

GOV



National Association of  
Community Health Centers, Inc.®

**GOVERNANCE  
SERIES**

# Creating an Annual Board Work Plan: Tips on How to Distribute Board Responsibilities Evenly Throughout the Year

*For more information contact*

Jacqueline C. Leifer, Esq., or  
J. Zoe Beckerman, Esq.  
Feldesman Tucker Leifer Fidell LLP  
2001 L Street NW  
Washington, DC 20036  
Telephone: (202) 466-8960  
Fax: (202) 293-8103  
Email: ZBeckerman@feldesmantucker.com  
or

Malvise A. Scott  
Vice President, Programs and Planning  
National Association of Community Health  
Centers, Inc.  
7200 Wisconsin Avenue, Suite 210  
Bethesda, MD 20814  
Telephone (301) 347-0400  
Fax (301) 347-0459  
Email: MScott@nachc.com

This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. It is published with the understanding that the publisher is not engaged in rendering legal, financial or other professional service. If legal advice or other expert assistance is required, the services of a competent professional should be sought.

*The Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC) supported this publication under Cooperative Agreement Number U30CS00209. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA/BPHC.*

Health Center boards of directors are bound by law and regulation to abide by myriad program and reporting requirements throughout the lifespan of a grant. To fulfill their fiduciary responsibilities to their corporations and be good stewards of the public fisc (public funding), boards are charged with oversight responsibilities of health centers. Rather than day-to-day management responsibilities, boards have various supervisory duties that range from fiscal responsibilities—including budgetary approval, financial reporting, and audit approval—to service oversight—including reviewing the service area, evaluating utilization, prioritizing new or expanded services and programs, consolidating and/or downsizing, otherwise responding to community needs, approving grant applications and renewals, and updating health center policies and procedures. Boards also have responsibility for creating a strategic plan, performing annual self assessments, and evaluating the CEO of the health center.

All of these duties take time. To respond prudently to the many federal (and other) requirements with which health centers must comply, board members need time to review and understand the nuance of documents and plans, make recommendations, and vote on approvals. As such, these duties should not be sprung on a board or a committee just prior to when, for example, the federal government requires a report to be due. Instead, each should be planned for and appropriately scheduled so that the health center board's response is not hurried and individual board members are not ill-prepared. In this manner, all board members can anticipate the preparatory time that will be needed to be well informed.

Additionally, the management team can better anticipate the board's needs for information at each meeting and provide board packets well in advance of the meeting.

One should always remember that board members are volunteers who have jobs and activities far beyond the reach of the health center.

Respecting that the board members' commitment is not boundless, planning in advance to address all Board requirements in an efficient and timely manner is crucial. Advance planning will allow individual Board members to attend meetings and get the job done.

In short, to evenly distribute the board's workload over the course of a year, to minimize crises, and to maximize the board's preparation and knowledge of health center services and operations, health center boards ought to create and

follow annual work plans. It should be noted that the annual work plan is not a requirement established by law or regulation; it is merely a planning tool to assist boards in doing their utmost to meet their numerous obligations in a quality and timely manner while avoiding burnout.

This Information Bulletin:

- ◆ Distinguishes between strategic planning and creating an annual plan;
- ◆ Suggests a process for establishing an annual work plan;
- ◆ Discusses in detail the types of reports, reviews, and requirements that should be included in the annual work plan; and
- ◆ Provides a sample annual work plan that health centers can use as a model to develop their own work plan.

*The annual work plan is a short-range tool that focuses on the board's work one year at a time. . . . [It] should account for actions needed to accomplish the longer-range goals set by the health center's strategic plan. . . . [It] also sets guideposts and deadlines for health centers by which they must review and update policies, approve budgets, and submit assurances, applications, and reports to the federal government to comply with the terms of Section 330 and other major grants and contracts, as well as IRS and other regulatory reporting requirements.*

## THE DIFFERENCE BETWEEN A STRATEGIC PLAN AND AN ANNUAL WORK PLAN

**Strategic planning**, as defined by the *Governing Board Handbook* issued by the Health Resources and Services Administration (HRSA), is by its very nature, "broad-based and conceptual," an annual process by which the board and management team define and refine future plans for "long-term objectives and integrated programs for accomplishing these objectives."<sup>1</sup> HRSA's suggested timeline covered by this type of long-range planning is three to five years. Much of the strategic planning process revolves around assessing:

- ◆ The health care environment and marketplace in which the health center operates;
- ◆ The health center's strengths and weaknesses; and
- ◆ The opportunities and threats to be considered in priority setting and establishing goals.

