



## FQHC Policy Development

**All policies should be reviewed at a Committee or Board level. NOTE: HRSA specifies in the HRSA Compliance Manual certain policies to be Board approved. Operating procedures/protocols should accompany policies when appropriate to provide operational detail consistent with implementing policies. Operating procedures/protocols do not require Board Approval.**

**NOTE 1: Policy review dates should be at least every 3 years unless a more stringent timeframe is required based on state and/or Federal regulations.**

**NOTE 2: This is only a suggested list. All policies will not apply to your scope of services. There may be services not included in this list (e.g., mental health, substance abuse, Pharmacy (340b))**

**Attachment A: Sample policy format and description.**

### **Major Policy and/or Protocol Categories:**

Administrative/Governance (AG)  
Facilities Management (FM)  
Financial Services (FS)  
Human Resources (HR)  
Infection Control (IC)  
Information Management (IM)  
Laboratory Services (LS)  
Medication Management (MM)  
Medical Services (MS)  
Quality/Risk Management (QRM)  
Rights and Responsibilities (RR)

### **Suggested Table of Contents**

#### **Administrative/Governance (AG)**

Mission and Vision Statement/Strategic Planning  
Corporate Compliance  
Organizational Chart  
By-laws for the Corporation  
Governing Board Self-Evaluation  
Format for Board of Directors Minutes Hours of Operation  
Policy Management

Contracts Management  
Procurement (*refer to the OMB Supercircular Guidance (section 200.320)*)  
Customer Service  
Telephone Responsiveness  
Emergency Closing  
Hours of Operation  
Required Reporting to the Police  
Conflict of Interest (*refer to the OMB Supercircular Guidance (section 200.318)*)

**Facilities Management (FM)**

Safety Management Plan  
Security Management Plan  
Hazard Surveillance  
Hazardous Materials and Waste Management Plan  
Bio-Hazardous Waste  
Radiation Safety, as applicable  
Emergency Preparedness Plan  
Specific Emergency Procedures  
Emergency Codes  
Evacuation Procedures  
Life Safety Management Plan  
Interim Life Safety Management Plan  
Medical Equipment Management Plan  
Utility Systems Management Plan  
Temporary Privileges during Disasters  
Medical Gas and Vacuum Systems, as applicable

**Financial Services (FS)**

General Ledger Maintenance and Chart of Accounts  
Record Retention  
Requisition, Purchasing and Receiving  
Accounts Payable and Cash Disbursements (including Petty Cash)  
Patient Revenue (including charge master maintenance)  
Claims Processing  
Statement Processing  
Adjustment to Fees  
Annual Audit  
Sliding Fee Policy Bad Debt Management  
Limited Uses of Federal Funds  
Monthly Contractual Allowance Calculation Extended Payment Plans, if applicable  
Cash Receipts  
Fixed Assets and Deprecation (including capitalization threshold and federal funded asset requirements)  
Federal Cost Principles to Federal Grant Funds  
Pay Type Code Assignment  
Appointment Scheduling  
Missed Appointment  
Open Access Scheduling  
Cash management and investment Policy

Month end close and interim financial statement preparation  
Budget development and processing  
Grant management including draw down requirements and reporting requirements  
Payroll Process  
Inventory

**Human Resources (HR)**

General Employment Practices  
Smoke-Free / Drug Free Workplace  
Moral – Ethical Conflict  
Employing Relatives  
Worker’s Compensation  
Sexual and Other Harassment  
Employee Grievance Process  
Personnel Records  
Hiring Practices  
Promotions and Demotions  
Work Hours  
Fringe Benefits  
Moonlighting  
Performance Appraisals and Merit Increases  
Overtime and Compensatory Time  
Paid Time Off  
Meal and Break Periods  
Leaves of Absence  
Dress Code  
Compensation  
Employee Lounge  
Continuing Education (CME)  
Time Stamping  
Staff Orientation  
Probationary Period  
Tardiness, Absenteeism, and Attendance  
Employee Lounge & Lockers – personal items.  
Employee Termination  
Disciplinary Action  
Employee Identification Badges  
Code of Conduct  
Inquiries and References  
Gifts and Rebates  
Solicitation  
Death of Employee  
Personal Status Changes  
Unemployment Compensation  
Immigration Law Compliance  
Inspection and Searches  
Americans with Disabilities Act  
Temporary and Per Diem Employees

Competency Testing  
Employee Assistance Program  
Tuition Assistance / Career Development  
Educational Time Off

### **Infection Control (IC)**

Infection Prevention and Control Policy

Infection Prevention and Control Manual:

