



Wisconsin Community Health Center Incubator  
 Checklist  
 Module 1: Community Organizing and Engagement

**Background**

Community organizing is the capacity of a community to implement programs, policies and other changes as well as seek funding for Community Health Center development and expansion. Community organizing involves convening all appropriate stakeholders with the intent of developing a Community Health Center or expanding a current community-based clinic to serve additional populations (i.e. expanding from primary care to include dental, behavioral or pharmacy services). For more information and resources on community organizing, please go to WPHCA’s Community Development section of the Web site: <http://www.wphca.org/About-CHCs/how-to-establish-a-community-health-center.html> and click on the Community Organizing headline.

Define and Initiate Community Leadership	Yes	No	N/A
Individuals and/or organizations with an interest in addressing unmet medical, dental, or behavioral health need have been identified.			
A team of 4-6 individuals has been convened to identify the specific issues and engage other community stakeholders.			
Team members have identified their roles (i.e., meeting convener, note taker, logistics planners.)			
A primary point of contact is identified for the team.			
Clarify the Issues & Define the Community	Yes	No	N/A
Population(s) in need are identified- <ul style="list-style-type: none"> <li>• Who are they? (i.e., uninsured, Medicaid eligible, or other targeted at-risk group such as migrant workers or homeless people)</li> <li>• Where do they live? (i.e., specific geographic area)</li> <li>• Based on current information, what do you believe their need to be for services?</li> </ul>			
Key stakeholders are identified within the geographic area to be served, including any individual and/or organization that may have an interest (pro or con) in a Community Health Center. <ul style="list-style-type: none"> <li>• Local health providers</li> <li>• Neighboring CHCs</li> <li>• Public health and social service organizations</li> <li>• Faith-based community</li> <li>• City/County/Tribal governments</li> <li>• School representatives</li> </ul>			
Any barriers (historic, current, or future) to CHC development/expansion that may present during the planning effort in your community have been identified.			

Conduct Informant Interviews and/or Focus Groups	Yes	No	N/A
Bring together a team of interviewers to conduct interviews and/or focus groups with a representative cross section of key stakeholders with diverse interests.			
Construct a timeline for conducting and completing interviews/focus groups that allows information gathered to remain current and relevant to the planning process.			
Notes or summaries of interviews/focus groups are distributed to all on the planning team to review in an effort to evaluate feedback.			
Evaluate the interview/focus group data and key findings, and identify themes.			
Develop Strategies for Next Steps	Yes	No	N/A
Identify any issues identified through interviews that support the need for this project.			
Identify additional barriers to this project.			
Identify any additional stakeholders interested in advancing the project and their ability/willingness to be engaged on the planning team.			
Identify any adversaries to the CHC initiative and identify strategies for informing and negotiating with them to better understand areas of common interest or opportunities to move forward together.			
Identify immediate next steps, assign individuals responsible for next steps and negotiate timelines.			
Identify consultants that may be needed to advance the initiative further (i.e., experienced CHC administrators, grant writers, project managers, Wisconsin Primary Health Care Association resources.)			

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## Wisconsin Community Health Center Incubator Checklist Module 2: Organizational Development

### Background

The foundation of a successful Community Health Center is a strong non-profit organization with a clearly defined mission, sound management, strong governance and a continuous focus on results. The following items reflect the federal Health Center program requirements for Governing Boards and outline initial steps required in the development of a non-profit organization. For more information and resources on community organizing, please go to WPHCA's Community Development section of the Web site: <http://www.wphca.org/About-CHCs/how-to-establish-a-community-health-center.html> and click on the Organizational Development headline.

