



AGENDA

KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER BOARD OF DIRECTORS

**Community Health Center
Administrative Office
900 Truxtun Avenue, Suite 250
Bakersfield, California 93301**

Regular Meeting
Wednesday, February 26, 2025

11:30 A.M.

BOARD TO RECONVENE

Board Members: Behill, Kemp, Lopez, Martinez, Nichols, Sandoval, Smith, Valdez, Williams
Roll Call:

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A "CA" ARE CONSIDERED TO BE ROUTINE AND NON-CONTROVERSIAL BY KERN COUNTY HOSPITAL AUTHORITY STAFF. THE "CA" REPRESENTS THE CONSENT AGENDA. CONSENT ITEMS WILL BE CONSIDERED FIRST AND MAY BE APPROVED BY ONE MOTION IF NO MEMBER OF THE BOARD OR AUDIENCE WISHES TO COMMENT OR ASK QUESTIONS. IF COMMENT OR DISCUSSION IS DESIRED BY ANYONE, THE ITEM WILL BE REMOVED FROM THE CONSENT AGENDA AND WILL BE CONSIDERED IN LISTED SEQUENCE WITH AN OPPORTUNITY FOR ANY MEMBER OF THE PUBLIC TO ADDRESS THE BOARD CONCERNING THE ITEM BEFORE ACTION IS TAKEN.

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

- 1) This portion of the meeting is reserved for persons to address the Board on any matter not on this agenda but under the jurisdiction of the Board. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Board at a later meeting. In addition, the Board may take action to direct the staff to place a matter of business on a future agenda. SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Board members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code section 54954.2(a)(2)) –

- CA
3) Minutes for the Kern County Hospital Authority Board of Governors regular meeting on January 16, 2025 –
APPROVE

- CA
4) Proposed approval of Community Health Center key management staff and job descriptions –
APPROVE; AUTHORIZE EXECUTIVE DIRECTOR TO HIRE/PLACE STAFF

- CA
5) Proposed approval of Resolution establishing the Kern County Hospital Authority Community Health Center services, accessible locations, and hours of operation –
APPROVE; ADOPT RESOLUTION

- 6) Proposed approval of the Bylaws of Kern County Hospital Authority Community Health Center Board of Directors –
APPROVE; AUTHORIZE CHAIRMAN TO SIGN; REFER TO KERN COUNTY HOSPITAL AUTHORITY BOARD OF GOVERNORS FOR APPROVAL

- 7) Proposed approval of Kern County Hospital Authority Community Health Center Organizational Chart, effective February 26, 2025 –
APPROVE

- 8) Proposed approval of the Community Health Center Patient Origin and Service Area Analysis and Form 5B Service Sites –
APPROVE

- 9) Proposed approval of the Kern County Hospital Authority Community Health Center Look-Alike Application and associated budget –
APPROVE; AUTHORIZE EXECUTIVE DIRECTOR TO SUBMIT APPLICATION

- 10) Proposed approval of Health Resources and Services Administration Health Center Program Form 5A: Services Provided –
APPROVE

- 11) Proposed approval of Kern County Hospital Authority Community Health Center Budget for the period January 2025 through June 2025 –
APPROVE

- 12) Presentation regarding Community Health Center patient satisfaction requirements –
HEAR PRESENTATION; RECEIVE AND FILE

- 13) Presentation regarding Community Health Center Section 330 training requirements –
HEAR PRESENTATION; RECEIVE AND FILE

CA

- 14) Miscellaneous Correspondence as of February 26, 2025 –
RECEIVE AND FILE

ADJOURN TO CLOSED SESSION

- 15) PUBLIC EMPLOYEE PERFORMANCE EVALUATION - Title: Community Health Center
Executive Director (Government Code Section 54957) –

RECONVENE FROM CLOSED SESSION

REPORT ON ACTIONS TAKEN IN CLOSED SESSION

ADJOURN TO WEDNESDAY, MARCH 26, 2025 AT 11:30 A.M.

SUPPORTING DOCUMENTATION FOR AGENDA ITEMS

All agenda item supporting documentation is available for public review at Kern Medical Center in the Administration Department, 1700 Mount Vernon Avenue, Bakersfield, 93306 during regular business hours, 8:00 a.m. – 5:00 p.m., Monday through Friday, following the posting of the agenda. Any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available for review at the same location.

AMERICANS WITH DISABILITIES ACT (Government Code Section 54953.2)

The Kern Medical Center Conference Room is accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the Kern County Hospital Authority Community Health Center Board of Directors may request assistance at Kern Medical Center in the Administration Department, 1700 Mount Vernon Avenue, Bakersfield, California, or by calling (661) 326-2102. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting material available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.

CA

14) MISCELLANEOUS CORRESPONDENCE AS OF FEBRUARY 26, 2025 –
RECEIVE AND FILE

- A) Correspondence received February 18, 2025, from Kern County Board of Supervisors concerning approval of the revised Kern County Hospital Authority Conflict of Interest Policy and Code



SUMMARY OF PROCEEDINGS

KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER BOARD OF DIRECTORS

Community Health Center
Administrative Office
900 Truxtun Avenue, Suite 250
Bakersfield, California 93301

Regular Meeting
Thursday, January 16, 2025

11:30 A.M.

BOARD CONVENED by Interim Chair Karen S. Barnes, Vice President & General Counsel, Kern County Hospital Authority

Board Members: Behill, Kemp, Lopez, Martinez, Nichols, Sandoval, Smith, Valdez, Williams
Roll Call: 7 Present; 2 Absent - Kemp, Valdez

NOTE: The vote is displayed in bold below each item. For example, Smith-Behill denotes Director Smith made the motion and Director Behill seconded the motion.

STAFF RECOMMENDATION SHOWN IN CAPS

- 1) Administer Oath of Office –
OATH OF OFFICE ADMINISTERED TO THOSE DIRECTORS PRESENT (2 ABSENT - KEMP, VALDEZ) BY KATHLEEN KRAUSE, CLERK OF THE KERN COUNTY BOARD OF SUPERVISORS
- 2) Proposed Resolution Establishing the Kern County Hospital Authority Community Health Center Board of Directors and Appointing Initial Members –
RATIFIED RESOLUTION
Smith-Martinez: 7 Present; 2 Absent - Kemp, Valdez

- 3) Election of Board Chairman –
MS. BARNES CALLED FOR NOMINATIONS FOR BOARD CHAIRMAN; MOTION BY DIRECTOR BEHILL, SECOND BY DIRECTOR WILLIAMS NOMINATING DIRECTOR MARTINEZ AS BOARD CHAIRMAN; THERE BEING NO FURTHER NOMINATIONS, AND BY UNANIMOUS VOTE OF THOSE DIRECTORS PRESENT (2 ABSENT - KEMP, VALDEZ), DIRECTOR MARTINEZ WAS ELECTED CHAIRMAN OF THE KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER BOARD OF DIRECTORS

- 4) Election of Board Vice Chairman and Secretary/Treasurer –
DIRECTOR MARTINEZ CALLED FOR NOMINATIONS FOR BOARD VICE CHAIRMAN; MOTION BY DIRECTOR NICHOLS, SECOND BY DIRECTOR BEHILL NOMINATING DIRECTOR SMITH AS BOARD VICE CHAIRMAN; THERE BEING NO FURTHER NOMINATIONS, AND BY UNANIMOUS VOTE OF THOSE DIRECTORS PRESENT (2 ABSENT - KEMP, VALDEZ), DIRECTOR SMITH WAS ELECTED VICE CHAIRMAN OF THE KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER BOARD OF DIRECTORS

DIRECTOR MARTINEZ CALLED FOR NOMINATIONS FOR BOARD SECRETARY/TREASURER; MOTION BY DIRECTOR SMITH, SECOND BY DIRECTOR SANDOVAL NOMINATING DIRECTOR BEHILL AS BOARD SECRETARY/TREASURER; THERE BEING NO FURTHER NOMINATIONS, AND BY UNANIMOUS VOTE OF THOSE DIRECTORS PRESENT (2 ABSENT - KEMP, VALDEZ), DIRECTOR BEHILL WAS ELECTED SECRETARY/TREASURER OF THE KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER BOARD OF DIRECTORS

- 5) Proposed Community Health Center Executive Director Position Description –
APPROVED
Smith-Nichols: 7 Present; 2 Absent - Kemp, Valdez

- 6) Introductions of Kern County Hospital Authority key staff –
KERN COUNTY HOSPITAL AUTHORITY CHIEF EXECUTIVE OFFICER SCOTT THYGERSON INTRODUCED STAFF; DIRECTORS MARTINEZ AND WILLIAMS HEARD

- 7) Presentation regarding Community Health Center Overview –
KERN COUNTY HOSPITAL AUTHORITY CHIEF AMBULATORY AND OUTREACH OFFICER RENEE VILLANUEVA MADE PRESENTATION; CHIEF EXECUTIVE OFFICER SCOTT THYGERSON, VICE PRESIDENT & GENERAL COUNSEL KAREN BARNES, DIRECTORS MARTINEZ AND WILLIAMS HEARD; RECEIVED AND FILED
Sandoval-Nichols: 7 Present; 2 Absent - Kemp, Valdez

- 8) Proposed Resolution establishing the regular meeting dates of the Kern County Hospital Authority Community Health Center Board of Directors for calendar year 2025 –
APPROVED; ADOPTED RESOLUTION 2025-001
Smith-Behill: 7 Present; 2 Absent - Kemp, Valdez

- 9) Proposed Co-Applicant Agreement between Kern County Hospital Authority and Kern County Hospital Authority Community Health Center Board of Directors, effective January 15, 2025, and remaining in effect during the Health Center Program project of any and all periods of Federally Qualified Health Center Look-Alike certification with the Community Health Center Board of Directors as its co-applicant –

APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 011-2025
Nichols-Smith: 7 Present; 2 Absent - Kemp, Valdez

- 10) Presentation regarding Community Health Center finance reporting requirements – CHIEF FINANCIAL OFFICER ANDREW CANTU MADE PRESENTATION; DIRECTOR MARTINEZ INQUIRED IF THE HEALTH CENTER IS SUBJECT TO A SEPARATE ANNUAL FINANCIAL AUDIT; RECEIVED AND FILED
Williams-Lopez: 7 Present; 2 Absent - Kemp, Valdez
- 11) Presentation regarding Community Health Center quality reporting requirements – CHIEF AMBULATORY AND OUTREACH OFFICER RENEE VILLANUEVA MADE PRESENTATION; RECEIVED AND FILED
Smith-Behill: 7 Present; 2 Absent - Kemp, Valdez
- 12) Presentation regarding the Ralph M. Brown Act – HOSPITAL COUNSEL PHILLIP JENKINS MADE PRESENTATION; RECEIVED AND FILED
Lopez-Behill: 7 Present; 2 Absent - Kemp, Valdez

ADJOURNED TO CLOSED SESSION
Nichols-Smith

CLOSED SESSION

- 13) PUBLIC EMPLOYEE APPOINTMENT/RECRUITMENT - Title: Executive Director (Government Code Section 54957) – SEE RESULTS BELOW

RECONVENED FROM CLOSED SESSION
Smith-Behill

REPORT ON ACTIONS TAKEN IN CLOSED SESSION

Item 13 concerning PUBLIC EMPLOYEE APPOINTMENT/RECRUITMENT - Title: Executive Director (Government Code Section 54957) – HEARD; BY A UNANIMOUS VOTE OF THOSE DIRECTS PRESENT (MOTION BY DIRECTOR NICHOLS, SECOND BY DIRECTOR WILLIAMS; 2 ABSENT - KEMP, VALDEZ), THE BOARD RECOMMENDED RENEE VILLANUEVA BE APPOINTED THE EXECUTIVE DIRECTOR OF THE KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER; NO OTHER REPORTABLE ACTION TAKEN

PUBLIC PRESENTATIONS

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NO ONE HEARD

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

- 15) On their own initiative, Board members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code section 54954.2(a)(2)) – **NO ONE HEARD**

ADJOURNED TO WEDNESDAY, FEBRUARY 26, 2025 AT 11:30 A.M.
Smith

/s/ Mona A. Allen
Clerk of the Board of Directors

/s/ Elsa Martinez
Chairman, Board of Directors
Kern County Hospital Authority Community Health Center

**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

February 26, 2025

Subject: Proposed Community Health Center (CHC) Key Management Staff and Job Descriptions

Recommended Action: Approve

Summary:

The CHC Board has oversight responsibilities for the strategic planning of the CHC, including key staff members. . The proposed CHC key management staff job descriptions meet the HRSA requirements and are a requirement for the Look-Alike application. In addition to Executive Director Renee Villanueva, who was appointed by your Board on January 16, 2025, the following individuals are recommended as key management staff for the health center:

Andy Cantu - Finance Administrator/Chief Financial Officer

Tyler Whitezell - Operations Administrator/Chief Operating Officer

Alicia Gaeta, RN - Nursing Administrator/Nursing Officer

Anna Carrillo - Practice Administrator

Shakti Srivastava, MD - Medical Director/Chief Medical Officer

Roby Hunt - Human Resources Administrator

Therefore, it is recommended that your Board determine that it is appropriate and necessary to contract for these key management staff positions and authorize the Executive Director to contract/employ staff in accordance with the proposed job descriptions.

CHC Key Management Staff Administration

Shakti Srivastiva, MD
Chief Medical Officer
(CV attached)

Andrew Cantu
Finance Administrator/Chief Financial Officer

Andrew Cantu is a seasoned Chief Financial Officer with over 20 years of experience in healthcare. He provides financial and strategic leadership for Kern Medical and manages all financial aspects of the 222-bed facility with net operating revenue of \$550 million. He oversees the full spectrum of the revenue cycle, including finance, admissions, emergency room registration, outpatient clinics, financial counseling and health information management. Areas of expertise include revenue cycle management and organizational leadership, budgeting and cost management, new business development, contract negotiations, corporate and investment finance and growth and expansion strategies. He has a Master's of Science Degree in Healthcare Administration from California State University Bakersfield and a Bachelor's of Science with an emphasis in Finance from the University of Southern California.

Tyler Whitezell
Operations Administrator / COO

Tyler Whitezell is an accomplished healthcare executive with extensive experience implementing programs, expanding services and driving operational improvements. As Kern Medical's Chief Operating Officer, Tyler Whitezell provides operational leadership to quality and ancillary departments within the hospital and clinics. He plays a key role in developing and executing the organization's quality improvement initiatives and ensuring that operations function effectively throughout Kern Medical.

Anna Carrillo
Practice Administrator

More than 35 years of experience in the medical field including, Information Technology (IT), with 25 years' experience providing leadership in the private sector within ambulatory settings, including physician practices, hospice facilities, and managed care. Heavy focus on employee engagement, patient experience, and financial management. With well-developed communication and problem-solving skills and the ability to resolve difficult situations and facilitate a high level of collaboration among co-workers in a team-oriented environment.

Alicia Gaeta, RN, BSN

Nursing Administrator / Nursing Officer

Alicia Gaeta, BSN, RN, has been in healthcare for approximately 19 years and worked for Kern Medical for 17 years. Born and raised in Kern County, Alicia earned her Associate Degree in Nursing in the spring of 2005 from Bakersfield College. She then transitioned to the California State University, Bakersfield Nursing Program to earn her Bachelor of Science in Nursing. Alicia serves as the Nurse Administrator for our FQHC. She is hands-on in partnering with the community to offer outreach services and provide disease prevention education. Working for a safety-net hospital presents many challenges for both medical professionals and patients. Patients in these settings are particularly vulnerable and require significant guidance, education, and follow-up.

Roby Hunt

HR Administrator

Roby has over 30 years of experience working in healthcare, with over 20 of those years in HR leadership roles. He holds a B.A. degree in Organizational Communications from Brigham Young University and is certified as a senior professional in human resources (SPHR) by the Human Resources Certification Institute. His experience includes notable positions at Somatus Inc., MedStar Health, the Association of American Medical Colleges (AAMC), the University of Virginia Health System, Dignity Health, and Shriners' Hospitals for Children.

Shakti Srivastava, MD

PO Box 12798, Bakersfield, CA-93389
 Office (661)332-3355
 Cell (661)444-3308
 Email dr.srivastava@cchmed.com

Education & Training

- Medical School 12/17/1993-04/07/1998 Lala Lajpat Rai Memorial Medical College affiliated to University Hospital (SVBP), Meerut, India
- Internship 1 04/08/1998-04/07/1999 Traditional Rotatory Internship at SVBP Hospital Meerut, India
- Residency 1 07/17/2000-07/16/2001 Medicine Resident University College of Medical Sciences(UCMS), Delhi, India
- Internship 2 07/01/2004-06/30/2005 Family Medicine Internship, UAMS, Little Rock, AR
- Residency 2 07/01/2005-06/30/2007 Family Medicine Residency, UAMS, Little Rock, AR

Work Experience

- Private Practice April 1999- June 2003 Traditional primary care in Meerut, India
- Medical Director Jan 2009-June 2015 Medical Director for Hospitalist group in Mercy downtown and Mercy SW hospital, Bakersfield, CA
- Medical Director Jan 2013- Aug 2016 Medical Director for Hospitalist group in Delano Regional Medical Center, Delano, CA
- Hospitalist Aug 2007-Aug 2016 Worked as full time hospitalist with Central California Hospitalists in Bakersfield, CA
- Chair of Family Medicine Aug 2016-current Working full time as the Chair of Family Medicine at Kern Medical

Certifications & licensures

- Medical license-India
- Medical License-California
- ECFMG
- Family Medicine Board Certificate (ABFM)
- Hospital Medicine Board Certification (ASPS)

Worked as

Issue date
 06/24/1999
 03/07/2007
 01/14/2003
 2008
 06/16/2010

Awards & Extracurricular

- School Level achievements 1985-93 Head boy of school, won several district and state level Badminton tournaments
- College level achievements 1993 Official in Anatomy Society
- 1995 Honors in Biochemistry
- 1994-1999 Won College level Badminton tournaments
- 1994-1999 Won numerous titles/awards at inter and intra college level activities like dramatics, debates etc
- 1998-1999 Held Highest Student's post in Med School
- 1998 Highest students's award of Medical School
- 1999 Best All-round student award of Medical School

References

Available on request

Finance Administrator
(Chief Financial Officer)

Definition:

Under administrative direction of the Executive Director, to be responsible for the administration and coordination of all financial services and other related services of the hospital and clinics; and to do related work as required.

Distinguishing Characteristics:

Within the management framework, the Finance Administrator is responsible to the Executive Director with primary emphasis on assuring efficient and orderly financial operations, including accurate and timely reporting to facilitate sound management decisions. The incumbent of this position must couple expertise in financial areas with well-developed management skills, a high degree of maturity, good judgment and the ability to personally relate well with other people in order to effect close communications and coordination.

Essential Functions:

- Develops and executes financial control systems within the hospital
- Analyzes overall fiscal data requirements and develops systems and procedures to meet these requirements
- Directs the installation of financial systems within the various sections of the hospital; insures the development and operation of internal data processing programs
- Manages the coordination with centralized data processing systems as required
- Manages various units within the Financial Division
- Works through subordinate supervisors to insure effectiveness of individual units
- Analyzes accounting requirements of special hospital units and develops appropriate accounting systems
- Establishes internal audit controls

- Maintains liaison with various agencies and insurance carriers to ensure that data provided will facilitate payment
- Works in liaison with various insurance carriers and fiscal intermediaries to ensure that hospital procedures meet their operational requirements
- Directs all credit and collection activities within the hospital system; maintains responsibility for budget preparation and operating budget controls

Essential Functions (continued):

- Establishes systems which relate hospital expenditures to the operating budget
- Develops information systems which insure that accountable line managers are aware of budgets and resultant expenditures, and that management reports are developed which provide the Chief Executive Officer with timely statements of the hospital's fiscal condition, related to the budget
- Maintains necessary liaison with the State Medi-Cal Program, fiscal intermediaries under the Medicare Program, and the County Auditor Controller
- Directs the patient registration and hospital admission functions; insures the proper control and record maintenance for all billing, collecting, registration and patient data entry as it applies to the hospital's financial services.

Other Functions:

- Performs other job-related duties as required.

A background check may be conducted for this classification.

Employment Standards:

Graduation from an accredited college or university with a Master's Degree in Business Administration, Public Administration, Finance, Economics, Accounting or a closely related field and a minimum of five years administrative experience in a hospital or governmental agency. Two additional years of financial administrative experience in a hospital or governmental agency may be substituted for the Master's Degree.

Knowledge of:

Principles and practices of business administration, accounting, budget preparation and administration, personnel administration; purchasing and inventory control methods and the ability to apply them; electronic data processing as it relates to accounting;

Ability to:

Analyze administrative and financial problems and to recommend solutions designed to

overcome the particular difficulties found; prepare and analyze financial and statistical data, tables and charts; supervise and provide leadership to subordinates and to win the confidence and respect of associates; skill in interviewing and in winning cooperation.

Supplemental:

A background check may be required for this classification.

All Kern Medical employees are designated "Disaster Service Workers". In the event of a disaster or civil disorder, all Kern Medical employees are to remain at work or to report to work in a safe and practicable manner.

If position responsibilities require driving a personal vehicle, then possession of a current valid California Driver's License and adherence to the Kern County Hospital Authority Vehicle Use and Driving Standard Policy (ENG-EC-119) is required.

If position responsibilities require driving a vehicle owned, leased or rented by Kern Medical, then possession of a current valid California Driver's license, a signed authorization for Release of Drivers Record Information and adherence to the Kern County Hospital Authority Vehicle Use and Driving Standard Policy (ENG-EC-119) is required.