- ✓ Scope of Infection Prevention and Control Program
- ✓ Surveillance and Reporting of Infections
- ✓ Transmission of Organisms
- ✓ Standard Precautions
- ✓ Transmission Based Precautions
- ✓ Airborne Transmission Precautions
- ✓ Droplet Transmission Precautions
- ✓ Contact Transmission Precautions
- ✓ Prevention of the Development of Airborne Resistant Organisms
- ✓ Patient Protocol Following Significant Exposure to Blood
- ✓ Health Care Workers- Health Maintenance
- ✓ Employee Immunizations
- ✓ Tuberculin Skin Test
- ✓ The Health Care Worker Acquiring Disease
- ✓ The Infected Health Care Worker
- ✓ Blood Borne Infections
- ✓ Job Classification to Exposure to Blood Borne Infections
- ✓ Protocol Following Significant Exposure to Blood
- ✓ General Housekeeping of the Health Center
- ✓ Materials and Practices
- ✓ Spot Cleaning of Body Fluid Spills
- ✓ Equipment and Material Maintenance Practices
- ✓ General and Biomedical Waste
- ✓ Cleaning, Disinfection of Medical Instruments
- ✓ Sterilization and Disinfection

*Associated Documents:*

*OSHA Manual*

### **Information Management (IM)**

Information Management Overview

Use of Abbreviations

Medical Record Documentation Standards

Medical Record Documentation Timeliness Standards

Medical Record Storage and Tracking System

Medical Record Retention and Destruction

Business Associate Agreements

Security Officer Assignment Responsibility

Information Technology Risk Analysis and Periodic Evaluation

Audit Control

Contingency Plan (Disaster Recovery)

Device and Media Control  
Employee Access to Protected Health Information  
Encryption and Decryption  
IT Security Awareness  
IT Transmission Security  
Periodic Surveillance and Evaluation of PHI Access, Disclosure, and Transmission  
Retaining HIPAA Policies, Procedures, and other Related Documentation  
Security Incident Reporting and Response  
Disclosure of Protected Health Information  
Emergency Requests for Protected Health Information  
Privacy Protection for Personal Information  
Transfer of Patient Records  
Subpoenas and Court Orders  
Charges for Medical Record Copies  
Fax Communications  
Data Management  
Disposal of IT Equipment  
Computer Viruses  
Copyrights and License Agreements

**Laboratory Services (LS)**

Laboratory Scope of Services  
Conducting Lab Quality Control and Maintenance  
Specimen Collection and Handling  
Reporting Panic Values (Timeliness)  
Reporting Lab Errors/Incidents

**Medication Management (MM)**

Medication Storage and Disposal  
Recalled, Returned or Discontinued Medications  
Use of Investigational Medications  
Medication Reconciliation  
Look-alike/Sound-alike Medications  
Prescribing Medications-Pharmacy Access  
Dispensing Medications-Safe and Effective Administration  
Medication Orders  
High Alert and Hazardous Medications  
Monitoring (surveillance) of vaccines and other medications/injectables  
Emergency Medication Management  
Preparing Medications (labeling)  
Medication Errors-Adverse Event Monitoring  
Medication Lists  
Sliding fee- Pharmacy  
Prescription Assistance Program Management, if applicable  
Formulary Management  
340B Program Management (*refer to 340B University™, a product of Apexus | 340B Prime Vendor Program | 888-340-BPVP | www.340BPVP.com*)  
Sample Medication Management, in applicable

Medication Counseling

**Medical Services (MS)**

Scope of Medical Services

Medical Home Care Team Communication and Training

Appointment System/Scheduling (Same Day)

Telephone and/or Secure Electronic Messaging Clinical Advice Response Times

Selecting a Personal Clinician

Community and Behavioral Health Referrals

Patient Screenings, Assessments and Reassessments

Abuse and Domestic Violence

Pain Assessment and Management

Depression Screening and Management

After-hours Accessibility

Clinical Supervision and Back-Up of Clinical Staff

Verbal Orders

Use of Standing Orders

Leaving the Center against Medical Advice

Nutrition Management

Missed Appointment Follow-Up

Abnormal Lab Follow-Up

Patient Triage (Walk-in and Telephone)

Patient Plan of Care

HIV Pre and Post Test Counseling

Care Transitioning

Administering Sedation/Anesthesia

Performing Surgical, High Risk or Complex Office Procedures

Translation Services

Family Planning Policy

Pre-Natal Care Plan

Medical Personnel Health File

Medical Personnel Fitness to Perform

Disruptive Patient Management

Patient Involuntary Discharge from Care

Health Education and Health Promotion

Chronic Condition Management

CPR/ACLS/PALS Staff Requirements

Referral Management-Coordination of Care *(includes all types of referrals i.e. hospitalization, ED, Specialist, self-referral, co-management, and diagnostics)*

Chaperone Policy

Patient Identification Process for Procedures (if applicable to the center)

Life-Threatening Emergencies – Patient Management

Non Life Threatening Emergencies – Patient Management

Maintenance and Inspection of Emergency Crash Cart

**Quality/Risk Management (QRM)**

Quality Management Program Description

QM Key Performance Indicator Work Plan  
Patient Safety and Risk Management Plan  
Peer Review Process  
Provider Improvement  
Incident Management  
Patient Complaints  
Assessing Satisfaction  
Credentialing and Privileging  
Medical Record Reviews  
Claims Management (*refer to the FTCA manual for criteria*)  
Use of Clinical Practice Guidelines/Protocols  
Provider Appeal Process