In contrast, the **annual board work plan** is a short-range tool that focuses on the board's work one year at a time. Of course, the work plan should account for actions needed to accomplish the

1 U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care, Bethesda, MD: *Governing Board Handbook*, 2000, at 27.

longer-range goals set by the health center's strategic plan. Importantly, the annual work plan also sets guideposts and deadlines for health center boards by which they must review and update policies, approve budgets, and submit assurances, applications, and reports to the federal government to comply with the terms of Section 330 and other major grants and contracts, as well as Internal Revenue Service (IRS) and other regulatory reporting requirements.

---

## SUGGESTIONS FOR DEVELOPING AN ANNUAL BOARD WORK PLAN

There are a variety of considerations for a board as it creates an annual work plan. These include defining the scope of the work plan and identifying who should lead the development effort, which sources of input to include, whether to hold a planning retreat to create the plan, which year—program or fiscal—the annual work plan should follow, and what items to include. Each is addressed in turn below.

### The Development Process

The process of devising the annual work plan need not be overly burdensome for the health center's board. The board, however, must

not take the work plan process lightly. An incomplete or rushed process will only lead to problems later on. The annual work plan is a document that the health center board and management team will rely on all year to help structure work load, deadlines, and meeting schedules; therefore, it must be reliable.

### Point Person or Committee

A point person or committee, perhaps the board President or Secretary, or the Executive Committee, should be in charge of the annual work plan development effort. It should be a person or committee who has good overall knowledge of the board's obligations, as well as the health center's operations. This person or committee should work closely with the Chief Executive Officer (CEO) or Executive Director of the health center in drafting the work plan; devising a comprehensive work plan will require input from many sources.

### Sources of Input

The board, its various committees, and the CEO or Executive Director of the health center will need to weigh in on the work plan's elements to ensure that all key areas are covered and the schedule will work for everyone. The CEO, in turn, should consult with key health center staff to give input into the annual work plan's design, including the Chief Financial Officer and the Medical Officer.

### Planning Retreat or Session

The board's designated point person or committee will need to conduct a multi-hour planning session to develop the annual work plan. Such a planning session may occur as a part of the annual strategic planning retreat or it may require a session of its own. To support the point person or committee, the board will need to commit adequate time and resources to developing the plan, seeking input from key sources, and reviewing and approving the recommended plan created by the board's designee(s). The first year the health center develops an annual plan will likely take longer than subsequent years, so an additional few hours should be accounted for in the planning process.

### A "Living" Document

The work plan should not be considered a stagnant document. As such, boards should recognize that it is a "living" document and will require changes throughout the year. Thus, flexibility is needed by everyone who uses the work plan to ensure that changes can be made and additions and corrections can be incorporated as the need arises.

The goal of having a board work plan is to account for and spread the work of the board in response to known deadlines, as well as to allow for regular briefings on important topics and board training events. There will, of course,

always be unplanned issues that arise during the year that will need to be addressed by the board at meetings. If a good work plan is not in place, any unplanned-for issues that arise may sidetrack consideration of equally important, predictable matters. If, however, a solid work plan is in place, the board can:

- ◆ Evaluate the unplanned issue;
- ◆ Determine its severity and immediacy;
- ◆ Compare it to the tasks on the work plan; and
- ◆ See where consideration of the new issue may fit.