Revised
February 9, 2016
#0218

Operations Administrator *(Chief Operations Officer)*

Distinguishing Characteristics:

The Operations Administrator, under the general direction of the Executive Director, is responsible for overseeing ancillary services, quality initiatives, government policy compliance, supplemental funding programs, and the Kern Medical Foundation. This position plays a critical role in supporting Kern Medical's mission and ensuring the delivery of high-quality healthcare services to the community. The Operations Administrator is a key member of the Kern County Hospital Authority's executive team, contributing to the organization's overall success in delivering exceptional healthcare services.

Essential Functions:

- **Ancillary Services Management:**
 - Oversees and manages all ancillary services within the hospital, including laboratory, radiology, pharmacy, and other diagnostic and therapeutic services.
 - Develops and implements strategic plans to optimize the efficiency, quality, and financial performance of ancillary services.
 - Collaborates with department heads and medical staff to ensure seamless integration and coordination of ancillary services with patient care.
- **Quality Management:**
 - Develops and implements comprehensive quality improvement programs to enhance patient outcomes and satisfaction.
 - Establishes and monitor key performance indicators (KPIs) to assess the effectiveness of quality initiatives and identify areas for improvement.
 - Collaborates with clinical and administrative teams to promote a culture of continuous quality improvement throughout the organization.
- **Government Policy:**
 - Stays up-to-date with federal, state, and local regulations and ensure the organization's compliance with relevant healthcare policies.
 - Collaborates with legal counsel and regulatory agencies to address compliance issues and mitigate risks.
 - Develops and implements policies and procedures to ensure adherence to government regulations and standards.
- **Supplemental Funding Programs:**
 - Identifies, evaluates, and pursues supplemental funding opportunities, grants, and partnerships to support the financial sustainability of Kern Medical.
 - Collaborates with finance and development teams to develop funding proposals and secure additional resources.
 - Monitors and tracks the utilization of supplemental funding programs and report on their impact to the executive team and stakeholders.

- Collaborates with trade organizations and state leaders in order to develop and implement new programs
- **Kern Medical Foundation:**
 - Provides leadership and strategic direction to the Kern Medical Foundation, a not-for-profit entity supporting the mission of Kern Medical.
 - Collaborates with the Foundation Board of Directors to develop fundraising strategies, donor cultivation, and stewardship programs.
 - Ensures the efficient and effective utilization of Foundation resources in alignment with Kern Medical's goals and priorities.

Employment Standards:

- Master's degree in healthcare administration, business administration, or a related field.
- Minimum of 7 years of healthcare experience, with demonstrated progression in leadership roles
- Proven senior leadership experience within a healthcare organization, preferably in an academic or large hospital setting.
- Strong knowledge of ancillary services management, healthcare quality improvement, and government healthcare policies and programs.
- Experience in developing and implementing successful supplemental funding strategies and managing not-for-profit organizations.
- Excellent leadership, communication, and interpersonal skills.
- Strong analytical and problem-solving abilities.
- Knowledge of the Kern County healthcare landscape and community needs is desirable.

Knowledge of:

- Healthcare administration principles and best practices.
- Ancillary services management, including laboratory, radiology, and pharmacy.
- Healthcare quality improvement methodologies and tools.
- Government healthcare policies and regulations.
- Fundraising strategies and donor cultivation practices

Ability to:

- Develop and implement strategic plans and initiatives.
- Foster a culture of continuous quality improvement.
- Navigate and ensure compliance with healthcare regulations.
- Identify and pursue supplemental funding opportunities.
- Provide effective leadership and collaborate with diverse stakeholders.
- Analyze data and make data-driven decisions.
- Manage not-for-profit organizations and resources effectively.

Supplemental:

Dependent upon assignment, applicants may be required to pass an extensive background investigation, and be fingerprinted. Disqualification for felony, misdemeanor, and traffic offenses will be assessed on a case-by-case basis.

All Kern Medical employees are designated “Disaster Service Workers” through state and local laws (CA Government Code Sec. 3100-3109 and Ordinance Code Title 2 - Administration, Ch. 2.66 Emergency Services.) As Disaster Service Workers, all county employees are expected to remain at work, or to report for work as soon as practicable following a significant emergency or disaster.

If position responsibilities require driving a personal vehicle, then possession of a current valid California Driver’s License and adherence to the Kern County Hospital Authority Vehicle Use and Driving Standard Policy (ENG-EC-119) is required.

If position responsibilities require driving a vehicle owned, leased or rented by Kern Medical, then possession of a current valid California Driver’s license, a signed authorization for Release of Drivers Record Information and adherence to the Kern County Hospital Authority Vehicle Use and Driving Standard Policy (ENG-EC-119) is required.



Nursing Administrator *(Nursing Officer)*

Definition:

Under general administrative direction of the Executive Director, is responsible for the administration and management of major divisional nursing programs at Kern Medical outpatient clinics.

Distinguishing Characteristics:

Incumbents in this classification carry senior administrative responsibility for planning and decision making in the Outpatient Clinics. The Nursing Administrator will develop, monitor, and have overall responsibility for a broad range of clinical, business, operational and program activities within the outpatient setting. Excellent communication skills, knowledge of CQI principles, commitment to a team management approach and flexibility are essential. All Outpatient Clinical Directors shall report to the Executive Director and shall have indirect reporting/governance through the Chief Nursing Officer.

Essential Functions:

- Ensures that quality patient care is delivered in accordance with Kern Medical's mission and philosophy, and in compliance with all regulatory agencies standards.
- Develops annual short and long-term goals and objectives that support Kern Medical's strategic plan.
- Serves as the primary contact with other hospital divisions and outside agencies on matters subject to the Clinical Director's authority.
- Facilitates the development of inter-departmental operating systems and the resolution of problems.
- Mentors and coaches staff in order to develop leadership capable of directing the division's activities.
- Manages operating budget and maintains fiscal control of assigned hospital cost centers.
- Maintains knowledge of legislative activity and regulatory changes which impact the practice of nursing and the operation of nursing service at Kern Medical.

- Develops positive working relationships with physicians and other clinical staff, patients and their families.
- Serves as the chairperson for nursing committees; represents nursing on various hospital committees.

Other Functions:

- Performs other related job duties as required.

Employment Standards:

- Current and clear license to practice as a Registered Nurse in California, **AND** four (4) years of full-time hospital nursing experience, including two (2) years managing an outpatient physician's practice or an outpatient clinic, OR;
- Registered Nurse **AND** six (6) years of full-time hospital nursing experience, including three (3) years managing a hospital nursing unit or serving as a supervisor/manager at a health care facility.
- Appointees not possessing the American Heart Association Provider Basic Life Support (BLS) card at time of hire must successfully complete appropriate training and qualify for the RQI Provider certification within 60 days of employment. As a continued condition of employment, employee must maintain RQI Provider certification and competency.
- Specific department may require ACLS Certification.
- Employees must maintain all health requirements designated by Kern Medical.

Knowledge of:

- Principles of nursing administration and personnel management;
- Modern principles, methods and practices of nursing;
- Research related to patient safety, patient satisfaction, evidence based practice, principles and techniques of effective supervision and staff utilization;
- Development, application and uses of nursing records, reports and statistics;
- Principles of education, in-service training and competency development for professional and allied nursing personnel;
- Modern hospital organization, budget preparation and interpretation, budget variance analysis, basic essentials related to development of charging practices and charge entry for nursing units practice, supplies and equipment; medical terminology.

Ability to:

- Establish and maintain effective working relationships with staff, other individuals and groups, other departments and agencies;
- Prepare clear, concise and comprehensive written reports;
- To communicate effectively both orally and in writing.

Supplemental:

A background check may be required for this classification.

All Kern Medical employees are designated “Disaster Service Workers.” In the event of a disaster or civil disorder, all Kern Medical employees are to remain at work or to report to work in a safe and practicable manner.

If position responsibilities require driving a personal vehicle, then possession of a current valid California Driver’s License and adherence to the Kern County Hospital Authority Vehicle Use and Driving Standard Policy (ENG-EC-119) is required.

If position responsibilities require driving a vehicle owned, leased or rented by Kern Medical, then possession of a current valid California Driver’s license, a signed authorization for Release of Drivers Record Information and adherence to the Kern County Hospital Authority Vehicle Use and Driving Standard Policy (ENG-EC-119) is required.

Kern Medical

November 19, 2018

Practice Administrator

Distinguishing Characteristics:

Under the direction of the Executive Director, the Practice Administrator oversees the operations of our primary care and multi-specialty clinics across four locations. The Practice Administrator is responsible for ensuring the efficient and effective functioning of the clinics, including managing authorizations, referrals, and an appointment call center. The incumbent should have a strong background in healthcare administration, exceptional leadership abilities, and a proven track record in managing multiple clinic locations.

Essential Functions:

- Oversees the day-to-day operations of four clinic locations, ensuring smooth and efficient functioning.
- Collaborates with clinic staff, physicians, and other healthcare professionals to optimize patient care and service delivery.
- Recruits, trains, and supervises clinic staff, including administrative personnel, nurses, and support staff.
- Provides leadership and guidance to staff, fostering a positive and productive work environment.
- Conducts performance evaluations, offer feedback, and identify opportunities for professional development.
- Implements and enforces standardized operational policies and procedures across all clinics.
- Monitors and analyzes clinic performance metrics, identifying areas for improvement and implementing appropriate strategies.
- Manages the authorization process for medical procedures, tests, and treatments, ensuring compliance with insurance and regulatory requirements.
- Oversees the referral process for patients requiring specialized care, coordinating with specialists and ensuring timely appointments.
- Supervises the appointment call center, ensuring prompt and courteous handling of patient inquiries, scheduling appointments, and addressing concerns.
- Develops and implements call center protocols and standards to ensure excellent customer service.
- Monitors call center metrics, such as call volume, wait times, and customer satisfaction, and take appropriate actions to improve performance.
- Ensures compliance with healthcare regulations, standards, and policies at all clinic locations.
- Stays updated on industry trends, best practices, and changes in regulations affecting clinic operations.
- Collaborates with legal and compliance teams to implement necessary changes and address any compliance issues.

Employment Standards:

- Bachelor's degree in healthcare administration, business management preferred, or a related field.
- Proven experience as a Practice Manager or similar role, preferably in a multi-location healthcare setting.
- Familiarity with primary care and multi-specialty clinic operations.
- Excellent leadership and management skills, with the ability to inspire and motivate a diverse team.
- Exceptional organizational and problem-solving abilities.
- Strong communication and interpersonal skills.

Knowledge of:

Computer skills and experience working with pc-based applications including MS Word, Excel and Outlook knowledge of common software applications needed to perform job duties; maintain knowledge of and adhere to all hospital and clinic policies and procedures; Strong knowledge of healthcare operations, including authorizations, referrals, and appointment scheduling; Knowledge of healthcare regulations, compliance, and accreditation standards.

Ability to:

Review reports and make suggestions as requested; Ability to ensure timelines are met utilizing excellent organizational skills; Attentive to detail, accurate, thorough, and persistent in following through to completion of all activities while demonstrating initiative for identifying and resolving problems/conflicts in completing work assignments; Work in a fast-paced environment and handle various situations in a professional manner, demonstrating excellent customer service; Read, write, and speak articulately, using established channels of communication and reporting relationships within the organization; Communicate effectively with all levels of internal/external staff, management, members, physicians and physician office staff, family members of patients, etc.; Work as part of a team, working collaboratively with others to achieve goals, solve problems and meet established clinic and organizational objectives; Reliable in attendance and timeliness to work scheduled; maintain confidentiality at all times.

Supplemental:

Dependent upon assignment, applicants may be required to pass an extensive background investigation, and be fingerprinted. Disqualification for felony, misdemeanor, and traffic offenses will be assessed on a case-by-case basis.

All Kern Medical employees are designated “Disaster Service Workers” through state and local laws (CA Government Code Sec. 3100-3109 and Ordinance Code Title 2 - Administration, Ch. 2.66 Emergency Services.) As Disaster Service Workers, all county employees are expected to remain at work, or to report for work as soon as practicable following a significant emergency or disaster.

If position responsibilities require driving a personal vehicle, then possession of a current valid California Driver's License and adherence to the Kern County Hospital Authority Vehicle Use and Driving Standard Policy (ENG-EC-119) is required.

If position responsibilities require driving a vehicle owned, leased or rented by Kern Medical, then possession of a current valid California Driver's license, a signed authorization for Release of Drivers Record Information and adherence to the Kern County Hospital Authority Vehicle Use and Driving Standard Policy (ENG-EC-119) is required.

Medical Director
(Chief Medical Officer)

Definition:

The Medical Director is responsible for providing strategic leadership and oversight to the medical staff for the outpatient clinics.

Distinguishing Characteristics:

The Medical Director collaborates with the Executive Director and leadership team to ensure the delivery of high-quality patient care, implementation of clinical best practices, and achievement of organizational goals.

Essential Functions:

- **Physician Leadership and Engagement:**
 - Fosters positive relationships and effective communication with physicians, promoting a collaborative and supportive environment.
 - Provides guidance and mentorship to medical staff, promoting their professional development and engagement.
- **Quality Improvement and Patient Safety:**
 - In collaboration with leadership, maintains oversight of the clinical quality improvement program, ensuring compliance with regulatory requirements and accreditation standards.
 - Supports the Quality Management Committee to monitor clinical performance metrics and outcomes, identifying areas for improvement and implementing strategies to enhance patient safety and quality of care.
 - Collaborates with interdisciplinary teams to develop and implement evidence-based clinical guidelines and protocols.
- **Clinical Operations and Efficiency:**
 - Collaborates with operational leaders to optimize clinical workflows, enhance operational efficiency, and improve patient flow.
 - Identifies opportunities for cost containment and resource utilization optimization while maintaining quality patient care.
 - Participates in the evaluation and implementation of clinical information systems to support efficient and effective clinical operations.
- **Medical Staff Governance and Credentialing:**
 - Oversees medical staff governance, ensuring compliance with medical staff bylaws, rules, and regulations.
 - Facilitates medical staff meetings, promoting effective communication, and addressing medical staff concerns.

Employment Standards:

- Medical degree (MD or DO) and active medical license.
- Board certification in a medical specialty.
- Significant clinical experience in a hospital or healthcare setting.
- Leadership experience, preferably in a medical administrative role.

Knowledge of:

- Healthcare regulations, accreditation standards, and quality improvement principles

Ability to:

- Excellent communication, interpersonal, and team-building skills; Strong analytical and problem-solving abilities; Think strategically; drive change, innovate, and adapt to evolving healthcare trends.

Supplemental:

Dependent upon assignment, applicants may be required to pass an extensive background investigation, and be fingerprinted. Disqualification for felony, misdemeanor, and traffic offenses will be assessed on a case-by-case basis.

All Kern Medical employees are designated “Disaster Service Workers” through state and local laws (CA Government Code Sec. 3100-3109 and Ordinance Code Title 2 - Administration, Ch. 2.66 Emergency Services.) As Disaster Service Workers, all county employees are expected to remain at work, or to report for work as soon as practicable following a significant emergency or disaster.

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If position responsibilities require driving a vehicle owned, leased or rented by Kern Medical, then possession of a current valid California Driver’s license, a signed authorization for Release of Drivers Record Information and adherence to the Kern County Hospital Authority Vehicle Use and Driving Standard Policy (ENG-EC-119) is required.

Human Resources Administrator

Probationary Period: Twelve (12) months

Definition:

The Human Resources Administrator works with the Executive Director to manage all functional areas within the Human Resources Division - Labor Relations, Shared Services, Organizational Development, Total Rewards Management and Talent Acquisition.

Distinguishing Characteristics:

The Human Resources Administrator is a senior executive responsible for leading and managing the human resources function within an organization. This strategic role involves developing and implementing HR strategies, policies, and programs that align with the company's overall goals and objectives. The Human Resources Administrator plays a critical role in fostering a positive work culture, attracting and retaining top talent, and ensuring compliance with employment laws and regulations.

Employee/Labor Relations - oversees the hospital's responsibilities for union negotiations, grievances, employee relations, and workplace investigations. Works closely with legal to respond to grievances and unfair practice charges filed by the union. Coordinates the work of human resource business partners to deliver functional assistance throughout the organization.

HR Shared Services - oversees the hospital's human resources shared services including HRIS administration, payroll coordination, and employee status changes. Responsible for ensuring effective and efficient delivery of all shared services across all departments throughout the organization

Organizational Development – oversees the hospital's leadership development, executive coaching, and management coaching.

Total Rewards – oversees the hospital's employee benefits, compensation administration, job classifications, and leave management

Talent Acquisition - oversees the hospital's recruiting and talent acquisition services including ensuring talent acquisition advisors and talent acquisition coordinators manage applicant flow and coordinate onboarding in addition to participating in various recruiting activities. Develops effective recruitment and outreach strategies. Ensures candidate satisfaction throughout the recruitment process. Coordinates with the Marketing Director to develop employment brand and marketing strategy.

Essential Functions:

- Plans, organizes, controls, and directs the operations and activities of all areas of human resources
- Assigns employee duties and reviews work to ensure accuracy, completeness, and compliance with established standards, requirements, and procedures.

- Establishes and maintains timelines and priorities, and assures program and functional activities comply with established laws, codes, rules, regulations, ordinances, policies, and procedures
- Assures proper and timely resolution of issues and problems related to assigned programs and functions; attends and conducts meetings as assigned; prepares and delivers oral presentations concerning assigned programs and functions.
- Maintains current knowledge of laws, codes, rules, regulations, and pending legislation related to human resources; oversees modification of programs, functions, and procedures to assure compliance with legal requirements.
- Assists in the formulation and development of policies, procedures, and programs.
- Collaborates with other administrators, personnel and outside agencies in the development and implementation of department projects, goals, objectives, services, and activities.
- Provides consultation concerning assigned programs, functions, and related activities; responds to inquiries, resolves issues, and provides detailed technical information concerning related laws, regulations, codes, ordinances, policies, standards, requirements, and procedures.
- Provides training to outside leadership and personnel on assigned areas of responsibility.

Employment Standards:

- Possesses seven or more years of progressively responsible experience in human resources management, with at least five years of HR leadership experience. Public sector or healthcare experience strongly preferred. Experience working in a unionized workforce environment required.

Possession of a valid California Driver's License upon appointment.

Additional Preferred Qualifications:

Preferred qualifications for this position may include any of the following: a graduate degree from an accredited college or university, public sector experience in either human resources, employee relations, or recruiting, or a nationally recognized human resource certification.

Knowledge and Abilities:

Employees in this position will exhibit a high level of performance and capability in the following core competencies: compassionate leadership of an effective team; effective communication through a variety of mediums, including social media, email, and oral and written communication; decision-making; attention to detail; multitasking over several key priorities; use of technology, including applicant tracking systems and HRIS; time management; marketing and branding; negotiating; strategic and critical thinking; relationship-building and networking; and data and statistical analysis.

Supplemental:

Dependent upon assignment, applicants may be required to pass an extensive background investigation, and be fingerprinted. Disqualification for felony, misdemeanor, and traffic offenses will be assessed on a case-by-case basis.

All Kern Medical employees are designated “Disaster Service Workers” through state and local laws (CA Government Code Sec. 3100-3109 and Ordinance Code Title 2 - Administration, Ch. 2.66 Emergency Services.) As Disaster Service Workers, all county employees are expected to remain at work, or to report for work as soon as practicable following a significant emergency or disaster.

If position responsibilities require driving a personal vehicle, then possession of a current valid California Driver’s License and adherence to the Kern County Hospital Authority Vehicle Use and Driving Standard Policy (ENG-EC-119) is required.

If position responsibilities require driving a vehicle owned, leased or rented by Kern Medical, then possession of a current valid California Driver’s license, a signed authorization for Release of Drivers Record Information and adherence to the Kern County Hospital Authority Vehicle Use and Driving Standard Policy (ENG-EC-119) is required.

**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

February 26, 2025

Subject: Kern County Hospital Authority Community Health Center Services, Accessible Locations and Hours of Operations

Recommended Action: Approve; Adopt Resolution

Summary:

The required primary health services of the Community Healthcare Center (CHC) must be available and accessible in the defined service area, as appropriate, and in a manner which ensures continuity of service to these residents.

Your Board has considered the following factors to ensure the accessibility of its sites:

- (1) access barriers; and
- (2) distance and time taken for patients to travel to or between service sites in order to access CHC's full range of in-scope services.

Your Board also has determined that the CHC's total number and scheduled hours of operation across its service sites are responsive to its designate patient needs by facilitating the ability to schedule appointments and access the health center's full range of services within the HRSA-approved scope of project.

Therefore, it is recommended that your Board adopt the attached proposed Resolution to establish the health center's services, accessible locations, and hours of operation.

**BEFORE THE BOARD OF DIRECTORS
OF THE KERN COUNTY HOSPITAL AUTHORITY
COMMUNITY HEALTH CENTER**

In the matter of:

Resolution No. 2025-____

**ESTABLISHING THE KERN COUNTY
HOSPITAL AUTHORITY COMMUNITY HEALTH
CENTER SERVICES, ACCESSIBLE LOCATIONS,
AND HOURS OF OPERATION**

I, MONA A. ALLEN, Clerk of the Board of Directors for the Kern County Hospital Authority Community Health Center, hereby certify that the following Resolution, on motion of Director _____, seconded by Director _____, was duly and regularly adopted by the Board of Directors of the Kern County Hospital Authority Community Health Center at an official meeting thereof on the 26th day of February, 2025, by the following vote, and that a copy of the Resolution has been delivered to the Chairman of the Board of Directors.

