

MINA' TRENTAI DOS NA LIHESLATURAN GUAHAN
2014 (SECOND) Regular Session

Bill No. 434 -32 (COR)

Introduced by:

D.G. RODRIGUEZ, JR. 

AN ACT TO ESTABLISH THE POSITIONS OF COMMUNITY HEALTH CENTER *CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND MEDICAL DIRECTOR, WITHIN THE COMMUNITY HEALTH CENTERS, DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES, BY AMENDING §3803 AND §3804, ALL OF ARTICLE 8, CHAPTER 3, TITLE 10, GUAM CODE ANNOTATED, AND TO ADOPT THE HEALTH RESOURCES AND SERVICES ADMINISTRATION PROGRAM REGULATIONS UNDER A NEW ARTICLE 4 OF CHAPTER 6, TITLE 26, GUAM ADMINISTRATIVE RULES AND REGULATIONS.*

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative Findings and Intent: *I Liheslaturan Guåhan* finds that the current position of the Health Services Administrator for the Community Health Centers, Department of Public Health and Social Services is currently a 'collateral duty' position, and is not clearly established as a distinct, separate position pursuant to law, rule, or regulation. Additionally, Health Resources and Services Administration (HRSA) requires Federally Qualified Health Centers to have three key management staff comprised of the Community Health Center Chief Executive Officer, the Community Health Center Medical Director, and the Community Health Center Chief Financial Officer as required in Section 330(k) (3) (I) of the U.S. Public Health Services Act, 42 CFR Part 51c 303(p) and 45 CFR Part 74.25 (c) (2), (3).

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1 Health Resources and Services Administration (HRSA) regularly conducts
2 an operational site visit to assess compliance of all Federally Qualified Health
3 Centers with the nineteen (19) health center program requirements. Given the most
4 recent HRSA site visit conducted on July 16-18, 2014, it was determined that
5 Guam Community Health Centers did not comply with the “Key Management
6 Staff” program requirement since the Guam Community Health Centers have no
7 staff filling the specific position title of the Community Health Center Chief
8 Executive Officer, Community Health Center Medical Director, and Community
9 Health Center Chief Financial Officer in accordance with Section 330(k)(3)(I) of
10 the U.S. Public Health Service Act, 42 CFR Part 51c.303(p) and 45 CFR Part
11 74.25(c)(2),(3).

12 Health Resources and Services Administration clearly requires Federally
13 Qualified Health Centers to have a position filled for the Community Health
14 Center Chief Executive Officer so that this position is established as a distinct,
15 separate position pursuant to the U.S. Public Health Service Act, federal rule, and
16 HRSA federal program regulation.

17 *I Liheslaturan Guåhan* finds that the current position of the Health Services
18 Administrator does not meet the HRSA federal program key management staff
19 position and so the Community Health Center must establish the Community
20 Health Center Chief Executive Officer position, which currently does not exist in
21 the Government of Guam staffing position title. Thus, with the establishment of
22 the Community Health Center Chief Executive Officer position title, such title
23 meets the HRSA federal program requirement as a distinct, separate position
24 pursuant to the U.S. Public Health Service law, rule, and federal program
25 regulation.

1 It is, therefore, the *intent* of *I Liheslaturan Guåhan* to amend §3803 of
2 Article 8, Chapter 3, Title 10, Guam Code Annotated, providing for the
3 establishment of the position of a Community Health Center Chief Executive
4 Officer who shall be responsible in administering and directing all aspects of the
5 community health centers' operation, financial, personnel, and facilities
6 management of the Northern and Southern Region Community Health Centers-
7 Federally Qualified Health Centers of the Department of Public Health and Social
8 Services in accordance with the 19 federal program requirements of Health
9 Resources and Services Administration. The Community Health Center Chief
10 Executive Officer also integrates administrative management with the clinical
11 aspects of the centers' overall programs; develops the CHCs' strategic plans;
12 establishes and maintains liaison with HRSA Region IX Office of the Department
13 of Health and Human Services, the local health department, and other agencies
14 engaged in the provision of primary health care services; supervise the
15 development and negotiations of contracts; present these contracts to the CHC
16 Board of Directors, BBMR, DOA, Attorney General, and the Governor for
17 approval; executes contracts on behalf of the community health centers; recruits
18 and maintains a qualified medical staff; specifies the responsibilities, authorities,
19 and working relationships among management and ensure that each subsequent
20 management level perform its function for its subordinate staff; develop standards
21 of care policies and procedures, which assure the maintenance of quality of care
22 and a cost efficient operation; leads staff in the performance of assignments;
23 translate mission, goals, strategies, and programs of the centers into specific and
24 meaningful work assignment for the staff; ensure that adequate organization, plans,
25 policies and procedures are employed by each unit to make possible proper
26 execution of responsibilities and attainment of the center's departmental and
27 individual goals; reviews and evaluates the results of health center program

1 objectives; modifies program objectives to obtain program effectiveness and
2 efficiency; manages the capital improvement, maintenance, and housekeeping of
3 the CHCs (facilities and grounds); manages the Information Technology (IT)
4 infrastructure; develops and maintains effective public relations with public and
5 private health care clinics/providers, national and regional associations, and the
6 community.

7 *I Liheslaturan Guåhan* finds that the current position of Chief Financial
8 Officer is also not an established position pursuant to applicable law, rule or
9 regulation. Additionally, Health Resources and Services Administration (HRSA)
10 requires Federally Qualified Health Centers to have a Community Health Center
11 Chief Financial Officer as required in Section 330(k) (3) (I) of the U.S. Public
12 Health Services Act, 42 CFR Part 51c 303(p) and 45 CFR Part 74.25 (c) (2), (3).

13 *I Liheslaturan Guåhan* finds that the current position of Chief Financial
14 Officer does not meet the HRSA federal program key management staff position
15 and so the Community Health Center must establish the Community Health Center
16 Chief Financial Officer position, which currently does not exist in the Government
17 of Guam staffing position title. Thus, with the establishment of the Community
18 Health Center Chief Financial Officer position title, such title meets the HRSA
19 federal program requirement as a distinct, separate position pursuant to the U.S.
20 Public Health Service law, rule, and federal program regulation.

21 *I Liheslaturan Guåhan* finds that the Chief Financial Officer is needed for
22 the proper financial management of the Community Health Centers, Department of
23 Public Health and Social Services. The Chief Financial Officer (CFO) coordinates
24 business services including financial reporting, fiscal accountability (general
25 accounting and patient accounting), budget preparation and control, statistics

1 reporting and control including the preparation of cost reimbursement reports to
2 government and private third party payers/agencies. The CFO is also responsible
3 in formulating and revising written financial management policies and procedures;
4 reconciling accounts payable and account receivables; supervising billing and
5 collection of account receivables; developing recommendations to reduce
6 operating costs and increasing revenues based on the market trends, and industry
7 operating procedures; and other special management projects as assigned by the
8 Community Health Center Chief Executive Officer. This position participates as a
9 member of the Executive Team in planning, implementing, coordinating, and
10 evaluating operations under the policies and procedures received from the Board of
11 Directors and/or the Community Health Center Chief Executive Officer.

