID-19 (e.g., testing services) and in regard to providing general in-scope services remotely (e.g., behavioral health services).</p>
<p>8. <u>Managing Risks for Virtual Services</u></p>	<p>As more and more health centers are shifting many of their patient visits from traditional face-to-face clinic visits to virtual visits via telehealth modalities, new risks have begun to emerge. Identifying and evaluating these new areas of risk becomes even more important to ongoing health center operations. From licensing, scope of practice, and informed consent requirements to standard of care expectations and professional liability/medical malpractice risk, health centers will need to carefully consider these risks when developing and operationalizing their telehealth programs.</p> <p>This webinar explores various areas of legal and malpractice risk a health center and its providers can incur when moving to a telehealth environment. Best practices for mitigating risks and describe strategies for financing such risks are discussed. Participants will understand how to evaluate these risks and next steps for implementing mitigation strategies.</p>

Section 330 Health Center Program Toolkit

Most health center programmatic requirements are now consolidated in two main resources:

- **Health Center Program Compliance Manual:** a consolidated resource to assist health centers in understanding, demonstrating, and operationalizing compliance; and
- **Site Visit Protocol:** an objective assessment tool that aligns with the Manual and is used by HRSA for on-site reviews and desk audits of project and designation renewal applications.

The Section 330 Health Center Program Toolkit is designed to help health centers in understanding and responding to key compliance issues related to HRSA's programmatic requirements.

1. HRSA Programmatic Compliance: Guidance
a. Section 330 Program: Compliance Overview
b. Scope of Project: Key Considerations
c. Governing Board: Key Considerations
d. Staff Compliance Committee Sample Charter
2. HRSA Programmatic Compliance: Resources
a. Sliding Fee Discount Program and Related Billing and Collections: Checklist
b. Purchase of Services Agreement: Checklist
c. Referral Agreement: Checklist
d. Health Center Bylaws: Checklist
e. Quality Improvement / Assurance System: Checklist
f. Credentialing & Privileging Program: Checklist
3. Federal Grant Management: Recommended Policies
a. Health Center Grant Management: Introductory Guidance
b. Uniform Grants Guidance: List of Required Policies
c. Financial Management Policy: Sample (including a written Cost Allocation Plan)
d. Procurement Policy and Procedures: Sample
e. Subaward (Subrecipient) Risk Assessment and Monitoring Policy: Sample
f. Property Management Policy: Sample
4. Federal Grant Management: Additional Tools
a. RFP for Audit Services: Sample
b. Subaward (Subrecipient) Agreement Drafting: Key Considerations
c. Subaward (Subrecipient) Monitoring Plan: Sample
5. HRSA RESOURCES AND LINKS
a. Form 5A: Service Descriptors for Services Provided
b. Form 5A: Service Delivery Method (Column) Descriptors
c. Form 5A: Updating Services Provided (Adding or Deleting a Service from Scope)
d. Form 5B: Instructions
e. Form 5B: Recording Suites, Floors, or Buildings
f. Form 5B: Scope Adjustment Questions
g. Form 5B: Updating Services Sites (Adding or Deleting a Service Site)

Seven Elements of a Compliance Program Toolkit

The Office of the Inspector General (OIG) for the Department of Health and Human Services (HHS) recommends that all health care entities develop a compliance program that incorporates seven specific elements. The seven elements include designating a compliance officer, developing written compliance standards, providing training and communication, developing open lines of communication, conducting regular monitoring and auditing, responding to detected offenses, and enforcing disciplinary standards.

1. Compliance Program Structure
a. Sample Board Resolution: Establishing a Compliance Program
b. Board Compliance Committee: Sample Charter
c. Sample Compliance Officer Job Description
d. Staff Compliance Committee Sample Charter
2. Written Compliance Standards
a. Sample Corporate Compliance Plan
b. Standards of Conduct/Conflict of Interest Policies and Procedures
c. Preventing Fraud, Waste and Abuse Policies and Procedures
d. Record Retention Policy
e. Exclusion and Debarment Screening Policy and Procedure
f. Board Member Screening Policy and Procedure
g. Medicare Enrollment Disclosure Letter for Board Members
3. Training and Education
a. Training and Education Policy and Procedure
b. Sample Agenda: Training for Individuals Newly Affiliated with the Health Center
c. Sample Agenda: Training for Board Members
d. Sample Agenda: Training for Billing and Coding Personnel
4. Developing Open Lines of Communication
a. Reporting Instances of Non-Compliance Sample Policy
b. Sample Compliance Hotline Script
c. Sample Compliance Issue Reporting and Response Tool
d. Sample Non-Retaliation and Whistleblower Protection Policy
5. Internal Monitoring and Auditing
a. Sample Internal Monitoring and Auditing Policies, Procedures and Report
6. Responding to Detected Offenses
a. Sample Policies, Procedures and File memo
b. Responding to Allegations of Non-Compliance Concerning the CEO
c. Responding to External Compliance Audits or Investigations
7. Enforcing Disciplinary Standards
a. Sample Policy and Procedure
b. Compliance Provisions for Position Descriptions and Contracts

Confidentiality for Health Centers Toolkit

The HIPAA Privacy Rule requires covered entities, including health centers, to protect patient health information from unauthorized uses and disclosures and to respond to patient requests to access, amend and account for disclosures of their health information. To ensure compliance with the HIPAA Privacy Rule, covered entities must have a HIPAA Privacy Officer and develop written policies and procedures, training and education, reporting and investigation mechanisms, and strategies to mitigate the harmful effects of impermissible uses or disclosures.

