



APPLICATION FOR BOARD OF DIRECTORS

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Occupation _____ Employer _____

Gender ☐ Male ☐ Female Age _____

EMPLOYMENT STATUS

☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Seasonal ☐ Unemployed ☐ Retired

MEDICAL INSURANCE STATUS

☐ Insured ☐ Uninsured

SPECIAL SKILLS AND EXPERTISE

☐ Fundraising	☐ Marketing/Public Relations	☐ Business/Finance
☐ Technology	☐ Personnel/Human Resources	☐ Healthcare
☐ Legal	☐ Non-Profit Administration	☐ Public Administration
☐ Religion/Clergy	☐ Insurance	☐ Union
☐ Government	☐ Community Affairs	☐ Other: _____

EDUCATION

☐ Some high school	☐ High school graduate	☐ Some college
☐ Undergraduate college degree	☐ Some graduate coursework	☐ Graduate degree
☐ Other: _____		

ETHNIC BACKGROUND – check all that apply

☐ African American	☐ Asian	☐ Caucasian
☐ Hawaiian/Pacific Islander	☐ Latino/Hispanic	☐ Native American/Alaskan Native
☐ Other: _____		

In which geographic area do you live?

☐ Seward/Bear Creek (99664) ☐ Moose Pass (99631) ☐ Other: _____

Do you personally (not household) earn more than 10% of your income from the health care industry?

☐ Yes ☐ No

Have you or any of your dependent children been seen by a provider at SCHC in the last 24 months?

☐ Yes ☐ No



417 First Ave / PO Box 2895, Seward, AK 99664
sewardhealthcenter.org
Phone: 907-224-2273
Fax: 907-224-8501

1. Why do you want to serve on the Board of Seward Community Health Center (SCHC)?

2. Are you able to devote 2-3 hours per month to Board activities, including committee meetings?
(It may be more, depending on special projects) ☐ Yes ☐ No
3. Can you commit to attending SCHC board meetings on the 4th Thursday of each month (evening) for approximately 2 hours? ☐ Yes ☐ No
4. What special talents do you feel you can contribute to the Board?

5. Do you have prior experience as a board member? If so, with what organization(s) do you have experience and when did you serve? Please note if you had a leadership role (e.g., President, Committee Chair).

6. To what other organizations, if any, do you belong?

7. If you are not chosen to serve on the Board at this time, would you be interested in participating as a member of one of our committees? ☐ Yes ☐ No
8. Are you or any of your immediate family members employed by Seward Community Health Center?
☐ Yes ☐ No If yes, please list name and title of family member: _____

I hereby attest the above is true and complete to the best of my knowledge.

Printed Name _____ Date _____

Signature _____

Thank you for your interest in serving on the Seward Community Health Center Board of Directors.



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Dear Prospective Board Member,

Thank you for your interest in joining the Seward Community Health Center's (SCHC) Board of Directors. SCHC is an important community resource which could benefit from your involvement. We value diversity of perspectives and respectful discussion among our Directors as we expand our horizons and continue to develop the operations of the health center to better serve our community.

If you are interested in serving on the SCHC Board, please complete the attached application. The Board usually meets on the fourth Thursday of each month at 5:30 pm. We require prospective Board members attend two full board meetings OR join a committee as a non-board member and attend one full board meeting before being considered for Board membership. Please come to a Board meeting and consider becoming a part of the group. You can contact Alissa Holcomb, Administrative Services Manager, at ea@sewardhealthcenter.org or 907-224-2273 to get meeting information.

We welcome any questions and look forward to hearing from you soon. Thank you again for your interest in serving on the Seward Community Health Center's Board of Directors.

Sincerely,

Ed Slavich

Edward Slavich
Chair, Board of Directors

What is Seward Community Health Center?

Seward Community Health Center, Inc. (SCHC) is the co-applicant with the City of Seward for a major federal grant. SCHC is responsible for the establishment and operation of a Federally-Qualified Health Center (FQHC) that began operation in March 2014. SCHC focuses on meeting the primary health and medical care needs of the community. SCHC was designated by the IRS as a private non-profit legal entity in 2011. SCHC is not a public or governmental entity.

