Eddie Baza Calvo
Governor
Ray Tenorio
Lieutenant Governor

GOVERNMENT OF GUAM
(GUBETNAMENTON GUÅHAN)
DEPARTMENT OF ADMINISTRATION
(DIPATTAMENTON ATMENESTRASION)

HUMAN RESOURCES DIVISION
(Dibision Inadilanto Yan Guinaha Para Taotao)
Post Office Box 884 * Hagåtña, Guam 96932
TEL: (671) 475-1120/1265 * FAX: (671) 477-7100

Anthony C. Blaz
Director
Alfred F. Duenas
Deputy Director

HRD NO.: OG15-163 **May 20, 2015**

MEMORANDUM

To: HR Manager, Department of Administration

From: Personnel Specialist IV, Human Resources Division

Subject: **Creation of the Community Health Center-Chief Executive Officer and Medical Director**

RE: Public Law 32-231

Buenas yan Håfa Adai! This memorandum is respectfully requesting approval to establish class specifications for the Community Health Center Chief Executive Officer and the Medical Director as mandated by Public Law 32-231 into the classified service.

This request is based on Public Law 32-231, which was passed into law on December 30, 2014. The intent of the Legislature is to comply with the Health Resources and Services Administration (HRSA) consultants, where it identified the Community Health Centers lacked key management positions as required by a federal grant awarded to the Department of Public Health and Social Services, issued on February 18, 2015, award no. H80CS02468-32-00.

The following is our recommended job evaluations for the proposed positions:

PROPOSED CREATIONS:

POSITION TITLE	KNOW-HOW	PROBLEM SOLVING	ACCOUNTABILITY	TOTAL POINTS	PAY GRADE
Community Health Center Chief Executive Officer	**F II 3 350**	**F 4 43% 152**	**E 4 C 200**	**702**	**R**
Medical Director	**G II 3 528**	**F 4 57% 304**	**F 4 S 460**	**1292**	**V**

This proposal will be posted on the DOA website for a period of 10 working days with a copy of the established specifications to be forwarded to the requesting department for positing on their website. In addition, our office will notify all other HR offices via email.

Should you have any questions or require additional information, please do not hesitate to contact our Classification and Pay Branch at 475-1123/1201/1265. *Dångkolo na Agradesimiento!*

MICHAEL W. SCHNIEP

Attachments

PROPOSED

COMMUNITY HEALTH CENTER
CHIEF EXECUTIVE OFFICER

NATURE OF WORK IN THIS CLASS

This is complex administrative and professional work in managing the overall operations of the Northern and Southern Community Health Centers of the Department of Public Health and Social Services.

ILLUSTRATIVE EXAMPLES OF WORK: (These examples do not list all the duties which may be assigned; any one position may not include all the duties listed.)

Directs and manages the day-to-day community health centers operations to ensure services and program activities are carried out in accordance with Council approved policies, strategic plan, and other operational policies.

Establishes, develops and oversees implementation of appropriate and effective personnel policies for the centers.

Develops the organizational strategic plan which includes administrative, governance, health and financial plan.

Develops standards of care policies and procedures ensuring the maintenance of quality of care and cost efficient operation.

Conducts periodic management review of the Community Health Centers quality assurance program and implements key health transformational initiatives.

Oversees the facility and maintenance of the centers which includes conformity with building and fire codes and OSHA safety regulations.

Reviews and takes or recommends appropriate action concerning the centers' personnel.

Advocates for specific health policy issues at the national, regional and state levels.

Prepare monthly Board meeting minutes and maintain documentation of all Board policies and procedures.

Performs related duties as required.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS

Knowledge of the principles, practices and techniques of public health and administration.

Knowledge of business and management principles involved in strategic planning, resource allocation, human resources modeling, leadership technique and coordination of people and resources.

Knowledge of economic principles and practices.

Ability to administer comprehensive public health program services.

Ability to interpret, apply and make decisions in accordance with federal and local laws, regulations, policies and other program guidelines.

Ability to analyze and evaluate program services and initiate or recommend changes necessary to enhance community health care.

Ability to work effectively with employees and the public.

Ability to communicate effectively orally and in writing.

Ability to maintain records and prepare reports.

MINIMUM EXPERIENCE AND TRAINING:

a) Five (5) years of experience in public health administration work, two (2) years of supervisory experience and graduation from a recognized college or university with a Master's degree in Public Health or related field; or

b) Six (6) years of experience in public health administration work, two (2) years of supervisory experience and graduation from a recognized college or university with a Bachelor's degree in Public Health, public or business administration or related field; or

c) Any equivalent combination of experience and training beyond the Bachelor's degree which provides the minimum knowledge, abilities and skills.

NECESSARY SPECIAL QUALIFICATIONS:

Possession of a valid Guam Driver's License.

ESTABLISHED: **MAY 2015**

STATUTE: **P.L. 32-231**

ANTHONY C. BLAZ, Director
Department of Administration

EDDIE BAZA CALVO
Governor of Guam

PROPOSED

MEDICAL DIRECTOR

NATURE OF WORK IN THIS CLASS

This is highly complex professional medical supervisory work performed at an established health care clinic. Employees in this class serve as lead physician responsible for the overall clinical direction of the agency's health and wellness activities and have direct oversight of all medical care provided and quality of services rendered, including dental and ancillary services such as perinatal, laboratory and pharmacy services.

ILLUSTRATIVE EXAMPLES OF WORK: (These examples do not list all the duties which may be assigned; any one position may not include all the duties listed.)

Plans, implements, directs and coordinates programs, services and activities in a health care facility in accordance with existing laws, policies, rules and regulations.

Oversees the recruitment, supervision and evaluation of physicians and mid-level providers and provides on-site clinical supervision of medical staff.

Develops and implements written clinical policies, procedures, medical protocols and medical standards of care performed by all medical personnel based on current clinical best practices and community norms.

Collaborates with the Director and/or Community Health Clinic Administrator in the development of health care plan and makes recommendations to the Board of Directors regarding services/programs to be offered, delivery sites, and hours of operation.

Serves as health care advocate for consumers, including visiting hospitalized consumer and works with community physicians on both consumer health issues and policy issues.

Evaluates operations and practice management functions of the clinic, including reception, telephone triage, patient flow, outreach services, referral services, pharmacy and laboratory services to improve service utilization.

MEDICAL DIRECTOR

Conducts clinical analysis and recommends changes in clinical programming based on analysis of medical data, epidemiology, or problems in the community.

Participates and provides consultation in the development, implementation, and operation of a quality assurance program and interpretation of medical data.

Reviews needs assessment questionnaires and employee and patient satisfaction surveys and coordinates services to meet community health care needs.

Provides input for program budget.

Conduct regular meetings with medical providers.

Performs related duties as required.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS

Knowledge of principles, procedures used in planning, evaluating and administering a multidisciplinary treatment program.

Knowledge of the medical and/or surgical principles, practices and techniques in the area of specialty.

Knowledge of the equipment, supplies and medication needed to treat patients in the field of specialty.

Knowledge of the latest medical research and developments in the area of specialty.

Knowledge of medical services protocols, rules and regulations, policies and procedures.

Knowledge of practices of personnel management and effective supervision.

MEDICAL DIRECTOR

Ability to administer and manage a health care facility.

Ability to write, interpret, apply and enforce organizational policies, procedures and systems.

Ability to ready, analyze and interpret common scientific and technical journals, financial reports, and legal documents.

Ability to supervise subordinate employees.

Ability to evaluate services and to recommend or implement changes to improve effectiveness.

Ability to respond to common inquiries or complaints from customers, governmental/regulatory agencies.

Ability to write proposals and/or articles for publication.

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

Skill in the examination, diagnosis and treatment of patients.

Skill in developing and maintaining medical quality assurance and quality control standards.

Skill in developing and maintaining records, writing reports, and responding to correspondence.

MINIMUM EXPERIENCE AND TRAINING:

Five (5) years of medical practice as a licensed physician and graduation from an accredited school of medicine with a Doctorate of Medicine.

PROPOSED

MEDICAL DIRECTOR

NECESSARY SPECIAL QUALIFICATIONS:

Must be currently licensed and in good standing to practice Medicine by the Guam Board of Medical Examiners, pursuant to Public Law 24-208.

Must be certified by one or more of the following:

American Board of Internal Medicine;
American Board of Obstetrics and Gynecology;
American Board of Orthopedic Surgery;
American Board of Preventive Medicine;
American College of Surgeons;
American Board of Thoracic Surgery;
American Board of Internal Medicine (Pulmonary Diseases);
American Board of Pathology or Ophtalmology;
American Board of Pediatrics;
American Board of Urology;
American Board of Specialties;
American Association of Physician Specialist.

Possession of a valid Guam Driver's License.

