Coordinator: Welcome and thank you for standing by. At this time all participant lines are in a listen-only mode. During the question and answer session, you may press star 1 if you'd like to ask a question at that time.

Today's conference is being recorded. If you have any objections, you may disconnect.

And now I would like to turn the meeting over to Mr. Nathan Nash. Sir, you may begin.

Nathan Nash: Thank you. Welcome to the Rural Health Clinic Technical Assistance Series. This call is titled Meeting the RHC Civil Rights Requirements.

My name is Nathan Nash and I work for the Office of Rural Health Policy, and it's my pleasure to pass the call off to Bill Finerfrock, the Executive Director of the National Association of Rural Health Clinics.

Bill Finerfrock: Thanks, Nathan. And thank you to the Office of Rural Health Policy for supporting this project. I want to welcome everyone to today's call. As we said
my name is Bill Finerfrock and I'm the Executive Director of the National Association of Rural Health Clinics and I'll be the moderator for today's call.

Before introducing today's topic and our speaker, I want to make you aware that the health resources and services administration small health provider quality improvement grant program is expected to release guidance within the next week or so about approximately $7 million that will available to fund 40 to 50 grantees at $150,000 a year as part of a 3-year initiative.

Eligible applicants include rural, non-profit or public health entities with the exception of rural health clinics which may be non-profit or for-profit. The goal of the program is to implement quality improvement activities around diabetes, cardiovascular disease, and obesity in rural communities.

The quality program currently has six rural health clinics as grantees mostly in collaboration with hospitals. We'll share additional details with you as soon as they become available. Our intention is to schedule a call on this topic in early December.

Now about today's call. Today's topic is Meeting the Rural Health Clinic's Civil Rights Requirements. Provider based RITs and others are being asked to demonstrate their compliance with a federal civil rights requirements. And in the near future we expect a similar request will be made for independent RHCs.

We wanted to give a special welcome to our new partner the National Organization of State Offices of Rural Health in joining us in this ongoing series along with the federal office of Rural Health Policy and the National Association of Rural Health Clinics.
Our speaker today is Robin VeltKamp who serves as Vice President for Medical Compliance and Consulting with Health Services Associates in Freemont, Michigan. Robin will present her remarks today. And it will be approximately 45 minutes with the remaining 15 minutes reserved for questions.

As you know, the series is sponsored by the federal Office of Rural Health Policy in conjunction with now the National Organization of State Offices of Rural Health and the National Association of Rural Health Clinics.

The purpose of this series is to provide RHC staff with technical assistance in RHC specific information. Today's call is the 50th in the series which began in late 2000. During that time there've been over 13,000 combined participants on the bimonthly RHC National Teleconferences.

As you all know, there is no charge to participate. We encourage you to refer others who might benefit from the information to sign up to receive announcements regarding dates, topics, and speaker presentations.


At the conclusion of the remarks we will have a Q&A period. And we'll ask our callers to please identify themselves by name and state location. If you have topic suggestions, please them - or questions - send them to info - I-N-F-O at narhc.org and put RHCTA question in the subject line.

We're pleased to have Robin VeltKamp with us. And we look forward to your remarks today. Robin, the time is yours.
Robin VeltKamp: Thank you, Bill and hello everyone. We are going to be covering civil rights expectations. So we're going to jump right to Slide 3, if you downloaded those.

And basically what happened in March of 2010, CMS made the mandate that all provider-based rural health clinics will now be required to implement civil rights policies.

Some states for Independent RHC’s do require them but this is not an OCR requirement. This is an individual state for Independent RHC’s. CMS has worked with the Office of OCR as of March 2010. Now originally it was setup where there was a very simplistic template of policies. And they were working fine and this summer it was discovered that OCR has enhanced the template of required policies for provider-based and that's what we're going to be covering today to give you the latest expectations.

This information is based on a CMS memorandum that had been revised on 3/19/2010, it is dated September 11, 2009. This is going to the state survey agency directors. And this basically states the clarification of survey agency responsibilities in obtaining information for civil right clearance for initial certifications and change of ownership.

So if you are a provider-based RHC entity and you are going to be doing a change of ownership or you are going to be creating an initial new application you are expected to have these following civil right templates created in your policy manual.

Bill Finerfrock: Robin, if you can remember to give a verbal queue when you change slides that would be helpful.
Robin VeltKamp: I sure will do that.

And if you are an established provider-based RHC at this time, unless you have changes, at this time they are not having an OCR expectation but we are recommending that you just begin the process, get these in place because I do not foresee it being too far down the road when all provider-based RHCs will have to have all these policies in place.

We're going to go to Slide 5. Again, this is the remainder part of that memorandum. And it discusses the purpose. And, again, as you can see in the initial enrollment or CHOW the state agencies are to include the OCR civil rights with their initial enrollment package that will sent to the provider or to a provider undergoing a CHOW.

So when you are initially going to do a CHOW or an initial application and you contact your state for your provider-based rural health clinic, the state should be sending you all of the certification information request packet. Sometimes you are going to be doing these on your own. And so you need to make sure that you are having full communication with your state agencies.

At this time what we have seen is when the state surveyors are coming in to do surveys, the certifications or the re-cert, we are not seeing the surveyors ask for these at this time. But when you send everything into the state for your state documentation you must include these. And we'll show you the trail of how they travel to get to OCR.

