

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV) ***
I. EXPECTATION: THE HEALTH CENTER HAS A STRONG MANAGEMENT TEAM RESPONSIBLE FOR CARRYING OUT THE HEALTH CENTER'S MISSION AND STRATEGIC DIRECTIONS.	I. EXPECTATION: THE SBHC PROGRAM HAS A MANAGEMENT TEAM RESPONSIBLE FOR CARRYING OUT THE SBHC GRANTEE'S MISSION AND STRATEGIC DIRECTIONS.			
A. Indicator: There is a line of authority from the board to a chief executive of the health center who delegates as appropriate to other management staff. (Note: The title Chief Executive is used synonymously with the titles Executive Director (ED) or Project/Program Director).	I. A. Indicator There is a line of authority from the chief executive of the sponsoring agency to the school health coordinator including onsite staff from the SBHC who delegates as appropriate to other management staff.			
I.A.1 If the health center is a part of a larger organization, such as a hospital or health department, is the health center ED different from the head of the overall corporation? a. Part of a larger organization b. Separate ED c. Does the health center ED have full or appropriate control over both the day to day operations of the health center and the 330 budget?	I.A.1 Is the SBHC a part of a larger organization, such as a health center, hospital, or health department, is the [SBHC program coordinator/director] different from the head of the overall organization? a. Part of a larger organization b. Separate SBHC Program coordinator/director c. Does the SBHC Program coordinator /director have full or appropriate control over both the day-to-day operations of the SBHC Program and the school health budget? Operations? School health budget?	LD.1.1.2 When the organization is part of a multiorganization system, its leaders participate in policy decisions that affect the organization. LD.1.5 The leaders develop an annual operating budget and a long-term capital expenditure plan, including a strategy to monitor the plan's implementation. <i>[Note: PCER specificity re control]</i>	<i>Add to: Organizational Overview Presentation Leadership Interview</i>	STAR (SV)
I.A.2 Does the health center ED, or his/her designee have full authority related to hiring and firing of health center staff? If no, are exceptions appropriate?	I.A.2 Does the SBHC program coordinator/director, or his/her designee, have full authority related to hiring and firing of SBHC program staff? If no, are exceptions appropriate?	LD.2.2 The leaders are responsible for providing an adequate number of qualified, competent staff. HR.2 An adequate number of qualified staff are provided.	<i>Add to: Leadership Interview</i>	STAR (SV)

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2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/ STAR (SV) ***
		are provided. <i>{Note: PCER specificity re control}</i>		
I.A.3 Is the ED a full-time employee with the health center?	I.A.3 Is the SBHC program coordinator/director full-time with the SBHC program?	NO COMPARABLE JCAHO STANDARD/INTENT	<i>add to: Leadership Interview</i>	STAR (SV)
I.A.4 Is there an organizational chart which: a. shows either all positions or all critical positions in the health center, including all program and department heads? b. Identifies clear lines of authority for all staff, programs, and departments reporting directly or indirectly to the ED?	I.A.4 Is there an organizational chart which: a. shows either all positions or all critical positions in the SBHC program, including all program and department heads? b. identifies clear lines of authority for all staff, programs, and departments reporting directly or indirectly to the SBHC program coordinator/director?	LD.1 The leaders provide for organization planning	Leadership Interview Document Review	
I.A.5a In organizations with multiple lines of businesses or programs: a. Does the organizational chart show clear lines of authority and the relationships between the programs and between the programs and the overall corporation?	I.A.5 In organizations with multiple lines of businesses or programs does the organizational chart show clear lines of authority and the relationships between the programs and between the programs and the overall organization?	LD.1 The leaders provide for organization planning	Leadership Interview Document Review	
I.A.5b Is there a secondary level of management at the program or business unit level?		LD.1 The leaders provide for organization planning	Leadership Interview	
I.A.6 In programs with more than one service delivery site, are there systems in place to manage and coordinate operations among sites (e.g., centralization of key staff positions, IS, medical records, clinical director, etc)?	I.A.6 In programs with more than one SBHC program, are there systems in place to manage and coordinate operations among sites (e.g., centralization of key staff positions, IS, medical records director, clinical director, etc)?	LD.3 Patient care services are integrated throughout the organization. LD.3.1 The leaders provide for communication and coordination. LD.3.2 The leaders maintain communication with functionally or corporately related health care delivery organizations.	Leadership Interview Improving Organizational Performance Visits to Patient Care Settings	

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			Clinical Leadership/Staff Interview	
<p>I.B. Indicator: The health center is managed by a team that has the skills necessary to provide leadership, fiscal management, clinical direction and management information expertise.</p>	<p>I.B. Indicator: The SBHC program is managed by a staff and management team which has the skills necessary to provide leadership, fiscal management, clinical direction, and management information expertise. [The staffing pattern is appropriate to identified needs of students, school size, location of school, and availability of related resources.]</p> <p><i>{Ed Note: Words in [brackets] indicate a difference from the 2000 PCER}</i></p>			
<p>I.B.1 As appropriate to its size, is there a senior management team to carry out the health center's mission and strategy and ensure cost competitive operations?</p>	<p>I.B.1 As appropriate based on its size, is there a senior management team to carry out the SBHC Grantee's mission and strategy and ensure cost competitive operations?</p>	<p>LD.2.1 The leaders are responsible for developing, implementing, and maintaining policies and procedures that guide and support the provision of care.</p>	<p>Leadership Interview</p>	
<p>I.B.2 Does the management team include the ED, Clinical Director, Chief Financial Officer (CFO), and Chief Information Officer (CIO)? (These may be separate individuals, or, in smaller centers, combined) a. Are other staff included as part of the senior management team? (List title/functions)</p>	<p>I.B.5 The SBHC grantee management team includes: SBHC grantee Director/Coordinator SBHC grantee Medical Director (only for the SBHC grantee(S)) Executive Director (of the sponsoring agency) Clinical/Medical Director (of sponsoring agency) Chief Financial Officer (of sponsoring agency) Advisory Group Member (of sponsoring agency)</p>	<p>LD.2 The organization's leadership is effective. LD.2.1 The leaders are responsible for developing, implementing, and maintaining policies and procedures that guide and support the provision of care.</p>	<p>Leadership Interview Clinical Leadership/staff Interview</p>	

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

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	Other (list) Chief/MIS			
I.B.3 Is there evidence the management team meets on a regular basis?	I.B.2 Is there evidence the SBHC program management team or SBHC program staff meets on a regular basis?	LD.3.1 The leaders provide for communication and coordination	Leadership Interview	
	I.B.3 Is there evidence: (a) the SBHC program management team (b) the SBHC program staff, and (c) the SBHC program planning/advisory group meet on a regular basis?	LD.3.1 The leaders provide for communication and coordination	Leadership Interview	
I.B.4 Do interactions among management and between management and staff foster a team approach to managing the health center?	I.B.4 Do interactions among management and between management and staff foster a team approach to managing the SBHC program?	LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes LD.3.1 The leaders provide for communication and coordination	Visits to Patient Care Settings Leadership & Clinical Leadership/Staff Interviews	
	I.B.6 Is the SBHC grantee adequately staffed, the staff includes: SBHC grantee director/coordinator SBHC grantee clinicians -Nurse practitioner -MD (excluding psychiatrist) -Physicians assistant -RN/LPN/other nurse -Psychiatrist -Clinical social worker -Psychologist -Other mental health worker -Certified alcohol/substance abuse counselor -Social services counselor or social worker -Dentist -Dental hygienist	HR.2 an adequate number of qualified staff are provided.	HR Interview Document Review	

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	-Nutritionist/R.D. -Health educator -Health aide/center assistant -Outreach worker -Administrative assistant -Case Manager -Other (list)			
II. EXPECTATION: THE HEALTH CENTER MAINTAINS PERSONNEL MANAGEMENT POLICIES AND PROCEDURES WHICH SUPPORT THE RECRUITMENT AND RETENTION OF HIGH QUALITY STAFF.	II. EXPECTATION: THE SBHC GRANTEE MAINTAINS PERSONNEL MANAGEMENT POLICIES AND PROCEDURES WHICH SUPPORT THE RECRUITMENT AND RETENTION OF HIGH QUALITY STAFF.			
II.A. Indicator: Position descriptions exist for all staff.	II.A. Indicator: Position descriptions exist for all staff.			
II.A.1 Are there written position descriptions for all categories of staff and specific descriptions for the ED, CFO, CIO and Clinical Director, and other key positions?	II.A.1 Are there written position descriptions for all categories of SBHC program staff and specific descriptions for the SBHC grantee management team?	HR.1 Leaders of functional areas define qualifications and job expectations for their staff, and establish a system for evaluating job performance.	Leadership & Human Resources Interviews Credentials Review	
II.A.2 Are position descriptions written in a standard format that includes all critical and relevant information about the position? a. job title b. salary information c. qualifications, as appropriate, including: -education, including degrees -work experience - licenses or certification -skills -language requirements -cultural experience	II.A.2 Are position descriptions written in a standard format that includes all critical and relevant information about the position? Job title Salary information Qualifications, as appropriate, including: Education Work experience Licenses, certifications, degrees Skills Language requirements Cultural experience	HR.1 Leaders of functional areas define qualifications and job expectations for their staff, and establish a system for evaluating job performance. HR.2 An adequate number of qualified staff are provided.	Human Resources Interview	

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d. physical capacity e. scope of work responsibilities f. supervision (reports to/from) g. work location	Physical requirements Scope of work responsibilities Supervision (reports to/from) Work location			
II.A.3 Is there evidence that employees receive a copy of their position description? Are staff familiar with the position description and the personnel policies and procedures of the center? a. Received copy of Personnel Policy Manual/Notified of Review Policies b. Routinely provided with Policy Manual Updates/How Documented c. Described Job in Terms consistent with PD d. Aware of Incident Reporting Policy e. General Awareness: Short/Long Term Plans	II.A.3 Is there evidence that employees receive a copy of their position description? Are staff familiar with the position description and the personnel policies and procedures of the center? a. Received copy of position description b. Received copy of Personnel Manual c. Received updates to Personnel Manual <i>{Ed Note: Reduced requirements from 2000 PCER}</i>	LD.3.1 The leaders provide for communication and coordination HR.1 Leaders of functional areas define qualifications and job expectations for their staff and establish a system for evaluating job performance. HR.4 New staff orientation provides initial job training and information, and assesses capability to perform job responsibilities. HR.4.1 Ongoing in-service or other education and training maintain and improve staff competence.	Human Resources Interview Visits to Patient Care Settings	
II.A.4 Is a file with all current position descriptions maintained in a centralized place?	II.A.4 Is a file with all current position descriptions maintained in a centralized place?	HR.1 Leaders of functional areas define qualifications and job expectations for their staff, and establish a system for evaluating job performance. IM.1.1 Internal and external info management processes are appropriate for the organization's size and complexity of its services. IM.2.2 Collection, storage, and retrieval systems are designed to allow timely and easy use of data and information without compromising their security and confidentiality.	Human Resources Interview	
B. Indicator: There is a routine process for evaluating and providing feedback to staff on their	B. Indicator: There is a routine process for evaluating and providing feedback to staff on their			

