

HRSA Compliance 101

HCHN GOVERNANCE COUNCIL

2/23/26

Federal Grantor: Health Resources and Services Administration (HRSA)

Health centers receive grant funding from HRSA's Bureau of Primary Health Care (BPHC), under the Health Center Program, as authorized by Section 330 of the Public Health Service (PHS) Act

- Community Health Centers (CHCs) serve as the primary medical home for more than 30 million people in over 14,000 service delivery sites in communities across America
- Most grants provide support to contribute to serving an entire underserved community (or service area)
- Others (such as HCHN's) receive funding from a special populations pots of grant dollars reserved for **persons experiencing or at risk for homelessness**, agricultural workers, or residents of public housing

Key Health Center Program Requirements

HRSA provides guidance on [program compliance requirements](#), divided into three categories:

- Administrative/Governance
- Clinical
- Fiscal

Compliance assessed through [Operational Site Visit \(OSV\)](#) – typically scheduled at midpoint of grant period

- HCHN expecting OSV sometime this year – dates TBD, we have requested late summer/early Fall

Administrative/Governance

Needs Assessment: Reviews the needs of people experiencing homelessness.

Accessible Locations and Hours of Operation: Services at times/locations that meet needs of people experiencing homelessness.

Key Management Staff: Fully staffed administrative team to manage program.

Conflict of Interest: Policies to prohibit conflict of interest.

Collaborative Relationships: Partnerships with other health centers as well as hospitals, behavioral health providers, housing, shelter, and homeless services providers in the area.

Board Authority: Responsible for overseeing most operations of HCHN.

Board Composition: Represents population served and others who have experience with social service agencies, local government, etc.

Clinical

Required and Additional Health Services: Provides all required health services (primary, preventative, enabling) and additional services, such as substance use disorder (also fits under Fiscal category).

Clinical Staffing: Enough fully licensed staff to carry out required health services.

Coverage for Medical Emergencies During and After Hours: Emergency, after hours medical care available.

Continuity of Care and Hospital Admitting: Ability for HCHN providers to ensure continuity of care.

Quality Improvement/Assurance: Program to ensure access to high quality care.

Fiscal

Sliding Fee Discount Program: Policies in place to adjust health care costs depending on patient ability to pay.

Contracts and Subawards: HCHN admin team manages contracts with external agencies to ensure they are effective in achieving program goals and meet HRSA program requirements.

Financial Management and Accounting Systems: Internal team to maintain financial stability and respond to annual independent audits.

Billing and Collections: System in place for collecting payments, as needed.

Budget: Reflects the costs of operations, expenses, and revenues in operating services.

Program Monitoring and Data Reporting Systems: Accurately collects and reports data.

What is the GC's Role?

HRSA Community Governance and Oversight Requirements

Public health departments and other “public entity grantees” funded under the federal Community Health Center Program must collaborate with a board that assures meaningful community oversight

- “Co-applicant agreement” between the community board and the grantee must outline the authorities of the grantee (Public Health – Seattle & King County) versus the co-applicant board (HCHN Governance Council)



GC Role – Ongoing Compliance Oversight

Public entities (PHSKC) reserve certain general authorities over budget/finance, personnel policies, etc.

Boards (HCHN GC) provide:*

- Overall strategic direction, including program development priorities
- Assessment of progress in meeting objectives
- Approval of certain decisions on which it collaborates with the grantee

**More details: Governance Council [Bylaws](#) (Article II: Responsibilities) & [Co-Applicant Agreement](#) (h. Powers and Duties of the Governance Council)*

GC Role – During OSV

Interviews with OSV Review Team* to assess compliance with key health center program requirements, with particular focus on:

- Board Authority
- Board Composition

Invitation to Entrance/Exit Conference

- Meet OSV team, orient to HCHN, and review agenda (Entrance)
- Summary of site visit findings/next steps (Exit)

**HCHN Admin Team preps the EC, as a proxy for the GC – staff are not present during interviews*

Questions?