ESTABLISHED: **May, 2015**

STATUTE: **Public Law 32-231**

ANTHONY C. BLAZ, Director
Department of Administration

EDDIE BAZA CALVO
Governor of Guam

9455-6747

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT

EDDIE BAZA CALVO
GOVERNOR

RAY TENORIO
LIEUTENANT GOVERNOR

JAMES W. GILLAN
DIRECTOR

LEO G. CASIL
DEPUTY DIRECTOR

Department of Administration
Human Resources Division
FEB 20 2015

FEB 04 2015

MEMORANDUM

To: Director, Department of Administration

From: Director, Department of Public Health and Social Services

Subject: Establishment of Key Management Positions for the Northern and Southern Region Community Health Centers

Classification & Pay Branch
Department of Administration
Human Resources Division
15-163
FEB 12 2015
Administrative Office

The Northern and Southern Region Community Health Centers are Federally Qualified Health Centers (FQHCs). As Federally Qualified Health Centers, the CHCs are mandated to be in compliance with 19 program requirements (refer to the "Summary of Key Health Center Program Requirement"). The Health Resources and Services Administration (HRSA) conducts Operational Site Visits throughout the U.S. to assess the health centers' compliance with federal program expectations (see attached "Health Center Site Visit Guide For HRSA Grantees"). Recently the Guam Community Health Centers had a Health Resources and Administration (HRSA) Site Visit on July 16-18, 2014. During the site visit, HRSA Consultants identified that the Guam CHCs lack the following three key management staff: the CHC Chief Executive Officer, CHC Medical Director, and CHC Chief Financial Officer. According to the HRSA consultants: "GCHCs do not have its own Chief Financial Officer or Financial Director, rather, it relies on the General Accounting Office of the Government of Guam's Department of Administration. It is apparent, following a meeting with the General Accounting Office, that the level of health center specific financial expertise is not readily available to support the financial management of the health center program or FQHC requirements."

Additionally, the HRSA Consultant wrote in the Site Visit Report on page 14 of 29: "the Guam CHC Board of Directors has been working with a Senator in drafting legislation to reclassify the health center's Executive Director and Medical Director positions to commensurate with their true responsibilities and raise their salary scale to enable retention and recruitment. The proposed legislation also includes adding the position of Chief Financial Officer to the center, and that the level of health center specific financial expertise is not readily available to support the financial management of the health center program or FQHC requirements." Furthermore, the HRSA Consultants identified in the Site Visit Report that it is essential that the Chief Financial Officer, Executive Director (also known as Chief Executive Officer), and Medical Director positions be included in the legislation to accurately describe the extent of the respective responsibilities and be more appropriately classified for salary classification" (refer to the attached "Health Center Program Site Visit Report").

The Health Services Administrator submitted to HRSA the status of the key management staff, the position descriptions, and the recruitment plan for these three key positions (i.e., the CHC Executive Officer, the CHC Medical Director, and the CHC Chief Financial Officer), and the CHC Board meeting minutes to illustrate that the CHCs are addressing this unmet program requirements so that it can come to be in compliance with the health center federal program expectation. The above documents were submitted via HRSA Electronic Handbook on December 30, 2014. The Region IX Project Officer received the aforementioned information on December 30, 2014 and she sent an e-mail notifying the Health Services Administrator that the Guam Community Health Centers have 120 days to comply with the "Key Management Staff" unmet program requirement. In other words, HRSA has placed a 120 days implementation condition. Moreover, according to the Region IX Project Officer, if the Guam Community Health Centers do not come into compliance by failing to recruit the CHC Chief Executive Officer, CHC Chief Financial Officer, and the CHC Medical Director, within 120 days from January 9, 2015, the federal government will act by requiring the Guam CHC to submit annually a competitive Service Area Competition grant for future grant funding. In other words, the Guam CHCs are not guaranteed any future federal funding, which may be detrimental to the CHC operation since 22 CHC staff (including physicians, mid-level providers, and nurses) are currently funded under the $1.6 million CHC grant.

Thus, the CHC Board of Directors and I are requesting for your expeditious action in the establishment and recruitment of the CHC Chief Executive Officer, the CHC Financial Officer, and the CHC Medical Director so that the CHCs can come into compliance with the "Key Management Staff" health center program requirement and in doing so, receive federal funding to sustain the CHCs' financial viability.

Should you have any questions, feel free to contact me at 735-7102 or the Health Services Administrator-Linda Unpingco-DeNorcey at 635-7447.

Your assistance in this matter is greatly appreciated.

JAMES GILLAN

Attachments

Revised: 06/07 Class Code _____

DEPARTMENT OF ADMINISTRATION
POSITION DESCRIPTION QUESTIONNAIRE

I. IDENTIFICATION

Official Position Title:	**Chief Executive Officer**		Official Position No.: **6469**
Job Location:	**DPHSS/DPH/BPCS-Admin Office**		
	(Department/Agency)	(Division)	(Section/Unit)
Name:	**RECRUITMENT**		
	Last	First	Middle Initial
Pay Grade:	_____ [✓] Classified	[ ] Unclassified	[ ] Position Vacant
Supervisor:	**Suzanne Sison Kaneshiro, DDS, MBA, CPHO**	**Chief Public Health Officer**	
	(Name of Direct Supervisor)	Title of Supervisor	

II. DESCRIPTION OF DUTIES

Duty NO. or % of Time	
	ESSENTIAL FUNCTIONS: Organize and list duties and responsibilities that **MUST** be performed. List duties in one of the formats below. (1) The daily work assignments, beginning with the first duty and ending with the last duty for the day. (2) Percentage of time and show % for each (total % equals 100%). (3) Order of importance, beginning with the most important. Mark (√ or X) one format only: ☐ (1), ☐ (2), ☐ (3)
	The Community Health Center Chief Executive Officer (CEO) is responsible in the operational, financial, personnel, and facilities management of the community health centers. 1. **Operations Management:** • Oversee the day-to-day community health center operations to ensure that all services and program activities are carried out effectively and efficiently in accordance with the mission and vision of the Community Health Centers. • Ensure that community health center operations are in compliance with all applicable laws, regulations, standards, and adherences to 19 health center federal program requirements. • Promote an organizational culture of excellence. • Develop an organizational strategic plan, which includes administrative, governance, health, and financial plan for the Community Health Centers and present the organizational strategic plan for approval to the CHC Board and HRSA Department of Health and Human Services for approval. • Participate in the periodic management review of the CHCs' quality assurance program with the Chief Medical Director and implement key health transformational initiatives, (e.g. Patient-Centered Health Care Home model of care and service, electronic health system, and the re-engineering of the CHC clinic flow, etc.). • Ensure an effective system of ongoing quality assurance, performance improvement, and risk management to enhance quality of care, boost patient and employee satisfaction, augment patient safety including the minimization of prescription errors, adverse drug reactions, medical malpractice liabilities, and losses that may adversely impact the CHCs' operations and financial viability. • Effectively lead the management staff to ensure they are carrying out their responsibilities appropriately in the clinical, programmatic, and service arenas to meet the performance standards and goals. • Ensure that patient, staff, and other interactions are carried out in a professional and courteous manner protecting patient privacy and confidentiality at all times. • Identify and address unforeseen operating problems/issues effectively and efficiently. • Negotiate contracts and agreements pertaining to goods and services and ensure that they are carried out in compliance with federal and local procurement laws.

2. **Financial Management:**
   - Ensure that all financial operations and procedures are conducted according to the Generally Accepted Accounting Principles (GAAP) with sound internal controls, and applicable federal and local laws, rules, and regulations.
   - Ensure implementation of the financial policies and procedures as approved by the CHC Board of Directors.
   - Facilitate the financial strategic planning with the CHC Board to develop goals, objectives, and strategies to improve the financial performance the CHCs.
   - Manage the overall financial operations of the health centers within or exceeding the accepted range and norms of performance for health centers of comparable size and scope.
   - With the Chief Financial Officer, present a timely, complete, and feasible annual budget to the CHC Board of Directors for final review and approval which includes logical assumptions upon which the budget justification is based.
   - Implement appropriate corrective measures to bring actual financial performance in line with or exceeding budget projections.
   - Recommend appropriate and effective long-term financial strategies for CHC Board approval to ensure the continued financial viability of the health centers.
   - Ensure that an annual fiscal audit is conducted and make appropriate changes and improvements based on the auditors' recommendations.

3. **Personnel Management:**
   - Develop, maintain, and communicate appropriate and effective personnel policies approved by the Council ensuring:
     - An effective organizational chart with clearly defined roles and relationships.
     - An effective system of personnel records and files,
     - An effective system of recruiting, hiring and orienting of competent staff and providers including contracted providers for coverage purposes.
     - An effective process for annual performance appraisal and performance improvement for all staff members.
   - Ensure an ongoing, effective system of written and verbal staff communications including regular Executive Team, Leadership Team, and staff meetings.
   - Coach the Executive and Leadership Team members to handle staff problems, conflicts, complaints, and grievances effectively and in a timely manner.
   - Maintain positive and professional working relationships among employees resulting in good staff morale.

4. **Facilities and Maintenance:**
   - Effectively oversee the facility and maintenance of the CHCs so that it conforms with the building and fire codes and OSHA safety regulations.
   - Assure that the facilities and equipment of the health centers are operated and maintained in an appropriate, safe and secure manner in order to protect their long-term condition and value.
   - Recommend to the CHC Board a capital plan to maintain and improve the facilities in accordance with CHCs' Board approved budgets and directives.

5. **Fund Development:**
   - Explore various ways to diversify revenue streams.
   - Identify and apply for Capital funds to support the expansion and renovation of the CHCs by applying for federal grants.
   - Write and submit grant proposals which support the mission, vision, values, and goals of the Guam CHCs.