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2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV) ***
performances.	performances.			
<p>II.B.1 Do policies call for evaluations of all employees by a supervisor at a stipulated point in time, at least annually?</p>	<p>II.B.1 Do policies call for evaluations of all employees by a supervisor at a stipulated point in time, at least annually?</p>	<p>HR.1 Leaders of functional areas define qualifications and job expectations for their staff, and establish a system for evaluating job performance. HR.3 The competence of all staff members is continually assessed, maintained, demonstrated, and improved. HR.4 New staff orientation provides initial job training and information, and assesses capability to perform job responsibilities. HR.4.1 Ongoing in-service or other education and training maintain and improve staff competence.</p>	Human Resources Interview	
<p>II.B.2 Is a standard form used to evaluate comparable employees?</p>	<p>II.B.2 Is a standard form used to evaluate comparable employees?</p>	<p>HR.3 The competence of all staff members is continually assessed, maintained, demonstrated, and improved.</p>	Human Resources Interview	
<p>II.B.3 Does the performance evaluation policy include the following: a. Employee signature on evaluation? b. Supervisor signature on evaluation? c. Allowance for written employee comments d. An employee appeal process?</p>	<p>II.B.3 Does the performance evaluation policy include the following: a. Employee signature on evaluation? b. Supervisor signature on evaluation? c. Allowance for written employee comments? d. An employee appeal process?</p>	<p>HR.1 Leaders of functional areas define qualifications and job expectations for their staff, and establish a system for evaluating job performance. HR.3 The competence of all staff members is continually assessed, maintained, demonstrated, and improved. HR.4 New staff orientation provides initial job training and information, and assesses capability to perform job responsibilities. HR.4.1 Ongoing in-service or other education and training maintain and improve staff competence.</p>	Human Resources Interview	
<p>C. Indicator: The health center has a personnel manual</p>	<p>C. Indicator: The SBHC grantee has a Personnel</p>			

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

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which is understood and followed by employees and management.	Policies and Procedures Manual which is understood and followed by employees and management.			
<p>II.C.1 Are all the elements listed below included in the Personnel Policies and Procedures Manual and readily identifiable? (Check all those included.)</p> <p><input type="checkbox"/> Maintenance of the policy and procedure system</p> <p><input type="checkbox"/> Americans with Disability Act (ADA)</p> <p><input type="checkbox"/> Equal employment opportunity/Non-discrimination</p> <p><input type="checkbox"/> Affirmative action plan</p> <p><input type="checkbox"/> Employment status (exempt/non-exempt)</p> <p><input type="checkbox"/> Hours of employment and overtime rules</p> <p><input type="checkbox"/> Compensation schedules</p> <p><input type="checkbox"/> Fringe benefits and leave</p> <p><input type="checkbox"/> Staff development/training</p> <p><input type="checkbox"/> Orientation of new employees</p> <p><input type="checkbox"/> Initial probation (if any)</p> <p><input type="checkbox"/> Extension of probation (if permitted)</p> <p><input type="checkbox"/> Standards of conduct</p> <p><input type="checkbox"/> Conflicts of interest</p> <p><input type="checkbox"/> Sexual harassment</p> <p><input type="checkbox"/> Restrictions on outside employment</p> <p><input type="checkbox"/> Disciplinary procedures, actions, and appeals</p> <p><input type="checkbox"/> Severance pay</p> <p><input type="checkbox"/> Employee grievances</p> <p><input type="checkbox"/> Nepotism</p> <p><input type="checkbox"/> Drug free workplace notification</p> <p><input type="checkbox"/> Impaired health workers</p> <p><input type="checkbox"/> HBV Vaccination</p> <p><input type="checkbox"/> TB testing</p> <p><input type="checkbox"/> Post exposure follow-up</p>	<p>II.C.1 Are all the elements listed below included in the Personnel Policies and Procedures Manual and readily identifiable? (Check all those included.)</p> <p><input type="checkbox"/> Maintenance of the policy and procedure system</p> <p><input type="checkbox"/> Americans with Disability Act (ADA)</p> <p><input type="checkbox"/> Equal employment opportunity/Non-discrimination</p> <p><input type="checkbox"/> Affirmative action plan</p> <p><input type="checkbox"/> Employment status (exempt/non-exempt)</p> <p><input type="checkbox"/> Hours of employment and overtime rules</p> <p><input type="checkbox"/> Compensation schedules</p> <p><input type="checkbox"/> Fringe benefits and leave</p> <p><input type="checkbox"/> Staff development/training</p> <p><input type="checkbox"/> Orientation of new employees</p> <p><input type="checkbox"/> Initial probation (if any)</p> <p><input type="checkbox"/> Extension of probation (if permitted)</p> <p><input type="checkbox"/> Standards of conduct</p> <p><input type="checkbox"/> Conflicts of interest</p> <p><input type="checkbox"/> Sexual harassment</p> <p><input type="checkbox"/> Restrictions on outside employment</p> <p><input type="checkbox"/> Disciplinary procedures, actions, and appeals</p> <p><input type="checkbox"/> Severance pay</p> <p><input type="checkbox"/> Employee grievances</p> <p><input type="checkbox"/> Nepotism</p> <p><input type="checkbox"/> Drug free workplace notification</p> <p><input type="checkbox"/> Impaired [SBHC grantee] workers</p> <p><input type="checkbox"/> [Staff development]</p> <p><input type="checkbox"/> HBV Vaccination</p> <p><input type="checkbox"/> TB testing</p>	<p>LD.2.1 The leaders are responsible for developing, implementing, and maintaining policies and procedures that guide and support the provision of care.</p> <p>HR.1 Leaders of functional areas define qualifications and job expectations for their staff, and establish a system for evaluating job performance.</p> <p>HR.4 New staff orientation provides initial job training and information, and assesses capability to perform job responsibilities.</p> <p>IC.1 The organization uses a coordinated process to reduce the risks of endemic and epidemic nosocomial infections in patients and health care workers.</p> <p>IC.4 The organization takes action to prevent or reduce the risk of nosocomial infections in patients, employees, and visitors.</p>	<p>Human Resources Interview</p> <p>Environment of Care Interview</p> <p>Infection Control</p>	

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

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<p>_____ HIV testing _____ "At will" language, if appropriate _____ <u>Process to excuse due to religious beliefs</u> _____ <u>Caps on accrual of benefits</u> _____ <u>Payroll advances</u> _____ <u>No smoking policy</u> _____ <u>No firearms policy</u> _____ <u>Responsibility for public statements</u></p> <p><i>{Ed Note: Underlined elements new in 2000}</i></p>	<p>_____ Post exposure follow-up _____ HIV testing _____ [Contract disclaimer "and subject to change"] _____ "At will" language, if appropriate _____ Process to excuse due to religious beliefs _____ Caps on accrual of benefits _____ Payroll advances _____ No smoking policy _____ No firearms policy _____ Public statements</p> <p><i>{Ed Note: minor changes/additions}</i></p>			
<p>II.C.2 Is the manual sufficiently detailed to inform an employee of his or her rights and responsibilities? If not, what needs to be changed?</p>	<p>II.C.2 Is the manual sufficiently detailed to protect employee rights and responsibilities? If not, what needs to change? Is it written in detail to so inform the employee? If not, what needs to be changed?</p> <p><i>{Ed Note: minor changes/additions}</i></p>	<p>HR.6 Established policies and processes address staff requests to be excused from an aspect of patient care.</p>	<p>Human Resources Interview</p>	
<p>II.C.3 Is the manual sufficiently detailed to protect the health center in employee disputes? <u>If not, what needs to be added or changed?</u></p> <p><i>{Ed Note: Underlined element new in 2000}</i></p>	<p>II.C.3 Is the manual sufficiently detailed to protect the SBHC grantee in employee disputes? If not, what needs to be added or changed?</p>	<p>LD.2.1 The leaders are responsible for developing, implementing, and maintaining policies and procedures that guide and support the provision of care. <u><i>{Note: PCER specificity re policy}</i></u></p>	<p><i>Add to: Human Resources Interview</i></p>	<p>STAR (SV)</p>
<p>II.C.4 Are there separate policies for different groups of employees? Are the policy differences and the individuals to whom they apply clearly documented? a. Separate policies b. Differences clear c. Applicability clear</p>	<p>II.C.4 Are there separate policies for different groups of employees? [Are the policy differences legal, good practice, and justified?] Are the policy differences and the individuals to whom they apply clearly documented? a. Separated policies. b. Legal, good practice, justified. c. Differences clear.</p>	<p>LD.2.1 The leaders are responsible for developing, implementing, and maintaining policies and procedures that guide and support the provision of care. <u><i>{Note: PCER specificity re policy}</i></u></p>	<p><i>Add to: Human Resources Interview</i></p>	<p>STAR (SV)</p>

