

“Inventory” of Section 330-Related Documents: Checklist¹

The Authors recommend that a health center’s corporate file contain the following documents pertaining to Section 330 requirements (subject to the health center’s record retention policy and procedure):

- Copies of corporate governance documents (*i.e.*, Bylaws, Articles of Incorporation, Board of Directors and committee meeting minutes, staff and organizational chart, mission statement, current list of members of the Board of Directors).
- Copies of corporate tax records (application for tax-exempt status, supporting documentation and tax exemption letter; records to support Form 990 filings; employee tax records).
- Grant applications under Section 330 of the Public Health Service Act.
- Notice of Grant Awards, including any special terms and conditions as well as correspondence with the Department of Health and Human Services, or other grantor agency, regarding release of special terms and conditions.
- If the health center’s original scope of project has been modified, updated financial and operational projections and assessments specific for the changed scope and copies of the updated scope forms from the Electronic Handbook (“EHB”) system.
- Uniform Data System reports.
- Financial Status Reports / Federal Financial Reports.
- Audits, including any Audit Corrective Action plans.
- Bureau of Primary Health Care Technical Assistance reports.
- Health Center Program Site Visit Reports from Health Resources and Services Administration and, as applicable, accreditation organizations, as well as other on-site reports pertinent to the health center project.
- Most recent needs assessment analysis.

¹ The Authors of these materials include attorneys at the law firm of Feldesman Tucker Leifer Fidell LLP. The sample documents offer general guidance based on federal law and regulations, and do not necessarily apply to all health centers under all facts and circumstances. Further, these materials do not replace, and are not a substitute for, legal advice from qualified legal counsel.

- Service area map with site locations noted.
- Hours of operation for health center sites.
- Most recent patient satisfaction surveys and findings.
- Personnel manual.
- Key management position descriptions and biographical sketches; key management vacancy announcement (if applicable).
- Governance policies and procedures.
- Board member applications and disclosure forms.
- Conflict of interest policy and disclosure forms.
- Corporate compliance policies and procedures.
- HIPAA-compliant patient confidentiality policies and procedures.
- Clinical practice protocols and/or other policies and procedures that support the delivery of health center services.
- Clinical information tracking policies and procedures.
- Policy for after-hours coverage (and agreements, systems, and/or contracts that support after-hours coverage, if applicable).
- Hospital admitting privileges agreements/documentation and/or documentation regarding hospital admitting arrangements with non-health center providers (e.g., hospitalists, group practices, etc.).
- Policies or procedures addressing hospitalization/emergency department referrals, discharge follow-up, and patient tracking to assure continuity of care for hospitalized health center patients.
- Current Federal Poverty Guidelines.
 - Fee schedules, schedules of discounts, and billing and collections policies that are prepared in accordance with applicable law, regulation, and policy. Documents must address, at a minimum: Patient eligibility for the sliding fee discount schedule (SFDS), including definitions of income and family size (including

- what/who is included or excluded) and frequency of re-evaluation of patient eligibility;
 - Documentation and verification requirements to determine patient eligibility for the SFDS;
 - Specific structure of the SFDS itself; and
 - Provisions for waiving fee(s) and nominal charges for specific patient circumstances.
- Policies and procedures that address the following (if the health center elects to include the following practices):
- Alternative mechanisms for determining patient eligibility for conditional SFDS eligibility) and for making these mechanisms available to the entire patient population, regardless of income level, sliding fee discount pay class, or population type;
 - Establishing and collecting nominal charges;
 - Use of multiple SFDSs, with appropriate justification(s);
 - Applicability of SFDS or other discounts relative to supplies and equipment associated with services covered by the SFDS; and/or
 - Other provisions related to billing and collections including payment incentives, grace periods, payment plans, or refusal to pay guidelines.
- Sliding fee signage and/or methods to notify patients of the SFDS.
- Quality improvement / quality assurance plan and related policies and procedures (including incident reporting system and risk management policies) and the most recent quality assurance program guidelines and benchmarks.
- Strategic plans, operating plans and budgets, and capital plans and budgets.
- Policy and Procedure: Establishing Cultural and Linguistic Competency Guidelines and the most recent Federal competency guidelines.
- Federal Tort Claims Act deeming applications and certificates, if applicable.
- Credentialing and privileging policies and procedures and applicable files with documentation of licensure or certification for all licensed or certified health care practitioners.
- If enrolled in the Section 340B Discount Drug program, 340B policies and procedures including, but not limited to, policies and procedures regarding: procedures to avoid drug diversion; procedures to avoid duplicate discounts; contracts with pharmacies and/or third-party administrators for 340B-purchased drug

- dispensing, if applicable; and other records related to participation in the 340B program..
- Policy and procedure regarding lobbying and political activities.
 - Certification regarding individual employees' and contractors' debarment and suspension from Federal health care programs.
 - Policy and Procedure: Maintaining a Drug-Free Workplace and certification regarding drug-free workplace.
 - Procurement policies and procedures.
 - Financial management/accounting and internal control policies and procedures, including policies and procedures to account for and expend program income and if applicable, a cost allocation plan.
 - Subrecipient Agreement(s), if applicable.
 - Equipment inventory and other inventories / checklists related to real property and equipment purchased or improved, in whole or in part, with Federal funds.
 - Copies of the health center's vendor contracts and other affiliation and/or collaboration agreements.
 - Procurement files for vendor contracts that include at a minimum
 - Request for proposals (RFPs) or other solicitation documents,
 - The rationale for the method in selecting the particular vendor,
 - The reason choosing the type of contract,
 - The basis for the contract price,
 - Correspondence with the vendor,
 - Amendments to the contract, and
 - Any reports or memorandum regarding the administration of the contract.
 - Travel reimbursement policies and procedures.
 - Contracts for core providers.
 - Contracts for key management staff, if applicable (e.g., CMO and CFO).
 - Contracts, MOUs, MOAs, etc. for a substantial portion of the project.
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- Contracts, MOUs, MOAs, etc. for services provided via formal written agreements and/or formal written referral arrangements.
- General tracking and referral policies and procedures.