Slide 6 basically is a little bit more information on that memorandum. And it just talks about the entities and the CMS role. We just wanted to give you that entire memorandum.
Slide 7, again, talks about the state agency providing potential providers with the required OCR civil rights and this is in regards to a revised section 2010. These are the steps that we are listing to show you, again, the continuation of this memorandum. You can go online and you can download the memorandum and you can have the full document if you so wish to have it on site.

Slide 8: basically this to ensure that completed OCR - and when I say OCR that is Office of Civil Rights - documents are included in the Medicare package before forwarding the CMS RO.

So what's going to happen is you're going to send them to your state. The states will forward them to CMS. And then upon the completion of the CHOW or the initial CMS will forward them to the Office of Civil Rights.

You may be totally approved as a new RHC or the CHOW may be totally implemented and what we are seeing as a typical timeline is approximately six to nine months later - after CMS has given you your tie in notice with all of your new numbers. Approximately six to nine months later the Office of OCR will be making contact and they are reviewing your civil rights packet at that time.

They are going to make communication with you if you are missing any required policies- or if there's any deficiencies. OCR can come in and do a site inspection and to do a review of your policies. We have seen some criteria where some are behind. And so that region may be behind and another region may step in and take over to help them get caught up.

And then the OCR officer may show up to the office to review your policies. They will implement to see how you are utilizing your policies. We worked
with a clinic where OCR did arrive. And when they showed up the provider was the interpreter. And it took the provider about 10 minutes to finish up with a patient and to meet with the OCR officer, and there was a time lapse there that was discussed.

So you need to make sure that whatever you are putting in these policies, that we're going to review, that you can fully meet them in a timely manner in the event that OCR does show up and review the policies that you have on your premises.

Another side note, when you have Rural Health Policy manual you can either have a civil rights section - totally identified. Or I've also seen these included in the administrative section of the policies.

Slide 9, these are facilities that will require civil rights certification. And this is for participation in Medicare Part A. They must receive civil rights clearance from OCR. This is not a clearance from your state. This is not a clearance from CMS. We must emphasize this is a separate clearance from the office of civil rights.

And we are listing here the key facilities that are under this mandate at this particular time so, as you can see hospitals, critical access hospitals, and if you look at the last item on Slide 9 - rural health clinics that are provider-based to a hospital or a CAH.

Now at Slide 10, we'll discuss facilities that do not require certifications at this time. As you can see in the second bullet down under the facilities, rural health clinics that are not provider-based - so if you are independent this does not pertain to you at this time as far as OCR.
Now your individual state may require some civil rights policies based on the state that you are located in.

We're going to go to Slide 11. And this is just a slide to kind of give you a little bit of how I stated the processing. So you're going to send them to the state. The state's going to send them to CMS. And then CMS will send them on to the office of civil rights.

I have also provided where you can download from the Web site as we've provided links for today for you to get actual documents. They are mostly in Word format under the OCR Web site. And you can go in and you can actually use those templates. Just make sure that you're not just filling in blanks but that you are creating the policy to what you can meet.

That is one of the deficiencies that we're hearing back from the Office of OCR is that the templates are being used - which is great, but don't just fill in name or facility. Make sure that you're reading the policy and that you're adjusting it to fit what you can do.

And if you have any questions regarding any of these after today, of course, you can always send an email out through the list serve. But most importantly we recommend that you just contact your regional office of civil rights and they can walk you through the full direction.

Slide 12 is just to give you a form of communication that we had within the last two weeks with the Office of OCR. We were just making sure that we could give you full clarity and this is a response to a message that we sent to them. And they were confirming a telephone conversation about the list of states that require independent free standing rural health clinics to obtain civil rights.
And so in reference to Page 3 of the revised centers for CMS dated on March 19th 2012 RHC’s are not required by federal law to obtain civil rights clearance. And as you noticed earlier in the paragraph this is referring to independent and free standings. So this is not an OCR requirement if you are independent.

So they do not maintain a list of the states that do require them. This is something that you would have to do state specific. You will have to contact your state. I do know for independent clinics many of the southern states also along with the state of New York and California - many of those do have individual civil rights for independent clinics.

Slide 13, this is the OCR headquarters. This is the main office of the Office of Civil Rights. And we're just providing you with some key information.

Slide 14 is just the header page for the regional office addresses. Slide 15 of course is region one and you can see which states and contact information for your region.

Slide 16 is region 2, 17 is region 3, 18 is region 4, 19 is region 5, 20 is region 6, 21 is region 7, 22 is region 8, 23 is region 9, and 24 is region 10. So when you are having a moment, look through these slides. See where your state falls into which region and then make sure that this is your contact information that you can utilize if you have any questions or if you need to obtain anything from them.

Jumping to Slide 25, as of March 2010 and up until this past summer - hospitals were required to have one set of civil rights. And then the RHC clinic was allowed to have some different policies for OCR but that fit the
clinic specifically. Now recently the Office of Civil Rights has changed their policy requirement so that all entities which includes hospitals and all of their RHC clinics are required to have civil rights policies and they're going to be measured the same.

So what had been accepted from March 2010 until the summer of 2012 was very stringent set for the hospital and a milder set for the office. Now you must have exactly the same and they're going to be measured the same between the two areas.