If the unplanned-for activity necessitates immediate attention, it may require that the Board juggle items on the existing work plan or schedule a special meeting (or perhaps designate a special committee to make preliminary recommendations). In such cases, the Board should be careful to attend to legal and regulatory deadlines so that further problems do not result, *e.g.*, if a provider credentialing issue arises that requires immediate and time-consuming attention, the Board will need to ensure that it is addressed, but that it does not put off Board discussion and/or approval of the audit or next year's budget. Missing other deadlines because something unexpected arises is not considered good management, and Section 330 and related Department of Health and Human Services (DHHS) rules, as well as other regulations (*e.g.*, IRS rules) do not make habitual allowances for the unexpected.

## Program Year vs. Fiscal Year

If the health center's fiscal year and program year do not align perfectly, the Board should decide which year the work plan will track. Any discrepancies between the two will need to be addressed by the Board to ensure that deadlines can be met and reporting requirements can be followed.

## Inclusion of Deadlines and Reporting Requirements

The annual work plan will require the Board to evaluate its workload responsibilities comprehensively, instead of taking a piecemeal or *laissez faire* approach. To achieve the goal of being holistic in its process, the Board will need to consider all of the key deadlines and reporting requirements designated by Section 330 and its implementing regulations, DHHS's uniform administrative requirements that apply to grants<sup>2</sup> and all other major Federal and State statutory and regulatory deadlines (as well as those imposed by other major grants and contracts). Each should be given its own spot on the annual work plan timeline, according to when it is due. The Board can then work backwards from that date to determine how long the preparation time required for completing each

one will be and can also include the required preparation time in the work plan timeline.

## Items without Government Deadlines

Additionally, certain items should be placed on the annual work plan that do not have obvious regulatory deadlines, but are still vitally important responsibilities of the health center's Board. One example is comparing budgeted to actual expenditures every month. The Board must compare budget to actuals as a part of its fiduciary duty to the corporation and also to ensure the safeguarding of Federal funds. Without a month-to-month analysis of budgeted versus actual spending, the Board cannot ensure that appropriate internal controls are being exercised and that the health center is performing in accordance with the Board-approved budget and strategic plan, as well as Federal and State grants and other commitments. Reviewing monthly budget to actuals and current financial statements also allows the Board to make mid-course corrections and update projections for the rest of the year. As a result, reviews of monthly budget to actuals and current financial statements should be placed on the work plan.

Another example of something that should be included on the annual work plan despite not

---

2 There are two Uniform Administrative Requirements regulations that will apply to health center grants: either 45 C.F.R. Part 74, applicable to grants let by DHHS to non-profit organizations, or 45 C.F.R. Part 92, applicable to grants let by DHHS to state and local governments.

having a regulatory deadline is the monthly review of Board meeting minutes. The monthly minutes are the only record of what occurs in Board meetings and can be used by boards to prove there was a quorum (thus, authorizing the Board to take action) and to record the votes on actions taken (including dissents or abstentions). Consequently, it is imperative that minutes are accurate and reviewed by Board members who attended the prior meeting. If edits or changes need to be made for accuracy, they should be made. Discussion and review of the prior

month's minutes should be done at every meeting and placed on the annual work plan.

## Evaluation of Board's Work Plan

While a formal evaluation of the Board's work plan is not required nor advised, it is important for the Board and the CEO to keep track of how the document worked for them over the course of the year. For example, if the annual work plan included many items but the

Board found that the timing for handling some of them was problematic, this issue should be noted and changed in the next year's plan. In addition, if some key events were inadvertently omitted from the work plan, these should be noted and included in the plan for the following years. The point person or committee in charge of creating the annual plan can and should take responsibility for updating and changing the work plan and tracking how well it worked for the Board.

### Items to Include in the Annual Work Plan

- Annual strategic planning retreat.
- Annual meeting to elect officers, seat new members, and review committees.
- Quality assurance reports.
- Credentialing and privileging updates.
- Quarterly Corporate Compliance reports.
- Review of policies and procedures prior to annual review or renewal.
- Review of health center's plans, including:
  - Capital expenditures plan
  - Language & cultural competency plan
  - Service plan
  - Board and staff training plan
  - Marketing and enrollment plan for prepaid health plans
- Approval of annual budget/grant application.
- Annual audit review.
- Review IRS Form 990.
- Monthly budget to actual expenditure reports.
- Monthly review and approval of Board meeting minutes.
- Reports on staffing needs/changes.
- Board self-evaluation.
- Evaluation of CEO.