6. **Community Relations, Professional Relationships and Marketing:**
   - Interact positively and professionally with CHC patients and staff.
   - Actively participate in various committees and attend key community events.
   - Participate in professional meetings and functions relevant to the health centers.
   - Maintain effective professional relationships externally with community leaders, health and social service providers, and leaders of governmental entities, non-profit organizations, private businesses, and the media, etc.
   - Advocate for specific health policy issues at the national, Regional, and State levels through participation in the National Association of Community Health Center, Pacific Island Health

Officers Association, Pacific Island Primary Care Association, Non-Communicable Disease Consortium to ensure access to health care, especially for the target population (low income, uninsured or under-insured, Native Hawaiians, etc.).

- Develop and implement an effective marketing plan with effective public relations strategies and activities that promote the health center.

7. **Strategic Planning:**
   - Periodically assess the health needs of the community through the conduction of needs assessments. Identify and address high priority unmet needs in accordance with the health center's mission, vision, and values with particular focus on the health needs of target populations.
   - With the CHC Board and staff Leadership Team, assess both the risks and rewards of each and every new program and/or services opportunity, then using the SWOT (strengths, weaknesses, opportunities, threats) analysis and the force field analysis (assessing contributing and restraining forces), develop an appropriate strategic plan for the health centers considering key trends and developments in the overall health care industry, the needs of the community, and issues and factors within the health center itself.
   - Present to the CHC Board for approval, a set of measurable goals, objectives, and strategies for the health centers.

8. **Board of Directors:**
   - (3) Prepare monthly Board meeting minutes and maintain documentation of all Board policies and procedures.
   - Ensure appropriate staff support of all Board Committees with accurate and complete minutes and documentation of all recommendations made by the CHC Board of Directors.
   - Provide monthly written reports to the CHC Board of Directors that are informative, appropriate, accurate, and timely addressing key issues that impact health center operations.
   - Effectively work with, and at times, educate the Board and its Committees on issues and trends in health care making appropriate recommendations to help them discuss strategic issues, make sound business decisions, and identify key actions to be taken.
   - Assist the CHC Board in facilitating, board orientation, and training.
   - Inform the CHC Board President of specific key financial and/or operational problems/issues.
   - Assist the CHC Board in improving the HRSA financial performance measures

NON-ESSENTIAL OR ADDITIONAL FUNCTIONS: List duties and responsibilities not listed above that **may be** performed, as assigned.

III. CONTACTS: Departments, agencies and individuals you deal with during the course of your daily activities.

A. Within your department / agency. Mark (X or √) one box:	☐ None	☐ Up to 15% of total working hours	☐ 15 – 50% of total working hours	☒ Over 50%
B. Outside your department / agency. Mark (X or √)	☐ None	☐ Up to 15% of total working hours	☒ 15 – 50% of total working hours	☐ Over 50%

IV. SUPERVISION RECEIVED: How closely is the employee's/jobholder's work reviewed by the direct supervisor? Mark (x or √) one correct response.

☐	Detailed and specific instructions / procedures received or followed for each assignment.
☐	General Supervision – Routine duties are performed with minimal supervision. Standard practices or procedures allow employee to function alone at routine work. Supervisor makes occasional check of work while in progress. Work is reviewed upon completion.
☐	Direction – Receives guidance about general objectives in most of the tasks and projects assigned; determines methods, work sequence, scheduling and how to achieve objectives of assignments; operates within policy guidelines. (Generally applicable to skilled professionals, supervisors and managers.)
☒	General Direction – Receives very general guidance about overall objectives; work is usually quite independent of others; operates within division or department policy guidelines, using independent judgment in achieving assigned objectives. (Generally applicable to managers / administrators in large and complex organizations and to department / agency heads and their first assistants.)

V. **SUPERVISION EXERCISED:** The employee/jobholder supervises other employees. List the number of employees supervised, their position titles, and a brief description of their responsibilities..

No. Supervised	Position Title	Description of Responsibilities
1	CHC Medical Director	Provide physician services including physical examinations, evaluations, assessments, diagnoses and treatment; prescribe pharmaceuticals and treatment regimens; provide clinical expertise in administrative issues relevant to patient care; record physician care/treatment plan in patient's medical chart; establish and maintain collaborative relationships with providers in the community and regionally to ensure coordinated, integrated, and comprehensive systems of care; participate in hospital meetings and legislative public hearings to assist in the development of health care policies.
1	Community Health Nurse Supervisor I	Supervise the nursing staff at both the Northern and Southern Region Community Health Centers; determine staffing requirements for the CHCs; oversee the clinical nursing operations of the CHCs; provide nursing leadership and services; supervise and evaluate work performance of nursing staff at the CHCs; prepare and submit monthly clinician schedule and monthly nursing data; review nursing work schedules and assignments to assess daily appropriate number and level of personnel to provide quality care; organize, plan, and direct the nursing functions and activities of the CHCs; evaluate standards of nursing practices by reviewing nursing care plans, assessing patients, reviewing charts, interviewing, observing and participating in Quality Assurance activities/meetings; assist in health program planning such as the development of objectives, plans of action, and evaluation measures for the CHCs; participate in disaster assignments to ensure proper handling and emergency care of patients and personnel involved in mass casualty disaster and other accidents.
1	Chief Pharmacist	Responsible for all pharmacy practice and regulatory issues; plan, supervise, and execute all activities of the Pharmacy unit; plan and manage appropriate staffing levels, schedule workflow of pharmacy staff; supervise work performance of the pharmacy staff; develop quality improvement processes to ensure quality controls for pharmacy practice; accept, validate, and review quality of prescription orders; perform prescription assessment and verification, including clinical interventions, drug utilization review, and formulary review with every prescription dispensed; initiate/complete calls with physicians regarding appropriate drug therapy and reconcile drug therapy management issues with physicians; provide physician education and information/counseling; provide patient education such as drug contraindications, drug interactions, side effects, and related information to optimize patient treatment and compliance; perform Formulary Management including Therapeutic Interchange or substitution and Coverage Review Programs (Prior Authorization); send out pharmacy claims electronically for reimbursement in accordance with the Health Insurance Portability and Accountability Act (HIPAA); work with the Guam State Medicaid and Medically Indigent Program Office to ensure pharmacy claims are appropriately processed in accordance with federal and local laws; maintain and update the Etreby (Pharmacy Information System) to ensure that all patient information is entered into the management information system.
1	Microbiologist	Oversee the Northern and Southern Region Community Health Center laboratory units; prepare work plan and performance evaluations of the Laboratory Technician I and III; review and monitor all proficiency testing results, preventive maintenance,

		and quality control records; perform standard microbiologic and laboratory tests to establish the presence and identification of infectious disease agents; prepare and stain slides for microscopic study; make cultures of microorganisms for study and identification; prepare orders for the laboratory unit to ensure adequate supplies and equipment are provided at all times.
2	Administrative Assistants	Oversee the Business Office operation of the CHC; supervise staff assigned to the business office; prepare and submit work plan and performance evaluations of subordinates; oversee the management of billing and payment posting, and account receivables for the CHCs; oversee the depositing of revenues generated from the CHCs and the procurement of CHC equipment, supplies, and contractual services; assist in preparing the CHCs' annual budget; monitor the financial status and expenditures of the CHCs by maintaining ledgers of encumbrances and expenditures on the local, federal, and program income accounts; prepare allotment schedules, journal vouchers and direct payments; prepare and submit allotment/modification forms to adjust budget object classification categories so that funds are expended for CHC operation; reconcile local, federal, and program income accounts with DOA's AS/400 system so that expenditures and encumbrances are properly accounted for; compile financial data for the quarterly, annual Uniform Data System Report (UDS), and Medicare Cost reports; and assist in the preparation of the UDS, Medicare Cost Report, and Federal Financial Report (FFR).
1	Word Processing Secretary II	Employee in this class perform the full range of secretarial and office management duties usually serving as a secretary to a program administrator in a large and complex department/agency with many units and subdivisions and to an official board, Commission or similar body. Type memorandums, correspondences, reports, and other documents; establish and maintain files/records; respond to callers/visitors and channels complaints or inquiries to proper sources.
1	Special Projects Coordinator (Chief Information Officer)	Responsible for maintaining and upgrading the CHCs' management information systems (Health Pro XL, Etreby Pharmacy Information System, Resource Patient and Management System (RPMS) Electronic Health Record); prepare orders for the procurement of computers, servers, and peripherals for the upgrading of the centers' hardware and software systems; set up local area network, wide area network architecture and client server configuration for the maintenance of the primary care, pharmacy, and diabetes management information systems; network with vendors for the upgrade of the CHCs' management information systems; coordinate computer training with University of Hawaii to augment staff skills in the latest software upgrade.
1	Clerk Supervisor I	Oversee the operation of the medical record unit; prepare work plan and performance evaluation of medical record clerks and clerk typists; prepare and submit Clinic Activity Report via Health Pro so that data is made available on: the number of patients schedule and seen; number of failed appointments; number of walk-ins; and number of patients seen by specialty care physicians; prepare and submit demographic/socio-economic data via Health Pro for the Uniform Data System report and the BPCS quarterly report; prepare and submit orders and price quotations for the procurement of supplies, equipment, and printing services for the Medical Record unit so that daily operations are performed; manage the inventory of fixed assets (i.e., equipment, computer, copier machine, facsimile machine) so that all inventory is properly documented and updated;

		process/register patients through RPMS Electronic Health Record System by obtaining patient demographic, socio-economic, and insurance information; open medical chart for every new patient seen; audit medical charts to ensure that diagnostic and radiology reports and other medical documents are in place and up to date.
1	Program Coordinator I	Develop, implement, and coordinate federally funded programs and projects; assist in the preparation of reports; assist in the preparation of the fiscal year program budget.
1	Program Coordinator III	Plan, develop, implement and review federally funded projects and programs; ensure that each assigned project has functional evaluation design; evaluate project for cost effectiveness; assist in preparing needs assessment to identify health needs of the community; collect and analyze data and prepare federal and local reports.

