



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARGARET L. SAUER MS, MHA • Director
NC OFFICE OF RURAL HEALTH

State Designated Rural Health Center Attestation

I, _____ the undersigned, agree to ensure the following obligations are met:

Program Expectations

- Provide the following services: primary care, diagnostic x-ray, diagnostic laboratory, wellness and preventive care, health screening, and behavioral health services.
- Attest that my organization is a non-profit 501 (C)(3) organization.
- Utilize a formal arrangement for hospitalization, discharge planning, and post discharge follow up to ensure continuity of care and the timely transfer of information between the clinic and the hospital.
- Have operating procedures to respond to patient medical emergencies during regularly scheduled hours of operation.
- Utilize a sliding fee discount scale based on income and family size for those within 200% of Federal Poverty Guidelines to determine the co-payment for services.
- Ensure that all non-licensed staff funded by ORH to provide support patient services have been initially credentialed according to my agency's policies and participating in ORH supportive programs.
- Ensure that all licensed personnel providing care, including licensed independent providers and other licensed or certified providers, have been credentialed and privileged according to my agency's credentialing and privileging policies and in accordance with applicable federal, state, and local laws. This must include verification of provider licensure, certification, or registration.
- Ensure that privileging is a recurring process and includes routine assessment of fitness for duty and clinical competence to perform the duties that they have been privileged to perform.
- Maintain individual medical records for each Medical Access Plan (MAP)/Behavioral Health (BH) patient and perform at least quarterly peer review of these charts to inform privileging of providers and assessing their clinical competence.

Specific to the Medical Access and Behavioral Access Programs

- Conduct a yearly medical chart review as requested by ORH.

- Have a continuous quality improvement (CQI) team which conducts regular clinical CQI related to MAP/BH and other high need patients in an organizational level CQI committee.
- Use a SDOH screening tool at each medical visit for every patient with two or more documented high risk medical conditions and/or identified social support needs.

Meeting Requirements

- At least one agency administrator will attend the annual Kick Off Meeting.
- Participate in regular meetings with NCAHEC Practice Support coach for annual practice assessment, action plan development and execution of agreed upon activities. Ensure appropriate personnel are engaged where needed.
- Participate in at least one site visit annually and one desk review where the following may be assessed: charts, clinical protocols and policies, identification of MAP/BAH patients, and verification that agency is compliant with ORH contract expectations.

Documentation and Reporting Requirements

- Utilize ORH SDRHC's program forms as specified, including the Monthly Expense Report, AHEC Practice Assessment, Action Plan, Patient Eligibility, Quarterly Reports, and associated forms.
- Complete annual practice assessment, action plan and identify mutually agreed upon activities for execution with the NC AHEC Practice Support coach. Ensure activities prioritize identified operational performance needs, quality of care gaps, HIT optimization (EHR, telehealth, HIE), clinical and administrative workflow redesign, community health worker optimization, behavioral health integration development, etc. where applicable.
- Submit annual certification documents associated with receipt of funds from state agency.
- Maintain compliance with HIPAA regulations, including adherence to a privacy and security policy that references unique risks associated with outreach.

Executive Director,

Applicant Agency Date

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