12 It is, therefore, the *intent* of *I Liheslaturan Guåhan* to amend §3804 of
13 Article 8, Chapter 3, Title 10, Guam Code Annotated, providing for the
14 establishment of the position of a Chief Financial Officer, Community Health
15 Centers, who shall be responsible in managing the overall finances of the
16 Community Health Centers, Department of Public Health and Social Services.

17 *I Liheslaturan Guåhan* finds that the current position of the Community
18 Health Center Medical Director is also not an established position pursuant to
19 applicable law, rule or regulation. Additionally, Health Resources and Services
20 Administration (HRSA) requires Federally Qualified Health Centers to have a
21 Community Health Center Medical Director as required in Section 330(k) (3) (I) of
22 the U.S. Public Health Services Act, 42 CFR Part 51c 303(p) and 45 CFR Part
23 74.25 (c)(2), (3).

24 *I Liheslaturan Guåhan* finds that the current position of Community Health
25 Center Medical Director does not meet the HRSA federal program key

1 management staff position and so the Community Health Center must establish the
2 Community Health Center Medical Director position, which currently does not
3 exist in the Government of Guam staffing position title. Thus, with the
4 establishment of the Community Health Center Medical Director position title,
5 such title meets the HRSA federal program requirement as a distinct, separate
6 position pursuant to the U.S. Public Health Service law, rule, and federal program
7 regulation.

8 *I Liheslaturan Guåhan* finds that the current position of Medical Director for
9 the Department of Public Health and Social Services is an acting position
10 responsible for the administration and management of all clinical services. Plans,
11 administers, directs, and coordinates all clinical activities of the Community Health
12 Centers. The Community Health Center Medical Director is also responsible in
13 supervising physicians and mid-level providers; evaluating standards of care
14 practices performed by all medical personnel; recruiting medical staff;
15 interviewing candidates and making recommendations for hiring of health
16 professionals; serving as the rater for medical personnel evaluations; participating
17 and advising in the development, implementation, and operation of a quality
18 assurance program and interpretation of medical data in that program; periodically
19 reviewing the practice management functions of the clinic including reception,
20 telephone triage, patient flow, outreach services, referral services, pharmacy, and
21 laboratory services; reviewing patient satisfaction surveys and participating in the
22 resolution of patient complaints; recommending changes in clinical programming
23 based on analysis of clinical medical data, epidemiology, or problems in the
24 community; conducting regular meetings with the medical providers; and
25 providing on site clinical supervision of medical staff.

1 It is, therefore, the *intent* of I Liheslaturan Guåhan to amend §3804 of
2 Article 8, Chapter 3, Title 10, Guam Code Annotated, providing for the
3 establishment of the position of a Medical Director, Community Health Centers,
4 who shall be responsible for managing the overall clinical operation of the
5 Community Health Centers, Department of Public Health and Social Services.

6 It is, further, the intent of *I Liheslaturan Guåhan* to adopt the U.S. Public
7 Health Service Act, and Health Resources and Services Administration (HRSA)
8 program guidelines, requirements and regulations for Federally Qualified
9 Community Health Centers.

10 **Section 2.** Section 3803 of Article 8, Chapter 3, Title 10, Guam Code
11 Annotated, is hereby *amended*, to read:

12 **“§ 3803.Program.**There is hereby established within the Department of
13 Public Health and Social Services (‘Department’) Bureau of Primary Care Services
14 (‘Bureau’) a Community Health Center Program (‘Program’) to be administered on
15 a collateral duty basis by the Health Services Administrator of the Bureau, and
16 who shall serve as the Community Health Center Chief Executive Officer of the
17 Program. The Program shall cover two (2) ~~three (3)~~ regions of Guam (Northern;
18 Central, and Southern). With the collateral duty, the Community Health Center
19 Chief Executive Officer’s additional role shall include adherence to the following
20 nineteen (19) federal program requirements as stipulated in “Exhibit A”: 1)
21 development and implementation of a needs assessment, 2) implementing required
22 and additional primary health care services; 3) adhering to staffing requirements;
23 4) conducting accessible hours of operation and location; 5) After Hours
24 Coverage; 6) Hospital Admitting Privileges and Continuum of Care; 7) Sliding
25 Fee Discount; 8) Quality Improvement/Quality Assurance Plan; 9) Key

1 Management staff; 10) Contractual/Affiliation Agreements; 11) Collaborative
2 Relationships; 12) Financial Management and Control Policies; 13) Billing and
3 Collection; 14) Budget; 15) Program Data Reporting Systems; 16) Scope of
4 Project; 17) Board Authority; 18) Board Composition; and 19) Conflict of
5 Interest.”

6 **Section 3.** Section 3804 of Article 8, Chapter 3, Title 10, Guam Code
7 Annotated, is hereby amended, to read:

8 **“§ 3804.Personnel.** There shall be assigned sufficient number of
9 administrative personnel, as may be determined by the Community Health Center
10 Chief Executive Officer, to provide staff assistance on a full-time basis to Guam
11 Community Health Center and ensure that the general duties assigned to the Guam
12 Community Health Centers are adequately administered. It is further, provided:

13 (a) There is hereby established within the Program, the administrative
14 position of ‘Community Health Center Chief Executive Officer’, who shall be
15 responsible for managing the overall operations, finances, personnel, and facilities
16 of the community health centers in accordance with the mission, vision, values,
17 Council approved policies, Strategic Plan, and other operational policies, and as
18 further delineated in the position description adopted as Exhibit “B” pursuant to
19 this Act, and which may be amended pursuant to Subsection (d) of this Section.

20 (1) Salary. The salary of the Community Health Center Chief
21 Executive Officer shall be based upon the national standard of Community
22 Health Center Chief Executive Officers of Federally Qualified Health
23 Centers in the U.S.

1 (b) There is hereby established within the Program, the senior
2 administrative financial position of ‘Chief Financial Officer’. The responsibility of
3 the position shall include, but is not limited to, assisting the Chief Executive
4 Officer and the Advisory Council on Community Health Centers in the
5 development, implementation and coordination of the Program’s financial policy,
6 fund management, internal audits, billings and collection, and, the performance of
7 all other associated administrative functions and tasks as are necessary in directly
8 providing and ensuring sound fiscal stability and support for the Program, and as
9 further delineated in the position description adopted as Exhibit “C” pursuant to
10 this Act, and which may be amended pursuant to Subsection (d) of this Section.