So, how do you do this? Basically if you're independent, check with your state office. Provider-based if you're a new app or you're a change of ownership you are going to be required to complete these.

So first you call your state to find out what forms they require. And make sure that you're communicating with them if you are provider-based or independent. That is very important. And then, again, all of your policies will be sent to your state office who will then begin the trail of forwarding them.

Slide 28 this is new as of this summer as well. If you are a provider main entity and you have three or more rural health clinics or at two rural health clinics but you're bringing a third one on. There's going to be another level that we'll discuss after the core policies. And that is a complete corporate OCR documentation.

What this will do is allow you to apply as a corporation and get your main entity approved. And then that's going to include all of your RHCs that are under your main entity. So you can do a corporate documentation which is new. And that will be if you have three or more RHCs. If you have two or less then you're going to have to do an individual packet for each individual RHC.
Slide 29, again, we're providing you with a Web site. And as mentioned earlier you can download these templates since they are in Word format. And that way you can create them, but again, the caution is don't just fill in the blanks and make those your policies. Make sure that you're reading them through and that you can implement everything you have listed in that policy.

Slide 30, we're going to start looking at the policies now and I know in sign up you were provided with links so that you could go in and download these. I wanted you to be able to see the actual documents versus just putting screen shots on the PowerPoint.

So the first one we're going to discuss is the original assurance of compliance document. You must have two of these. So on the assurance of compliance document you have to have two original signed. And when - of course at any federal level when you are talking two original signed they need to be in blue ink. That way it doesn't look like it's a black ink photocopy so both original assurances of compliance - blue ink.

The form is quite simplistic. It talks about section 504 of the Civil Rights- the Rehabilitation Act. It talks about the Civil Rights Act of 1964. And down at the bottom is what you need to complete on this. Of course, it's going to be the date and the signature of the authorized official.

Now, when they talk authorized official this needs to match up with what you are sending on your 855a. So make sure your authorized official is matching the authorized official on either the new application or the change of ownership.
And then the name of the healthcare facility - make sure that that is matching up with also with what you are submitting on the 855 and then the correct street address and city. And then that is basically what this form entails.

And, again, we stress two originals. So that covers through Slide 31 as we reviewed. And then the information requests on Slide 35. This, again, you can download this form..

Let's jump back up to Slide 34 the non-discrimination policy. This policy needs to include the appropriate regulations as well as the contact information for the facility and/or the administrator. So 35 tells us to review the non-discrimination. And that is a very simple form.

Basically what you are going to do is you're going to insert your facility name here. And you're basically stating that you are going to be in accordance with the provisions of the Civil Rights Act, the Rehabilitation Act, and the Age Discrimination Act as well as any of the other Title 45 Code Federal Regulations.

So what you need to put here is contact information. This is going to be your facility name, your 504 coordinator or your contact person, the telephone number, and then the TDD or state relay number. So that is your non-discrimination policy.

Slide 36, we're also providing for you if you want to put something in your pamphlets or your brochures or any publications. This is also provided for you from the OCR Website that this is a separate example of non-discrimination. And you can put in the name of the facility or the provider. And basically you're just using this as advertisement. This is not your policy but this is how
you can publicize any information. You insert the name of your coordinator, your phone number, and your TDD state relay number.

And then what we have beginning with Slide 37 is your TTY services. We have provided you with nationwide relay services listing the various carriers. And under the TTY services on Slide 38, this is a state-by-state relay service. And just a notation that in many states you can now dial 711. And that will instantly take you to your local TTY relay service both with voice and with the TTY. So if the number in the list provided does not seem to work for your state try dialing the 711.

Slide 29 we are listing the most recent state TTY services for your individual states, they are in alphabetical order. And that covers Slide 39 through 44. So, again, we are just providing this as the most recent information for resources for you.

Slide 45 is going to be dissemination of non-discrimination policy. This is what you need to give detail as to how your non-discrimination policy will be communicated with clients, future patients, community, visitors, and anyone else.

Slide 46 discuss we're going to review the dissemination policy and what you're going to do is many of the places you're going to review and insert your name of the facility. But you need to make sure you are really paying attention to this policy because you don't want to just put the name of the facility and then print this off. You need to address how you are going to communicate this information to the general public. How you are going to communicate it to your patients. How you communicate it to your employees.
If you're going to post it on a Website, you need to address these specific areas. So this is one you must be very careful not to just fill in the blanks and print it off but make sure you are addressing specific avenues of how you are going to meet these key areas of communicating your non-discrimination policy.

Slide 47 is the limited English proficiency policy. And this needs to include information in to how you have procedures and policies for communicating with people who are limited in their use of English. And if you have interpretation you need to have the language of interpretation along with a list of employees that are available to interpret that specific language. So you don't just list your names of the people who interpret but specifically beside their name list what languages they can interpret.

Also we have to stress on the bullet--- family and friends are only to be utilized after the patient has been notified that a certified language interpreter will be provided to them at no additional cost.

This assists in ensuring that private health information is not communicated to individuals that the patient does not want them to know such information. And the bolded bullet on the bottom of Slide 47, children may not be used as interpreters and should not be listed within the clinic policies to be interpreters. And when we are discussing children we are talking age 18 and under.

