Community Health Centers
OF BENTON & LINN COUNTIES

# Board of Directors' Manual

**Table of Contents**


**01. Organization Information**

- Mission Statement ..... 1
- Benton Health Services Values ..... 1
- Community Health Centers Organizational Chart ..... 2

**02. Board Operations**

- Board of Directors Position Description ..... 3
- NACHC Board Roles and Responsibilities ..... 5
- By-laws ..... 7
- Cooperative Agreement with Board of Commissioners ..... 16
- Strategic Plan ..... 28
- Statement regarding Independent Audit ..... 37
- Sites and Services:
  - Scope of Services -Form 5A ..... 38
  - Health Center sites and hours – Form 5B ..... 40
  - Other activities and locations – Form 5C ..... 46
- Robert's Rules of Order Summary ..... 47

**03. Additional Resources**

- Abbreviations and Definitions ..... 53


Link to HRSA Program Compliance Manual:
Health Center Program Compliance Manual | Bureau of Primary Health Care

Community Health Centers
OF BENTON & LINN COUNTIES

# Organizational Information

## Benton County Health Services Vision

Engaged communities and blended services achieving better health.

## Benton County Health Services Mission

We protect and improve the health of underserved individuals and our community.

## Community Health Centers Mission

We provide a medical home that promotes and supports health and wellness.

We accomplish this by:

- Bringing together medical, dental, mental health services and addiction services
- Offering care that is inclusive and available to anyone regardless of insurance status, economic status, language, age or health status
- Providing services at clinic locations in Benton and Linn Counties
- Working together with patients/consumers/clients to have them involved in decisions and actions to improve their health
- Coordinating community partnerships to provide a broader range of services than can be offered by the health center alone
- Intentionally committing to being a leader in changing health care delivery by modeling an integrated health home that provides access to quality care

## Benton County Health Services Values

1. Client Centered:

   Our staff and services demonstrate a client centered approach that is timely, respectful, and involves the client.

2. Innovation:

   BCHS values innovation as a tool for positive change and is proactive in strategically utilizing opportunities to advance the health of our community.

3. Health Equity:

   BCHS is committed to improving the health of all residents in our community.

4. Multi-Disciplinary Teams:

   BCHS values high functioning, multi-disciplinary teams accomplished by supporting individuals in professional growth, encouraging their contributions as experts in their areas of work, and demonstrating equality and respect among all team members.

5. Partnerships:

   Successful partnerships reflected internally among staff and programs, and externally with community and state stakeholders are critical to achieving our goals.

6. Diversity:

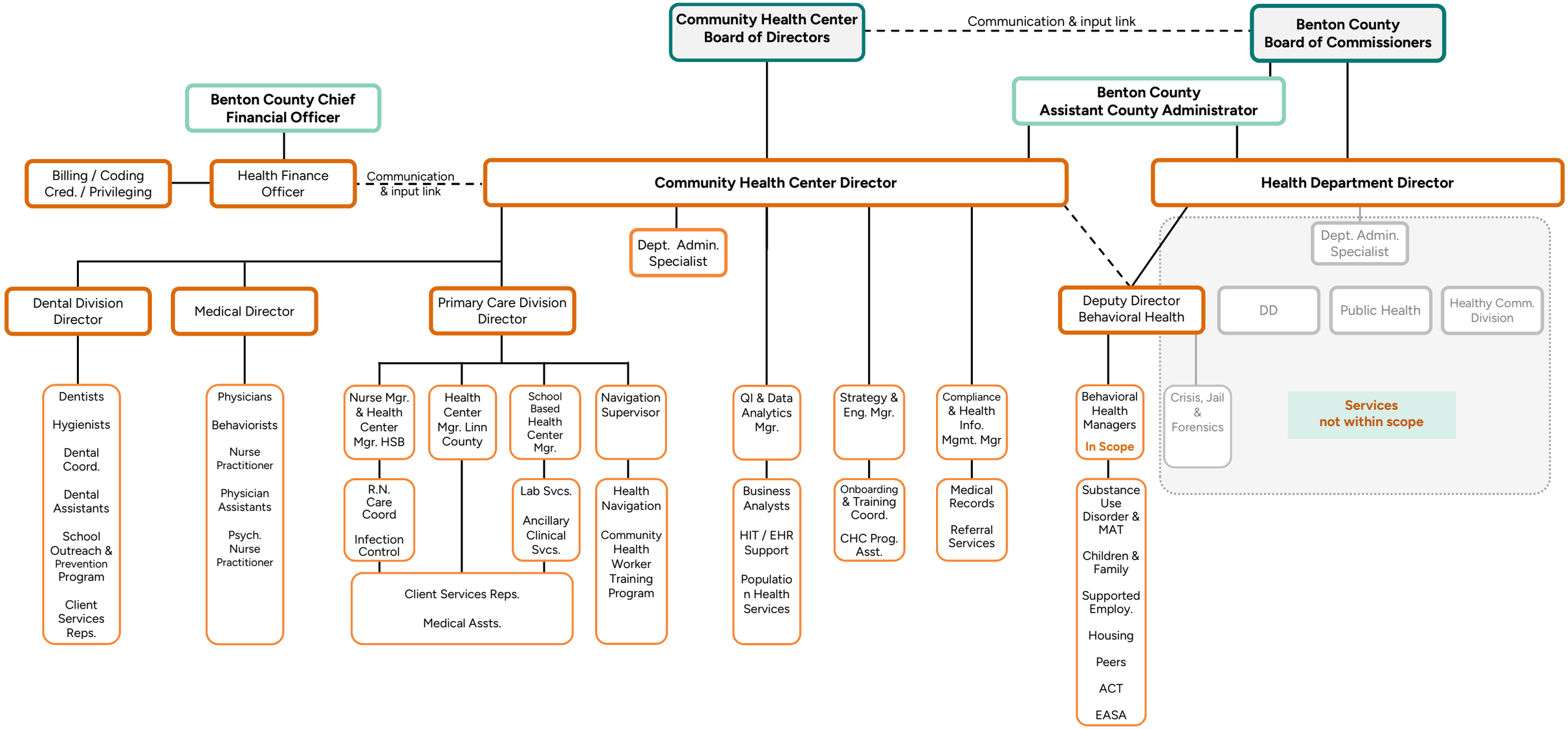
   BCHS values diversity as demonstrated in our staff and culturally appropriate services.

7. Stewardship:

   BCHS demonstrates excellent stewardship of human & financial resources.

# Benton County Health and Human Services Organization Chart

Community Health Center focus for HRSA




Community Health Centers OF BENTON & LINN COUNTIES | Benton County

08/2025

Community Health Centers
OF BENTON & LINN COUNTIES

# Board Operations

# CHC Board Member position description

Position summary

A board member has the responsibility to govern the health center. The board consists of at least 51% patients and caregivers engaged in health center services, as well as contributions from community members.

| Major Functional Areas (MFA) and essential functions | Percentage of time |
|---|---|

**Board Composition** **10%**

- Ensure board composition fulfills requirements of the Health Center Program, including size and representation of populations served in the health center
- Build skills and capacity so the board can govern effectively
- Recruit, review, and vet possible board members through a referral process, online inquiry form, and clinic staff suggestions
- Elect, orient, and onboard board members and board officers
- Engage in ongoing board education, collaboration, and mentorship when possible
- Prepare members for board officer and committee chair roles

**Strategic Thinking and Planning** **15%**

- Approve, share, and affirm the health center's mission, vision, and values
- Participate in the strategic planning process in collaboration with the Executive Director and CHC management; approve, oversee, and participate in ongoing activities that support the strategic plan
- Engage in ongoing strategic and generative thinking on critical issues and in partnership with the Executive Director

**Financial Oversight** **20%**

- Approve and monitor the budget
- Review financial status and ensure financial controls are in place
- Review the audit, meeting in executive session with the auditor
- Approve policies that support financial management and accounting systems

**Quality Oversight** **10%**

- Set the tone that quality is a strategic priority and assure resources are budgeted for quality and safety
- Approve and periodically update Quality Assurance and Quality Improvement policies
- Monitor quality and safety indicators and the progress to achieve performance goals
- Ensure appropriate follow-up actions are taken

**Additional Forms of Oversight** **5%**

- Provide oversight of the Health Center Program project
- Provide oversight of the Corporate Compliance Program
- Provide oversight of Risk Management
- Provide feedback on credentialing and privileging report processes

**CEO Oversight and Partnership** **5%**

- Hire and terminate the Executive Director, working with Benton County as co-applicant
- Establish annual performance goals for the board evaluation of the Executive Director
- Approve the compensation of the Executive Director
- Partner with the Executive Director
- Implement an emergency Executive Director succession plan and approve an Executive Director succession policy

**Policies** **10%**

- Approve the organization's bylaws and ensure they are compliant with relevant laws
- Approve and periodically update key policies
- Ensure bylaws and key policies are compliant with the requirements of the Health Center Program

**Effective Board Functioning** **20%**

- Ensure board meetings and committee meetings are effective
- Evaluate the need for an effective committee structure
- Contribute to a healthy board culture
- Ensure the board is committed to good governance practices
- Undertake an annual evaluation of the board and allow individual board members to reflect on their contributions to the board

**Resources and Partnerships** **5%**

- Connect known resources in the community to the organization
- Participate in cultivating important relationships for the health center in partnership with the Executive Director
- Learn about relevant partnerships

# Roles and Responsibilities

Health centers are governed by volunteer boards of directors. Health center boards are unique among nonprofit organizations because ***federal law requires*** 51% of board members to be patients of the center, which helps the center be responsive to patient and community needs.

Health center boards must fulfill the ***general roles*** of other boards and additional requirements of the Health Resources and Services Administration (HRSA) Health Center Program. These requirements are outlined in the ***Health Center Program Compliance Manual***.

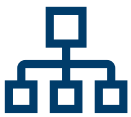
Health center board roles can be grouped into three categories: Strategy, Oversight & Policy, and Board Functioning.

## STRATEGY

- Ensure strategic board composition
- Ensure the center has a strategic plan, monitor the implementation of the strategic plan, and participate in ongoing strategic thinking

## OVERSIGHT AND POLICY

- Provide oversight of essential elements of a health center including:
  - Financial
  - Quality
  - Health Center Program
  - Corporate Compliance
  - Risk Management
- Select and oversee the Chief Executive Officer (CEO)*
- Approve policies and review the bylaws



## BOARD FUNCTIONING

- Ensure the board's own effective functioning through:
  - productive board meetings,
  - well-functioning committees, and
  - healthy board norms

*Also called the "Project Director" in the ***Health Center Program Compliance Manual***.

# Sample Statement of Health Center Board Roles and Responsibilities

This sample can be customized by boards.

The Board of Directors provides leadership and governance to support the health center's mission. The board is responsible for strategy, oversight and policy, and board functioning. The board carries out its governance functions as a group during board meetings. It delegates day-to-day operations and management to the Chief Executive Officer (CEO). The board and CEO work in partnership to support the long-term sustainability of the center.

## STRATEGY

### *Strategic Board Composition*

- ***Determine the board's strategic composition needs***, e.g., experience, etc.
- Fulfill the composition requirements for health center boards - at least 51% patient-majority, 9-25 members, etc. (see ***Health Center Program Compliance Manual***, Chapter 20: Board Composition)
- Recruit and vet possible board members
- Elect board members and officers
- ***Orient new members***, provide ongoing board education, and prepare members for board officer and committee service
- Establish and follow the board's rotation and renewal policies

### *Strategic Planning and Thinking*

- Approve the center's mission, vision, and values
- Ensure a ***community needs assessment*** is conducted once every three years (see ***Health Center Program Compliance Manual***, Chapter 3: Needs Assessment)
- Use the community needs assessment and other data to inform strategic planning
- Engage in ***strategic planning*** along with the CEO and staff
- Ensure the strategic plan complies with requirements for health centers (see ***Health Center Program Compliance Manual,*** Chapter 19: Board Authority)
- Approve the strategic plan and monitor implementation
- Participate in ongoing strategic thinking in partnership with the CEO

## BOARD FUNCTIONING

- Ensure the board has effective meetings
- Comply with monthly meeting and other requirements, e.g., quorum, capturing actions in board meeting minutes (see ***Health Center Program Compliance Manual,*** Chapter 19: Board Authority)
- Establish an effective committee structure (if the board uses committees)
- Define and ensure board norms
- Commit to good governance practices
- Undertake an annual evaluation of the board

## OVERSIGHT & POLICY

### *Financial Oversight*

- Approve the annual budget and Health Center Program budget
- Review ***statements*** to monitor financial status of health center
- Ensure financial controls are in place
- Review the audit and ensure appropriate follow-up
- Evaluate and approve updates to policies that support financial management and accounting systems, billing and collections, and the Sliding Fee Discount Program (see ***Health Center Program Compliance Manual***, Chapter 9: Sliding Fee Discount Program, Chapter 16: Billing and Collections, Chapter 17: Budget, Chapter 19: Board Authority)

### *Quality Oversight*

- Establish and revise quality assurance (QA) and quality improvement (QI) policies, e.g., patient satisfaction, patient grievance, patient safety (see ***Health Center Program Compliance Manual,*** Chapter 19: Board Authority and Chapter 10: Quality Improvement/Assurance)
- Review and discuss QA/QI measures and other data, e.g., patient satisfaction
- Ensure follow-up taken regarding quality, patient grievances, etc.