VI. EQUIPMENT: List the equipment (pickup truck, welder, crane, etc.), office machines (word processor, calculator, copying machine, etc.) or any other machines, tools or devices that are used on a regular and continuing basis. Show what percentage of the regular workday is spent using each.

TOOLS/EQUIPMENT	PERCENT (%) OF TIME FOR EACH
Computer	70%
Facsimile Machine	5%
Calculator	10%
Copier Machine	15%

VII. JOB REQUIREMENTS

☐ Mark (√ or X) here if jobholder is unable to complete this section. The direct supervisor will then complete this section for the jobholder.

A. MINIMUM QUALIFICATION REQUIREMENTS: List the minimum experience and training a qualified applicant must have before employment.

1. WORK EXPERIENCE: List the general, specialized and/or supervisory / management work experience needed and how much (in months and/or years). If none, mark (√ or X) "No work experience required."

☐ No work experience is required.

General:

Specialized:
Five years of experience in public health administration work and graduation from an accredited college or university with a Master's Degree in Public Health; or eight years of experience in health care administration and graduation from an accredited college or university with a BS degree in public health.

Supervisor / Management:
Five years of supervisory and management experience in primary health care or public health programs.

If no work experience is required, list the knowledge, abilities and skills a qualified applicant needs before employment to perform the essential job functions.

2. FORMAL EDUCATION OR TRAINING: Mark (√ or X) the **most** applicable education level required.

a. ☐ Below High School – Show Number of Years
b. ☐ High School Graduation / GED
c. ☐ Vocational / Technical School

Show specific training that is required by this position. _____

☐ Some College

Show number of ☐ Semester Hours _____ or ☐ Quarter Hours _____.
Show specific courses required by the essential functions of this job. _____

_____

e. College Degree (Show major area of study required.)

☐ Associate's : _____
☐ Bachelor's: _____
☒ Master's: Degree in Public Health.
☐ Beyond Masters: _____

3. CRITICAL SKILLS / EXPERTISE: List specialized skills or specialization needed to perform essential functions.

- Ability to read, analyze and interpret common scientific and technical journals, financial reports, and legal documents.
- Ability to write federal HRSA grant proposals.
- Ability to give effective presentations to staff, public groups, the Board of Directors, etc.
- Ability to communicate and work effectively with people of diverse social, economic, and ethnic backgrounds.
- Ability to work with mathematical concepts such as probability and statistical inference.
- Ability to define problems to collect data, to establish facts, and draw valid conclusions.
- Ability to interpret an extensive variety of technical instructions in mathematical or diagram from and deal with several abstract and concrete variables.

4. LICENSE, REGISTRATION OR CERTIFICATION:
List possession of required license, professional registration/certification needed to perform essential functions.

Current Guam Driver's License

B. MENTAL / VISUAL, PHYSICAL, AND ENVIRONMENTAL JOB REQUIREMENTS:

1. Mark (√ or X) the most appropriate physical requirement(s) for the job.

☒ Sitting	The job requires the employee to sit in a comfortable position most of the time. The employee can move about.
☐ Sitting	Employee is required to sit for extended periods or time without being able to leave the work area.
☒ Sitting/Standing/Walking	The employee is required to sit, stand, and walk most of the time.
☐ Climbing	Employee is required to climb ladders or scaffolding or to climb and work in overhead areas.
☐ Lifting	Employee is required to raise or lower objects from one level to another regularly.
☐ Pulling and/or Pushing	The job requires exerting force up to _____ pounds on a regular basis to move the object to or away from the employee.
☒ Carrying	The employee is required, on a regular basis, to carry objects in his or her arms or on the shoulder(s).
☒ Reaching	The employee is regularly required to use the hands and arms to reach for objects.
☐ Stooping and Crouching	The employee is regularly required to bend forward by bending at the waist or by bending legs and spine.
☐ Crawling	Employee is required to work in a confined space and/or to crawl and move about on his or her hands and knees.
☒ Speaking	The job requires expressing ideas by the spoken word.
☒ Listening	The job requires the perception of speech or the nature of sounds in the air.
☐ Other	Describe the requirement. _____

2. Mark (√ or X) the most appropriate mental / visual requirement for the job.

- ☒ General Intelligence (typical requirement for machine operators, office staff, etc.)
- ☐ Motor Coordination Skills (typical for automotive mechanic, painter, etc.)
- ☐ Coordination of Eyes, Hands, and Feet (typical for tractor trailer driver, fire fighter, line electrician, etc.)
- ☒ Verbal Intelligence (typical for counselors, customer service representatives, etc.)
- ☒ Numerical Intelligence (typical for an accounting clerk, cargo checker, etc.)
- ☐ Other: _____

3. The job's most appropriate work environment and the weather exposure.

Show what percent of a typical workday is spent. (Select one response only)

- 95% Indoors in a comfortable temperature-controlled environment (for instance, in an office).
- __% Indoors in a non-temperature-controlled environment (such as an open garage, storerooms and warehouses, etc.)
- 5 % Outdoors exposed to changing weather conditions (for instance, rain, sun, wind, etc.)
- 5 % Outdoors but in an enclosed vehicle protected from extreme weather conditions.

4. Other physical working conditions

☐ Mark (X or √) if none of the following is applicable. Show what percent of a typical workday this position is exposed to:

- 10% Air contamination (i.e., dust, fumes, smoke, toxic conditions, disagreeable odors).
- __% Vibration (i.e., operating jackhammer, impact wrench).
- __% Noise (Exposure at a level enough to cause bearing loss or fatigue).
- 10% An improperly illuminated or awkward and confining work space.
- __% Working above ground level where the chance of falling exists (i.e., on ladders, rooftops, bucket trucks, scaffolding).
- __% Lifting or carrying items or objects. Describe item/object and weight: _____
- __% Heat. Describe source and degree of high temperature. _____
- 5 % Cold. Describe source and degree of cold temperature: _____
- Other hazards. Describe: Other communicable diseases

5. Describe the working conditions that are irregular or unusual for the job and show frequency of exposure.

☐ Mark (X or √) if not applicable.

CONDITION	FREQUENCY OF EXPOSURE
Emergency conditions as may arise and be declared.	

C. Work Schedule/Hours – Mark (√ or X) the most appropriate work schedule/hours for the job.

- ☐ Regular – Standard Eight (8) hours daily, Monday – Friday
- ☐ Irregular – Shift work – A 24-hour work operation.
- ☐ Regular / Irregular – Overtime hours with overtime pay entitlement
  State Purpose and Total Hours required per pay period:
  _____
  _____
- ☒ Regular / Irregular – Overtime hours without overtime pay entitlement
  State Purpose and Total Hours required per pay period:
  _____
  _____

The information given on this position is complete and correct.

_____ _____

Signature of Employee Date

IX. Human Resources Office Review:

Date: _____

Reviewed by: _____ _____
Position Title Name

Classification Correct: ☐ Yes ☐ No

If not, corrective action taken: (Attach copy of review made)

_____

_____

Approved by: _____ _____
Human Resources Manager Date

x

VIII. SUPERVISOR'S REVIEW

IMPORTANT: This Block to Be Filled Out Only By the Direct Supervisor

a.	(1)	Has the employee correctly stated his or her official payroll position title? ☐ Yes ☐ No
	(2)	If not, what is the correct title? _____
b.	(1)	Are the employee's statements about the duties of his/her position and the supplementary information complete and accurate? ☐ Yes ☐ No
	(2)	If not, what additions, deletions or corrections should be made? (Refer to block and page) _____ _____
c.		What positions under your supervision perform the same essential functions Give name and title: **Name** **Title**
d.		Does this position require (mark one) ☐ Immediate supervision on a regular basis, ☐ Immediate supervision only for new/complex tasks, or ☐ Little immediate supervision.
e.		Does the employee participate in (mark those appropriate) the ☐ Formulation, ☐ Interpretation, and/or ☐ Application of Agency/Department policy. Give examples: _____ _____ _____
f.		The employee (mark one) ☐ Performs routine, well-defined tasks, ☐ Performs moderately complex tasks requiring moderate knowledge of Agency's/Department's work; or ☐ Performs complex tasks requiring extensive knowledge of Agency's/Department's work.

I certify to the accuracy of the description of duties, responsibilities and organizational relationships provided herein; further, that the position is necessary to carry out government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes on the use of public funds. The false or misleading statement may constitute violations of such statutes or their implementing regulations.