JCAHO 2000-2001 AMBULATORY CARE STANDARDS CROSSWALK TO 2000 PCER & HS/HC PCER QUESTIONS Page 10
MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/ STAR (SV) ***
	d. Applicability clear. <i>{Ed Note: Words in [brackets] indicate a difference from the 2000 PCER}</i>			
II.C.5 Is there evidence the personnel manual was recently reviewed and updated? a. Manual updated/reviewed within last year b. Reviewed by member of management team c. Reviewed by board d. Evidence of board review in writing (e.g. signed/dated) _____Date of last review <i>{Ed Note: 2000 more specific than 1995.}</i>	II.C.5 Is there evidence the personnel manual was recently reviewed and updated? a. Manual updated/reviewed within last year b. Reviewed by member of management team c. Reviewed by board d. Evidence of board review in writing (e.g. signed/dated) Date of last review_____	LD.2.1 The leaders are responsible for developing, implementing, and maintaining policies and procedures that guide and support the provision of care. <i>{Note: PCER specificity re policy}</i>	Add to: <i>Human Resources Interview</i>	STAR (SV)
D. Indicator: The health center maintains complete personnel files.	D. Indicator: The SBHC grantee maintains complete personnel files.			
II.D.1 Review ten files and note the number which include the following. If information is kept in a separate file, do not sample, but check for existence of file. -W-4/I-9 form -Most recent position description -Evidence that employee meets requirements of job per position description -Original application completed by employee or resume -Disciplinary communications, if applicable -Replies to disciplinary communications -Performance evaluations - <u>Evaluation signed by employee indicating opportunity to discuss</u> -Replies to performance evaluations, if applicable	II.D.1 Review three (3) files and note the number which include the following. If information is kept in a separate file, do not sample, but check for existence of file. -W-4 -I-9[(for all hired after 10/1/88)] -Most recent job description -[Completed] employment application or resume -Position or salary changes -Disciplinary communications, if applicable -Replies to disciplinary communications -Performance evaluations -Replies to performance evaluations, if applicable	HR.3 The competence of all staff members is continually assessed, maintained, demonstrated, and improved. LD.2.2 The leaders are responsible for providing an adequate number of qualified, competent staff. LD.2.3 The leaders are responsible for determining the qualifications and competence of patient care staff who are not licensed independent practitioners.	Human Resources Interview	

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

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<p>-Evidence of : employment references professional education references Additional position-specific items such as: continuing education records Current licenses and certification (primary source or equivalent documentation) Auto insurance verification, if necessary Accrued vacation Accrued sick leave all position/salary changes <u>Current salary and benefits</u> Malpractice insurance DEA registration Evidence of National Practitioner Databank inquiry Life support training Definition of privileges Current contracts Supervision agreements, if appropriate</p>	<p>-Evidence that employee meets requirements of job description - accrued vacation -Accrued sick leave -Evidence of: Employment reference checks Professional education reference checks -Additional position-specific items such as: continuing education records -Current licenses and certification (primary source or equivalent documentation) -Auto insurance verification, if necessary -Employment contract -Malpractice insurance, [if necessary] -DEA registration -Evidence of National Practitioner Databank inquiry -Life support training -Definition of privileges -Current contracts -[NP/PA/CNM Supervision agreements, if appropriate]</p> <p><i>{Ed Note: Words in [brackets] indicate a difference from the 2000 PCER}</i></p>			
<p>II.D.2 Do terminated employee files include the following? Review sample of five terminated personnel files and record results below. - Termination action forms - Evidence of exit interviews - Continuing medical insurance status - Evidence of action on pension plan, if appropriate - Contains materials as per policy manual</p>	<p>II.D.2 Do terminated employee files include the following? Review sample of five terminated personnel files and record results below. - Termination action forms - Evidence of exit interviews - [Evidence of compliance with COBRA health insurance requirements] - Evidence of action on pension plan, if appropriate</p>	<p>NO COMPARABLE JCAHO STANDARD/INTENT</p>	<p><i>add to: Human Resources Interview</i></p>	<p>STAR (SV)</p>

JCAHO 2000-2001 AMBULATORY CARE STANDARDS CROSSWALK TO 2000 PCER & HS/HC PCER QUESTIONS Page 12
MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/ STAR (SV) ***
	<i>{Ed Note: Words in [brackets] indicate a difference from the 2000 PCER}</i>			
II.D.3 Are personnel files maintained in a secure, centralized or appropriate site-specific areas with restricted access and rules on availability and release of information? Is access recorded?	II.D.3 Are personnel files maintained in a secure, centralized or appropriate site-specific areas with restricted access (e.g. with the sponsoring agency) and rules on availability and release of information? Is access recorded?	IM.2 Confidentiality, security, and integrity of data and information are maintained. IM.2.1 The organization determines appropriate levels of security and confidentiality for data and information.	Human Resources Interview	
II.D.4 Are personnel files maintained in a standard format to facilitate the routine location of materials?	II.D.4 Are personnel files maintained in a [reasonably] standard format to facilitate the routine location of materials? <i>{Ed Note: minor wording change}</i>	IM.3.1 Minimum data sets, data definitions, codes, classifications, and terminology are standardized whenever possible.	Human Resources Interview	
E. Indicator: The health center is able to recruit and retain qualified staff.	E. Indicator: The SBHC grantee is able to recruit and retain qualified staff.			
II.E.1 Is recruitment and retention of high quality management staff a health center priority?	II.E.1 Is recruitment and retention of high quality management staff a SBHC grantee priority?	LD.2.2 The leaders are responsible for providing an adequate number of qualified, competent staff HR.2 An adequate number of qualified staff are provided.	Human Resources Interview	
II.E.2 Is regular attention given to retention and recruitment of all key positions?	II.E.2 Is regular attention given to retention and recruitment of all key positions?	LD.1.8 The leaders develop programs for recruiting, retaining, developing, and continuing the education of all staff.	Leadership, Governance, & Human Resources Interviews	
II.E.3 Based on retention and timeliness of filling vacancies, does the recruitment and retention plan appear to be reasonable?	II.E.3 Based on retention and timeliness of filling vacancies, does the recruitment and retention plan appear to be reasonable?	LD.2.2 The leaders are responsible for providing an adequate number of qualified, competent staff LD.1.8 The leaders develop programs for recruiting, retaining, developing, and continuing the education of all staff	Human Resources Interview Leadership Interview	

JCAHO 2000-2001 AMBULATORY CARE STANDARDS CROSSWALK TO 2000 PCER & HS/HC PCER QUESTIONS Page 13
MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/ STAR (SV) ***
		HR.2 An adequate number of qualified staff are provided.		
II.E.4 Does the health center track the turnover ratio of all staff? Of providers?	II.E.4 Does the SBHC program track the turnover ratio of all staff? Of providers?	PI.3 Data are collected to monitor the stability of existing processes, identify opportunities for improvement, identify changes that will lead to improvement, and sustain improvements.	Human Resources Interview	
II.E.5 Is there a process to analyze reasons for turnover? Have appropriate actions been taken? a. Analyzed: b. Actions taken:	II.E.5 Is there a process to analyze reasons for turnover? Have appropriate actions been taken? a. Analyzed: b. Actions taken:	PI.3 Data are collected to monitor the stability of existing processes, identify opportunities for improvement, identify changes that will lead to improvement, and sustain improvements.	Human Resources Interview	
II.E.6 Are compensation comparability surveys conducted periodically to determine the going rates for comparable positions nationally, in the local area, or both?	II.E.6 Are compensation comparability surveys conducted periodically to determine the going rates for comparable positions nationally, in the local area, or both?	LD.8 The leaders develop programs for recruiting, retaining, developing, and continuing the education of all staff.	Leadership Interview Governance Interview Human Resources Interview	
II.E.7 Does the health center's compensation schedule enable it to retain qualified employees of all levels?	II.E.7 Does the SBHC Grantee compensation schedule enable it to retain qualified employees at all levels?	LD.1.8 The leaders develop programs for recruiting, retaining, developing, and continuing the education of all staff.	Leadership Interview Human Resources Interview	
II.E.8 If compensation schedules are negatively affecting staff turnover, have reasonable plans been established to improve compensation competitiveness?	II.E.8 If compensation schedules are negatively affecting staff turnover, have reasonable plans been established to improve compensation competitiveness?	LD.1.8 The leaders develop programs for recruiting, retaining, developing, and continuing the education of all staff. PI.4.3 Undesirable patterns or trends in performance and sentinel events are intensively analyzed.	Leadership Interview Human Resources Interview	
A. Indicators: The facility is safe and complies with all applicable building codes	A. Indicators: The facility is safe and complies with all applicable building codes			
	III.A.1	LD.2.5 The leaders are responsible for	Facility Tour	

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV) ***
<p>III.A.1 Is the facility in compliance with Section 504 (Rehabilitation Act of 1973) provisions for handicap?</p>	<p>Is the facility in compliance with Section 504 (Rehabilitation Act of 1973) provisions for handicap?</p>	<p>determining space and other resources required for services. RI.1.3 The organization demonstrates respect for the following patient needs: RI.1.3.5 Access to the facility; EC.4 Building(s) and grounds are suitable to services provided and patients served.</p>	<p>Visits to Patient Care Settings</p>	
<p>III.A.2 Does the facility comply with the requirements of the Americans with Disabilities Act (ADA)?</p>	<p>III.A.2 Does the facility comply with the requirements of the Americans with Disabilities Act (ADA)?</p>	<p>LD.2.5 The leaders are responsible for determining space and other resources required for services. RI.1.3 The organization demonstrates respect for the following patient needs: RI.1.3.5 Access to the facility; EC.4 Building(s) and grounds are suitable to services provided and patients served.</p>	<p>Facility Tour Visits to Patient Care Settings</p>	
<p>III.A.3 Is the facility in compliance with fire and safety codes as demonstrated by certification from the local fire marshal on file in the health center, as required?</p>	<p>III.A.3 Is the facility in compliance with fire and safety codes as demonstrated by certification from the local fire marshal on file in the SBHC grantee, as required?</p>	<p>EC.1.7 A management plan addresses life safety. EC.2.6 The life safety management plan is implemented. EC.2.12 Life safety elements in the environment of care are maintained, tested, and inspected.</p>	<p>Facility Tour Visits to Patient Care Settings</p>	
<p>III.A.4 If the center does not comply with any codes, has it been determined what needs to be done to comply?</p>	<p>III.A.4 If the center does not comply with any codes, has it been determined what needs to be done to comply?</p>	<p>EC.1.1 Newly constructed and existing environments of care are designed and maintained to comply with the <i>Life Safety Code</i>. Also see Statement of Conditions (SOC) if applicable.</p>	<p>Facility Tour Documentation Review</p>	
<p>Have appropriate steps been taken to assure the safety of property, staff, and patients?</p>	<p>III.A.5 Have appropriate steps been taken to assure the safety of property, staff, and patients?</p>	<p>EC.1.3 A management plan addresses safety. EC.2.2 The safety management plan is implemented. EC.2.11 Safety elements of the environment of care are maintained, tested, and inspected.</p>	<p>Facility Tour Visits to Patient Care Settings Environment of Care Interview</p>	