AYES:

NOES:

ABSENT:

MONA A. ALLEN
Clerk of the Board of Directors
Kern County Hospital Authority
Community Health Center

Mona A. Allen

RESOLUTION

Section 1. WHEREAS:

(a) The conduct of Kern County Hospital Authority Community Health Center is subject to the provisions of the section 330 of the Public Health Services (PHS) Act (42 U.S.C. 254b) (“section 330”), as amended; and

(b) The required primary health services of the health center must be available and accessible in the catchment (service) area of the center promptly, as appropriate, and in a manner which ensures continuity of service to the residents of the center's catchment area (42 CFR 51c.303(a) and 42 CFR 56.303(a)); and

(c) The Board of Directors has considered the following factors to ensure the accessibility of its sites: (1) access barriers; and (2) distance and time taken for patients to travel to or between service sites in order to access the health center's full range of in-scope; and

(d) The Board of Directors has determined the health center's total number and scheduled hours of operation across its service sites are responsive to patient needs by facilitating the ability to schedule appointments and access the health center's full range of services within the HRSA-approved scope of project; and

(e) The Board of Directors desires to establish the services, accessible locations, and hours of operation of the health center.

Section 2. NOW, THEREFORE, IT IS HEREBY RESOLVED by the Board of Directors of the Kern County Hospital Authority Community Health Center, as follows:

1. This Board finds the facts recited herein are true, and further finds that this Board has jurisdiction to consider, approve, and adopt the subject of this Resolution.

2. This Board hereby approves the health center services, accessible locations, and hours of operation set forth in Exhibit "A," attached hereto and incorporated herein by this reference.

3. The Clerk of the Board of Directors shall provide copies of this Resolution to the following:

Members, Board of Directors, Community Health Center
Members, Board of Governors, Kern County Hospital Authority
Community Health Center
Executive Director, Community Health Center
Medical Director, Community Health Center
Kern Medical Center
Legal Services Department

EXHIBIT “A”**Community Health Center****Health Center Services, Accessible Locations, and Hours of Operation**

Location	Suite	Services	Days of Week	Hours of Operation	Phone Number
1111 Columbus Street Bakersfield CA 93305	1000	OB/GYN	Monday - Friday	8:00a - 8:00p	661-326-2800
1111 Columbus Street Bakersfield CA 93305	1000	Pediatrics	Monday - Saturday	8:00a - 8:00p	661-326-2800
1111 Columbus Street Bakersfield CA 93305	2000	Internal Medicine	Monday - Sunday	8:00a - 8:00p	661-326-2800
1111 Columbus Street Bakersfield CA 93305	3000	Family Practice	Monday - Sunday	8:00a - 8:00p	661-326-2800
1111 Columbus Street Bakersfield CA 93305	3000	Behavioral Health	Monday - Friday	8:00a - 4:30p	661-326-2800
820 34th Street Bakersfield CA 93301	202	Internal Medicine – Reach and Grow	Monday - Friday	8:00a -5:00p	661-862-7370
820 34th Street Bakersfield CA 93301	202	Geriatrics	Monday - Friday	8:00a -5:00p	661-862-7370
9300 Stockdale Highway Bakersfield CA 93311	100	OB/GYN	Monday - Friday	8:00a -5:00p	661-664-2200
9330 Stockdale Highway Bakersfield CA 93311	400	Internal Medicine	Monday - Friday	8:00a -5:00p	661- 664-2200
9330 Stockdale Highway Bakersfield CA 93311	500	Family Practice	Monday - Friday	8:00a -5:00p	661- 664-2200
9330 Stockdale Highway Bakersfield CA 93311	600	Pediatrics	Monday - Friday	8:00a -5:00p	661- 664-2200

**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

February 26, 2025

Subject: Proposed approval of Bylaws of the Kern County Hospital Authority Community Health Center Board of Directors

Recommended Action: Approve; Authorize Chairman to sign; Refer to Kern County Hospital Authority Board of Governors for approval

Summary:

On January 15, 2025, the Kern County Hospital Authority Board of Governors adopted a resolution (subsequently ratified by your Board on January 16, 2025) to establish the Community Health Center Board of Directors that has specific responsibility for oversight of the Health Center Program project, to meet the Health Center Program requirements of an FQHC Look-Alike set forth in the HRSA Health Center Program Compliance Manual (“Compliance Manual”).

The Compliance Manual also requires that your Board, as the health center governing body, develop bylaws which specify the responsibilities of the board, including the requirements set forth in Chapter 19 thereof.

Consistent with the Compliance Manual and Co-Applicant Agreement, the proposed Bylaws of the Kern County Hospital Authority Community Health Center Board of Directors provide, in detail, for the operation of the health center and contain articles pertaining to, at a minimum, the following: mission and purposes of the health center; the powers and duties of the Board, including the required authorities and responsibilities of the Board; qualifications for membership on the Board; composition and term of office; manner of appointment; vacancies and removal; conflict of interest; duties and responsibilities of the Board; meetings; officers; indemnification; adoption and amendment of the Bylaws; administration; and medical staff.

Therefore, it is recommended that your Board approve the proposed Bylaws of the Kern County Hospital Authority Community Health Center Board of Directors, authorize the Chairman to sign, and refer to the Kern County Hospital Authority Board of Governors to approve.

**BYLAWS OF
KERN COUNTY HOSPITAL AUTHORITY
COMMUNITY HEALTH CENTER BOARD OF DIRECTORS**

ARTICLE I: Mission and Purpose

Section 1.01 Mission Statement

The Kern County Hospital Authority Community Health Center (“Health Center”) was created by the Kern County Hospital Authority Board of Governors to provide access to affordable, high-quality health care services and to preserve and strengthen the viability of the health care safety net in its service area in order to maintain and improve the health status of its patients through an operational structure that facilitates and improves the ability of Kern Medical Center to function.

Section 1.02 Purpose

The purpose of the Health Center is to act as the Co-Applicant organization in support of the Kern County Hospital Authority's (“Authority”) efforts to qualify as a Federally Qualified Health Center Look-Alike (“FQHC”) as defined in Section 330 of the Public Health Services Act or Section 186l(aa)(4) and Section 1905(1)(2)(B) of the Social Security Act, respectively, each as amended and interpreted by statute and governing regulations (collectively, the “Act”) as supervised and implemented by the Health Resources and Services Administration (“HRSA”). It is the intent of the Health Center to enter into a Co-Applicant Agreement with the Authority to establish the details of the relationship between the Health Center and the Authority.

ARTICLE II: Governing Body

Section 2.01 Definition

The governing body of the Health Center shall be known as the Kern County Hospital Authority Community Health Center Board of Directors (“CHC Board”).

Section 2.02 Composition

The CHC Board shall consist of nine (9) voting members, as follows:

- (a) At least five (5) of the members of the CHC Board (“Members”) shall be patients served by the Health Center. These five Members shall, to the extent possible, represent individuals served by the Health Center based on race, ethnicity, gender and age. For purposes of board composition, a patient is an individual who has received at least one (1) in-scope service at the Health Center in the past twenty-four (24) months;
- (b) Non-patient members of the CHC Board shall be representative of the community served by the Health Center and shall be selected for their expertise in relevant subject areas;
- (c) No more than one-half of the non-patient members of the CHC Board may derive more than ten percent (10%) of their annual income from the health care industry;
- (d) The Health Center Executive Director shall serve as staff the CHC Board.

Section 2.03 Qualifications

(a) **Desired Qualifications**

The CHC Board shall be composed of Members with the expertise necessary to enable the Health Center to achieve the highest quality of care and appropriate scope of services, including insights from patients of the Health Center. Members shall be full-time residents of the County of Kern, at least 18 years of age and representative of the Health Center patient population. To the extent feasible, non-patient members are selected to provide their collective relevant experience and skills including:

- (1) Knowledge of health care delivery systems;
- (2) An understanding of finance and banking;
- (3) Experience in advocating for safety net populations including, but not limited to, the pursuit of public funding for the delivery of health care services;
- (4) An understanding of local government and needs of the community;
- (5) Experience with social services and community-based organizations.

(b) **Disqualified Persons**

The following types of persons may not serve as Members of the CHC Board:

- (1) An employee of the Health Center or the Authority, or spouse or child, parent, brother or sister by blood marriage or adoption of such an employee of the Health Center or the Authority;
- (2) Persons who are or may be in competition with, or otherwise have a conflict of interest with the Health Center or Authority;
- (3) Any persons excluded from participation in a federal or state health care programs, or is currently suspended from participation in any such program;
- (4) Any person who has been convicted of a felony, or has been convicted or subject to discipline for any crime involving moral turpitude;
- (5) Any person who holds an incompatible office;
- (6) Any person whose service as a Member would constitute having an interest in a contract as provided by Article 4 (commencing with Section 1090) of Chapter 1 of Division 4 of Title 1 of the Government Code.

Section 2.04 Reappointment and End of Term of the CHC Board

- (a) A Member whose term is expiring and who is eligible for reappointment shall not be required to submit a new application for reappointment if such Member notifies the Chair of the CHC Board in writing of his or her intent to seek reappointment.

- (b) For a Member appointed by the Authority Board of Governors, the CHC Board shall notify the Board of Governors of the Member's intent to continue to serve on the CHC Board and the Board of Governors may reappoint the Member or may deny the reappointment and create a vacancy.
- (c) For a Member appointed by the CHC Board, the CHC Board may reappoint the Member or may deny the reappointment and create a vacancy.

Section 2.05 Manner of Appointment for Vacancies on the CHC Board

(a) Recruitment

Announcement of CHC Board vacancies shall be posted on the Authority and Health Center websites and at the Health Center locations. The announcement shall include minimum qualifications, submission deadline and, if applicable the CHC Board interview date.

(b) Applications

- (1) All applicants shall complete the application process by submitting by the submission deadline (1) a complete an approved application and (2) a security clearance consent form. The application and the security consent form may be modified from time to time.
- (2) The Health Center Executive Director shall post the required notice that applications are being accepted.
- (3) Applications shall be accepted from all eligible persons.
- (4) Applications to serve on the CHC Board may be made by submitting a completed application to: Kern County Hospital Authority Community Health Center, 1700 Mount Vernon Avenue, Bakersfield, CA 93306, Attn.: Executive Director.
- (5) The completed applications of all qualified candidates for Members appointed by the CHC Board shall be submitted to the CHC Board at least thirty (30) days prior to the scheduled meeting of the CHC Board to consider appointment of an individual to fill any Majority vacancy of the CHC Board.
- (6) The completed applications of all qualified candidates for Members appointed by the Authority Board of Governors shall be considered at a regularly scheduled meeting of the Board of Governors to fill any Minority vacancy of the CHC Board.

(c) Selection

- (1) Selection of Vacant CHC Board Positions:
 - a. The CHC Board shall appoint five (5) Members (a "Majority") to the CHC Board:
 - 1. The Authority shall forward to the CHC Board all applications received by all qualified applicants to fill any vacancy to be appointed by the CHC Board. The CHC Board may consider any such application to fill a vacancy
 - b. The Authority Board of Governors shall appoint four (4) Members (a "Minority") to the CHC Board:

1. The Authority shall forward to the Board of Governors all applications received by all qualified applicants to fill any vacancy to be appointed by the Board of Governors. The Board of Governors may consider any such application to fill a vacancy. Notwithstanding the foregoing, the Authority shall appoint only one (1) non-patient board member.
 - c. A qualified applicant shall remain in the pool of qualified applicants to serve on the CHC Board for a period of three (3) years and may be considered for appointment to any vacancy occurring during that time period for which he or she is qualified. A qualified applicant may withdraw his or her name from consideration to serve on the CHC Board at any time.
 - d. The Authority Board of Governors and the CHC Board shall consider qualified applicants for appointment, but shall not be bound to appoint any such individual. Only qualified individuals who have formally applied for membership on the CHC Board and have passed security clearance may be appointed to the CHC Board. Depending on whether the vacancy is a Majority or Minority appointment, the Board of Governors or the CHC Board may make an appointment from the pool of qualified applicants or request the submission of additional candidates to fill the vacancy, within thirty (30) days of receiving the list of qualified applicants.
- (2) Selection of Members for Midterm Vacancies
- a. In the event of a vacancy occurring before the expiration of a Member's term, all applications from qualified applicants shall be forwarded to the Authority Board of Governors if a Minority appointment or to the CHC Board if a Majority appointment. The list of qualified candidates and copies of their applications shall be submitted within sixty (60) days after the vacancy occurs.
 - b. Within thirty (30) days of receiving the names of qualified candidates to fill a midterm vacancy, or at its next regularly scheduled meeting, if such meeting occurs later than thirty (30) days after receiving candidates' names, the Authority Board of Governors or CHC Board, as the case may be, shall act to either: (a) appoint an individual to serve the remaining term of a Member; or (b) ask for additional qualified applicants.

Section 2.06 Term of Office

- (a) The Term of Office for appointed Members shall conform to the following:
 - (1) Each Member shall hold office for a term of three years, except the Members initially appointed shall have staggered terms of one, two, and three years. The Authority Board of Governors shall determine which Members shall be appointed to terms of one, two, or three years when making the initial appointments.
 - (2) The first term for the initial appointed Members of the CHC Board shall commence on the date of the initial CHC Board meeting and shall end at midnight on June 30 of the year in which the Member has served his or her initial term of office of one, two, or three years, as the case may be.

- (3) Terms for Members other than the initial Members shall commence on July 1, or the date of the first scheduled CHC Board meeting subsequent to his or her appointment if the Member is appointed to fill a vacancy.
 - (4) An individual who is appointed to fill a vacancy mid-term shall have the balance of that term as his or her initial term.
- (b) Reappointment
- (1) Members may serve an unlimited number of terms if reappointed by either the CHC Board or the Authority Board of Governors.
 - (2) Each Member, whether serving an initial term or reappointed to a subsequent term, shall serve continuously until the expiration of his or her then-current term, or until a replacement is appointed, whichever occurs last.

Section 2.07 Vacancies; Removal

- (a) Attendance
- (1) A Member shall automatically be removed from office, and said office shall become vacant, if within a one-year period of time, he or she fails to attend any combination of three (3) properly noticed regular and/or special meetings of the CHC Board without having secured, either in advance of or promptly after the missed meeting, approval from majority of the other Members of the CHC Board, or from the Chair of the CHC Board, to miss the meeting.
 - (2) The CHC Board shall advise in writing the Member of the pending removal under this section and shall recite facts forming the basis for such removal. The removal shall become effective forty-five (45) days after the Member has been notified, without further action, unless action is taken to reinstate the Member for the balance of his or her term within the forty-five (45) day period.
- (b) Removal
- (1) A Member appointed by the CHC Board may be removed by the CHC Board during his or her term with or without cause, on its own initiative.
 - (2) A Member appointed by the Authority Board of Governors may be removed from the CHC Board during his or her term with or without cause, on its own initiative.
- (c) Resignation
- A Member may resign by submitting a letter of resignation to the Chair of the CHC Board.
- (d) Vacancies
- Vacancies shall be filled pursuant section 2.05.

Section 2.08 Reimbursement and Compensation

Members may be reimbursed for actual and reasonable expenses incurred in the performance of official business of the Health Center as assigned by the CHC Board. Members shall not receive any other compensation for their service on the CHC Board or committees.

Section 2.09 Conflict of Interest

(a) Conflict of Interest Code

The CHC Board and officers shall be subject to the Authority's Conflict of Interest Policy and Code.

(b) Code of Conduct and Business Ethics

The CHC Board and officers shall (1) be subject to the Authority's Code of Conduct and Business Ethics policy, (2) conduct their activities in conformity with the applicable laws and regulations related to impartiality in the conduct of Health Center business, and (3) disclose any actual or potential conflict of interest and refrain from voting on approval, participation in discussion, taking any action, or attempting to influence decisions on any matters having a material effect on his/her personal or private interest. Neither Members nor officers of the Health Center may act in a manner that creates the appearance of a conflict with the objective exercise of his or her official duties.

Section 2.10 Confidentiality: Public Statements

In the course of carrying out his or her duties or responsibilities, each Member shall receive or have access to confidential information, including, without limitation, patient information, confidential financial, operational, business and planning information, trade secrets, personal information about employees or staff, information and data related to or derived from provider credentialing, discipline, governance and appeals processes or quality assessment and performance improvement processes (collectively, "Proprietary Information"). Subject to the Brown Act, the Public Records Act, or other applicable laws regarding disclosure, each Member is required (a) to keep and maintain such Proprietary Information solely for the purpose of carrying out his or her responsibilities as a Member, (b) to use and disclose such Proprietary Information solely for the purpose of carrying out his or her responsibilities as a Member, and (c) not to directly or indirectly disclose such Proprietary Information to any third person without the prior written approval of the CHC Board, following a vote of the CHC Board approving such disclosure. No Member shall make a public statement on behalf of the CHC Board, or in a manner that appears to be on behalf of the CHC Board, unless a majority of the CHC Board has given prior authorization for the public statement by a motion duly adopted.

Section 2.11 Role of the Authority Board of Governors

The Authority Board of Governors has all powers relative to the Health Center set forth in the Co-Applicant Agreement, which may be modified from time to time subject to a formal written amendment signed by authorized representatives of the Board of Governors and the CHC Board.

Notwithstanding the foregoing, the Authority Board of Governors shall:

- (1) Approve the Health Center's annual budget after the budget is approved by the CHC Board. The Board of Governors may either approve or reject the Health Center's budget in its entirety or approve or reject individual line items in the budget. If the Health Center fails to provide a budget, the Board of Governors shall adopt an annual budget for the Health Center.

- (2) Maintain policymaking authority over financial management and accounting systems for the Health Center.
- (3) Employ the Health Center Executive Director and all staff of the Health Center and maintain policymaking authority over all personnel matters related to the Health Center.
- (4) Conduct all business pertaining to the exclusive bargaining unit(s) of the Authority.
- (5) Provide all other services to the Health Center, as agreed to in writing between the Authority Board of Governors and the CHC Board.
- (6) Arrange for and provide legal services to the Health Center and shall bill the Health Center accordingly.
- (7) Maintain organization of the physicians, dentists, podiatrists, and other health professionals expressly granted clinical privileges in the Medical Staff of Kern Medical Center.

Section 2.12 Powers and Duties of the CHC Board

The Health Center shall have the authority for oversight of the Health Center Program project, as set forth in the HRSA Health Center Program Compliance Manual, most recently updated August 20, 2018, and the Co-Applicant Agreement, including the following required authorities and responsibilities:

- (a) Holding monthly meetings where a quorum is present to ensure the Health Center has the ability to exercise its required authorities and functions;
- (b) Approving the selection, evaluation and, if necessary, the termination or dismissal of the Health Center's Executive Director;
- (c) Establishing and/or approving policies that govern the operations of the Health Center, including evaluating and approving updates to policies regarding the sliding fee discount program, quality improvement and assessment, and billing and collections;
- (d) Approving the annual Health Center Program project budget and applications;
- (e) Evaluating the performance of the Health Center based on quality assurance/quality improvement assessments and ensuring appropriate follow-up actions are taken regarding achievement of project objectives, service utilization patterns, quality of care, efficiency and effectiveness of the Health Center, and patient satisfaction, including addressing any patient grievances;
- (f) Monitoring the financial status of the Health Center, including reviewing the results of the annual audit, and ensuring appropriate follow-up actions are taken;
- (g) Conducting long-range/strategic planning;
- (h) Assuring that the Health Center operates in compliance with applicable federal, state and local laws and regulations;

- (i) Approve the Health Center services and the location and hours of operation of the Health Center sites;
- (j) Evaluating the performance of the Health Center Executive Director annually.

The CHC Board may not adopt any policy or practice, or take any action, which is inconsistent with the Authority's enabling statute or ordinance or which alters the scope of any rights and authorities retained by the Authority and its Board of Governors, as set forth in the Co-Applicant Agreement.

Section 2.13 Open and Public Meetings

All meetings of the CHC Board and all standing committees that have continuing subject matter jurisdiction shall be conducted in accordance with the Ralph M. Brown Act and shall have legal counsel present. Each meeting shall have an agenda, structured and posted as required by law. A written record of proceedings of all meetings of the CHC Board and of committees of the CHC Board shall be kept on file. A quorum is required to conduct business and make recommendations. A quorum shall be constituted by the presence of a majority of the authorized number of Members of the CHC Board. A majority vote of those Members present and voting is required to take any action. No Member may vote on or participate in any matter that materially affects his or her personal financial interest within the meaning of the Political Reform Act. Each Member shall be entitled to one vote. Voting must be in person; no telephonic, virtual or proxy votes will be accepted. All meetings shall be conducted in Bakersfield, California, at the administrative offices of the Health Center, or at such other location within the County of Kern designated by the CHC Board as permitted under the Brown Act.

Article III: CHC Board Officers

Section 3.01 List of Officers

- (a) Chair
- (b) Vice-Chair
- (c) Secretary/Treasurer
- (d) Executive Director (ex-officio)
- (e) Chief Financial Officer (ex-officio)
- (f) Other officers deemed necessary by the CHC Board Section

Section 3.02 Appointment; Terms of Office

- (a) Officers, except for ex-officio officers, are elected by the CHC Board at the first meeting of each fiscal year commencing July 1, 2026 from among its own Members.
- (b) Officers, except for ex-officio officers, are elected for a period of one (1) year and shall serve until a successor has been duly elected. A Member of the CHC Board may hold an office for any number of terms, whether or not consecutive
- (c) A Member shall not simultaneously hold more than one CHC Board office.

