

## RURAL HEALTH CLINIC SURVEY REPORT

Form Approved  
OMB No. 0938-0074

### § 481.2 Definitions.

As used in this subpart, unless the context indicates otherwise:

- (a) “*Direct services*” means services provided by the clinic’s staff.
- (b) “*Nurse practitioner*” means a registered professional nurse who is currently licensed to practice in the State, who meets the State’s requirements governing the qualifications of nurse practitioners, and who meets one of the following conditions:
  - (1) Is currently certified as a primary care Nurse Practitioner by the American Nurses’ Association or by the National Board of Pediatric Nurse Practitioners and Associates; or
  - (2) Has satisfactorily completed a formal 1 academic year educational program that:
    - (i) prepares registered nurses to perform an expanded role in the delivery of primary care;
    - (ii) includes at least 4 months (in the aggregate) of classroom instruction and a component of supervised clinical practice; and
    - (iii) awards a degree, diploma, or certificate to persons who successfully complete the program; or
- (c) “*Physician*” means a doctor of medicine or osteopathy legally authorized to practice medicine or surgery in the State.
  - (d) “*Physician assistant*” means a person who meets the applicable State requirements governing the qualifications for assistants to primary care physicians, and who meets at least one of the following conditions:
    - (1) Is currently certified by the National Commission on Certification on Physician Assistants to assist primary care physicians; or
    - (2) Has satisfactorily completed a program for preparing physician’s assistants that:
      - (i) was at least 1 academic year in length;
      - (ii) consisted of supervised clinical practice and at least 4 months in the aggregate of classroom instruction directed toward preparing students to deliver health care; and
      - (iii) is accredited by the American Medical Association’s Committee on Allied Health Education and Accreditation; or
  - (3) Has satisfactorily completed a formal educational program for preparing physician assistants that does not meet the requirements of paragraph (d)(2) of this section, and
    - (i) has been assisting primary care physicians for a 12-month period in the 18 month period immediately preceding the effective date of this subpart.
  - (e) “*Rural area*” means an area that is not delineated as an urbanized area by the Bureau of the Census.
  - (f) “*Rural health clinic*” or “*clinic*” means a clinic that is located in a rural area designated as a shortage area, is not a rehabilitation agency or a facility primarily for the care and treatment of mental diseases, and meets all other requirements of this subpart.
  - (g) “*Shortage area*” means a defined geographic area designated by the Department as having either a shortage of personal health services (under section 1302(7) of the Public Health Service Act) or a shortage of primary medical care manpower (under section 332 of that Act).
  - (h) “*Secretary*” means the Secretary of Health and Human Services, or any official to whom he has delegated the pertinent authority.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0074. The time required to complete this information collection is estimated to average 1.5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.

**RURAL HEALTH CLINIC SURVEY REPORT**

PROVIDER NUMBER \_\_\_\_\_  
(J1)

NAME OF CLINIC \_\_\_\_\_ STREET NUMBER \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SURVEYED BY \_\_\_\_\_ SURVEYOR'S PROFESSIONAL TITLE \_\_\_\_\_  
 INITIAL SURVEY  RESURVEY

DATE SURVEYED \_\_\_\_\_  
(J2)

LIST ADDITIONAL SURVEYOR'S NAMES \_\_\_\_\_ TITLE \_\_\_\_\_ PARTICIPATION UNDER TITLES 18 AND 19 \_\_\_\_\_

A clinic certified under Medicare will be deemed to meet the standards for certification under Medicaid.

EXPLANATORY STATEMENTS

CLINIC LICENSE NUMBER (IF APPLICABLE) \_\_\_\_\_

PHYSICIAN(S) NAME \_\_\_\_\_ LIC. NO. \_\_\_\_\_ CERT. NO. \_\_\_\_\_ REG. NO. \_\_\_\_\_

NURSE PRACTITIONER(S) NAME \_\_\_\_\_ LIC. NO. \_\_\_\_\_ CERT. NO. \_\_\_\_\_ REG. NO. \_\_\_\_\_

PHYSICIAN ASSISTANT(S) NAME \_\_\_\_\_ LIC. NO. \_\_\_\_\_ CERT. NO. \_\_\_\_\_ REG. NO. \_\_\_\_\_

OTHER LICENSED PERSONNEL – IDENTIFY \_\_\_\_\_

CODE	YES	NO	N/A	
J3				<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p><b>II. §481.4 Compliance with Federal, State and local laws.</b> The rural health clinic and its staff are in compliance with applicable Federal, State and local laws and regulations.</p>
J4				<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A</p> <p><b>(a) Licensure of clinic.</b> The clinic is licensed pursuant to applicable State and local law.</p>
J5				<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p><b>(b) Licensure, certification or registration of personnel.</b> Staff of the clinic are licensed, certified or registered in accordance with applicable State and local laws.</p>