### *Additional Forms of Oversight*

- Provide oversight of the ***Health Center Program*** and maintain authorities required by that program
- Provide oversight of the ***Corporate Compliance Program*** and Risk Management, including related to ***Federal Tort Claims Act (FTCA) Deeming Requirements***
- Approve major ***collaborative relationships***

### *Select and Oversee the CEO*

- ***Hire*** and terminate, when needed, the CEO (see ***Health Center Program Compliance Manual***, Chapter 11: Key Management Staff)
- Evaluate the CEO's performance based on clear goals
- Approve ***CEO compensation*** based on comparable market data
- Approve an emergency ***CEO succession*** plan and CEO succession policy
- Approve personnel policies as required (see ***Health Center Program Compliance Manual,*** Chapter 19: Board Authority)

### *Approve Policies*

- Establish a conflict of interest ***policy*** and ***manage*** any conflicts
- Review the bylaws to ensure compliance with relevant laws, and revise when needed
- Review and approve updates to key policies, including policies required in the ***Health Center Program Compliance Manual***

# BYLAWS

## ARTICLE I
## NAME AND OFFICES

The name of this Federally Qualified Health Center shall be Community Health Centers of Benton and Linn Counties, hereafter the "Center." The main office of this center shall be 530 NW 27th Street, P.O. Box 579, Corvallis Oregon 97339-0579.

## ARTICLE II
## STATEMENT OF PURPOSE

The purpose of this Center is to provide cost-effective, quality health care in a nondiscriminatory, compassionate, and professional manner, regardless of an individual's ability to pay. The Center supports and encourages the integrated use of community volunteers and advocacy for health care services for the medically uninsured and underinsured low-income, working poor, and homeless of the community. The goal of this Center is to improve the lives and health of low-income, uninsured, and underinsured individuals in Benton and Linn Counties. This goal will be accomplished through:

- Providing quality medical care
- Providing quality mental health care including addictions services
- Providing quality dental care
- Providing low-cost pharmacy services

**Mission Statement: Community Health Centers of Benton and Linn Counties (CHC of BLC) provide a medical home that promotes and supports health and wellness.**
*We accomplish this by;*

- Bringing together medical, dental, mental health, and addiction services
- Acknowledging that health care is a right and offering care that is inclusive and available to anyone Providing services at clinic locations in Benton and Linn Counties
- Working together with patients/consumers/clients to have them involved in decisions and actions to improve their health
- Coordinating community partnerships to provide a broader range of services than can be offered by the health center alone
- Intentionally committing to being a leader in changing healthcare delivery by modeling an integrated health home that provides access to quality care

## ARTICLE III
## PHILOSOPHY OF SERVICES

The Center is guided by the priorities of the Quadruple Aim;

Access: people having access to needed services
Cost: affordable, cost-effective care for all people
Equity: an opportunity for all people to live a long, healthy life, regardless of their income, education, or ethnic background
Quality: high-quality care that improves the health of populations

In order to realize the Center's philosophy, the following overall goals form the basis of program planning and implementation:

1. Low-cost health care is provided using a sliding discount scale**,** based on a community referral system, and the maintenance of an adequate budget to fund the needs of the non-paying patient. A community referral system is defined as referrals that are received by private and public social service agencies, health care providers, self-referrals, hospitals, law enforcement, faith-based institutions, individuals, and community members.
2. Non-discriminatory health care is afforded through varied Center hours as well as wheelchair accessibility to the premises, and compliance with all other legal and reporting requirements.
3. A high standard of professional health care is provided by the careful selection and retention of qualified, culturally competent personnel, ongoing staff development, and the maintenance of a well-equipped and aesthetically pleasing setting.
4. Confidentiality is guaranteed by the presence of a professionally trained staff and the secure location of medical files, and the compliance on the part of the Center and its personnel with the Health Insurance Portability and Accountability Act (HIPAA).
5. The Center engages itself in effective patient advocacy and the utilization of appropriate referrals to existing community healthcare services; or other community resources, which will meet the needs of the patient.
6. The Center provides patient education, which focuses on patients' rights, consumerism, and health maintenance; disease prevention, appropriate use of the health care system, and health promotion.
7. Community volunteers are used wherever professionally appropriate but must meet the same professional rigors as employed personnel.
8. Finally, the Center affords a high degree of community awareness, fostered through regular Center activities, positive contacts between the Center and local care providers, active membership in health and human service consortiums and work groups, and publication of a Center brochure.

## ARTICLE IV
## PRIORITY FUNCTION AND SERVICES

Based on the financial and organizational capacity of the organization, the following prioritized services are provided pursuant to specific program policy:

1. Outpatient ambulatory primary medical, dental, and behavioral health care for medically uninsured and underinsured**,** unemployed, especially children.
2. Outpatient ambulatory primary medical, dental, and behavioral health care for patients with Medicaid/Medicare and the Oregon Health Plan who have problems accessing care.
3. Prescription medicine.
4. Outreach services to persons who are homeless, migrant, or immigrants.
5. Information and referral.
6. Health promotion and wellness education, disease prevention/patient advocacy.

## ARTICLE V
## RESPONSIBILITY

Benton County is a public entity and, as grantee, retains the responsibility of establishing and implementing fiscal and personnel policies. This product is a result of the integration of the Community Health Center into a public entity. Day-to-day leadership and management rest with staff under the direction of the Health Center Director.

Community Health Centers of Benton and Linn Counties Board of Directors, hereafter the "Board," will be knowledgeable about marketplace trends and shall have the responsibility for ensuring that the Health Center survives in its marketplace while it pursues its mission.

The Board shall have responsibility for developing policy for the programs abiding by and implementing the governing statute including:

1. Approves the selection and dismissal of the Community Health Center Director, hereafter the "Director". The selection and dismissal will be exercised in accordance with established County criteria, personnel policies, and the Federal grant.
2. Conducts the annual review and evaluation of the Director's performance in accordance with established County criteria and personnel policies.
3. Approves the Project's annual budget in accordance with the County's fiscal and budgetary system. The Board will review the Health Center's financial summaries monthly.
4. Evaluate the Center's activities, including service utilization patterns, productivity of the Center, patient satisfaction, achievement of the Project's objectives, and development of a process for hearing and resolving patient grievances.
5. Assures that the Center is operated in compliance with applicable federal, state, and local laws and regulations.
6. Adopts the health care policies, including scope and availability of services, location, and hours of services.
7. Review and approve Center grant applications in accordance with the County's fiscal and budgetary system.
8. Develop a short-term and long-term strategic plan.
9. Evaluate the performance of the Center based on quality assurance/quality improvement assessments and operational information.
10. Monitor the financial status of the Center, including reviewing the results of the annual audit and ensuring appropriate follow-up actions are taken.

## ARTICLE VI
## BOARD OF DIRECTORS

*Section 1: Number, General Qualifications, Composition, Term*
*Number:* The Board shall consist of no less than 9 and no more than 15 individuals broadly representative of the community who support the philosophy and mission of the Center.

*Qualifications*: The members must be representative of the community currently served by the health center. The Board must be comprised of members with a broad range of skills, expertise, and perspectives. Such areas include but are not limited to finance, legal affairs, business, health, managed care, social services, labor relations, and government. Any one Board member (patient or non-patient) may be considered as having expertise in one or more of these areas. No Board member shall be an employee of the health center or an immediate family member (i.e., spouse, child, parent, brother, or sister by blood, adoption, or marriage) of an employee. The Executive Director may serve only as a non-voting, ex-officio member of the board.

*Composition:*
*Patient Members*: At least 51% of the members of the Board must be users of the services of the Center. These members must reasonably represent race, ethnicity, gender, age, and other relevant demographic factors as required. Individuals who are currently registered as a patient and have accessed at least one of the health center's in-scope services at an in-scope site that generated a health center visit within the last 24 months, or a legal guardian of a patient who is a dependent child or adult, or legal sponsor of a patient who was an immigrant, may be considered a patient for purposes of Board representation.

*Non-Patient Board Members:* The remainder of the Board shall include representative individuals from the community, including individuals from healthcare professions, community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns or social service agencies within the community. Not more than one-half (fifty percent) of the non-patient representatives may derive more than 10% of their annual income from the healthcare industry.

*Special Population Representation:*
At a minimum, there must be at least one Board member who is representative of each of the special populations for which the health center receives Section 330 funding/designation. Advocates who have personally experienced being a member of, represent, have expertise in, or work closely with the special population, however, would meet the requirement for multi-funded/designated health centers to have representation of all the populations for which the health center receives funding/designation. These advocates would not be included in calculating whether the governing Board met the patient-majority requirement unless they were also health center patients.

A board member may not be an employee of the center, or spouse or child, parent, brother or sister by blood or marriage of such an employee.

*Term:* The term of Board members is three years. However, Board members may be elected to a one-, two-, or three-year term depending on the composition of the Board at the time of the election. A Board member who is appointed to complete a partial term is eligible to complete additional three-year terms.

*Section 2: Nominations, Expired Terms, and Vacancies*
The BOC shall appoint in accordance with composition requirements, the first Board. Thereafter, on an annual basis, the Board Development Committee shall identify and nominate persons meeting the eligibility requirements stated above to fill positions as Board members' terms expire or as a vacancy occurs.

Any Board vacancy will be filled by a majority vote of the Board. A Board member appointed to a partial term is eligible to complete additional three-year terms.

*Section 3: Removals*
The Board may remove any Board member when, by a majority vote of the Board, removal of that member is deemed to be in the best interest of the Health Center. The Board may also remove a member for cause at a public meeting, for reasons including, but not limited to:
(a) Indictment on a felony charge
(b) Corruptness
(c) Intentional violation of open meetings law
(d) Failure to declare a conflict of interest
(e) Incompetence

Any Board member absent from three (3) consecutive Board meetings may be recommended for removal from the Board at the next meeting.

*Section 4: Leaves of Absence*
A Board-approved leave of absence for a maximum of six months may be granted upon a Board member's written request.

*Section 5: Conflict of Interest*
Board members and Health Center staff shall be considered public agents under ORS 244.020 and thus must follow the guidelines regarding conflict of interest under that statute. The Oregon Standards and Practices law defines "potential conflict of interest" and "actual conflict of interest." Both relate to taking official action that may result in a financial benefit or avoiding a negative financial effect on the Board and staff member, the Board and/or staff member's relative, or a business with which the Board or staff member or the Board or staff member's relative is associated. No Board member may be an employee of the Center or an immediate family member of a Center employee.

There may be no other exceptions except for those described in ORS 240.020.

*Section 6: Compensation*
No member of the Board shall receive compensation for services as a Board member but may be compensated for expenses reasonably incurred in the performance of duties as a Board member.

*Section 7: Ex-officio Members*
The Board of Directors may include ex-officio members. Ex-officio members may participate in discussions, advise, and inform the Board at the Board member's discretion. Ex-officio members may not make motions nor vote on motions before the Board.

Ex-officio members may include one commissioner from each county. The Board Development Committee will vet and nominate additional ex-officio candidates. The Board approves the appointment of ex-officio members at a regular meeting.

An ex-officio member will serve at the pleasure of the Board of Directors. The Board of Directors will set the length of term at the time of the appointment.

*Section 8: Board Policies & Procedures*
The Board will use Policies & Procedures to describe in more detail items such as Governance Process and other components of governance. Policies & Procedures will be reviewed under established standards and approved by a majority vote.

## ARTICLE VII
## OFFICERS

*Section 1: Number*
Officers shall consist of members of the Board and include a Chair, Vice Chair, Treasurer, and Secretary. At least one officer shall be a consumer member.

*Section 2: Election and Term of Office*
The Board shall elect the officers for terms beginning July 1. Each officer shall hold office for two years and may be re-elected for two successive terms and shall serve until a successor shall be duly elected.

*Section 3: Vacancies*
Except as otherwise provided by the By-laws, a vacancy in any office shall be filled by the Board for the un-expired portion of the term. In case of a leave of absence, one of the serving Executive Committee members will assume the responsibilities of office during that period.

*Section 4: Reports*
The officers shall ensure that financial and activity reports covering the business of the Center for the previous fiscal year and showing the condition of the Center at the close of the fiscal year will be submitted to the Board.

## ARTICLE VIII
## MEETINGS

*Section 1: Open Meetings*
Regular and special meetings shall be held in compliance with the Oregon public meetings law.

*Section 2: Regular Meetings*
The Board shall hold regularly scheduled meetings, at least once a month, for which minutes shall be kept. The time, place, and location of the meetings, which may be designated by the Board, shall be given to each Board member at least two business days in advance of the meeting date. Such notice shall be deemed to have been given twenty-four (24) hours after it has been deposited in the United States Mail, postage paid, or by e-mail.

*Section 3: Annual Meeting*
The Board shall hold an Annual meeting in June for the election of officers.

*Section 4: Minutes*
The elected secretary, or a member appointed when the secretary is absent, will keep meeting minutes. Program staff shall prepare, distribute, and store minutes in accordance with Oregon public records law. The minutes shall be reviewed and approved at each subsequent Board meeting.

*Section 5: Special Meetings*
The Chair or a majority of the Board may call a special meeting. The BOC may request a special meeting of the Board. The Chair shall convene a meeting within one (1) week of such request.

*Section 6: Voting*
The Board may act by the vote of a majority of the members present and voting at a meeting at which a quorum is present unless otherwise provided by statute or by the Bylaws. Each member shall be entitled to one (1) vote. No proxy votes shall be accepted. A quorum shall consist of no fewer than one-third of the number of elected Board members.

## ARTICLE IX
## COMMITTEES

By resolution, the Board may designate one or more committees to carry out its responsibilities.

Each committee shall consist of two (2) or more Board members, at least one (1) of whom is an actual or potential consumer. Committees may also consist of additional persons from the

community chosen for their knowledge and concern about a specific issue or field or endeavor who are not members of the Board.

The designation of such committee and the delegation thereto of authority shall not operate to relieve the Board of its responsibility. The Board must approve any actions or recommendations of a committee.

The Board shall have the following standing committees: Executive Committee, Board Development Committee, and Finance Committee.

Additionally, the Board may appoint other committees as appropriate to fulfill its role. Some programs may have an Advisory Committee requirement, for example, the Title X Family Planning program requires a Sexual Health Advisory Committee. When the Health Center is responsible for a program with such a requirement the Board will appoint a Board member to participate on the Advisory Committee as a liaison between the Board and the Advisory Committee. The Advisory Committee will only be responsible for advising on program content. Any recommendations that require Board action must be approved by the Health Center Board.

