Important Content Note:

This technical assistance resource was developed prior to the August 2017 release of the Health Center Compliance Manual by the Health Resources and Services Administration’s (HRSA) Bureau of Primary Health Care (BPHC). The BPHC Compliance Manual, issued August 2017, indicates where PINS, PALs and other program guidance are now superseded or subsumed by the BPHC Compliance Manual.

See:
GOVERNANCE SERIES

GOV

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Note that in all Information Bulletins:

The term “health center” refers to public or private nonprofit entities that: (1) receive grants under Section 330 of the Public Health Service Act (Section 330), including Sections 330(e), 330(f), 330(g) and 330(h) (collectively “Health Center Program Grantees”); and (2) entities that have been determined by the Department of Health and Human Services (DHHS) to meet the Section 330-Related Requirements to receive funding without actually receiving a grant (“health center look-alikes”).

The term “Section 330-Related Requirements” refers to requirements set forth in:

• Health Center Program Statute: Section 330 of the Public Health Service Act (42 U.S.C. §254b)
• Program Regulations: 42 CFR Part 51c and 42 CFR Parts 56.201-56.604
• Health Center Program Requirements: http://www.bphc.hrsa.gov/programrequirements/index.html

The term “Grant Requirements” refers to Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: 2 CFR Part 200, as adopted by DHHS at 45 CFR Part 75.

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Developing and Maintaining Effective Health Center Boards of Directors

The ability of a health center to function effectively and, ultimately, the achievement of the health center’s mission depend to a large extent on the development and maintenance of an “effective” health center board of directors. As a general principle, a health center is only as successful as its board of directors – in most cases, a health center cannot thrive without the leadership of board members who are well-trained and well-informed about the mission of the health center, as well as their own role in the health center governance process.

The Meriam Webster online dictionary defines “effective” as “producing a decided, decisive, or desired effect.” A health center’s desired effect is stated in its mission and fulfillment of that mission is the ultimate goal. To add value for achieving the health center’s mission, boards have to be proactive and work for that goal; it doesn’t just happen.

This information bulletin identifies steps the board can take to assure that the board is effective and adds value to achieve the center’s mission. These activities are:

♦ Recruitment and selection of board members, including the roles of the Nominating/Board Development Committees, board member job descriptions, and recruiting based on a board profile;
♦ Orientation of new board members, including training and education, standards of conduct, and an orientation manual;
♦ Structure and organization of board functions, including board meetings, committees, and ongoing education;
♦ Board retreat and strategic planning process;
♦ Board self-evaluation.
CHARACTERISTICS OF EFFECTIVE HEALTH CENTER BOARDS

To understand what effective means for health center boards, in 2011, NACHC worked with health center CEOs and board members to identify benchmarks or characteristics of effective health center boards of directors. These were presented as a guide for health center boards to consider when assessing their own performance and composition. These benchmarks include:

♦ Individuals on the board who have subject matter expertise/ familiarity with topics such as law, finance, quality improvement, risk management, insurance, and team-building;

♦ Board members who are able to listen, propose ideas, and debate positions;

♦ Members who have a passion for the health center’s mission;

♦ Board members who reflect the needs of the community;

♦ Board members who can serve as ambassadors for the health center in collaboration with staff;

♦ Board members who understand the financial management environment of health centers, bottom line return on investment, and the need for accountability to public and private funders;

♦ Members who can leverage resources and support for the health center; and

♦ Board members who can align community needs with plans for the future in terms of health center growth and development.

These are recommended characteristics that should be present on each and every board, but not in every individual on the board.

FIVE STEPS TO DEVELOPING AND MAINTAINING AN EFFECTIVE BOARD OF DIRECTORS

STEP 1: Recruitment and Selection of Board Members

The development of an effective board of directors begins with the recruitment and selection of its members. To be effective, a board of directors must have board members who actively participate in a productive and meaningful way. Recruitment and selection of dedicated, competent board members can mean the success of a board of directors. Conversely, when a board of directors is not functioning properly, the underlying problem oftentimes can be linked to a disorganized and careless recruitment and selection process—a process where board members are recruited and selected because they are available (or simply because they are friends with a board member) and not because of any particular qualifications or desire to serve on the board.

