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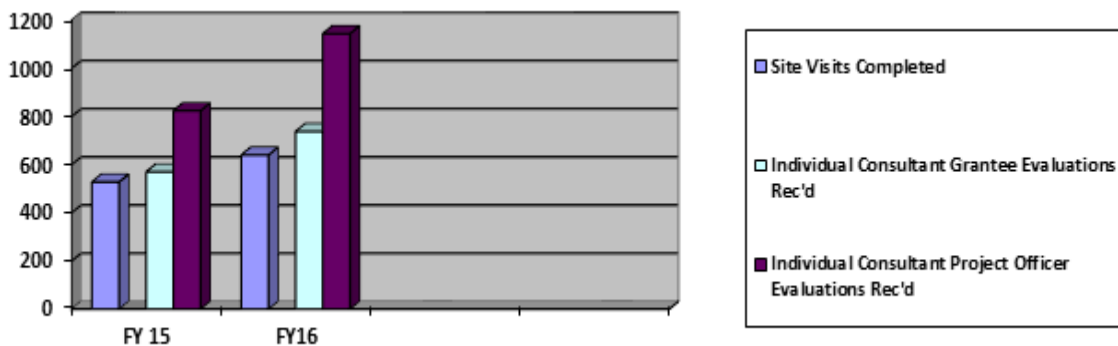
HRSA - Bureau of Primary Health Care

Consultant eNews

"Autumn...the year's last, loveliest smile". William Cullen Bryant

Message from MSCG...

To say that this past fiscal year has been busy is an understatement. We have completed 640 site visits in FY16 just in time to celebrate the holidays with our loved ones, rest and recharge for the next site visit cycle. THANK YOU is not enough for all of the hard work that you do for MSCG, BPHC and more importantly the Health Centers! It's clear from the data below that the hard work that you put into your field is recognized and supported by everyone.



Evaluations are per consultant not TA/site visit

Looking Ahead

As we are expecting the site visit volume and activity to resemble the last cycle, we are also looking forward to the following in FY17:

- HCCN Visits
- Updated/New Trainings (340B, LAL, HCCN, Consultant Professional Standards)
- New Site Visit Protocol
- Targeted Support for consultant report submissions, i.e. Clinical and Fiscal
- Promising Practices communication

This is just to name a few! We will keep you up-to-date through-out the year and please feel free to send suggestions on areas/topics you would like to see addressed.

Have a blessed and safe Holiday season!!

Indian Tribes, Tribal Groups, Indian Organizations

When completing site visit reports for health centers operated by Indian tribes, tribal groups, or Indian organizations under the Indian Self-Determination Act or Urban Indian Organizations under the Indian Health Care Improvement Act, please be deliberate when using the term "tribal beneficiaries" as opposed to "health center patients." The term "tribal beneficiaries" should only be utilized when noting a finding or describing health center operations that relate to the subset of health center patients who are eligible for Indian Health Service benefits.

QUESTION: How should we assess the Health Center Program Board Authority and Board Composition requirements for a health center operated by Indian tribes, tribal groups, or Indian organizations under the Indian Self-Determination Act or Urban Indian Organizations under the Indian Health Care Improvement Act?

ANSWER: As written in Section 330(k)(3)(H) of the Public Health Service Act, as amended, the governing board of a health center operated by Indian tribes, tribal groups, or Indian organizations under the Indian Self-Determination Act or Urban Indian Organizations under the Indian Health Care Improvement Act is exempt from the specific board authority and composition requirements included in the Health Center Program statutory and regulatory requirements. So, while such health centers are required to have a governing body, the specific board authority and composition requirements (such as approval of policies, meeting monthly, patient majority, etc.) are not required. Therefore, when completing an OSV for a health center operated by an Indian tribe or tribal, Indian, or urban Indian group, the requirement would be marked as "met" and the OSV team would note in the narrative comments in the OSV Report that Board Authority or Board Composition was not reviewed because the requirements do not apply to this health center which is operated by an Indian tribe, tribal group, or Indian organization.

Consultant Reminders...

Consultant Solicitation

MSCG discourages consultants blocking their calendar when contacted by BPHC staff directly for site visit availability. Please note that your participation on an assignment is not confirmed until you receive the Logistics Confirmation email. **Arrangements made outside of this process may not be honored.**

Consultant Trainings

Thank you to everyone who have participated and are current with the Mandatory Consultant Trainings. As we continue to work on developing and updating meaningful trainings we want to direct you to the additional trainings that were recently added to the Mandatory Consultant Training list

<https://www.mscginc.com/Mscg/sendmails/Consultanttrainings.cfm>.

Please visit your Consultant Profile page at <https://www.mscginc.com/consultant> to view your training participation record. Please contact Carolina Callahan ccallahan@mscginc.com with any concerns of inconsistency with your training participation and training profile.

Consultant Referrals Welcomed!

If you know of a colleague with a health center background in the 19 Program Requirements and an interest in consulting please have them visit the MSCG Online Rostering page at: <https://www.mscginc.com/consultant> for more information.

As always please update your current online profile and resume with any recent activity that would be helpful to BPHC Programs.

Consultant Report Reminders...

