



Co-Applicant Board Required Annual Activities - 2021												
Annual / Periodic Activities	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>HRSA Grant Application</b>												
Service Area Competition (SAC)*							X	X	X			
Needs Assessment	X	X				X	X					
Other Grant Applications	X	X										
<b>HRSA Grant Awards - Reports</b>												
COVID Supplemental Award	X	X					X					
HRSA CARES	X			X			X					
Enhancing Capacity for Testing	X			X			X				X	
Main grant report								X	X			
<b>Budget</b>												
Approve proposed HRSA Program & County budget		X					X					
Updates			X			X					X	
<b>Sliding Fee Discount</b>												
Adopt new SFSL				X								
<b>Audit</b>												
Summary of Program Fiscal Audit				X								
<b>Quality Improvement (QI)</b>												
QI Plan Review	X			X			X			X		
QI Data Reports**	X			X			X			X		
UDS Report		X						X				
Patient Grievances and Safety Review								X			X	
Patient Feedback Survey Findings	X			X			X					
<b>Long-Range Planning</b>												
Adopt Strategic Plan*					X	X						
Review Strategic Plan	X								X			X
<b>Select Services and Hours</b>												
Services Provided			X				X					X
Service Sites						X	X					X

**Co-Applicant Board Required Annual Activities – 2020 - CONTINUED**

Annual Activities	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Governance</b>												
Review & Revise Bylaws		X	X									
Review Co-Applicant Agreement		X	X			X						
Review Sub-Committee Structure						X						X
Review Membership Applications	TBD											
Review Key Policies		X	X	X					X	X	X	
<b>Project Director</b>												
Approve Selection /Dismissal	X	X										
Performance Evaluation										X		
<b>Board Member Development</b>												
Elect Chair and Co-Chair											X	
Approve CAB Member Recruitment Plan								X				
Approve new Members	TBD											

\* Every 3 years

\*\* Every 3 Months

**Co-Applicant Board Required Policies and Procedures for Adoption**

<b>Governance</b>	<b>Policy and Procedure</b>	<b>Latest Revision Date</b>	<b>Latest CAB Adoption Date</b>
Board Authority (CH: 19)	01-02 Co-Applicant Board Authority	07/17/20	07/17/20
Board Composition (CH: 20)	01-04 Co-Applicant Board Member Recruitment & Retention	05/22/20	05/22/20
<b>Services</b>	<b>Policy and Procedure</b>	<b>Latest Revision Date</b>	<b>Latest CAB Adoption Date</b>
Scope of Service and Service Site Location(s) (CH: 4, 6, 12, 19)	01-05 Medical Home Program Design	10/06/20	10/16/20
Hours of Operation (CH: 6, 7, 19)	01-05 Medical Home Program Design	10/06/20	10/16/20
Patient Satisfaction (CH: 10, 19)	04-12 Patient Satisfaction Survey	06/19/20	06/19/20
Patient Grievances (CH:10, 19)	02-05 Variance Reporting	22/06/20	11/20/20
Patient Safety and Adverse Events (CH: 10, 19)	03-03 Incident Reporting	10/13/20	11/20/20
Quality Improvement Policy (CH:10, 19)	01-01 Quality Improvement *	06/25/20	07/17/20
QI Plan (CH:10, 19)	2020 Quality Improvement Plan ( <i>annual</i> )	06/25/20	07/17/20
Quality Improvement Policy (CH:10, 19)	01-09 Clinical Performance Management*	07/09/20	07/17/20
Credentialing and Privileges (CH: 5)	07-05 Credentialing and Privileges	05/05/20	05/17/19
<b>Management and Finance</b>	<b>Policy and Procedure</b>	<b>Latest Revision Date</b>	<b>Latest CAB Adoption Date</b>
Personnel and Conflict of Interest (CH: 13, 19)	01-03 Co-Applicant Board Conflict of Interest	05/07/20	05/22/20
Billing and Collections (CH: 16, 19)	11-02 Billing and Collections *	10/05/20	10/16/20
Emergency Preparedness and Management Plan (PIN 2007-15)	06-10 Emergency Training and Response	09/07/20	09/18/20
Sliding Fee Discount Program/Schedule (CH: 9, 19)	11-01 Sliding Fee Discount *	10/01/20	10/16/20