So, again we must stress you cannot use children to be interpreters for their parents. And you cannot list that they're going to be an interpreter in your policy. So according the Office of Civil Rights they've listed some steps in how to help you - assist you handling the limited English. And the step one they say is do an assessment.
You should conduct a thorough assessment of the language needs of your population that you serve. And then the guidance suggests that compliant community clinics and health centers should review the census utilization data on a regular basis, record language information in the patient's file. Identify points of contact where language assistance is needed, and then make - identify and make arrangements with resources that will be needed to ensure that you are attaining meaningful access.

So this is guidelines from the Office of OCR. First do an assessment. Understand the languages that you need to have provision for. The second step is make that provision of oral language interpretation. You need to urge providers to develop comprehensive written policies on how the provider will ensure meaningful access.

Procedures on providing oral language interpretation including the need for offering trained, competent interpreters. In addition highlight various methods for obtaining the trained, competent interpreters such as hiring bilingual staff, hiring staff interpreters, contracting with an outside interpreter service, and making formal arrangements for voluntary community interpreters. And also you will arrange for telephone language interpretation.

Slide 50 reviews step three of how to handle your LEP. And that is reviewing of the training of staff. Your staff needs to have a knowledge of these policies and procedures. They need to be trained to work effectively with in-person and telephone interpreters. They need to understand the dynamics of interpretation between patients, providers, and interpreters.

And then just a side note here - California does have several models that not only meet these requirements but they actually have put things into place in
the state of California that will surpass them by adding the element of cultural competency training to their staff. And so I just wanted to put this in so that you can see you can surpass the expectations but you must meet the minimums.

And step four then, you should be monitoring the compliance. And compliant programs are found to actively monitor compliance with these policies. You need to annually be looking at your assessment. Has the demographics changed? Have the language issues changed? Make sure the staff training - a good item to do is put this in new staff orientation packets. That would be an ideal way to catch people that may have some turnover in the office over the years period.

An ability to provide meaningful access to the current LEP makeup of your area, seek feedback from your LEP patients and the community in order to gain a better understanding of the services that you need to provide.

So let's look at a sample of a limited English proficiency. This one you're going to need to put in your facility and then as you see the third bolded item states - include documents that are applicable to your facility.

So you need to either have documents, waiver of rights, consent to treat forms, informed consent forms, financial, insurance benefits, anything that you have in different languages you need to include those documents with this policy to show your methods of interpretation and translation.

You need to list your procedures. How you identify the people with the different languages. You need to state how you obtain a qualified interpreter. You need to show how you provide written translations. You need to provide how you give notice to the patients and how you have signage and
notifications. And you need to show all of the applicable areas that you can meet. And then you need to put in your policy how you're going to monitor these needs and the implementation.

So this is a policy that you must have in full detail. And it does need to cover all of those key areas. And that is your LEP.

Moving to Slide 53, is the admissions policy. Now, we do not have a sample of this for you to look at. When I was dealing with the Office of OCR this summer they were saying admissions policy. Well, they have a lot of definitions to it.

And so when I asked them - because working with a rural health clinic when I hear admissions policy that means going to the hospital as an inpatient. So when I asked they had to take a couple of days and do some research. And there is no set policy for this. So what we are recommending is have both.

Have a copy of your hospital admissions policy inclusive into these policies - how a patient can be handled for your inpatient admissions and then for your admissions to the clinic your registration policy.

And basically they must state that the patients are admitted without regards to race, color, national origin, disability, and age. That statement must be inclusive in your admissions policy for both the clinic and your inpatient. And if you put both of them into your packet you will be more than covered.

Slide 54 is the sensory auxiliary aids policy. This is basically how you're going to regard procedures and policies to communicate with persons with speech, hearing, and visual impairments. Sign language interpretation, if there's a challenge for staff or employees and they're unable to effectively
communicate how you're going to use this appropriate information to communicate.

And, again, the state relay number, we've provided you again with a full Website. And OCR states, please use the policy sample to ensure that the agency receives clearance. You may adopt the template language and format as the agency sees fit. And that is worded straight from the Office of OCR.

We did a sample here for an internet search in the state of Texas. And this is right from their Texas Website. They state: “we make it easy for you to request sign language interpreting services whether you need an interpreter for a staff meeting next month or for doctor's appointment tomorrow morning we can help you.”

And then this is what is on a Texas Website to call. And then there's also on this Website where they can click to request an interpreter. So some of the states are making it very easy to obtain the services that you're needing.

For the sensory and auxiliary document that will be the auxiliary aids sample for persons with disabilities. Again, you're going to be inserting. But you need to make sure, again, that you're making the policy fit what you can actually do.

So, again, you need to identify the assessment and the need. List the provision of auxiliary aids and services, how do you meet these needs, what are your methods? How do you communicate by telephone with persons who are deaf or hard of hearing? Do you use a TDD for external communication? Do you have arrangements to share a TDD? Do you have an external telephone with TTY users? What did the staff understand of how they can make contact to get the assistance needed to help within the office?
And just under Section A subsection 4 it does state some persons who are deaf or hard of hearing may prefer a request to use a family or friend as an interpreter. Again, this is allowed after you have offered an interpreter at no charge to that person. And again, strongly recommended children and other residents will not be used to interpret in order to ensure confidentiality of information and accurate communication. And these forms, again, straight downloaded from the OCR Website.