Section 3.03 Duties of the Officers

- (a) The Chair shall:
 - (1) Preside at all meetings of the CHC Board;
 - (2) Be an ex-officio, non-voting member of all committees;
 - (3) Execute correspondence, contracts, conveyances, and other written instruments as properly authorized by the CHC Board;
 - (4) Perform such other duties as authorized by the CHC Board.
- (b) The Vice-Chair shall:
 - (1) In the absence of the Chair assume the duties of the Chair;
 - (2) Perform such reasonable duties as may be required by the Members of the CHC Board, or by the Chair of the CHC Board acting within the scope of his or her authority.
- (c) The Secretary/Treasurer shall:
 - (1) Keep, or cause to be kept, accurate and complete minutes of all meetings, call meetings on order of the Chair, attend to all correspondence of the CHC Board, and perform such other duties as ordinarily pertain to his or her office;
 - (2) Perform all duties related to record keeping as assigned by the CHC Board.
- (d) The Health Center Executive Director (see Article V).
- (e) The Health Center Chief Financial Officer.

The Health Center Financial Officer shall be appointed by the Health Center Executive Director, and employed, contracted with, or otherwise engaged by the Authority, and shall not be a Member of the CHC Board. The Chief Financial Officer shall keep and maintain or cause to be kept and maintained adequate and correct accounts of the business transactions of the Health Center, including (without limitation) accounts of its assets, liabilities, receipts, disbursements, gains, and losses. The books of account shall at all times be open to inspection by any Member of the CHC Board or any member of the Authority Board of Governors or their designees. The Chief Financial Officer shall have such other powers and perform other such duties as may be prescribed by the CHC Board from time to time.

Section 3.03 Vacancies and Removal of Officers

- (a) A vacancy in any office shall be filled by nomination and election by the CHC Board as soon as is reasonably possible. The Health Center Executive Director shall be appointed as provided in Article V.
- (b) Officers may resign at any time by providing written notice to the Chair with a copy to the Health Center Executive Director, or be removed by a majority vote of the CHC Board at a scheduled meeting where a quorum is present.

Article IV: Executive Director of the Health Center

Section 4.01 Selection; Authority to Act; Relationship to CHC Board and Authority Board of Governors

- (a) The CHC Board shall appoint a competent and experienced Health Center Executive Director to have responsibility for the general management of the Health Center. Subject to the rights of the CHC Board, the Health Center Executive Director shall be employed, contracted with, or otherwise engaged by the Authority.
- (b) The Health Center Executive Director shall be given necessary authority to operate the Health Center in all its activities and departments and shall be held responsible for the administration of the Health Center, subject to these Bylaws, and to the direction, policies, or orders of the CHC Board or by any of the committees to which the CHC Board has lawfully delegated authority for such action.
- (c) Subject to the control of the CHC Board and the scope of his or her lawful authority as it may be defined from time to time by the CHC Board, the Health Center Executive Director shall act as the duly authorized representative of the Health Center in all matters in which the CHC Board has not formally designated some other person to so act.
- (d) Subject to the approval of the CHC Board, the Health Center Executive Director shall designate a member of the Health Center staff to serve as an interim Executive Director during periods of absence of more than three (3) working days where the Executive Director is unable to substantially perform his or her duties. In the event of the absence of both the Executive Director and the interim Executive Director, the duties of the Administrator shall be assumed by a standby Executive Director designated by the Executive Director, subject to the approval by the CHC Board.

Section 4.02 Powers and Duties

The Health Center Executive Director shall be the general manager of the Health Center, and shall have the authority to exercise supervision over the general business and affairs of the Health Center in accordance with the statement of duties and responsibilities adopted by the CHC Board, including, but not limited, to the following:

- (a) Establish and implement rules, regulations, policies and procedures necessary to carry out the objectives and goals of the Health Center;
- (b) Plan for outpatient services and facilities, and other medical services to promote population health in the County of Kern;
- (c) Prepare and recommend budgets;
- (d) Coordinate with Authority departments in promoting community health efforts;
- (e) Ensure compliance with all laws, policies and requirements of governmental and legal bodies relevant to the operation of the Health Center;
- (f) Perform such duties assigned by the CHC Board and required by these Bylaws or applicable law.

Section 4.03 Performance Monitoring

The CHC Board shall conduct a formal performance evaluation of the Health Center Executive Director at least annually. In the event the CHC Board determines that the Executive Director's performance requires improvement, the CHC Board may develop a written performance improvement plan indicating areas of concern. The CHC Board may remove the Executive Director from his or her position within the Health Center. Decisions regarding the employment status of the Executive Director are retained by the Authority.

Article V: Medical Staff

Section 5.01 Medical Staff; Provider Credentialing

- (a) The organization and oversight of the Health Center medical staff shall be provided by the Authority.
- (b) The CHC Board delegates its authority to the Executive Director of the Health Center to determine if a licensed or certified health care practitioner meets credentialing requirements based on approved policies and procedure. The Executive Director shall review policies and procedures annually to ensure compliance with HRSA Primary Care regulations.

Article VI: Quality Assessment and Performance Improvement

The CHC Board shall ensure that the Health Center has an ongoing, health center-wide, data-driven program for quality assessment and performance improvement ("QAPI Program"), which reflects the complexity of the Health Center's organization and services. The QAPI Program shall involve all the Health Center services and focus on indicators related to improved health outcomes and the prevention and reduction of medical errors. The CHC Board shall ensure that the QAPI Program is defined, implemented, and maintained and that the Health Center maintain and be able to demonstrate evidence of its QAPI program for review. The Health Center shall use the data collected to (a) monitor the effectiveness and safety of services and quality of care, (b) identify opportunities for improvement and changes that will lead to improvement, and (c) ensure that a process is developed for hearing and resolving patient grievances. The CHC Board shall ensure that the QAPI Program operates in accordance with applicable law, regulations, and accreditation requirements.

Article VII: Fiscal Year

The fiscal year of the Health Center shall commence on July 1 and end on June 30.

Article VIII: Indemnification and Insurance

Directors, officers, employees, and contractors of the Health Center shall have such immunity from liability as provided by law for individuals serving in such capacity, and shall be indemnified for any loss, cost, or expense related to any claim for liability in connection with the Health Center including, without limitation, the cost of legal defense, to the extent provided by law.

The Authority shall arrange for and maintain appropriate insurance coverage for the Health Center, its officers, directors, agents, and employees. All officers, directors, agents, and employees shall be properly bonded.

Article X: Adoption of and Amendment to Bylaws

Section 9.01 Amendment of Bylaws

These Bylaws may be amended by a majority vote of the Authority Board of Governors.

APPROVED by the Kern County Hospital Authority Board of Governors on this ____ day of _____, 2025.

KERN COUNTY HOSPITAL AUTHORITY

By _____
Chairman, Board of Governors

KERN COUNTY HOSPITAL AUTHORITY
COMMUNITY HEALTH CENTER BOARD

By _____
Chairman, Board of Directors

APPROVED AS TO CONTENT:
KERN COUNTY HOSPITAL AUTHORITY

By _____
Scott Thygerson
Chief Executive Officer

APPROVED AS TO CONTENT:
COMMUNITY HEALTH CENTER

By _____
Renee Villanueva
Executive Director

APPROVED AS TO FORM:

By _____
Karen S. Barnes
Vice President & General Counsel
Kern County Hospital Authority



**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

February 26, 2025

Subject: Kern County Hospital Authority Community Health Center Organizational Chart effective February 26, 2025

Recommended Action: Approve

Summary:

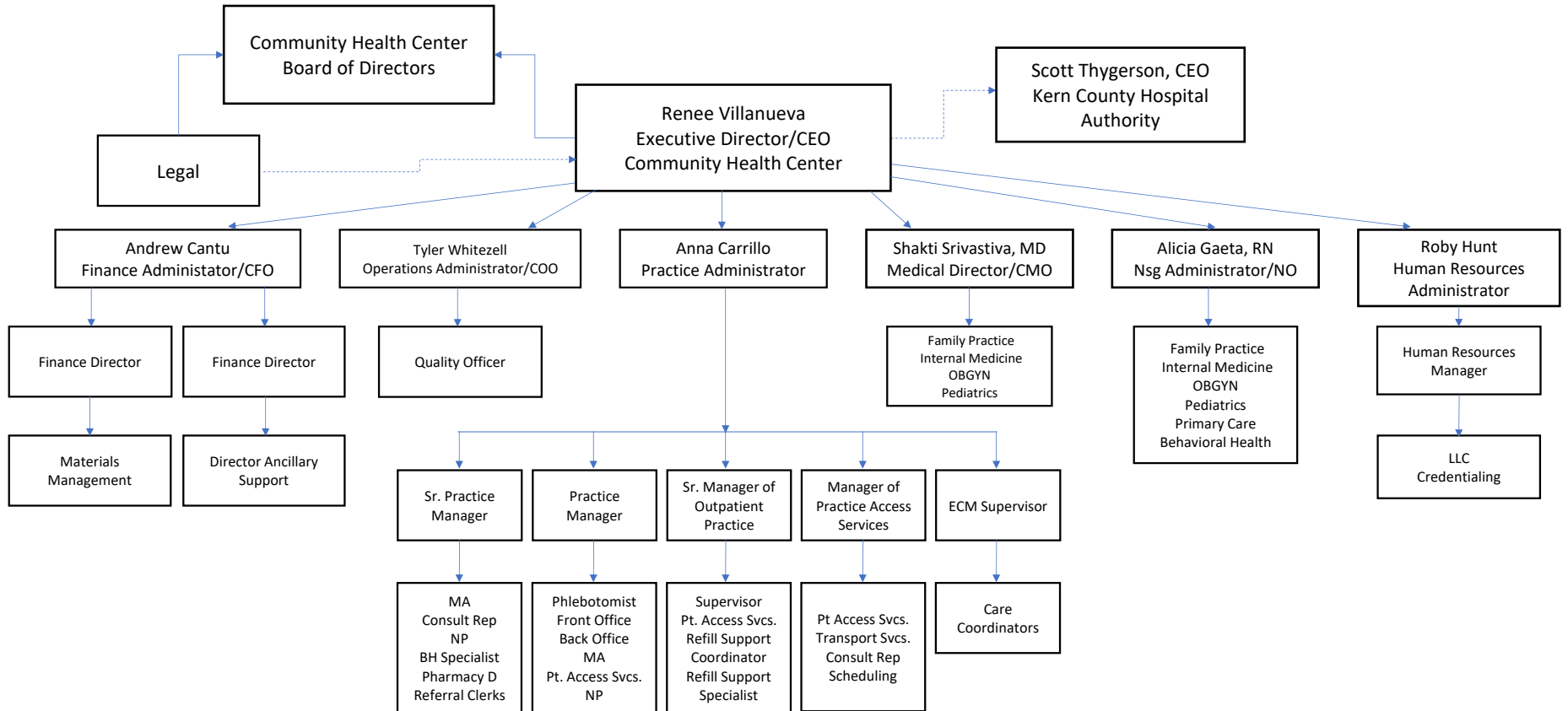
The Community Health Center requests your Board approve the Kern County Hospital Authority Community Health Center Organizational Chart effective February 26, 2025.

The secondary titles as shown on the Organizational Chart for the Finance Administrator/CFO, Operations Administrator/COO, Medical Director/CMO and Nursing Administrator/NO are requirements set forth by Health Resources and Services Administration (HRSA).

ORGANIZATIONAL CHART

Renee Villanueva
Executive Director

February 26, 2025



COMMUNITY HEALTH CENTER KEY MANAGEMENT STAFF

Position	FTE	Position	FTE
Executive Director	1	Practice Manager	1
Finance Administrator	0.5	Medical Director	1
Finance Director	0.75	Nursing Administrator	1
Dir Physician Enterprise	1	HR Administrator	1
Operations Administrator	0.5	Board Coordinator	0.5
Quality Officer	0.75	Human Resources Mgr	1
Legal	1.5		

**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

February 26, 2025

Subject: Core Documents for Look-Alike Application – Community Health Center Patient Origin and Service Area Analysis and Form 5B Service Sites

Recommended Action: Approve

Summary:

The proposed Community Health Center CHC Patient Origin and Service Area Analysis and Form 5B Service Sites are required documents needed to support the CHC Look-Alike Application to pursue a Federally Qualified Health Center (FQHC).

The CHC Patient Origin and Service Area Analysis was developed by Brian Nolan as requested by the consultants at Facktor Health on behalf on CHC. The Service Area Analysis shows the population distribution of the CHC Service Area with 11 zip codes and represents where 90.08 percent of patients reside and where there is a need for FQHC services (March 1, 203-February 29, 2024 data). Patient Origin Data shows the proposed service area, where the population has a disproportionate lack of healthcare services. CHC Service Area Data includes: total population, low income population, total Health Center Program (HCP) patients, HCP penetration of low-income population, low-income, uninsured, Medicaid/public insurance, Medicare/private insurance not served by health centers, race/ethnicity, people with less than a high school education, diabetic adults, adults with high blood pressure, obese adults, adults with no dental visit in one year, adults who have delayed/not sought care due to cost, and adults with no traditional source of healthcare.

The CHC Board has oversight responsibilities for the strategic planning of the CHC, recommending services to be provided by the CHC, and reviewing the program requirements of the Health Resources and Services Administration (HRSA) for compliance. The proposed CHC Patient Origin and Service Area Analysis and Form 5B Service Sites meets the HRSA requirements and are a requirement for the Look-Alike application.

Therefore, it is recommended that your Board approve the CHC Patient Origin and Service Area Analysis and Form 5B Service Sites for submission to HRSA.

Kern Medical

SERVICE AREA ANALYSIS
April 2024

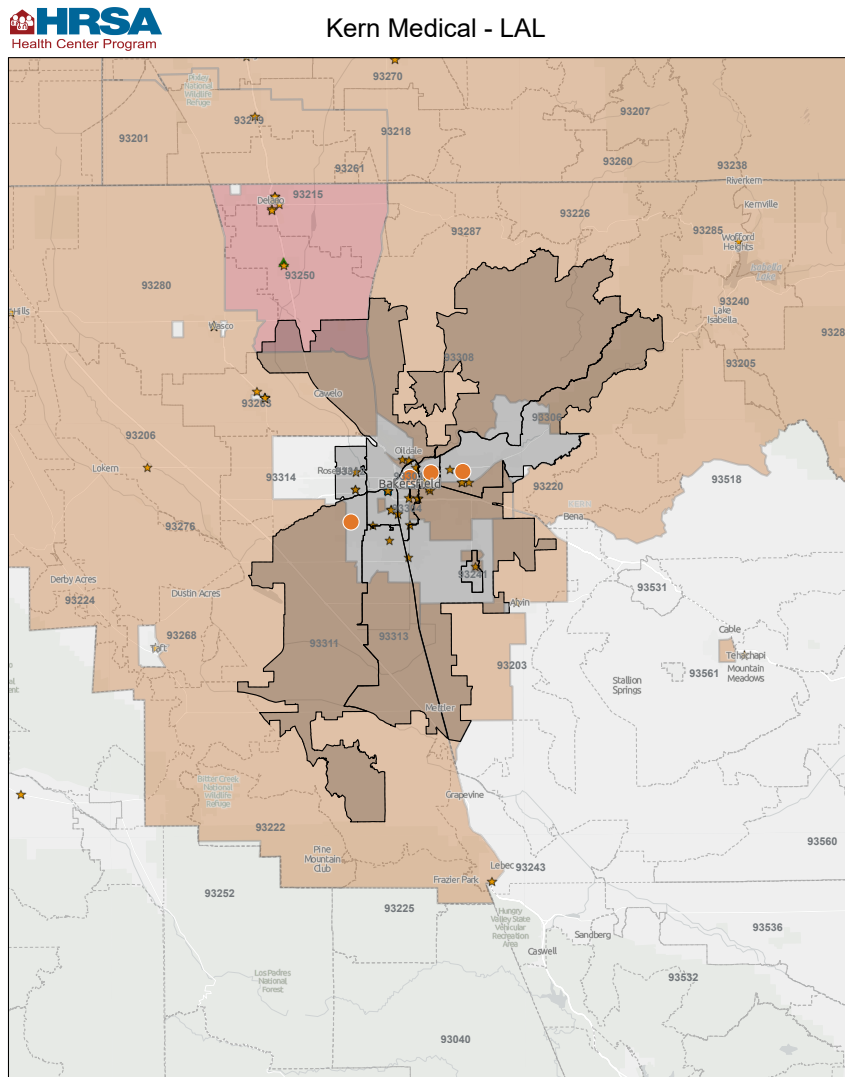
SERVICE AREA

Proposed Kern Medical (KM) Service Area with 11 ZIP Codes:

93301, 93304, 93305, 93306, 93307, 93308, 93309, 93311, 93312, 93313, 93241

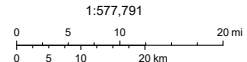
- Represents where 90.08 percent of patients reside (March 1, 2023 – February 29, 2024 data). See Table 1. Patient Origin Data on page 3. Figure 1 shows the proposed service area. Figure 2 shows a close-up of the Kern Medical sites.

FIGURE 1: PROPOSED SERVICE AREA



April 17, 2024

- ★ Health Center Service Delivery Sites
- Health Center Administrative Only Sites
- ▲ Look-Alike Service Delivery Sites
- Medically Underserved Areas/Populations (MUA/PS)
- Medically Underserved Area
- Medically Underserved Population
- States

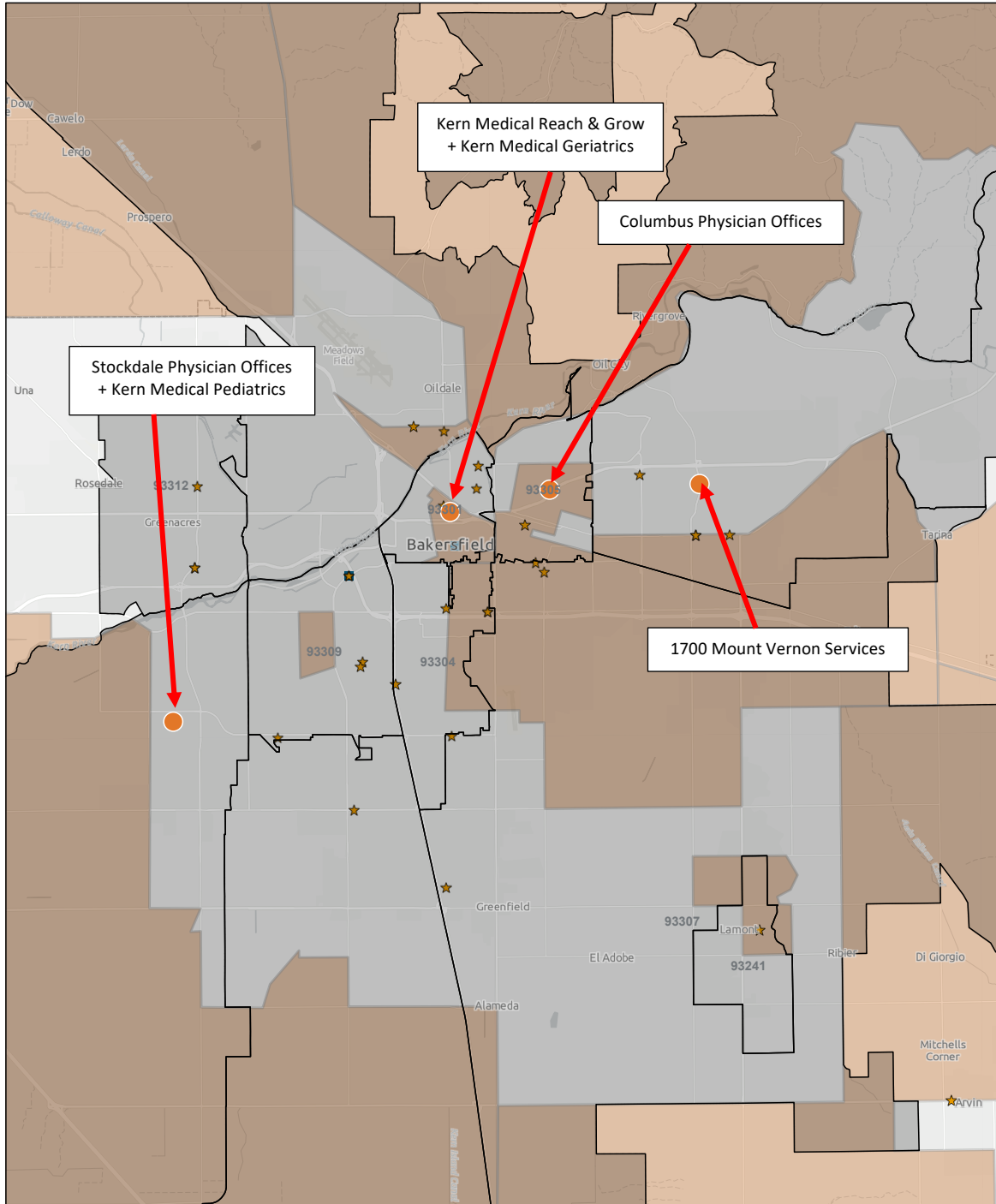


City of Bakersfield, California State Parks, Esri, TomTom, Garmin, SafeGraph, FAO, METINASA, USGS, Bureau of Land Management, EPA, NPS, USFWS

FIGURE 2: CLOSE-UP OF SERVICE SITE LOCATIONS

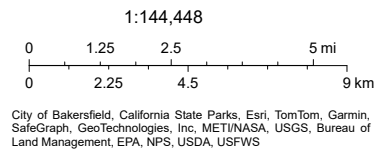


Kern Medical - LAL - Close



April 17, 2024

- ★ Health Center Service Delivery Sites
- Health Center Administrative Only Sites
- Medically Underserved Areas/Populations (MUA/Ps)
- Medically Underserved Area
- States



SERVICE AREA DATA

(Source: GeoCare Navigator)

