



Below are the 19 Section 330 Requirements are summarized below; we must meet these in order to remain eligible for our federal funding and the other benefits listed above.

1. Needs Assessment: demonstrate and document the needs of our target population, updating our service area, when appropriate.
2. Required and Additional Services: provide all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals.
3. Staffing Requirement: maintain 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 credentialed and licensed.
4. Accessible Hours of Operation/Locations: provide services at times and locations that assure accessibility and meet the needs of the population to be served.
5. After Hours Coverage: provide professional coverage during hours when the center is closed.
6. Hospital Admitting Privileges and Continuum of Care: our physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care.
7. Sliding Fee Discounts: have a system in place to determine eligibility for patient discounts adjusted on the basis of the patient ability to pay.
8. Quality Improvement/Assurance Plan: have an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management, and that maintains the confidentiality of patient records.
9. Key Management Staff: maintain a fully staffed health center management team as appropriate for the size and needs of the center.
10. Contractual/Affiliation Agreements: exercise appropriate oversight and authority over all contracted services, including assuring that any sub recipient(s) meets CHC program requirements.
11. Collaborative Relationships: makes effort to establish and maintain collaborative relationships with other health care providers, including other health centers, in the service area of the center.
12. Financial Management and Control Policies: maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to

safeguard assets and maintain financial stability . . . assures an annual independent financial audit is performed in accordance with Federal audit requirements.

13. Billing and Collections: have systems in place to maximize collections and reimbursement for our costs in providing health services, including written billing, credit and collection policies and procedures.
14. Budget: have 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.
15. Program Data Reporting Systems: have systems which accurately collect and organize data for program reporting and which support management decision making.
16. Scope of Project: maintain our funded scope of project (sites, services, service area, target population and providers); including any increases based on recent grant awards.
17. Board Authority: our governing board maintains appropriate authority to oversee the operations of the center.
18. Board Composition: composed of individuals, a majority of whom are being served by the center and, who as a group; represent the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex.
19. Conflict of Interest Policy: bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by board members, employees, consultants and those who furnish goods or services to the health center.