And in section B you need to communicate how you're providing information to those who are blind or have low vision. And then you have some subsections there. How you're going to communicate with persons with speech impairment or manual impairment? So this is the policy template that you can utilize - and, again, make it fit what you can do within your office and that's the auxiliary aids and services.

Slide 57, 58 notice of accessibility - give detail as to how the clinic is accessible to people with various impairments. If the patients don't come to your physical clinic but you go to their homes then you need to state that. So for notice of accessibility - that is a very simple form for instance if you are treating them in their homes you can have a policy as simple as please note that does not apply - clients do not come to our office. Employees of - and the name of the clinic - will meet the clients in their homes. If that is what you do then you need to make sure that you're stating that in your policy. If your patients are coming into your office then you must show how they have accessibility to the programs.

Okay, 59 Slide the grievance procedure - you need to provide a statement as to who the administrator Section 504 coordinator is along with contact information. And this is required if the facility has 15 or more full or part time
employees. And you must have the timeframe in your grievance procedure not to be more than 30-days. This states at least 30-days. It cannot be more than 30-days.

Now this was item of discussion also with the Office of OCR. We fully understand in the provider-based realm you do not change a policy overnight. And yet this policy is stating they want the name of the person that they can take a grievance with and a contact number not the position. They want the name.

And so what - we went into some deep discussions and it is now approved that if the hospital writes the policy and delegates the clinic to administer this part of the policy then the clinic can do a handout sheet. And you can handle any staff turnover easier if than trying to go through a whole policy rewrite in the provider-based entity.

So if the provider-based empowers the clinic to handle this grievance procedure and to this position then you can create - in the clinic - the policy - the handout - the name of the person with the phone number. And that way you can handle turnover, change information and not have to rewrite hospital policy. But the big thing you must have in your grievance procedure is that the grievance needs to be addressed within 30-days.

So if you look at the sample of your grievance procedure, again, this is Section 504 and you want to make sure it says, "insert, name, title, telephone number of this 504 coordinator." So someone within each clinic needs to be appointed to the Section 5004 coordinator because you must put their name in here.
And then you will list your procedure of how to handle grievances. And as you can see the Section 504 coordinator will issue a written decision on the grievance no later than 30-days after its filing. And so this is the communication of how you will handle grievances.

You do need to have policies on restrictions based on age. And the Office of OCR provides two samples. And one is for facilities that do not cater to pediatrics. You only accept patients over 18. And then one is for facilities with no age restrictions.

So you must state why the facility does or does not cater to a particular demographic. And this is not the same as the statement in the non-discrimination policy. So we will look at the age restrictions. There are two.

And the first one we are going to look at states it is the policy of - and then your name - to not deny or restrict access to services based on an individual's age unless age is a factor necessary to normal operations or the achievement of any statutory objective.

That's a very simple policy. The other sample that you are being provided basically states "it is the policy of - and then the name of the clinic - to extend services to persons over the age of eighteen." So if you do more geriatric and you don't treat any pediatrics this would be the age restriction statement you would use.

Your facility does not extend services for pediatric care. You are not properly equipped. And the staff members are not trained to cater to this specific demographic. So you're stating why you are not serving a specific demographic.
If you only do ages three and up - you don't do two and under - you need to adjust your policy to meet that wording to meet that criteria. So that's the age restrictions.

I believe - we did bypass the information request. This is one that will need to be done. And that is the header - this is a PDF. The Office for Civil Rights - Civil Rights Information Request for Medicare certification - this is the form that you're going to complete. You're basically giving all of the information. You're giving your TTD. You're giving number of employees.

And then it's basically listing out your various policies that you're going to attach to this form. And then you're going to have your certification that you're going to provide this office for civil rights - everything you're providing - is it true?

And then you have your sampling of all the different policies attached to it. Those are the basic policies that you must update within civil rights for your various offices.

Now, if you have corporate - so, you will either - are going to or you have three or more rural health clinics under the main entity. There are some corporate OCR policies. Now these you can contact your region office to get these but there is no specific link to the Office of OCR Website to download these.

So these you would have to obtain through your regional office. So the first step is you're going to do an agreement template which will fill in your corporate's name, make any changes that you need to deem appropriate, and then you're going to submit that to the Office of OCR.
So your agreement template - so if you went in and downloaded everything from the corporate link, you will see where there's an agreement template. And I'm pulling mine up here real quick. What this is is it's a totally different structure. Corporate agreement - here we go.

We also provided you with a sample of a corporate agreement which shows you the entire packet filled out with all of the policies attached. The corporate agreement is the one called XYZ Civil Rights Corporate Agreement for participation.

And this is a sample template. And with that you're talking about your various sections. Again, you're accepting and you're going to be completing. And then you will just be completing all of the policies that we have already discussed. And then we are on Slide 66.

The second step is then - the first step you'll do your corporate agreement. Your second step is you're going to attach all of the civil rights that we covered along with a few more civil rights policies.

And we've listed on Slide 67 all of the attachments. So you will have to do all of them that we discussed previously. Along with, you're going to have to do additional attachments I, J, K, and L. And what I is the facility notification and acknowledgement letter.