NAME \_\_\_\_\_

CODE	YES	NO	N/A		EXPLANATORY STATEMENTS
J6				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <b>II. §481.5 Location of Clinic.</b>	
J7				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <b>(a) Basic requirement.</b> The clinic is located in a rural area that is designated as a shortage area, and may be a permanent or a mobile unit.	
J8				<b>(1) Permanent unit.</b> The objects, equipment and supplies necessary for the provision of the services furnished directly by the clinic are housed in a permanent structure. If clinic services are regularly furnished at permanent units in more than one location, each unit will be independently considered for certification as a rural health clinic.	
J9				<b>(2) Mobile unit.</b> The objects, equipment and supplies necessary for the provision of the services furnished directly by the clinic are housed in a mobile structure which has a fixed, scheduled location(s).	List schedule of operation — day, time and location

NAME

CODE	YES	NO	N/A		EXPLANATORY STATEMENTS
J10				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <b>(b) Does the facility meet location eligibility in a rural health shortage area through either of the following exceptions.</b>	
J11				(1) A facility certified under this subpart will not be disqualified if the area in which it is located subsequently fails to meet the definition of rural, shortage area.  (2) A private, nonprofit facility that meets all other conditions of this subpart except for location in a shortage area will be certified if, on July 1, 1977, it was operating in a rural area that is determined by the Secretary (on the basis of the ratio of primary care physicians to the general population) to have an insufficient supply of physicians to meet the needs of the area served. Determinations on these exceptions will be made by the Secretary upon application by the facility.	
J12				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <b>(c) The facility meets rural area requirements under one of the following criteria.</b>	
J13				(1) Rural areas are areas not delineated as urbanized areas in the last census conducted by the Census Bureau.	
J14				(2) Included in the rural area classification are those portions of extended cities that the Census Bureau has determined to be rural.	
J15					

NAME

CODE	YES	NO	N/A		EXPLANATORY STATEMENTS
J16				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <b>(d) The facility meets the shortage area requirements under one of the following criteria.</b>	
J17				(1) Determination of shortage of personal health services (under section 1302(7) of the Public Health Service Act).	
J18				(2) Determination of shortage of primary medical care manpower (under section 332(a) (1) (A) of the Public Health Service Act).	

NAME

CODE	YES	NO	N/A		EXPLANATORY STATEMENTS
J19				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <b>III. §481.6 Physical plant and environment.</b>	
J20				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <b>(a) Construction.</b> The clinic is constructed, arranged, and maintained to ensure access to and safety of patients, and provides adequate space for the provision of direct services.	
J21				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <b>(b) Maintenance.</b> The clinic has a preventive maintenance program to ensure that:	
J22				(1) All essential mechanical, electrical and patient-care equipment is maintained in safe operating condition;	
J23				(2) Drugs and biologicals are appropriately stored; and	
J24				(3) The premises are clean and orderly.	
J25				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <b>(c) Emergency procedures.</b> The clinic assures the safety of patients in case of non-medical emergencies by:	
J26				(1) Training staff in handling emergencies;	
J27				(2) Placing exit signs in appropriate locations; and	
J28				(3) Taking other appropriate measures that are consistent with the particular conditions of the area in which the clinic is located.	

NAME

CODE	YES	NO	N/A		EXPLANATORY STATEMENTS
J29				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	
				<b>IV. §481.7 Organizational structure.</b>	
J30				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <b>(a) Basic requirements.</b>	
J31				(1) The clinic is under the medical direction of a physician, and has a health care staff that meets the requirements of §481.8.	
J32				(2) The organization's policies and its lines of authority and responsibilities are clearly set forth in writing.	
J33				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <b>(b) Disclosure.</b>	List names and addresses of owners:
J34				The clinic discloses the names and addresses of: (1) Its owners, in accordance with section 1124 of the Social Security Act (42 USC 132 A-3);	
J35				(2) The person principally responsible for directing the operation of the clinic; and	
J36				(3) The person responsible for medical direction.	