*Section 1: Committee Appointments/Terms of Office*
The Chair of the Board or the Board by majority vote shall appoint the Committee chairperson from the members of the committee. The Chair, with the approval of the Board, shall appoint committee members. The Chairperson of a committee shall hold office for a maximum of one (1) year or until a successor is appointed and approved. The Chair, with the approval of the Board, shall have the power to fill any vacancies that occur on the committee.

*Section 2: Meetings*
All meetings of the committees shall meet at such time and place as designated by the chairperson of the committee and as often as necessary to accomplish its duties. All Board members are welcome to attend any committee meeting.

*Section 3: Minutes*
All committees shall maintain written minutes of all meetings, which shall be available to the Board. They shall report in writing to the Council as necessary, in the form of reports or recommendations.

## ARTICLE X
## EXECUTIVE COMMITTEE

*Section 1: Membership*
The Executive Committee shall consist of the Chair, Vice-Chair, Treasurer, and Secretary.

*Section 2: Election*
Officers and members-at-large shall be elected annually by a majority vote of those members

present and voting, as the first order of business at the first meeting after July 1 each year (beginning of Fiscal Year).

*Section 3: Powers*

The Executive Committee shall coordinate all the activities of the committees; have lead responsibility for the performance review of the Executive Director, and shall perform such other duties as prescribed by the Board. The Executive Committee may take action on items as directed by the full Board. Any action taken by the Executive Committee requires ratification by the full Board at the next Board meeting.

## ARTICLE XI
## NON-DISCRIMINATION POLICY

The Officers, Board members, committee members, employees, and persons serviced by the Center shall be selected entirely on a non-discriminatory basis with respect to race, sex, sexual orientation, gender identity, religion, national origin, physical disability, or age.

## ARTICLE XII
## PARLIAMENTARY AUTHORITY

For procedures not addressed in these by-laws, the parliamentary authority will be *Robert's Rules of Order*.

## ARTICLE XIII
## AMENDMENTS and DISSOLUTION

*Section 1: Amendments*

These Bylaws may be amended or repealed by a two-thirds vote of the Board, at any regular or special meeting provided that written notice of such proposed action, including the language of any proposed amendment, has been provided to the Board of Commissioners and to each Board Member ten days in advance of said meeting. No amendment shall be contrary to state or federal law, e.g., fiscal and/or personnel authority. Bylaw changes which are approved by the Board and which are inconsistent or in opposition to established County or Health Department policies and procedures are subject to approval by the BOC.

*Section 2: Dissolution*

Any consideration of dissolution of the Board and the Federally Qualified Health Center will follow careful due diligence evaluation in accordance with HRSA processes and requirements. Dissolution of this Board and the Federally Qualified Health Center may be accomplished by a majority vote to do so by the Board and the Benton County Board of Commissioners.

# BCOOPERATIVE OPERATIONAL AGREEMENT
# between
# BENTON COUNTY and THE COMMUNITY HEALTH CENTERS OF BENTON & LINN COUNTIES HEALTH BOARD

This Co-Applicant Agreement for the operation of the Community Health Centers of Benton & Linn Counties (CHC), a Public Agency Community Health Center under the U.S. Department of Health and Human Services (DHHS) (the "Agreement"), is entered into by and between Benton County, and the Community Health Centers of Benton & Linn Counties Board (CHC Board) to provide oversight for the operation, administration and provision of integrated community health center services in the CHC.

## PREAMBLE

The CHC is a "health center" with expectations for governance as outlined in the Health Resources Services Administration (HRSA) Compliance Manual Chapter 1: Health Center Eligibility, Public Agency Organizations. The HRSA Compliance Manual replaces Policy Information Notice 2014-01: Health Center Program Governance. The Health Center fulfills the requirements through a Co-Applicant Agreement between the CHC Board and Benton County, a public agency. In reference to the HRSA Compliance Manual: "When the public agency's board cannot independently meet all applicable health center governance requirements[1], a separate "co-applicant" must be established whose governing board meets section 330 governance requirements. In the co-applicant arrangement, the public agency receives the section 330 grant and co-applicant serves as the "health center board" with the two collectively considered as the "health center" or "public center." The HRSA Compliance Manual provides further clarification on governance expectations for the co-applicant (CHC Board) and the public agency (Benton County).

**WHEREAS**, Since 2004 Benton County has been awarded Federal grant support under Section 330 of the Public Health Service Act (42 U.S.C. 254c et seq. as now or hereafter amended) Grant (hereafter "Section 330") for operating a CHC from the U.S. Department of Health and Human Services ("DHHS"); and

**WHEREAS**, Benton County provides health care services to medically underserved communities and populations, and special medically underserved populations comprised of migratory and seasonal agricultural workers, the homeless, and residents of public housing through its CHC; and

**WHEREAS**, the CHC Board was established and serves as the co-applicant governing body for the CHC; and

[1] Information on why Benton County's Board of Commissioners, as the public agency board, cannot independently meet all applicable health center governance requirements can be found in the Health Center Program Governing Board Workbook produced by the National Association of Community Health Centers (NACHC) in July 2015.

**WHEREAS**, the Parties agree to comply with the regulations set forth at 42 C.F.R. Part 51c, related to the Health Resources Services Administration (HRSA) policies, including but not limited to the HRSA Compliance Manual; and

**WHEREAS**, the Parties wish to set forth in this Agreement their respective responsibilities with respect to governance and operation of the CHC.

## AGREEMENT

**NOW THEREFORE**, Benton County and the CHC Board agree as follows with respect to their responsibilities for the CHC:

## CHC BOARD

1.1 Composition of the Governing Body.

The composition of the CHC Board shall comply with CHC Board Bylaws, which shall be consistent with the requirements of the HRSA Compliance Manual and Section 330, its implementing regulations, and applicable HRSA policies.

1.2 Authorities and Responsibilities of the CHC Board.

The CHC Board has specific responsibilities for oversight of the CHC. The CHC Board shall develop bylaws, consistent with and cooperative with County policies, assures that the CHC is operated in compliance with applicable Federal, State, and local laws and regulations, holds monthly meetings where a quorum is present, and records in meeting minutes the CHC Boards attendance, key actions, and decisions; must approve the selection and termination/dismissal of the health centers CHC Executive Director, and shall exercise the authorities and responsibilities described in the CHC Board's Bylaws and as described below:

1.2.1 Adopting health care policies including the scope and availability of services to be provided by the CHC, including decisions to sub award or contract for substantial portion of the services, any changes in scope, the location and hours of operation, quality-of care audit procedures, and the CHC quality improvement and quality assurance plan.

1.2.2 Evaluating the CHC's activities, including service utilization patterns, productivity, patient satisfaction, achievement in health center project objectives, and development of a process for hearing and resolving patient complaints.

1.2.3 In consultation with the CHC's management team, evaluating the performance of the CHC based on quality assurance/quality improvement assessments and operational information received from the CHC management.

1.2.4 Approving the CHC's annual operating and capital budgets, which outline the proposed uses of both Section 330 and non-Federal resources and revenue, consistent with Section 2.1.1. All revisions proposed to Benton County's biennial Health Services budget that impact the portion of the annual CHC operating and capital budget, applicable to the CHC, shall be presented to and approved by the CHC Board prior to final approval and implementation by the County.

1.2.5 Approving the selection, evaluation and, if necessary, the dismissal or termination of the CHC Executive Director in accordance with Sections 1.3 and 1.4.2.

1.2.6 Monitoring the financial status of the CHC, including reviewing the results of the annual audit and ensuring appropriate follow-up actions are taken, consistent with Section 2.2.7.

1.2.7 Adopting a policy for eligibility for services, including a sliding fee discount schedule, related eligibility and verification policies and procedures, billing and collections policies, and other policies and procedures related to the CHC's Sliding Fee Discount Program consistent with the requirements of Section 330, consistent with Section 2.1.4.

1.2.8 Conducting long-range/strategic planning at least once every three years, that includes at a minimum financial management, which includes operating and capital expenditure needs; and

1.2.9 Exercising all other authorities and responsibilities, except those specified in Section 2.1 of this Agreement, which are required by Section 330, the implementing regulations, and HRSA policies, including but not limited to the Compliance Manual, to be vested in a Section 330-compliant governing board.

The Parties understand and agree that no other individual, entity, or committee shall reserve or have approval or veto power over the CHC Board.

1.3 Selection, Evaluation and Dismissal of the CHC Executive Director.

1.3.1 Selection of a CHC Executive Director. The County shall be responsible for recruiting any CHC Executive Director vacancy. The County shall consult with the CHC Board on special qualifications and the recruitment process for the CHC Executive Director position. The County and the CHC Board appoint the members of a Search Committee. The Search Committee shall be comprised of representatives appointed by CHC Board and representatives appointed by the County. The Search Committee is responsible for evaluating qualifications, reviewing applicant materials, and conducting preliminary interviews. The County shall present to the Search Committee the salary/compensation/benefits package that the county is able to offer any final candidate based on county employee personnel and financial policies. The County shall present to the Search Committee its

process for determining qualifications in relation to compensation. the Search Committee shall provide candidates to the CHC Board for final selection. The CHC Board shall have the authority to approve or reject the selection of the CHC Executive Director candidate(s) presented for consideration. In the event that the CHC Board rejects the candidate(s) presented, the Search Committee will present additional candidate(s) until the CHC Board approves a candidate. Once the CHC Board approves of a candidate, pursuant to federal, state, or local law or rule, and county personnel rules, policies and procedures, the County will determine whether or not to extend an offer of employment. In the event that the County determines that the candidate cannot be offered employment due to non-compliance with federal, state or local law or rule, or county personnel rules, policies and procedures, the County will present additional candidate(s) until the CHC Board approves the candidate, and the County determines that an offer of employment can be extended. Appointment will be made by the Health & Human Services Director as the appointing authority.

1.3.2 Evaluation of the CHC Executive Director. Both the County and the CHC Board conduct separate annual performance evaluations of the CHC Executive Director. Each party provides feedback to the other party to consider in the separate performance evaluation of the CHC Executive Director. Both evaluations shall be submitted to the County's Human Resources department.

1.3.3 Dismissal of the CHC Executive Director. Except where in conflict with Section 1.4.2, the CHC Board shall have the authority to approve the dismissal of the CHC Executive Director from the role of Director of the Community Health Center, if such dismissal is warranted based on performance or pursuant to federal, state, or county personnel rules, and performance deficiencies. If the CHC Board votes to dismiss the CHC Executive Director pursuant to this subsection, Benton County shall terminate the employment of the CHC Executive Director.

1.3.4 Duties of the CHC Executive Director. The CHC Executive Director shall have chief executive responsibility for the general care, day-to-day management, supervision, and direction of the CHC's affairs in furtherance of established policies, procedures and programs. The CHC Executive Director shall have the authority to approve the assignment of Benton County personnel to the CHC, to supervise and terminate the employment of such individuals, in accordance with the personnel policies established by Benton County. The CHC Executive Director or designee shall also have the authority to negotiate, execute, and administer all contracts for goods and services as required for the operation of the CHC subject to the rules and policies applicable to Benton County's procurement, purchasing and administration of contracts, and the budget approved for the CHC. The CHC Executive Director shall report to (1) the CHC Board and (2) the Health & Human Services Director relative to their respective authorities and responsibilities outlined herein.

1.3.5 Appointment of an Interim CHC Executive Director. In the event that the CHC Executive Director vacates the position or is unable to perform the duties in the section above an Interim CHC Executive Director shall be appointed in a timely manner. The Interim CHC Executive Director shall be appointed by the County, consistent with County personnel and financial policies, with approval from the CHC Board. The interim appointee shall be presented to HRSA for final approval.

1.4 Employer-Employee Relations.

1.4.1 Except where in conflict with Section 1.3 of this Agreement regarding the selection, approval, evaluation and dismissal of the CHC's Executive Director, Benton County shall have sole authority over employment matters and personnel policies and procedures applicable to the CHC staff, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures and processes, equal employment opportunity practices, labor disputes and other human resource issues.

1.4.2 The CHC's Executive Director shall, at all times, be an employee of Benton County. As the CHC Executive Director's employer, Benton County shall have authority to terminate the CHC Executive Director's employment if such termination is warranted pursuant to federal, state, or local law or rule, or County personnel rules, and performance deficiencies. If the County seeks to terminate the CHC Executive Director for reason that is not warranted by federal, state, or local law or rule, or County personnel rules, and performance deficiencies, it may do so only with the CHC Board prior approval.

## BENTON COUNTY

2.1 Authorities and Responsibilities

Benton County, via the Board of Commissioners (BOC), shall exercise certain responsibilities and authorities with respect to the CHC. These authorities and responsibilities include:

2.1.1 Developing the CHC's annual operating and capital budgets, consistent with Section 1.2.4 of this Agreement, which will be prepared under the direction of the CHCs management team and incorporated into Benton County's overall biennial Health Services budget. In the event that Benton County proposes revisions to the biennial Health Services budget that impact the portion of the annual CHC operating budget, such revisions shall be presented to and approved by the CHC Board prior to final approval and implementation by Benton County.

2.1.2 Establishing personnel policies and procedures applicable to any Benton County employee assigned to the CHC except where in conflict with

Section 1.3 regarding the CHC Executive Director. Policies and procedures should include, but are not limited to, selection and dismissal policies and procedures, salary and benefit scales, position descriptions and classifications, and employee grievance policies and procedures.

2.1.3 Adopting policy for financial management practices and accounting systems, including a system to assure accountability for CHC resources and assets. Benton County shall be responsible for the selection of an independent auditor and provision of an annual audit, long-range financial planning consistent with the provisions of 1.2.11, and establishing purchasing policies and procedures consistent with DHHS administrative requirements set forth in 45 C.F.R. Part 75.