CH = HRSA Compliance Manual Chapter

PIN = HRSA Policy Information Notice

\* = The CAB adopts, evaluates at least once every three years, and, as needed, approves updates to policies in these areas

<b>Credentialing Verification Instructions</b>			
<b>Credentialing Activity</b>	<b>Practitioner Type</b>	<b>Verification Type</b>	<b>Verification Source</b>
Verification of licensure, registration or certification	All practitioner types	Primary Source	Perform "license search" on-line directly with licensing board (example: enter license search DDS CA)  MD/DO/DPM/DDS: State of CA Consumer Affairs  MD: Medical Board of California  Psychologists: Psychology Board of California  NP: State of CA Board of Registered Nurses; CA registered nurse license, Nurse Practitioner number issued by the BRN.  RN: State of CA Board of Registered Nurses  LVN: State of CA Board of Vocational Nursing and Psychiatric Technicians  RT: State of CA Department of Public Health Radiologic Health Branch  LCSW/LMFT/MH Counselor: State of CA Board of Behavioral Sciences  RDHAP: Dental Hygiene Board of California  PA: Physician Assistant Board of California
Curriculum Vitae	Physicians Podiatrists Psychologists		Submitted to Medical Director
Board Certification	Physicians Podiatrists RDHAP Psychologists	Primary Source	Perform on-line query by specialty at American Board of Medical Specialties
Education	Physicians Podiatrists Nurse Practitioners Physician Assistants Psychologists	Primary Source	State Licensing Board
	Nurses Mental Health Workers Radiologic Technologists RDHAP  Medical Assistants	Secondary Source	State Licensing Board  Medical Assistant Training without Certification: per Title 16 of the California Code of Regulations section 1366.3 (a)(1) and (a)(2) and Medical Assistant Training with Certification: per Title 16 of the California Code of Regulations section 1366.3 (c)(1)(2)(3)

Training	Physicians Podiatrists Nurse Practitioners Physician Assistants Psychologists	Primary Source	State Licensing Board
	Nurses Mental Health Workers Radiologic Technologists Registered Dental Hygienist in Alternative Practice (RDHAP)	Secondary Source	State Licensing Board  Medical Assistant Training without Certification: per Title 16 of the California Code of Regulations section 1366.3 (a)(1) and (a)(2) and Medical Assistant Training with Certification: per Title 16 of the California Code of Regulations section 1366.3 (c)(1)(2)(3)
CME/CEU Documentation	Nurse Practitioners	Primary Source	Certificate of completion of all courses taken within the last two years.
	Non-Board Certified Physicians Nurses Mental Health Workers Radiologic Technologists	Secondary Source	State Licensing Board or certificate of completion.

<b>Credentialing Verification Instructions</b>			
<b>Credentialing Activity</b>	<b>Practitioner Type</b>	<b>Verification Type</b>	<b>Verification</b>
DEA	Physicians Nurse Practitioners Physician Assistants	Secondary Source	Verification of current DEA certificate. Perform on-line query with Department of Justice-Conversion Control
NPDB Query	All licensed practitioner types	Required, if reportable	National Practitioner Data Base-Examination of malpractice payments and/or adverse actions taken against a practitioner
ACLS/CPR	Physicians Nurse Practitioners Physician Assistants Nurses Medical Assistants	Secondary Source	Certification Card
Health Fitness	All clinical staff	Secondary Source	Tuberculosis questionnaire and skin test and DHHS Clinical Privilege Application.
Immunization	All clinical staff	Secondary Source	Immunization log, per Employee Health Department Copy of Flu shot record
Government Issue Photo ID	All clinical staff	Secondary Source	Government issued photo ID (i.e. Driver's License or Passport photo ID)
Current Competence	Physicians Nurse Practitioners Physician Assistants Mental Health Worker Psychiatrist	Primary Source	Peer review group.
	All other clinical staff	Secondary source	Supervisor evaluation.
Malpractice insurance verification.	Physicians Nurse Practitioners Physician Assistants Nurses Psychologists Licensed Clinical Social workers (LCSWs Licensed Marriage and Family Therapists (LMFTs) Mental Health Counselors (MHC)	Primary Source	County self-insurance certification letter. UC Davis Medical Center certificate of professional liability insurance Registry certificate of professional liability insurance Sacramento County Board of Education certificate of professional liability insurance