11 (1) Salary. The salary of the Chief Financial Officer shall be based
12 upon the national standard for the position, as found within the Community
13 Health Center instrumentality of a U.S. State.

14 (c) There is hereby established within the Program, the administrative and
15 clinical position of ‘Medical Director’. The responsibility of the position *shall*
16 include, but is not limited to, assisting the Community Health Center Chief
17 Executive Officer and the Advisory Council on Community Health Centers in the
18 development, implementation and coordination of the Program’s medical services
19 policy and the performance of associated administrative tasks, and, directly
20 providing clinical medical support for all medical services provided by the
21 Program, and as further delineated in the position description adopted as Exhibit
22 “D” pursuant to this Act, and which may be amended pursuant to Subsection (d) of
23 this Section.

24 The Medical Director shall preferably be a board certified or board eligible
25 physician specialist in a medical field deemed to be an appropriate, requisite field

1 of practice, or multiple field specialties, as is necessary to best meet the mandates
2 and needs of the Program, and as further delineated in the position description
3 adopted as Exhibit “D” pursuant to this Act, and which may be amended pursuant
4 to Subsection (d) of this Section.

5 Preferable consideration for selection as the Medical Director shall be given
6 to a board certified or board eligible physician specialist with experience as a
7 primary care family practice physician.

8 (1) Salary. The salary of the Medical Director shall be based upon
9 the national standard for Community Health Center Medical Directors in the
10 U.S.

11 (d) Amendment of Position Description. The Advisory Council on
12 Community Health Centers shall, in keeping with the provisions of Article 3- Rule
13 Making Procedures, of Chapter 9, Title 5, Guam Code Annotated, review and
14 amend, as may be necessary, the position descriptions adopted pursuant to §§ (a),
15 (b), and (c) of this Section.”

16 **Section 4. Adoption of Exhibit for Key Health Center Program**
17 **Requirements.** Notwithstanding any other provision of law, rule, regulation and
18 Executive Order, the program description and requirements of the Community
19 Health Centers, and attached hereto as Exhibit “A”, is hereby adopted by *I*
20 *Mina’Trentai Dos Na Liheslaturan Guåhan*, and shall be codified under a NEW
21 Article 4 of Chapter 6, Title 26, Guam Administrative Rules and Regulations.

22 **Section 5. Adoption of Exhibits for Position Description.**
23 Notwithstanding any other provision of law, rule, regulation and Executive Order,
24 the position description for the positions of Community Health Center Chief

1 Executive Officer, Chief Financial Officer, and Medical Director and attached
2 hereto, respectively, as Exhibit “B”, Exhibit “C”, and Exhibit “D”, are hereby
3 adopted by I *Mina’ Trentai Dos Na Liheslaturan Guåhan*, and shall be published in
4 the listing of position descriptions of the government of Guam.

5 The position descriptions adopted pursuant to this Act are established as the
6 *initial* position description’s, and *shall* be subject to further amendment, as is
7 deemed appropriate by the Advisory Council on Community Health Centers.

8 Amendment of Position Description. The Advisory Council on Community
9 Health Centers *shall*, pursuant to Article 3- rule making procedures, of Chapter 9,
10 Title 5, Guam Code Annotated, review and amend, as may be necessary, the
11 position descriptions adopted pursuant to this Act.

12 **Section 6. Severability.** *If* any provision of this law or its application to any
13 person or circumstance is found to be invalid or contrary to law, such invalidity
14 *shall not* affect other provisions or applications of this law which can be given
15 effect without the invalid provisions or application, and to this end the provisions
16 of this law are severable.

17 **Section 7. Effective Date.** This Act shall become immediately effective
18 upon enactment.

EXHIBIT “A”

TITLE 26, GUAM ADMINISTRATIVE RULES AND REGULATIONS

Chapter 6. Hospital and Medical Facilities

Article 4

U.S. PUBLIC HEALTH SERVICE ACT, AND HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) PROGRAM GUIDELINES, REQUIREMENTS AND REGULATIONS FOR FEDERALLY QUALIFIED COMMUNITY HEALTH CENTERS.

Summary of Key Health Center Program Requirements

NOTE: Portions of program requirements notated by an 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.

Health centers are non-profit private or public entities that serve designated medically underserved populations/areas or special medically underserved populations comprised of migrant and seasonal farmworkers, the homeless or residents of public housing. A summary of the key health center program requirements is provided below. For additional information on these requirements, please review:

1 Health Center Program Statute: Section 330 of the Public Health Service
2 Act (42 U.S.C. §254b);
3 Program Regulations (42 CFR Part 51c and 42 CFR Parts 56.201-56.604 for
4 Community; and
5 Migrant Health Centers Grants Regulations (45 CFR Part 74).

6 **1. Needs Assessment:** Health center demonstrates and documents the
7 needs of its target population, updating its service area, when appropriate. (Section
8 330(k)(2) and Section 330(k)(3)(J) of the PHS Act).

9 **2. Required and Additional Services:** Health center provides all required
10 primary, preventive, enabling health services and additional health services as
11 appropriate and necessary, either directly or through established written
12 arrangements and referrals. (Section 330(a) of the PHS Act).

13 **Note:** Health centers requesting funding to serve homeless individuals and
14 their families must provide substance abuse services among their required
15 services (Section 330(h)(2) of the PHS Act).

16 **3. Staffing Requirement:** Health center maintains a core staff as necessary
17 to carry out all required primary, preventive, enabling health services and
18 additional health services as appropriate and necessary, either directly or through
19 established arrangements and referrals. Staff must be appropriately licensed,
20 credentialed and privileged. (Section 330(a)(1), (b)(1)-(2), (k)(3)(C), and
21 (k)(3)(I) of the PHS Act)

1 **4. Accessible Hours of Operation/Locations:** Health center provides
2 services at times and locations that assure accessibility and meet the needs of the
3 population to be served. (Section 330(k)(3)(A) of the PHS Act).

4 **5. After Hours Coverage:** Health center provides professional coverage for
5 medical emergencies during hours when the center is closed. (Section 330(k)(3)(A)
6 of the PHS Act and 42 CFR Part 51c.102(h)(4)).

7 **6. Hospital Admitting Privileges and Continuum of Care:** Health center
8 physicians have admitting privileges at one or more referral hospitals, or other such
9 arrangement to ensure continuity of care. In cases where hospital arrangements
10 (including admitting privileges and membership) are not possible, health center
11 must firmly establish arrangements for hospitalization, discharge planning, and
12 patient tracking. (Section 330(k)(3)(L) of the PHS Act).

13 **7. Sliding Fee Discounts:** Health center has a system in place to determine
14 eligibility for patient discounts adjusted on the basis of the patient's ability to pay.