And basically it is a letter - you're going to want to put that on your letter head. And what you are stating is that you are a healthcare facility, you participate in the Medicare program, you understand you must comply to the civil rights statutes and regulations, and you're basically talking about the terms of agreement. And you're signing this form which is more the corporate level that you're going to be completing.
You also must do J which is an acknowledgement certification template. And what you're going to do on this form it's very similar but it's a facility notification and acknowledgement of compliance. And you're basically stating that you've adopted and you've complied with the corporate policies and procedures.

And if you look in the middle of the body of this particular document you'll see that you're stating we have a non-discrimination, a grievance procedure, notice of program accessibility, auxiliary aids, policies and procedures for limited English, and an admissions policy.

You're going to want to do K which is a specific data sheet. And that form is very just fill in the blank, the name, address, who your coordinator is, fax numbers, email addresses, what type of facility you are, why you are applying for this, and your CMS certification number. And then you're basically signing that you've completed this to the best of your knowledge.

And then the additional last form is L which is a chart for listing your interpreter service. And this is where you're going to list all of your interpretations and the language of interpretation. So you just need to create a chart.

So basically for corporate you're going to do all of the other policies with these four additional policies. And then what will happen is you're going to submit everything and as Slide 69 states, the Office of Civil Rights, the legal department will review the agreement.

They will review all of your policies and they will deem if you are in acceptance of a corporate agreement which will include all of your rural
health clinics, if you have three or more. Again, this is only if you're either bringing on your third or if you already have three or more RHCs.

And with that, I know it was a lot of information. But just make sure, again, we can't emphasize enough. Don't just fill in the blanks but make sure that you're wording them to fit what you can actually perform in your clinic. Because they will come on site, they will review your policies, and they will see that you are supporting what you state you are doing.

And with that, Bill?

Bill Finerfrock: Great, thanks, Robin. There was a lot of information I know. Hopefully between the slides and the attachments I think there's a lot there for people to think through.

There may be some questions. So operator, if you would come on and give folks the instructions for the questions and we'll get some folks lined up.

Coordinator: Thank you, sir. At this time if you would like to ask a question, please press star 1. You'll be prompted to record your first and last name. We ask that you also include your location.

To withdraw your question, you may press star 2.

Once again, if you have a question, press star 1. Record your name clearly with your location.

Bill Finerfrock: While we're waiting for folks perhaps to queue up there, we did get a question ahead of time. And that came from a (Liz Lund) with Blackriver Memorial Hospital.
She said what job role or position is generally responsible for completing the paperwork involved in the civil rights paperwork process?

Robin VeltKamp: From a provider-based standpoint typically it's going to be your policy department or your compliance is what I've typically seen. Or if you already have a civil rights area within the hospital it's going to be that person that makes sure all of the policies are in place for the various clinics.

Bill Finerfrock: Okay. Operator do we have any questions from the audience?

Coordinator: Yes, we have questions coming in. One moment for their names.

Bill Finerfrock: Okay.

Coordinator: Our first question is from Christina Collins from the Myers Clinic.

Bill Finerfrock: Go ahead Christina.

Christina Collins: Hi, I noticed you guys talked a lot about provider-based RHCs. What about individual based RHCs?

Robin VeltKamp: For an individual you have to look at your specific...

Bill Finerfrock: You mean an independent?

Robin VeltKamp: Independent?

Christina Collins: Yes.
Robin VeltKamp: What you need to do is you need to contact your state office of rural health. And ask if there are specific civil rights policies that you should be mandated to follow for your state.

Again, in the southern states some of the state offices do require - not as complex as these - but they will send you a packet as an independent of any civil rights policies you may be required to fulfill.

As far as the federal level of the Office of Civil Rights independents are not under that mandate but your individual state may have that.

Bill Finerfrock: And I think...

Christina Collins: Thank you, Robin.

Bill Finerfrock: ...one of the two things - Christina what state are you in?

Christian Collins: West Virginia.

Bill Finerfrock: West Virginia, okay. And just for you and for others I think one of the things that we would anticipate at some point there's the potential that the federal government would have this as a mandate for the independents as well. There's nothing specific. But I think it's probably for the independents to get prepared for this as well.

Robin VeltKamp: And I fully agree. As some of the states are starting to incorporate more I do see it coming down in the near future that it will be a requirement eventually of all independents - of all rural health clinics.

Christina Collins: Okay, thank you guys.
Bill Finerfrock: Thanks, next question.

Coordinator: Our next question is (Sarah Joe Collins) from (Peknivale) Illinois.

Bill Finerfrock: Go ahead, (Sarah).

(Sarah Joe Collins): Hello, you talked about the requirements for provider-based RHCs that were either going through an initial application or a change of ownership. But can you please go over the requirements for those that are already in existence? Are these policies - I assume that we'll just have to have those in place for survey or the recertification process. Is that correct?

Or do we have to go through a special request, checking with our state OCR agency to find if we have to submit anything in advance of a survey or recertification process?

Robin VeltKamp: Okay, at this time, the ones that are under OCR review are change of ownerships and new applications. I recommend that if you are provider-based you are supposed to already have a lot of these policies in place as the main entity. So I would recommend that you are doing a policy review for the main entity. And that you are doing that same review and including them into your rural health clinic because it has not been stated at this point of recertifications.