 **Health Center Program Site Visit Report****▼ TA006767: (H80CS00045) COUNTY OF SACRAMENTO DOH & HUMAN SERVICES****TA Dates:** 12/8/2020 - 12/10/2020**TA Category:** Site Visits to Grantees**Project Officer:** Vanessa Brown**TA Experts:** Elizabeth Latham, John Gressman, Juanita Burnam (Lead)**TA Site Visit Type:** Operational Site Visit

This report has been prepared on behalf of the Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC) for the purposes of oversight of the Health Center Program. The report contains HRSA's findings and final compliance determinations. This site visit was conducted in accordance with the Health Center [Site Visit Protocol](#), which is aligned with the Health Center [Program Compliance Manual](#).

Site Visit Compliance Summary

Site Visit Compliance Summary

Program Requirements	Elements	Compliance Demonstrated? (HRSA)
<b>Needs Assessment</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Service Area Identification and Annual Review	Yes
	b. Update of Needs Assessment	Yes
<b>Required and Additional Services</b>	<b>Overall Compliance</b>	<b>No</b>
	<b>a. Providing and Documenting Services within Scope of Project</b>	<b>No</b>
	b. Ensuring Access for Limited English Proficient Patients	Yes
	c. Providing Culturally Appropriate Care	Yes
<b>Clinical Staffing</b>	<b>Overall Compliance</b>	<b>No</b>
	a. Staffing to Provide Scope of Services	Yes
	b. Staffing to Ensure Reasonable Patient Access	Yes
	<b>c. Procedures for Review of Credentials</b>	<b>No</b>
	<b>d. Procedures for Review of Privileges</b>	<b>No</b>
	e. Credentialing and Privileging Records	Yes
	f. Credentialing and Privileging of Contracted or Referral Providers	Yes
<b>Accessible Locations and Hours of Operations</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Accessible Service Sites	Yes
	b. Accessible Hours of Operation	Yes
	c. Accurate Documentation of Sites within Scope of Project	Yes
<b>Coverage for Medical Emergencies During and After Hours</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Clinical Capacity for Responding to Emergencies During Hours of Operation	Yes
	b. Procedures for Responding to Emergencies During Hours of Operation	Yes
	c. Procedures or Arrangements for After Hours Coverage	Yes
	d. After Hours Call Documentation	Yes
<b>Continuity of Care and Hospital Admitting</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Documentation of Hospital Admitting Privileges or Arrangements	Yes
	b. Procedures for Hospitalized Patients	Yes
	c. Post-Hospitalization Tracking and Follow-up	Yes
<b>Sliding Fee Discount Program</b>	<b>Overall Compliance</b>	<b>No</b>
	<b>a. Applicability to In-Scope Services</b>	<b>No</b>



	b. Sliding Fee Discount Program Policies	Yes
	c. Sliding Fee for Column I Services	Yes
	d. Multiple Sliding Fee Discount Schedules	Yes
	e. Incorporation of Current Federal Poverty Guidelines	Yes
	f. Procedures for Assessing Income and Family Size	Yes
	g. Assessing and Documenting Income and Family Size	Yes
	h. Informing Patients of Sliding Fee Discounts	Yes
	i. Sliding Fee for Column II Services	Yes
	j. Sliding Fee for Column III Services	No
	k. Applicability to Patients with Third Party Coverage	No
	l. Evaluation of the Sliding Fee Discount Program	No
<b>Quality Improvement/Assurance</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. QI/QA Program Policies	Yes
	b. Designee to Oversee QI/QA Program	Yes
	c. QI/QA Procedures or Processes	Yes
	d. Quarterly Assessments of Clinician Care	Yes
	e. Retrievable Health Records	Yes
	f. Confidentiality of Patient Information	Yes
<b>Key Management Staff</b>	<b>Overall Compliance</b>	<b>No</b>
	a. Composition and Functions of Key Management Staff	No
	c. Process for Filling Key Management Vacancies	Yes
	d. CEO Responsibilities	No
	e. HRSA Approval for Project Director/CEO Changes	Yes
<b>Contracts and Subawards</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Procurement Procedures	Yes
	b. Records of Procurement Actions	Yes
	c. Retention of Final Contracts	Yes
	d. Contractor Reporting	Yes
	e. HRSA Approval for Contracting Substantive Programmatic Work	Yes
	f. Required Contract Provisions	Yes
	g. HRSA Approval to Subaward	N/A
	h. Subaward Agreement	N/A
	i. Subrecipient Monitoring	N/A
	j. Retention of Subaward Agreements and Records	N/A