Community Based Board of Directors	Yes	No	N/A
Consist of at least 9, but not more than 25 members.			
Maintain a majority (at least 51%) of members who are patients of the Health Center.			
Represent the diversity of the community (age, gender, race/ethnicity, expertise, community connections).			
Not have more than half of the members of the Board be individuals who derive more than 10 percent of their annual income from the health care industry.			
Not have members who are employed by the Health Center or relatives of Health Center employees.			
Not have more than half of the members of the Board be individuals who derive more than 10 percent of their annual income from the health care industry			
Draft Articles of Incorporation	Yes	No	N/A
Articles of incorporation establish the Health Center as a legal entity. Community Health Centers are generally incorporated as not-for-profit entities, which make them eligible to apply for tax-exempt status under state and federal income tax laws. Sample Articles of Incorporation at: <a href="http://www.mncn.org/info_start.htm">http://www.mncn.org/info_start.htm</a> <a href="http://www.managementhelp.org/boards/boards.htm#anchor133574">http://www.managementhelp.org/boards/boards.htm#anchor133574</a>			
Draft Mission, Vision, Bylaws	Yes	No	N/A
Bylaws provide governing rules for internal Health Center operations from defining the size and selection of the Board of Directors, the number of board meetings, how the board will operate. Sample Bylaws available at <a href="http://www.mncn.org/info/template_start.htm">http://www.mncn.org/info/template_start.htm</a>			

Attachment C: CHC Organizational Development Checklist

Convene an Initial Meeting of the Board	Yes	No	N/A
Approve Articles and Bylaws			
Authorize Tax-Exempt Filing			
Elect Officers			
Agree on monthly meeting schedule			
Agree on committee structure and appoint board members to committees			
Obtain Tax-Exempt Status Materials	Yes	No	N/A
Form 1023, Application for Recognition of Exemption <a href="http://www.irs.gov/charities">www.irs.gov/charities</a> Application fees at time of submission: \$750			
File Articles of Incorporation	Yes	No	N/A
In Wisconsin, Submit Articles of Incorporation and 1 exact copy to: Department of Financial Institutions PO Box 7846 Madison, WI 53707-7846 Information: (608) 261-7577 Fax: (608) 267-6813 Web Site: <a href="http://www.wdfo.org/corporations">www.wdfo.org/corporations</a> Filing Fee: \$35 <a href="http://www.wdfo.org/corporations/faqs.htm#forms">http://www.wdfo.org/corporations/faqs.htm#forms</a>			
File Application with IRS for Tax-Exempt Status	Yes	No	N/A
Submit Form 1023, Application for Recognition of Exemption to: Internal Revenue Service P.O. Box 12192 Covington, KY 41012-0192 Information: (800) 829-1040 Forms: (800) 829-3676 Web Site: <a href="http://www.irs.gov/charities">www.irs.gov/charities</a> Filing Fee: \$750 (\$300 if revenues less than \$10,000/year)			
Obtain a Wisconsin Certificate of Exempt Status (CES)	Yes	No	N/A
Generally, federally exempt 501(c)(3) organizations will qualify for sales tax exemption in Wisconsin. To obtain a Certificate of Exempt Status (CES) number, the organization must submit Form S-103 (CES) with a copy of the IRS determination letter, Articles of Incorporation, bylaws, and a statement of income and expenses for the organization's most recent accounting period to: Wisconsin Department of Revenue PO Box 8902 Madison, WI 53708-8902 Information: (608) 266-2776 Fax: (608) 267-1030 Web Site: <a href="http://www.dor.state.wi.us">www.dor.state.wi.us</a>			