15 • This system must provide a full discount to individuals and families with
16 annual incomes at or below 100% of the Federal poverty guidelines (only
17 nominal fees may be charged) and for those with incomes between 100%
18 and 200% of poverty, fees must be charged in accordance with a sliding
19 discount policy based on family size and income.*

20 • No discounts may be provided to patients with incomes over 200 % of
21 the Federal poverty guidelines.*

22 • No patient will be denied health care services due to an individual's
23 inability to pay for such services by the health center, assuring that any fees
24 or payments required by the center for such services will be reduced or

1 waived. (Section 330(k)(3)(G) of the PHS Act, 42 CFR Part 51c.303(f)), and
2 42 CFR Part 51c.303(u)).

3 **8. Quality Improvement/Assurance Plan:** Health center has an ongoing
4 Quality Improvement/Quality Assurance (QI/QA) program that includes clinical
5 services and management, and that maintains the confidentiality of patient records.
6 The QI/QA program must include:

7 **Summary of Key Health Center Program Requirements.**

8 **NOTE:** Portions of program requirements notated by an asterisk “*”
9 indicate regulatory requirements that are recommended *but not required* for
10 grantees that receive funds solely for Health Care for the Homeless (section
11 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.

12 • a clinical director whose focus of responsibility is to support the quality
13 improvement/assurance program and the provision of high quality patient
14 care;*

15 • periodic assessment of the appropriateness of the utilization of services
16 and the quality of services provided or proposed to be provided to
17 individuals served by the health center; and such
18 assessments shall: *

19 ○ be conducted by physicians or by other licensed health
20 professionals under the supervision of physicians;*

21 ○ be based on the systematic collection and evaluation of patient
22 records;* and

23 ○ identify and document the necessity for change in the provision of
24 services by the health center and result in the institution of such
25 change, where indicated.*

1 (Section 330(k)(3)(C) of the PHS Act, 45 CFR Part 74.25 (c)(2), (3)
2 and 42 CFR Part 51c.303(c)(1-2))

3 **9. Key Management Staff:** Health center maintains a fully staffed health
4 center management team as appropriate for the size and needs of the center. Prior
5 approval by HRSA of a change in the Project Director/Executive Director/CEO
6 position is required. (Section 330(k)(3)(I) of the PHS Act, 42 CFR Part 51c.303(p)
7 and 45 CFR Part 74.25(c)(2),(3)).

8 **10. Contractual/Affiliation Agreements:** Health center exercises
9 appropriate oversight and authority over all contracted services, including assuring
10 that any sub-recipient(s) meets Health Center program requirements. (Section
11 330(k)(3)(I)(ii), 42 CFR Part 51c.303(n), (t)), Section 1861(aa)(4) and Section
12 1905(l)(2)(B) of the Social Security Act, and 45 CFR Part 74.1(a) (2)).

13 **11. Collaborative Relationships:** Health center makes effort to establish
14 and maintain collaborative relationships with other health care providers, including
15 other health centers, in the service area of the center. The health center secures
16 letter(s) of support from existing health centers (section 330 grantees and FQHC
17 Look-Alikes) in the service area or provides an explanation for why such letter(s)
18 of support cannot be obtained. (Section 330(k)(3)(B) of the PHS Act and 42 CFR
19 Part 51c.303(n)).

20 **12. Financial Management and Control Policies:** Health center maintains
21 accounting and internal control systems appropriate to the size and complexity of
22 the organization reflecting Generally Accepted Accounting Principles (GAAP) and
23 separates functions appropriate to organizational size to safeguard assets and
24 maintain financial stability. Health center assures an annual independent financial
25 audit is performed in accordance with Federal audit requirements, including

1 submission of a corrective action plan addressing all findings, questioned costs,
2 reportable conditions, and material weaknesses cited in the Audit Report. (Section
3 330(k)(3)(D), Section 330(q) of the PHS Act and 45 CFR Parts 74.14, 74.21 and
4 74.26).

5 **13. Billing and Collections:** Health center has systems in place to
6 maximize collections and reimbursement for its costs in providing health services,
7 including written billing, credit and collection policies and procedures. (Section
8 330(k)(3)(F) and (G) of the PHS Act).

9 **14. Budget:** Health center has developed a budget that reflects the costs of
10 operations, expenses, and revenues (including the Federal grant) necessary to
11 accomplish the service delivery plan, including the number of patients to be
12 served. (Section 330(k)(3)(D), Section 330(k)(3)(I)(i), and 45 CFR Part 74.25).

13 **15. Program Data Reporting Systems:** Health center has systems which
14 accurately collect and organize data for program reporting and which support
15 management decision making. (Section 330(k)(3)(I)(ii) of the PHS Act).

16 **16. Scope of Project:** Health center maintains its funded scope of project
17 (sites, services, service area, target population and providers), including any
18 increases based on recent grant awards. (45 CFR Part 74.25).

19 **17. Board Authority:** Health center governing board maintains appropriate
20 authority to oversee the operations of the center, including:

21 **Summary of Key Health Center Program Requirements**

22 **Note:** Portions of program requirements notated by an asterisk “*” indicate
23 regulatory requirements that are recommended *but not required* for grantees

1 that receive funds solely for Health Care for the Homeless (section 330(h))
2 and/or the Public Housing Primary Care (section 330(i)) Programs.

- 3 • holding monthly meetings;
- 4 • approval of the health center grant application and budget;
- 5 • selection/dismissal and performance evaluation of the health center CEO;
- 6 • selection of services to be provided and the health center hours of
7 operations;
- 8 • measuring and evaluating the organization's progress in meeting its
9 annual and long-term programmatic and financial goals and developing
10 plans for the long-range viability of the organization by engaging in strategic
11 planning, ongoing review of the organization's mission and bylaws,
12 evaluating patient satisfaction, and monitoring organizational assets and
13 performance;* and
- 14 • establishment of general policies for the health center. (Section
15 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304).

16 **Note:** In the case of public centers (also referred to as public entities) with
17 co-applicant governing boards, the public center is permitted to retain
18 authority for establishing general policies (fiscal and personnel policies) for
19 the health center (Section 330(k)(3)(H) of the PHS Act and 42 CFR
20 51c.304(d)(iii) and (iv)).

21 **Note:** Upon a showing of good cause the Secretary may waive, for the
22 length of the project period, the monthly meeting requirement in the case of

1 a health center that receives a grant pursuant to subsection (g), (h), (i), or (p).
2 (Section 330(k)(3)(H) of the PHS Act).