- Total population: **565,002**
- Low-income population: **245,954 (43.53 percent of total population)**
- Total Health Center Program (HCP) patients: **117,596**
- HCP penetration of low-income population: **47.81 percent**
- Low-income not served by health centers: **128,358**
- Uninsured not served by health centers: **35,806**
- Medicaid/public insurance not served by health centers: **126,023**
- Medicare/private insurance not served by health centers: **282,437**
- Race/Ethnicity:
 - **60.63 percent White**
 - **56.39 percent Hispanic/Latinx (not exclusive)**
 - **6.01 percent Black/African American**
 - **5.13 percent Asian**
 - **0.97 percent American Indian/Alaska Native**
 - **0.15 percent Other Pacific Islander**
 - **0.15 percent Native Hawaiian**
- Age:
 - **30.32 percent under 18 years**
 - **59.38 percent 18-64 years**
 - **10.29 percent 65 years and older**
- Less than high school education: **19.99 percent**
- Adults ever told have diabetes: **16.69 percent**
- Adults ever told have high blood pressure: **40.56 percent**
- Adults who are obese: **51.65 percent**
- Adults with no dental visit in past year: **64.68 percent**
- Adults who have delayed/not sought care due to cost: **18.29 percent**
- Adults with no usual source of care: **29.61 percent**

TABLE 1: PATIENT ORIGIN DATA (March 1, 2023 – February 29, 2024)

	ZIP CODES	NUMBER OF PATIENTS	PERCENT OF PATIENTS	CUMULATIVE PERCENT OF PATIENTS	DOMINANT HEALTH CENTER
Proposed Service Area	93307	5,923	19.98%	19.98%	Clínica Sierra Vista
	93306*	4,881	16.47%	36.45%	Clínica Sierra Vista
	93305*	4,779	16.12%	52.57%	Clínica Sierra Vista
	93304	2,516	8.49%	61.06%	Clínica Sierra Vista
	93308	2,067	6.97%	68.03%	Omni Family Health
	93309	1,817	6.13%	74.16%	Omni Family Health

	ZIP CODES	NUMBER OF PATIENTS	PERCENT OF PATIENTS	CUMULATIVE PERCENT OF PATIENTS	DOMINANT HEALTH CENTER
	93313	1,341	4.52%	78.69%	Omni Family Health
	93311*	1,083	3.65%	82.34%	Omni Family Health
	93301*	868	2.93%	85.27%	Clínica Sierra Vista
	93312	777	2.62%	87.89%	Omni Family Health
	93241	649	2.19%	90.08%	Clínica Sierra Vista
Not Included in Proposed Service Area	93203	545	1.84%	91.92%	NA
	93314	470	1.59%	93.51%	NA
	93263	278	0.94%	94.44%	NA
	93215	259	0.87%	95.32%	NA
	93280	226	0.76%	96.08%	NA
	93268	193	0.65%	96.73%	NA
	93250	148	0.50%	97.23%	NA
	93561	147	0.50%	97.73%	NA
	93302	76	0.26%	97.98%	NA
	93555	59	0.20%	98.18%	NA
	93240	39	0.13%	98.31%	NA
	93505	37	0.12%	98.44%	NA
	93560	32	0.11%	98.55%	NA
	93225	31	0.10%	98.65%	NA
	93206	21	0.07%	98.72%	NA
	93501	21	0.07%	98.79%	NA
	93249	20	0.07%	98.86%	NA
	93252	15	0.05%	98.91%	NA
	93283	15	0.05%	98.96%	NA
	93285	15	0.05%	99.01%	NA
	93518	14	0.05%	99.06%	NA
	93205	13	0.04%	99.10%	NA
	93219	12	0.04%	99.14%	NA
93238	11	0.04%	99.18%	NA	
93389	11	0.04%	99.22%	NA	
	Other ZIPs with < 10 patients each	232	0.78%	100.00%	NA
Patients	Total	29,641	100.00%		
	In Service Area	26,701	90.08%		
	Not in Service Area	2,940	9.92%		

* Kern Medical site in ZIP code.

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5B: SERVICE SITES		FOR HRSA USE ONLY	
		LAL Number	Application Tracking Number
<p>Note: This form will pre-populate for competing continuation applicants.</p> <p>New and Competing Supplement Applicants: If you are requesting funding to target the general underserved community (CHC), residents of public housing (PHPC), or people experiencing homelessness (HCH), you must propose at least one new Service Delivery site or Administrative/Service Delivery site with the Location Type as 'Permanent' and operating for at least 40 hours.</p> <p>If you are proposing to serve ONLY migrant and seasonal agricultural workers (MHC), you must propose at least one new Service Delivery site or Administrative/Service Delivery site with the Location Type as 'Permanent' or 'Seasonal' and operating for at least 40 hours.</p>			
<p>Site 1 Qualification Criteria – KERN MEDICAL ADMINISTRATIVE OFFICES (1700 MOUNT VERNON)</p>			
<p>1. Is the site an Admin-only site?</p> <p>If Yes, the site is an Admin-only site, select 'Not Applicable' for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable</p>		
<p>b. Do/will providers exercise independent judgment in the provision of services to the patient?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable</p>		
<p>c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable</p>		
<p>d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable</p>		
<p>2. Is the site a Domestic Violence (Confidential) shelter?</p> <p>Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable</p>		
<p>Site Information</p>			
<p>Site Name</p>	<p>KERN MEDICAL ADMINISTRATIVE OFFICES</p>	<p>Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, select Change Physical Location and update as appropriate)</p>	<p>1700 Mount Vernon Avenue, Suite 1232 Bakersfield, CA 93306</p>
<p>Site Type</p>	<p><input type="checkbox"/> Administrative/Service Delivery Site <input type="checkbox"/> Service Delivery Site <input checked="" type="checkbox"/> Administrative Site</p>	<p>Site Phone Number</p>	<p>661.326.2000</p>
<p>Web URL</p>	<p>Kern Medical Outpatient Health Healthcare Services in Kern County, CA</p>		

Site Information			
The following fields are required for “Service Delivery” and “Administrative/Service Delivery” site types: (N/A for Administrative Sites only)			
Location Type	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent	Site Setting	<input type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School
Date Site was Added to Scope	<i>Read-only for sites already in scope and disabled when adding a new site</i>	Site Operational Date	mm/dd/yyyy
FQHC Site Medicare Billing Number Status	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number	FQHC Site Medicare Billing Number (Required if 'This site has a Medicare billing number' is selected in 'FQHC Site Medicare Billing Number Status' field)	N/A
FQHC Site National Provider Identification (NPI) Number (Optional field)	N/A	Total Hours of Operation (when patients will be served per week)	N/A
Months of Operation			
Service Area Zip Codes	N/A		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	N/A	Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	N/A
Site Operated by	<input checked="" type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor		
Subrecipient or Contractor Information			
(Required only if 'Subrecipient' or 'Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name			
Subrecipient/Contractor Organization Physical Site Address			
Subrecipient/Contractor EIN			

Site 2 Qualification Criteria – KERN MEDICAL PEDIATRICS AND OBGYN (COLUMBUS, Suite 1000)

<p>1. Is the site an Admin-only site?</p> <p>If Yes, the site is an Admin-only site, select 'Not Applicable' for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>b. Do/will providers exercise independent judgment in the provision of services to the patient?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>2. Is the site a Domestic Violence (Confidential) shelter?</p> <p>Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable

Site Information

Site Name	<p>KERN MEDICAL PEDIATRICS & OBGYN – COLUMBUS</p> <p>COLUMBUS, Suite 1000</p>	<p>Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, select Change Physical Location and update as appropriate)</p>	<p>1111 Columbus Street, Suite 1000 Bakersfield, CA 93305</p>
Site Type	<input type="checkbox"/> Administrative/Service Delivery Site <input checked="" type="checkbox"/> Service Delivery Site <input type="checkbox"/> Administrative Site	Site Phone Number	661.326.2800
Web URL	Kern Medical Outpatient Health Healthcare Services in Kern County, CA		

Site Information

The following fields are required for “Service Delivery” and “Administrative/Service Delivery” site types:

Location Type	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent	Site Setting	<input checked="" type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School
Date Site was Added to Scope	01/16/2025 (date the co-applicant board was established as placeholder)	Site Operational Date	07/1/2016 (hospital date as placeholder)

FQHC Site Medicare Billing Number Status	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input checked="" type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number	FQHC Site Medicare Billing Number (Required if 'This site has a Medicare billing number' is selected in 'FQHC Site Medicare Billing Number Status' field)	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	M-F 8a-8p
Months of Operation	January – December		
Service Area Zip Codes	93307, 93306, 93305, 93304, 93308, 93309, 93313, 93311, 93301, 93312, 93241		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	N/A	Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	N/A
Site Operated by	<input checked="" type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor		
Subrecipient or Contractor Information (Required only if 'Subrecipient' or 'Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name			
Subrecipient/Contractor Organization Physical Site Address			
Subrecipient/Contractor EIN			

Site 3 Qualification Criteria – KERN MEDICAL COLUMBUS (COLUMBUS, Suite 2000)

<p>1. Is the site an Admin-only site?</p> <p>If Yes, the site is an Admin-only site, select 'Not Applicable' for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
<p>b. Do/will providers exercise independent judgment in the provision of services to the patient?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
<p>c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
<p>d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
<p>2. Is the site a Domestic Violence (Confidential) shelter?</p> <p>Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>

Site Information

Site Name	<p>KERN MEDICAL – COLUMBUS</p> <p>COLUMBUS, Suite 2000</p>	<p>Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, select Change Physical Location and update as appropriate)</p>	<p>1111 Columbus Street, Suite 2000 Bakersfield, CA 93305</p>
Site Type	<p><input type="checkbox"/> Administrative/Service Delivery Site <input checked="" type="checkbox"/> Service Delivery Site <input type="checkbox"/> Administrative Site</p>	Site Phone Number	<p>661.326.2800</p>
Web URL	<p>Kern Medical Outpatient Health Healthcare Services in Kern County, CA</p>		

Site Information

The following fields are required for “Service Delivery” and “Administrative/Service Delivery” site types:

Location Type	<p><input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent</p>	Site Setting	<p><input checked="" type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School</p>
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01/16/2025 (date the co-applicant board was established as placeholder)	Site Operational Date	07/1/2016 (hospital date as placeholder)	01/16/2025 (date the co-applicant board was established as placeholder)
FQHC Site Medicare Billing Number Status	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input checked="" type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number	FQHC Site Medicare Billing Number (Required if 'This site has a Medicare billing number' is selected in 'FQHC Site Medicare Billing Number Status' field)	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation (when patients will be served per week)	M-F 8-5
Months of Operation	January – December		
Service Area Zip Codes	93307, 93306, 93305, 93304, 93308, 93309, 93313, 93311, 93301, 93312, 93241		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	N/A	Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	N/A
Site Operated by	<input checked="" type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor		
Subrecipient or Contractor Information (Required only if 'Subrecipient' or 'Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name			
Subrecipient/Contractor Organization Physical Site Address			
Subrecipient/Contractor EIN			

Site 4 Qualification Criteria – KERN MEDICAL FAMILY PRACTICE (COLUMBUS, Suite 3000)

<p>1. Is the site an Admin-only site?</p> <p>If Yes, the site is an Admin-only site, select 'Not Applicable' for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>b. Do/will providers exercise independent judgment in the provision of services to the patient?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>2. Is the site a Domestic Violence (Confidential) shelter?</p> <p>Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable

Site Information

<p>Site Name</p>	<p>KERN MEDICAL FAMILY PRACTICE – COLUMBUS</p> <p>COLUMBUS, Suite 3000</p>	<p>Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, select Change Physical Location and update as appropriate)</p>	<p>1111 Columbus Street, Suite 3000 Bakersfield, CA 93305</p>
<p>Site Type</p>	<input type="checkbox"/> Administrative/Service Delivery Site <input checked="" type="checkbox"/> Service Delivery Site <input type="checkbox"/> Administrative Site	<p>Site Phone Number</p>	<p>661.326.2800</p>
<p>Web URL</p>	<p>Kern Medical Outpatient Health Healthcare Services in Kern County, CA</p>		

Site Information

The following fields are required for “Service Delivery” and “Administrative/Service Delivery” site types:

<p>Location Type</p>	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent	<p>Site Setting</p>	<input checked="" type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School
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Date Site was Added to Scope	01/16/2025 (date the co-applicant board was established as placeholder)	Site Operational Date	07/1/2016 (hospital date as placeholder)
FQHC Site Medicare Billing Number Status	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input checked="" type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number	FQHC Site Medicare Billing Number (Required if 'This site has a Medicare billing number' is selected in 'FQHC Site Medicare Billing Number Status' field)	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	M-F 8a-8p
Months of Operation	January – December		
Service Area Zip Codes	93307, 93306, 93305, 93304, 93308, 93309, 93313, 93311, 93301, 93312, 93241		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	N/A	Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	N/A
Site Operated by	<input checked="" type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor		
Subrecipient or Contractor Information (Required only if 'Subrecipient' or 'Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name			
Subrecipient/Contractor Organization Physical Site Address			
Subrecipient/Contractor EIN			

Site 5 Qualification Criteria – KERN MEDICAL OBYGN (9300 STOCKDALE, Suite 100)

<p>1. Is the site an Admin-only site?</p> <p>If Yes, the site is an Admin-only site, select 'Not Applicable' for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>b. Do/will providers exercise independent judgment in the provision of services to the patient?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>2. Is the site a Domestic Violence (Confidential) shelter?</p> <p>Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable

Site Information

<p>Site Name</p>	<p>KERN MEDICAL OBYGN – STOCKDALE</p> <p>9300 STOCKDALE, Suite 100</p>	<p>Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, select Change Physical Location and update as appropriate)</p>	<p>9300 Stockdale Highway Suite 100 Bakersfield, CA 93311</p>
<p>Site Type</p>	<input type="checkbox"/> Administrative/Service Delivery Site <input checked="" type="checkbox"/> Service Delivery Site <input type="checkbox"/> Administrative Site	<p>Site Phone Number</p>	<p>661.664.2200</p>
<p>Web URL</p>	<p>Kern Medical Outpatient Health Healthcare Services in Kern County, CA</p>		

Site Information

The following fields are required for “Service Delivery” and “Administrative/Service Delivery” site types:

<p>Location Type</p>	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent	<p>Site Setting</p>	<input checked="" type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School
<p>Date Site was Added to Scope</p>	<p>01/16/2025 (date the co-applicant board was established as placeholder)</p>	<p>Site Operational Date</p>	<p>07/1/2016 (hospital date as placeholder)</p>

FQHC Site Medicare Billing Number Status	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input checked="" type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number	FQHC Site Medicare Billing Number (Required if 'This site has a Medicare billing number' is selected in 'FQHC Site Medicare Billing Number Status' field)	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation (when patients will be served per week)	M-F 8a-5p
Months of Operation	January – December		
Service Area Zip Codes	93307, 93306, 93305, 93304, 93308, 93309, 93313, 93311, 93301, 93312, 93241		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	N/A	Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	N/A
Site Operated by	<input checked="" type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor		
Subrecipient or Contractor Information (Required only if 'Subrecipient' or 'Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name			
Subrecipient/Contractor Organization Physical Site Address			
Subrecipient/Contractor EIN			

Site 6 Qualification Criteria – KERN MEDICAL FAMILY MEDICINE (9330 STOCKDALE, Suite 400)

<p>1. Is the site an Admin-only site?</p> <p>If Yes, the site is an Admin-only site, select 'Not Applicable' for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>b. Do/will providers exercise independent judgment in the provision of services to the patient?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>2. Is the site a Domestic Violence (Confidential) shelter?</p> <p>Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable

Site Information

Site Name	<p>KERN MEDICAL FAMILY MEDICINE – STOCKDALE</p> <p>9330 STOCKDALE, Suite 400</p>	<p>Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, select Change Physical Location and update as appropriate)</p>	<p>9330 Stockdale Highway Suite 400 Bakersfield, CA 93311</p>
Site Type	<input type="checkbox"/> Administrative/Service Delivery Site <input checked="" type="checkbox"/> Service Delivery Site <input type="checkbox"/> Administrative Site	Site Phone Number	661.664.2200
Web URL	Kern Medical Outpatient Health Healthcare Services in Kern County, CA		

Site Information

The following fields are required for “Service Delivery” and “Administrative/Service Delivery” site types:

Location Type	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent	Site Setting	<input checked="" type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School
Date Site was Added to Scope	01/16/2025 (date the co-applicant board was established as placeholder)	Site Operational Date	07/1/2016 (hospital date as placeholder)

FQHC Site Medicare Billing Number Status	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input checked="" type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number	FQHC Site Medicare Billing Number (Required if 'This site has a Medicare billing number' is selected in 'FQHC Site Medicare Billing Number Status' field)	
FQHC Site National Provider Identification (NPI) Number	1740094986	Total Hours of Operation	M-F 8-5
Months of Operation	January – December		
Service Area Zip Codes	93307, 93306, 93305, 93304, 93308, 93309, 93313, 93311, 93301, 93312, 93241		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	N/A	Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	N/A
Site Operated by	<input checked="" type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor		
Subrecipient or Contractor Information (Required only if 'Subrecipient' or 'Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name			
Subrecipient/Contractor Organization Physical Site Address			
Subrecipient/Contractor EIN			

Site 7 Qualification Criteria – KERN MEDICAL PEDIATRICS (9330 STOCKDALE, Suite 500)

<p>1. Is the site an Admin-only site?</p> <p>If Yes, the site is an Admin-only site, select 'Not Applicable' for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>b. Do/will providers exercise independent judgment in the provision of services to the patient?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>2. Is the site a Domestic Violence (Confidential) shelter?</p> <p>Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable

Site Information

Site Name	<p>KERN MEDICAL PEDIATRICS – STOCKDALE</p> <p>9330 STOCKDALE, Suite 500</p>	<p>Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, select Change Physical Location and update as appropriate)</p>	<p>9330 Stockdale Highway Suite 500 Bakersfield, CA 93311</p>
Site Type	<input type="checkbox"/> Administrative/Service Delivery Site <input checked="" type="checkbox"/> Service Delivery Site <input type="checkbox"/> Administrative Site	Site Phone Number	661.847.9705
Web URL	Kern Medical Outpatient Health Healthcare Services in Kern County, CA		

Site Information

The following fields are required for “Service Delivery” and “Administrative/Service Delivery” site types:

Location Type	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent	Site Setting	<input checked="" type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School
Date Site was Added to Scope	01/16/2025 (date the co-applicant board was established as placeholder)	Site Operational Date	07/1/2016 (hospital date as placeholder)

<p>FQHC Site Medicare Billing Number Status</p>	<p><input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input checked="" type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number</p>	<p>FQHC Site Medicare Billing Number (Required if 'This site has a Medicare billing number' is selected in 'FQHC Site Medicare Billing Number Status' field)</p>	
<p>FQHC Site National Provider Identification (NPI) Number</p>		<p>Total Hours of Operation (when patients will be served per week)</p>	<p>M-F 8-5</p>
<p>Months of Operation</p>	<p>January – December</p>		
<p>Service Area Zip Codes</p>	<p>93307, 93306, 93305, 93304, 93308, 93309, 93313, 93311, 93301, 93312, 93241</p>		
<p>Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)</p>	<p>N/A</p>	<p>Number of Intermittent Sites (Required only for 'Intermittent Site' Type)</p>	<p>N/A</p>
<p>Site Operated by</p>	<p><input checked="" type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor</p>		
<p>Subrecipient or Contractor Information</p>			
<p>(Required only if 'Subrecipient' or 'Contractor' is selected in 'Site Operated By' field)</p>			
<p>Subrecipient/Contractor Organization Name</p>			
<p>Subrecipient/Contractor Organization Physical Site Address</p>			
<p>Subrecipient/Contractor EIN</p>			

Site 8 Qualification Criteria – KERN MEDICAL REACH AND GROW (34th STREET, Suite 202)

<p>1. Is the site an Admin-only site?</p> <p>If Yes, the site is an Admin-only site, select 'Not Applicable' for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>b. Do/will providers exercise independent judgment in the provision of services to the patient?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>2. Is the site a Domestic Violence (Confidential) shelter?</p> <p>Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable

Site Information

<p>Site Name</p>	<p>KERN MEDICAL REACH AND GROW – 34th STREET</p> <p>34th STREET, Suite 202</p>	<p>Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, select Change Physical Location and update as appropriate)</p>	<p>820 34th Street Suite 202 Bakersfield, CA 93301</p>
<p>Site Type</p>	<input type="checkbox"/> Administrative/Service Delivery Site <input checked="" type="checkbox"/> Service Delivery Site <input type="checkbox"/> Administrative Site	<p>Site Phone Number</p>	<p>661.862.7370</p>
<p>Web URL</p>	<p>Kern Medical Outpatient Health Healthcare Services in Kern County, CA</p>		

Site Information

The following fields are required for “Service Delivery” and “Administrative/Service Delivery” site types:

<p>Location Type</p>	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent	<p>Site Setting</p>	<input checked="" type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School
<p>Date Site was Added to Scope</p>	<p>01/16/2025 (date the co-applicant board was established as placeholder)</p>	<p>Site Operational Date</p>	<p>07/1/2016 (hospital date as placeholder)</p>

FQHC Site Medicare Billing Number Status	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input checked="" type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number	FQHC Site Medicare Billing Number (Required if 'This site has a Medicare billing number' is selected in 'FQHC Site Medicare Billing Number Status' field)	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation (when patients will be served per week)	M-F 8-5
Months of Operation	January – December		
Service Area Zip Codes	93307, 93306, 93305, 93304, 93308, 93309, 93313, 93311, 93301, 93312, 93241		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	N/A	Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	N/A
Site Operated by	<input checked="" type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor		
Subrecipient or Contractor Information (Required only if 'Subrecipient' or 'Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name			
Subrecipient/Contractor Organization Physical Site Address			
Subrecipient/Contractor EIN			

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until 3/31/2023. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

FINAL ZIP CODED FROM PATIENT ORIGIN STUDY AND SERVICE AREA ANALYSIS
93307, 93306, 93305, 93304, 93308, 93309, 93313, 93311, 93301, 93312, 93241

**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

February 26, 2025

Subject: Approval of Kern County Hospital Authority Community Health Center Look-a-Like Application and associated budget and authorization to submit application

Recommended Action: Approve; Authorize staff to submit application

Summary:

On November 20, 2024, the Kern County Hospital Authority's Board of Governors approved staff's request to pursue Federally Qualified Health Center Look-Alike (FQHC) certification for Kern Medical's community health center (CHC) primary care clinics. On January 15, 2025, the Board of Governors adopted a resolution establishing the Kern County Hospital Authority Community Health Center Board of Directors and appointed the initial members. Your Board ratified that same resolution on January 16, 2025, at its inaugural meeting. The CHC Board has numerous authorities and oversight responsibilities related to the CHC, which includes the next step in the pursuit of FQHC Look-Alike certification: submission of the Look-Alike application to HRSA.