Attachment C: CHC Organizational Development Checklist

Register to the State of Wisconsin to Solicit or Receive Contributions	Yes	No	N/A
<p>Wisconsin non-profit entities must register with the Wisconsin Department of Regulation and Licensing (DRL) in order to solicit contributions or have contributions solicited on its behalf in excess \$5,000. DRL must receive Form #296, Articles of Incorporation, Bylaws, IRS 501(c)(3) determination letter, and a statement explaining how the organization will use the contributions by July 31.</p> <p>Department of Regulation &amp; Licensing Charitable Organizations PO Box 8935 Madison, WI 53708 Phone: (608) 266-2112 Fax: (608) 267-3816 Web Site: <a href="http://drl.wi.gov/index.htm">drl.wi.gov/index.htm</a> Filing Fee: \$15</p> <ul style="list-style-type: none"> <li>▪ Contributions received &gt;\$5,000: Submit Form #308</li> <li>▪ Contributions received &gt;\$100,000: Submit audited financial statement, Form #11952, and Form #308 with filing</li> <li>▪ If the organization uses a professional fund-raiser to solicit in Wisconsin, the name and address of said fund-raiser must be provided</li> </ul> <p>“Contributions” refers to solicited or unsolicited. IRS Form 990 may be filed in lieu of Form #308 (Charitable Organizational Annual Financial Report), but must be accompanied with Form #1952.</p>			
Strategic Planning and Organizational Work Plans and Budgets	Yes	No	N/A
Develop and obtain Board approval on strategic plan.			
Develop work plans and organizational operating budgets.			
Identify source of accounting experience.			
Establish accounting system and record-keeping procedures.			
Fund Development	Yes	No	N/A
Develop a fundraising plan.			
Develop and submit grant proposals; initiate fund raising from individual donors.			

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**Wisconsin Community Health Center Incubator Checklist**  
 Module 3: Community Health Center (Section 330)  
 Grant Application Readiness

**Background**

A successful Section 330 Community Health Center competitive grant application is necessary to become a Section 330 Community Health Center. Application submission includes organizational documents (501(c)3 status, bylaws, articles of incorporation); service area documentation; community needs assessment, health care plan, business plan, staffing plan, budget, and comprehensive narrative outlining organizational structure, leadership and community collaborations.

The health plans must address how grantees will provide primary, preventive and enabling health services (defined in section 33(b)(1)(A) of the PHS Act) and provide additional health services (defined in section 33(b)(2) of the PHS Act) as appropriate and necessary, either directly or through established written arrangements and referrals.

In addition, a competitive application will include letters of support documenting collaborations referenced in the narrative and formal memoranda of agreement documenting relationships with other community providers who will assist the health center in providing required services.

Needs Assessment	Yes	No	N/A
Able to demonstrate and document the need of your target population based on geographic, demographic, and economic factors.			
Using the most recent health data for your service area to document need.			
Priority health needs have been identified. Please list here:			
Serves in whole, or in part, a designated Medically Underserved Area or Medically Underserved Population.			
Primary service area is clearly defined. Please describe or illustrate service area here:			
The health care plan reflects the health needs of the target population that resides within the service area.			

Attachment D: CHC Grant Application Readiness Checklist

Required and Additional Services	Yes	No	N/A
Currently provides all these required services:			
1. General primary care			
2. Diagnostic laboratory			
3. Diagnostic X-ray			
4. Screenings including:			
• Cancer			
• Communicable diseases			
• Cholesterol			
• Blood lead test for elevated blood level			
• Pediatric vision, hearing, and dental			
5. Emergency medical services			
6. Voluntary family planning			
7. Immunizations			
8. Well Child Services			
9. Gynecological Care			
10. Obstetrical Care			
11. Prenatal and Perinatal Services			
12. Preventive Dental**			
13. Referral to Mental Health (Health Center does not pay for these services)			
14. Referral to Substance Abuse (Health Center does not pay for these services.)			
15. Referral to Specialty Services (Health Center does not pay for these services.)			
16. Pharmacy			
17. Substance Abuse (Required only for grantees receiving funding for Health Care for the Homeless; optional for other grantees.)			
• Detoxification			
• Outpatient treatment			
• Residential treatment			
• Rehabilitation (non hospital settings)			
Other Services (e.g. urgent medical care, restorative and emergency dental, environmental health services, occupational therapy, STI testing, TB therapy, HIV testing, podiatry, etc.): Please list services below:			