2.1.4 Supporting the CHC Board approved policies, consistent with the provisions of 1.2.8, by providing and maintaining procedures and systems for billing and collections activities, which include processes for determining eligibility for services, a schedule of fees and charges; and a schedule of discounts for services provided to uninsured and underinsured patients.

2.2 Operational Responsibilities

Benton County shall fulfill the following obligations with respect to CHC:

2.2.1 Applying for and maintaining all licenses, permits, certifications, and approvals necessary and appropriate for the operation of the CHC.

2.2.2 Receiving, managing and disbursing grant funds consistent with the budget approved in accordance with this Agreement. Benton County shall not be required to disburse funds for any expenditure not authorized by a budget approved in accordance with this Agreement. Consistent with Section 2.1.1, Benton County shall seek and obtain the CHC Board's prior written approval before implementing any line-item change in the portion of the CHC Board's approved budget that is specific to the CHC.

2.2.3 Maintaining the financial affairs of the CHC. This includes debt financing and borrowing, controlling funds received for services, and all income otherwise generated by the CHC, including fees, premiums, third party reimbursements and other State, Federal and local operational funding (collectively, "Program Income"), as well as all Program Income greater than the amount budgeted to the CHC ("Excess Program Income"). All Program Income and Excess Program Income shall be used as permitted under, and for such other purposes that are not specifically prohibited by Section 330. All Income shall solely be used to further the objectives of the CHC's federally approved program, consistent with Section 330 and the policies and priorities applicable to the CHC.

2.2.4 Supporting the business administrative needs of the CHC, including but not limited to the following, Human Resources, IT, Accounting, Budget, Facilities, Payroll, Fleet, and Legal.

2.2.5 Developing management, reporting and internal control systems for the CHC, in consultation with the CHC Board, that are in accordance with sound financial management procedures, including:

2.2.5.1 The provision for an audit of the CHC on an annual basis, consistent with the requirements of 45 C.F.R. Part 75 and the current compliance supplement applicable to the consolidated Health Center Program (or any subsequent regulations that may replace and supersede 45 C.F.R. Part 75 and the applicable compliance supplement), to determine, at a minimum, the fiscal integrity of financial transactions and reports.

2.2.5.2 Implementing accounting procedures and controls in accordance with generally accepted accounting principles utilized in operating the CHC, as well as the systems for the development, preparation, and safekeeping of records and books of account relating to the business and financial affairs of the CHC.

2.2.5.3 Maintaining the CHC's business and financial records separate from records related to other County finances to ensure that revenues and expenditures of the CHC may be properly allocated and accounted for, and that CHC funds will be distinguished and accounted for separately from other funds of Benton County. All expenditures pertaining to the operation of the CHC (including but not limited to, direct and indirect costs associated with staffing, operational systems, additional administrative support services, and overhead) shall be allocated as CHC costs in accordance with a cost allocation methodology.

2.2.5.4 Preparing and submitting cost reports, supporting data, and other materials required in connection with reimbursement under Medicare, Medicaid, and other third-party payment contracts and programs, in which the CHC may from time to time participate.

2.2.5.5 Preparing regular financial statements of the CHC's budgeted and actual revenues and expenses, and other financial status reports for the CHC Board.

2.2.6 Providing to patients of the CHC access to Benton County's other programs, based on Benton County's established eligibility requirements for such programs.

2.2.7 Preparing operational reports reasonably requested by the CHC Board, to enable the CHC Board to fulfill its responsibilities for the CHC.

2.2.8 Submitting the required Section 330 grant-related information and reports to DHHS, including but not limited to the Uniform Data System ("UDS") data and the Federal Financial Report ("FFR").

2.2.9 Complying with the terms and conditions of the Section 330 grant.

## MUTUAL OBLIGATIONS

3.1 Compliance and Representatives.

The Parties shall have a mutual commitment and responsibility to work together to ensure that the CHC provides care in compliance with all federal, state and local laws and regulations. The CHC Executive Director, the County Administrator, and the CHC Board Chairperson shall promote opportunities for the CHC Board and Benton County to work collaboratively in communicating strategic priorities, maintaining regular communication, and sharing information about the CHC's operations.

The CHC Board and Benton County shall comply with Benton County's code-of-conduct and harassment policies, including the CHC's standards of conduct, which shall be drafted in a manner consistent with Chapter 13 of the Compliance Manual. Consistent with 45 C.F.R. Part 75, the Parties further agree that no employee, officer, or agent of either Party may participate in the selection, award, or administration of a contract supported by the Section 330 grant award if he or she has a real or apparent conflict of interest.

3.2 Financial Responsibility and Expenses of the Parties.

Each Party agrees not to undertake expenditures in excess of overall available resources, to materially change or modify the adopted budget without their mutual agreement, or to otherwise take actions inconsistent with the financial management protocols developed hereunder.

3.3 Record Keeping and Reporting.

3.3.1 Each Party shall comply with all Federal mandated record retention requirements, and grant-related record maintenance, and reporting requirements. The Parties shall make available to each other, upon appropriate notice, financial systems, records, reports, books, documents, and papers as may be necessary for audit, examination, excerpt, transcription, and copy purposes, for as long as such systems, records, reports, books, documents, and papers are retained.

3.3.2 The Parties agree that Benton County shall be the custodian of all health records established and maintained relating to diagnosis and treatment of patients served through the CHC.

3.4 Legal Services.

Benton County shall provide the services of Benton County's employed or contracted counsel, as requested by the CHC Board, to offer legal consultation for the operation of the CHC. If the CHC Board wishes to retain independent legal counsel, the CHC Board will follow Benton County policy to request such services.

3.5 Ownership of Property Acquired with Grant Funds.

The provisions of 45 C.F.R. §75.316, et seq. (and/or any subsequent regulations that replace and supersede 45 C.F.R. Part 75) apply to tangible property acquired under this Agreement. The Parties agree that Benton County shall be the title holder of all property purchased with Section 330 grant funds. Benton County shall further assure that all contracts executed by the CHC are consistent with procurement standards contained in 45 C.F.R. Part 75 (and/or any subsequent regulations that replace and supersede 45 C.F.R. Part 75).

## GOVERNING LAW

4.1 Applicable Laws, Regulations and Policies.

This Agreement shall be governed and construed in accordance with, and both Parties shall comply with, applicable Federal and State laws, regulations, and policies, including but not limited to: Section 330 of the Public Health Service Act; implementing regulations at 42 C.F.R. Part 51c; the terms and conditions of Section 330 grants awarded to County; the legislative mandates issued by the Office of Federal Assistance Management (OFAM); HRSA policies and other guidance (including, but not limited to, Health Center Program Compliance Manual); the DHHS Grants Policy Statement in effect as of the date the Agreement is executed; and the DHHS Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards set forth in 45 C.F.R Part 75 (and/or any subsequent regulations that replace and supersede 45 C.F.R. Part 75).

4.2 Compliance with State and Local Law.

This Agreement is governed by the laws of the State of Oregon. Each Party covenants to comply with all applicable laws, ordinances and codes of the State of Oregon and local governments in the performance of the Agreement, including all licensing standards and applicable accreditation standards.

4.3 HRSA Communication.

Benton County and the CHC Executive Director shall submit promptly to the CHC Board HRSA communication, including Notice of Grant Awards, directives and/or policies that are received from or issued by HRSA after execution of this Agreement and are pertinent to the CHC.

## TERM

This Agreement shall remain in effect unless terminated in accordance with the Termination clause in the following section.

## TERMINATION

If the CHC Board and Benton County no longer operate as a CHC/FQHC, this Agreement shall terminate. Any party may terminate this Agreement upon 60 days written notice to the other; a copy of any notice of termination shall be provided to HRSA. This agreement may also terminate upon the effective date of any termination in full of Benton County's Section 330 grant funding.

## DISPUTE RESOLUTION

The CHC Board and Benton County will use their best efforts to carry out the terms of this agreement in a spirit of cooperation. In the unlikely event of disagreement, the Parties shall first attempt to resolve any dispute arising under this Agreement by informal discussions. In the event the Parties are unable to resolve the dispute through informal negotiations within a reasonable period of time of the commencement of such discussions, the Parties shall attempt formal mediation, if they mutually agree to do so. If the Parties are unable to resolve the dispute, either Party may pursue any remedy available by law.

## NOTICES

All notices permitted or required by this Agreement shall be deemed given when in writing and delivered personally or deposited in the United States Mail, first class postage prepaid, Certified and Return Receipt Requested, addressed to the other Party at the address set forth below, or such other address as the Party may designate in writing:

For Benton County:
Benton County Chairperson
4500 SW Research Way
Corvallis, OR 97333

For the CHC Board:
Community Health Center Board Chairperson
530 NW 27th St,
Corvallis, OR 97330

## SEVERABILITY

In the event that any one or more provisions of this Agreement are deemed null, void, illegal or unenforceable, or should any part of this Agreement, as determined by DHHS or any other governmental authority, cause Benton County and the CHC Board (as co-applicants) not to comply with Section 330, the Parties agree to attempt to amend this Agreement as shall be reasonably necessary to achieve compliance. In the event that the Parties reach such

agreement, this Agreement shall be construed in all respects as if such invalid or unenforceable provisions have been omitted. In the event that no such amendments or agreements for amendments can reasonably be made, the Parties will follow the Dispute Resolution process as outlined in this Agreement.

## WAIVER

No provision of this Agreement shall be waived by any act, omission or knowledge of a Party or its agents or employees except by an instrument in writing expressly waiving such provision and signed by a duly authorized officer of the waiving Party.

## THIRD-PARTY BENEFICIARIES

None of the provisions of this Agreement shall be for the benefit of or enforceable by any third party, including, without limitation, any creditor or patient. No third party shall obtain any right under any provision of this Agreement or shall by reason of any provisions make any claim relating to any debt, liability, obligation or otherwise against any Party to this Agreement.

## ENTIRE AGREEMENT

This Agreement represents the complete understanding of the Parties with respect to the subject matter herein and as such, supersedes any other agreements or understandings between the Parties, whether oral or written, relating to such subject matter.

No such other agreements or understandings may be enforced by either Party, nor may they be employed for interpretation purposes in any dispute involving this Agreement.

## AMENDMENTS AND MODIFICATIONS

Any amendment or modification to this Agreement shall be in writing and signed by both Parties. Modification or amendment of any provision(s) of this Agreement shall not affect the remaining provisions and, except for the specific provision(s) of this Agreement which thereby may be modified or amended, this Agreement shall remain in full force and effect as originally executed.

Notwithstanding anything set forth herein, in the event of a change in law or regulation, or upon the issuance of an order from a lawful authority, including but not limited to a court of law or a regulatory agency, that is binding upon a Party and will affect the provisions of this Agreement, the Parties shall meet and confer to amend this Agreement as necessary to incorporate any such change in law, regulation, or order, if a Party determines, in good faith and upon advice of counsel, that such amendment is necessary for purposes of compliance with such change in law or regulation or order.

**INCORPORATION OF RECITALS**, the Recitals are incorporated into this Agreement by this reference.

**IN WITNESS WHEREOF**, the Parties hereto have executed this Agreement.

**BENTON COUNTY:**

By: DocuSigned by: Pat Malone 77DE823985E941E...

Print: Pat Malone

Board of Commissioners Chairperson

Date: 07/25/2023

**COMMUNITY HEALTH CENTER BOARD:**

By: DocuSigned by: Jeff Bethel 29E47A7D7A9647E...

Print: Jeff Bethel

CHC Board Chairperson

Date: 07/26/2023

Reviewed as to form:

Vance M. Croney 7-25-2023
Benton County Counsel

## 2022-2027: Roadmap to our Flourishing Health Center and Community

*Vision:*

(Insert Vision Statement here)

*Mission statement:*

*(Insert Mission statement here)*

*Values:*

- Team-based structures
- Patient-centered care
- Trauma aware policies and care
- Human-centered practices
- Innovative ideas
- Culturally responsive systems
- Community impact

*Our Story*

Since its founding in 2004, The Community Health Centers of Benton and Linn Counties has provided integrated primary care, dental and behavioral health care to people of all ages regardless of insurance status or ability to pay. Those who are uninsured have access to a sliding fee scale and we work to connect those who seek insurance to those resources. No patient is denied services based on their financial resources.

We provide care to approximately 10,000 residents of Benton and Linn counties at six primary care sites, including two school-based health centers. We have three permanent dental locations and also provide a large array of outreach services in our urban and rural communities. Behavioral health is integrated into the primary care team and our partnerships and referrals create additional access opportunities.

As a crucial part of the social safety net CHCBLC provides a convenient access point for sustained and improved health for our patients. Our approach infuses understanding and connection as we meet social needs in addition to health care needs. This is how we build healthier futures for individuals, families, and the larger community.

**This strategic plan contains four areas of focus:**

1. **Patient-Centered Care**
    a. Patient Satisfaction
    b. Service Delivery
    c. Health Outcomes & Safety
2. **Organizational Excellence**
    a. Thriving staff
    b. Organizational structure
    c. Identity
3. **Fiscal Vitality**
    a. Capture All Available Revenue
    b. Optimize Funding Sources
    c. Invest in Technology & Training
4. **Thriving Community**
    a. Partnerships
    b. Patient Connections
    c. Community Safety Net

Each Focus area topic has three phases designed to take us from understanding where we currently stand in each subtopic and move us towards excellence.

1. **Calibration**
   In this stage we undertake clear, honest assessment of the current state of affairs including what is going well and where we need to make changes. This assessment includes identification of resources needed to make those changes, such as investments in people, technology, training, and changes to policies and procedures.
2. **Stabilization and Activation**
   In this stage we implement the plans created in the calibration phase. This can involve change management, trial and error analysis, and acknowledgement of our challenges and celebration of our successes.
3. **Growth and Expansion**
   In this stage we utilize ongoing continual learning and feedback to ensure we evolve in accordance with best practices, changes within our community and patient needs.