## SPECIFIC ITEMS TO INCLUDE IN THE WORK PLAN

The specifics of a health center Board's annual work plan will vary among health centers vis-à-vis each health center's style, based on its unique needs, activities, and operations. For example, a health center's Board may sponsor a fundraiser every year to raise funds to support certain health center programs, capital needs, and other purposes arising from the long-range strategic plan.<sup>3</sup> The fundraiser and the planning for such an event should be included in the annual work plan. If the idea for the fundraiser is developed after the annual work plan is written, it should be included in the annual work plan as soon as the Board decides to hold the fundraiser. Not only should Board-created events such as fundraisers be placed on the annual work plan calendar, but

<sup>3</sup> The expenses for holding such a fundraiser must be covered by non-federal funds (including any allocable health center staff time or overhead) as such costs are not allowed charges to a federal grant (see 45 C.F.R. Part 74 and OMB Circular A-122).

also the work plan should be consulted prior to finalizing the scheduling of such events. Checking the annual work plan will help to ensure that the Board is not overloaded in any given month.

Nonetheless, there are numerous items common to all health centers that should also be accounted for within the annual work plan. The Sample Annual Work Plan included with this Information Bulletin provides an example of how these items might fit into a working document. Please note that the sample should be used as a guide only; it is not intended to be used without tailoring it your health center Board's needs.

### Health Center Policies

Policies for board review include:

- ◆ Personnel policies and procedures, including:
  - Selection and dismissal procedures,
  - Salary and benefit scales,
  - Employee grievance procedures, and
  - Equal employment opportunity practices;
- ◆ Financial management policies and practices, including:
  - A system to assure accountability for health center resources,
  - Approval of the annual budget,
  - Health center priorities,
  - Eligibility for services (including criteria for partial payment schedules), and
  - Long-range financial planning;

- ◆ Health care policies, including:
  - Scope and availability of services,
  - Location and hours of services, and
  - Quality-of-care audit procedures; and
- ◆ Policies for evaluating health center activities, including:
  - Service utilization patterns,
  - Productivity of the health center,
  - Patient satisfaction,
  - Achievement of objectives and
  - Development of a process for hearing and resolving patient grievances.<sup>4</sup>

### Health Center Procedures

Procedures for board review include:

- ◆ The health center's catchment area,
- ◆ Its fee schedule, and
- ◆ Schedule of charges

### Health Center Plans

The Board must also review and approve the numerous plans the health center has in place that guide the center's work, including:

- ◆ The capital expenditures plan;
- ◆ Language and cultural competency plan;
- ◆ Service plan;
- ◆ Board and staff training plan; and
- ◆ Marketing and enrollment plans for prepaid health plans.

This review may be done at the same time as the board reviews other policies and procedures, or it

may be done in conjunction with the board's strategic planning efforts. In any event, plan review must be included on the annual work plan.

### Staffing Needs

As a part of the program review, **staffing** needs should be considered. If changes need to be recommended, the Board can do so at this time.

To the extent that committees and the management team can review policies and procedures and make recommendations to the health center Board, the Board should charge them to do so. Giving committees a charge for the year and deadlines that dovetail with the Board's annual work plan is critical in assuring the smooth implementation of the work plan in a coordinated fashion.

## Review and Approval of Annual Budget, Grant Application, and Other Financial and Tax Forms

### Annual Budget and Grant Application

Another critical item that must be included and properly accounted for in the annual work plan is the Board's approval of the annual budget and Section 330 grant application (as well as any other major grants or contracts). This item should be included on the work plan so that the Finance Committee can review it approximately sixty

<sup>4</sup> See NACHC's Governance Information Bulletin #9, *The Board's Role in Adopting and Overseeing Health Center Policies and Procedures*, for more information on this topic.

days before the grant is due. In this manner, there is time to make any needed changes.