JCAHO 2000-2001 AMBULATORY CARE STANDARDS CROSSWALK TO 2000 PCER & HS/HC PCER QUESTIONS Page 15
MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/ STAR (SV) ***
III.A.6 Are exit signs appropriate in number, placement, and language.		EC.1.7 A management plan addresses life safety. EC.2.6 The life safety management plan is implemented. EC.2.12 Life safety elements in the environment of care are maintained, tested, and inspected.	Facility Tour Visits to Patient Care Settings	
B. Indicator: The facility is located to promote access by target population	B. Indicator: The facility is located to promote access by target population			
III.B.1 Is the facility readily accessible to its target populations?	III.B.1 Is the facility readily accessible to its target populations?	LD.1.3.4 Care is available in a timely manner to meet patient needs. CC.1 Patients have access to the appropriate type of care. EC.4 Building(s) and grounds are suitable to services provided and patients served.	Facility Tour Visits to Patient Care Settings	
III.B.2 Is there adequate parking for employees and patients?	III.B.2 Is there adequate parking for employees and patients?	LD.2.5 The leaders are responsible for determining space and other resources required for services. RI.1.3 The organization demonstrates respect for the following patient needs: RI.1.3.5 Access to the facility; EC.4 Building(s) and grounds are suitable to services provided and patients served.	Facility Tour	
III.B.3 Is external and internal signage clear, consistent, and posted in all appropriate languages?	III.B.3 Is external and internal signage clear, consistent, and posted in all appropriate languages?	RI.1.3 The organization demonstrates respect for the following patient needs: RI.1.3.4 Communication	Facility Tour Visits to Patient Care Settings	

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/ STAR (SV) ***
III.B.4 Do the waiting rooms have culturally appropriate health promotion/disease prevention material, such as magazines, pamphlets, tapes, television or other sources?	III.B.4 Do the waiting rooms have culturally appropriate health promotion/disease prevention material, such as magazines, pamphlets, tapes, television or other sources?	RI.1.3 The organization demonstrates respect for the following patient needs: RI.1.3.4 Communication	Facility Tour	
C. Indicator: The facility enhances the ability of the health center to attract and serve clients.	C. Indicator: The facility enhances the ability of SBHC grantee to attract and serve clients.			
III.C.1 Is the facility designed for efficient patient flow? a. entrance, check in and waiting b. centrally located nursing station c. convenient phlebotomy/lab location d. convenient radiology department e. patient bathrooms f. adequate number of exam rooms g. convenient cashier, check out and exit	III.C.1 Is the facility designed for efficient patient flow? a. entrance, check in and waiting b. centrally located nursing station c. convenient phlebotomy/lab location d. patient bathrooms e. adequate number of exam rooms f. convenient cashier, check out and exit	EC.2 The organization provides a safe, accessible, effective, and efficient environment of care consistent with its mission, services, and law and regulation.	Facility Tour Visits to Patient Care Settings	
III.C.2 Does the space provide adequate privacy and confidentiality in the following areas a. registration/intake b. cashier/checkout c. exam/treatment room d. consult room e. lab/ancillary services f. patient/family conferences	III.C.2 Does the space provide adequate privacy and confidentiality in the following areas a. registration/intake b. cashier/checkout c. exam/treatment room d. [consultation room e. lab/ancillary services f. patient/family conferences	RI.1.3 The organization demonstrates respect for the following patient needs: RI.1.3.2 Privacy;	Facility Tour Visits to Patient Care Settings	

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/STAR (SV) ***
III.C.3 Is the overall quantity and layout of space adequate?	III.C.3 Is the overall quantity and layout of space adequate?	LD.2.5 The leaders are responsible for determining space and other resources required for services. EC.4 Building(s) and grounds are suitable to services provided and patients served.	Facility Tour Visits to Patient Care Settings	
III.C.4 Is the exterior of the facility, including the building and grounds, clean and well-maintained?	III.C.4 Is the exterior of the facility, including the building and grounds, clean and well-maintained?	EC.4 Building(s) and grounds are suitable to services provided and patients served.	Facility Tour	
III.C.5 Is the interior of the facility clean and well-maintained?	III.C.5 Is the interior of the facility clean and well-maintained based on OSHA standards?	EC.2 The organization provides a safe, accessible, effective, and efficient environment of care consistent with its mission, services, and law and regulation. EC.4 Building(s) and grounds are suitable to services provided and patients served.	Facility Tour Visits to Patient Care Settings	
III.C.6 Are there plans to expand, upgrade or correct facility deficiencies, if needed?	III.C.6 Are there plans to expand, upgrade or correct facility deficiencies, if needed?	EC.1 The organization designs a safe, accessible, effective, and efficient environment of care consistent with its mission, services, and law and regulation.	Facility Tour EC Documentation Review	
IV. EXPECTATION: THE HEALTH CENTER IS FINANCIALLY VIABLE AND COST-COMPETITIVE.	IV. EXPECTATION: THE SBHC GRANTEE IS FINANCIALLY VIABLE AND COST-COMPETITIVE.			
A. Indicator: Health center management and staff are knowledgeable about the health care environment and marketplace trends and make appropriate decisions about health center	A. Indicator: SBHC grantee management and staff are knowledgeable about the health care environment and marketplace trends and make appropriate decisions about SBHC			

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV) ***
strategy and operations.	grantee strategy and operations.			
IV.A.1 Do management and staff demonstrate good understanding of state Medicaid policies and trends including waivers?	IV.A.1 Do management and staff demonstrate good understanding of state Medicaid policies and trends including waivers?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
IV.A.2 Do management and staff demonstrate good understanding of other trends in the marketplace which could impact their financial viability?	IV.A.2 Do management and staff demonstrate good understanding of other trends in the marketplace which could impact their financial viability?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
IV.A.3 Are management decisions reflective of marketplace trends and designed to ensure financial viability?	IV.A.3 Are management decisions reflective of marketplace trends and designed to ensure financial viability?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
B. Indicator: The health center assesses its costs and the adequacy of its reimbursement for services.	B. Indicator: The SBHC grantee assesses its costs and the adequacy of its reimbursement for services.			
IV.B.1 Does the health center use relative values units (RVUs) to analyze production and determine the cost of its services?	IV.B.1 Does the SBHC grantee use relative values units (RVUs) to analyze production and determine the cost of its services?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
IV.B.2 Have providers and staff received training on Current Procedural Terminology (CPT) and International Classification of Disease (ICD) coding?	IV.B.2 Have providers and staff received training on Current Procedural Terminology (CPT) and International Classification of Disease (ICD) coding?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	

JCAHO 2000-2001 AMBULATORY CARE STANDARDS CROSSWALK TO 2000 PCER & HS/HC PCER QUESTIONS Page 19
MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/ STAR (SV) ***
IV.B.3 Does the center's fee schedule and/or capitation rates fully reflect its costs?	IV.B.3 Does the center's fee schedule and/or capitation rates fully reflect its costs?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
IV.B.4 Does the health center use Medical Group Management Assn's (MGMA) analysis software, PSPA, to assist in cost analysis? a. Does the center share data with MGMA and receive comparative data? b. Does the center use other benchmarks to compare its performance?	IV.B.4 Does the health center use Medical Group Management Assn's (MGMA) analysis software, PSPA, to assist in cost analysis? a. Does the center share data with MGMA and receive comparative data? b. Does the center use other benchmarks to compare its performance, [(i.e. HEDIS)]?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
V. EXPECTATION: THE AGENCY HAS THE ABILITY TO ASSESS AND CONTROL MANAGED CARE, SERVICE AND OTHER CONTRACTS.	V. EXPECTATION: THE AGENCY HAS THE ABILITY TO ASSESS AND CONTROL MANAGED CARE, SERVICE AND OTHER CONTRACTS.			
A. Indicator: The health center has appropriate policies in place to manage contractual arrangements.	A. Indicator: The health center has appropriate policies in place to manage contractual arrangements.			
V.A.1 Have existing contracts been reviewed to determine that they are in compliance with all relevant Federal requirements?	V.A.1 Have existing contracts been reviewed to determine that they are in compliance with all relevant Federal requirements?	LD.1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangement. LD.2.6 The leaders are responsible for selecting sources of needed services not provided by the organization	Leadership Interview	
V.A.2 Do contracts contain language which limits their duration and addresses renewal and cancellation	V.A.2 Do contracts contain language which limits their duration and addresses renewal and	LD.1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangement.	Leadership Interview	

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV) ***
provisions, including allowing the health center to terminate for cause?	cancellation provisions?	LD.2.6 The leaders are responsible for selecting sources of needed services not provided by the organization		
V.A.3 Do contracts for <u>required</u> clinical services allow the health center to set practice guidelines and performance criteria? a. Is there a procedure by which the health center reviews the subcontractor for compliance with this criteria?	V.A.3 Do contracts for required clinical services allow the SBHC grantee to set practice guidelines and performance criteria? a. Is there a procedure by which the SBHC grantee reviews the subcontractor for compliance with this criteria?	LD.1.3.4.1.1 The leaders approve sources of patient care provided outside the organization. LD.1.3.4.1.1 The leaders approve sources of patient care provided outside the organization. LD.1.10 Clinical practice guidelines are used in designing or improving processes that evaluate and treat specific diagnosis, conditions, or symptoms, as appropriate.	Leadership Interview Clinical Leadership/Staff Interview	
V.A.4 For contracts for clinical services, are the same procedures followed for a clinical contractual arrangement as are followed for employment (for example, querying the National Practitioner Data Bank, primary source verification, etc.)?	V.A.4 For contracts for clinical services, are the same procedures followed for a clinical contractual arrangement as are followed for employment (for example, querying the National Practitioner Data Bank, primary source verification, etc.)?	LD.1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangements. LD.1.3.4.1.1 The leaders approve sources of patient care provided outside the organization. HR.7.1 Credentialing criteria are uniformly applied to LIPs applying to provide patient care services for the organization.	Leadership Interview Human Resource Interview Credentials Review	
V.A.5 When a health center contracts for a required clinical service, does the contract ensure the health center receives required service and financial data in a timely fashion?	V.A.5 When a SBHC grantee contracts for a required clinical service, does the contract ensure the SBHC grantee receives required service and financial data in a timely fashion?	LD.1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangements. LD.1.3.4.1.1 The leaders approve sources of patient care provided outside the organization.	Leadership Interview Document Review	
V.A.6 For facility contracts, are there provisions which call for compliance with relevant Federal regulations, such as ADA, as applicable?	V.A.6 For facility contracts, are there provisions which call for compliance with relevant Federal regulations, such as ADA.	EC. 1 The organization designs a safe, accessible, effective, and efficient environment of care consistent with its mission, services, and law and regulation..	Document Review	
B. Indicator: Current participation in managed care	B. Indicator: Current participation in managed care			