Therefore, it is recommended that your Board approve the submission of the Look-a-Like application and associated budget and authorize the CHC Executive Director to submit the application to HRSA.

**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

February 26, 2025

Subject: Health Resources and Services Administration Health Center Program Form 5A: Services Provided (Required Services)

Recommended Action: Approve

Summary:

Pursuant to Section 330 of the Public Health Services (PHS) Act, the Community Health Center (CHC) must provide the required primary health services listed in Section 330(b)(1) and 330(h) of the PHS Act. CHC may provide additional (supplemental) health services that are appropriate to meet the health needs of the population served by the health center, subject to review and approval by the Health Resources and Services Administration (HRSA).

All required and applicable additional health services must be provided through one or more service delivery method(s): directly, or through written contracts and/or cooperative arrangements.

The attached Form 5A: Services, delineates which delivery service (direct or formal written agreement) will provide access to all services included in CHC's scope of project. The 5A form will be submitted to HRSA as part of the application process.



Form 5A: Services Provided

OMB No.: 0915-0285. Expiration Date: 4/30/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5A: SERVICES PROVIDED (REQUIRED SERVICES)	FOR HRSA USE ONLY	
	LAL Number	Application Tracking Number

This form will pre-populate for competing continuation applicants. For more information, refer to the [Service Descriptors for Form 5A: Services Provided](#) and the [Column Descriptors for Form 5A: Services Provided](#).

Service Type	Service Delivery Methods		
	Direct (Health Center pays)	Formal Written Contract/ Agreement (Health Center pays)	Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X	X	
Diagnostic Laboratory	X	X	X ¹
Diagnostic Radiology	X	X	X ¹
Screenings	X	X	X ¹
Coverage for Emergencies During and After Hours	X	X	
Voluntary Family Planning	X	X	X ¹
Immunizations	X	X	
Well Child Services	X		
Gynecological Care	X	X	
Obstetrical Care			
• Prenatal Care	X		
• Intrapartum Care (Labor & Delivery)			X ¹
• Postpartum Care	X		
Preventive Dental	X		
Pharmaceutical Services			X ¹
HCH Required Substance Use Disorder Services	X	X	
Case Management	X		
Eligibility Assistance	X		X
Health Education	X		X
Outreach	X		
Transportation	X		
Translation	X	X	

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5A: SERVICES PROVIDED (ADDITIONAL SERVICES)		FOR HRSA USE ONLY	
		LAL Number	Application Tracking Number
Service Type	Service Delivery Methods		
	Direct (Health Center pays)	Formal Written Contract/ Agreement (Health Center pays)	Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services			
Behavioral Health Services			
• Mental Health Services	X		
• Substance Use Disorder Services			X ¹
Optometry			
Recuperative Care Program Services			
Environmental Health Services			
Occupational Therapy			
Physical Therapy			
Speech-Language Pathology/Therapy			
Nutrition			
Complementary and Alternative Medicine			
Additional Enabling/Supportive Services			

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until 4/30/2026. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Instructions

On [Form 5A Service Descriptors](#) (PDF), you will find descriptions of the required and additional services and [Form 5A Column Descriptors](#) (PDF) provides descriptions of the three service delivery methods used by health centers.

You must propose to make General Primary Medical Care available directly (Column I) and/or through a formal written contractual agreement in which the health center pays for the service (Column II) to comply with eligibility requirement 3.

This form will pre-populate from your current scope of project and cannot be modified through this application. For this form to accurately pre-populate, when you complete the SF-424 in Grants.gov, select **Continuation** for box 2 and provide your grant number for box 4. **Failure to correctly**

complete the SF-424 may result in delayed HRSA Electronic Handbooks (EHBs) application access.

Changes in services require prior approval through a Change in Scope request submitted in EHBs. If the pre-populated data do not reflect recently approved changes, click the **Refresh from Scope** button in EHBs to display the latest scope of project. Refer to the [Scope of Project](#) documents and resources for details about defining and changing your scope.



**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

February 26, 2025

Subject: Proposed approval of the budget for the Kern County Hospital Authority Community Health Center Proposed for the period January 1-June 30, 2025

Recommended Action: Approve; Refer to Kern County Hospital Authority Board of Governors for approval

Summary:

The Health Center Program requirements of an FQHC Look-Alike set forth in the HRSA Health Center Program Compliance Manual (“Compliance Manual”) require that your Board review and approve the annual Health Center Program budget. The following is the recommended budget for the period January 1-June 30, 2025. As an aside, the health center fiscal year runs July 1 through June 30. In April, your Board will be presented with a recommended budget for the upcoming fiscal year commencing July 1, 2025.

The recommended budget for the period January 1-June 30, 2025 for operations is based on actual clinic operations through the first six months of the fiscal year. The health center will closely monitor economic and operational conditions in the organization, the local market, the state, and nationally, and will adjust operations as necessary throughout the year to ensure that adequate supplies and staffing levels are maintained to provide safe and quality patient care.

Net Revenues

The health center budgeted \$30.3 million of total operating revenue for the period of January 1-June 30, 2025. Total revenue includes \$25.3 million from patient revenue. Budgeted patient revenue is based on the approximate number of total clinic visits expected and a conservative per visit reimbursement rate. An increased reimbursement rate and a corresponding increase in net patient revenue is expected after the transition to the Look-Alike format has been completed. Total operating revenue also includes \$5.0 million of state and federal indigent funding.

Operating and Other Expenses

Budgeted operating and other expenses total \$33.7 million for the period of January 1-June 30, 2025. Staffing costs, including nurse registry, accounts for \$26.7 million, which is the health center’s largest expense. The remaining \$7.0 million of operating expenses are comprised primarily of medical supplies, contracted physician fees, purchased medical services, insurance, utilities, and repairs and maintenance. Other expenses include recruiting, legal expenses, and lease expenses for office space and information technology equipment. In addition, a percentage of overhead expenses from Kern Medical services and support departments such as housekeeping, engineering, and information systems has been allocated to the health center clinics and is included in total operating expense.

Staffing and Authorized Positions

The proposed budget provides funding for all authorized positions. Although all recommended positions are funded for the year, it is important to note that the health center budgets for staffing based on patient clinic visits and full-time equivalents (FTEs), not authorized positions. The appropriate allocation of FTEs drive staffing costs, as is customary in the healthcare industry.

Therefore, it is recommended that your Board approve the Health Center Program project budget for the period January 1-June 30, 2025, and refer to the Kern County Hospital Authority Board of Governors for approval.



**Kern County Hospital Authority
Community Health Center – February 2025**

Proposed Budget January – June 2025

**KERN MEDICAL OUTPATIENT HEALTH
COMMUNITY HEALTH CENTER
CLINIC VISITS
JULY 2024 - DECEMBER 2024**

DEPARTMENT	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
OB/GYN CLINIC	2,239	2,712	2,721	2,823	2,341	2,367	15,203
PEDIATRICS CLINIC	1,378	1,695	2,087	2,524	1,656	1,487	10,827
FAMILY PRACTICE CLINIC	1,905	1,915	2,364	2,370	1,843	2,006	12,403
INTERNAL MEDICINE CLINIC	3,619	3,499	4,058	4,563	3,945	3,572	23,256
STOCKDALE ORTHOPEDICS CLINIC	471	456	426	468	421	524	2,766
STOCKDALE FAMILY MEDICINE CLINIC	752	773	913	1,146	778	763	5,125
34TH STREET REACH & GROW CLINIC	303	277	351	394	342	340	2,007
COLUMBUS BEHAVIORAL HEALTH CLINIC	63	84	150	105	110	54	566
TOTAL	10,730	11,411	13,070	14,393	11,436	11,113	72,153

**KERN MEDICAL OUTPATIENT HEALTH
COMMUNITY HEALTH CENTER
INCOME STATEMENT - BUDGET
JANUARY 2025 - JUNE 2025**

Net Patient Revenue	\$ 25,253,550
Indigent Funding	<u>5,000,000</u>
Total Operating Revenue	30,253,550
Operating Expenses	
Salaries	16,761,290
Benefits	<u>9,937,096</u>
Salaries and Benefits	26,698,385
Registry Nurses	47,406
Medical Fees	2,047,972
Supplies	1,933,984
Purchased Services	1,029,738
Other Expenses	<u>679,490</u>
Total Operating Expenses	32,436,975
Rent	920,220
Interest Expense	330,740
Net Income (Loss)	<u><u>\$ (3,434,385)</u></u>
Total FTEs	<u><u>318</u></u>
Total Clinic Visits	<u><u>72,153</u></u>

**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

February 26, 2025

Subject: Presentation regarding Kern County Hospital Authority Community Health Center Patient Satisfaction

Recommended Action: Hear Presentation; Receive and File

Summary:

The Health Center Program requirements of an FQHC Look-Alike set forth in the HRSA Health Center Program Compliance Manual require that the health center have an ongoing quality improvement/assurance system that includes service utilization patterns, productivity of the health center, and patient satisfaction.

The Health Center Executive Director will provide your Board with a presentation on patient satisfaction, including the patient experience. This report will be presented to your Board on a quarterly basis.

Therefore, it is recommended that your Board hear the presentation and receive and file.



Patient Experience

Community Health Center Board of Directors

Why we collect patient experience data

- Aligns with our strategic priority to enhance patient satisfaction through improved access to safe, patient-centered care in a healing environment.
- Regulatory requirement with the CMS Outpatient Quality Reporting program

How data is shared

- Data is available on Qualtrics.com for clinic leaders
- Dashboards also emailed weekly to clinic leaders
- Monthly patient experience meeting held with leaders where action plans are presented and discussed
- Monthly - Quality Officer shares data in individual department meetings, i.e., Family Practice, OBGYN, Pediatrics, and Internal Medicine

CG-CAHPS survey

- CG-CAHPS stands for: Clinician & Group Consumer Assessment of Healthcare Providers and Systems.
- Electronic surveys are sent via text message to patients with outpatient clinic visits
- Both adult and child surveys
- Questions rated by “Top Box” answers

Scoring example

In the last 6 months, when you contacted this provider's office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?

Never

Sometimes

Usually

Always

Top Box
Answer



Scoring example

Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

0 Worst provider possible

1

2

3

4

5

6

7

8

9

10 Best provider possible



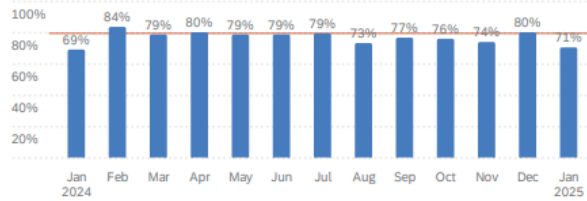
Dashboard



Number of Responses

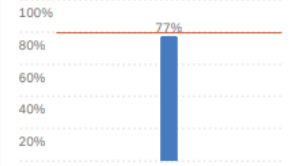
3,022

Overall Provider Rating (Monthly)



Qualtrics Benchmark (79% selected 9/10)

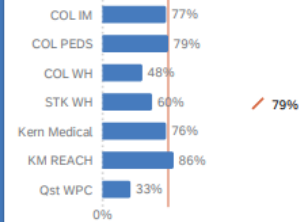
Overall Provider Rating (YTD)



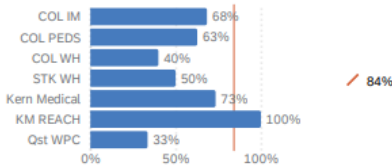
Top Box / Bottom Box (* Provider Overall Rating)

Qualtrics Benchmark (79% se...)

Overall Provider Rating (Prev. 6 Months)

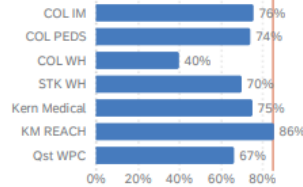


Provider Explanations Easy to Understand (Prev. 6 Months)



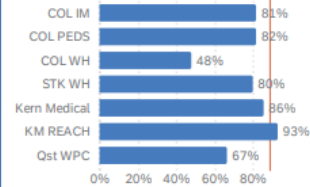
84%

Provider Listened Carefully (Prev. 6 Months)



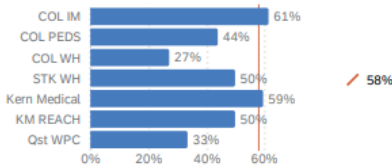
85%

Provider Was Respectful (Prev. 6 Months)



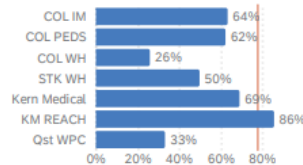
89%

Same-Day Answers to Medical Questions (Prev. 6 Months)



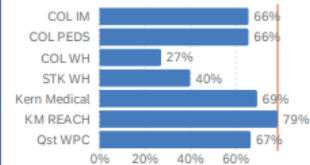
58%

Knowledge of Medical History (Prev. 6 Months)



78%

Provider Spent Enough Time with Patient (Prev. 6 Months)



83%

Dashboard

Patient Feedback

Everything was good

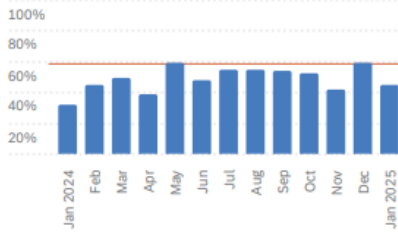
It was easy and comfortable

Excelente service

Médico muy atento, explica de manera muy clara las cosas, muy profesional

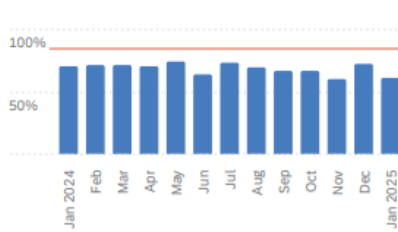
Overall Visit Responses (Monthly)

Same-Day Answers to Medical Questions 576



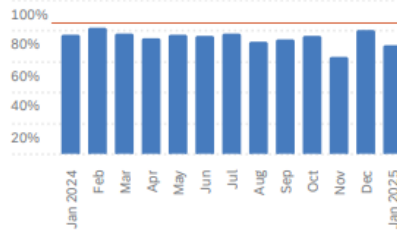
Qualtrics Benchmark (58% selected Always)

Provider Explanations were Easy to Understand 1,496



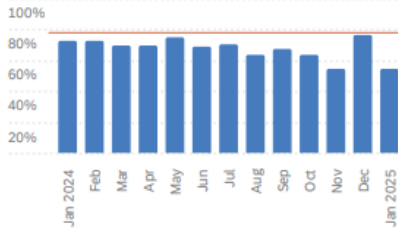
Qualtrics Benchmark (84% selected Always)

Provider Listened Carefully 1,486



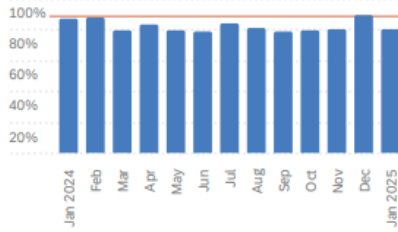
Qualtrics Benchmark (85% selected Always)

Provider Knew Important Medical History 1,469



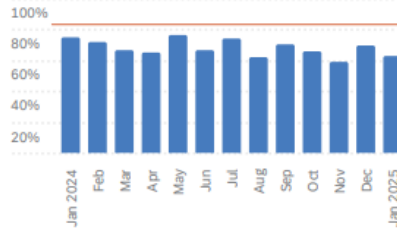
Qualtrics Benchmark (78% selected Always)

Provider was Respectful 1,461



Qualtrics Benchmark (89% selected Always)

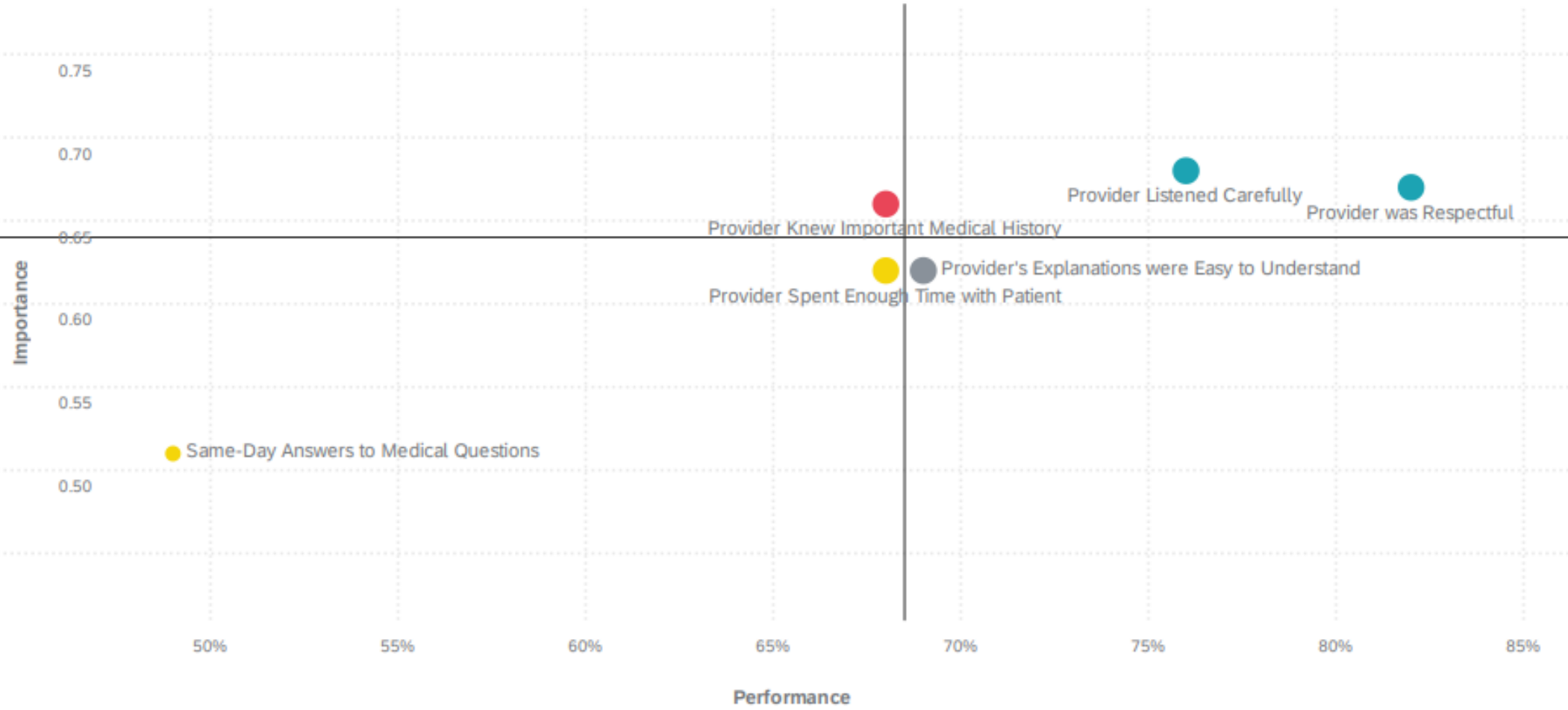
Provider Spent Enough Time with Patient 1,449



Qualtrics Benchmark (83% selected Always)

Dashboard

Key Driver Analysis of Provider Overall Rating 3,022



■ Important and highly rated ■ Important but poorly rated ■ Not important and poorly rated ■ Not important but highly rated



How we identify areas of focus

- Patient feedback and complaints given to leaders in-person and over the phone
- Comments in survey
- Key driver analysis of overall provider rating

Key initiatives

- Each clinic created a designated line for patients to call to resolve issues
- Warm reminder calls for appointments
- Walk-in pharmacy medication refill window
- Patient complaints addressed while patient is in clinic

Questions added to meet FQHC requirements

- Are the clinic's hours of operation convenient for you?
- What hours of operation do you prefer?
- Is the location of the clinic easy to get to?
- Does the location of the clinic create any barriers for you to access healthcare?
- Does the distance it takes to travel between any of our sites create a barrier for you to access healthcare services?
- Is the amount you had to pay for services reasonable?
- If you were charged only a nominal fee, do you feel that the nominal fee is affordable and does not create a barrier to receiving services for you?

Other surveys

- Emergency Department CAHPS surveys are sent electronically via text message to patients with ED visits.
- Outpatient and Ambulatory Surgery CAHPS surveys are sent by mail to patients after completing outpatient surgical procedures and reported to CMS.
- Hospital CAHPS surveys are sent by mail to patients and reported to CMS. Electronic surveys are used internally for improving patient experience.