Governing Board Size and Composition

In general, health centers have substantial flexibility regarding the board member recruiting process, allowing each health center board to determine how best to ensure that the health center is recruiting the best candidates for the board. Notwithstanding, the Section 330-Related Requirements set forth specific parameters regarding size and composition of the health center’s board that each health center must
Typically, these requirements are codified in writing in the health center’s bylaws.

**Size**

- Health center boards must have at least nine and no more than 25 members.

**Composition**

- **Consumer/Patient board members** — A majority of the board members must be currently registered patients who, within the last 24 months, have accessed one or more in-scope service(s) that generated a health center visit(s) and who, as a group, represent the individuals served in terms of demographic factors, such as race, ethnicity and sex.

- **Non-consumer/patient board members** — The remaining members of the board must be representative of the health center’s community and selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies. No more than one-half of the non-consumer/patient members of the board may derive more than ten percent (10%) of their annual income from the health care industry.

- **Special population representation** — Health centers must have patient representation on the governing board from the populations targeted and served by the health center, including the special population(s) specifically defined under sections 330(g), (h), and/or (i) (migratory and seasonal agricultural workers, homeless individuals, and residents of public housing, respectively). At a minimum, there must be at least one board member that is representative of each of the special populations for which the health center receives section 330 funding/designation. The intent is not to impose targets on board membership, but to be consistent with the statute to ensure that governing boards are sensitive and responsive to the needs of all of their patients, including those who are members of special populations.

- **Conflict of interest** — No board member may be an employee of the health center, or a spouse, child, parent, brother or sister by blood, marriage or adoption of an employee of the health center.

While these **Section 330-Related Requirements** should serve to focus the health center’s recruitment efforts, they should not be the only factors that a health center board considers when it engages in planning a well-thought-out, purposeful recruitment and selection process.

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1. Please note that these requirements come from the health center regulations set forth at 42 C.F.R. Part 51c, which technically apply only to those health center organizations receiving funding under Section 330(e) (i.e., community health centers). Regardless, these requirements are strongly recommended for all health centers. See BPHC Policy Information Notice (“PIN”) # 2014-01: Health Center Program Governance (January 27, 2014).

2. It is important to note that Section 330(k)(3)(H)(i) of the Public Health Service Act (42 U.S.C. § 254b(k)(3)(H)(i)) allows for exceptions to this requirement for centers that receive funds solely to serve migrant and seasonal farmworker populations, homeless populations, residents of public housing, and/or communities located in sparsely populated rural areas. Section 330(k)(3)(H)(i) states that, “upon a showing of good cause the Secretary shall waive, for the length of the project period, all or part of the requirements of this subparagraph in the case of a health center that receives a grant pursuant to subsection (g), (h), (i), or (p) of this section.” PIN #2014-01 indicates that in addition to demonstrating “good cause,” the health center requesting the waiver must present alternative strategies to ensure patient participation in the organization, direction and ongoing governance of the center. See PIN #2014-01, Section V.C. at page 12.
Boards of directors should consider their recruitment and selection process as an ongoing part of their overall strategic planning for the health centers that they serve. A more uniform, structured approach to recruitment and selection of board members, defined in the bylaws or board-approved charges to the Nominating Committee, will help ensure that the board of directors will engage in a meaningful process each time a new board member needs to be recruited and selected, as opposed to picking the closest available “warm body” to fill an immediate vacancy.

In organizing their board recruitment efforts, health centers should tailor their efforts to ensure that they are drawing representatives from all of the populations served by the health center. Further, because opportunities for participation on the health center board may be less obvious and more unfamiliar to health center patients, the recruitment of consumer/patient board members may prove particularly challenging. In order to recruit consumer/patient members, health centers may have to go beyond traditional board recruitment strategies, developing and utilizing innovative approaches designed for “hard-to-reach” patient populations.

For example, strategies that health centers might consider incorporating as part of their recruitment efforts targeted at consumer/patient members include, but are in no way limited to:

- Presenting information about the health center, generally, and board participation, specifically, at general community events (e.g., PTA meetings and church socials), as well as events geared towards specific populations (e.g., ethnicity-specific fairs and festivals).
- Holding outreach sessions at the health center that provide information about the roles and responsibilities of health center board members.
- Providing information about opportunities for volunteering at the health center, including participating as a member of the board of directors, at local establishments, such as grocery stores and restaurants.
- Including information on the health center’s patient satisfaction survey that allows patients to learn more about opportunities to participate on the board and how to contact the health center for consideration.