NAME

CODE	YES	NO	N/A		EXPLANATORY STATEMENTS
J37				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	<p><b>IV. §481.8 Staffing and Staff Responsibilities.</b></p> <p>For each qualified nurse practitioner, indicate the number qualifying under the respective parts of §481.2(b):</p> <p>J43            (1)            (2)            (3)</p> <p>For each qualified physician's assistant, indicate the number qualifying under the respective parts of §481.2(d):</p> <p>J44            (1)            (2)            (3)</p>
J38				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	
				<b>(a) Staffing.</b>	
J39				(1) The clinic has a health care staff that includes one or more physicians and one or more physician's assistants or nurse practitioners.	
J40				(2) The staff, i.e., the nurse practitioner(s), physician(s), or physician's assistant(s) meets qualification requirements in section 481.2(b), (c), (d).	
J41				(3) A physician, nurse practitioner, or physician's assistant is available to furnish patient care services at all times during the clinic's regular hours of operation. A nurse practitioner or a physician's assistant is available to furnish patient care services during at least 60% of the clinic's regular hours of operation.	
J42				(4) The staff is sufficient to provide the services essential to the operation of the clinic.	



NAME

CODE	YES	NO	N/A		EXPLANATORY STATEMENTS
J45				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <b>(b) Physician responsibilities:</b>	
J46				(1) The physician provides medical direction for the clinic's health care activities and consultation for, and medical supervision of the health care staff.	
J47				(2) In conjunction with the physician's assistant and/or nurse practitioner member(s), the physician participates in developing, executing and periodically reviewing the clinic's written policies and the services provided to Federal program patients; and	
J48				(3) The physician periodically reviews the clinic's patient records, provides medical orders, and provides medical care services to the patients of the clinic.	
J49				(4) A physician is present for sufficient periods of time, at least once in every 2 week period (except in extraordinary circumstances), to provide the medical direction, medical care services, consultation and supervision described in paragraph(b)(1) of this section, and, is available through direct telecommunication for consultation, assistance with medical emergencies, or patient referral. The extraordinary circumstances are documented in the records of the clinic.	

NAME

CODE	YES	NO	N/A		EXPLANATORY STATEMENTS
J50				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <b>(c) Physician's assistant and nurse practitioner responsibilities.</b>	
J51				(1) The physician's assistant and the nurse practitioner members of the clinic's staff: (i) participate in the development, execution and periodic review of the written policies governing the services the clinic furnishes; (ii) provide services in accordance with those policies; (iii) arrange for, or refer patients to, needed services that cannot be provided at the clinic; (iv) assure that adequate patient health records are maintained and transferred as required when patients are referred; and (v) participate with a physician in a periodic review of the patients' health records.	
J52				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <b>VI. §481.9 Provision of services.</b>	
J53				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <b>(a) Basic requirements</b> The clinic is primarily engaged in providing outpatient health services as described in §481.9 (c).	

NAME

CODE	YES	NO	N/A		EXPLANATORY STATEMENTS
J54				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <b>(b) Patient care policies.</b>	
J55				(1) The clinic's health care services are furnished in accordance with appropriate written policies which are consistent with applicable State law.	
J56				(2) The policies are developed with the advice of a group of professional personnel that includes one or more physicians and one or more physician's assistants or nurse practitioners. At least one member of the group is not a member of the clinic's staff.	
J57				(3) The policies include: (i) a description of the services the clinic furnishes directly and those furnished through agreement or arrangement; (ii) guidelines for the medical management of health problems which include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services furnished by the clinic; (iii) rules for the storage, handling, and administration of drugs and biologicals.	
J58				(4) These policies are reviewed at least annually by the group of professional personnel required under (b)(2) above in this section, and reviewed as necessary by the clinic.	

