<u>RHCare Onsite Review – Documentation Request</u>

Please submit the following materials by email to your Nurse Consultant at least 2 weeks prior to your onsite review. In parenthesis, you will see the applicable Certification Requirement or CR number listed in the RHCare Certification Requirements.

Policies and Procedures related to the following topics:
☐ Infection Control (CR A.2.a)
☐ Laboratory – CLIA license and testing policies (CR A.3.a)
☐ Pharmacy – BoP license (if applicable), storage, ordering, dispensing (CR A.4.a.)
☐ 340B – Registration and policies (CR F.2.i.)
☐ Service Delivery/Access to Care (CR B.1.a.)
☐ Non-Discrimination (CR B.1.b.)
☐ Referral (CR B.1.c. & d.)
☐ Appointment/Scheduling (CR B.1.c. & d., & D.6.a.)
☐ Language Assistance/Interpretation (CR B.3.a.)
☐ Fiscal - Charges, Billing, and Collections (CR B.5.a g.)
☐ Confidentiality (CR B.5.d.)
☐ HIPPA/FERPA/HITECH (CR C.1.c.)
☐ Telehealth (CR C.1.d. and C.3.c.)
☐ Minor Consent (CR C.1.f.)
☐ Informed Consent (CR C.3.a. – c.)
☐ Mandatory Reporting (CR C.4.a.)
☐ Enrollment and Eligibility (CR F.1.a. – f.)
$\hfill\square$ Other (i.e. a policy not listed here but is related our Certification Requirements)
Plans:
☐ Medical Emergency Plan (CR A.5.a)
☐ After-Hours Emergency Plan (CR A.5.b)

☐ QA/QI Plan (CR A.8.a)
Other:
☐ Sliding Fee Scale and related policy (CR B.5.c.)
$\hfill\square$ Documentation of lab competency evaluation for staff performing point-of-care testing (CR A.3.a.)
\square Documentation of RN dispensing competency evaluation, if applicable (CR A.4.a.)
☐ Health history forms (CR B.2.b-c, D.1.a, D.2.a)
\Box Client advisory panel roster and meeting minutes, if applicable (CR A.8.b.)
\Box I & E Committee membership list, meeting minutes, and/or materials reviewed and approved, if applicable (CR B.4.a.)