**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

February 26, 2025

Subject: Kern County Hospital Authority Community Health Center Section 330 Training

Recommended Action: Hear Presentation; Receive and File

Summary:

The Health Resources and Services Administration (HRSA) Health Center Program Compliance Manual (Program) outlines certain roles and responsibilities that must reside with the Community Health Center Board (CHC Board).

Greg Facktor, founding Partner with Facktor, will provide the CHC Board with an overview of the statutes, regulations, and policies that will form the framework for the Kern County Hospital Authority Community Health Center Program.

Section 330 of the Public Health Service Act, Title 42 of the United States Code) is the overarching legislation which authorizes grant funding for the planning, development, and operation of health centers, and sets forth the basic requirements regarding organizational structure and governance, administrative, financial, personnel, and clinical operations that health centers must satisfy to receive and maintain such funding.

The presentation will cover, among other topics, the Legislative Authority and Statutory Requirements for Health Center Boards and HRSA Compliance Manual Board Responsibility. This training is essential for the CHC Board so we request the presentation be heard and then received and filed as completed.

➤ Board of Directors Training

FEBRUARY 26TH, 2025



Excellence & Innovation In Healthcare Consulting Since 2001



Greg Facktor
Founding Partner



Steven Guy
Advisor Strategic Development

Agenda: February 26th, 2025

The Health Center Program - Historical Perspective Through Today

Legislative Authority and Statutory Requirements for Health Center Boards

Types of Health Center

Public Entity Information

HRSA Compliance Manual Board Responsibility Break Down



Historical Perspective Through Today

➤ **The Health Center Program – A Historical Perspective**

- Emerged from Neighborhood Health Centers during the Lyndon Johnson administration's War on Poverty in 1965
 - Federally funded to provide health and social services to low income and underserved communities
- First 2 health centers started in 1965 in Mississippi and Massachusetts

AMERICA'S HEALTH CENTERS

OCTOBER 2024

Community Health Centers are nonprofit, **patient-governed** organizations that provide high-quality, **comprehensive primary health care** to America's **medically underserved communities**, serving **all patients** regardless of income or insurance status.



In 2023, health centers served a record-breaking, nearly **32.5M patients**

Nearly 1,500 Community Health Center grantees and look-alikes provided care at 15,000 locations across the country in 2022.

- 1 in 10** people are health center patients, of whom:
- 18% are **uninsured**
 - 62% are **publicly insured**
 - 90% are **low-income**
 - 64% are members of racial and/or ethnic **minority groups**

Health centers are the health care home for many of America's historically underserved communities, including:



¹ Data include all Federally-Qualified Health Centers (FQHCs) [Federal 330 grantees and Look-alike organizations]

Health centers are the health care home for many of America's historically underserved communities, including:



HEALTH CENTERS EXPAND ACCESS TO COMPREHENSIVE PRIMARY CARE

103K
medical professionals



27.6 million
medical patients

20K
dental health professionals



6.5 million
dental health patients

21K
behavioral health specialists



3.2 million
behavioral health patients

30K
enabling services professionals



2.6 million
patients accessing enabling services

310K
total employees



137 million
total patient visits

Legislative Authority and Statutory Requirements for FQHC Boards

- Public Health Services Act (Title 42 of the United States Code)
- Code of Federal Regulations (CFR) 45 CFR Part 75
- State and Local Laws and Regulations
- Federal Torts Claims Act (does not apply to Look-Alikes)
- Health Center Program Requirements and Compliance Manual

➤ Types of Health Centers

Federal Support for FQHC and FQHC Look-Alike Designation	FQHC	Look-Alike
Receive Health Center Program (HCP) federal grant funding under the Section 330 Public Health Service Act	Yes	No
Eligible for malpractice coverage under the Federal Tort Claims Act	Yes	No
Eligible for federal loan guarantees for capital improvements	Yes	No
Receive 340B Federal Drug Pricing Program discounts for pharmaceutical medications	Yes	Yes
Eligible for enhanced Medicaid/Medicare reimbursement	Yes	Yes
Automatic designation as a Health Professional Shortage Area (HPSA) which provides eligibility to apply and receive National Health Service Corps (NHSC) personnel and eligibility to be a site where a J-1 Visa (foreign) physician can serve	Yes	Yes

Federally Qualified Health Centers

- Receive Federal grant dollars plus additional federal program benefits

Federally Qualified Health Center Look-Alikes

- DO NOT receive federal grant dollars but DO receive certain similar federal program benefits

➤ Public Entity Moving to LAL Status

- **Independence:** The health center board must function independently and have full authority over the health center's policies and operations, including strategic planning, budgeting, and hiring decisions.
- **Public Entity Considerations:** If a public entity (such as a local health department or hospital system) is applying for LAL status, it can either:
 - Establish a co-applicant health center board that meets the FQHC LAL governance requirements while still working with the public entity.
- **Operational Independence:** The health center board must have final decision-making authority over health center operations, even if tied to a larger public entity

> Need



Chapter 3: Needs Assessment

Requirements:

- Health center demonstrates and documents the needs of its target population, updating its service area, when appropriate.



Program requirement

- Health center demonstrates and documents needs of its target population and updates its service area.

Board Responsibilities

- Assure there is an ongoing process to monitor needs of target population, including written needs assessment
- Assure needs of target and patient populations are used in strategic planning to inform sites and services

Questions for Board members to ask

- Is the needs assessment complete and up to date?
- Are the needs of special populations considered?
- What are the barriers to care and are we trying to minimize them? (language, transportation, poverty)?
- What are the main health problems and are we addressing them (diabetes, hypertension, mental health, etc)?

Documents for Board to review/ approve

- Written needs assessment
- Service area maps from UDS Mapper

Services



➤ Chapter 4: Required and Additional Services

Requirements:

- 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.



Program requirement

- 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.

Board responsibilities

- Approve services before initial application submission and during Budget Period Renewals or Annual Certifications

Questions for Board members to ask

- Are all affiliation agreements for clinical services as outlined in Columns II and III in place?
- Has appropriate staff been credentialed and approved by the Board to render Column I services?
- Are all services offered in languages spoken by patients?

Documents for Board to review/ approve

- Form 5A required, additional and specialty services
- Contracts matrix demonstrating existing agreements for clinical and translation services

Chapter 5: Clinical Staffing

Requirements:

- The health center must provide the required primary and approved additional health services¹ of the center through staff and supporting resources of the center or through contracts or cooperative arrangements.
- The health center must provide the health services of the center so that such services are available and accessible promptly, as appropriate, and in a manner that will assure continuity of service to the residents of the center's catchment area.
- The health center must utilize staff that are qualified by training and experience to carry out the activities of the center.



Program 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.

Board responsibilities

- Approve the privileges of all providers via their fully credentialed files before provider begins to render care

Questions for Board members to ask

- Is there a staff recruitment plan?
- Is there a process for volunteers and students to engage in patient care?
- Are the providers appropriately credentialed and been presented to the Board for approval?
- Has the Clinical team developed privileging lists?
- Have the providers also been enrolled in 3rd party payor plans?

Documents for Board to review/ approve

- Credentialing and Privileging Policy and Procedures
- Review and approve providers before they begin to render care at facilities (unless emergency qualifications are met) via credentialing files
- Review written staff recruitment plan

Chapter 6: Accessible Hours of Operation/Location

Requirements:

- Health center provides services at times and locations that assure accessibility and meet the needs of the population to be served.



Program requirement

- Health center provides services at times and locations that assure accessibility and meet the needs of the population to be served.

Board responsibilities

- Ensure hours of operations/locations are appropriate for the populations served and do not create any barriers to access to care.

Questions for Board members to ask

- Is the clinic's identified service area representative of the population served currently at the clinic?
- Are the hours of operations clearly identified on the website, clinic lobby and phone tree?

Documents for Board to review/ approve

- Review patient origin study in conjunction with approved service area map.

➤ Chapter 7: Coverage for Medical Emergencies During and After Hours

Requirements:

- To assure continuity of the required primary health services of the center, the health center must have:
 - Provisions for promptly responding to patient medical emergencies during the health center's regularly scheduled hours; and
 - Clearly defined arrangements for promptly responding to patient medical emergencies after the health center's regularly scheduled hours.



Program requirement

- 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.

Board responsibilities

- Ensure there is a system in place for patients to access the clinic during and after hours.

Questions for Board members to ask

- Is there a provider on-call list?
- Does our clinic handle all calls internally or is there a third party agency?
- What is the after hours phone number?
- Is there signage indicating the after hours phone number easily accessible for patients?

Documents for Board to review/ approve

- Review and approve after hours /medical emergency policy and procedure
- Ensure contract is in place (if applicable) with a third party call line
- Ensure after hours number (if different than main line) is advertised on website and in clinic lobby

➤ Chapter 8: Continuity of Care and Hospital Admitting

Requirements:

- 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.



Program requirement

- Health center physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care.

Board responsibilities

- Assure employed providers have admitting privileges at surrounding hospitals within/serving the clinic's service areas
- Assure hospitalist affiliation agreement enhance patient access, services, etc. and does not create barriers to care. (if applicable)

Questions for Board members to ask

- Have all providers privileges been verified in the credentialing process
- Which hospitals does the clinic currently admit to with a continuity of care process in place?

Documents for Board to review/ approve

- Review and approve continuity of care policy and procedures
- Verify credentialing applications for provider also have a verification of hospital privileges, not only identified
- Review Hospitalist MOUs, if internal clinic provider team cannot secure privileges

➤ Chapter 9: Sliding Fee Discounts

Requirements:

- Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay.
- 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.

Sliding Fee Discounts



- Individuals at or below 100% FPL must receive a full discount on fees for services, however a nominal fee may be charged.
- The fee schedule must slide/provide varying discount levels on charges to individuals between 101% and 200% of the FPL based on family size and income.
- There must be no discount for patients above 200% FPL.
- The fee schedule must be based on the most recent Federal Poverty Level guidelines, available at <http://aspe.hhs.gov/poverty/> and updated annually.
- Patients must be made aware of the availability of the sliding fee discounts.



Program requirement

- Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay.
- 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.

Board responsibilities

- Annually review and approve the Sliding Fee Discount Policy and Procedure and Fee Schedules.
- Evaluate the sliding fee discount program at least once every three years.

Questions for Board members to ask

- Is the nominal fee truly nominal?
- Has the policy been updated with the new Federal Poverty Guidelines?
- Has the EHR been updated with the new Federal Poverty Guidelines?
- Is there signage in the clinic lobby/website about the availability of care at a discounted price based on income and family size?

Documents for Board to review/ approve

- Review and approve the Sliding Fee Discount Policy
- Review Sliding Fee Discount Scales for all service lines
- Review and approve additional policy and procedures regarding:
 - Financial screening
 - Billings and collections
 - Waivers

Chapter 10: Quality Improvement/ Assurance Plan

Requirements:

- Health center has an ongoing QI/ QA program that includes clinical services and management, and that maintains the confidentiality of patient records.



Program requirement

- 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.

Board responsibilities

- Establish QA/QI policies
- Review and approve QA/QI plan
- Monitor and evaluate its own performance, as well as that of the health center as a whole

Questions for Board members to ask

- Does the QA/QI plan serve the mission of the agency?
- Are all aspects of clinical care (medical, dental, behavioral) included in the plan?
- Are applicable financial measures included in the QA/QI plan?
- Is the plan being followed?
- Are QA/QI activities being recorded and evaluated?
- Is patient satisfaction included in the QA/QI plan?

Documents for Board to review/ approve

- Assist with development, review and approve QA/QI policy and procedures
- Annually approve updates to P&Ps and QA calendar of activities
- Ensure QA activities are reported to the Board in accordance with the QA/QI plan
- Ensure health center is following the plan as approved
- Evaluate health center's QA/QI activities

➤ Management & Finance



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➤ Chapter 11: Key Management Staff

Requirements:

- 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.



Program requirement

- Health center maintains a fully staffed management team as appropriate for the size and needs of the center.

Board responsibilities

- Oversee selection, dismissal, and performance evaluation of the health center CEO

Questions for Board members to ask

- What are our expectations of the role of CEO?
- Is the current organizational structure supporting the health center's goals?

Documents for Board to review/ approve

- Most recent organizational chart
- Most recent job descriptions for key management positions
- HR recruitment and retention plan
- CEO evaluation tools

Chapter 12: Contractual/ Affiliation Agreements

Requirements:

- Health center exercises appropriate oversight and authority over all contracted services, including assuring that any sub-recipients meet Health Center Program requirements.



Program requirement

- Health center exercises appropriate oversight and authority over all contracted services, including assuring that any sub-recipients meet Health Center Program requirements.

Board responsibilities

- Assure affiliation agreement enhance patient access, services, etc. and does not create barriers to care
- Assure key management has performed due diligence in reviewing affiliation agreements
- Assure affiliation does not compromise Board's fiduciary duties

Questions for Board members to ask

- Is this affiliation agreement necessary? Would it be beneficial/ make sense to bring this service in-house instead?
- Will the collaboration contribute to health center's survival and growth?
- Does this agreement comply with Section 330 requirements? (i.e. take all patients, implement sliding fee scale)

Documents for Board to review/ approve

- Affiliation agreements
- Form 5A, Columns II and III
- Procurement P & Ps
- Matrix/ list of contracts – ensure up to date and in compliance

➤ Chapter 13: Conflict of Interest Policy

Non-Applicable due to LAL status.

➤ Chapter 14: Collaborative Relationships

Requirements:

- Health center makes effort to establish and maintain collaborative relationships with other health care providers, including other health centers. The health center secures letters of support from existing health centers (section 330 grantees and FQHC Look-Alikes) in the service area or provides an explanation for why such letters of support cannot be obtained.



Program requirement

- Health center makes effort to establish and maintain collaborative relationships with other health care providers. The health center secures letters of support from existing health centers (section 330 grantees and FQHC Look-Alikes) in the service area or provides an explanation for why such letters of support cannot be obtained.

Board responsibilities

- Assure health center is collaborating with community organizations that compliment the services of the health center and meet patient needs (social services organizations, specialty services, shelters, immigration, etc.)
- Assure collaborative relationship is clearly delineated through a MOU

Questions for Board members to ask

- How can we help the health center – through our own professional and personal networks – establish collaborative relationships with community organizations and providers?
- How can we help secure letters of support?

Documents for Board to review/ approve


- Memoranda of understanding (MOUs) with collaborating organizations

Chapter 15: Financial Management & Control Policies

Requirements:

- Health center maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting 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.

Program requirement

- 
- Health center maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting 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.

Board responsibilities

- Review and accept independent audit
- Assure management resolves audit findings as promptly as possible
- Assure Board has enough knowledge/ experience among its members to have adequate oversight of financial control policies and audit process
- Require regular CFO reports to ensure financial stability of organization

Questions for Board members to ask

- Were there any questioned costs, reportable conditions, or material weaknesses cited in the report?
- What is management team's corrective action plan in response to any audit findings (if applicable)?

Documents for Board to review/ approve

- Financial and accounting policies & procedures
- Audit report, including management letter, if one was issued
- Health center's written corrective action plan in response to any audit findings (if applicable)

Chapter 16: Billing & Collections

Requirements:

- 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.



Program requirement

- 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.

Board responsibilities

- Assure systems are in place to bill third party payors/ insurances
- Assure health center is registered with all programs as determined by need of patient population: Medi-Cal, Medicare, etc.

Questions for Board members to ask

- Is health center maximizing revenues from third party payors?
- What percentage of patients are “refusing to pay”?
- What percentage of fees are waived?

Documents for Board to review/ approve

- Billing and collections policies and procedures
- Current HRSA financial measures
- Refusal to pay & waiver policies and procedures

Chapter 17: Budget

Requirements:

- 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.



Program requirement

- 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.

Board responsibilities

- Review and approve budget.
- Assure the health center has realistic plans for achieving annual and long-term programmatic and financial goals
- Regularly evaluate budget projections and correct as needed

Questions for Board members to ask

- How did performance compare to budget last year?
- How did fiscal-year-end interim statement compare to audited statement?
- Is the bottom line breakeven or better?
- Is there prior actual data supporting the budget and its key assumptions?
- Does the budget achieve the organization's goals?

Documents for Board to review/ approve

- Personnel costs budget
- Non-personnel costs budget
- Revenue budget
- Grant budget forms (Form 2, Form 3, budget narrative)
- Monthly budget performance data (actual, budget, variance)

➤ Chapter 18: Program Data Reporting Systems

Requirements:

- Health center has systems which accurately collect and organize data for program reporting and which support management decision making.

Program requirement

- Health center has systems which accurately collect and organize data for program reporting and which support management decision making.

Board responsibilities

- Assure health center is submitting required program reports
- Regularly review progress on clinical and financial measures
- Strategic planning to meet both clinical and financial goals

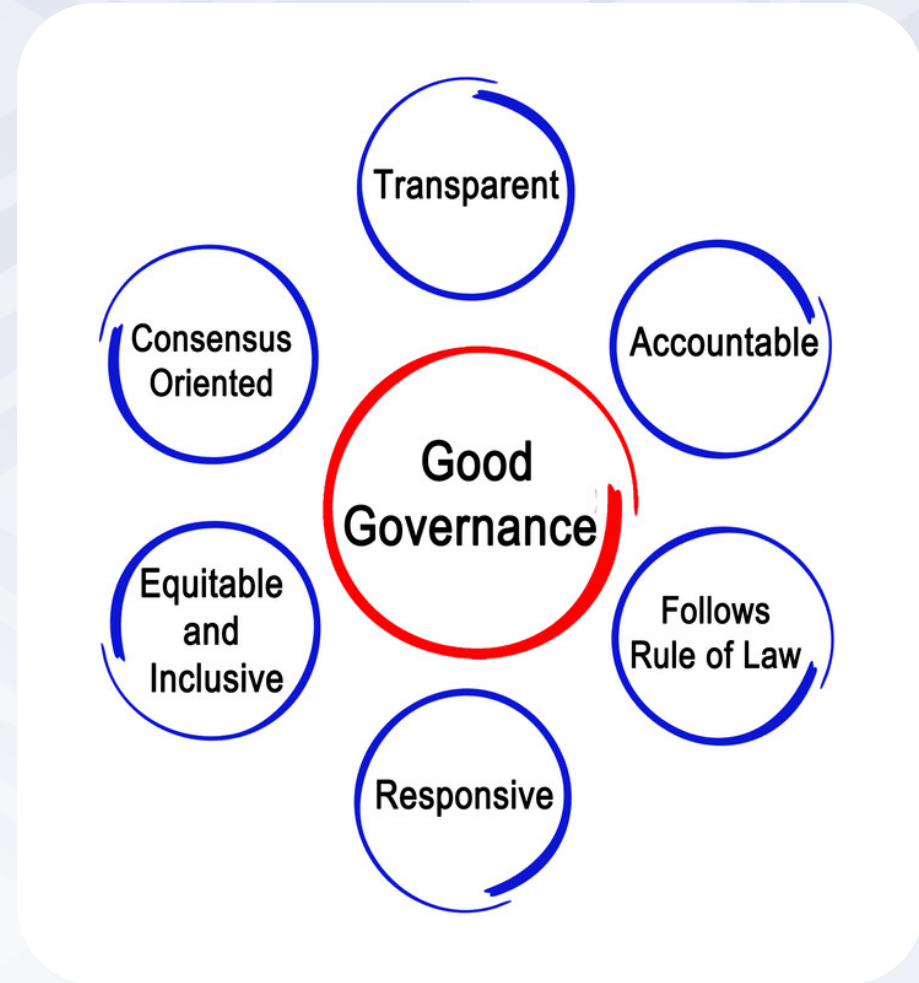
Questions for Board members to ask

- Is the health center meeting its forecasted patient numbers?
- Is the health center meeting its forecasted financial and clinical measure goals?
- Does health center staff have needed systems to collect, organize and analyze data (PMS, EHR, analytics)?
- What other type of information/ measure would be useful to have in our assessment of the health center?