In addition to specific strategies used to recruit consumer/patient members to the health center board, there are certain key elements of the recruitment and selection process that health centers should consider incorporating into all recruitment and selection efforts. These key elements are:

**Establishing a Standing Committee on Board Recruitment (Also Known as Nominating Committee or Board Development Committee)**

As discussed above, recruitment and selection of board members performed on an impromptu, as-needed basis may well lead to the selection of ineffective board members and, by extension, an ineffective board. One way to ensure that such recruitment and selection activities are part of a larger strategic plan of the board of directors is to include these activities as an ongoing responsibility of one of the board’s standing committees (standing committees are discussed in more detail in Step 3 below). Depending on the size of a health center’s board and the number of standing committees, recruitment and selection activities can either be part of the responsibility of an existing standing committee of the board or they can be the primary activities of a newly created standing committee.

By making these recruitment and selection activities part of the ongoing activities of a standing committee and a regular part of the business of the board:

- The activities are integrated more fully into the board’s overall strategic plan;
Recruitment and selection activities will be much less ad hoc and much more a part of the long-range plan of the board of directors and the health center itself; and

The standing committee that handles the recruitment and selection activities of the board can also oversee board orientation, training, support and evaluation, which, as discussed below, are all key ingredients to an effective board of directors.

**Developing Board of Director Job Descriptions**

The development and use of board member job descriptions are also key elements to the board recruitment and selection process for two reasons:

- They focus the board’s attention on its priorities and requirements for its board members, and
- They provide potential and current board members with a clear picture of the board’s objectives and a sense of the level of responsibility that the job requires and the commitment (both in time and effort) that each board member will be required to make to the health center. By including these responsibilities in a job description, board members should not be surprised about the level of effort that will be required of them when they join the health center board.

To ensure that board members understand the commitment and effort expected of them, health centers should consider requiring candidates to sign an assurance that, barring an unforeseen emergency, they will be able to attend monthly meetings of the full board and serve on at least one board committee. Alternatively, health centers may want to incorporate the board member job description along with appropriate assurances into a “board member application,” which can be filed with other board documents.

**Developing and Using a Board Profile**

Another key element of an effective recruitment and selection process is the use of a board profile. The profile:

- Describes the skills, qualities and knowledge that the board will need in order to fulfill the mission of the health center and address the priorities and challenges the health center will face in the coming year.
- Translates the organization’s mission and goals into a description of the types of people who are needed for the board.
- Assists the board in:
  - Evaluating its current strengths and weaknesses;
  - Determining what gaps need to be filled; and
  - How to fill those gaps with new board members.

Many governance consultants recommend creating a grid or matrix on which the board of directors can plot on one axis (the vertical line) their current board members and, on the other axis (the horizontal line), the Section 330-related composition requirements, along with the skills and other factors that the board deems important to the effective functioning of the health center board of directors. The grid allows the board to see, in a tangible way, the areas where the board has adequate representation and the areas where greater skills through targeted recruitment are needed.
STEP 2: Orientation of New Board Members

An effective board of directors is made up of effective individual members. A board member cannot be effective if he or she does not have a solid understanding of how the health center operates.

Training and Education

Once the health center has recruited and selected its board members (based on the method of selection prescribed in the bylaws or other internal governing rules of the center), board members should receive an orientation that:

♦ Further introduces them to the health center;
♦ Provides them with some training and education regarding a number of critical topics including, but not limited to:
  — The unique requirements imposed on health centers as recipients of federal funds;
  — Board members’ individual roles and responsibilities, in particular regarding Section 330-Related Requirements;
  — How the board can operate as a team, such as without members who dominate meetings or do board business outside of the board meeting;
  — Confidentiality policies;
  — The health center’s corporate compliance program; and
  — The role of the board vis-à-vis the management of the health center.