## Patient Centered Care

Vision: CHCBLC is the provider of choice in the region for high quality care and accessible services in a compassionate space. All patients feel welcome and safe in an environment that values diversity, equity and inclusion. CHCBLC listens to feedback, responds to opportunities, and delivers needed services for our communities.

### A. PATIENT SATISFACTION

Calibration

Gather data using currently available tools, and patient feedback to understand the patient experience and create KPIs to determine improvement plans. Plans should focus on shared goals and clear steps outlined by role and impact. Plans should also include measures to gauge DEI efforts.

Stabilization and Activation

Implement improvement plans and objectives to enhance the patient experience. Monitor performance using KPI's and ongoing assessment tools, such as patient advisory groups.

Growth and Expansion

Engage and invest in collecting continuous feedback from patients and our communities. Use the responses to understand changes in patient demographics and determine investment in desired, appropriate services.

### B. SERVICE DELIVERY

Calibration

Undertake an honest assessment, through a risk management lens, to identify systemic barriers to care that are within our ability to impact.

Stabilization and Activation

Operationalize newly created plans based on assessments. Empower appropriate teams, identify responsibility and accountability, determine timelines, and formalize feedback and adjustments.

Growth and Expansion

Embrace and demonstrate agile, responsive, innovative programs.

### C. HEALTH OUTCOMES AND SAFETY

Calibration

Review current processes for monitoring compliance with clinical practice guidelines and evidence-based practices, ensuring patient safety. Determine the gaps in our current processes and identify the tools and resources necessary to create a robust patient safety program.

Stabilization and Activation

Develop and implement patient safety program. Create and foster a culture where everyone approaches patient care with safety as the priority. Continuously monitor program effectiveness and outcomes.

Growth and Expansion

Disseminate CHCBLC patient safety performance with internal and external audiences. Share Patient Safety Program with HRSA and FTCA to use as a best practice with CHC's across the nation.

## ORGANIZATIONAL CULTURE

**Vision:** CHCBLC Board(s), staff, and all stakeholders work in true partnership fostering a culture of respect, engagement, empowerment, empathy, and pride. We maintain a focus on diversity, equity, and inclusion to ensure a safe and welcome environment for all staff, volunteers, and patients. We know who we, why we exist, and what we can accomplish together. Our mission/vision/values are clear to all, at every level of the organization and are the guiding stars for all decisions and endeavors.

### A. THRIVING STAFF

Calibration

Assess current level of employee engagement and state of the teams using tools such as the Gallup survey. Build action plans based on a combination of those results and the state of the team goals.

Stabilization and Activation

Implement engagement action plans through an equity lens in the following sequential manner:

- Carefully read and analyze the organizations Gallup $Q^{12}$ survey results, and share/educate all staff on the survey intent, results and impact on our culture.
- Actively participate in State of the Team conversations.
- Make team engagement goals visible.

- Prioritize engagement and maintain a constant focus using standardized tools, such as the Gallup Monthly Calendars.
- Create and participate in conversations and model behaviors that influence happiness because happiness is contagious ☺. Foster this culture of engagement.

Growth and Expansion

Utilize Gallup to re-survey all employees every two years, and use the results to revise engagement, if necessary. Build communication strategies to be able to display and share results both externally and internally. Use engagement scores as a recruiting tool.

## B. ORGANIZATIONAL STRUCTURE

Calibration

Evaluate and revise the organizational structure to align with our mission, purpose, and strategic goals. Ensure that changes create meaningful and dependable access to services for our community, creates opportunity for employee growth, and allows for all to thrive in an environment that values DEI.

Stabilization and Activation

Implement changes to the organization structure using a phased approach, that ensures the skills, talents and experiences of employees are constantly considered and recognized. Engage active change management strategies to ensure the success of subsequent changes such as policies and procedures, workflow, and changes in job descriptions. Develop communication strategies that effectively inform and engage employees about organization business decisions and changes in a timely manner.

Growth and Expansion

Develop a policy that requires a review of the organizational structure on at least a bi-annual basis with set criteria. Criteria should include at least an evaluation process to consider potential internal leadership opportunities, and a review of development strategies enacted to promote internal growth. Continue to invest in our workforce (our people).

## C. IDENTITY

Calibration

Research and capture relevant pieces of the legacy of the CHC movement, our own CHC history, and the evolution and the experiences of our communities. Engage

stakeholders, including our patients, our Board, and our employees to provide input on our purpose that informs our mission/vision/values.

Stabilization and Activation

Re-define ourselves by updating our mission/vision/values to reflect our identity informed by our legacies, our footprint, and our stakeholders. Develop an onboarding process that is constructed on the principles of our identity. Develop an Identity Campaign that re-informs our entire internal and external communities, which includes continuous promotion and alignment of who we are.

Growth and Expansion

Determine our organizations priorities, partnerships, and investments based on our identity. Explore rebranding the organization to reflect our identity. Develop a policy that requires an evaluation of the vitality of our identity at least every three years to determine transformation if necessary.

## Fiscal Vitality

**Vision:** CHCBLC is financially healthy with efficient and practical systems and policies and procedures that are regularly reviewed for efficacy. We capture all available revenue using up-to-date technology and financial best practices. Ensuring our robust financial health allows us to fully support important non-revenue generating essential services and partnerships.

### A. CAPTURE ALL AVAILABLE REVENUE

Calibration

Invest in understanding industry best practices in revenue cycle, and healthcare management. Analyze current revenue cycle management policies, practices, systems, processes and structures. Develop a practice management and revenue cycle management improvement plan and identify KPIs.

Stabilization and Activation

Prioritize and sequence improvement plan actions for investments and changes to policies and procedures with a focus on those that create the most benefit for the most people. Create workgroups inclusive of the subject matter experts (SME's) to implement change management for "Front-end practices", "Medical Record documentation practices", "Charge capture", "Coding", "Charge Entry", "Claims Transmission", "Payment Posting", "Denial Management", "Working Accounts Receivable", "and Ongoing Education & Training".

Growth and Expansion

Continuously monitor all aspects of the revenue cycle from scheduling to zero balance on the account, easily maintaining less than 39 days in A/R, and staying "in the black". Position ourselves to be in an optimal space for contract negotiation with funders and integrate revenue cycle with practice management as much as possible.

## B. OPTIMIZE FUNDING SOURCES

Calibration

Evaluate current state of income from all sources, including, but not limited to, grant revenues, insurance revenues, and community funding sources. Determine improvements in practice management and clinical spaces that impact income. Develop a list of opportunities to optimize all funding sources, where applicable.

Stabilization and Activation

Disseminate improvement plans to all teams identified in the calibration phase to begin formal process improvements, which may include contract negotiations, relationship building, and data capture. Implement and formalize periodic review process.

Growth and Expansion

Cultivate opportunities for new service lines and locations using data, business development tools and methodologies. Build systems and structures to support continuous funding development.

## C. INVEST IN TECHNOLOGY AND TRAINING

Calibration

Review OCHIN billing workflows and processes throughout the revenue cycle. Learn from other high performing healthcare organizations on their revenue cycle management systems. Create an improvement plan that takes into consideration system implementation, process and policy updates, and training.

Stabilization and Activation

Implement new or revised technologies, and training plans. Create and revise policies and processes, and secure supports, and tools.

Growth and Expansion

Interdisciplinary revenue cycle and practice management team regularly reviews KPIs and recommends adjustments where needed in training, and technology.

## THRIVING COMMUNITIES

**Vision:** CHCBLC is a respected leader in the region, and within its local communities. We have thriving partnerships that benefit our patients and the larger community. We successfully ensure that political and social drivers of health are understood and addressed. We actively participate in building healthy relationships across our communities to promote innovation, well-being and respect for all.

### A. PARTNERSHIPS

Calibration

Create a detailed map and assessment of current connections including formal partnerships and informal alliances with State, local county and city leaders, schools, community based organizations, and health care industry partners. Evaluate our presence in the community, and determine gaps and opportunities.

Stabilization and Activation

Actively build relationships and participate in civic engagement. Formalize relationships using agreements, contracts, and MOUs when it makes sense.

Growth and Expansion

Continually assess partnerships and alliances for efficacy and mutual benefit. Capture, document and share innovative practices. Share the work being done with our organization and with the public.

### B. PATIENT CONNECTIONS

Calibration

Use assessments such as the regional Community Health Assessment (CHA), and the Community Health Improvement Plan (CHIP) to evaluate service offerings.

Stabilization and Activation

Develop innovative strategies to implement or adjust service offerings. Partner with community leaders and organizations to improve the health and well-being of our communities.

Growth and Expansion

We have an established reputation as a trusted and reliable resource that continuously partners in developing services for our communities.

### C. COMMUNITY SAFETY NET

Calibration

Evaluate our community presence, and our perceived identity  Develop an engagement and promotions campaign that focuses on educating our communities on who we are and what we do as a contributor to the safety net.

Stabilization and Activation

Implement the engagement and promotions campaign elements. Evaluate efforts through establishing KPI's, and by receiving feedback from community partners. Prioritize continual engagement and promotions.

Growth and Expansion

Elevate our internal Engagement and Promotions Department as an integral partner in the multi-disciplinary care team.  Continue to promote our contribution to the regional safety net and our community impact.

# BENTON COUNTY HEALTH SERVICES

Statement of Independent Audit

Benton County undergoes an annual Independent Financial Audit. The financial activities of the Benton County Community Health Clinics are included as part of the County's overall audit; **there is no separate audit conducted for the clinics.**

The Governing Board is responsible for reviewing the County's annual audit and should pay particular attention to the following:

- Timely submission and filing of the audit
- Receipt of an unqualified opinion on the County's financial statements
- Receipt of an unqualified opinion on the use of federal funds, including those related to the Community Health Clinics, confirming:
    - No material findings
    - No questioned costs
    - No reportable conditions
    - No material weaknesses
- If any findings are identified, county management is required to prepare a corrective action plan.
- There are no repeat findings from year to year.

Benton County is responsible for selecting the independent auditor. The Governing Board may request meetings with the auditor as needed to discuss any relevant matters.

## Self Updates: Services details

### H80CS02592: Community Health Centers of Benton and Linn Counties, Corvallis, OR

**Grant Number:** H80CS02592 **BHCMIS ID:** 1010810 **Project Period:** 05/01/2004 - 04/30/2027

**Budget Period:** 05/01/2025 - 04/30/2026

**Required Services**

| Service Type | Service Delivery Methods | | |
|---|---|---|---|
| | Column I. Direct (Health Center Pays) | Column II. Formal Written Contract/Agreement (Health Center Pays) | Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay) |
| General Primary Medical Care | X | X | |
| Diagnostic Laboratory | X | X | X |
| Diagnostic Radiology | | | X |
| Screenings | X | | X |
| Coverage for Emergencies During and After Hours | X | X | |
| Voluntary Family Planning | X | X | |
| Immunizations | X | | |
| Well Child Services | X | | X |
| Gynecological Care | X | | X |
| **Obstetrical Care** | | | |
| Prenatal Care | | | X |
| Intrapartum Care (Labor & Delivery) | | | X |
| Postpartum Care | X | | X |
| Preventive Dental | X | | |
| Pharmaceutical Services | X | X | |
| Case Management | X | | |
| Eligibility Assistance | X | | |
| Health Education | X | | |
| Outreach | X | | |
| Transportation | X | | |
| Translation | X | X | |

**Additional Services**

| Service Type | Service Delivery Methods | | |
|---|---|---|---|
| | Column I. Direct (Health Center Pays) | Column II. Formal Written Contract/Agreement (Health Center Pays) | Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay) |
| Additional Dental Services | X | | |
| **Behavioral Health Services** | | | |
| Mental Health Services | X | | |
| Substance Use Disorder Services | X | | |
| Nutrition | X | | |
| Additional Enabling/Supportive Services | X | | |

**Specialty Services**

| Service Type | Service Delivery Methods | | |
|---|---|---|---|
| | Column I. Direct (Health Center Pays) | Column II. Formal Written Contract/Agreement (Health Center Pays) | Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay) |
| Psychiatry | X | | |

Close Window

## Self Updates: Site details

### H80CS02592: Community Health Centers of Benton and Linn Counties, Corvallis, OR

**Grant Number:** H80CS02592 **BHCMIS ID:** 1010810 **Project Period:** 05/01/2004 - 04/30/2027

**Budget Period:** 05/01/2025 - 04/30/2026

**Site Id: BPS-H80-000092** **Site Status: Active**

**Site Information**

| | | | |
|---|---|---|---|
| **Site Name** | BENTON HEALTH CENTER | **Physical Site Address** | 530 NW 27th St, Corvallis, OR 97330 |
| **Site Type** | Administrative/Service Delivery Site | **Site Phone Number** | (541) 766-6835 |
| **Web URL** | www.bentonlinnhealthcenters.org | | |
| **Location Type** | Permanent | **Site Setting** | All Other Clinic Types |
| **Date Site was Added to Scope** | 08/31/2004 | **Site Operational Date** | 08/31/2004 |
| **FQHC Site Medicare Billing Number Status** | This site has a Medicare billing number | **Medicare Billing Number** (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.) | 381881 |
| **FQHC Site National Provider Identification (NPI) Number** (Optional field) | | **Total Hours of Operation** (when Patients will be Served per Week) | 49.00 |
| **Saved Months of Operation** | January, February, March, April, May, June, July, August, September, October, November, December | | |
| **Number of Contract Service Delivery Locations** (Required only for 'Migrant Voucher Screening' Site Type) | | **Number of Intermittent Sites** (Required only for 'Intermittent' Site Type) | |
| **Site Operated by** | Health Center/Applicant | | |

**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

| Subrecipient/Contractor Organization Name | Subrecipient/Contractor Organization Physical Site Address | Subrecipient/Contractor EIN |
|---|---|---|
| No Subrecipient or Contractor information to be displayed | | |