3 **18. Board Composition:** The health center governing board is composed of
4 individuals, a majority of whom are being served by the center and, this majority
5 as a group, represent the individuals being served by the center in terms of
6 demographic factors such as race, ethnicity, and sex. Specifically:

7 • Governing board has at least 9 but no more than 25 members, as
8 appropriate for the complexity of the organization.*

9 • The remaining non-consumer members of the board shall be
10 representative of the community in which the center's service area is located
11 and shall be selected for their expertise in community affairs, local
12 government, finance and banking, legal affairs, trade unions, and other
13 commercial and industrial concerns, or social service agencies within the
14 community. *

15 • The non-consumer board members may not derive more than 10% of
16 their annual income from the health care industry. *

17 **Note:** Upon a showing of good cause the Secretary may waive, for the
18 length of the project period, the patient majority requirement in the case of a
19 health center that receives a grant pursuant to subsection (g), (h), (i), or (p).
20 (Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304).

21 **19. Conflict of Interest Policy:** Health center bylaws or written corporate
22 board approved policy include provisions that prohibit conflict of interest by board
23 members, employees, consultants and those who furnish goods or services to the
24 health center.

1 • No board member shall be an employee of the health center or an
2 immediate family member of an employee. The Chief Executive may serve
3 only as a non-voting ex-officio member of the board.*
4 (45 CFR Part 74.42 and 42 CFR Part 51c.304(b)).

5 **NOTE:** Portions of program requirements notated by an asterisk “*”
6 indicate regulatory requirements that are recommended *but not required* for
7 grantees that receive funds solely for Health Care for the Homeless (section
8 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.

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1

EXHIBIT “B”

2

Position Description

3

“COMMUNITY HEALTH CENTER CHIEF EXECUTIVE OFFICER”

4

Community Health Centers

5

Department of Public Health and Social Services

Exhibit “B”

JOB DESCRIPTION

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Job Title: **Community Health Center Chief Executive Officer**

Department: Community Health Centers, DPHSS

Reports To: Advisory Council on Community Health Centers

Effective Date: {Month__ 201_}

Revised Date: N/A

Approved By: {Advisory Council / P.L.__-__}

Approved Date: {Month __, 201_}

9

SUMMARY

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The Community Health Center Chief Executive Officer (CEO) is responsible for managing the overall operations, finances, personnel, and facilities of the community health centers in accordance with the mission, vision, values, Council approved policies, Strategic Plan, and other operational policies.

14

The CEO shall:

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18

- Support the Council in carrying out its responsibilities and provide information and recommendations to the Council as appropriate.
- Is expected to promote an organizational culture of excellence, carrying out these responsibilities with high levels of integrity, fairness, respect,

1 kindness, and competence serving as an exemplary leader who is able to garner
2 high levels of support from others within the community health center, the
3 community, the Territory, and beyond.

4 ESSENTIAL DUTIES AND RESPONSIBILITIES

5 1. Operations Management:

- 6 • Oversees the day-to-day community health center operations to ensure
7 that all service and program activities are carried out effectively and efficiently in
8 accordance with the mission, vision, values, Council approved policies, Strategic
9 Plan, and other operational policies.
- 10 • Ensures that community health center operations are in compliance
11 with all applicable laws, regulations, standards, and adherence to 19 health center
12 federal program requirements.
- 13 • Promotes an organizational culture of excellence.
- 14 • Develops an organizational strategic plan, which includes
15 administrative, governance, health, and financial plan for the Community Health
16 Centers and presents the organizational strategic plan for approval to the CHC
17 Council and HRSA Department of Health and Human Services for approval.
- 18 • Participates in the periodic management review of the CHCs' quality
19 assurance program with the Chief Medical Officer and implements key health
20 transformational initiatives, (e.g. Patient-Centered Health Care Home model of
21 care and service, electronic health record system, and the re-engineering of the
22 CHC clinic flow, etc.).

1 • Ensures an effective system of ongoing quality assurance,
2 performance improvement, and risk management to enhance quality of care, boost
3 patient and employee satisfaction, augment patient safety including the
4 minimization of prescription errors, adverse drug reactions, medical malpractice
5 liabilities, and losses that may adversely impact the CHCs' operations and
6 financial viability.

7 • Effectively leads the management staff to ensure they are carrying out
8 their responsibilities appropriately in the clinical, programmatic, and service arenas
9 to meet performance standards and goals.

10 • Ensures that patient, staff, and other interactions are carried out in a
11 professional and courteous manner protecting patient privacy and confidentiality at
12 all times.

13 • Identifies and addresses unforeseen operating problems and issues
14 effectively and efficiently.

15 • Negotiates contracts and agreements pertaining to goods and services
16 and ensures that they are carried out in compliance with federal and local
17 procurement laws.

18 2. Financial Management:

19 • Ensures that all financial operations and procedures are conducted
20 according to accepted Generally Accepted Accounting Principles (GAAP) with
21 sound internal controls, and applicable federal and local laws, rules, and
22 regulations.

- 1 • Ensures implementation of the financial policies approved by the
2 Council.
- 3 • Facilitates the financial strategic planning with the CHC Council to
4 develop goals, objectives, and strategies to improve the financial performance of
5 the CHCs.
- 6 • Manages the overall financial operations of the health center within or
7 exceeding the accepted range and norms of performance for health centers of
8 comparable size and scope.
- 9 • With the CFO, presents a timely, complete, and feasible annual
10 budget to the Council of Directors for final review and approval which includes
11 logical assumptions upon which the budget justification is based.
- 12 • Ensures accurate and timely monthly financial reports to the Council
13 with explanations of all significant variances of actual performance to budget.
- 14 • Implements appropriate corrective measures to bring actual financial
15 performance in line with or exceeding budget projections.
- 16 • Recommends appropriate and effective long-term financial strategies
17 for Council approval to ensure the continued financial viability of the health center
18 including an effective program of grant applications and fund development
19 activities.
- 20 • Ensures that an annual fiscal audit is conducted and makes appropriate
21 changes and improvements based on the auditors' recommendations.
- 22 • Ensures an effective set of insurance plans and policies for reasonable
23 protection of the health center's assets.

1 3. Personnel Management:

2 • Develops, maintains and communicates appropriate and effective
3 personnel policies approved by the Council ensuring:

4 ○ An effective organizational chart with clearly defined roles and
5 relationships and tight position control,

6 ○ An effective system of personnel records and files,

7 ○ An effective system of recruiting, hiring and orienting of
8 competent staff and providers including contracted providers for
9 coverage purposes,

10 ○ Comparable wages and benefits,

11 ○ An effective process for annual performance appraisal and
12 performance improvement for all staff members.

13 • Ensures an ongoing, effective system of written and verbal staff
14 communications including regular Executive Team, Leadership Team, and All
15 Staff meetings.

16 • Coaches the Executive and Leadership Team members to handle staff
17 problems, conflicts, complaints, and grievances effectively and in a timely manner.
18 Gets involved in these situations directly as needed.

19 • Maintains positive and professional working relationships among
20 employees resulting in good staff morale.