Further, the health center should recognize the experience, expertise, current knowledge and specific needs of the various individuals on the board and, as necessary and appropriate, address those needs through specialized and/or supplemental orientation and training on required topics. For example, while an accountant and business law attorney serving on the health center’s board may have a thorough understanding of how to review the health center’s financial statement, a physician or teacher may not. The health center should consider providing additional fiscal training for those members who do not already have a solid background in such matters.

Health centers should ensure that all board members (consumer and non-consumer alike) are adequately oriented and trained in all relevant areas, even if it requires supplemental training for some members in some areas.

It is important that new members receive adequate information early on in their tenure (or before they accept the appointment) to provide a framework of understanding about the health center and their role as members of the governance “team.” Further, in developing orientation information, health centers should consider the cultural and linguistic needs of their board members, including their consumer members, and address such needs appropriately.

Standards of Conduct

Orientation also provides a good opportunity for the health center to review important pieces of information with board members, such as the health center’s standards of conduct and conflict of interest policy. Some health center boards are not able to function as effectively as they might because board members lack awareness and/or understanding of health center’s standards of conduct and/or conflict of interest policies. Familiarizing new board members with these standards and the conflict of interest policy at the outset of their relationship with the health center can head off many of the potential problems that may otherwise arise when a board member does not understand fully the responsibilities of being a member of the health center board.
Board Orientation Manual

In order to buttress all of the training a board member receives at orientation, a health center should create a board manual and provide a copy to new board members. Similar to providing orientation, in assembling the manual, health centers should consider the cultural and linguistic needs of their board members, including their consumer members, and address such needs appropriately. Though the contents of each health center board member manual will vary, it is advisable to include the following documents:

♦ The health center’s mission statement;

♦ The health center’s organizational chart and management structure;

♦ Copies of the health center’s articles of incorporation and bylaws;

♦ A copy of the board of director job description (as discussed in Step 1 above);

♦ A copy of the health center’s Standards of Conduct, including its conflict of interest policy;

♦ Copies of relevant statutes, regulations and guidance from the U.S. Department of Health and Human Services and corresponding state agencies – such as, Section 330, its implementing regulations and HRSA/BPHC PIN # 2014-01: Health Center Program Governance.

♦ A list of all board members and committee assignments;

♦ Current board and committee meeting calendars

♦ Copies of minutes from the board meetings from the last six months to one year;

♦ A copy of the annual budget;

♦ A copy of the most recently submitted Section 330 Service Area Competition application or Look-Alike Designation application (as applicable), as well as any budget period progress reports or recertifications submitted to HRSA since submission of the last full application;

♦ A copy of the last set of audited financial statements;

♦ A copy of the most recent strategic plan;

♦ A copy of the current Quality Assurance / Quality Improvement plan; and

♦ As applicable, a copy of the current board work-plan.

STEP 3:
Structure and Organization of the Board’s Functions

Proper structure and organization of the board’s functions will contribute significantly to the board’s effectiveness.

Conducting Board Meetings

An effective board of directors has effective meetings and will meet or beat quorum requirements regularly. Insofar as Section 330-Related Requirements require health center boards to hold regularly scheduled, monthly meetings, it is important that these meetings run efficiently and effectively.

♦ Appropriate preparation is essential to an organized and productive board meeting. Much of the work of the board at its monthly meeting should involve taking action on work performed prior to the board meeting, either by a committee or by the health center management team.
• Board members should receive the materials that they need for the next board meeting (such as an agenda, draft minutes from the previous meeting, any appropriate management/committee reports) with enough time to review the materials to prepare for the meeting. A meeting cannot run efficiently if board members spend valuable meeting time reviewing reports for the first time at the meeting.

• In terms of the structure of the meeting itself, most health center boards adopt rules for conduct. Many boards choose to adopt the parliamentary process set forth in Robert’s Rules of Order. There is nothing wrong, however, with the board establishing its own governing rules to regulate meetings. At a minimum, however, it is advisable that the board follow the basic principles of parliamentary procedure in the conduct of its meetings.

For more information on the conduct of board and committee meetings, please refer to *Improving the Effectiveness and Conduct of Health Center Board and Committee Meetings*, which is Information Bulletin #1 in the Governance Series.