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV) ***
contracts is appropriate given health center resources.	contracts is appropriate given SBHC grantee resources.			
V.B.1 Does the health center staff demonstrate clear knowledge of managed care trends in the state related to: a. Medicaid b. Child Health Insurance Program (CHIP) c. Medicare d. Commercial payers e. HMO's	V.B.1 Does the health center staff demonstrate clear knowledge of managed care trends in the state related to: a. Medicaid b. Child Health Insurance Program (CHIP) c. IDEA/special education d. Commercial payers e. HMO's	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
V.B.2 Does the center have contracts with managed care organizations for: a. Medicaid b. CHIP c. Medicare d. Commercial payers e. HMO's	V.B.2 Does the center have contracts with managed care organizations for: a. Medicaid b. CHIP c. IDEA/special education d. Commercial payers e. HMO's	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
V.B.3 Are there managed care organizations serving the health center's target population that the center is not contracting with? a. Does the center have plans to develop contracts with these organizations? b. Is a decision <u>not</u> to contract based on sound strategic and financial analysis?	V.B.3 Are there managed care organizations serving the SBHC Grantee's target population that the center is not contracting with? a. Does the center have plans to develop contracts with these organizations? b. Is a decision <u>not</u> to contract based on sound strategic and financial analysis? [(State whether strategic or financial or both)]	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
V.B.4 Has the health center lost, retained or increased its enrolled client base as a result of	V.B.4 Has the SBHC grantee lost, retained or increased its enrolled client base as a result of	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/ STAR (SV) ***
managed care? Lost___(%) Retained___ Increased___(%) a. If the health center has lost clients, are specific actions planned to increase enrollment, if financially advantageous to the health center?	managed care? Lost___(%) Retained___ Increased___(%) a. If the SBHC grantee has lost clients, are specific actions planned to increase enrollment, if financially advantageous to the SBHC grantee?			
V.B.5 Does the ED and/or other designated service staff review all managed care contracts?	V.B.5 Does the SBHC grantee director/coordinator and/or other designated service staff review all managed care contracts?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
V.B.6 Are appropriate staff, including clinicians informed about the terms of the contracts?	V.B.6 Are appropriate staff, including clinicians informed about the terms of the contracts?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
V.B.7 Are contracts renegotiated annually?	V.B.7 Are contracts renegotiated annually? a. Are the contracts inclusive of the main sponsoring agency?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
V.C. Indicator: The health center has adequate systems in place to operate effectively under managed care including managing any risk associated with its contracts.	V.C. Indicator: The SBHC grantee has adequate systems in place to operate effectively under managed care including managing any risk associated with its contracts.			
V.C.1 If the center is involved in managed care, what is the center at risk for? Complete chart below. a. In-center services b. Other primary care c. Referral Services	V.C.1 If the SBHC grantee is involved in managed care, what is the center at risk for? Complete chart below. a. In-center services b. Other primary care	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV) ***
d. Inpatient Services e. Emergency services f. Mental Health/substance abuse services g. Pharmacy services h. Laboratory services i. Radiology services j. Out of service area care	c. Referral Services d. Inpatient Services e. Emergency services f. Mental Health/substance abuse services g. Pharmacy services h. Laboratory services i. Radiology services j. Out of service area care			
V.C.2 Does the health center, at least annually, assess the adequacy of capitated and discounted fee payments to cover the center's costs? a. How is the assessment done?	V.C.2 Does the SBHC grantee, at least annually, assess the adequacy of capitated and discounted fee payments to cover the center's costs? a. How is the assessment done?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
V.C.3 Does the center have a written utilization review (UR) and monitoring system that: a. Reports on actual experience in terms of units of service and cost compared to budget? b. Reports on a timely basis (by the 10th of the following month)? c. Is used by management and clinicians to monitor performance and correct deficiencies? d. Is used to modify practice patterns? e. Is used to assess clinicians performance?	V.C.3 Does the SBHC grantee have a written utilization review (UR) and monitoring system that: a. Reports on actual experience in terms of units of service and cost compared to budget? b. Reports on a timely basis (by the 10th of the following month)? c. Is used by management and clinicians to monitor performance and correct deficiencies? d. Is used to modify practice patterns? e. Is used to assess clinicians performance?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
V.C.4 Can the health center verify reports received from MCOs to ensure accuracy?	V.C.4 Can the SBHC grantee verify reports received from MCOs to ensure accuracy?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
V.C.5 If the health center has or will have any risk for inpatient costs, does it		NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/STAR (SV) ***
a. Know who is in the hospital today? b. Know the costs of area hospitals? c. Try to make admissions to lower cost hospitals? d. Have agreements with hospitals for access to patient records by utilization review personnel? e. Have reinsurance? f. Know the estimated cost of incurred but unpaid hospital stays?				
V.C.6 If the health center has or will have any risk for referral or specialty costs, does it: a. Confirm the "fitness" of referral providers? b. Have a formal prior approval referral system? c. Have a system that limits payments to the number of approved visits? d. Monitor use of specialists by primary care physicians and address over-utilization patterns with the primary care physicians? e. Know the estimated cost unfilled but approved specialty visits? f. Have a formal prior approval system for emergency room visits?	V.C.5 If the SBHCF grantee has or will have any risk for referral or specialty costs, does it: a. Confirm the "fitness" of referral providers? b. Have a formal prior approval referral system? c. Have a system that limits payments to the number of approved visits? d. Monitor use of specialists by primary care physicians and address over-utilization patterns with the primary care physicians? e. Know the estimated cost unfilled but approved specialty visits? f. Have a formal prior approval system for emergency room visits?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
V.C.7 Does the health center understand how its enrollees use services and the cost of those services including: a. Per member per year service utilization estimates? b. Break-even number of enrollees? c. Historical comparisons of cost and service frequencies previously incurred by the target population?	V.C.6 Does the SBHC grantee understand how its enrollees use services and the cost of those services including: a. Per member per year service utilization estimates? b. Break-even number of enrollees? c. Historical comparisons of cost and service frequencies previously incurred by the target	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/STAR (SV) ***
	population?			
<p>V.C.8 Is the health center recording accrued expenses for Incurred But Not Reported (IBNR) costs? a. If yes, does the accrual appear to be reasonably done? b. Does the health center they know their claims lag factor? If so, what is it?</p>	<p>V.C.7 Is the SBHC grantee recording accrued expenses for Incurred But Not Reported (IBNR) costs? a. If yes, does the accrual appear to be reasonably done? b. Do they know their claims lag factor? If so, what is it?</p>	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
	<p>V.C.8 Indicate the type of information system (computer-based encounter system): - A system used by our sponsoring agency - Other (describe)</p>			
<p>VI. EXPECTATION: THE HEALTH CENTER MANAGES INFORMATION IN A WAY THAT MEETS INTERNAL NEEDS AND EXTERNAL REQUIREMENTS.</p>	<p>VI. EXPECTATION: THE SBHC GRANTEE MANAGES INFORMATION IN A WAY THAT MEETS INTERNAL NEEDS AND EXTERNAL REQUIREMENTS.</p>			
<p>A. Indicator: The health center has an information system which is capable of meeting internal and external information and reporting needs.</p>	<p>A. Indicator: The SBHC grantee has an information system which is capable of meeting internal and external information and reporting needs.</p>			
VI.A.1	VI.A.1	IM.1.1 Internal and external information	Leadership	

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

<p>2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*</p>	<p>2000 Healthy Schools/Healthy Communities PCER</p>	<p>JCAHO 2000-2001 Ambulatory Care Standards**</p>	<p>JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small></p>	<p>STAR/ STAR (SV) ***</p>
<p>Does the health center operate its own information system (IS), or does it collaborate with other organization(s) to produce some or all of its management information? Operates own system___ Part of collaborative___</p>	<p>Does the SBHC grantee operate its own information system (IS), or does it collaborate with other organization(s) to produce some or all of its management information? Operates own system___ Part of collaborative___</p>	<p>management processes are appropriate for the organization's size and the complexity of its services.</p>	<p>Interview</p>	
<p>VI.A.2 What applications does the health center's automated IS perform? Billing Capitation management General ledger Registration/enrollment Scheduling Patient Tracking Referral Tracking Medical Records Pharmacy Word processing E-mail Internet Access Spreadsheet Other (list)</p>	<p>VI.A.2 What applications does the SBHC Grantee's automated IS perform? Billing Capitation management General ledger Registration/enrollment Scheduling Patient Tracking Referral Tracking Medical Records Pharmacy Word processing E-mail Internet Access Spreadsheet [BPHC UDS] Other (list) <i>{Ed Note: New element added}</i></p>	<p>IM.7 The organization defines, captures, analyzes, transforms, transmits, and reports patient-specific data and information related to care processes and outcomes. IM.1 The organization plans and designs information management processes to meet internal and external information needs. IM.1.1 Internal and external information management processes are appropriate for the organization's size and the complexity of its services.</p>	<p>[Fiscal Reviewer] Continuity of Care Leadership Interview Visits to Patient Care Settings Facility Tour</p>	
<p>VI.A.3 Are the applications providing the health center with the information and administrative support it needs to be cost-competitive?</p>	<p>VI.A.3 Are the applications providing the SBHC grantee with the information and administrative support it needs to be cost-competitive?</p>	<p>IM.1 The organization plans and designs information management processes to meet internal and external information needs.</p>	<p>Leadership Interview Visits to Patient Care Settings Clinical Leadership/Staff Interview</p>	

