

# **The BPHC Newly Funded TA Web Guide Resources for New and Existing Grantees**

## **Developed by:**

The U.S. Department of Health and Human Services (HHS)  
Health Resources and Services Administration (HRSA)  
Bureau of Primary Health Care (BPHC)  
Office of Training and Technical Assistance Coordination (OTTAC)

The BPHC Newly Funded Health Center Web Guide is a self assessment tool designed to help new BPHC grantees provide high-quality primary health care from the day they open their doors for business. The Guide is a central hub for links to HRSA-approved templates, information pages, and policy documents, and many other resources. The intent of the Web Guide is to help Health Center grantees improve their quality and efficiency, work within Health Center Program Requirements, and access Federal policies, programs and resources intended for the specific needs of Health Centers.

This document is a printable version of a portion of the content available on the Web Guide. It was developed by the BPHC Office of Training and Technical Assistance Coordination and is hosted at:  
<http://bphc.hrsa.gov/technicalassistance/index.html>

## 5a. Program Requirement 17: Board Authority

### Requirements:

Health center governing board maintains appropriate authority to oversee the operations of the center, including:

- holding monthly meetings;
- approval of the health center grant application and budget;
- selection/dismissal and performance evaluation of the health center CEO;
- selection of services to be provided and the health center hours of operations;
- measuring and evaluating the organization's progress in meeting its annual and long-term programmatic and financial goals and developing plans for the long-range viability of the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance;\*\* and
- establishment of general policies for the health center.

**Note:** In the case of public centers with co-applicant governing boards, the public agency is permitted to retain authority for establishing general policies (fiscal and personnel policies) for the health center

**Note:** Upon a showing of good cause the Secretary may waive, for the length of the project period, the monthly meeting requirement in the case of a health center that receives a grant pursuant to subsection (g), (h), (i), or (p).

### Authority:

Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304

### Documents to Review for Answers:

1) Corporate Bylaws; 2) Minutes of Board Meetings; 3) Governance Policies and Procedures; 4) Corporate Compliance Policies and Procedures (Compliance Officer, Compliance Committee); 5) Corporate Compliance Plan; 6) Board Annual Meeting Schedule; 7) If Applicable: [Form 6B](#): Waiver of Governance Requirements from Newly Funded Health Center NAP application.

### Links and Additional Resources:

Your grant application's [Form 6A](#): "Current Board Member Characteristics" contains basic information on your board structure. This link is for reference purposes only.

The BPHC Health Center [Governance Policy Page](#).

The BPHC [Governing Board Handbook](#).

The MSCG Resource Center [Board Authority Page](#)\*.

The MSCG Resource Center [Governance, Board Structure, Functions and Activities Page](#)\*.

The MSCG Resource Center: [Board and Management Reports](#)\*.

*\*Note: All non-Federal documents are for use as aids to consultants and grantees, the contents of such documents are solely the responsibility of the authors and do not necessarily represent the official views*

of HRSA, and should not be considered official guidance by BPHC. Any “sample” documents must be tailored to the health center’s unique circumstances and needs.

**Table 1: Board Authority Questions** These questions are intended to help grantees assess how well they are addressing Board Authority.

**Note:** Portions of program requirements notated by a double asterisk “\*\*” indicate regulatory requirements that are recommended **but not required** for grantees that receive funds solely for Health Care for the Homeless (section 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.

<b>Board Authority</b>
1. Holding monthly meetings <b>Note:</b> Upon a showing of good cause the Secretary may waive, for the length of the project period, the monthly meeting requirement in the case of a health center that receives a grant pursuant to subsection (g), (h), (i), or (p). (section 330(k)(3)(H) of the PHS Act)
1.a. Does the board meet monthly?
1.b. Does the health center maintain minutes of the Board meetings?
1.c. Do the minutes appropriately document major issues/actions for the health center?
1.d. † <b>Health Centers with Approved Waivers ONLY:</b> Are strategies being implemented that ensure regular oversight, if the Board does not meet monthly?
2. Approval of the health center grant application and budget
2.a. Does the Board review and approve the annual health center (renewal) application and budget?
2.b. Is this review and approval documented in the Board minutes?
3. Selection/dismissal and performance evaluation of the health center CEO
3.a. Does the Board conduct an annual review of the CEO’s performance, with clear authority to select a new CEO and/or dismiss the current CEO if needed?
3.b. Is this review documented in the Board minutes?
4. Selection of services to be provided and the health center hours of operations
4.a. Does the Board review and approve the services (beyond those required in law to be provided by the health center), as well as the location and mode of delivery of those services?
4.b. Does the Board review and approve the hours during which services are provided at health center sites, ensuring that these are appropriate and responsive to the community’s needs?
4.c. Is this review and approval documented in the Board minutes?
5. Measuring and evaluating the organization’s progress in meeting its annual and long-term programmatic and financial goals and developing plans for the long-range viability of the organization by