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

| | |
|---|---|
| **Saved Service Area Zip Code(s)** | 97330, 97333 |

**Site Id: BPS-H80-038780** **Site Status: Active**

**Site Information**

| | | | |
|---|---|---|---|
| **Site Name** | Sweet Home Health Center | **Physical Site Address** | 1023 Main St, Sweet Home, OR 97386 |
| **Site Type** | Service Delivery Site | **Site Phone Number** | (833) 990-6300 |
| **Web URL** | | | |
| **Location Type** | Permanent | **Site Setting** | All Other Clinic Types |
| **Date Site was Added to Scope** | 05/31/2024 | **Site Operational Date** | 05/31/2024 |
| **FQHC Site Medicare Billing Number Status** | | **Medicare Billing Number** (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number | 381968 |

| | | | |
|---|---|---|---|
| **FQHC Site National Provider Identification (NPI) Number** (Optional field) | | **Total Hours of Operation** (when Patients will be Served per Week) | 48.00 |
| **Saved Months of Operation** | January, February, March, April, May, June, July, August, September, October, November, December | | |
| **Number of Contract Service Delivery Locations** (Required only for 'Migrant Voucher Screening' Site Type) | | **Number of Intermittent Sites** (Required only for 'Intermittent' Site Type) | |
| **Site Operated by** | Health Center/Applicant | | |

**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

| Subrecipient/Contractor Organization Name | Subrecipient/Contractor Organization Physical Site Address | Subrecipient/Contractor EIN |
|---|---|---|
| No Subrecipient or Contractor information to be displayed | | |

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

| | |
|---|---|
| **Saved Service Area Zip Code(s)** | 97329, 97386, 97336, 97345 |

**Site Id: BPS-H80-006146** **Site Status: Active**

**Site Information**

| | | | |
|---|---|---|---|
| **Site Name** | LINCOLN HEALTH CENTER | **Physical Site Address** | 121 SE Viewmont Ave, Corvallis, OR 97333 |
| **Site Type** | Service Delivery Site | **Site Phone Number** | (541) 766-3546 |
| **Web URL** | http://bentonlinnhealthcenters.org/ | | |
| **Location Type** | Permanent | **Site Setting** | School |
| **Date Site was Added to Scope** | 01/05/2004 | **Site Operational Date** | 01/05/2004 |
| **FQHC Site Medicare Billing Number Status** | This site has a Medicare billing number | **Medicare Billing Number** (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.) | 131882 |
| **FQHC Site National Provider Identification (NPI) Number** (Optional field) | | **Total Hours of Operation** (when Patients will be Served per Week) | 46.00 |
| **Saved Months of Operation** | January, February, March, April, May, June, July, August, September, October, November, December | | |
| **Number of Contract Service Delivery Locations** (Required only for 'Migrant Voucher Screening' Site Type) | | **Number of Intermittent Sites** (Required only for 'Intermittent' Site Type) | |
| **Site Operated by** | Health Center/Applicant | | |

**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

| Subrecipient/Contractor Organization Name | Subrecipient/Contractor Organization Physical Site Address | Subrecipient/Contractor EIN |
|---|---|---|
| No Subrecipient or Contractor information to be displayed | | |

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

| | |
|---|---|
| **Saved Service Area Zip Code(s)** | 97333, 97456, 97370, 97321, 97322, 97330 |

**Site Id: BPS-H80-009489** **Site Status: Active**

**Site Information**

| | | | |
|---|---|---|---|
| **Site Name** | Boys and Girls Club of Corvallis | **Physical Site Address** | 1112 NW Circle Blvd, Corvallis, OR 97330 |
| **Site Type** | Service Delivery Site | **Site Phone Number** | (541) 757-1909 |
| **Web URL** | http://bentonlinnhealthcenters.org/ | | |
| **Location Type** | Permanent | **Site Setting** | All Other Clinic Types |
| **Date Site was Added to Scope** | 05/20/2010 | **Site Operational Date** | 07/06/2010 |
| **FQHC Site Medicare Billing Number Status** | Health center does not/will not bill under the FQHC Medicare system at this site | **Medicare Billing Number** (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.) | |
| **FQHC Site National Provider Identification (NPI) Number** (Optional field) | | **Total Hours of Operation** (when Patients will be Served per Week) | 30.00 |
| **Saved Months of Operation** | January, February, March, April, May, June, July, August, September, October, November, December | | |
| **Number of Contract Service Delivery Locations** (Required only for 'Migrant Voucher Screening' Site Type) | | **Number of Intermittent Sites** (Required only for 'Intermittent' Site Type) | |
| **Site Operated by** | Health Center/Applicant | | |

**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

| Subrecipient/Contractor Organization Name | Subrecipient/Contractor Organization Physical Site Address | Subrecipient/Contractor EIN |
|---|---|---|
| No Subrecipient or Contractor information to be displayed | | |

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

| | |
|---|---|
| **Saved Service Area Zip Code(s)** | 97370, 97330, 97321, 97456, 97333 |

**Site Id: BPS-H80-004159** **Site Status: Active**

**Site Information**

| | | | |
|---|---|---|---|
| **Site Name** | East Linn Health Center | **Physical Site Address** | 100 Mullins Dr STE A1, Lebanon, OR 97355 |
| **Site Type** | Service Delivery Site | **Site Phone Number** | (541) 451-6920 |
| **Web URL** | http://bentonlinnhealthcenters.org/ | | |
| **Location Type** | Permanent | **Site Setting** | All Other Clinic Types |
| **Date Site was Added to Scope** | 01/01/2008 | **Site Operational Date** | 01/01/2008 |
| **FQHC Site Medicare Billing Number Status** | This site has a Medicare billing number | **Medicare Billing Number** (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.) | 381911 |
| **FQHC Site National Provider Identification (NPI) Number** (Optional field) | | **Total Hours of Operation** (when Patients will be Served per Week) | 48.00 |
| **Saved Months of Operation** | January, February, March, April, May, June, July, August, September, October, November, December | | |
| **Number of Contract Service Delivery Locations** (Required only for 'Migrant Voucher Screening' | | **Number of Intermittent Sites** (Required only for 'Intermittent' | |

| | |
|---|---|
| **Site Operated by** | Health Center/Applicant |

**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

| Subrecipient/Contractor Organization Name | Subrecipient/Contractor Organization Physical Site Address | Subrecipient/Contractor EIN |
|---|---|---|
| No Subrecipient or Contractor information to be displayed | | |

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

| | |
|---|---|
| **Saved Service Area Zip Code(s)** | 97322, 97377, 97321, 97386, 97446, 97348, 97355 |

**Site Id: BPS-H80-007052** **Site Status: Active**

**Site Information**

| | | | |
|---|---|---|---|
| **Site Name** | MONROE HEALTH CENTER | **Physical Site Address** | 610 Dragon Dr, Monroe, OR 97456 |
| **Site Type** | Service Delivery Site | **Site Phone Number** | (541) 847-5143 |
| **Web URL** | http://bentonlinnhealthcenters.org/ | | |
| **Location Type** | Permanent | **Site Setting** | School |
| **Date Site was Added to Scope** | 05/01/2004 | **Site Operational Date** | 05/01/2004 |
| **FQHC Site Medicare Billing Number Status** | This site has a Medicare billing number | **Medicare Billing Number** (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.) | 381883 |
| **FQHC Site National Provider Identification (NPI) Number** (Optional field) | | **Total Hours of Operation** (when Patients will be Served per Week) | 46.00 |
| **Saved Months of Operation** | January, February, March, April, May, June, July, August, September, October, November, December | | |
| **Number of Contract Service Delivery Locations** (Required only for 'Migrant Voucher Screening' Site Type) | | **Number of Intermittent Sites** (Required only for 'Intermittent' Site Type) | |
| **Site Operated by** | Health Center/Applicant | | |

**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

| Subrecipient/Contractor Organization Name | Subrecipient/Contractor Organization Physical Site Address | Subrecipient/Contractor EIN |
|---|---|---|
| No Subrecipient or Contractor information to be displayed | | |

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

| | |
|---|---|
| **Saved Service Area Zip Code(s)** | 97456, 97333, 97488 |

**Site Id: BPS-H80-007182** **Site Status: Active**

**Site Information**

| | | | |
|---|---|---|---|
| **Site Name** | CHILDREN'S FARM HOME | **Physical Site Address** | 4455 NE Highway 20, Corvallis, OR 97330 |
| **Site Type** | Service Delivery Site | **Site Phone Number** | (541) 766-6034 |
| **Web URL** | www.trilliumfamily.org/forms/farm.pdf | | |
| **Location Type** | Permanent | **Site Setting** | All Other Clinic Types |
| **Date Site was Added to Scope** | 01/06/2006 | **Site Operational Date** | 01/06/2006 |

| | | | |
|---|---|---|---|
| **FQHC Site Medicare Billing Number Status** | This site is neither permanent nor seasonal per CMS | **Medicare Billing Number** (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.) | |
| **FQHC Site National Provider Identification (NPI) Number** (Optional field) | | **Total Hours of Operation** (when Patients will be Served per Week) | 10.00 |
| **Saved Months of Operation** | January, February, March, April, May, June, July, August, September, October, November, December | | |
| **Number of Contract Service Delivery Locations** (Required only for 'Migrant Voucher Screening' Site Type) | | **Number of Intermittent Sites** (Required only for 'Intermittent' Site Type) | |
| **Site Operated by** | Health Center/Applicant | | |

**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

| Subrecipient/Contractor Organization Name | Subrecipient/Contractor Organization Physical Site Address | Subrecipient/Contractor EIN |
|---|---|---|
| No Subrecipient or Contractor information to be displayed | | |

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

| | |
|---|---|
| **Saved Service Area Zip Code(s)** | 97370, 97333, 97330, 97322, 97321 |

**Site Id: BPS-H80-038531** **Site Status: Active**

**Site Information**

| | | | |
|---|---|---|---|
| **Site Name** | Children and Families | **Physical Site Address** | 4185 SW Research Way, Corvallis, OR 97333 |
| **Site Type** | Service Delivery Site | **Site Phone Number** | (541) 766-6767 |
| **Web URL** | | | |
| **Location Type** | Permanent | **Site Setting** | All Other Clinic Types |
| **Date Site was Added to Scope** | 04/16/2024 | **Site Operational Date** | 04/24/2024 |
| **FQHC Site Medicare Billing Number Status** | | **Medicare Billing Number** (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.) | |
| **FQHC Site National Provider Identification (NPI) Number** (Optional field) | | **Total Hours of Operation** (when Patients will be Served per Week) | 40.00 |
| **Saved Months of Operation** | January, February, March, April, May, June, July, August, September, October, November, December | | |
| **Number of Contract Service Delivery Locations** (Required only for 'Migrant Voucher Screening' Site Type) | | **Number of Intermittent Sites** (Required only for 'Intermittent' Site Type) | |
| **Site Operated by** | Health Center/Applicant | | |

**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

| Subrecipient/Contractor Organization Name | Subrecipient/Contractor Organization Physical Site Address | Subrecipient/Contractor EIN |
|---|---|---|
| No Subrecipient or Contractor information to be displayed | | |

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

| | |
|---|---|
| **Saved Service Area Zip Code(s)** | 97330, 97321, 97333, 97370, 97331 |

Close Window

## Self Updates: Activity details

### H80CS02592: Community Health Centers of Benton and Linn Counties, Corvallis, OR

**Grant Number:** H80CS02592 **BHCMIS ID:** 1010810 **Project Period:** 05/01/2004 - 04/30/2027

**Budget Period:** 05/01/2025 - 04/30/2026

**Existing Activities/Locations**

| Type of Activity | Frequency of Activity | Description of Activity | Type of Location(s) where Activity is Conducted |
|---|---|---|---|
| Non-Clinical Outreach | Year-round | Outreach | Migrant camps, farms, orchards, parks, health fairs, community meetings, social and sporting events. |
| Health Education | Year-round | Patient education | Patient homes, community settings. |
| Portable Clinical Care | Year round. | Health assessments, screening procedures, immunizations, health history, examination and treatment. | Homes, schools and community settings. |
| Portable Clinical Care | Services will be provided year-round, up to two days per week. Date of effective change: 01/02/2024. | Health assessment, screening procedures, health history, examination, and treatment. Dental services include preventive, expanded dental hygiene, restorative, and prosthetic care. | Outreach / local partner site - CHANCE. 231 Lyon Street SE, Albany Oregon, 97321. Phone: 541-766-0171. |
| Portable Clinical Care | Services will be provided year-round, up to 4 hours, 2x a month. Date of effective change: 01/02/2024. | Health assessments, screening procedures, health history, examination, and treatment. Dental services include preventive, restorative, and prosthetic care. | Outreach / local partner site - Oregon Veterans Home located at 600 N. 5th Street, Lebanon, OR 97355. Phone: 541-766-0171 |
| Portable Clinical Care | Services will be provided year-round, two days per week. Date of effective change: 01/02/2024. | Health assessments, screening procedures, health history, examination, and treatment. Dental services include preventive, expanded dental hygiene, restorative, prosthetic, and some major dental procedures. | Outreach / local partner site - River Center. Located at: 3000 S. Santiam Hwy, Lebanon, OR 97355. Phone: 541-766-0171. |
| Portable Clinical Care | 1x per month (8 hours), beginning on January 14, 2025. | The Alsea Health Center site was closed in August 2023. In collaboration with the community to address operational challenges, we have arranged for staff to travel to Alsea to begin providing general primary care, eligibility assistance, and enabling services at this location once a month starting in January 2025. The CHC Board of Directors approved services at this site at their October 2024 board meeting. Minutes are available upon request. | The Alsea Health Center was previously a site for the CHC under form 5A, scope of project that closed in August 2023. It is a fully furnished health center ready for operations. The Alsea Health Center is located at 435 Alder Street, Alsea, OR 97324. The site is owned by the Benton County government. |
| Portable Clinical Care | Services will be provided year-round, 7 hours per week, up to two times per month, to ensure consistent access to care for patients in the area. | At the new location, we will offer dental services to support the health and well-being of our community. Services will include: health assessments, screening procedures, health history, examination, and treatment. Dental services include preventative, expanded dental hygiene, restorative, and prosthetic care. | Outreach / local partner site - Corvallis Daytime Drop-in Center. Located at: 530 NW 4th Street, Corvallis, OR 97333 |

Close Window

# Parliamentary Procedure for Meetings

***Robert's Rules of Order*** is the standard for facilitating discussions and group decision-making. Copies of the rules are available at most bookstores. Although they may seem long and involved, having an agreed-upon set of rules makes meetings run easier. ***Robert's Rules*** will help your group have better meetings, not make them more difficult. Your group is free to modify them or find another suitable process that encourages fairness and participation, unless your bylaws state otherwise.

