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Enhancing Your Health Center's Recruiting and Onboarding Processes for New Board Members

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Enhancing Your Health Center's Recruiting and Onboarding Processes for New Board Members

- Learning Objective 1: Delineate a governance policy and set of procedures to enhance the recruitment of new Board members
- Learning Objective 2: Analyze BPHC's Board composition requirements for nonpatient members and select an objective data source to define "health care industry"
- Learning Objective 3: Develop a series of tools to aid in the recruitment and onboarding of new Board members and mechanisms to help engage all Board members



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Board Governance: Policies & Workflows



- Board Confidentiality Agreement
- Board Recruitment policy
- Board Solicitation for Patient Board Members
- Definition of “Health Care Industry”

Confidentiality Agreement

- Collect this information at orientation
- Collect this annually (such as at the Board's Annual Meeting)

Key elements of the Confidentiality Agreement:

- The Board's three fiduciary duties
- Give examples of confidential, privileged, and proprietary information, such as:
 - Board dockets, Committee reports, and financial information
 - Compensation data
 - Competitive applications for federal, state, or municipal grants or bonding
 - Competitive applications to private grantmakers
 - Donor lists
 - Outcomes of votes and discussions



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Board Recruitment policy: Key Elements



- Sets forth policy based on the Health Center's Bylaws and related requirements in Chapter 20 (Board Composition) of HRSA's Health Center Program Compliance Manual)
- Defines:
 - Non-patient Board Member
 - Patient
 - Patient Board Member
 - Patient Majority
 - Relevant Expertise & Skills

Board Solicitation Methods:

- Signage within each location
- Outreach to the Health Center's clinicians
- Notice on the Health Center's website
- Inform any patient advisory groups

Outline the Responsibilities, including Monthly Meetings:

- An opportunity to help advance the Health Center's mission
- Participate in governing by:
 - Voting on policies that guide services, mission, sites of care, sliding fee scale, hours of operation, & quality of care
 - Reviewing financial reports and budget performance
 - Engaging in long-term strategic planning
 - Discussing community needs assessments and results of patient and staff satisfaction surveys



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Recruiting Patient Board Members



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Definition of an Active Patient

- An individual who has received at least one service within the Health Center's approved scope during the past 24 months.
- Examples: medical, dental, behavioral health, prenatal/women's health
- A parent or legal guardian of an active health center patient
- How to confirm receipt of services while respecting patient privacy



Recruiting Non-Patient Board Members

BOD outreach is made to individuals with relevant experience who either live or work in the community or have a demonstrable connection to the community.

Verify the Board's current number of Non-patient Board Members who earn more than ten percent (10%) of their annual income from the health care industry.

Confirm that the potential applicant is neither an employee of the FQHC or the relative of an employee and determine whether they are employed in the health care industry.

Documentation of the intake is sent to the Board Chair or their designee, so that a screening interview is booked with the applicant.

Assuming a positive outcome from the Board's screening process, the name of the proposed new Non-patient Board Member is sent to the full Board for a vote.



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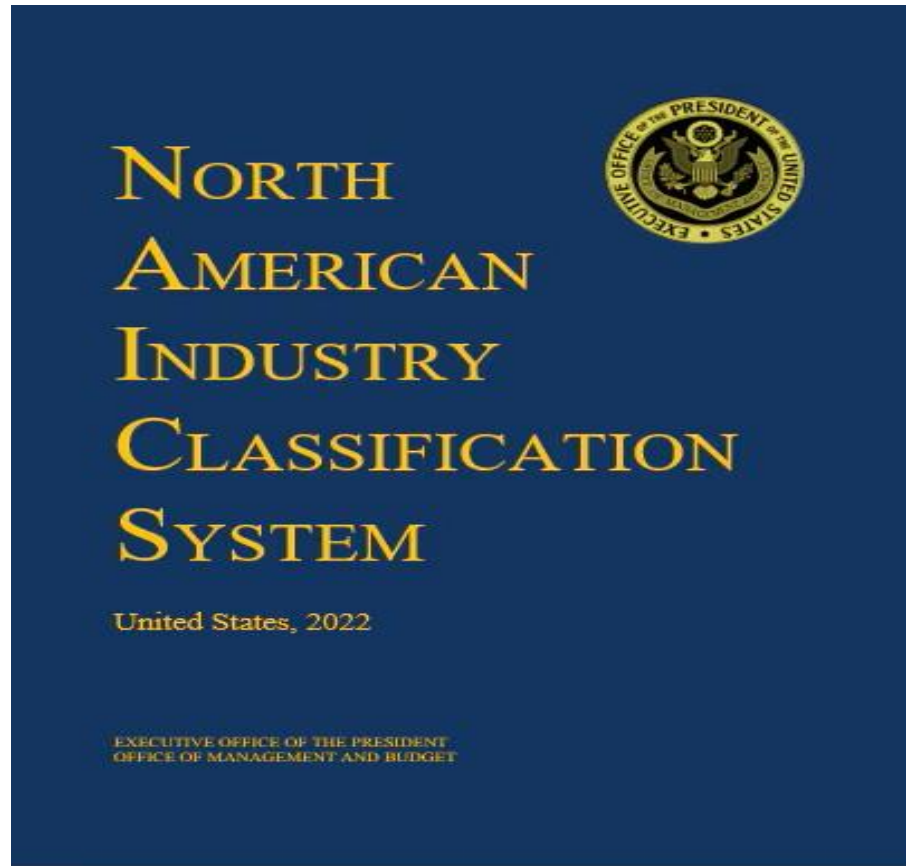


Board Governance policy: Definition of “Health Care Industry”



- Sets forth policy based on the Health Center’s Bylaws and related requirements in Chapter 20 (Board Composition) of HRSA’s Health Center Program Compliance Manual)
- Stipulates that no more than ½ of Non-Patient Board Members may derive more than 10% of their annual income from the health care industry

NAICS: A Method for Defining “Healthcare Industry”



- The U.S. Office of Management and Budget issued a NAICS revision in 2022.
- NAICS provides a consistent framework for the collection, analysis, and dissemination of industrial statistics.
- NAICS can be used to define the “healthcare industry”.