<b>Board Authority</b>
engaging in strategic planning, ongoing review of the organization’s mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance*
5.a. Does the Board measure and evaluate the health center’s progress in meeting annual and long term clinical and financial goals?
5.b. Does the Board engage in strategic and/or long term planning for the health center?
5.c. Does the Board review the health center’s mission and bylaws as necessary on a periodic basis?
5.d. Does the Board receive appropriate information that enables it to evaluate health center patient satisfaction, organizational assets, and performance?
5.e. Are these activities documented in the Board minutes?
6. Establishment of general policies for the health center. <b>Note:</b> In the case of public center grantees with co-applicant governing boards, the public agency is permitted to retain authority for establishing general policies (fiscal and personnel policies) for the health center (section 330(k)(3)(H) of the PHS Act and 42 CFR 51c.304(d)(iii) and (iv)).
6.a. Does the Board establish general policies and procedures for the health center that are consistent with program and grants management requirements? Examples of specific health center policies and procedures that should be approved and monitored by the Board include but are not limited to: board member selection and dismissal procedures, employee salary and benefit scales, employee grievance procedures, equal opportunity practices, codes of conduct, fee schedules for services, criteria for sliding fee discounts, financial policies that assure accountability for health center resources, and avoidance of conflict of interest. <b>*With the exception of fiscal and personnel policies in the case of public center grantees with a co-applicant arrangement.</b>
6.b. Do the health center bylaws specify the following: <ul style="list-style-type: none"> <li>• Health center mission.</li> <li>• Authorities, functions and responsibilities of governing board as a whole.</li> <li>• Board membership (size and composition) and individual member responsibilities.</li> <li>• Process for selection/removal of board members.</li> <li>• Election of officers.</li> <li>• Recording, distribution and storage of minutes.</li> <li>• Meeting schedule and quorum.</li> <li>• Officer responsibilities, terms of office, selection/removal processes.</li> <li>• Description of standing committees (which may include but are not limited to, executive, finance, quality improvement, personnel, and planning committees) and the process for the creation of ad-hoc committees.</li> <li>• Provisions regarding board dissolution.</li> </ul>
6.c. <b>For Public Center Grantees with Co-Applicant Arrangements ONLY:</b> Does the public center grantee have a formal co-applicant agreement, separate from the bylaws, with the co-applicant that stipulates: <ul style="list-style-type: none"> <li>• Roles, responsibilities, and the delegation of authorities of each party in the oversight and</li> </ul>

<b>Board Authority</b>
<p>management of the health center?</p> <ul style="list-style-type: none"> <li>Any shared roles and responsibilities of each party in carrying out the governance functions?</li> </ul>

† Waivers may only be requested by applicants requesting/receiving targeted funding **solely** to serve migrant and seasonal farmworkers (section 330(g)), people experiencing homelessness (section 330 (h)), and/or residents of public housing (section 330(i)) and that are **NOT** requesting general (Community Health Center - section 330(e)) funds. **These grantees are still required to fulfill all other statutory Board responsibilities and requirements.**

‡ In a co-applicant arrangement, the public center (the grantee of record) is permitted to retain responsibility for establishing general policies (fiscal and personnel policies) when constrained by State law in the delegation of certain government functions to private agencies. The co-applicant structure, therefore, creates an arrangement that still adheres to the statutory intent of section 330 (allowing the majority of the health center’s policy setting authorities to be carried out by the patient/community-based (co-applicant) health center governing board) while satisfying local or State law pertaining to the public center. No justification is required for arrangements in which the public center retains authority for the establishment of the following types of general policy: fiscal and personnel policies.

**Table 2: Additional Board Authority Questions**

These questions are intended to help assess whether a grantee is implementing recommended practices for board authority.

<b>Board Authority</b>
1. Monthly Board Packets
1.a. Are monthly packets sent to Board members in advance of the meeting?
1.b. Do the packets include reports and recommended actions from Board committees?
2. Is there a standard format for agendas and minutes for Board meetings?
3. Do the By-Laws specify expectations regarding meeting attendance and related policies for removal of inactive board members?
4. When were the bylaws last reviewed and approved by the Board?
5. Corporate Compliance: Has the Board:
5.a. Approved a corporate compliance plan?
5.b. Established a compliance committee?
5.c. Appointed a corporate compliance officer?
6. Which Senior Management staff attends the Board meetings?
7. Does the Board:
7.a. Implement a self-evaluation process? If yes, how frequently?

<b>Board Authority</b>
7.b. Review and approve the annual audit?
7.c. Have an Annual Work Plan linked to the approved Strategic Plan and/or Clinical and Financial Performance Measures?
8. Regarding the CEO, does the Board:
8.a. Have a CEO Recruitment and Retention Plan?
8.b. Have a Succession Plan in the event of a CEO vacancy?
8.c. Does the Board annually review staff compensation levels (i.e. salary, fringe benefits and incentives, as applicable), including the CEO/Project Director and other key staff, in the context of the grantee organization's size, complexity, location and/or other factors?
8.d. Does the Board maintain documentation on how it established and approved salary levels and/or total compensation packages?
9. Does the health center have any parent-subsidiary arrangements, in particular, when health centers exist as a subsidiary of another entity? If yes, what are its powers (e.g., appointment to the Board)? Note that the "parent" entity may not reserve or withhold powers that the health center governing board must exercise under the relevant statute and implementing regulations.
<b>10. For Public Center Grantees with Co-Applicant Arrangements ONLY:</b>
10.a. Are there any performance improvement issues in terms of the implementation of shared roles and responsibilities (articulated in the co-applicant agreement) between the public center and co-applicant governing board?
10.b. If there is a high level of shared responsibility between the public center and the co-applicant Governing Board, does the co-applicant agreement include provisions for dispute resolution?