HIPAA Privacy Documents		(Sample Policies, Procedures, Forms, and Checklists)
1. Administrative Requirements		
a. Personnel		
i. Authority and Responsibilities of The Privacy Officer		
ii. Privacy Officer Job Description		
b. HIPAA Privacy Education and Training		
c. Safeguards to Protect the Privacy of PHI		
d. Privacy Complaints		
i. Reporting and Responding to Privacy Complaints		
ii. Prohibition on Waiver of Rights		
iii. Privacy Complaint Form		
iv. Privacy Complaint Summary		
v. Privacy Complaint Log		
vi. Investigating Privacy Complaints		
vii. Privacy Investigation Report		
e. Sanctioning Workforce Members		
f. Mitigating the Effects of a HIPAA Violation		
g. Prohibiting Intimidation and Retaliation		
h. Developing, Implementing and Revising HIPAA Policies and Procedures		
2. Uses and Disclosures		
a. Uses and Disclosures for Treatment, Payment and Health Care Operations		
b. Uses and Disclosures Required by Law		
c. Uses and Disclosures for Public Health Activities		
d. Disclosures about Victims of Abuse, Neglect or Domestic Violence		
e. Uses and Disclosures for Health Oversight Activities		
f. Disclosures for Judicial and Administrative Proceedings		
g. Disclosures for Law Enforcement Purposes		
h. Uses and Disclosures about Decedents		
i. Uses and Disclosures for Cadaveric Organ, Eye, or Tissue Donation Purposes		
j. Uses and Disclosures to Avert a Serious Threat to Health or Safety		
k. Uses and Disclosures for Specialized Government Functions		

	l. Disclosures for Workers' Compensation
3.	Authorizations
	a. Authorization for Use and Disclosure of PH
	b. Authorization for Disclosure of PHI
	c. Revocation of Authorization
	d. Verifying Identity and Authority Prior to Disclosing PHI
	e. Identity Verification
4.	Responding to Patient Requests
	a. Requests for Restrictions
	b. Requests for Confidential Communications
	c. Requests for Access
	d. Requests to Amend
	e. Requests for an Accounting of Disclosures
	f. Designation and Authority of Personal Representatives
5.	Notices of Privacy Practices
	a. Contents of the Notice of Privacy Practice
	b. Providing the Notice of Privacy Practices
	c. Acknowledgement of Receipt of Notice of Privacy Practices
	d. Acknowledgement of Receipt of Notice of Privacy Practices Not Obtained
6.	Minimum Necessary
	a. Minimum Necessary for Use of PHI by Workforce Members
	b. Workforce Access Categories: Sample Form
	c. Workforce Directory Chart: Sample Form
	d. Minimum Necessary for Disclosures and Requests of PHI
7.	Breach
	a. Breach Analysis and Notification
	b. Breach Notification to Affected Individuals: Sample Letter
	c. Breach Notification Report to HHS: Sample Form
8.	Business Associates
	a. Disclosing PHI to Business Associates
	b. Business Associate Agreement: Sample, Log & Checklist
9.	Compliance Programs
	a. Board Resolution Designating the Privacy Officer: Sample Form
	b. HIPAA Privacy Compliance Monitoring and Auditing
	c. Cooperating with HHS
10.	Other Privacy Concepts
	a. Uses and Disclosures of Limited Data Sets
	b. Uses and Disclosures for Fundraising
	c. Workforce Confidentiality Agreement
	d. Site Visitor Confidentiality Agreement

(Confidentiality Toolkit continues)

42 CFR PART 2 DOCUMENTS

(Sample Policies, Procedures, Forms, and Checklists)

Health Centers that provide substance use disorder services must comply with the federal substance use disorder confidentiality regulations at 42 CFR Part 2 (“Part 2”). Part 2 is stricter than the HIPAA Privacy Rule, requiring specific patient consent to disclose Part 2 protected records for purposes of treatment, payment and health care operations, unless one of a very limited number of exceptions applies. (Updated to align with SAMHSA’s New Rule effective August 14, 2020)

11. Determining Applicability of 42 CFR Part 2

- a. 42 CFR Part 2: Sample Policy Form
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12. Providing Notice to Patients of 42 CFR Part 2 Confidentiality Requirements

- a. Security & Request for Access for Records Protected by 42 CFR Part 2
 - b. Disposition of Records by Discontinued Programs
-

13. Obtaining Patient Consent for Disclosure of Patient Information Protected by 42 CFR Part 2

- a. Sample Consent Forms
-

14. Disclosures Without Patient Consent

- a. Disclosures for Medical Emergencies, Research, Audits and Evaluations
 - b. Audit and Evaluation of Records
-

15. Court Orders Authorizing Disclosure and Use

- a. Sample Policy and Procedures
-

16. Disclosures to Qualified Service Organizations

- a. Qualified Service Organizations Agreement
 - b. Sample Addendum to Business Associate Agreement
-

Federal Grant Management Toolkit

1. Introduction

- a. Legal Framework
 - b. Uniform Guidance Required Policies
-

2. Financial Management

- a. Sample Financial Management Policy
-

3. Federal Interest and Property Management

- a. Sample Property Management Policy
-

4. Contracts Under Grants: The Procurement Standards

- a. Sample Procurement Policy and Procedures
-

5. Subrecipient Agreement

- a. Sample Subaward Risk Assessment and Monitoring Policy
 - b. Subaward Drafting Considerations
 - c. Sample Risk Assessment and Monitoring Plan
-

6. Federal Audits

- a. Sample Audit Services RFP
-