NAME

CODE	YES	NO	N/A		EXPLANATORY STATEMENTS
J59				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <b>(c) Direct services.</b>	
J60				<p><b>(1) General.</b>                      The clinic staff furnishes those diagnostic and therapeutic services and supplies that are commonly furnished in a physician's office or at the entry point into the health care delivery system. These include medical history, physical examination, assessment of health status, and treatment for a variety of medical conditions.</p>	
J61				<p><b>(2) Laboratory.</b>                      The clinic provides basic laboratory services essential to the immediate diagnosis and treatment of the patient, including:</p> <ul style="list-style-type: none"> <li>(i) chemical examinations of urine by stick or tablet methods or both (including urine ketones);</li> <li>(ii) microscopic examination of urine sediment;</li> <li>(iii) hemoglobin or hematocrit;</li> <li>(iv) blood sugar;</li> <li>(v) gram stain;</li> <li>(vi) examination of stool specimens for occult blood;</li> <li>(vii) pregnancy tests;</li> <li>(viii) primary culturing for transmittal to a certified laboratory; and</li> <li>(ix) test for pinworms.</li> </ul>	

NAME

CODE	YES	NO	N/A		EXPLANATORY STATEMENTS
J62				<p><b>(3) Emergency.</b>                      The clinic provides medical emergency procedures as a first response to common life-threatening injuries and acute illness, and has available the drugs and biologicals commonly used in life saving procedures, such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids.</p>	
J63				<p><input type="checkbox"/> MET                      <input type="checkbox"/> NOT MET</p> <p><b>(d) Services provided through agreements or arrangements.</b></p>	
J64				<p>(1) The clinic has agreements or arrangements with one or more providers or suppliers participating under Medicare or Medicaid to furnish other services to its patients, including:</p> <ul style="list-style-type: none"> <li>(i) inpatient hospital care;</li> <li>(ii) physician(s) services (whether furnished in the hospital, the office, the patient's home, a skilled nursing facility, or elsewhere); and</li> <li>(iii) additional and specialized diagnostic and laboratory services that are not available at the clinic.</li> </ul>	
J65				<p>(2) If the agreements are not in writing, there is evidence that patients referred by the clinic are being accepted and treated.</p>	

NAME

CODE	YES	NO	N/A		EXPLANATORY STATEMENTS
J66				<p style="text-align: center;"> <input type="checkbox"/> MET                      <input type="checkbox"/> NOT MET  <b>VII. §481.10 Patient health records.</b> </p>	
J67				<p style="text-align: center;"> <input type="checkbox"/> MET                      <input type="checkbox"/> NOT MET  <b>(a) Records system.</b> </p>	
J68				<p>(1) The clinic maintains a clinical record system in accordance with written policies and procedures.</p>	
J69				<p>(2) A designated member of the professional staff is responsible for maintaining the records and for ensuring that they are completely and accurately documented, readily accessible, and systematically organized.</p>	
J70				<p>(3) For each patient receiving health care services, the clinic maintains a record that includes, as applicable:</p> <ul style="list-style-type: none"> <li>(i) identification and social data, evidence of consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient;</li> <li>(ii) Reports of physical examinations, diagnostic and laboratory test results, and consultative findings;</li> <li>(iii) all physician's orders, reports of treatments and medications and other pertinent information necessary to monitor the patient's progress;</li> <li>(iv) signatures of the physician or other health care professional.</li> </ul>	

NAME

CODE	YES	NO	N/A		EXPLANATORY STATEMENTS
J71				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <b>(b) Protection of record information.</b>	
J72				(1) The clinic maintains the confidentiality of record information and provides safeguards against loss, destruction or unauthorized use.	
J73				(2) Written policies and procedures govern the use and removal or records from the clinic and the conditions for release of information.	
J74				(3) The patient's written consent is required for release of information not authorized by law.	
J75				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <b>(c) Retention of records.</b> The records are retained for at least 6 years from date of last entry, and longer if required by State statute.	
J76				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <b>VIII. §481.11 Program evaluation.</b>	
J77				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET (a) The clinic carries out, or arranges for, an annual evaluation of its total program.	

NAME

CODE	YES	NO	N/A		EXPLANATORY STATEMENTS
J78				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET (b) The evaluation includes review of:	
J79				(1) the utilization of clinic services, including at least the number of patients served and the volume of services;	
J80				(2) a representative sample of both active and closed clinical records; and	
J81				(3) the clinic's health care policies.	
J82				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET (c) The purpose of the evaluation is to determine whether:	
J83				(1) the utilization of services was appropriate;	
J84				(2) the established policies were followed; and	
J85				(3) any changes are needed.	
J86				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET (d) The clinic staff considers the findings of the evaluation and takes corrective action if necessary.	