Attachment D: CHC Grant Application Readiness Checklist

Non-Clinical Services	Yes	No	N/A
1. Case management			
1a. Counseling/assessment			
1b. Follow up/Discharge planning			
1c. Eligibility Assistance			
2. Health Education			
3. Outreach			
4. Transportation			
5. Translation services (Required for Centers serving a many patients with limited English proficiency.)			
Other non-clinical services (e.g. WIC, nutrition, child care, housing assistance, employment and education counseling, food bank/meals, etc.): Please list services below:			
If services are not provided directly, formal contracts or written agreements are in place outlining arrangements for provision of required services.			
For formal referral arrangements, there are systems for tracking and providing follow-up care for referred patients.			
Service is available equally to all health center patients, regardless of ability to pay.			
License of the outside provider has been verified.			
Organization's Board has approved all health services.			
Staffing	Yes	No	N/A
Maintains core staff as necessary to carry out all required primary, preventive, enabling and additional health services as appropriate and necessary, either directly or through established contractual agreements.			
All providers have been properly credentialed and privileged.			
The core staff (those responsible for carrying out both clinical and enabling services) is appropriate for serving the patient population.			
For Health Center employees with contracts, employment contracts address:			
• Length of service			
• On-call requirements			
• Cross-coverage requirements			
• Compensation and incentives			
• Continuing education			
• Moonlighting			
• Conflict of interest and non-compete provisions			
• Malpractice coverage			
• Provider expectations (productivity, etc.)			
Organization has a personnel manual.			
Board has approved the personnel manual in the last 1-2 years.			



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Accessible Hours of Operation/Location	Yes	No	N/A
Hours of operation ensure access for the population to be served.			
Location is accessible to the population to be served.			
Hours are posted in the appropriate languages for the population.			
Facilities meet applicable fire and life safety codes.			
After Hours Coverage	Yes	No	N/A
Professional medical coverage is available to patients when the center is closed.			
General phone system provides information on how to access emergency care after hours.			
Written information and/or phone message about accessing care after hours is provided in the appropriate languages.			
Hospital Admitting Privileges and Continuum of Care	Yes	No	N/A
Organization's physicians admit and follow hospitalized patients.			
If not, there is a formal written agreement outlining arrangements for:			
• Hospitalization			
• Discharge planning			
• Patient tracking			
If physicians do not follow hospitalized patients, document how continuity of care is ensured.			
Sliding Fee Discounts	Yes	No	N/A
All patients are provided care at the Health Center regardless of ability to pay.			
There are signs in the lobby and at the exit/cashier's desk or other mechanism to communicate the availability of discounts for eligible low-income people.			
There is a written policy for the sliding fee discount schedule that is applied equally to all patients.			
The sliding fee schedule is based on a schedule of fees or payments consistent with local prevailing rates and designed to cover reasonable costs of operations.			
The sliding fee schedule provides full discount to individuals and families with annual incomes <100% FPL, and a sliding discount policy based on family size and income for patients with incomes between 100-200% of poverty.			
The sliding fee schedule prohibits discounts for individuals and families with incomes over 200% of poverty.			

Attachment D: CHC Grant Application Readiness Checklist

Quality Improvement/Assurance Plan	Yes	No	N/A
Has an ongoing QI/QA program that includes clinical services and management.			
QI/QA plan ensures that medical records are properly secured during times when the medical record staff is not present.			
The QI/QA program includes:			
<ul style="list-style-type: none"> <li>Clinical Director whose focus of responsibility is to support the QI/QA program and the provision of high-quality patient care.</li> </ul>			
<ul style="list-style-type: none"> <li>Periodic assessments conducted by physician or other licensed professional to determine the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to patients served by the Health Center.</li> </ul>			
The QI/QA plan has been approved by the Board.			
The CHC has insurance coverage in place for the following:			
<ul style="list-style-type: none"> <li>General liability</li> </ul>			
<ul style="list-style-type: none"> <li>Directors and officers</li> </ul>			
<ul style="list-style-type: none"> <li>Malpractice, including tail or gap coverage</li> </ul>			
<ul style="list-style-type: none"> <li>Property</li> </ul>			
<ul style="list-style-type: none"> <li>Business interruption/revenue loss</li> </ul>			
<ul style="list-style-type: none"> <li>Automobile/vehicle</li> </ul>			
Key Management Staff	Yes	No	N/A
Has a Chief Executive Officer or Executive Director/Project Director that reports directly to the Board.			
Management team includes a Clinical Director, Nursing/Health Services Director, Chief Financial Officer, and Chief Information Officer or other key management staff as appropriate for the size of the organization.			
Performance evaluations of key management staff are tied to the organization's strategic goals.			
Contractual Affiliation Agreements	Yes	No	N/A
Exercises appropriate oversight and authority over all contracted services.			
Assurances are in place that the subrecipient organization meets all Health Center Program statutory and regulatory requirements.			
Collaborative Relationships	Yes	No	N/A
Makes efforts to establish and maintain collaborative relationships with other health care providers, including other Health Centers, in the service area of the Center.			
Has secured letter(s) of support from existing Federally Qualified Health Center(s) in the service area.			
Is working to improve relationships with these FQHCs.			