MELISSA SAVARES, CHC Board of Directors President
Signature of Immediate Supervisor — Date: 1/27/15

SUZANNE SISON KANESHIRO, DDS, MBA, CPHO
Signature of Immediate Supervisor — Date: 2/4/15

JAMES W. GILLAN, Director, DPHSS
Signature of Department/Agency Head — Date: 2.6.15

Revised: 06/07

Class Code _____

DEPARTMENT OF ADMINISTRATION
POSITION DESCRIPTION QUESTIONNAIRE

I. IDENTIFICATION

Official Position Title:	**Medical Director**		Official Position No.: 6989
Job Location:	**DPHSS/DPH/BPCS-Admin Office**		
	(Department/Agency)	(Division)	(Section/Unit)
Name:	**RECRUITMENT**		
	Last	First	Middle Initial
Pay Grade:	_____ [✓] Classified	[ ] Unclassified	[ ] Position Vacant
Supervisor:	**Linda Unpingco-DeNorcey, MPH**	**Health Services Administrator**	
	Suzanne Sison Kaneshiro, DDS, MBA	**Chief Public Health Officer**	
	(Name of Direct Supervisor)	Title of Supervisor	

II. DESCRIPTION OF DUTIES

Duty NO. or % of Time	
	ESSENTIAL FUNCTIONS: Organize and list duties and responsibilities that **MUST** be performed. List duties in one of the formats below. (1) The daily work assignments, beginning with the first duty and ending with the last duty for the day. (2) Percentage of time and show % for each (total % equals 100%). (3) Order of importance, beginning with the most important. Mark (√ or X) one format only: ☐ (1), ☐ (2), ☐ (3)
	The Medical Director is responsible for the administration and management of all clinical services. Plan, administer, direct, and coordinate all clinical activities of the Community Health Center in accordance with existing laws, policies, rules, and regulations. 1. Render professional medical determination concerning the care and treatment of patients. 2. Develop the Community Health Centers' medical protocols in the area of the 16 HRSA required clinical performance measures and maintains standards of care and treatment and ensure compliance with them. 3. Develop, implement and update the CHCs' clinical and operating policies and procedures. 4. Supervise clinical activities and remedial action, and maintain and educate staff regarding problem-oriented medical records and quality assurance systems. 5. Directly formulate clinical standards in accordance with U.S. standards of care practices with approval from the CHC Board, Community Health Center Chief Executive Officer, and DPHSS Director. 6. Conduct regular Provider meetings. 7. Review needs assessment questionnaires as well as employee and patient satisfaction surveys including all survey results and coordinates, clinical services to meet community health care needs. 8. Prepare monthly reports to Chief Executive Officer, or other reports as required. 9. Give input into preparation of budgets in relation to the staffing of health and allied health professionals. 10. Participate in community activities as needed. 11. Review Memorandum of Agreements with federal programs (i.e., Maternal and Child Health, STD/HIV, Ryan White/ADAP, Women, Infants, and Children, Breast and Cervical Cancer, Child Abuse Prevention, Communicable Diseases, Medicaid, Diabetes, Head Start, etc.), DPHSS Dental Program, Guam Memorial Hospital Authority, Guam Behavioral Health and Wellness Center, University of Guam (UOG) School of Nursing for the provision of primary health care, acute outpatient care, preventive services, specialty care, in-patient care services, and behavioral health services. 12. Work with the CHC Chief Executive Officer in recruiting and interviewing physicians, mid-level providers (nurse practitioners, certified nurse midwives, and physician assistants), clinical psychologists, and other clinical staff. 13. Coordinate and implement quality assurance chart audits, and peer reviews and develop corrective actions to address any clinical deficiencies and/or discrepancies. 14. Provide leadership and management for all health center clinicians whether employees, contractors, or volunteers. 15. Work as an integral part of the Executive and Leadership teams.

	16. Establish, strengthen, and negotiate relationships between the health center and other clinicians, providers organizations and payers in its marketplace. 17. Represent the Health Centers at QI/QA meetings, community taskforce, and other meetings. 18. Attend the monthly Board of Directors meetings and Board Committee meetings, Bureau and Supervisory meetings. 19. Perform other duties as assigned by the CHC Chief Executive Officer, Chief Public Health Officer, and/or DPHSS Director.
	NON-ESSENTIAL OR ADDITIONAL FUNCTIONS: List duties and responsibilities not listed above that **may be** performed, as assigned.

III. CONTACTS: Departments, agencies and individuals you deal with during the course of your daily activities.

A. Within your department / agency. Mark (X or √) one box:				
☐ None	☐ Up to 15% of total working hours	☐ 15 – 50% of total working hours	☒ Over 50%
B. Outside your department / agency. Mark (X or √)				
☐ None	☐ Up to 15% of total working hours	☐ 15 – 50% of total working hours	☒ Over 50%

IV. SUPERVISION RECEIVED: How closely is the employee's/jobholder's work reviewed by the direct supervisor? Mark (X or √) one correct response.

☐	Detailed and specific instructions / procedures received or followed for each assignment.
☐	General Supervision – Routine duties are performed with minimal supervision. Standard practices or procedures allow employee to function alone at routine work. Supervisor makes occasional check of work while in progress. Work is reviewed upon completion.
☐	Direction – Receives guidance about general objectives in most of the tasks and projects assigned; determines methods, work sequence, scheduling and how to achieve objectives of assignments; operates within policy guidelines. (Generally applicable to skilled professionals, supervisors and managers.)
☒	General Direction – Receives very general guidance about overall objectives; work is usually quite independent of others; operates within division or department policy guidelines, using independent judgment in achieving assigned objectives. (Generally applicable to managers / administrators in large and complex organizations and to department / agency heads and their first assistants.)

V. SUPERVISION EXERCISED: The employee/jobholder supervises other employees. List the number of employees supervised, their position titles, and a brief description of their responsibilities.

Number Supervised	Position Title	Description of Responsibilities
5 4 3	Physician Specialists: • Pediatricians • Internists • Family Practitioner • OB/GYN	Examine patients and provide appropriate medical diagnosis and treatment; review patient history; determine nature and extent of illness; order appropriate laboratory and/or radiological tests; evaluate data and formulate treatment plans; treat or direct treatment of patients utilizing a variety of medical procedures, methods, techniques, and/or medication.
2	Nurse Practitioners	Perform physical examination using the techniques of observation and inspection; make use of appropriate instruments and orders or performs appropriate diagnostic tests; makes nursing diagnosis; develop and implement patient treatment and care plans; prescribe medications and treatments per nurse practitioner protocol; render specialized nursing care.
1	Certified Nurse Midwife	Provide direct patient care services to women during their normal progress of pregnancy, labor, and the post-partum period; conduct deliveries and care for the newborn and the infant within the framework of a medically directed health service; detect abnormal conditions in mother and child and procure medical assistance; execute emergency measures in the absence of medical help.

VI. EQUIPMENT: List the equipment (pickup truck, welder, crane, etc.), office machines (word processor, calculator, copying machine, etc.), or any other machines, tools or devices that are used on a regular and continuing basis. Show what percentage of the regular workday is spent using each.

TOOLS / EQUIPMENT	PERCENT (%) OF TIME FOR EACH
Stethoscope	10%
Audioscope	10%
Computer	70%
EKG Machine	10%

VII. JOB REQUIREMENTS

☐ Mark (√ or X) here if jobholder is unable to complete this section. The direct supervisor will then complete this section for the jobholder.

A. MINIMUM QUALIFICATION REQUIREMENTS: List the minimum experience and training a qualified applicant must have before employment.

1. WORK EXPERIENCE: List the general, specialized and/or supervisory / management work experience needed and how much (in months and/or years). If none, mark (√ or X) "No work experience required."

☐ No work experience is required.

General: Experience in primary health care setting.

Specialized: Three years experience as a practicing physician.

Supervisor / Management:

If no work experience is required, list the knowledge, abilities and skills a qualified applicant needs before employment to perform the essential job functions.

2. FORMAL EDUCATION OR TRAINING:
Mark (√ or X) the **most** applicable education level required.

a. ☐ Below High School – Show Number of Years
b. ☐ High School Graduation / GED
c. ☐ Vocational / Technical School
Show specific training that is required by this position. _____
_____
_____
d. ☐ Some College
Show number of ☐ Semester Hours _____ or ☐ Quarter Hours _____.
Show specific courses required by the essential functions of this job. _____
_____
e. College Degree (Show major area of study required.)
☐ Associate's : _____
☐ Bachelor's: _____
☐ Master's: _____
☒ Beyond Masters: Doctorate of Medicine; Doctorate of Osteopathic Medicine

3. CRITICAL SKILLS / EXPERTISE: List specialized skills or specialization needed to perform essential functions.

Board Certification as a Physician

4. LICENSE, REGISTRATION OR CERTIFICATION:
List possession of required license, professional registration/certification needed to perform essential functions.

Valid Guam State Medical License.

B. MENTAL / VISUAL, PHYSICAL, AND ENVIRONMENTAL JOB REQUIREMENTS:

1. Mark (√ or X) the most appropriate physical requirement(s) for the job.

☒	Sitting	The job requires the employee to sit in a comfortable position most of the time. The employee can move about.
☐	Sitting	Employee is required to sit for extended periods or time without being able to leave the work area.
☐	Sitting/Standing/Walking	The employee is required to sit, stand, and walk most of the time.
☐	Climbing	Employee is required to climb ladders or scaffolding or to climb and work in overhead areas.
☒	Lifting	Employee is required to raise or lower objects from one level to another regularly.
☒	Pulling and/or Pushing	The job requires exerting force up to _____ pounds on a regular basis to move the object to or away from the employee.
☐	Carrying	The employee is required, on a regular basis, to carry objects in his or her arms or on the shoulder(s).
☒	Reaching	The employee is regularly required to use the hands and arms to reach for objects.
☐	Stooping and Crouching	The employee is regularly required to bend forward by bending at the waist or by bending legs and spine.
☐	Crawling	Employee is required to work in a confined space and/or to crawl and move about on his or her hands and knees.
☐	Speaking	The job requires expressing ideas by the spoken word.
☐	Listening	The job requires the perception of speech or the nature of sounds in the air.
☐	Other	Describe the requirement. _____

2. Mark (√ or X) the most appropriate mental / visual requirement for the job.

- ☒ General Intelligence (typical requirement for machine operators, office staff, etc.)
- ☐ Motor Coordination Skills (typical for automotive mechanic, painter, etc.)
- ☐ Coordination of Eyes, Hands, and Feet (typical for tractor trailer driver, fire fighter, line electrician, etc.)
- ☒ Verbal Intelligence (typical for counselors, customer service representatives, etc.)
- ☒ Numerical Intelligence (typical for an accounting clerk, cargo checker, etc.)
- ☐ Other: _____

3. The job's most appropriate work environment and the weather exposure. Show what percent of a typical workday is spent. (Select one response only)

- 100% Indoors in a comfortable temperature-controlled environment (for instance, in an office).
- __% Indoors in a non-temperature-controlled environment (such as an open garage, storerooms and warehouses, etc.)
- __% Outdoors exposed to changing weather conditions (for instance, rain, sun, wind, etc.)
- __% Outdoors but in an enclosed vehicle protected from extreme weather conditions.