Here are the basic elements of ***Robert's Rules***, used by most organizations:

1. ***Motion:*** To introduce a new piece of business or propose a decision or action, a motion must be made by a group member ("I move that.....") A second motion must then also be made (raise your hand and say, "I second it.") After limited discussion the group then votes on the motion. A majority vote is required for the motion to pass (or quorum as specified in your bylaws.)
2. ***Postpone Indefinitely:*** This tactic is used to kill a motion. When passed, the motion cannot be reintroduced at that meeting. It may be brought up again at a later date. This is made as a motion ("I move to postpone indefinitely..."). A second is required. A majority vote is required to postpone the motion under consideration.
3. ***Amend:*** This is the process used to change a motion under consideration. Perhaps you like the idea proposed but not exactly as offered. Raise your hand and make the following motion: "I move to amend the motion on the floor." This also requires a second. After the motion to amend is seconded, a majority vote is needed to decide whether the amendment is accepted. Then a vote is taken on the amended motion. In some organizations, a "friendly amendment" is made. If the person who made the original motion agrees with the suggested changes, the amended motion may be voted on without a separate vote to approve the amendment.
4. ***Commit:*** This is used to place a motion in committee. It requires a second. A majority vote must rule to carry it. At the next meeting the committee is required to prepare a report on the motion committed. If an appropriate committee exists, the motion goes to that committee. If not, a new committee is established.
5. ***Question:*** To end a debate immediately, the question is called (say "I call the question") and needs a second. A vote is held immediately (no further discussion is allowed). A two-thirds vote is required for passage. If it is passed, the motion on the floor is voted on immediately.
6. ***Table:*** To table a discussion is to lay aside the business at hand in such a manner that it will be considered later in the meeting or at another time ("I make a motion to table this discussion until the next meeting. In the meantime, we will get more information so we can better discuss the issue.") A second is needed and a majority vote required to table the item being discussed.
7. ***Adjourn:*** A motion is made to end the meeting. A second motion is required. A majority vote is then required for the meeting to be adjourned (ended).

***Note:*** If more than one motion is proposed, the most recent takes precedence over the ones preceding it. For example if #6, a motion to table the discussion, is proposed, it must be voted on before #3, a motion to amend, can be decided.

In a smaller meeting, like a committee or board meeting, often only four motions are used:

- To introduce (motion.)
- To change a motion (amend.)
- To adopt (accept a report without discussion.)
- To adjourn (end the meeting.)

Remember, these processes are designed to ensure that everyone has a chance to participate and to share ideas in an orderly manner. Parliamentary procedure should not be used to prevent discussion of important issues.

Board and committee chairpersons and other leaders may want to get some training in meeting facilitation and in using parliamentary procedure. Additional information on meeting processes, dealing with difficult people, and using ***Robert's Rules*** is available from district office staff and community resources such as the League of Women Voters, United Way and other technical assistance providers. Parliamentary Procedure at a Glance, by O. Garfield Jones, is an excellent and useful guide for neighborhood association chairs.

## Tips in Parliamentary Procedure

The following summary will help you determine when to use the actions described in ***Robert's Rules***.

- **A main motion must be moved, seconded, and stated by the chair before it can be discussed.**
- **If you want to move, second, or speak to a motion,** *stand and address the chair.*
- **If you approve the motion as is**, *vote for it.*
- **If you disapprove the motion**, *vote against it.*
- **If you approve the idea of the motion but want to change it**, *amend it or submit a substitute for it.*
- **If you want advice or information to help you make your decision**, *move to refer the motion to an appropriate quorum or committee with instructions to report back.*
- **If you feel they can handle it better than the assembly**, *move to refer the motion to a quorum or committee with power to act.*
- **If you feel that there the pending question(s) should be delayed so more urgent business can be considered**, *move to lay the motion on the table.*
- **If you want time to think the motion over**, *move that consideration be deferred to a certain time.*
- **If you think that further discussion is unnecessary**, *move the previous question.*
- **If you think that the assembly should give further consideration to a motion referred to a quorum or committee**, *move the motion be recalled.*
- **If you think that the assembly should give further consideration to a matter already voted upon**, *move that it be reconsidered.*
- **If you do not agree with a decision rendered by the chair**, *appeal the decision to the assembly.*
- **If you think that a matter introduced is not germane to the matter at hand**, *a point of order may be raised.*
- **If you think that too much time is being consumed by speakers**, *you can move a time limit on such speeches.*
- **If a motion has several parts, and you wish to vote differently on these parts**, *move to divide the motion.*

# PARLIAMENTARY PROCEDURE AT A GLANCE

| TO DO THIS | YOU SAY THIS | MAY YOU INTERRUPT SPEAKER | MUST YOU BE SECONDED | IS MOTION DEBATABLE | WHAT VOTE REQUIRED |
|---|---|---|---|---|---|
| Adjourn meeting* | I move that we adjourn | No | Yes | No | Majority |
| Recess meeting | I move that we recess until... | No | Yes | No | Majority |
| Complain about noise, room temperature, etc.* | Point of privilege | Yes | No | No | No vote |
| Suspend further consideration of something* | I move we table it | No | Yes | No | Majority |
| End debate | I move the previous question | No | Yes | No | 2/3 vote |
| Postpone consideration of something | I move we postpone this matter until... | No | Yes | Yes | Majority |
| Have something studied further | I move we refer this matter to committee | No | Yes | Yes | Majority |
| Amend a motion | I move this motion be amended by... | No | Yes | Yes | Majority |
| Introduce business (a primary motion) | I move that... | No | Yes | Yes | Majority |
| Object to procedure or personal affront* | Point of order | Yes | No | No | No vote, Chair decides |
| Request information | Point of information | Yes | No | No | No vote |
| Ask for actual count to verify voice vote | I call for a division of the house | No | No | No | No vote |
| Object consideration of undiplomatic vote* | I object to consideration of this question | Yes | No | No | 2/3 vote |
| Take up a matter previously tabled* | I move to take from the table... | No | Yes | No | Majority |
| Reconsider something already disposed of* | I move we reconsider our action relative to... | Yes | Yes | Yes | Majority |
| Consider something already out of its schedule* | I move we suspend the rules and consider | No | Yes | No | 2/3 vote |
| Vote on a ruling by the Chair | I appeal the Chair's decision | Yes | Yes | Yes | Majority |

*Not amendable

# PARLIAMENTARY PROCEDURE AT A GLANCE

| | | Debatable | Amendable | Can Be Reconsidered | Requires 2/3 Vote |
|---|---|---|---|---|---|
| Privileged Motions | Fix Time at Which to Adjourn | No | Yes | No | No |
| | Adjourn | No | No | Yes | No |
| | Question of Privilege | No | Yes | Yes | No |
| | Call for Order of Day | No | No | Yes | No |
| Incidental Motions | Appeal | Yes | No | Yes | No |
| | Objection to Consideration of a Question | No | No | Yes | Yes |
| | Point of Information | No | No | No | No |
| | Point of Order | No | No | No | No |
| | Read Papers | No | No | Yes | No |
| | Suspend the Rules | No | No | No | Yes |
| | Withdraw a Motion | No | No | Yes | No |
| Subsidiary Motions | Lay on the Table | No | No | Yes | No |
| | The Previous Question (close debate) | No | No | Yes | Yes |
| | Limit or Extend Debate | No | Yes | Yes | Yes |
| | Postpone to a Definite Time | Yes | Yes | Yes | No |
| | Refer to Committee | Yes | Yes | Yes | No |
| | Amend the Amendment | Yes | No | No | No |
| | Amendment | Yes | Yes | Yes | No |
| | Postpone Indefinitely | Yes | No | Yes | No |
| Main Motion | Main or Procedural Motion | Yes | Yes | Yes | No |

This table presents the motions in order of precedence. Each motion takes precedence over (i.e. can be considered ahead of) the motions listed below it. No motion can supersede (i.e. be considered before) any of the motions listed above it.

PLEASE NOTE: many organizations use only the Main Motion and Subsidiary Motions, handling other matters on an informal basis.

# IN THE MEETING

***TO INTRODUCE A MOTION:***

Stand when no one else has the floor.
Address the Chair by the proper title.
Wait until the chair recognizes you.

- Now that you have the floor and can proceed with your motion say "I move that...," state your motion clearly and sit down.
- Another member may second your motion. A second merely implies that the seconder agrees that the motion should come before the assembly and not that he/she is in favor of the motion.
- If there is no second, the Chair says, "The motion is not before you at this time." The motion is not lost, as there has been no vote taken.
- If there is a second, the Chair states the question by saying "It has been moved and seconded that ... (state the motion). . ., is there any discussion?"

***DEBATE OR DISCUSSING THE MOTION:***

- The member who made the motion is entitled to speak first.
- Every member has the right to speak in debate.
- The Chair should alternate between those "for" the motion and those "against" the motion.
- The discussion should be related to the pending motion.
- Avoid using a person's name in debate.
- All questions should be directed to the Chair.
- Unless there is a special rule providing otherwise, a member is limited to speak once to a motion.
- Asking a question or a brief suggestion is not counted in debate.
- A person may speak a second time in debate with the assembly's permission.

***VOTING ON A MOTION:***

- Before a vote is taken, the Chair puts the question by saying "Those in favor of the motion that ... (repeat the motion)... say "Aye." Those opposed say "No." Wait, then say "The motion is carried," or "The motion is lost."
- Some motions require a 2/3 vote. A 2/3 vote is obtained by standing
- If a member is in doubt about the vote, he may call out "division." A division is a demand for a standing vote.
- A majority vote is more than half of the votes cast by persons legally entitled to vote.
- A 2/3 vote means at least 2/3 of the votes cast by persons legally entitled to vote.
- A tie vote is a lost vote, since it is not a majority.

# AMENDMENTS ILLUSTRATED

**Any main motion or resolution may be amended by:**

1. Adding at the end
2. Striking out a word or words
3. Inserting a word or words
4. Striking out and inserting a word or words
5. Substitution

A member rises, addresses the chair, receives recognition, and states the motion:

"I move that. . . "

MAIN MOTION

Another member seconds the motion.

The Chair repeats the motion and says, "Is there any discussion?"

Must be germane to the main motion

To improve the motion, a member rises, receives recognition and says, "I move to amend the motion by . . . "

PRIMARY AMENDMENT

Another member seconds the amendment.

The Chair repeats the amendment and says, "Is there any discussion on the amendment?"

Must be germane to the primary amendment

To improve the amendment, a member rises, receives recognition, and says, "I move to amend the amendment by . . . "

SECONDARY AMENDMENT
(not amendable)

Another member seconds the amendment.

The Chair repeats the amendment to the amendment and says, "Is there any discussion on the amendment to the amendment?"

- When discussion ceases, the Chair says, "Those in favor of the amendment to the amendment say 'Aye.' Those opposed say 'No.'"
- If the vote was in the affirmative, the amendment is included in the primary amendment. The Chair then says, "Is there any discussion on the amended amendment?"
- If there is no discussion, a vote is taken on the amended amendment. If the vote in the affirmative, the amendment is included in the main motion. The chair then says, "Is there any discussion on the amended motion?"
- At this place, the motion can again be amended.
- If there is no further discussion, a vote is taken on the amended motion.
- Even though the amendments carried in the affirmative, the main motion as amended can be defeated.