**Rights and Responsibilities (RR)**

Patient Rights Policy  
Protecting Patients from Abuse, Neglect, and Exploitation  
Notice of Privacy Practice  
Communication of Patient Rights and Responsibilities  
Provision of Culturally/Linguistically Competent Care  
Advance Directives  
Informed Consent  
Confidentiality

*Associated Documents:*

*Patients' Bill of Rights*

*Confidentiality Statement/Employee Confidentiality Agreement*

**DENTAL SERVICES (DS)**

**Administration (D-AD)**

Dental Program Policies and Procedures  
Organizational Chart  
Dental Program Summary  
New Employee Orientation  
Privileging/Credentialing (if not addressed in organization credentialing/privileging policy)  
Dental Record Documentation  
Pain Documentation  
Staff Assignments and Duties  
Sliding Fee Discounts  
Staff Training  
Competency Assessment  
Students, Trainees, and Volunteers  
Dress Code (if not addressed in a similar policy in HR)  
Assessing Patient Satisfaction  
Leave

**Clinical Services (D-CS)**

Appointment Scheduling

Guidelines for Prenatal Oral Health  
Ordering/Requisitioning Supplies  
Intoxicated Persons  
Informed Consent  
Emergency Dental Care and Triage  
Medical Emergencies in the Dental Clinic  
Standing Orders for Dental Auxiliary Staff  
Obtaining a Medical History  
Schedule of Services  
Referral Management  
Dental Laboratory  
Protective Stabilization  
Radiography  
Informed Consent  
Pharmacy/Prescriptions  
Hypertension Screening and Treatment Guidelines  
Premedication  
Reporting Domestic Violence  
Use of Nitrous Oxide  
Oral Disease Prevention/Health Promotion  
Conscious Sedation

**Environment of Care (D-EC)**

Radiological Protection  
Equipment Maintenance and Product Recalls  
Nitrous Oxide Safety  
Fire Plan  
Monitoring Water Quality in Dental Unit Lines  
Mercury Hygiene  
Precious Metal Recovery  
Hazardous Materials Management

**Quality Management (D-QM)**

These policies generally apply across an organization and do not require specific policies addressing dental.

**Infection Control (D-IC)**

These policies generally apply across an organization and do not require specific policies addressing dental.

<p><b>DEPT/OPS AREA:</b> This area lists identifies the department or operational area in which the policy is most relevant to. For example, Medical Management (MM) is a department that usually houses clinical policies.</p>	<p><b>POLICY NAME:</b></p>	<p><b>POLICY NUMBER:</b> MM 1.0 This is an example of the numbering. Policy identification and numbering is strongly recommended.</p>
<p><b>EFFECTIVE (ORIGINAL) DATE:</b> Date policy is initially effective. This date will not change.</p>		<p><b>REVISED DATE(S):</b> Date of last revision</p>
<p><b>APPROVAL DATE(S):</b> Date entered each time the policy is approved</p>	<p><b>DATE(S) REVIEWED:</b> Date of policy review. Policy review dates may not always be the same as revised date. Policies may be reviewed and not revised. Recommend at least every two year policy review timeframe.</p>	<p><b>APPROVED BY:</b> Board of Directors or your designated department or governing body. You may want to add a signature line however; validation of BOD approvals via BOD minutes is acceptable.</p>
<p><b>Applies To:</b> This area identifies applicability. For example, there may be certain policies that are developed specific to Medicare, Medicaid, other payers or regulatory entities, and/or other departmental areas. If a policy applies across the organization indicate by entering "ALL" in this box.</p>		
<p><b>POLICY STATEMENT:</b> State organizations policy. Usually one or two statements.</p> <p><b>RESPONSIBILITY:</b> State who is responsible for ensuring compliance with the policy. Who has ultimate authority, who has overall accountability and whom might the provisions of the policy be delegated to for oversight and/or day to day operations?</p> <p><b>IMPLEMENTATION:</b> These are the steps needed to implement the policy. Try to keep the steps to departments and/or staff titles and not staff names. Keep as high level as possible since they require a review and approval process. Use procedures and/or protocols for outlining specific operational details of a process or use a process flowchart diagram. Desk procedures do not require a Committee or Board review as they are guidelines and/or protocols used to implement a policy. Desk Procedures are usually signed off by department heads and can be revised as needed.</p> <p><b>DOCUMENTATION/MONITORING:</b> How will compliance to this policy be documented/monitored, by whom, and how often?</p> <p><b>REFERENCES:</b> Example Joint Commission Ambulatory Care Standards Health Center Program Statute: Section 330(k)(3)(A) of the PHS Act</p>		

Please contact Quality First Healthcare Consulting, Inc. if you would like a template of this policy format.