21 4. Facilities Management:

1 • Effectively oversees the facility and maintenance of the CHCs so that
2 it conforms with the building and fire codes and OSHA safety regulations.

3 Assures that the facilities and equipment of the health center are operated and
4 maintained in an appropriate safe and secure manner in order to protect their long-
5 term condition and value.

6 Effectively represents the health center in all lease negotiations, and operates
7 the health center in accordance with the terms and conditions of the agreement.

8 • Recommends for Council approval and effectively implements a
9 capital plan to maintain and improve the facilities in accordance with Council
10 approved budgets and directives.

11 5. Fund Development

12 • Explores various ways to diversify revenue streams.

13 • Identifies and applies for Capital funds to support the expansion and
14 renovation of the CHCs by applying for federal grants (e.g. Capital Improvement
15 Grant, Community Development Block Grant, U.S. Department of the Interior,
16 Health Care and Other Facilities Grant, Expanded Medical Capacity Grant, etc.).

17 • Writes and submits grant proposals which support the mission, vision,
18 values, and goals of WHC.

19 6. Community Relations, Professional Relationships and Marketing:

20 • Interacts positively and professionally within the health center with
21 patients, staff, and the providers.

1 • Is active and visible within the community, participating in various
2 groups and attending key community events.

3 • Participates in professional meetings and functions relevant to the
4 health center and effectively represents the health center as its Ambassador.

5 • Maintains effective professional relationships externally with
6 community leaders, health and social service providers, and leaders of
7 governmental entities, non-profit organizations, private businesses, the media, etc.

8 • Advocates for specific health policy issues at the National, Regional,
9 and State levels through participation in the National Association of Community
10 Health Center, Pacific Island Health Officers Association, Pacific Island Primary
11 Care Association, Non-Communicable Disease Consortium to ensure access to
12 health care, especially for the target populations (low income, uninsured or under-
13 insured, Native Hawaiians, etc.).

14 • Develops and implements an effective marketing plan with effective
15 public relations strategies and activities that promote the health center.

16 7. Strategic Planning:

17 • Periodically assesses the health needs of the community through the
18 conduction of needs assessments and plans to identify and address high priority
19 unmet needs in accordance with the health center's mission, vision and values with
20 particular focus on the health needs of target populations.

21 • With the Council and staff Leadership Team, assesses both the risks
22 and rewards of each and every new program and/or services opportunity, then
23 using the SWOT (strengths, weaknesses, opportunities, threats) analysis and the

1 force field analysis (assessing contributing and restraining forces), develops an
2 appropriate strategic plan for the health centers considering key trends and
3 developments in the overall health care industry, the needs of the community, and
4 issues and factors within the health center itself.

5 • Presents to the Council for approval, a set of measurable goals,
6 objectives, and strategies for the health centers.

7 8. Council of Directors:

8 • Staffs the monthly Council meetings and Annual Meeting ensuring
9 accurate and complete minutes and documentation of all Council decisions.

10 • Ensures appropriate staff support of all Council Committees with
11 accurate and complete minutes and documentation of all recommendations for
12 Council action.

13 • Provides monthly written reports to the Council that are informative,
14 appropriate, accurate, and timely addressing key issues that impact health center
15 operations.

16 • Effectively works with, and at times, educate the Council and its
17 Committees on issues and trends in health care making appropriate
18 recommendations to help them discuss strategic issues, make effective decisions,
19 and identify key actions to be taken.

20 • Assists the Council in all areas of Council development and
21 performance improvement including recruitment and selection of new Council
22 Directors, Council orientation, and Council and Committee meeting management.

1 • Informs the Council President of specific key operational issues if
2 there could be implications for the Community Health Centers.

3 GENERAL LEADERSHIP FACTORS

4 The CHC CEO is expected to continuously strive to attain exemplary levels
5 of leadership qualities and performance including:

6 • Leadership – effectively leads – by appropriately directing, coaching,
7 supporting, and delegating – the activities of the health center’s Executive and
8 Leadership Teams and All Staff; gains the respect and confidence of staff; inspires
9 them; develops the leadership effectiveness in them so that leadership is effectively
10 shared among the staff; sets the tone and is the role model to help realize an
11 organizational culture that is positive and healing in nature.

12 • Job Knowledge – possesses the clinical, technical, management,
13 business, and strategic knowledge required to do an outstanding job; is well-
14 informed of the latest developments in the health care industry.

15 • Organizing and Planning – establishes priorities and goals for self,
16 others, and the health center, appropriately delegating responsibilities to others;
17 demonstrates effective time management.

18 • Initiative – identifies issues and opportunities needing to be addressed
19 in a timely basis and demonstrates the ability, will, and confidence to deal with
20 them effectively.

21 • Judgment – makes sound decisions after obtaining and evaluating
22 pertinent information and weighing all viable alternatives.

- 1 • Reliability – is consistent in performance, advice, and behavior; is
2 dependable and timely with effective follow through with responsibilities.
- 3 • Interpersonal Relationships – demonstrates the ability to collaborate
4 respectfully with others within the health center and externally with the community
5 and beyond.
- 6 • Communications – demonstrates effective verbal and written
7 communication skills.
- 8 • Cultural Competence – has the ability to understand, communicate
9 with, and interact effectively with people of different cultures considering their
10 thought patterns, roles and relationships, expected behaviors, beliefs, values,
11 norms, attitudes, practices, and traditions.

12 QUALIFICATIONS

- 13 • Minimum of a Master’s degree in healthcare, social services, business
14 or related field of study with a demonstrated record of continuing education and
15 training.
- 16 • Minimum of five years of progressive managerial and supervisory
17 experience in health care administration , preferably in Federally Qualified Health
18 Centers and/or the health care and/or social services and/or non-profit sector.
- 19 • Demonstrated experiences in program development, business and
20 financial management, human resources, grant writing and/or fund development,
21 community and public relations, and public speaking.
- 22 • Good knowledge-base of health care delivery and financing, trends
23 and issues in the business environment and health industry with particular focus on

1 community health and preventive and primary care including medical, dental and
2 behavioral health services.

3 LANGUAGE SKILLS

4 Ability to read, analyze and interpret common scientific and technical
5 journals, financial reports, and legal documents. Ability to respond to common
6 inquiries or complaints from customers, governmental/ regulatory agencies, or
7 members of the business community. Ability to write federal HRSA grant
8 proposals. Ability to give effective presentations to staff, public groups, the
9 Council of Directors, etc. Ability to communicate and work effectively with
10 people of diverse social, economic, and ethnic backgrounds.

11 MATHEMATICAL SKILLS

12 Ability to work with mathematical concepts such as probability and
13 statistical inference.

14 REASONING ABILITY

15 Ability to define problems, to collect data, to establish facts, and draw valid
16 conclusions. Ability to interpret an extensive variety of technical instructions in
17 mathematical or diagram form and deal with several abstract and concrete
18 variables.