It is required that a CHC be owned by a private non-profit organization, a tribal entity, or a unit of government. The organization must have a board of directors made up of people from the area, with at least 51% of board members who are patients or parents of patients at the clinic. CHCs must offer discounts to patients who are below 200% of the Federal Poverty Level using a sliding fee scale based on income and family size.

Providing greater access to health care services becomes possible by employing credentialed health care providers and offering extended clinic hours when possible, such as on weekends and evenings. CHCs are required to provide directly or through referral arrangements a range of healthcare services, including, but extending beyond, primary medical care for children and adults of all ages, regardless of ability to pay.

SCHC is financially supported by an annual federal 330 grant and patient services revenue. Patient services revenues include claims billed to all third-party payers such as Medicare, Medicaid, Workers Compensation, Blue Cross Blue Shield, and other commercial health plans. The federal community health center program has been in existence for over 45 years, with over 1,800 CHCs established nationwide. CHC funding has proven to be very stable over the years due to its history of bipartisan support from both major political parties. Go to www.bphc.hrsa.gov/about for more information.

The SCHC medical clinic is co-located within the hospital facility owned by the City of Seward. Although it works very closely with Providence Seward Medical and Care Center, SCHC is organizationally and operationally separate from the hospital. If you would like a tour of SCHC and learn more about the details of its operations, finances or CHC requirements, please feel free to contact Craig Ambrosiani, Executive Director, at (907) 224-8505.

HEALTH CENTER BASICS

Health centers play a vital role in the delivery of health services to medically underserved people throughout the United States. These organizations are primarily Public Health Service Act Section 330 grantees including: Community Health Centers, Migrant Health Centers, Health Care for the Homeless Programs, and Public Housing Primary Care Programs.

These community-based “safety net” providers are also commonly referred to as ***Federally Qualified Health Centers (FQHCs)*** because they meet rigorous governance, quality of care, service, and cost standards, and they are qualified to receive enhanced reimbursement under Medicaid and Medicare law. Health centers that receive federal funding do so under Section 330 of the Public Health Service Act through grants administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC). Health centers that meet federal FQHC statutes and program expectations but do not receive federal Section 330 funds can be designated as FQHC Look-Alikes. These centers do have access to certain FQHC benefits.

There are more than 1,200 community-based health centers in operation today. Collectively, as of 2010, these centers serve as a health care safety net for some 23 million patients (over 5.8 million of whom are uninsured) through over 8,000 delivery sites in urban and rural underserved communities in all fifty states, the District of Columbia, Puerto Rico, Guam, Micronesia and the U. S. Virgin Islands. Without health centers millions of people who are publicly insured (Medicaid; State Children’s Health Insurance Program), uninsured and low income would have limited access to preventive and primary health care. At the same time these health centers produce demonstrated quality health results at costs well below the national average.

Federally Qualified Health Centers (FQHCs) are private, not-for-profit or public entity organizations that:

- Receive a grant under Section 330 of the Public Health Service Act. Major advantages of having FQHC designation include:
 - a) Receiving cost based reimbursement for services provided to Medicare patients and cost-derived prospective payment for services provided to Medicaid patients including managed care enrollees;
 - b) Participating in the PHS Act 340B Drug Discount Pricing Program to purchase prescription drugs at steep discounts;
 - c) Access to National Health Service Corp providers and resources;
 - d) The right to have out-stationed Medicaid eligibility workers on-site;
 - e) Having access to Federal Vaccine for Children program; and other legal benefits. In addition to the benefits listed above, FQHCs funded under Section 330 also have access to free medical malpractice insurance under the Federal Tort Claims Act (FTCA) program and a myriad of grant and loan opportunities for both service and capital expansions.

- Meet the statutory requirements for receiving Section 330 grant funds but do not receive grant funding. These centers are referred to as **FQHC Look-Alikes** (FQHC-LAs). They are eligible to take advantage of all of the benefits enjoyed by 330 grantees except they cannot participate in the federal medical malpractice program, and they do not receive the federal Section 330 grant. FQHC-LAs are eligible to apply for 330 funding when it is available, and often fair well in the competition as they already are operational and meet FQHC statutory and programmatic requirements.