When the state surveyors come at this time they are not looking at these. But that doesn't mean that at some point some of the states are not going to start implementing that. And I would rather recommend that since you should already have a lot of these in place as a hospital I would get them updated. I would get them moving forward. I would get them in your policy manual.
And that way you will not have to deal with any deficiencies upon a recertification if your state happens to have the surveyors look for it at that time.

Bill Finerfrock: The other point is then under the provider-based criteria which are separate and distinct from the rural health clinic criteria. One of the stipulations is that the provider-based facility - in this case the RHC - is fully integrated into the organization, operation, and policies of the parent entity.

So the fact that the parent entity - in this case the hospital - is already required to meet the OCR requirements would suggest that by inference or by extension that it would apply to the RHC.

Now in the past they haven't. What we're seeing now is that they are applying it particularly with new or the CHOW but I think your question relative particularly to recertification. If they come back and as part of that say are you meeting the provider-based criteria, this is something that they would look to see. Are your policies at the RHC level consistent and compatible with the policies that the parent organization who should be following the OCR requirements.

(Sarah Joe Collins): Okay, yes, and we do have - I mean we have these in place for the hospital. I just need to touch base with our clinic to see how they have theirs incorporated in their manuals.

Bill Finerfrock: Right.

(Sarah Joe Collins): So I feel pretty comfortable with that. But I just wanted to make sure that it's just basically prep work in advance of future requirements just to be better
prepared rather than anything that we have to submit as part of an application process right now, so.

Bill Finerfrock: Correct. That's correct.

(Sarah Joe Collins): And then I know you mentioned also in your response you were talking about how the clinic - provider-based clinics have to fully integrated into the policy and procedures of the provider entity.

Bill Finerfrock: For the parent.

(Sarah Joe Collins): Is that in the conditions of participation somewhere or in OCR document (unintelligible)... 

Bill Finerfrock: The provider-based criteria are separate criteria established specifically for that. And it rates you through a program memorandum by CMS. If you want to send me an email to info@narhc.org I can send you the link to the provider-based criteria.

(Sarah Joe Collins): Thank you so much that's very helpful. Thank you.

Coordinator: Our next question is from (Julie Amen). (Julie), would you please state your location.

Bill Finerfrock: Go ahead, (Julie), where you from? Maybe (Julie) changed her mind or she's on mute.

(Mary Peterson): (Mary Peterson).

Bill Finerfrock: Go ahead.
Coordinator: Our next question is (Mary). Please state your location.

(Mary Peterson): (Mosten) Wisconsin.

Bill Finerfrock: Go ahead, (Mary).

(Mary Peterson): We will be acquired at - on January 1 by our local hospital. So is that an automatic that we will be scrutinized for change of ownership. And it will it be affecting our 855 applications that we would have to be having this available for those applications - all these policies?

Robin VeltKamp: They're going to be doing a change of ownership for your clinic to be acquired by the hospital, correct?

(Mary Peterson): Correct.

Robin VeltKamp: Since they are doing a change of ownership these need to be implemented. And they need to be within your rural health clinic. And then these policies will be attached to the state documentation. And then your state will forward it to CMS who will then forward it to the Office of OCR.

(Mary Peterson): So that is something that has (unintelligible)... 

Robin VeltKamp: OCR probably won't do the review until, like, next September - somewhere between the summer and the fall because it is taking them six to nine months. But these need to be done at the same time as the change of ownership.

(Mary Peterson): And then for the other three existing clinics that the hospital owns now they will have to be sure that all of those - or is that completely - I mean I know
you recommend that it should be done and Bill, you said they should have most of it anyway. But it probably would be a real good time to make sure that they have all their policies and they're (unintelligible)...

Robin VeltKamp: Now, are you going to become their fourth rural health clinic?

(Mary Peterson): Yes.

Robin VeltKamp: Then they can actually begin the process of submitting the application for the corporate.

(Mary Peterson): Okay.

Robin VeltKamp: Because they would qualify to be considered for the corporate. And they would still have to do a one-time application but then that would be inclusive of all of their rural health clinics. They can choose to do individual for each clinic or they can choose to do the corporate.

(Mary Peterson): Right, we would have to do as a change of ownership for this one - this would have to be separately. But they would do a corporate for the rest of their clinics.

Robin VeltKamp: Actually my understanding is that they would do - they could do the corporate since they're bringing you - your clinic in under a CHOW that will become their fourth rural health clinic.

Bill Finerfrock: So they can get a lot done with one step rather than having to do multiple steps.
(Mary Peterson): Okay, so we would not - this would not have to be a separate effort on the part of our clinic. They could be able - they could be able to do this under one corporate.

Robin VeltKamp: They're going to be filling this out as a corporate under the main entity Medicare information. Since your fourth clinic will be going in and you guys are all going to be under that main entity they would qualify to be considered to apply for a corporate. They can choose to do individuals. But...

(Mary Peterson): I understand that but I just was wondering if we had to - if they actually had to be doing two things...

Robin VeltKamp: No.

(Mary Peterson): ...number one address us because of the change of ownership and then for the rest of their clinics and us have a corporate (unintelligible)...

Robin VeltKamp: Not to my understanding. They should be able to do everything under one corporate...

(Mary Peterson): Under one corporate, okay.

Robin VeltKamp: ...which would include all of the previous and the new.

(Mary Peterson): Okay, thank you.