**Utilizing Board Committees**

Another manner in which the structure/organization of the board of directors can contribute to its overall effectiveness is through the appropriate use of committees. As discussed above, in order for the board of directors’ monthly meetings to run efficiently and effectively, much of the substantive work of the board of directors should be performed by its committees (supported by the health center management team), which make recommendations to the full board of directors for action. Effectively, committees are the “foot soldiers” of the board, leading the way forward and laying the groundwork for the full board to make effective decisions. An adequate committee structure (to which the substantive work of the board can be delegated) is a necessity for an effective board of directors.

• Typically, the standing committees of the board of directors are established by the bylaws of the health center. If necessary or desirable, additional committees can be added through amendment to the bylaws or by establishing ad hoc committees by board resolution (if permitted by the bylaws).

• While there are no specific *Section 330-Related Requirements* regarding committee structure, PIN #2014-01 (Health Center program Governance) notes the following examples of standing committees: executive, finance, quality improvement, personnel, and planning. Other committees may include board recruitment/nominating/board development; risk management; audit; and a compliance committee (if not combined with the quality improvement committee) in response to corporate responsibility guidance).

• The number of committees that a board of directors has will depend on the size of the board, the complexity of the health center operations requiring oversight, and the time that board members can devote to participating on board committees.

• It is advisable for each board member to participate on at least one committee in order to take part in the substantive activities of the board.
Providing Ongoing Education

An ongoing education program that provides board members with opportunities to learn how to make good decisions on behalf of the health center is yet another way to create an effective board of directors. Education is important not only at the outset of service for new board members, but also as they continue to serve on the board. As discussed above in Step 2, board members cannot be effective if they do not have a solid understanding of the governance, management, and operation of the health center and their unique role. Board members also should have sufficient knowledge and information to make informed decisions about the health center’s strategic direction, policies and financial position.

Ongoing education provides board members with new information and gives them an opportunity to gain a greater understanding of information already received. Health centers can provide ongoing education to their board members through various means, including reading materials, videotaped programs, on-site discussions, and participation in educational programs sponsored by their state primary care association and NACHC and at other relevant industry meetings. As with initial orientation and training efforts, health centers should consider the experience, expertise, current knowledge and specific cultural, linguistic and other needs of their board members and address those needs through specialized and/or supplemental education on required topics.

STEP 4:
Board Retreat and the Strategic Planning Process

Conducting a Board Retreat

A board retreat that affirms the mission of the health center and builds interpersonal relationships among board members ultimately builds an effective board of directors. Board retreats offer health center board members:

♦ An opportunity to spend a predetermined amount of time together with the sole focus being the health center;

♦ Uninterrupted time to focus on such important tasks as strategic planning and self-evaluation (both of which are discussed more fully below); and

♦ Enables board members to bond through social activities and “team-build” outside the arena of their monthly meetings.

Ideally, the board retreat is time spent away, both physically and emotionally, from the normal functioning of the board. If possible, the board retreat should be held away from the health center and its inevitable distractions. In order to ensure the full participation of the board, the full board should discuss the best dates, times and locations months in advance of scheduling the retreat (taking into consideration the various personal and business schedules and commitments of all board members) as well as any topics or other matters that board members would like to cover during the retreat. In planning the retreat, the board should determine an optimal length that will allow the board to focus and/or eliminate potential topics. The board should be judicious in picking issues for the retreat agenda; not every issue before the board can/should be a matter for discussion at the retreat.
Aside from the board members, the chief executive officer ("CEO") or executive director of the health center should be included in the board retreat. Other than the CEO or executive director, the board can invite senior staff of the health center to attend all or portions of the retreat depending on the topics for discussion and the areas of expertise of the senior staff members. For example, if the board were going to discuss improvement of its credentialing process, then it should consider including the chief medical officer, medical director or director of quality in the discussion. The board should consult and/or defer to the CEO, who may have a better idea of who should be there, in determining which other members of the health center’s senior staff should participate at the board retreat.

**Conducting the Strategic Planning Process**

In order for a board of directors of a health center to remain effective, it must constantly plan for the organization’s future by setting goals and objectives that will ensure the health center’s current position and expand its possibilities for the future. The strategic planning process, which can be as important as the outcome, helps the board of directors of the health center to:

- Focus on the mission of the organization and any changes in mission goals and objectives;
- Prioritize tasks that must be accomplished in order for the organization to fulfill its mission goals and objectives in the future; and
- Determine the manner in which the tasks will be accomplished.