JCAHO 2000-2001 AMBULATORY CARE STANDARDS CROSSWALK TO 2000 PCER & HS/HC PCER QUESTIONS Page 27
MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/ STAR (SV) ***
<p>VI.A.4 Is there a report writer, with internal capability, or is the health center dependent on the vendor or external system operator for reporting and system modification? Internal report writer ___ Yes ___ No</p>		<p>HR.1 Leaders of functional areas define qualifications and job expectations for their staff, and establish a system for evaluating job performance. IM.1.1 Internal and external information management processes are appropriate for the organization's size and the complexity of its services.</p>	<p>Visits to Patient Care Settings</p>	
<p>VI.A.5 If the health center has multiple service delivery sites, are they linked into a single IS? If yes: a. Are they linked through dial-up or a continual connection (e.g., T1 line)? Dial up___ continual connection___</p>	<p>VI.A.4 If the health center has multiple service delivery sites, are they linked into a single IS? If yes: a. Are they linked through dial-up or a continual connection (e.g., T1 line)? Dial up___ continual connection___</p>	<p>IM.2.2 Collection, storage, and retrieval systems are designed to allow timely and easy use of data and information without compromising their security and confidentiality. LD.3.1 The leaders provide for communication and coordination.</p>	<p>Leadership Interview</p>	
<p>VI.A.6 Is space available on the hard drive sufficient for the next 24 months?</p>	<p>VI.A.5 Is space available on the hard drive sufficient for the next 24 months?</p>	<p>IM.1 The organization plans and designs information management processes to meet internal and external information needs.</p>	<p>Improving Organizational Performance Leadership Interview</p>	
<p>VI.A.7 Are there a sufficient number of workstations for staff to access the system when needed?</p>	<p>VI.A.6 Are there a sufficient number of workstations for staff to access the system when needed?</p>	<p>IM.1 The organization plans and designs information management processes to meet internal and external information needs.</p>	<p>Visits to Patient Care Settings Improving Organizational Performance Leadership Interview</p>	
<p>VI.A.8 Are staff satisfied with: a. accessibility to the system?</p>	<p>VI.A.7 Are staff satisfied with: a. accessibility to the system?</p>	<p>IM.1.1 Internal and external information management processes are appropriate for the organization's size and the complexity of its</p>	<p>Visits to Patient Care Settings</p>	

JCAHO 2000-2001 AMBULATORY CARE STANDARDS CROSSWALK TO 2000 PCER & HS/HC PCER QUESTIONS Page 28
MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/ STAR (SV) ***
b. software capabilities? c. level of support? d. timeliness or reports and outputs?	b. software capabilities? c. level of support? d. timeliness or reports and outputs?	services.		
VI.A.9 Is there a user group or something similar for on-going feedback on IS effectiveness?	VI.A.8 Is there a user group or something similar for on-going feedback on IS effectiveness?	IM.1.1 Internal and external information management processes are appropriate for the organization's size and the complexity of its services.	Leadership Interview Visits to Patient Care Settings	
VI.A.10 Is the IS sufficiently flexible and versatile to fulfill current and expected future needs?	VI.A.9 Is the IS sufficiently flexible and versatile to fulfill current and expected future needs?	IM.1.1 Internal and external information management processes are appropriate for the organization's size and the complexity of its services.	Leadership Interview Visits to Patient Care Settings	
VI.B. Indicator: The information system is covered by appropriate policies and procedures to safeguard information and client confidentiality and support management decisions.	VI.B. Indicator: The information system is covered by appropriate policies and procedures to safeguard information and client confidentiality and support management decisions.			
VI.B.1 Have IS policies been developed which cover how data are: a. collected? b. organized? c. stored? d. maintained? e. secured? f. presented?	VI.B.1 Have IS policies been developed which cover how data are: a. collected? b. organized? c. stored? d. maintained? e. secured? f. presented?	IM.3.1 Minimum data sets, data definitions, codes, classifications and terminology are standardized whenever possible. IM.2.1 The organization determines appropriate levels of security and confidentiality for data and information. IM.2.3 Records and information are protected against loss, destruction, tampering, and unauthorized access or use.	Leadership Interview Visits to Patient Care Settings Patient Rights/ Organizational Ethics	
VI.B.2	VI.B.2	IM.5 Transmission of data and information is	Leadership	

JCAHO 2000-2001 AMBULATORY CARE STANDARDS CROSSWALK TO 2000 PCER & HS/HC PCER QUESTIONS Page 29
 MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/STAR (SV) ***
Do the policies address external access and/or transfer of client or business information? a. External access b. Transfer of information	Do the policies address external access and/or transfer of client or business information? a. External access b. Transfer of information	timely and complete. IM.10.3 The security and confidentiality of data and information are maintained when contributing to or using external databases.	Interview Visits to Patient Care Settings	
VI.B.3 Are procedures for data backup appropriate? a. Are back-up data stored off-site? b. How frequently are data transferred off-site? monthly___ semi-monthly___ quarterly___	VI.B.3 Are procedures for data backup appropriate? a. Are back-up data stored off-site? b. How frequently are data transferred off-site? monthly___ semi-monthly___ quarterly___	IM.2.3 Records and information are protected against loss, destruction, tampering, and unauthorized access or use IM.6.1 The retention time of medical record information is determined by the organization based on law and regulation, and on its use for patient care, legal, research and educational activities.	Visits to Patient Care Settings Health Records Review	
VI.B.4 Are transaction data kept on the system for at least 36 months?	VI.B.4 Are transaction data kept on the system [before being purged? Is this adequate?] <i>{Ed Note: minor wording change.}</i>	IM.1.1 Internal and external information management processes are appropriate for the organization's size and the complexity of its services.	Visits to Patient Care Settings	
VI.B.5 Is there a process for restoring data if necessary?	VI.B.5 Is there a data recovery plan? Have data ever been restored? <i>{Ed Note: minor wording change.}</i>	IM.2 Confidentiality, security, and integrity of data and information are maintained.	Leadership Interview Visits to Patient Care Settings	
VI.B.6 Does the system allow for a reasonable level of security? a. Is access limited to persons with passwords? b. Are limitations to levels appropriate? c. Is a system in place to identify attempts to bypass password security?	VI.B.6 Does the system allow for a reasonable level of security? a. Is access limited to persons with passwords? b. Are limitations to levels appropriate? c. Is a system in place to identify attempts to bypass password security?	IM.2.1 The organization determines appropriate levels of security and confidentiality for data and information. IM.7.1.1 Only authorized individuals make entries in medical records.	Leadership Interview Visits to Patient Care Settings	

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV) ***
C. Indicator: Financial information systems are capable of tracking, analyzing, reporting key aspects of the organization's financial status.	C. Indicator: Financial information systems are capable of tracking, analyzing, reporting key aspects of the organization's financial status.			
VI.C.1 Are the following reports routinely issued within an appropriate time? Are the reports adequate as now issued? a. Revenue generation by source b. Balance sheet c. Rev/Exp compared to budget d. Aged AR by income source e. Compare cost versus capitation/profitability f. Productivity by provider g. Encounters by payor category	VI.C.1 Are the following reports routinely issued within an appropriate time? Are the reports adequate as now issued? a. Revenue generation by source b. Balance sheet c. Rev/Exp compared to budget d. Aged AR by income source e. Compare cost versus capitation/profitability f. Productivity by provider g. Encounters by payor category	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VII. EXPECTATION: THE CENTER HAS EFFECTIVE RISK MANAGEMENT POLICIES AND PROCEDURES.	VII. EXPECTATION: THE CENTER HAS EFFECTIVE RISK MANAGEMENT POLICIES AND PROCEDURES.			
VII.A. Indicator: Written risk managed protocols exist and are followed.	VII.A. Indicator: Written compliance program and risk managed protocols exist and are followed. <i>{Ed Note: Minor wording changer}</i>			
VII.A.1 Is a written procedure in place to ensure timely	VII.A.1 Is a written procedure in place to ensure timely	PI.3.1.1 The organization collects data to monitor the performance of processes that	Infection Control Environment of	

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/STAR (SV) ***
reporting and tracking of all incidents or potential risks (both medical and non-medical) which could lead to exposure and loss?	reporting and tracking of all incidents or potential risks (both medical and non-medical) which could lead to exposure and loss?	involve risks or may result in sentinel events PI.4 Data are systematically aggregated and analyzed on an ongoing basis. EC.1.3 A management plan addresses safety. EC.2.2 The safety management plan is implemented.	Care Interview Improving Organizational Performance	
VII.A.2 Are incidents analyzed for patterns which suggest a need for system, environmental or facility changes? a. Have observed patterns been used to improve adequacy or reduced risks?	VII.A.2 Are incidents analyzed for patterns which suggest a need for system, environmental or facility changes? a. Have observed patterns been used to improve adequacy or reduced risks?	PI.3.1.1 The organization collects data to monitor the performance of processes that involve risks or may result in sentinel events PI.4 Data are systematically aggregated and analyzed on an ongoing basis. EC.1.3 A management plan addresses safety. EC.2.2 The safety management plan is implemented.	Infection Control Environment of Care Interview Improving Organizational Performance	
VII.A.3 Do staff members indicate an awareness of the incident policy and the need to report in a timely manner?	VII.A.3 Do staff members indicate an awareness of the incident policy and the need to report in a timely manner?	LD.3.1 The leaders provide for communication and coordination. EC.1.3 A management plan addresses safety. EC.2.1 Staff have been oriented to and educated about the environment of care, and possess the knowledge and skills to perform their responsibilities under the environment of care management plans. EC.2.2 The safety management plan is implemented.	Visits to Patient Care Settings	
VII.A.4 Are there named individuals with responsibility for tracking and reporting all reportable incidents?	VII.A.4 Are there named individuals with responsibility for tracking and reporting all reportable incidents?	EC.1.3 A management plan addresses safety. EC.3.1 An individual is appointed to monitor and respond to conditions in the environment of care.	Visits to Patient Care Settings	
VII.A.5 Are facilities inspected at least annually for fire and	VII.A.5 Are facilities inspected at least annually for fire	EC.2.11 Safety elements of the environment of care are maintained, tested, and inspected.	Facility Tour Environment of	

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/STAR (SV) ***
safety risks? Are there reports or certificates to document this? a. Inspected b. Documentation	and safety risks? Are there reports or certificates to document this? a. Inspected b. Documentation	EC.2.12 Life safety elements of the environment of care are maintained, tested, and inspected.	Care Interview	
VII.A.6 Is there evidence of disaster and/or fire drills occurring at least annually?	VII.A.6 Is there evidence of disaster and/or fire drills occurring at least annually?	EC.2.10 Fire drills are conducted regularly. EC.2.5 The emergency preparedness management plan is implemented.	Environment of Care Interview	
VII.A.7 Has the corporation obtained an independent review of the adequacy of its insurance coverage and risk management?	VII.A.7 Has the corporation obtained an independent review of the adequacy of its insurance coverage and risk management?	NO COMPARABLE JCAHO STANDARD/INTENT	<i>add to: Environment of Care Interview</i>	STAR (SV)
VII.B. Indicator: The health center has explored participation in Federal Tort Claims Act (FTCA)	VII.B. Indicator: The SBHC grantee has explored participation in Federal Tort Claims Act (FTCA)			
VII.B.1 Has the health center been deemed eligible for FTCA professional liability coverage?	VII.B.1 Has the SBHC grantee been deemed eligible for FTCA professional liability coverage?	NO COMPARABLE JCAHO STANDARD/INTENT	<i>add to: Leadership Interview</i>	STAR (SV)
VII.B.2 Is there pending litigation?	VII.B.2 Is there pending litigation?	NO COMPARABLE JCAHO STANDARD/INTENT	<i>add to: Leadership Interview</i>	STAR (SV)
VIII. EXPECTATION: FINANCIAL SYSTEMS ARE MAINTAINED WHICH PROVIDE INTERNAL CONTROLS, SAFEGUARD ASSETS, ENSURE STEWARDSHIP OF FEDERAL FUNDS,	VIII. EXPECTATION: FINANCIAL SYSTEMS ARE MAINTAINED WHICH PROVIDE INTERNAL CONTROLS, SAFEGUARD ASSETS, ENSURE STEWARDSHIP OF			