19 PHYSICAL DEMANDS

20 The physical demands described here are representative of those that must
21 be met by an employee to successfully perform the essential functions of this job.
22 Reasonable accommodations may be made to enable individuals with disabilities
23 to perform the essential functions.

1 While performing the duties of this job, the employee is regularly required to
2 sit; use hands to finger, handle, or feel; and talk or hear. The employee is required
3 to stand; walk; reach with hands and arms; and stoop, kneel, crouch, or crawl. The
4 employee must occasionally lift and/or move up to 30 pounds. Specific vision
5 abilities required by this job include close vision, distance vision, color vision,
6 peripheral vision, depth perception, and ability to adjust focus.

7 **WORK ENVIRONMENT**

8 The work environment characteristics described here are representative of
9 those an employee encounters while performing the essential functions of this job.
10 Reasonable accommodations may be made to enable individuals with disabilities
11 to perform the essential functions.

12 While performing the duties of this job, the employee is occasionally
13 exposed to risk of electrical shock, and clinical exposure to disease and
14 contamination. The noise level in the work environment is moderate.

1 **EXHIBIT “C”**

2
3 Position Description

4
5 **“CHIEF FINANCIAL OFFICER”**

6 Community Health Centers

7 Department of Public Health and Social Services

Job Description

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Job Title: **CHIEF FINANCIAL OFFICER**
Department: Community Health Centers
Reports To: Community Health Center Chief Executive Officer
Effective Date: {Month / Day / Year}
Revised Date: {as applicable}
Approved By: {Advisory Council / P.L. __-__ (as applicable)}
Approval Date: {as applicable}

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SUMMARY:

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The Chief Financial Officer (CFO) coordinates business services including financial reporting, fiscal accountability (general accounting and patient accounting), budget preparation and control, statistics reporting and control, , Information Technology (IT) infrastructure, human resources, and other special management projects as assigned by the Community Health Center Chief Executive Officer (ED). This position participates as a member of the Executive Team in planning, implementing, coordinating, and evaluating operations under the policies and procedures received from the Board of Directors and/or the ED.

18

SUPERVISES:

1 General Accounting staff: Accountant
2 Staff: Cashier, Billing, and Administrative Assistants
3 IT staff: IT Specialist

4 ESSENTIAL DUTIES AND RESPONSIBILITIES:

- 5 1. Develop, maintain, and update accounting system appropriate for the
6 Centers' and federal funding agency's reporting needs.
- 7 2. Ensure Generally Accepted Accounting Principles (GAAP) are used
8 when applicable.
- 9 3. Exercise oversight of the general and patient accounting systems with
10 sound internal controls relative to, but not limited to:
- 11 a. Accounts payable and payroll.
12 b. Cash receipts, cash disbursements, and cash flow analysis.
13 c. Collection of and accounts receivable.
14 d. Budgeting, and procurement.
15 e. Compliance with federal and state laws and regulations.
- 16 4. Prepare federal and local budgets, Medicare, and Uniform Data
17 System Report.
- 18 5. Monitor contracts with vendors, State and Federal agencies.
- 19 6. Review medical, laboratory, pharmacy, and third party billing
20 contracts (including Medicaid/MIP) and renew contracts annually.
- 21 7. Prepare required federal reports including, but not limited to: the
22 Medicare Cost, Uniform Data System, and Federal Financial reports.
- 23 8. Prepare financial statements, and federal reports.
24 9. Develop, review, update, and implement financial policies.

1 10. Prepare schedules and provide analysis, documentation and assistance
2 during the annual financial audit.

3 11. Work closely with consultants to ensure availability of accurate
4 financial information.

5 12. Work with the Community Health Center Chief Executive Officer to
6 conduct strategic financial planning to maximize revenues and control spending.
7 plan for center financing, with maximization of revenues and keeping spending
8 under control.

9 13. In consultation with the Community Health Center Chief Executive
10 Officer and others, recruit, hire, train, evaluate, and remove subordinate staff as
11 appropriate. Oversee biweekly payroll submission and Human Resources pay
12 changes. Manage time recording system.

13 14. Participate in Supervisor's monthly meetings with section supervisors
14 (medical records, pharmacy, laboratory, nursing, providers, administration,
15 business, management information system, risk management, quality assurance,
16 and the clinical applications coordination supervisors) to establish, delineate, and
17 review program policies and procedures as well as coordinate functions and
18 operations between sections for attaining organizational goals and objectives.

19 15. Utilize the Resource Patient Management Electronic Health Record
20 System Third Party Billing and Accounts Receivable modules to process billing
21 claims and collect revenues owed to the CHCs.

22 16. Work with the Board of Directors Executive and Finance
23 Subcommittees to develop strategies to sustain the CHCs' financial viability.

24 17. Other duties as assigned.

25 **QUALIFICATIONS:**

- 26 • Graduation from an accredited University with a bachelor's degree in
27 Business Administration, accounting, or finance and a certification as a public
28 accountant.

- 1 • Must have at least 5 years of professional financial management
2 experience, with at least 3 years of supervisory management experience.
3 Experience in health care and non-profit organization.

- 4 • Must have experience with knowledge of computer applications to
5 accounting and other information systems. Experience with medical patient
6 accounting (billing, collections) is preferred.

- 7 • Must have the ability to communicate well verbally and in writing,
8 demonstrated leadership, negotiation, and conflict resolution skills.

- 9 • Must be able to work cooperatively with multi ethnic, multi-cultural
10 staff and patient populations.

11 PHYSICAL DEMANDS:

12 The physical demands described here are representative of those that must
13 be met by an employee to successfully perform the essential functions of this job.
14 Reasonable accommodations may be made to enable individuals with disabilities
15 to perform the essential functions.

16 While performing the duties of this job, the employee is regularly required to
17 sit; use hands to finger, handle, or feel; and talk and hear. The employee is required
18 to stand; walk; reach with hands and arms; and to stoop, kneel or crouch. The
19 employee must occasionally lift/carry up to 30 pounds and push/pull up to 50
20 pounds via wheeled devices. Specific vision abilities required by this job include
21 close and distance vision.

22 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
23 (HIPAA):

24 In accordance with HIPAA regulations, all patient information will have
25 restricted access and be handled in a confidential manner at all times. Access to
26 Patient Information shall be limited to only those persons needing such information

1 in order to perform the specific duties of their job (such as direct patient care,
2 patient billing or quality assurance review.)

3 Whenever possible and reasonable, physical documents will be covered
4 and/or kept from sight of all persons not directly involved in a patient's activities
5 (such as described above). When accessing Patient Information via computer, take
6 appropriate steps to ensure that your screen is not easily visible to other patients
7 and non-involved employees. Whenever you are not in your work area, take steps
8 to ensure that no patient information is left unattended.