Robin VeltKamp: But if you want to double check with your regional office to confirm that, you can do that. But that is my understanding is they cover all of their entity with one.
Bill Finerfrock: And that contact was in the slides.

Robin VeltKamp: Correct.

(Mary Peterson): Yes. Thank you.

Coordinator: The next - our next question is (Melanie Hansell) from Placerville, California.

Bill Finerfrock: Go ahead (Melanie).

(Melanie Hansell): Hi, good morning. I think you may have answered my questions. But I assume that this also relates to any provider-based physician clinics not just RHCs.

Robin VeltKamp: At this time I'm stating from the rural health clinic. For regular physician practices you will want to contact your regional office to see if the fee-for-service clinics are also...

(Melanie Hansell): (Unintelligible) we should have the same policies as the parent organization that kind led me to believe we probably ought to have this in our provider-based clinics as well.

Bill Finerfrock: I think that is the suggestion I'm making but as Robin says you can check with your regional office to verify.

(Melanie Hansell): Okay, then thank you.

Robin VeltKamp: Make sure that you're explaining what type of clinic you are. If you're all fee-for-services or if you have a combination of rural health clinics and fee-for-
services, just make sure that you're fully communicating with the regional office what types of practices you're talking about.

(Melanie Hansell): Okay, thank you.

Coordinator: Our next question is (Paula Eric). (Paula), could you please state your location?

(Paula Eric): Davenport, Washington. I apologize if this was said up front but I dialed in late. This is going to be recorded. Do you know when it will be ready to listen to?

Bill Finerfrock: Hopefully within the week. We have to - under federal regs - and maybe Nathan you can address it. But we have to have both the transcript and the recording available simultaneously so as soon as we both and they can be posted it will be up for the transcript and the recording to be listened to.

(Paula Eric): And it will be on the Website?

Bill Finerfrock: It'll be on the federal office of Rural Health Policies Website which is (unintelligible)...

(Paula Eric): All right, thanks, thank you very much.

Nathan Nash: Yes, that's right.

Coordinator: Our next question is from (Ken Cook) from Roanoke, Virginia.

(Ken Cook): Hi, actually I've got two questions only because one of them was prompted by the scenario where you're adding that fourth clinic in. Let's say you get the
corporate certificate or whatever is that you get and then you add another clinic. Are they covered under that one certificate? Or do they have to still file everything or can they just attach a copy of that certificate?

Robin VeltKamp: Basically what you're going to do is once you get your corporate status to my understanding at this time you're going to get your corporate status and then you're going to do your updates. And you will then do an attachment - I believe it's attachment K which will give all of that particular facility and it will - you can add new clinics to the corporate.

(Ken Cook): Okay, second question on your slide about grievances when you refer to 15 or more employees does that just refer to the clinic or does that refer to the whole provider-base?

Robin VeltKamp: No, that's going - under the main entity being that it's provider-based. So being that you - all hospitals have 15 or more employees you are required to do the grievance procedure.

(Ken Cook): Okay, thanks.

Coordinator: Thank you, our next questions is from Christina Collins from Philippi, West Virginia.

Bill Finerfrock: We had Christian already, are you back again or we get to...

Christina Collins: No, I'm back again. So I just wanted to verify. I thought that if you were a rural health clinic that you're not fee-for-service.

Robin VeltKamp: That is correct.
Christina Collins: That is correct, okay.

Bill Finerfrock: But she was - there are provider-based facilities that can be attached to a hospital that are not RHCs. And so the question previously was, if they had non-RHC provider-based facilities would they be covered under this policy.

Christina Collins: Okay, I just wanted to clarify that.

Bill Finerfrock: Yes.

Coordinator: Once again, if you'd like to ask a question please press star 1, unmute your phone, and record your name and location.

One moment.

Bill Finerfrock: If we don't have any more questions, operator, I think up on our - we're actually over our time. So if you had questions, I believe Robin provided her email and contact information. I'm sure she'd be happy to try and take some questions from you individually if you had some things you wanted to follow. So if we don't have any more questions, we'll go ahead and conclude today's call.

I want to thank all of our participants. The folks who asked questions, our speaker Robin VeltKamp for the wonderful job she did. And also to thank our partners, the National Organization of State Offices of Rural Health and the federal offices of Rural Health Policy in conjunction with the National Association of Rural Health Clinics.

The audio and written transcripts for today's presentation should be available on the RHP Website in about a week. If you want to encourage others who
may be interested to register for the technical assistance series, we welcome you to email us with your thoughts and suggestions on future call topics. You can send all that to my email at info I-N-F-O @narch.org and please put RATCA topic or question in the subject line.

I also want to remind everyone of the announcement I made at offset is that in early December we will be conducting a special rural health clinic technical assistance call to talk about the small healthcare provider quality improvement grant program to provide you with details, application deadlines. This is a wonderful program. As I mentioned, if you're interested in doing a project - looking at diabetes, at cardiovascular disease, or obesity in your community there are federal grants project and dollars available.

Rural health clinics whether you're for profit or non-profit are eligible to apply for these grants. And so we will be doing a special RATTA call with information on that sometime in early December.

With that we conclude today's call. And, again, thank everyone for your participation.

Coordinator: Thank you for participating in today's conference. You may disconnect your lines at this time.

END