Attachment D: CHC Grant Application Readiness Checklist

Financial Management and Control Policies	Yes	No	N/A
Organization's accounting and internal control systems are:			
<ul style="list-style-type: none"> <li>• Appropriate to the organization's size and complexity</li> </ul>			
<ul style="list-style-type: none"> <li>• Reflective of Generally Accepted Accounting Principles (GAAP)</li> </ul>			
<ul style="list-style-type: none"> <li>• Designed to separate functions in a manner appropriate to the organization's size in order to safeguard assets</li> </ul>			
<ul style="list-style-type: none"> <li>• Designed to separate functions in a manner appropriate to the organization's size in order to maintain financial stability</li> </ul>			
Performs an annual independent financial audit in accordance with Federal audit requirements, including submission of a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report.			
The Board reviews your organization's corrective actions regularly.			
Billings and Collections	Yes	No	N/A
Has written policies and procedures for:			
<ul style="list-style-type: none"> <li>• Billing</li> </ul>			
<ul style="list-style-type: none"> <li>• Credit</li> </ul>			
<ul style="list-style-type: none"> <li>• Collections</li> </ul>			
A system is in place to maximize collections and reimbursement for its cost in providing health services.			
The encounter form includes all billable services (on-site and off-site).			
Organization has Medicare and Medicaid provider number.			
Budget	Yes	No	N/A
The budget reflects amounts necessary to accomplish service delivery plan, including the number of patients to be served.			
Has an annual operating/business plan.			
Annual operating/business plan is approved by the Board.			

Attachment D: CHC Grant Application Readiness Checklist

Program Data Reporting Systems	Yes	No	N/A
Organization has systems in place which:			
• Accurately collect and organize data for program reporting			
• Support management decision making			
Please list the name and version of the following electronic systems:			
• Practice Management System			
• EMR/EHR			
• Registry			
Systems integrate clinical, utilization and financial information to reflect the operations and status of the organization as a whole.			
Has systems in place for collecting and organizing the data required for the annual Bureau of Primary Health Care Uniform Data System Report and for the Health Care and Business Plan (submitted with annual renewal applications).			
Reports are available to meet the needs of:			
• Management staff			
• The Board			
Organization has a long-term (three-year) strategic plan.			
The strategic plan has been approved by the Board.			
Scope of Project	Yes	No	N/A
Scope of project has been developed delineating your organization's proposed sites, services, service area, target population, and providers.			
Board Authority	Yes	No	N/A
The Board maintains appropriate authority to oversee the operations of the center, including:			
• Holding monthly meetings			
• Establishment of general policies for the health center			
• Approval of Health Center grant application and budget			
• Selection/dismissal and performance evaluation of CEO			
• Selection of services to be provided and the health center hours of operations			
• Selection of services to be provided and hours of operations			
The corporate bylaws demonstrate that the governing board has the required authority and responsibility to oversee the center operations.			
Conflict of Interest Policy	Yes	No	N/A
Bylaws or written corporate board-approved policies prohibit conflict of interest by board members, employees, consultants, and those who furnish goods or services to the Health Center.	Yes	No	N/A