Community Health Centers
OF BENTON & LINN COUNTIES

# Additional Resources

## Definitions and Abbreviations

Commonly used abbreviations and terms with brief definition

| | |
|---|---|
| **A** | |
| ABHA | Accountable Behavioral Health Alliance. The mental health managed care agency responsible for OHP, now integrating with the CCO |
| ACA | Affordable Care Act. Federal legislation outlining health reform |
| ACIST | A Community Integrated System Team. A program of Benton County Mental Health and Substance Use Treatment, the ACIST team members are committed to supporting children and families in the schools and communities to enhance the conditions in which they can live and learn in a healthy caring environment. |
| ACT | Assertive Community Treatment. A Mental Health program that provides intensive community based intervention for individuals with unstable mental health clients |
| AFSCME | American Federation of State, County and Municipal Employees. The union organization which represents the majority of Benton County employees |
| AHEC | Area Health /Education Center a partnership of OHSU and communities to improve the education, training and distribution of health care professionals in Oregon |
| AOC | Association of Oregon Counties |
| AOD | Alcohol and Other Drugs |
| AP | Accounts Payable |
| APHA | American Public Health Association |
| AR | Accounts Receivable. Money owed as a result of services provided but not yet received |
| AVS | After Visit Summary. Handed to the patient when they leave a visit, includes summary of the visit as well as the plan |
| **B** | |
| BCCP | Breast and Cervical Cancer Program. The Oregon Breast and Cervical Cancer Program helps low-income un-insured and medically underserved women gain access to lifesaving screening programs for early detection of breast and cervical cancers. |
| BHS | Benton Health Services. This is used when referring to the joint services of the Health Department and Community Health Center |
| BMI | Body mass index |
| BOC | Board of Commissioners |
| BOD | Board of Directors |
| BPHC | Bureau of Primary Health Care. The federal agency within Health & Human Services that oversees Community Health Centers |
| BTD | Biennium to Date. Used in county budget monitoring |
| **C** | |
| CAC | Community Advisory Committee. Mandated committee for CCO's, this region has designated a sub-committee for each county of which selected members serve on the regional advisory council. 51% of the committee must be OHP recipients |
| CARDV | Center Against Rape and Domestic Violence |

| | |
|---|---|
| CAWEM | Citizen Alien Waived Emergency Medicine, eg., OHP covers undocumented with services limited to immediate emergencies that threaten life or limb. In addition, the federal government has identified all deliveries as emergency services within the CAWEM regulations. An expanded program is now available that also covers prenatal care (CAWEM-Plus) |
| CBA | Collective bargaining agreement |
| CCare | Oregon Contraceptive Care Program. Name for the Family Planning Program |
| CCO | Coordinated Care Organization. Established in Oregon legislation in 2011, CCOs are health plans that include all types of health providers who have agreed to work together in their local communities for people who have health care coverage under the Oregon Health Plan. |
| CD | Community Development (eg., CD grants) |
| CDC | Centers for Disease Control and Prevention |
| CFR | Code of Federal Regulations |
| CHC | Community Health Centers |
| CHIP/SCHIP | Children's Health Insurance Plan, a Children's Health Improvement Program. SCHIP – is State CHIP. Has a higher Fed reimbursement %. Families who earn too much to qualify for Medicaid may be able to qualify for SCHIP. Families that do not currently have health insurance are likely to be eligible, even if working. The states have different eligibility rules, but in most states, uninsured children under the age of 19, whose families earn up to $36,200 a year (for a family of four) are eligible. For little to no cost, this insurance pays for doctor visits, immunization, hospitalization and ER visits. Delivery system and benefits package are the same as OHP. |
| CHW | Community Health Worker |
| CLIA | Clinical Laboratory Improvement Amendments. The Centers of Medicare and Medicaid Services (CMS) regulates all laboratory testing (except research) performed on humans in the U.S. through CLIA. |
| CMA/MA | Certified Medical Assistant |
| CME | Continuing Medical Education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. |
| CMS | Centers for Medicare and Medicaid Services (Federal program) – replaced HCFA (Health Care Financing Administration). Governs Medicare & Medicaid |
| COG | Council of Governments – is an entity created in the mid-1960's by local governments within Linn, Benton, and Lincoln counties under ORS. |
| COI | Community Outreach, Inc. provides medical & dental services for at-risk, low and very low income people. Is open limited hours during the week, utilizes volunteers |
| CPMS | Client Process Monitoring System. Client information system used in mental health for community-based services |
| CPT | Current Procedural Terminology. A unique five digit code that defines a medical service delivered, as defined by the American Medical Association. |
| CSC | Community Services Consortium – is a nonprofit Community Action Agency that |

| | |
|---|---|
| | develops, manages, and provides services and support to individuals and families who lack sufficient financial resources to meet their basic needs or to provide the kind of quality life they desire. |
| CURF | County Unrestricted Funds. The funds allocated to departments to support programs & services |
| **D** | |
| DCO | Dental Care Organization. Prepaid Health Plan that provides dental services, including routine dental care, dental case management and emergency dental services as Capitated Services under the Oregon Health Plan. Targeted to roll into the CCO in 2014 |
| DD | Developmental Disabilities. Benton Health Department has a program that coordinates & delivers serves to individuals & families |
| DHHS | U.S. Department of Health and Human Services |
| DMAP | DHS Division of Medical Assistance Programs |
| DRG | Diagnostic related groups |
| DSM IV | Diagnostic and Statistical Manual IV. A classification system for mental illnesses developed by the American Psychiatric Association |
| **E** | |
| EH | Environmental Health |
| EHR | Electronic Health Record. The Health Center uses EPIC |
| **F** | |
| FFS | Fee for Service – A traditional form of reimbursement in a healthcare where payment is based on services rendered to the patient |
| FNP | Family Nurse Practitioner |
| FP | Family Planning. Federal Title X program provides funding to provide services under the specific rules & regulations of the program. Oversight of the program occurs through the state family planning entitled CCare |
| FPG/FPL | Federal Poverty Guidelines. Federal Poverty Level. Updated annually at the federal level and establishes income levels by family size that guides eligibility for federally funded programs. |
| FQHC | Federally Qualified Health Center |
| FTCA | Federal Tort Claims Act – The Federally Supported Health Centers Assistance Act of 1992 and 1995 granted medical malpractice liability protection through the Federal Tort Claims Act (FTCA) to HRSA-supported health centers. Under the Act, health centers are considered Federal employees and are immune from lawsuits, with the Federal government acting as their primary insurer. |
| FTE | Full Time Equivalency = 40 hours per week |
| FY | Fiscal Year |
| **G** | |
| GAD 7 | Anxiety screening tool |
| GSRMC | Good Samaritan Regional Medical Center |
| **H** | |

| | |
|---|---|
| HD | Health Department |
| Hgb A1C | Blood measure used to monitor diabetes control |
| HHS | Department of Health & Human Services |
| HIPAA | Health Insurance Privacy and Accountability Act. The federal rules & regulations that protect patient information |
| HN | Health Navigation or Health Navigator |
| HP | Health Promotion |
| HPSA | Health Professional Shortage Area. Designated by HRSA as having shortages of primary medical care, dental, or mental health providers and may be geographic (a county of service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). May be used in determining grant award criteria points. |
| HR | Human Resources |
| HRSA | Health Resources and Services Administration. The federal program under HHS that is responsible for a number of federal programs including FQHCs |
| **I** | |
| ICD-9 or 10 | International Statistical Classification of Diseases and Related Health Problmes. Standard set of diagnosis codes |
| IHN-CCO | InterCommunity Health Network – Coordinated Care Organization. A division of Samaritan Health Plans, this is the regional CCO responsible for implementation of CCO in Linn, Benton, and Lincoln Counties. |
| **J** | |
| JACHO | Joint Commission on Accreditation of Healthcare Organizations – An independent, non-for-profit organization, the Joint Commission is the nation's predominant standards-setting and accrediting body in health care |
| **L** | |
| LCSW | Licensed Clinical Social Worker |
| LEP | Limited English Proficiency. A client with LEP has limited ability to read, speak, or understand English |
| **M** | |
| MA | Medical Assistance. Federal – state publicly funded health coverage for low-income people. Eligibility is based on specific criteria, covers includes a designated set of benefits |
| MC | Medicare. Federal program providing health coverage to seniors |
| MCH | Maternal and Child Health |
| MCO | Managed Care Organization. An organization that combines the functions of health insurance, delivery of care, and administration. IHN was the MCO for our service area. These are now being replaced by CCOs |
| MH | Mental Health |
| MHADDAC | Mental Health, Addictions, Developmental Disabilities Advisory Committee |
| MHC | Migrant Health Center. The Migrant Health Center program provides support to health centers to deliver comprehensive, high quality, culturally-competent preventive and primary health services to migrant and seasonal farmworkers and |

| | |
|---|---|
| | their families with a particular focus on the occupational health and safety needs of this population. Principal employment for both migrant and seasonal farmworkers must be in agriculture. A portion of our Health Centers funding is designated to serving migrant & seasonal farmworkers |
| MHO | Mental Health Organization. Managed care organization for mental health services. ABHA had been the MHO in our area. Now being combined with IHN-CCO |
| MOA | Memorandum of Agreement |
| MOU | Memorandum of Understanding |
| MSFW | Migrant & Seasonal Farm Workers |
| MU | Meaningful Use - is using certified electronic health record (EHR) technology to improve quality, safety, efficiency and reduce health disparities; engage patients and families; improve care coordination; maintain privacy and security of patient health information for improved clinical and population health outcomes; increase transparency and efficiency; empower individuals and produce more robust research data on health systems. Meaningful use sets specific objectives that eligible professionals must achieve to qualify for Centers of Medicare and Medicaid Services (CMS) Incentive Programs. |
| MUA | Medically Underserved Area. Medically Underserviced Areas / Populations are areas or populations designed by HRSA as having: too few primary care providers, high infant mortality, high poverty and / or high elderly population. |
| MVBCN | Mid-Valley Behavioral Health Network. An MHO like ABHA serving several counties, including Linn County |
| **N** | |
| NAMI | The National Alliance for the Mentally Ill. A national organization of families and professional dedicated to advocacy for adults with persistent mental illness |
| NACCHO | National Association of County and City Health Officials |
| NACHC | National Association of Community of Health Centers |
| NCQA | National Committee for Quality Assurance. Includes standards & certification for Patient Centered Health Home |
| NGA | Notice of Grant Award. Official notice from HRSA when awarded funding |
| NHSC | National Health Services Corporation – offers loan repayment and scholarships to primary care providers and students for serving at NHSC sites in communities with limited access to health care (HPSA / MUA). |
| NP | Nurse Practitioner |
| NWRPCA | Northwest Regional Primary Care Association. Regional association of Community Health Centers. Includes the states of Alaska, Washington, Oregon, & Idaho |
| **O** | |
| OAR'S | Oregon Administrative Rules |
| OCHIN | Health Information Network – Health IT to improve the integration and delivery of health care services. Supports the EHR & practice management system for the Health Center |
| ODS | Oregon Dental Service. Managed care organization for dental services |
| OHA | Oregon Health Authority |

| | |
|---|---|
| OHP | Oregon Health Plan, a Medicaid managed care delivery system comprised of prepaid health plans and primary care case managers. Benefit package is based on the OHP Prioritized List of Health Services which is a modified Medicaid benefit package as allowed under Oregon's section 1115 Medicaid demonstration waiver. |
| ONA | Oregon Nurses Association |
| OPCA | Oregon Primary Care Association. The association of Community Health Centers in Oregon |
| ORS | Oregon Revised Statutes |
| OYA | Oregon Youth Authority. The state department charged with the management and administration of youth correction facilities, state parole and probation services and other functions related to state programs for youth corrections. |
| **P** | |
| P & P | Policy and Procedure |
| PA | Physician Assistant |
| PCP | Primary Care Provider/Practitioner |
| PCPCH | Patient Centered Primary Care Home(s) are clinics that have been recognized for their commitment to quality, coordinated care. At its heart, this model of care fosters strong relationships with patients and their families. Clinics improve care by catching problems earlier, focusing on prevention, wellness and management of chronic conditions. |
| PDS | Peer Delivered Service. A peer is any person supporting an individual, or a family member of an individual, who has similar life experience, either as a current or former recipient of addictions or mental health services. A peer delivered service is an array of agency or community-based services and supports provided by peers. |
| PDSA | Plan, Do, Study, Act. A quality improvement tool for rapid cycle tests of change |
| Perinatal | The period around child birth – esp. the 5 months before and 1 month after birth |
| PH | Public Health |
| PHPAC | Public Health Planning Advisory Committee |
| PharmD | Pharmacist |
| PHI | Protected Health Information is any information about health status, provision of health care, or payment of health care that can be linked to a specific individual. |
| PHQ 9 | Depression screening tool |
| PMPM | Per member per month |
| PPS | Prospective Payment System is a method of reimbursement in which Medicare payment is made based on a predetermined, fixed amount. PPS is available only to FQHC's |
| PSB | Public Services Building – Health Services Building on 27th street |
| PSRB | Psychiatric Security Review Board. The Board is authorized to have jurisdiction over persons who are charged with a crime and found guilty except for insanity |
| **Q** | |
| QI/QA/CQI | Quality Improvement focuses on improvements of processes & outcomes, QA (Quality Assurance) focuses on compliance with specific rules & regulations. Also referred to as CQI (Continuous Quality Improvement) |

| | |
|---|---|
| Qualis | One of the sponsoring partners of the national "Safety Net Medical Home Initiative". This is a 4 year grant awarded to OPCA & Care Oregon to support implementation of Patient-Centered Health Home. The Health Center is participating in this grant. The Health Center has an internal innovation group which is called 'Qualis' |
| QMHA | Qualified Mental Health Associate. A person delivering services under the direct supervision of a QMHP. QMHA must meet state standards to provide a specific set of professional services; more limited in scope that services provided by QMHA. |
| QMHP | Qualified Mental Health Professional. A person meeting the standards established by the state to provide a specific set of professional services. |
| **R** | |
| RFP | Request for Proposal |
| RN | Registered Nurse |
| RVU | Relative Value Unit. The unit of measure for Medicare RBRVS – Resource Based Relative Value Scale. Used to measure relative complexity of procedures and office visits, etc. The Health Center uses RVU information as one factor in setting fees |
| RWJF | Robert Wood Johnson Foundation |
| **S** | |
| SAMHSA | Substance Abuse Mental Health Services Administration. A federal division within Health and Human Services |
| SBHC | School Based Health Center. Both Lincoln and Monroe Health Centers are SBHC's. |
| SFS | Sliding fee scale. Required for Community Health Centers, it is the discount applied to charges for uninsured patients based on family size and income. |
| SPD | Seniors and People with Disabilities |
| SSDI | Social Security Disability Insurance |
| **T** | |
| TANF | Temporary Assistance for Needy Families. Overseen by federal DHHS OFA (Office of Family Assistance). TANF recipients may or may not have Medicaid coverage |
| **U** | |
| UDS | Uniform Data System. An integrated report system of the Bureau of Primary Health Care. This is a required report, due annually that reports clinical, utilization and financial data. Completed by all FQHCs, state and national comparators are available. |
| **W** | |
| WIC | Women, Infants and Children Program. Provides nutritional counseling and food vouchers for eligible children & pregnant women |
| Wrap-around | FQHC's are entitled to the PPS rate on Medicaid visits. Payment for those Medicaid clients enrolled in managed care is received first from the managed care plan based on the plans rate. The difference between that payment and what is owed on the PPS rate is the wrap-around. That payment is received from the state. Currently, the Health Center has approximately a six month lag between the date of service and receiving the wraparound payment. |
| **Y** | |

| | |
|---|---|
| YTD | Year to date. Used in financial monitoring |
| # | |
| 340B | Special drug pricing available to FQHCs |