

HRSA Program Requirements

Examining Requirement 9: Key Management Staff

By Amy Garwood, Director of Communications & Training, IPHCA

Community health centers, or Federally Qualified Health Centers (FQHCs), are non-profit private or public entities that serve designated medically underserved populations/areas or special medically underserved populations comprised of migrant and seasonal farmworkers, the homeless or residents of public housing. Awarded funding from the Health Resources and Services Administration (HRSA), these health centers must operate within 19 HRSA Program Requirements.

As the demand placed on FQHCs becomes more stringent, through Meaningful Use and Health Care Reform, a summary of these 19 health center program requirements will continued to be examined in *IPHCA HealthSource™*. The 19 program requirements fall into one of four categories: Need, Services, Management and Finance, and Governance.

Each article will provide an in-depth look at one requirement to assist health center leaders in understanding these program requirements and preparing for compliance in future HRSA site visits. HRSA Program Requirement 9 falls into the “Management and Finance” category.

Program Requirement 9: Key Management Staff

According to the *HRSA Health Center Program Requirements*, Program Requirement 9 states, "Health center maintains a fully staffed health center management team as appropriate for the size and needs of the center. Prior approval by HRSA of a change in the project director/executive director/CEO position is required. The QI/QA program must include:

- Health center has a management team that is the appropriate size and composition.
- Health center has a chief executive officer or executive director/project director. If there has been a change in this leadership position, HRSA requires prior review and approval of this change.
- The management team (which may include a clinical director, chief operating officer, chief financial officer, chief information officer, as appropriate for the size and complexity of the health center) is fully staffed.

Performance Improvement

Below are some prompting questions to aid in your health center performance improvement discussions:

- What is the composition of the management team (e.g., does it include a clinical director, chief financial officer, chief operating officer and chief information officer or other key management staff)?
- Are key management staff directly employed by the health center? If not, what arrangements are in place for these staff?
- Are key strategic planning goals tied to the performance evaluations for senior management staff?
- What is the chief financial officer's professional background?
- Regarding the clinical or medical director/CMO:
 - Does he/she advise the CEO and Board on clinical issues, including QI/QA?

- Does he/she have the lead responsibility to hire/dismiss clinical staff?
- Does he/she have sufficient time in his/her weekly schedule to adequately carry out the dual responsibilities of provider and administrator?
- Are methods in place to ensure competency in key positions?
- If the health center has multiple sites, what systems are in place to manage/coordinate operations among the sites?
- Are there opportunities for improved communication, interaction, or support between the Key Management Team and the Governing Board?

Next Month, *IPHCA Health Source*TM will feature detailed information on Program Requirement #10: Contractual/Affiliation Agreements.

References

"Program Requirements." Health Resources and Services Administration website. Retrieved January 29, 2013, from <http://bphc.hrsa.gov/about/requirements/index.html>.

Health Center Site Visit Guide. Health Resources and Services Administration website. Retrieved January 28, 2013, from <http://bphc.hrsa.gov/policiesregulations/centerguide.html>.