4. Other physical working conditions. ☐ Mark (X or √) if none of the following is applicable. Show what percent of a typical workday this position is exposed to:

- __% Air contamination (i.e., dust, fumes, smoke, toxic conditions, disagreeable odors).
- __% Vibration (i.e., operating jackhammer, impact wrench).
- __% Noise (Exposure at a level enough to cause bearing loss or fatigue).
- __% An improperly illuminated or awkward and confining work space.
- __% Working above ground level where the chance of falling exists (i.e., on ladders, rooftops, bucket trucks, scaffolding).
- 10% Lifting or carrying items or objects. Describe item/object and weight: _____
- __% Heat. Describe source and degree of high temperature. _____
- __% Cold. Describe source and degree of cold temperature: _____
- __% Other hazards. Describe: _____

5. Describe the working conditions that are irregular or unusual for the job and show frequency of exposure.	
☐ Mark (X or √) if not applicable.	
CONDITION	**FREQUENCY OF EXPOSURE**

C. Work Schedule/Hours – Mark (√ or X) the most appropriate work schedule/hours for the job.

☒	Regular – Standard Eight (8) hours daily, Monday – Friday
☐	Irregular – Shift work – A 24-hour work operation.
☐	Regular / Irregular – Overtime hours with overtime pay entitlement State Purpose and Total Hours required per pay period: _____
☐	Regular / Irregular – Overtime hours without overtime pay entitlement State Purpose and Total Hours required per pay period: _____

The information given on this position is complete and correct.

_____ _____

Signature of Employee Date

VIII. SUPERVISOR'S REVIEW

IMPORTANT: This Block To Be Filled Out Only By The Direct Supervisor

a. (1) Has the employee correctly stated his or her official payroll position title?

☐ Yes ☐ No

(2) If not, what is the correct title? _____

b. (1) Are the employee's statements about the duties of his/her position and the supplementary information complete and accurate?

☐ Yes ☐ No

(2) If not, what additions, deletions or corrections should be made? (Refer to block and page)

_____

_____

c. What positions under your supervision perform the same essential functions Give name and title:

Name	Title

d. Does this position require (mark one)

☐ Immediate supervision on a regular basis,

☒ Immediate supervision only for new/complex tasks, or

☐ Little immediate supervision.

e. Does the employee participate in (mark those appropriate) the

☐ Formulation, ☐ Interpretation, and/or ☐ Application of Agency/Department policy. Give examples:

_____

_____

f. The employee (mark one)

☐ Performs routine, well-defined tasks,

☒ Performs moderately complex tasks requiring moderate knowledge of Agency's/Department's work; or

☐ Performs complex tasks requiring extensive knowledge of Agency's/Department's work.

I certify to the accuracy of the description of duties, responsibilities and organizational relationships provided herein; further, that the position is necessary to carry out government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes on the use of public funds. The false or misleading statement may constitute violations of such statutes or their implementing regulations.

LINDA UNPINGCO-DENORCEY, MPH — 1/26/15
Signature of Immediate Supervisor — Date

SUZANNE SISON KANESHIRO, DDS, MBA, CPHO — 1/28/15
Signature of Immediate Supervisor — Date

JAMES W. GILLAN — 2-3-15
Signature of Department/Agency Head — Date

IX. Human Resources Office Review:

Date: _____

Reviewed by: _____ _____
Position Title Name

Classification Correct: ☐ Yes ☐ No

If not, corrective action taken: (Attach copy of review made)

_____

_____

Approved by: _____ _____
Human Resources Manager Date

EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

DEC 3 1 2014

33-15-0019

Office of the Speaker
Judith T. Won Pat, Ed.D
Date: 01/06/2015
Time: 3:58 PM
Received By: CARL SANCHEZ

Honorable Judith T. Won Pat, Ed.D.
Speaker
I Mina'trentai Dos Na Liheslaturan Guåhan
155 Hesler Street
Hagåtña, Guam 96910

Dear Madame Speaker:

Transmitted herewith is Bill No. 434-32 (COR) **"AN ACT TO *AMEND* §§ 3803 AND 3804 OF ARTICLE 8, CHAPTER 3, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO ESTABLISHING THE POSITIONS OF COMMUNITY HEALTH CENTER CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND MEDICAL DIRECTOR WITHIN THE COMMUNITY HEALTH CENTERS OF THE DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES; AND TO ADOPT THE HEALTH RESOURCES AND SERVICES ADMINISTRATION PROGRAM REGULATIONS UNDER A NEW ARTICLE 4 OF CHAPTER 6, TITLE 26, GUAM ADMINISTRATIVE RULES AND REGULATIONS"** which I signed into law on December 30, 2014, as **Public Law 32-231.**

Senseramente,

EDDIE BAZA CALVO

2015 JAN -7 P 4:32

0019

P.O. Box 2950 • Hagatna, Guam 96932
Tel: (671) 472-8931 • Fax: (671) 477-4826 • governor.guam.gov • calendar.guam.gov
Eddie Baza Calvo @eddiebazacalvo @governorcalvo governorofguam

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

CERTIFICATION OF PASSAGE OF AN ACT TO *I MAGA'LAHEN GUÅHAN*

This is to certify that **Bill No. 434-32 (COR), "AN ACT TO *AMEND* §§ 3803 AND 3804 OF ARTICLE 8, CHAPTER 3, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO ESTABLISHING THE POSITIONS OF COMMUNITY HEALTH CENTER CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND MEDICAL DIRECTOR WITHIN THE COMMUNITY HEALTH CENTERS OF THE DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES; AND TO ADOPT THE HEALTH RESOURCES AND SERVICES ADMINISTRATION PROGRAM REGULATIONS UNDER A NEW ARTICLE 4 OF CHAPTER 6, TITLE 26, GUAM ADMINISTRATIVE RULES AND REGULATIONS,"** was on the 19th day of December, 2014, duly and regularly passed.

Judith T. Won Pat, Ed.D.
Speaker

Attested:

Tina Rose Muña Barnes
Legislative Secretary

This Act was received by *I Maga'lahen Guåhan* this 21 day of Dec, 2014, at 6:35 o'clock P.M.

Assistant Staff Officer
Maga'lahi's Office

APPROVED:

EDWARD J.B. CALVO
I Maga'lahen Guåhan
Date: DEC 30 2014

Public Law No. 32-231

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

Bill No. 434-32 (COR)
As amended on the Floor.

Introduced by: Dennis G. Rodriguez, Jr.
T. C. Ada
V. Anthony Ada
FRANK B. AGUON, JR.
B. J.F. Cruz
Chris M. Dueñas
Michael T. Limtiaco
Brant T. McCreadie
Tommy Morrison
T. R. Muña Barnes
R. J. Respicio
Michael F. Q. San Nicolas
Aline A. Yamashita, Ph.D.
Judith T. Won Pat, Ed.D.

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

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative Findings and Intent. *I Liheslaturan Guåhan* finds that the current position of the Health Services Administrator for the Community

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

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

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

I Liheslaturan Guåhan finds that the current position of the Health Services Administrator does not meet the HRSA federal program key management staff

position, and so the Community Health Center must establish the Community Health Center Chief Executive Officer position, which currently does not exist in the government of Guam staffing position title. Thus, with the establishment of the Community Health Center Chief Executive Officer position title, such title meets the HRSA federal program requirement as a distinct, separate position pursuant to the U.S. Public Health Service law, rule, and federal program regulation.