The recommendation by the Finance Committee for full Board approval of the budget and grant application can then occur at the next meeting of the full Board, at least thirty days prior to the submission deadline. If the Board has a meeting scheduled only a day before the application is due, this does not provide enough time to carefully review and recommend changes or approve it. As such, Board approval of the budget and application should not wait until a meeting at the last minute for approval.

### Financial Status Report

The Board should also review and approve the Financial Status Report (“FSR”) which must be filed with HRSA within ninety (90) days after the expiration of the Section 330 grant budget period. Additionally, the Board ought to review and approve applicable tax forms, such as the IRS Form 990 and other important filings. A health center’s filing date for the 990 is determined by the end of its fiscal year. The filing must occur by the 15th day of the 5th month after its fiscal year ends. The Finance Committee should review and approve such filings, and make recommendations to the full Board for approval. Board approvals of these documents should be placed on the annual work plan.

### Annual Audit Process

Under the terms of its Section 330 grant, the health center is subject to the Office of Management and Budget’s Circular A-133 Single Audit Act audit requirements. An annual audit is required to be submitted within nine months of the close of the grant’s fiscal year.

Planning for the audit should be included in the annual work plan, as should the review of the audit findings. The health center Board’s use of an Audit Committee will help to facilitate planning and review of the audit.

Boards should be careful not to place review of the audit report on the work plan for the same month as the approval of the health center budget; both are comprehensive and weighty documents that require much time and focus from Board members. Placing them on the agenda at the same meeting means that boards can be overwhelmed with critical data and not do either document justice. Instead of giving the audit report and the annual budget short shrift, boards should be able to give both of them the attention and time they require. This will be made easier if boards can plan to address them at different monthly Board meetings. Boards should also place the approval of any necessary reconciliation between the FSR and the audit report on the work plan calendar.

### Monthly Reviews of Budget to Actuals

As noted above, to fulfill their fiduciary duties to the health center and ensure that proper internal controls exist to safeguard federal grant funds, boards should review and approve monthly budget to actual expenditure reports and current financial statements. These reports, generated by health center fiscal staff, should be included in the annual work plan because a monthly discussion of the health center’s fiscal health can take some time. Thus, it is important to account for them in the annual work plan. If the Board notes trends in the monthly budget to actuals or current financial statements that require changes or fixes to be made, then it can suggest mid-course budget corrections to keep the health center on track.

### Corporate Compliance, Quality Assurance, and Credentialing/Privileging Reports

#### Corporate Compliance Review

All health centers should have a Board approved corporate compliance program in place. A corporate compliance program is a voluntary system of internal controls designed to ensure that health care providers regularly evaluate and monitor their own adherence to applicable statutes, regulations, and program requirements.<sup>5</sup> The corporate Compliance Officer, typically with the assistance of a management-level Compliance Committee,

5 For further information on corporate compliance programs, see NACHC’s Governance Information Bulletin #10, *Translating Corporate “Responsibility” Legislation and Guidance into Good Governance*.

develops appropriate policies and procedures, trains staff on compliance requirements, monitors high risk areas, investigates alleged problems, and develops and implements a corrective action plan for any detected offenses. Each year, the Compliance Officer should develop a work plan and budget for compliance activities to be submitted to the Board for approval. As well, a summary of all compliance activities should be written into a quarterly report for the Board. The report should highlight successes as well as high-risk problem areas that require the Board's attention. Approval of the health center's corporate compliance work plan and budget and quarterly corporate compliance reports should thus be added to the Board's annual work plan to assist it in its oversight of risk exposure areas.

### Quality Assurance Review

Health Centers should also be sure to include quality assurance updates in their annual work plans. Pursuant to 42 C.F.R. 51c.303(c), health centers are required to maintain an ongoing quality assurance program to ensure the appropriateness and effectiveness of patient care.<sup>6</sup> Quality assurance updates can be done in tandem with the quarterly corporate compliance reports or can be addressed separately, depending on what works best for the specific health center and its Board.