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NAICS Subsectors: Health Care

Ambulatory Health Care: 621

- NAICS 6211: Offices of Physicians (except for Mental Health Specialists)
- NAICS 6212: Offices of Dentists
- NAICS 6213: Offices of Other Health Care Practitioners
- NAICS 6214: Outpatient Care Centers

Ambulatory Health Care: 621

- NAICS 6215: Medical and Diagnostic Laboratories
- NAICS 6216: Home Health Care Services
- NAICS 6219: Other Ambulatory Health Care Services



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NAICS Subsectors: Health Care

Hospitals: 622

- NAICS 6221: General Medical and Surgical Hospitals
- NAICS 6222: Psychiatric and Substance Abuse Hospitals
- NAICS 6223: Specialty (except Psychiatric and Substance Abuse) Hospitals

Nursing & Res. Care Facilities: 623

- NAICS 6231: Skilled Nursing Facilities
- NAICS 6232: Residential Care for Individuals with Intellectual and Developmental Disabilities
- NAICS 62322: Residential Mental Health and Substance Abuse Facilities



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HRSA Form 6A: Current Board Member Characteristics

- Components:
 - Name
 - Current Board Office Position Held
 - Area of Expertise
 - >10% of Income from Health Industry
 - Health Center patient
 - Live or Work in the Service Area
 - Special Population Representative (if yes, specify the Special Population)



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HRSA Form 6A: Patient Board Member Characteristics

- Sex
- Ethnicity
- Race
- If the applicant is a public organization/center, do the Board members listed above represent a co-applicant Board



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HRSA Form 6A: Complete or update the following

- List all current Board members. Do not list non-voting Board members.
- List each Board members office held, if applicable.
- For non-patient Board members, indicate if more than 10% of their annual income is from the health care industry.
- Indicate if each Board member is a Health Center patient.
- Indicate if each Board member lives and/or works in the service area.
- Indicate if each Board member is a representative form/for a special medically underserved population (migratory and seasonal agricultural workers, homeless population, resident of public housing



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Welcoming the New Board Member

Help the new Board Member feel welcome in their new role:

- Provide an orientation session and tour to meet senior leadership
- Ascertain whether childcare, transportation, and any special dietary needs will need accommodation
- Provide background materials, such as Bylaws, Strategic Plan, Mission, Vision, & Values, and overview of Board Committees
- Explain the “alphabet soup”



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The Annual Meeting

- Update the following series of agreements:
 - Confidentiality
 - Conflict of interest (COI) disclosures
 - The Board Member Attestation

Components of the Board Member Attestation:

- An agreement to participate in and be prepared for monthly Board meetings
- Affirmation of the Bylaws requirements pertaining to attendance
- A statement that the Board member is not an employee or related to an employee by blood, adoption, or marriage
- A statement that the member will avoid any actual or perceived COI and will notify the Board if such a conflict arises



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The Annual Meeting

- Election of Members
- Appointment of the Vice President of Clinical Affairs
- Appointment of the Health Center's Statutory Agent
- Authorization to permit the CEO to sign contracts on behalf of the Corporation
- Approval of the Board's Annual Work Plan
- Review of Bylaws
- Annual Appointment of Clinical Staff

Components of the Board's Annual Work Plan:

- Monthly overview of committee activities
- Outline the timeframe for approval of the annual Quality Improvement Plan and the Federal Tort Claims Act (FTCA) renewal
- Timeline for the CEO's annual evaluation
- Schedule the annual meeting with the independent auditor
- Establish the timetable for producing the proposed budget for the new fiscal year
- Analyze the community needs assessment, patient satisfaction, and strategic plan accomplishments
- Review Scope, hours of operation, locations, and sliding fee scale.



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References:

- BoardPro, “How to Onboard New Board Members”.
<https://www.boardpro.com/blog/onboard-new-board-members>
- Health Resources & Services Administration, Bureau of Primary Health Care, Health Center Program Compliance Manual, Chapter 20: Board Composition, Technical Revision: March 20, 2025. <https://bphc.hrsa.gov/compliance/compliance-manual/chapter20>
- Health Resources & Services Administration, Bureau of Primary Health Care, “Form 6A: Current Board Member Characteristics”, OMB No.: 0915-0285. Expiration Date: 04/30/2026. <https://bphc.hrsa.gov/sites/default/files/bphc/funding>



References:

- Health Resources & Services Administration, Bureau of Primary Health Care, Health Center Program Site Visit Protocol, Board Composition, Technical Revision: March 20, 2025.
<https://www.bphc.hrsa.gov/compliance/site-visits/site-visit-protocol/board-composition>
- North American Industry Classification System, “NAICS Code Drill-Down Tool”. <https://www.naics.com/2022-naics-changes/>



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**I'm eager for your questions
or feedback! Thank you for
inviting me.**

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