Documents for Board to review/ approve

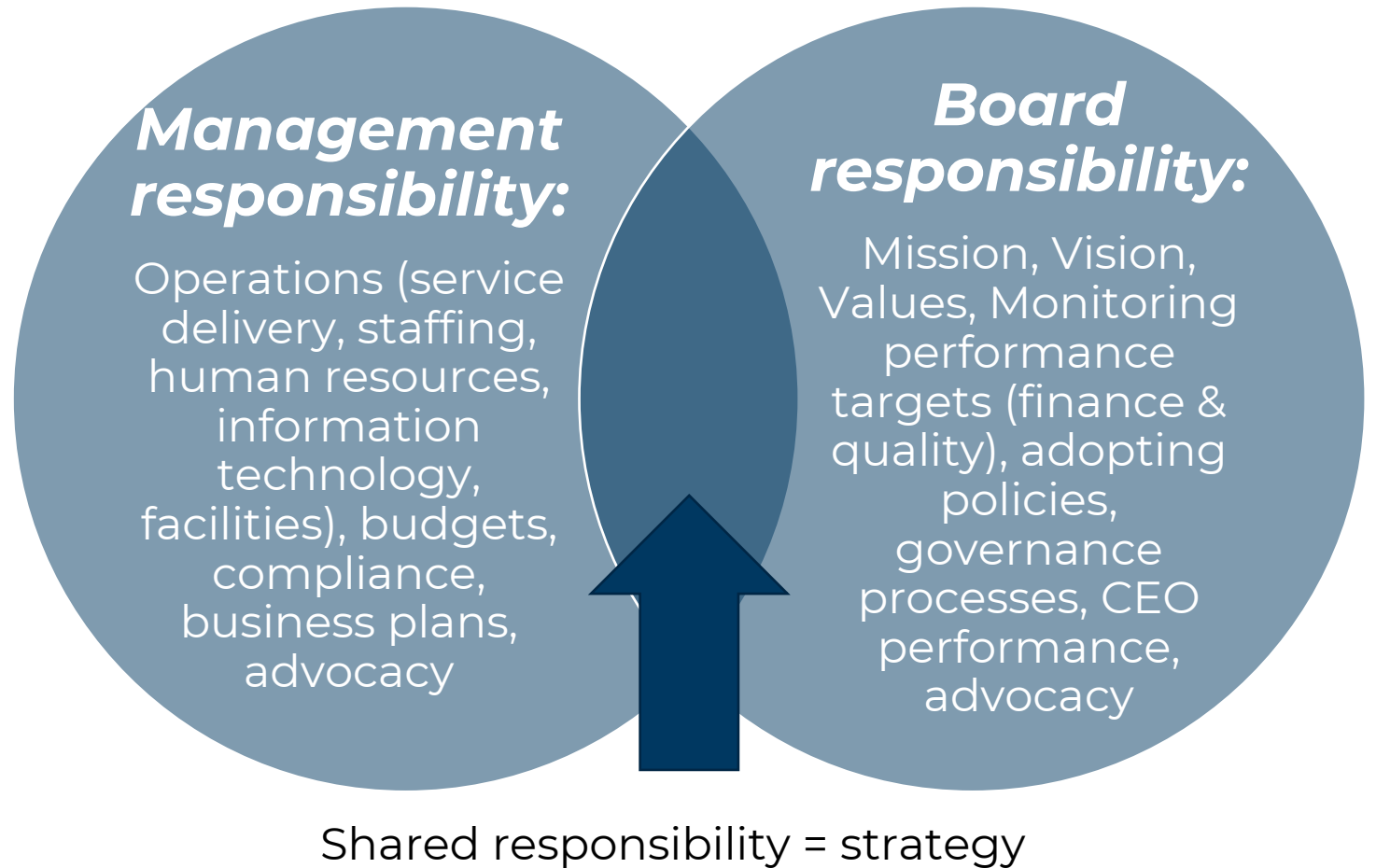
- Grant application including forecast of:
 - Patient and visits by service line
 - Provider productivity
 - Financial measure goals
 - Clinical measure goals

➤ Governance



➤ Board of Directors and CEO Roles

Both the Board of Directors and CEO are participants in the governing process, but each have their own responsibilities



➤ Chapter 19: Board Authority

Requirements:

- The health center must establish a governing board that has specific responsibility for oversight of the Health Center Program project.



Program requirement

- Health center governing board maintains appropriate authority to oversee the operations of the center

Board responsibilities

- Have monthly meetings
- Approve health center grant applications and budget
- Select/dismiss and evaluate health center CEO
- Select services to be provided and health center hours of operations
- Measure and evaluate the organization's progress in meeting its annual and long-term programmatic and financial goals

Questions for Board members to ask

- Are monthly minutes properly documented, signed and filed?
- When is the grant or renewal application to be submitted?
- When will the board have an opportunity to review the complete application?
- Has the annual budget been completed by CFO in conjunction with board finance committee?

Documents for Board to review/ approve

- Organization budget
- Policy and procedures
- Progress on HRSA clinical and financial measures.
- Progress on strategic plan as outlined by board.
- Board minutes

Continued.



Program requirement

- Health center governing board maintains appropriate authority to oversee the operations of the center

Board responsibilities

- Develop strategic plan
- Monitor organizational performance
- Review, approve or adopt all policies and procedures
- Review mission

Questions for Board members to ask

- Are CEO evaluation tools prepared and is the annual evaluation scheduled?
- When are policies and procedures updated?
- Have the clinical and financial measures been updated?
- Is there an annual board retreat?

Documents for Board to review/ approve

- Initial grant/LAL applications
- Renewal grant/LAL applications
- CEO evaluation
- Ensure strategic plan serves mission and goals of agency

➤ Chapter 20: Board Composition

Requirements:

- 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 gender.
- The majority [at least 51%] of the health center board members must be patients served by the health center.
- A health center board member may not be an employee of the center, or spouse or child, parent, brother or sister by blood or marriage of such an employee.



Program requirement

- 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 gender.
- Health center governing board maintains appropriate authority to oversee the operations of the center

Board responsibilities

- Ensure board members identified as patients are truly patients of the health center
- Minimum 9 maximum 25 board members
- Follow bylaws as approved
- Update bylaws to remove CEO as voting member
- Board recruitment plan
- Board on-boarding/training process

Questions for Board members to ask

- Is the current board composition compliant with size , race and ethnicity?
- Is there a board recruitment and on-boarding process?

Documents for Board to review/ approve

- Organization bylaws
- Board composition
- Review board member files to ensure complete files including signed conflict of interest
- Review source of income for board members (10% healthcare industry).



Questions?

References:

- [HRSA Compliance Manual](#) for ongoing standards and guidance.
- [OSV Site Visit Protocol](#) for full documentation requirements and assessment checklists

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**BOARD OF SUPERVISORS
COUNTY OF KERN**

SUPERVISORS

PHILLIP PETERS	District 1
CHRIS PARLIER	District 2
JEFF FLORES	District 3
DAVID COUCH	District 4
LETICIA PEREZ	District 5



KATHLEEN KRAUSE
CLERK OF THE BOARD OF SUPERVISORS
Kern County Administrative Center
1115 Truxtun Avenue, 5th Floor
Bakersfield, CA 93301
Telephone (661) 868-3585
TTY (800) 735-2929
www.kerncounty.com

February 11, 2025

Kern County Hospital Authority
Attention: Mona Allen
Mona.allen@kernmedical.com

Re: Amended Conflict of Interest Code for Kern County Hospital Authority

As the code reviewing body for Kern County agencies, special districts and County departments, and pursuant to Government Code Section 87303, the Board of Supervisors took action on February 11, 2025, and approved the Amended Conflict of Interest Code for Kern County Hospital Authority.

A copy of the approved code is attached for your information along with the Tracking Page. If you have any questions, or if we can be of further assistance, please let us know.

Sincerely,

KATHLEEN KRAUSE
Clerk of the Board of Supervisors


By: Susan Rodriguez
Deputy Clerk

Enclosure
KK/sr

**BOARD OF SUPERVISORS
COUNTY OF KERN**

TRACKING PAGE

9:00 A.M.

TUESDAY - February 11, 2025

CLERK OF THE BOARD

- CA-19) Amended Conflict of Interest Code for Kern County Hospital Authority (Fiscal Impact: None) - APPROVED
Couch-Peters: All Ayes



**BOARD OF GOVERNORS
KERN COUNTY HOSPITAL AUTHORITY REGULAR MEETING**

January 15, 2025

SUBJECT: Proposed Conflict of Interest Code for Kern County Hospital Authority

Recommended Action: Approve; Refer to Kern County Board of Supervisors for Approval

Summary:

The enabling county ordinance at section 2.170.102 requires the Hospital Authority and its officers and directors to conduct activities in a manner this is in conformity with the laws of the state of California as they pertain to conflicts of interest, including, but not limited to the Political Reform Act (Gov. Code, § 81000 et seq.), financial interests involving contracts (Gov. Code, § 1090), common law conflicts of interest,¹ and incompatible activities.²


The purposes of this policy are: (1) to preserve the integrity of the decision-making process of the Hospital Authority, (2) to prevent intentional or inadvertent participation in the decision-making process by persons having an actual or apparent conflict of interest, (3) to promote compliance with the process by which conflicts of interest are disclosed and managed in accordance with state laws, and (4) to prevent violations of state conflict of interest laws.

The attached conflict of interest code has been revised to include the Chairman and Members of the Community Health Center Board of Directors and the Executive Director of the Community Health Center to reflect the current list of designated covered individuals. The proposed changes have been reviewed and approved as to legal form by Counsel.

Therefore, it is recommended that your Board approve the conflict of interest policy for the Kern County Hospital Authority and refer to the Kern County Board of Supervisors for approval.

¹ Each member of the Hospital Authority Board of Governors and officers shall discharge his or her duties with integrity and fidelity and may not let private interests influence public decisions.

² In accordance with Section 101855(o) of the Health and Safety Code, a member of the Hospital Authority's administrative staff shall not be considered to hold an incompatible office or to be engaged in activities inconsistent and incompatible with his or her duties as a result of his or her employment or affiliation with the County of Kern or an agency of the County.

	Department: Administration			
	Policy No. ADM-LD-700	Effective Date: January 2025	Review Date: August 2026	Page 1 of 6 (with addendum)
Title: Conflict of Interest				

POLICY STATEMENT:

It is the policy of Kern County Hospital Authority (“Hospital Authority”) to provide for a process for the disclosure and management of conflicts of interest which may exist for persons with positions of trust and responsibility in the governance and management of the Hospital Authority, and to assure that state law provisions¹ relating to such conflicts are followed. In order to safeguard independent judgment and action in business decisions, each person entrusted with a key position of responsibility in the Hospital Authority has a duty to disclose actual or potential conflicts of interest, to avoid acting out of any actual or apparent conflict of interest which may arise from personal financial interests in entities which may conflict with the Hospital Authority’s best interests. The purposes of this policy are: (i) to preserve the integrity of the decision-making process of the Hospital Authority, (ii) to prevent intentional or inadvertent participation in the decision-making process by persons having an actual or apparent conflict of interest, (iii) to promote compliance with the process by which conflicts of interest are disclosed and managed in accordance with state laws, and (iv) to prevent violations of state conflict of interest laws.

DEFINITIONS:

- A. “Covered Individual” means those individuals identified in the attached Appendix A.
- B. “Financial interest” means for purposes of this policy a Covered Individual has a “financial interest” in a decision if it is reasonably foreseeable that the decision will have a material financial effect, distinguishable from its effect on the public generally, on the employee or an immediate family member or on: (1) any business entity in which the Covered Individual has a direct or indirect investment worth \$2,000 or more; (2) any real property in which the Covered Individual has a direct or indirect interest worth \$2,000 or more; (3) any source of income, other than gifts and other than loans by a commercial lending institution in the regular course of business on terms available to the public without regard to official status, aggregating \$630² or more in value provided to, received by or promised to the Covered Individual within 12 months prior to the time when the decision is made; (4) any business or entity in which the Covered Individual is a director, officer, partner, trustee, employee, or holds any position of management; and (5) any donor of, or any intermediary or agent for a donor of, a gift or gifts aggregating \$590 or more in value provided to, received by or promised to the Covered Individual within 12 months prior to the time when the decision is made.
- C. “Immediate family member” means the Covered Individual’s spouse; natural or adoptive parent, child or sibling; stepparent, stepchild, stepbrother or stepsister; father-in-law, mother-in-law, brother-in-law or sister-in-law; grandparent or grandchild; or spouse of a grandparent or grandchild.

¹ Government Code section 1090; Government Code section 81000 et seq.

² California Fair Political Practices Commission gift limit effective January 1, 2025 - December 31, 2026.

- D. "Indirect investment or interest" means any investment or interest owned by the spouse or dependent child of the Covered Individual, by an agent on behalf of the Covered Individual, or by a business entity or trust in which the Covered Individual, or Covered Individual's agent, spouse, and dependent children own directly, indirectly, or beneficially a 10% interest or greater.

1.0 ACTS CONSTITUTING CONFLICT OF INTEREST

- A. No Covered Individual shall engage in any employment, activity or enterprise that results in any of the following:
1. Using the prestige or influence of a Hospital Authority office or employment for private gain or advantage, or the private gain or advantage of another;
 2. Using Hospital Authority time, facilities, equipment or supplies for the Covered Individual's private gain or advantage, or the private gain or advantage of another;
 3. Using confidential information acquired by virtue of Hospital Authority office or employment for the Covered Individual's private gain or advantage, or the private gain or advantage of another;
 4. Receiving or accepting money or any other consideration from anyone other than the Hospital Authority for the performance of an act which the Covered Individual would be required or expected to render in the regular course or hours of office or employment or as part of duties as a Covered Individual;
 5. Performance of an act in other than the Covered Individual's capacity knowing that such act may later be subject, directly or indirectly, to the control, inspection, review, audit or enforcement by the Covered Individual or by the Hospital Authority;
 6. Make, participate in making or in any way attempt to use the Covered Individual's position to influence a governmental decision (other than a decision affecting an employee's wages, hours, or working conditions) in which the Covered Individual knows or has reason to know that the Covered Individual has a financial interest; or
 7. Non-Hospital Authority employment or self-employment outside of regular working hours which involves such time demands or services of such a character as to impair effectiveness of Hospital Authority employment.
- B. Any violation of the provisions contained in the aforementioned section shall constitute sufficient grounds for disciplinary action up to and including termination of employment.

2.0 EXEMPTION FOR CERTAIN PHYSICIAN SERVICES

Those physicians rendering professional services to Kern Medical Center or other Hospital Authority businesses under contract authorizing billing for services to non-indigent patients shall not be deemed to be in violation of the provisions of Section 1.0 of this policy in billing for such services so rendered.

3.0 POST-EMPLOYMENT RESTRICTIONS REGARDING REPRESENTATION, APPEARANCE OR COMMUNICATION

- A. Employees classified as management, mid-management or confidential, shall not, for a period of one year after leaving employment, act as agent or attorney for, or otherwise represent, for compensation, any other person, by making any formal or informal appearance before, or by making any oral or written communication to the Hospital Authority or a present member of the Board of Governors or any officer or employee of the Hospital Authority if the appearance or communication is made for the purpose of influencing administrative action, or influencing any action or proceeding involving the issuance, amendment, awarding, or revocation of a permit, license, grant, or contract, or the sale or purchase of goods or property.

- B. Subsection A shall not apply to any individual who is, at the time of the appearance or communication, a board member, officer, or employee of a local government agency or an employee or representative of any other public agency and is appearing or communicating on behalf of that agency.
- C. The following definitions shall apply for purposes of Sections 3.0 and 4.0 only:
 - 1. "Administrative action" means the proposal, drafting, development, consideration, amendment, enactment, or defeat by the Hospital Authority of any matter, including any rule, regulation, or other action in any regulatory proceeding, whether quasi-legislative or quasi-judicial. Administrative action does not include any action that is solely ministerial.
 - 2. "Legislative action" means the drafting, introduction, modification, enactment, defeat, approval, or veto of any ordinance, amendment, resolution, report, nomination, or other matter by the Board of Governors or by any committee or subcommittee thereof, or by a member of the Board of Governors acting in his or her official capacity.
 - 3. "Person" shall mean an individual, proprietorship, firm, partnership, joint venture, syndicate, business trust, company, corporation, limited liability company, association, committee, and any other organization or group of persons acting in concert.
- D. This Section and Section 4.0 are adopted in accordance with Government Code section 87406.3(c).

4.0 POST-EMPLOYMENT RESTRICTIONS REGARDING AID, ADVICE OR COUNSEL

Employees classified as management, mid-management or confidential, shall not, for a period of one year after leaving that office or employment, for compensation, aid, advise, counsel, consult or assist any other person regarding an appearance or communication which the official or employee would be prohibited from making under Section 3.0.

5.0 CONFLICT OF INTEREST CODE

- A. The Political Reform Act requires state and local government agencies, which includes the Hospital Authority to adopt and promulgate conflict of interest codes. (Gov. Code, § 81000 et seq.) The Fair Political Practices Commission has adopted a regulation, which contains the terms of a standard conflict of interest code. (Cal. Code Regs., tit. 2, § 18730.) Incorporation by reference of the terms of the regulation along with the designation of employees and the formulation of disclosure categories set forth in the attached Appendix A constitute the adoption and promulgation of the conflict of interest code of the Hospital Authority. The requirements of this conflict of interest code are in addition to other requirements of the Political Reform Act, such as the general prohibition against conflicts of interest contained in Section 87100, and to other state or local laws pertaining to conflicts of interest.
- B. Designated Covered Individuals identified in the attached Appendix A shall file statements of economic interests with the Hospital Authority, who will make the statements available for public inspection and reproduction. (Gov. Code, § 81008.) Upon receipt of the statements of the Chairman and Members of the Board of Governors of the Hospital Authority, the Hospital Authority shall make and retain a copy and forward the original of these statements to the Board of Supervisors of the County of Kern. Statements for all other designated Covered Individuals shall be retained by the Hospital Authority.

C. Government Code Section 87306.5 requires local agencies, which includes the Hospital Authority to submit to their code reviewing body, which, in the case of the Hospital Authority is the Kern County Board of Supervisors, a biennial report identifying changes in its conflict of interest code, or a statement that their code is not in need of amendment. An amendment is required to: (1) include new positions (including consultants) that must be designated; (2) revise the titles of existing positions; (3) deleted titles of positions that have been abolished; (4) deleted positions that manage public investments from the list of designated positions; (5) revise disclosure categories; and (6) other. No amendment is required if the Hospital Authority's code accurately designates all positions that make or participate in the making of governmental decisions; the disclosure categories assigned to those positions accurately require the disclosure of all investments, business positions, interests in real property and sources of income that may foreseeably be affected materially by the decisions made by those designated positions; and the code includes all other provisions required by Government Code Section 87302. Such report shall be submitted no later than October 1 of each even-numbered year (Gov. Code, § 87306.5(a).) When completed, the report must be mailed to the Clerk of the Board of Supervisors.

KEY WORDS: conflict of interest

OWNERSHIP (Committee/Department/Team)		Administration
ORIGINAL		
REVIEWED NO REVISIONS		Jun 2020
REVISD ..	Jan. 2025 Aug 2024, Sept 2022 Dec. 2019 Oct 2018, Oct 2016	
APPROVED BY COMMITTEE		Kern County Board of Supervisors
DISTRIBUTION		Administrative Manual
REQUIRES REVIEW		Aug 2026
_____ January 2025		_____ January 2025
Administrative Signature of Approval	Date	Signature of Approval
		Date

APPENDIX A

CONFLICT OF INTEREST CODE KERN COUNTY HOSPITAL AUTHORITY DESIGNATED COVERED INDIVIDUALS

Accountant (all)
Associate Director of Medical Education
Authority Board Coordinator
Chairman and Members of the Board of Governors (appointed by Board of Supervisors)
Chairman and Members of the Community Health Center Board of Directors
Chief Ambulatory and Outreach Officer
Chief Executive Officer
Chief Financial Officer
Chief Information Officer
Chief Medical Officer
Chief Nursing Officer
Chief Operating Officer
Chief Transformation Officer (new position)
Clinical Directors (all)
Consultants *
Contracts Compliance Specialist
Credit Card Holders (all)
Decision Support Consultant
Director, Care Coordination
Director, Communications
Director, Human Resources (formerly Director, Employee and Labor Relations)
Director, Outpatient Integration
Director, Patient Access
Director, Patient Accounting
Director, Performance Improvement
Director, Pharmacy Programs and Education
Director, Pharmacy Services
Director, Physician Recruitment
Director, Population Health
Director, Radiology and Imaging Studies (formerly Manager, Radiology)
Director, Security and Emergency Management
Director, Whole Person Care
EVS Director
Executive Director, Community Health Center
Fiscal Support Supervisor (assigned to General Accounting or Accounts Payable)
Fiscal Support Technician (assigned to Materials Management)
Front End Revenue Cycle Manager – EMR
Front End Revenue Cycle Manager – Inpatient and Emergency Department
Front End Revenue Cycle Manager – Patient Financial Counseling and Outpatient Clinics
Front End Revenue Cycle Manager – Pre-registration and Authorization
Hospital Counsel
Hospital Materials Director
Hospital Materials Manager
Hospital Payroll Manager
Managed Care Consultant (contract service)
Manager of Reimbursement
Materials Management Operations Manager
Medical Staff Department Chairs (all)

Medical Staff Division Chiefs (all)
Medical Staff Officers (elected officers only)
Patient Access Services Supervisor
Physician Enterprise Manager
Physician Enterprise Consultant
Revenue Cycle AR Administration Manager
Revenue Cycle AR Inventory Manager
Revenue Cycle Systems Support Manager
Revenue Integrity Manager
Risk Manager (Non-clinical) (formerly Workers' Compensation and Liability Manager)
Senior Paralegal
Senior Director, Facilities
Senior Director, Finance (formerly Director, Finance)
Senior Director, Health Information Services (formerly Health Information Services Director)
Special Projects Manager
Therapy Services Manager
Vice President & General Counsel
Vice President, Human Resources
Vice President, Strategic Development

*Consultants shall be included in the list of designated Covered Individuals and shall disclose pursuant to the broadest disclosure category in the code subject to the following limitation: The Chief Executive Officer may determine in writing that a particular consultant, although a "designated position," is hired to perform a range of duties that is limited in scope and thus is not required to comply fully with the disclosure requirements described in the Kern County Hospital Authority Conflict of Interest Code. Such written determination shall include a description of the consultant's duties and, based upon that description, a statement of the extent of disclosure requirements. The Chief Executive Officer's determination is a public record and shall be retained for public inspection in the same manner and location as the Conflict of Interest Code.

DISCLOSURE CATEGORY

Designated Covered Individuals shall report all sources of income, interests in real property, and investments and business positions in business entities.

**KERN COUNTY HOSPITAL AUTHORITY
COMMUNITY HEALTH CENTER
BOARD OF DIRECTORS
PUBLIC STATEMENT REGARDING CLOSED SESSION**

The Board of Directors will hold a closed session on February 26, 2025, to consider:

 X PUBLIC EMPLOYEE PERFORMANCE EVALUATION - Title: Community Health Center Executive Director (Government Code Section 54957) –