### Credentialing/Privileging Review

Under Federal law and Bureau of Primary Health Care (BPHC) policy,<sup>7</sup> health centers must establish a formal process to verify regularly the credentials of health care practitioners and determine the scope of their privileges. The health center's credentialing process should meet the standards of national accrediting agencies, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The Board should address credentialing issues in an ongoing manner and BPHC suggests that re-privileging should occur every two (2) years. Health center boards should also review their credentialing and privileging policies yearly.<sup>8</sup> These credentialing and privileging schedules should be added to the annual work plan. Boards should note that while credentialing and privileging issues should be addressed by the Board and added to the annual work plan, this does *not* mean that Board members should be involved in the day-to-day clinical management of the health center.

### Evaluations of Board and CEO

#### Board Self-Evaluation

Towards the end of the year, the Board will need to complete its self-evaluation.<sup>9</sup> The Board or a committee will need to determine the instrument they will use; the Board will have to complete the evaluation; results will need to be tabulated and summarized in a report. The report should be reviewed by the full Board at a meeting or alternatively, the report can be used at the strategic planning retreat to help the Board improve its process on goal setting and refinement of oversight policies and procedures. Either way, all of these steps should be accounted for in the annual work plan.

#### CEO Evaluation

The board should also evaluate the CEO toward the end of the year to:

- ◆ Assess his/her achievement of established criteria (presumably in or appended to the CEO's job description or included in

---

6 See NACHC's Governance Information Bulletin #3, *The Role of the Health Center's Board of Directors in Establishing a Quality Assurance Program* for more information on this subject.

7 See P.L. 102-501, the Federally Supported Health Centers Assistance Act of 1992 (Sept. 24, 1992) and BPHC's Health Center Program Expectations Policy Information Notice # 98-23.

8 For further information, see NACHC's Risk Management Information Bulletin #9, *Credentialing and Privileging of Health Center Clinicians: Tips to Help Navigate the Legal Pitfalls*.

9 See NACHC Governance Information Bulletin #4, *Health Center Board Self-Evaluation: the Fundamentals*, for more information on the process of self-evaluation and what to include.



the CEO's employment contract) regarding successful clinical, fiscal, and operations management; and

- ◆ Establish individual performance goals that address any concerns about performance or priorities of the Board for the coming year.<sup>10</sup>

The Board will need to determine which instrument to use to evaluate the CEO, who will participate in the evaluation, when the evaluation will occur, when results will be compiled and shared with the full Board and the CEO, and when input from the CEO will be received. CEO evaluation and its many components should be placed on the annual work plan to ensure it happens in a timely manner.

## Other

No matter how well the Board may plan its activities and try to predict its expected workload, con-

tingencies will occur over the course of the year. For example, a health center might receive a Notice of Grant Award (NGA) that includes an award amount that does not dovetail with the budget the Board approved or that includes special terms and conditions. If the budget and the NGA are materially different, the Board will need to discuss how to modify the health center's services and programs to align with the approved budget. Board agreement and approval is especially important in this situation because if the health center draws down any part of the grant award—even ten cents—the health center will have been deemed to have accepted all conditions imposed by the Federal government. In any case, we recommend that the Board plan each year to review the NGA at the meeting immediately after its receipt—within thirty (30) days of the receipt of the grant award—to determine whether or not to ask HRSA for reconsideration.

## CONCLUSION

In sum, the annual work plan is a tool to be used to by boards of health centers—not because it is required by law or program regulations—but because it will help the Board and management discharge duties effectively, comply with requirements carefully, and ensure an even distribution of Board resources throughout the year. Without an annual work plan, a health center Board may be overwhelmed. But with a functional annual plan that can be easily and logically operationalized, a Board can predict when much of its duties and deadlines fall during for the upcoming year. Having this structure in place will allow the Board to face with aplomb the inevitable, unpredictable events that arise during the year.

<sup>10</sup> See NACHC's Governance Information Bulletin #7, *Evaluation of the Health Center's Chief Executive Officer*, for more information on how to evaluate the CEO's performance.