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV) ***
MAINTAIN ADEQUATE CASH FLOW, ASSURE UNRESTRICTED ACCESS TO CARE, AND MAXIMIZE REVENUE FROM NON-FEDERAL SOURCES.	FEDERAL FUNDS, MAINTAIN ADEQUATE CASH FLOW, ASSURE UNRESTRICTED ACCESS TO CARE, AND MAXIMIZE REVENUE FROM NON-FEDERAL SOURCES.			
VIII.A. Indicator: The center has appropriately completed and submitted special program reports. Appropriate backup documentation has been maintained and may be verified.	VIII.A. Indicator: The center has appropriately completed and submitted special program reports. Appropriate backup documentation has been maintained and may be verified.			
	VIII.A.1 Is the Healthy Schools, Healthy Communities program report (e.g. progress quarterly/annual reports for the School Based Program) completed and submitted on time?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
	VIII.A.2 Is the SBHC grantee out-of-compliance with any BPHC performance indicators? a. What actions are the center taking to come into compliance?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.A.1 Is the Uniform Data System (UDS) report completed and submitted on time?		NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.A.2 Are UDS reports accurate? Verify as follows: a. Do total users on table 3A equal the total reported on Table 4? b. Is a system in place that consistently allocates staff time to UDS tables 5 and 8A? c. For Table 5 staff allocation, are allocations made based on work performed? Is there a reasonable basis		NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV) ***
for allocating staff for multiple categories? d. Do reported FTEs reflect part-time status and/or employment for a portion of the reporting period? e. Is all provider time accounted for, regardless of payment mechanism or volunteer status? f. On Table 5, can the number of encounters reported be verified? g. Is Table 8A being calculated on an accrual basis as required? Does it include depreciation expense? 1. Accrued 2. Depreciation included h. How are facility costs allocated: -Square feet occupied -Square feet plus other -Reasonable alternative methodology -No discernible method i. How are administrative costs allocated? - UDS prescribed methodology - Reasonable alternative method - No discernible method j. If staff have been reported on Table 5, lines 20, 21 or 22, are associated costs reflected on Table 8B? k. On Table 9D, have the reported bad debt adjustments been reviewed and approved by the board?				
VIII.A.3 Is the Financial Status Report (FSR) being submitted on time? Is it accurate?	VIII.A.3 Is the Financial Status Report (FSR) being submitted on time? Is it accurate?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
	VIII. A.4 Are controls in place to ensure SBHC program grant funds are expended for allowable costs? Grant funds cannot be used for the following: a. Enhancements to a previously established	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/ STAR (SV) ***
	non-SBHC grantee funded SBHC b. Establish additional school-based or school linked health centers or provide services in schools other than the single approved site. c. Purchase non-essential major medical equipments.			
VIII.B. Indicator: Billing and collections maximize non-Federal resources, while providing services without regard to the patient's ability to pay.	VIII.B. Indicator: Billing and collections maximize non-Federal resources, while providing services without regard to the patient's ability to pay.			
VIII.B.1 Does the health center have a schedule of charges and corresponding schedule of discounts which includes fees and sliding scale discounts for visits, procedures, lab, radiology, dental and pharmacy? Identify for each below. - visits - procedures - laboratory - radiology - pharmacy	VIII.B.1 Does the SBHC grantee have a schedule of charges and a sliding fee schedule for visits, procedures, lab, radiology, dental and pharmacy? Identify for each below: - visits - procedures - laboratory - radiology - pharmacy <i>(Ed Note: Minor wording change.)</i>	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.B.2 Are policies in place which ensure no one will be denied services solely based on inability to pay and which provide access to the sliding fee discounts for anyone eligible?	VIII.B.2 Are policies in place which ensure no one will be denied services solely based on inability to pay and which provide access to the sliding fee scale for anyone eligible?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.B.3 Are notices written and posted in all languages relevant to the target population?	VIII.B.3 Are the policies written and posted in all languages relevant to the target population?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	

JCAHO 2000-2001 AMBULATORY CARE STANDARDS CROSSWALK TO 2000 PCER & HS/HC PCER QUESTIONS Page 36
MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/ STAR (SV) ***
VIII.B.4 Is the sliding fee discount based on the most recent Federal poverty guidelines, as required? a. Is the scale calculated correctly based on the guidelines?	VIII.B.4 Is the sliding fee discount based on the most recent Federal poverty guidelines, as required?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.B.5 Does the health center have a nominal fee for health center users who are below 100 percent of the Federal poverty level ? a. If yes, is it a specific dollar amount? (list amount) b. Is the amount approved by the board?	VIII.B.5 Does the SBHC have a nominal fee for SBHC users. If yes, what is the nominal fee?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.B.6 Randomly select 10 sliding fee scale determinations which indicate that a sliding fee discount has been given. Are income and family size assessed at the outset and at least annually? Is self-declaration used for initial and/or final eligibility? (Ed Note: See work table)	VIII.B.6 Randomly select 10 sliding fee scale determinations [including all federal funding sources] which indicate that a sliding fee discount has been given. a. Is income documented at least annually? b. Is family size updated at least annually? c. Have proper determinations been made?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
	VIII.B.7 Is self-declaration being used to determine: a. Initial eligibility? b. Final eligibility?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
	VIII.B.8 Is there an alternative method, or is self-declaration used to determine eligibility for sliding fee discounts for adolescent patients seeking confidential care? a. Initial eligibility? b. Final eligibility?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	

JCAHO 2000-2001 AMBULATORY CARE STANDARDS CROSSWALK TO 2000 PCER & HS/HC PCER QUESTIONS Page 37
MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/ STAR (SV) ***
VIII.B.7 Are patients routinely screened for and assisted in obtaining eligibility for Medicaid, Medicare or other third-party coverage?	VIII.B.9 Are patients routinely screened for and assisted in obtaining eligibility for Medicaid, Medicare or other third-party coverage?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.B.8 Does the encounter form include a place for all billable services rendered? Does the review of sample encounter forms indicate that all billable services are being charged? On form and being charged? - visits - procedures - lab tests - radiology - pharmacy	VIII.B.10 Does the encounter form include a place for all billable services rendered? Does the review of sample encounter forms indicate that all billable services are being charged? - visits - procedures - lab tests - radiology - pharmacy	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.B.9 Does the encounter form permit the entry of charges for offsite services, or inpatient services, or is an alternative billing system in place and functional? Does the review of offsite charge forms indicate that appropriate services are being charged? a. system in place b. charges billed	VIII.B.11 Does the encounter form permit the entry of charges for offsite services, or inpatient services, or is an alternative billing system in place and functional? Does the review of offsite charge forms indicate that appropriate services are being charged? a. system in place b. charges billed	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.B.10 What is the lag time between date of service and data entry of charges? Lagtime_____ Is this appropriate?	VIII.B.12 What is the lag time between date of service and data entry of charges? Lagtime	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.B.11 Does the health center collect fees from clients prior to seeing provider?	VIII.B.13 Does the SBHC grantee collect fees from clients prior to seeing provider?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.B.12 Are patients who are responsible for payments presented with a bill and asked for payment in full at the end of the visit?	VIII.B.14 Are patients who are responsible for payments presented with a bill and asked for payment in full at the end of the visit?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	

JCAHO 2000-2001 AMBULATORY CARE STANDARDS CROSSWALK TO 2000 PCER & HS/HC PCER QUESTIONS Page 38
MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/ STAR (SV) ***
VIII.B.13 Does the health center have a written policy regarding providing services to patients with bad debt, large balances or lack of payment attempts? Is the policy written and approved by the board?	VIII.B.15 Does the SBHC grantee have a written policy regarding providing services to patients with bad debt, large balances or lack of payment attempts? Is the policy written and approved by the board?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.B.14 Does the health center have written procedures stating how quickly or when patients and third parties are to be billed? - Self-pay - Medicaid - Medicare - Private insurance	VIII.B.16 Does the SBHC grantee have written procedures stating how quickly or when patients and third parties are to be billed? - Self-pay - Medicaid - Private insurance	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.B.15 Are third party payments reconciled to original billings and disputed items rebilled promptly?	VIII.B.17 Are third party payments reconciled to original billings and disputed items rebilled promptly?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.B.16 Will the center have Medicaid and Medicare receivables or liabilities at year end, from the current or prior years? - Medicaid - Medicare	VIII.B.18 Will the center have Medicaid receivables or liabilities at year end, from the current or prior years? - Medicaid	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.C. Indicator: The health center has appropriate controls for cash disbursements.	VIII.C. Indicator: The SBHC grantee has appropriate controls for cash disbursements.			
VIII.C.1 Are the functions involved in the incurring and paying of health center obligations adequately separated? a. If no, is this appropriate due to the overall size of the health center?	VIII.C.1 Are the functions involved in the incurring and paying of SBHC grantee obligations adequately separated? a. If no, is this appropriate due to the overall size of the SBHC grantee?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	

JCAHO 2000-2001 AMBULATORY CARE STANDARDS CROSSWALK TO 2000 PCER & HS/HC PCER QUESTIONS Page 39
MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/ STAR (SV) ***
VIII.C.2 Are any checks being written to "cash"? (If checks are written to cash, explain why in notes.)	VIII.C.2 Are any checks being written to "cash"? (If checks are written to cash, explain why in notes.)	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.C.3 Are unused checks appropriately stored with limited access?	VIII.C.3 Are unused checks appropriately stored with limited access?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.C.4 Are canceled or spoiled checks accounted for and effectively voided?	VIII.C.4 Are canceled or spoiled checks accounted for and effectively voided?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.C.5 Review a random sample of 10 current payables in the most recent cycle. What is the average lag time between bill date (or bill receipt) and check date? Are discounts taken? Is interest paid?	VIII.C.5 Review a random sample of 10 current payables in the most recent cycle. What is the average lag time between bill date (or bill receipt) and check date? Are discounts taken? Is interest paid? [Average lag time]	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.C.6 Review a random set of 10 checks sent to vendors and determine average lag time between check date and cashing date. Does the date indicate that the checks have been held after being written?	VIII.C.6 Review a random set of 10 checks sent to vendors and determine average lag time between check date and cashing date. Does the date indicate that the checks have been held after being written?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
	VIII.C.7 Are check-signing limits in place and adhered to? For the items selected in #6 above, ensure that the individual(s) signing the check has done so within the limits of their authority level.	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
	VIII.C.8 Are bank accounts being reconciled and reviewed by appropriate personnel on a timely basis?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	