9 WORK ENVIRONMENT

10 The work environment characteristics described here are representative of
11 those an employee encounters while performing the essential functions of this job.
12 Reasonable accommodations may be made to enable individuals with disabilities
13 to perform the essential functions.

14 The noise level in the work environment is usually moderate.

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EXHIBIT “D”

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Position Description

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“MEDICAL DIRECTOR”

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Community Health Centers

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Department of Public Health and Social Services

Job Description

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Job Title: **MEDICAL DIRECTOR**

Department: Community Health Centers

Reports To: Community Health Center Chief Executive Officer

Effective Date: {*Month / Day / Year*}

Revised Date: {as applicable}

Approved By: {*Advisory Council / P.L. ___ - ___* (as applicable)}

Approval Date: {*as applicable*}

SUMMARY

Responsible for the Administration and Management of all clinical services. Plans, administers, directs, and coordinates all clinical activities of the Community Health Center in accordance with existing laws, policies, rules, and regulations.

ESSENTIAL DUTIES AND RESPONSIBILITIES

1. Renders professional medical determination concerning the care and treatment of patients.
2. Develops the Community Health Centers' medical protocols in the area of the 16 HRSA required clinical performance measures and maintains standards of care and treatment and ensures compliance with them.

- 1 3. Develops, implements, and updates the CHCs' clinical and operating
2 policies and procedures.
- 3 4. Supervises clinical activities and remedial action, and maintains and
4 educates staff regarding problem-oriented medical records and quality assurance
5 systems.
- 6 5. Directly formulates clinical standards in accordance with U.S.
7 standards of care practices with approval from the CHC Council, Community
8 Health Center Chief Executive Officer, and DPHSS Director.
- 9 6. Conducts regular Provider meetings, which includes in-service
10 education.
- 11 7. Reviews needs assessment questionnaires as well as employee and
12 patient satisfaction surveys including all survey results and coordinates clinical
13 services to meet community health care needs.
- 14 8. Responsible for monthly reports to Chief Executive Officer, or other
15 reports as required.
- 16 9. Gives input into preparation of budgets in relation to the staffing of
17 health and allied health professionals.
- 18 10. Participates in community activities as needed.
- 19 11. Reviews Memorandum of Agreements with federal programs (i.e.,
20 Maternal and Child Health, STD/HIV, Ryan White/ADAP, Women, Infants, and
21 Children, Breast and Cervical Cancer, Child Abuse Prevention, Communicable
22 Diseases, Medicaid, Diabetes, Head Start, etc), DPHSS Dental Program, Guam
23 Memorial Hospital, Guam Behavioral Health and Wellness Center, University of

1 Guam (UOG) School of Nursing for the provision of primary health care, acute
2 outpatient care, preventive services, specialty care, in-patient care services, and
3 behavioral health services.

4 12. With the Community Health Center Chief Executive Officer, recruits
5 and interviews potential physicians, mid-level providers (nurse practitioners,
6 certified nurse midwives, physician assistants), clinical psychologists, and other
7 clinical and paraprofessional staff.

8 13. Coordinates and implements with the quality assurance committee
9 chart audits and peer reviews and develops corrective actions to address any
10 clinical deficiencies and/or discrepancies.

11 14. Provide leadership and management for all health center clinicians
12 whether employees, contractors, or volunteers.

13 15. Works as an integral part of the Executive and Leadership teams.

14 16. Establishes, strengthens and negotiates relationships between the
15 health center and other clinicians, provider organizations and payers in its
16 marketplace.

17 17. Represents the best interests of the Health Center, its patients and the
18 community it serves.

19 18. Participates in at least one WHC sponsored/affiliated community
20 event per year.

21 19. Attends the monthly Board of Directors meetings and Board
22 Committee meetings as needed.

1 20. All other duties as assigned by the CHC Chief Executive Officer,
2 Chief Public Health Officer, and/or DPHSS Director.

3 SUPERVISORY RESPONSIBILITIES

4 Directly supervises the development, implementation of Clinical Services
5 including “Extended Outreach Clinics” (i.e., portable health care clinics in isolated
6 geographic locations) as well as the operations of the Quality Assurance program

7 QUALIFICATIONS

8 To perform this job successfully, an individual must be able to
9 perform each essential duty satisfactorily.

10 The requirements listed below are representative of the knowledge,
11 skill, and/or ability required.

12 Reasonable accommodations may be made to enable individuals with
13 disabilities to functions.

14 EDUCATION and/or EXPERIENCE

15 1. Graduate from an accredited school of medicine with degree of
16 Doctor of Medicine.

17 2. Three years experience as a practicing physician.

18 3. Board certification in primary care.

19 4. Experience in community health centers is highly desirable.

20 LANGUAGE SKILLS

1 Ability to read, analyze and interpret common scientific and technical
2 journals, financial reports, and legal documents.

3 Ability to respond to common inquiries or complaints from customers,
4 governmental/regulatory agencies, or members of the business community.

5 Ability to write proposals and/or articles for publication that conforms
6 to prescribed style and format.

7 Ability to give effective presentations to staff, public groups, the
8 Board of Directors, etc.

9 Ability to communicate and work effectively with people of diverse
10 social, economic, and ethnic backgrounds.

11 MATHEMATICAL SKILLS

12 Ability to work with mathematical concepts such as probability and
13 statistical inference.

14 REASONING ABILITY

15 Ability to define problems, to collect data, to establish facts, and draw
16 valid conclusions.

17 Ability to interpret an extensive variety of technical instructions in
18 mathematical or diagram form and deal with several abstract and concrete
19 variables.

20 CERTIFICATES, LICENSES, REGISTRATIONS

21 Guam State Medical License

- 1 Guam State Driver's License
- 2 Board Certification in Primary Care

3 **PHYSICAL DEMANDS**

4 The physical demands described here are representative of those that must
5 be met by an employee to successfully perform the essential functions of this job.
6 Reasonable accommodations may be made to enable individuals with disabilities
7 to perform the essential functions. While performing the duties of this job, the
8 employee is regularly required to sit; use hands to finger, handle, or feel; and talk
9 or hear. The employee is required to stand; walk; reach with hands and arms; and
10 stoop, kneel, crouch, or crawl. The employee must occasionally lift and/or move
11 up to 30 pounds. Specific vision abilities required by this job include close vision,
12 distance vision, color vision, peripheral vision, depth perception, and ability to
13 adjust focus.

14 **WORK ENVIRONMENT**

15 The work environment characteristics described here are representative of
16 those an employee encounters while performing the essential functions of this job.
17 Reasonable accommodations may be made to enable individuals with disabilities
18 to perform the essential functions.

19 The noise level in the work environment is usually moderate.