It is, therefore, the intent of *I Liheslaturan Guåhan* to amend § 3803 of Article 8, Chapter 3, Title 10, Guam Code Annotated, providing for the establishment of the position of a Community Health Center Chief Executive Officer who shall be responsible for administering and directing all aspects of the community health centers' operation, financial, personnel, and facilities management of the Northern and Southern Region Community Health Centers - Federally Qualified Health Centers of the Department of Public Health and Social Services, in accordance with the nineteen (19) federal program requirements of the Health Resources and Services Administration. The Community Health Center Chief Executive Officer also integrates administrative management with the clinical aspects of the centers' overall programs; develops the CHCs' strategic plans; establishes and maintains liaison with the HRSA Region IX Office of the Department of Health and Human Services, the local health department, and other agencies engaged in the provision of primary health care services; supervises the development and negotiations of contracts; presents these contracts to the CHC Board of Directors, BBMR, DOA, the Attorney General, and the Governor for approval; executes contracts on behalf of the community health centers; recruits and maintains a qualified medical staff; specifies the responsibilities, authorities, and working relationships among management and ensures that each subsequent management level performs its function for its subordinate staff; develops standards of care policies and procedures, which assure the maintenance of quality

of care and a cost efficient operation; leads staff in the performance of assignments; translates mission, goals, strategies, and programs of the centers into specific and meaningful work assignment for the staff; ensures that adequate organization, plans, policies and procedures are employed by each unit to make possible proper execution of responsibilities and attainment of the center's departmental and individual goals; reviews and evaluates the results of health center program objectives; modifies program objectives to obtain program effectiveness and efficiency; manages the capital improvement, maintenance, and housekeeping of the CHCs (facilities and grounds); manages the Information Technology (IT) infrastructure; and develops and maintains effective public relations with public and private health care clinics/providers, national and regional associations, and the community.

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

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

I Liheslaturan Guåhan finds that the Chief Financial Officer is needed for the proper financial management of the Community Health Centers, Department of Public Health and Social Services. The Chief Financial Officer (CFO) coordinates business services, including financial reporting, fiscal accountability (general accounting and patient accounting), budget preparation and control, and statistics reporting and control, including the preparation of cost reimbursement reports to government and private third party payers/agencies. The CFO is also responsible for formulating and revising written financial management policies and procedures; reconciling accounts payable and account receivables; supervising billing and collection of account receivables; developing recommendations to reduce operating costs and increasing revenues based on the market trends, and industry operating procedures; and other special management projects as assigned by the Community Health Center Chief Executive Officer. This position participates as a member of the Executive Team in planning, implementing, coordinating, and evaluating operations under the policies and procedures received from the Board of Directors and/or the Community Health Center Chief Executive Officer.

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

I Liheslaturan Guåhan finds that the current position of the Community Health Center Medical Director is also *not* an established position pursuant to applicable law, rule or regulation. Additionally, the Health Resources and Services Administration (HRSA) requires Federally Qualified Health Centers to have a Community Health Center Medical Director, as required in Section 330(k) (3) (I)

of the U.S. Public Health Services Act, 42 CFR Part 51c 303(p) and 45 CFR Part 74.25 (c)(2), (3).

I Liheslaturan Guåhan finds that the current position of Community Health Center Medical Director *does not* meet the HRSA federal program key management staff position, and so the Community Health Center must establish the Community Health Center Medical Director position, which currently *does not* exist in the government of Guam staffing position title. Thus, with the establishment of the Community Health Center Medical Director position title, such title meets the HRSA federal program requirement as a distinct, separate position pursuant to the U.S. Public Health Service law, rule, and federal program regulation.

I Liheslaturan Guåhan finds that the current position of Medical Director for the Department of Public Health and Social Services is an acting position responsible for the administration and management of all clinical services; and plans, administers, directs, and coordinates all clinical activities of the Community Health Centers. The Community Health Center Medical Director is also responsible for supervising physicians and mid-level providers; evaluating standards of care practices performed by all medical personnel; recruiting medical staff; interviewing candidates and making recommendations for hiring of health professionals; serving as the rater for medical personnel evaluations; participating and advising in the development, implementation, and operation of a quality assurance program and interpretation of medical data in that program; periodically reviewing the practice management functions of the clinic, including reception, telephone triage, patient flow, outreach services, referral services, pharmacy, and laboratory services; reviewing patient satisfaction surveys and participating in the resolution of patient complaints; recommending changes in clinical programming based on analysis of clinical medical data, epidemiology, or problems in the

community; conducting regular meetings with the medical providers; and providing on site clinical supervision of medical staff.

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

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

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

"**§ 3803. Program.** There is hereby established within the Department of Public Health and Social Services (Department) Bureau of Primary Care Services (Bureau) a Community Health Center Program (Program) to be administered on a collateral duty basis by the Health Services Administrator of the Bureau, and who *shall* serve as the Community Health Center Chief Executive Officer of the Program. The Program shall cover two (2) regions of Guam (northern and southern). With the collateral duty, the Community Health Center Chief Executive Officer's additional role *shall* include adherence to the following nineteen (19) federal program requirements as stipulated in **EXHIBIT A**: (1) development and implementation of a needs assessment; (2) implementing required and additional primary health care services; (3) adhering to staffing requirements; (4) conducting accessible hours of operation and location; (5) after hours coverage; (6) hospital admitting privileges and continuum of

care; (7) sliding fee discount; (8) quality improvement/quality assurance plan; (9) key management staff; (10) contractual/affiliation agreements; (11) collaborative relationships; (12) financial management and control policies; (13) billing and collection; (14) budget; (15) program data reporting systems; (16) scope of project; (17) board authority; (18) board composition; and (19) conflict of interest."

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

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

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

(1) Salary. The salary of the Community Health Center Chief Executive Officer *shall* be based upon the national standard of Community Health Center Chief Executive Officers of Federally Qualified Health Centers in the U.S., subject to

availability of funds for FY 2015, and included in all subsequent budgets.

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

(1) Salary. The salary of the Chief Financial Officer *shall* be based upon the national standard for the position, as found within the Community Health Center instrumentality of a U.S., subject to availability of funds for FY 2015, and included in all subsequent budgets.

(c) There is hereby established within the Program, the administrative and clinical position of Medical Director. The responsibility of the position *shall* include, but is *not* limited to, assisting the Community Health Center Chief Executive Officer and the Advisory Council on Community Health Centers in the development, implementation and coordination of the Program's medical services policy and the performance of associated administrative tasks, and directly providing clinical medical support

for all medical services provided by the Program, and as further delineated in the position description adopted as **EXHIBIT D** pursuant to this Act, and which may be amended pursuant to Subsection (d) of this Section.

The Medical Director *shall* preferably be a board certified or board eligible physician specialist in a medical field deemed to be an appropriate, requisite field of practice, or multiple field specialties, as is necessary to best meet the mandates and needs of the Program, and as further delineated in the position description adopted as **EXHIBIT D** pursuant to this Act, and which may be amended pursuant to Subsection (d) of this Section.

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

(1) Salary. The salary of the Medical Director *shall* be based upon the national standard for Community Health Center Medical Directors in the U.S., subject to availability of funds for FY 2015, and included in all subsequent budgets.

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

Section 4. Adoption of Exhibit for Key Health Center Program Requirements. Notwithstanding any other provision of law, rule, regulation and Executive Order, the program description and requirements of the Community

Health Centers, and attached hereto as **EXHIBIT A**, is hereby adopted by *I Mina'Trentai Dos Na Liheslaturan Guåhan*, and *shall* be codified under a new Article 4 of Chapter 6, Title 26, Guam Administrative Rules and Regulations.

Section 5. Adoption of Exhibits for Position Descriptions.

Notwithstanding any other provision of law, rule, regulation and Executive Order, the position description for the positions of Community Health Center Chief Executive Officer, Chief Financial Officer, and Medical Director and attached hereto, respectively, as Exhibit "B", Exhibit "C", and Exhibit "D", are hereby adopted by I *Mina'Trentai Dos Na Liheslaturan Guåhan*, and *shall* be published in the listing of position descriptions of the government of Guam.

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

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

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

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

EXHIBIT "A"

TITLE 26, GUAM ADMINISTRATIVE RULES AND REGULATIONS

Chapter 6. Hospital and Medical Facilities

Article 4

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

Summary of Key Health Center Program Requirements

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

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

Health Center Program Statute: Section 330 of the Public Health Service Act (42 U.S.C. §254b);

Program Regulations (42 CFR Part 51c and 42 CFR Parts 56.201-56.604 for Community; and

Migrant Health Centers Grants Regulations (45 CFR Part 74).

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

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

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

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

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

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

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

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

- This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income.*
- No discounts may be provided to patients with incomes over 200 % of the Federal poverty guidelines.*
- No patient will be denied health care services due to an individual's inability to pay for such services by the health center, assuring that any fees or payments required by the center for such services will be reduced or

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

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

Summary of Key Health Center Program Requirements.

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

- a clinical director whose focus of responsibility is to support the quality improvement/assurance program and the provision of high quality patient care;*
- periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the health center; and such assessments shall: *
    - o be conducted by physicians or by other licensed health professionals under the supervision of physicians;*
    - o be based on the systematic collection and evaluation of patient records;* and
    - o identify and document the necessity for change in the provision of services by the health center and result in the institution of such change, where indicated.*

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

9. Key Management Staff: 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. (Section 330(k)(3)(I) of the PHS Act, 42 CFR Part 51c.303(p) and 45 CFR Part 74.25(c)(2),(3)).

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

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

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

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

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

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

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

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

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

Summary of Key Health Center Program Requirements

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

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

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

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

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

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

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

- Governing board has at least 9 but no more than 25 members, as appropriate for the complexity of the organization.*
- The remaining non-consumer members of the board shall be representative of the community in which the center's service area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community. *
- The non-consumer board members may not derive more than 10% of their annual income from the health care industry. *

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

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

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

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

EXHIBIT "B"

Position Description

"COMMUNITY HEALTH CENTER CHIEF EXECUTIVE OFFICER"

Community Health Centers

Department of Public Health and Social Services

Exhibit "B"

JOB DESCRIPTION

Job Title:	**Community Health Center Chief Executive Officer**
Department:	Community Health Centers, DPHSS
Reports To:	Advisory Council on Community Health Centers
Effective Date:	{Month__ 201_}
Revised Date:	N/A
Approved By:	{Advisory Council / P.L.__-___}
Approved Date:	{Month __, 201_}

SUMMARY

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

The CEO shall:

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

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

ESSENTIAL DUTIES AND RESPONSIBILITIES

1. Operations Management:

- Oversees the day-to-day community health center operations to ensure that all service and program activities are carried out effectively and efficiently in accordance with the mission, vision, values, Council approved policies, Strategic Plan, and other operational policies.