In the “general” sense health centers are providers of primary and preventive health care and enabling services to medically underserved populations. Unlike other models of health care delivery, health centers focus not only on improving the health of individual patients but improving the health status of the entire community. This community oriented focus means that health centers differ from most traditional health care providers in a number of ways. Needs assessment, program development, evaluation and even the definition of “community” are all framed in terms of both community health needs and patient health. Health centers are also Patient-Centered Medical Homes (PCMH) in that care is delivered in a comprehensive, coordinated way and provided by a health care team. For more information on PCMH, visit www.nachc.com/clinicalmedicalhomes.cfm.

The services of a health center must be accessible to the target population (both logistically and financially), comprehensive, and coordinated with other social services. In addition, the health center remains accountable to the community that it serves by involving community members and health center patients (i.e. consumers) in program planning and organizational governance.

The authorizing legislation uses the term “health centers” to refer to the four programs that are authorized under and receive federal funding under Section 330 of the Public Health Service Act, to provide comprehensive primary care services to “medically underserved populations.” Programs included under this rubric are: Section 330(e) – community health centers serving medically underserved and low income people; Section 330(g) – serving migrant and seasonal agricultural workers and their families; Section 330(h) – serving homeless adults, families, and children; and Section 330(i) - serving residents of public housing.

HEALTH CENTER BOARDS—FEDERAL REQUIREMENTS

- The board must have at least 9, but no more than 25 members. The Seward Community Health Center bylaws allow for 15 members.
- At least 51% of the board's members must be users of the health center.
- Half of the remaining members of the board (49 percent or less) cannot earn more than 10 percent of their income from the health care industry. (Example: if the board has 10 members, then no more than 4 members may be considered "nonusers" of the center's services. Of those four, only two members may earn more than 10 percent of their income from the health care industry.)
- The remaining members of the board (49 percent or less) must represent the area served by the center and have expertise in community affairs; Federal, State, and local government; accounting; health administration; health professions; business; finance; banking; legal affairs; trade unions; insurance; and personnel management as well as social services such as religion, education, and welfare.
- Board members must reasonably represent the individuals served by the health center in terms of demographic factors, such as:
 - Ethnicity
 - Race
 - Sex
 - Migrant/seasonal farmworker (if the center receives Federal migrant health grant funds)*.
- Employees of the center and their spouses, children, parents, or brothers or sisters (blood or marriage) cannot be members of the board.

** Please refer to the current edition of Program Expectations for Community and Migrant Health Centers.*

Taken from HRSA/BPHC Governing Board Handbook



Board Member

Job Description and Expectations

Purpose: To advise, govern, oversee policy and strategic direction, and to assist with the leadership and general promotion of Seward Community Health Center (SCHC) to support the organization's needs and mission.

Responsibilities:

- Provide organizational leadership and advisement
- Promote the organization through collaborative and cooperative relationships between SCHC and its partners
- Select, direct, evaluate and if required, dismiss the Executive Director
- Oversee strategic and program planning and evaluate organizational performance
- Review organizational and programmatic reports
- Review, monitor and approve the annual health center budget, establish annual priorities, and monitor financial performance
- Approve the scope, availability, locations and hours of services

Length of Term:

- As specified in the by laws, Directors serve a 3-year term, unless filling a board vacancy. Directors may serve no more than two successive terms.

Meetings and Time Commitment:

- The Board of Directors meets monthly. Meetings generally run no more than 2 hours.
- Participation on at least one committee is required. Standing committees conduct most of the work of the Board and generally meet once per month, with meetings lasting approximately one hour.

Expectations of Board Members:

- Attend, prepare for, and participate in meetings on a regular basis and as defined in the Bylaws.
- Participate on at least one committee per term
- Be alert to community needs and concerns that can be addressed by setting SCHC goals and objectives, developing services and programs, and continuously improving operational performance.
- Help communicate and promote Seward Community Health Center's mission and programs to the community
- Become familiar with Seward Community Health Center finances, budget, and financial/resource needs.
- Understand the policies and procedures of Seward Community Health Center
- Pass a criminal background check and medical exclusions check with the Department of Health & Human Services.

I understand the responsibilities of my position and commit to upholding the mission of the Seward Community Health Center.

Printed Name _____ Date _____

Signature _____