- Team Leaders - Please communicate and consult with team members on significant changes, i.e. 'met or not met' of consultant reports. Also, we strongly encourage that the final BPHC approved report be shared with the team.
- Team Members - Please note that the Team Leader is required to submit the revised reports within 5 business days of receipt of comments, so it is incumbent on the other team members to respond in a timely fashion when notified of changes by the TL. Minor edits however, are routinely acceptable for submission with the team members' review.
- Consultant Team - Please perform a comprehensive review of your designated compliance area. Please ensure that findings are substantiated with clear, concise statements that are in accordance with the current Site Visit Guide
https://www.mscginc.com/MSCG_Consultant_Documents/HealthCenterProgramSiteVisitGuide_Nov2014.pdf.
- Report Version Control - As the report submission process involves several layers to deliver an exceptional end product, please take the time to manage version control of reports. Often times unedited reports are uploaded to BPHC although the report has been through the MSCG Editor. Please ensure that the report uploaded to TATS is the version that has been through the MSCG report process.

Site Visit Types with Required Report Formats

Please review the Report Format by Site Visit Type below. Consultant reports should be submitted accordingly. All the report templates are available at this link: <https://hcp.hrsa.gov/osvrtemplate>

Site Visit Type	Site Visit Type Focus Areas	Consultant Report Format
Operational Site Visit	Compliance Assessment-Comprehensive	Online Report Format-All Sections
	Clinical & Financial Performance	
	Capital & Other Grant Progress	
	Innovative/Best Practices	
Program Requirement Verification Site Visit	Compliance Verification-Targeted	Online Report Format-Applicable Program Requirement Sections Only
Targeted Program Requirement Assessment Site Visit	Compliance Assessment-Targeted	Online Report Format-Applicable Program Requirement Sections Only
Program Requirement Assistance Site Visit	Assistance in Meeting Compliance	Online Generic Report Format
Performance Improvement Site Visit	Assistance with Performance Improvement (e.g., Targeted TA provided to Newly Funded grantees before their OSV) Implementation of Best Practices	Online Generic Report Format
Specialized Site Visits	Federal Tort Claims Act Health Center Controlled Network Primary Care Association Assessment	Online Generic Report Format except for the FTCA, HCCN and PCA Assessment site visits, FTCA, HCCN and PCA Assessments have different report formats which are not online.

Travel Support

Medical and Weather-Related Emergencies

If you are a team member experiencing a medical or weather-related emergency, please contact your team leader, MSCG Logistics Coordinator, BPHC Project Officer and CTM as soon as possible. If you are the team leader please contact the BPHC Project Officer, MSCG Logistics Coordinator, team members and CTM as soon as possible. We will make every effort to move forward with the site visit as planned and reschedule your participation in that visit for a later date; however, it may be necessary to use an alternate consultant to accommodate the schedule of all those involved in the site visit.

If you are facing a weather-related emergency, please immediately contact Corporate Travel Management (CTM), in addition to contacting your team leader and MSCG. For CTM after hours please call 1-855-928-7323.

Please note that a weather-related emergency at the location of the site visit may result in the visit being cancelled if conditions prohibit safe access to the site. Team members affected by an emergency such as this will be notified as soon as it is determined that the site visit will be cancelled.

During any emergency MSCG will make every attempt to provide assistance and guidance to everyone involved. We appreciate your patience and flexibility as every emergency occurrence is unique.

REMINDER ... please review travel itineraries immediately for changes that may be needed. Also please contact your designated Logistics Coordinator (Technical Assistance Coordinator) should you require additional assistance when scheduling travel for upcoming assignments.

Corporate Travel Management

Phone: 703-318-9400 (M-F 8AM - 6PM EST)

Email: res_mscg@travelctm.com

Emergency After Hours Service: 1-855-928-7323

Kudos Kudos Kudos!

Serving BEYOND the Program Requirements...

Our consultants are OUTSTANDING in every way!! The staff at MSCG love to hear the hilarious travel and onsite stories that consultants often share, often times there are pictures too! However, there are stories like this one that remind us of the unfortunate circumstances that we can face with within a matter of moments.

Consultant team John Church, Jennifer Genua McDaniel and Jennie McLaurin were in New York for an OSV in mid-September. The first day of the visit was business as usual, your typical OSV day one. Day two was planned for the members of the Health Center leadership team along with Jennie McLaurin M.D. to travel an hour away to a satellite site. During their travel to the site, they came upon a horrific motor vehicle accident moments after it took place. They were the first on scene of the accident which involved a two-vehicle crash with 3 victims (a young man in a pick truck and two occupants in a service van). The team immediately jumped into action and helped the victims giving instructions. They performed triage procedures on each person in the crash. The two men in the van were hurt, but not seriously. Dr. McLaurin realized that the young man in the truck was seriously hurt, unconscious and having difficulty breathing. The truck was on the side of the road in a ditch, on its side. Dr. McLaurin evaluated the situation and started to assist the young man with his breathing by holding his head and talking to him. She kept telling him that he was with others and would be OK. She didn't think about herself, she had blood all over her clothes. They called 911 and the life-flight team (helicopter) to the scene. The helicopter air lifted the young man to the hospital. He had severe internal injuries. Although quite shaken, Dr. McLaurin proceeded with her team in completing the visit. Dr. McLaurin answered the unexpected call of duty. A testament to all of the AMAZING people that we work with whose expertise and commitment to the community of health centers goes way beyond the program requirements.

Way to go team!!

We want to cover the topics that are of real interest to you. Please submit your suggestions at
<https://www.mscginc.com/feedback.cfm>

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