## Sample Annual Work Plan\*

### Months 1 through 6

| Month 1  | Month 2  | Month 3  | Month 4  | Month 5   | Month 6  |
|--|--|--|--|---|--|
| Review and approve minutes of last month's meeting   | Review and approve minutes of last month's meeting | Review and approve minutes of last month's meeting | Review and approve minutes of last month's meeting               | Review and approve minutes of last month's meeting  | Review and approve minutes of last month's meeting                     |
| Review and approve Budget to Actuals   | Review and approve Budget to Actuals               | Review and approve Budget to Actuals               | Review and approve Budget to Actuals                             | Review and approve Budget to Actuals  | Review and approve Budget to Actuals                                   |
| Annual Meeting; elect and seat new members, review committees, review bylaws for quorum purposes |  |  |  |   |  |
|  |  | Finance Committee's review of IRS Form 990         | Review IRS Form 990 based on Finance Committee's recommendations | Submission of IRS Form 990  |  |
|  |  |  |  | Review of Policies & Procedures prior to annual renewal (inc. clinical & administrative, capital expenditures plan, language & cultural competency plan, service plan; Board and staff training plan; marketing and enrollment plan for prepaid health plans) |  |
|  |  | Annual Planning Retreat                            | Review Planning Retreat Report                                   |   |  |
|  | Review and approve Financial Status Report (FSR)   | Submission of FSR to HRSA                          | Review Catchment Area, Service Contracts and Fee Schedule        |   | Review prior year's Audit; review reconciliation between FSR and Audit |
| Committee to tabulate Board self evaluation results and place in Report for review by full Board | Review Board Self-evaluation Report                |  |  |   |  |
|  | Corporate Compliance Report                        |  |  | Corporate Compliance Report   |  |
| Quality Assurance/ Risk Management Report +  |  | Credentialing/ Privileging Issues                  | Quality Assurance/Risk Management Report                         |   |  |
|  | Review community needs assessment as needed        |  |  |   |  |

Sample Annual Work Plan\*

Months 7 through 12

| Month 7  | Month 8   | Month 9  | Month 10  | Month 11   | Month 12   |
|--|---|--|---|--|--|
| Review and approve minutes of last month's meeting | Review and approve minutes of last month's meeting                  | Review and approve minutes of last month's meeting                         | Review and approve minutes of last month's meeting      | Review and approve minutes of last month's meeting | Review and approve minutes of last month's meeting   |
| Review and approve Budget to Actuals               | Review and approve Budget to Actuals                                | Review and approve Budget to Actuals                                       | Review and approve Budget to Actuals                    | Review and approve Budget to Actuals               | Review and approve Budget to Actuals   |
|  |   |  |   |  | Nominate new Board members to replace outgoing members/ vacancies  |
| Review & Approve Next Year's Section 330 Budget    | Finance Committee Review & Approve Application or renewal materials | Full Board's review & approval of budget/grant renewal documents           | Submission of grant application or renewal documents    |  |  |
|  |   |  |   |  |  |
|  |   |  |   |  |  |
|  |   | Submission of independent audit of prior FY (w/in 9 months of close of FY) |   |  |  |
|  |   | Committee to determine CEO evaluation instrument                           | Committee to determine Board Self-Evaluation Instrument | CEO Evaluation; Committee to compile results       | Board Self-Evaluation; Share CEO evaluation results with Board and CEO; Get CEOs input on his/her evaluation |
|  | Corporate Compliance Report   |  |   | Corporate Compliance Report                        | Review and approve Compliance work plan and budget for next year   |
| Quality Assurance Report                           |   | Credentialing/ Privileging Issues  | Quality Assurance Report                                |  |  |
|  |   |  |   |  |  |

\* Note: Month 1 in this example is the month the health center's § 330 grant funds begin; this chart assumes that Month 1 coincides with the start of the fiscal year. Placement of items on this chart is flexible, for example the annual meeting need not occur in Month 1. This chart should serve only as a planning tool for health center boards.

+ Note: Quality assurance report may be coupled with corporate compliance report.



National Association of Community Health Centers, Inc.®

7200 Wisconsin Avenue, Suite 210

Bethesda, MD 20814

Telephone: 301-347-0400

Fax: 301/347-0459

Website: [www.nachc.com](http://www.nachc.com)