JCAHO 2000-2001 AMBULATORY CARE STANDARDS CROSSWALK TO 2000 PCER & HS/HC PCER QUESTIONS Page 40
MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/ STAR (SV) ***
D. Indicator: The chart of accounts tracks information at an appropriate level of detail.	D. Indicator: The chart of accounts tracks information at an appropriate level of detail.			
VIII.D.1 Is the chart of accounts adequately detailed to permit appropriate allocation of expenses to a. Cost centers? b. Object classes? c. Multiple funding sources? d. Multiple sites?	VIII.D.1 Is the chart of accounts adequately detailed to permit appropriate allocation of expenses to a. Cost centers? b. Object classes? c. Multiple funding sources? d. Multiple sites?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.E. Indicator: The health center effectively manages cash and cash equivalent resources.	VIII.E. Indicator: The SBHC grantee effectively manages cash and cash equivalent resources.			
VIII.E.1 Is the 330 grant draw-down proportionate to the time in the grant year? If no, is there a good reason?	VIII.E.1 Is the SBHC grant draw-down proportionate to the time in the grant year to impact the operation of the SBHC grantee?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.E.2 Is there a current or anticipated cash shortfall at the center? a. Current: b. Anticipated:	VIII.E.2 Is there a current or anticipated cash shortfall at the center? a. Current: b. Anticipated:	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.E.3 Are withholding taxes being paid on time?	VIII.E.3 Are payroll withholding taxes, both the employee and employer portion, being paid on time?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
	VIII.E.4 Are payments being made to employee benefit providers (e.g. , health, dental, and life insurance, 401k, etc.) as required by the terms of their agreements?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
	VIII.E.5	NO COMPARABLE JCAHO	[Fiscal Reviewer]	

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV) ***
	Does the grantee show evidence to leverage additional resources based on SBHC dollars? (i.e. state line items, Dept. of education, Title V and Title 10)	STANDARD/INTENT		
VIII.E.4 Has the health center established a line of credit? If used, for what purposes?	VIII.E.6 Has the health center established a line of credit? If used, for what purposes?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.E.5 Does the center currently have funded reserves for Managed Care losses or unanticipated expenses? a. Does the health center budget include funds to build a reserve?	VIII.E.7 Does the center have funded reserves for Managed Care losses or unanticipated expenses? a. Does the SBHC grantee budget include funds to build the account losses?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.E.6 Are Accounts Receivable collected in a timely manner?	VIII.E.8 Are Accounts Receivable collected in a timely manner?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.E.7 What percent of Accounts Receivable are over 90 days? _____%	VIII.E.9 What percent of Accounts Receivable are over 90 days? _____%	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.E.8 Does the center use credit cards? If yes, is a written policy in place governing their use? Is it adequate? written? adequate? followed? a. Do all charges appear valid? (review 3 months)	VIII.E.10 Does the center use credit cards? If yes, is a written policy in place governing their use? Is it adequate? Is it followed? written? adequate? followed? a. Do all charges appear valid? (review 3 mo) b. Are the credit card machine and the credit card charge slips adequately safeguarded at all times?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.F. Indicator: The health center has systems to manage fixed assets.	VIII.F. Indicator: The SBHC grantee has systems to manage fixed assets.			
VIII.F.1 Does the health center have a written fixed asset policy consistent with Federal regulations (45CFR	VIII.F.1 Does the SBHC grantee have a written fixed asset policy consistent with Federal regulations	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	

JCAHO 2000-2001 AMBULATORY CARE STANDARDS CROSSWALK TO 2000 PCER & HS/HC PCER QUESTIONS Page 42
MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/ STAR (SV) ***
Part 74)?	(45CFR Part 74)?	STANDARD/INTENT		
VIII.F.2 What was the date of the last physical inventory? _____	VIII.F.2 What was the date of the last physical inventory? _____	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
	VIII.F.3 What were the results of the last physical inventory? Were any assets not located and had to be written off?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.F.3 Does the Federal Government have a reversionary interest in any of the health center's real property? If yes, has it been recorded in local government land records, as required?	VIII.F.4 Does the Federal Government have a reversionary interest in any of the SBHC grantee's real property? If yes, has it been recorded in local gov't land records, as required?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.G. Indicator: The health center has established purchasing policies.	VIII.G. Indicator: The SBHC grantee has established purchasing policies either through or consistent with that of the sponsoring agency.			
VIII.G.1 Are written purchasing policies in place that encourage lowest cost purchasing and require that large purchases be put out to bid, consistent with Federal Circular A-110?	VIII.G.1 Are written purchasing policies in place that encourage lowest cost purchasing and require that large purchases be put out to bid, consistent with Federal Circular A-110?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.G. 2 Are written policies in place to prevent the solicitation or receipt of remuneration or benefits by individuals or the health center itself in return for purchasing, leasing, ordering or arranging for or recommending the purchasing, leasing, or ordering of any good, facility, service, or item?	VIII.G. 2 Are written policies in place to prevent the solicitation or receipt of remuneration or benefits by individuals or the SBHC grantee itself in return for purchasing, leasing, ordering or arranging for or recommending the purchasing, leasing, or ordering of any good, facility, service, or item?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	

JCAHO 2000-2001 AMBULATORY CARE STANDARDS CROSSWALK TO 2000 PCER & HS/HC PCER QUESTIONS Page 43
MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/ STAR (SV) ***
VIII.H. Indicator: The health center accurately records and allocates payroll expenses.	VIII.H. Indicator: The SBHC grantee accurately records and allocates payroll expenses.			
VIII.H.1 Do all employees maintain a contemporaneous Record of time and effort?	VIII.H.1 Do all employees maintain a contemporaneous record of time and effort?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.H.2 Are all time records signed by employee? By supervisor ?	VIII.H.2 Are all time records signed by employee? By supervisor ?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.H.3 Do time records document allocation of time among programs or responsibilities?	VIII.H.3 Do time records document allocation of time among programs or responsibilities?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.H.4 Do source documents indicate location employee is working?	VIII.H.4 Do source documents indicate location employee is working?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.I. Indicator: The health center is able to track budgets and actual revenue/expenses for each department or program.	VIII.I. Indicator: The SBHC grantee is able to track budgets and actual revenue/expenses for each department or program.			
VIII.I.1 As applicable, does the health center have department programs and/or site-specific budgets and allocate revenues and expenses? By program? By site? a. Revenue budgets b. Expense budgets c. Allocated occupancy costs d. Allocated communication costs e. Allocated staff costs f. Allocated grant revenues g. Allocated patient revenues	VIII.I.1 In compliance with the Health Centers Consolidation Act of 1996, SBHC grantees must follow the Total Budget Concept. Under this concept, all funds (federal and non-federal, including state, local, Program income, in-kind contributions, and all others) must be reflected in the proposed budget. Does the SBHC grantee follow the Total Budget Concept?			
	VIII.I.2 Is the federal share of the budget greater than the difference between the costs of the project	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	

MANAGEMENT AND FINANCE (MODULE III) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV) ***
	and the amount which the SBHC grantee receives from the state, local, or other operational funding, and the fees premiums, and third-party reimbursement for its operations? (Note under the Health Centers Consolidation Act of 1996 the federal share cannot be greater.)			
	VIII.I.3 Programs (if applicable) a. Do separately funded programs have revenue budgets, as required? b. Do separately funded programs have expense budgets, as required? c. Are occupancy costs allocated to these programs? d. Are communications costs allocated to these programs? f. Are staff who work in multiple programs allocated appropriately to these multiple programs? g. Are revenues from grants and patient services allocated to separately funded programs?			
VIII.J. Indicator: An annual independent financial audit is performed and a report and management letter provided to the board.	VIII.J. Indicator: An annual independent financial audit is performed and a report and management letter provided to the board, {via the sponsoring agency}.			
VIII.J.1 Have audits been conducted regularly and on time over the last three years in accordance with OMB A-133?	VIII.J.1 Have audits been conducted regularly & on time over the last 3 yrs in accordance w/ OMBA-133?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.J.2	VIII.J.2	NO COMPARABLE JCAHO		

2000 Primary Care Effectiveness Review (PCER) MANAGEMENT AND FINANCE*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/STAR (SV) ***
Have opinions for the last three years been unqualified?	Have opinions for the last 3 yrs been unqualified?	STANDARD/INTENT	[Fiscal Reviewer]	
VIII.J.3 Have management letters been submitted by the auditor for each of the last three audits? a. If yes, have any management letter findings been acted on promptly?	VIII.J.3 Have management letters been submitted by the auditor for each of the last three audits? a. If yes, have any management letter findings been acted on promptly?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.J.4 For how many years has the current auditor been used? When was it last bid?	VIII.J.4 For how many years has the current auditor been used? When was it last bid?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.J.5 Does the audit report include: __FSR reconciliation __Opinion of scope of audit, fairness of financial statements, and internal controls __Center in compliance with GAAP opinion __Time-phased corrective action plan, where necessary	VIII.J.5 Does the audit report include: __FSR reconciliation __Opinion of scope of audit, fairness of financial statements, and internal controls __Center in compliance with GAAP opinion __Time-phased corrective action plan, where necessary	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	

Notes:

- * **Embolden** PCER Question Is Mandatory/Required by Federal Law or Regulation
 - ** This column contains only the relevant standard(s) references; however, in each case the standard and intent statement which are evaluated by the surveyors were both considered when determining if the standards and PCER questions cross-walked.
 - *** ASTAR≅ references elements of the 2000 PCER which must be directly addressed due to the specificity of BPHC statutory, regulatory, legal, or other requirements. Notation in the STAR consists of one of two designations: ASTAR≅ indicates those elements of the PCER which are self-reported by the health center and will be pro-actively validated by the surveyors; STAR (SV) indicates elements of the PCER which are self-reported by the health center and sample validated by the surveyors.
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