The strategic planning process that a board of directors uses will vary from health center to health center. While some health centers are comfortable with, and capable of, engaging in a strategic planning process on their own, others may benefit from the use of a professional facilitator. The use of a professional facilitator can be particularly helpful if the current dynamics of the board are less than ideal. A neutral "out-sider" may help motivate the board to work together in a more cohesive manner to achieve common goals.

It may be wise for the board to engage in strategic planning away from the health center and outside of its normal meeting schedule. A board retreat (as discussed earlier) can be the perfect place for the board (and appropriate senior staff of the health center) to engage in the strategic planning process without disruption or distraction of common daily occurrences at the health center.

The specific agenda of a health center’s strategic planning process will vary depending on the size of the health center, the level and success of previous planning efforts and other unique characteristics of the health center and its community. Notwithstanding, typically, the strategic planning process will address the following three questions: (1) Where are we now?; (2) Where do we want to be?; and (3) How will we get there? To develop the appropriate responses, the health center and its board should assess the present environment in which they operate (internal to the health center, within the community served, and within the larger state and national arena), as well as potential events and opportunities that could impact the center in the future, and use the information to establish strategic priorities, which in turn, will form the strategic action plan.

For more information on the strategic planning process, please refer to *The Board’s Role in Strategic and Capital Planning*, which is Information Bulletin #9 in the Governance Series.
STEP 5: Self-Evaluation

As discussed throughout this information bulletin, there is a strong corollary between board performance and the health center’s overall performance. By taking the four steps discussed above, the health center should be able to develop and maintain an effective board of directors. However, in order to determine whether the board is operating effectively, it is crucial that the board take the fifth step of self-evaluation.

Regular self-evaluation:

♦ Serves as a check to ensure that the board is fulfilling its responsibilities and promoting the mission of the health center in an effective way;

♦ Identifies the areas where the board needs to improve processes, including accountability and communication among board members and with the CEO or executive director of the health center.

It is important to note that while a board self-evaluation is not required under the Section 330-Related Requirements, many review teams that conduct on-site Operational Site Visits (the review of a health center’s compliance with program requirements that each health center will receive at least once per project period) ask about the board self-evaluation. In that regard, the process assists the board in complying with all of its duties and obligations under those requirements.

There is no one correct way to accomplish a board self-evaluation. The process that a health center board of directors uses to complete its self-evaluation should be tailored to the board’s individual strengths, weaknesses, preferences and needs. Among the basic steps to be included in the development and implementation of a self-evaluation are:

♦ Develop the evaluation process, taking into consideration the needs of the board as a whole, as well as the needs of each of the members;

♦ Obtain internal board support for the evaluation;

♦ Determine the frequency of evaluation;

♦ Develop the format and questions to ask in the evaluation or determine which existing evaluation tool to use;

♦ Implement the evaluation;

♦ Analyze the results;

♦ Share the results with the full board; and

♦ Determine follow-up actions and/or a plan for improvements.

The process of board self-evaluation can be nearly as important as the result. A self-evaluation requires board members to work together and to look introspectively at how well they are meeting their responsibility to further the mission of the health center. The self-evaluation provides an opportunity for board members to be reminded of their roles, rights, and responsibilities on a regular basis.

Board self-evaluation can be part of the annual strategic planning process, so that the board assesses itself as part of the planning work for the coming year. A health center board should leave enough time between evaluations to accomplish the actions that were determined to be necessary in the previous evaluation, but not so much time that the evaluation process appears unimportant or a low priority.

For specific information on board self-evaluations and sample questions to include in health center’s written tool, please refer to Health Center Board Self-Evaluation: The Fundamentals, which is Information Bulletin #3 in the Governance Series.
CONCLUSION

The effectiveness of a health center’s board of directors depends on how board members are recruited and selected, as well as how well they work together to govern the health center and further its mission.

While there are countless ways that a health center can develop and maintain an effective board of directors, the five steps described above provide a solid foundation for building such a board. Ultimately, a well-functioning, well-trained and well-informed health center board is a crucial element of a successful health center.

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