- Ensures that community health center operations are in compliance with all applicable laws, regulations, standards, and adherence to 19 health center federal program requirements.

- Promotes an organizational culture of excellence.

- Develops an organizational strategic plan, which includes administrative, governance, health, and financial plan for the Community Health Centers and presents the organizational strategic plan for approval to the CHC Council and HRSA Department of Health and Human Services for approval.

- Participates in the periodic management review of the CHCs'quality assurance program with the Chief Medical Officer and implements key health transformational initiatives, (e.g. Patient-Centered Health Care Home model of care and service, electronic health record system, and the re-engineering of the CHC clinic flow, etc.).

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

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

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

- Identifies and addresses unforeseen operating problems and issues effectively and efficiently.

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

2. Financial Management:

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

- Ensures implementation of the financial policies approved by the Council.

- Facilitates the financial strategic planning with the CHC Council to develop goals, objectives, and strategies to improve the financial performance of the CHCs.

- Manages the overall financial operations of the health center within or exceeding the accepted range and norms of performance for health centers of comparable size and scope.

- With the CFO, presents a timely, complete, and feasible annual budget to the Council of Directors for final review and approval which includes logical assumptions upon which the budget justification is based.

- Ensures accurate and timely monthly financial reports to the Council with explanations of all significant variances of actual performance to budget.

- Implements appropriate corrective measures to bring actual financial performance in line with or exceeding budget projections.

- Recommends appropriate and effective long-term financial strategies for Council approval to ensure the continued financial viability of the health center including an effective program of grant applications and fund development activities.

- Ensures that an annual fiscal audit is conducted and makes appropriate changes and improvements based on the auditors' recommendations.

- Ensures an effective set of insurance plans and policies for reasonable protection of the health center's assets.

3. Personnel Management:

- Develops, maintains and communicates appropriate and effective personnel policies approved by the Council ensuring:
  - An effective organizational chart with clearly defined roles and relationships and tight position control,
  - An effective system of personnel records and files,
  - An effective system of recruiting, hiring and orienting of competent staff and providers including contracted providers for coverage purposes,
  - Comparable wages and benefits,
  - An effective process for annual performance appraisal and performance improvement for all staff members.
- Ensures an ongoing, effective system of written and verbal staff communications including regular Executive Team, Leadership Team, and All Staff meetings.
- Coaches the Executive and Leadership Team members to handle staff problems, conflicts, complaints, and grievances effectively and in a timely manner. Gets involved in these situations directly as needed.
- Maintains positive and professional working relationships among employees resulting in good staff morale.

4. Facilities Management:

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

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

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

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

5. Fund Development

- Explores various ways to diversify revenue streams.

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

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

6. Community Relations, Professional Relationships and Marketing:

- Interacts positively and professionally within the health center with patients, staff, and the providers.

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

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

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

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

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

7. Strategic Planning:

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

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

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

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

8. Council of Directors:

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

- Ensures appropriate staff support of all Council Committees with accurate and complete minutes and documentation of all recommendations for Council action.

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

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

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

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

GENERAL LEADERSHIP FACTORS

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

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

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

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

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

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

- Reliability – is consistent in performance, advice, and behavior; is dependable and timely with effective follow through with responsibilities.

- Interpersonal Relationships – demonstrates the ability to collaborate respectfully with others within the health center and externally with the community and beyond.

- Communications – demonstrates effective verbal and written communication skills.

- Cultural Competence – has the ability to understand, communicate with, and interact effectively with people of different cultures considering their thought patterns, roles and relationships, expected behaviors, beliefs, values, norms, attitudes, practices, and traditions.

QUALIFICATIONS

- Minimum of a Master's degree in healthcare, social services, business or related field of study with a demonstrated record of continuing education and training.

- Minimum of five years of progressive managerial and supervisory experience in health care administration , preferably in Federally Qualified Health Centers and/or the health care and/or social services and/or non-profit sector.

- Demonstrated experiences in program development, business and financial management, human resources, grant writing and/or fund development, community and public relations, and public speaking.

- Good knowledge-base of health care delivery and financing, trends and issues in the business environment and health industry with particular focus on

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

LANGUAGE SKILLS

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

MATHEMATICAL SKILLS

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

REASONING ABILITY

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

PHYSICAL DEMANDS

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

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

WORK ENVIRONMENT

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

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

EXHIBIT "C"

Position Description

"CHIEF FINANCIAL OFFICER"

Community Health Centers

Department of Public Health and Social Services

Exhibit "C"

Job Description

Job Title: **CHIEF FINANCIAL OFFICER**

Department: Community Health Centers

Reports To: Community Health Center Chief Executive Officer

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

Revised Date: {*as applicable*}

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

Approval Date: {*as applicable*}

SUMMARY:

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

SUPERVISES:

General Accounting staff: Accountant

Staff: Cashier, Billing, and Administrative Assistants

IT staff: IT Specialist

ESSENTIAL DUTIES AND RESPONSIBILITIES:

1. Develop, maintain, and update accounting system appropriate for the Centers' and federal funding agency's reporting needs.

2. Ensure Generally Accepted Accounting Principles (GAAP) are used when applicable.

3. Exercise oversight of the general and patient accounting systems with sound internal controls relative to, but not limited to:

a. Accounts payable and payroll.

b. Cash receipts, cash disbursements, and cash flow analysis.

c. Collection of and accounts receivable.

d. Budgeting, and procurement.

e. Compliance with federal and state laws and regulations.

4. Prepare federal and local budgets, Medicare, and Uniform Data System Report.

5. Monitor contracts with vendors, State and Federal agencies.

6. Review medical, laboratory, pharmacy, and third party billing contracts (including Medicaid/MIP) and renew contracts annually.

7. Prepare required federal reports including, but not limited to: the Medicare Cost, Uniform Data System, and Federal Financial reports.

8. Prepare financial statements, and federal reports.

9. Develop, review, update, and implement financial policies.

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

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

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

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

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

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

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

17. Other duties as assigned.

QUALIFICATIONS:

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

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

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

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

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

PHYSICAL DEMANDS:

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

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

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):

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

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

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

WORK ENVIRONMENT

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

The noise level in the work environment is usually moderate.

EXHIBIT "D"

Position Description

"MEDICAL DIRECTOR"

Community Health Centers

Department of Public Health and Social Services

Exhibit "D"

Job Description

Job Title: **MEDICAL DIRECTOR**

Department: Community Health Centers

Reports To: Community Health Center Chief Executive Officer

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

Revised Date: {as applicable}

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

Approval Date: {*as applicable*}

SUMMARY

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

ESSENTIAL DUTIES AND RESPONSIBILITIES

1. Renders professional medical determination concerning the care and treatment of patients.

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

3. Develops, implements, and updates the CHCs'clinical and operating policies and procedures.

4. Supervises clinical activities and remedial action, and maintains and educates staff regarding problem-oriented medical records and quality assurance systems.

5. Directly formulates clinical standards in accordance with U.S. standards of care practices with approval from the CHC Council, Community Health Center Chief Executive Officer, and DPHSS Director.

6. Conducts regular Provider meetings, which includes in-service education.

7. Reviews needs assessment questionnaires as well as employee and patient satisfaction surveys including all survey results and coordinates clinical services to meet community health care needs.

8. Responsible for monthly reports to Chief Executive Officer, or other reports as required.

9. Gives input into preparation of budgets in relation to the staffing of health and allied health professionals.

10. Participates in community activities as needed.

11. Reviews Memorandum of Agreements with federal programs (i.e., Maternal and Child Health, STD/HIV, Ryan White/ADAP, Women, Infants, and Children, Breast and Cervical Cancer, Child Abuse Prevention, Communicable Diseases, Medicaid, Diabetes, Head Start, etc), DPHSS Dental Program, Guam Memorial Hospital, Guam Behavioral Health and Wellness Center, University of

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

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

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

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

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

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

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

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

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

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

SUPERVISORY RESPONSIBILITIES

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

QUALIFICATIONS

- ☐ To perform this job successfully, an individual must be able to perform each essential duty satisfactorily.
- ☐ The requirements listed below are representative of the knowledge, skill, and/or ability required.
- ☐ Reasonable accommodations may be made to enable individuals with disabilities to functions.

EDUCATION and/or EXPERIENCE

1. Graduate from an accredited school of medicine with degree of Doctor of Medicine.
2. Three years experience as a practicing physician.
3. Board certification in primary care.
4. Experience in community health centers is highly desirable.

LANGUAGE SKILLS

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

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

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

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

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

MATHEMATICAL SKILLS

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

REASONING ABILITY

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

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

CERTIFICATES, LICENSES, REGISTRATIONS

☐ Guam State Medical License

☐ Guam State Driver's License

☐ Board Certification in Primary Care

PHYSICAL DEMANDS

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

WORK ENVIRONMENT

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

The noise level in the work environment is usually moderate.