<b>Conflict of Interest</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Standards of Conduct	Yes
	b. Standards for Organizational Conflicts of Interest	Yes
	c. Dissemination of Standards of Conduct	Yes
	d. Adherence to Standards of Conduct	Yes
<b>Collaborative Relationships</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Coordination and Integration of Activities	Yes
	b. Collaboration with Other Primary Care Providers	Yes
<b>Financial Management and Accounting Systems</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Financial Management and Internal Control Systems	Yes
	b. Documenting Use of Federal Funds	Yes
	c. Drawdown, Disbursement and Expenditure Procedures	Yes
	d. Submitting Audits and Responding to Findings	Yes
	e. Documenting Use of Non-Grant Funds	Yes
<b>Billing and Collections</b>	<b>Overall Compliance</b>	<b>No</b>
	a. Fee Schedule for In-Scope Services	Yes
	b. Basis for Fee Schedule	Yes
	c. Participation in Insurance Programs	Yes
	d. Systems and Procedures	Yes
	e. Procedures for Additional Billing or Payment Options	Yes
	f. Timely and Accurate Third Party Billing	Yes
	g. Accurate Patient Billing	Yes
	<b>h. Policies or Procedures for Waiving or Reducing Fees</b>	<b>No</b>
	i. Billing for Supplies or Equipment	Yes
	j. Refusal to Pay Policy	Yes
<b>Budget</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Annual Budgeting for Scope of Project	Yes
	d. Other Lines of Business	Yes
<b>Program Monitoring and Data Reporting Systems</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Collecting and Organizing Data	Yes
	b. Data-Based Reports	Yes
<b>Board Authority</b>	<b>Overall Compliance</b>	<b>No</b>
	<b>a. Maintenance of Board Authority Over Health Center Project</b>	<b>No</b>

	b. Required Authorities and Responsibilities	Yes
	<b>c. Exercising Required Authorities and Responsibilities</b>	<b>No</b>
	d. Adopting, Evaluating, and Updating Health Center Policies	Yes
	e. Adopting, Evaluating, and Updating Financial and Personnel Policies	Yes
<b>Board Composition</b>	<b>Overall Compliance</b>	<b>No</b>
	<b>a. Board Member Selection and Removal Process</b>	<b>No</b>
	<b>b. Required Board Composition</b>	<b>No</b>
	c. Current Board Composition	Yes
	<b>d. Prohibited Board Members</b>	<b>No</b>
	f. Utilization of Special Population Input	N/A

## Board Composition

### Authority

Authority Section 330(k)(3)(H) of the Public Health Service (PHS) Act; and 42 CFR 51c.304 and 42 CFR 56.304

### Overall Compliance Demonstrated

**Overall Compliance Demonstrated:**

- : Yes
- : No
- : Not Applicable

### Board Composition

**1. Is the health center operated by an Indian tribe, tribal group, or Indian organization under the Indian Self-Determination Act or an Urban Indian Organization under the Indian Health Care Improvement Act?¹:**

- : Yes
- : No

Footnote: <sup>1</sup> The governing board of a health center operated by Indian tribes, tribal groups, or Indian organizations under the Indian Self-Determination Act or Urban Indian Organizations under the Indian Health Care Improvement Act is exempt from the specific board composition requirements discussed in [the [Health Center Program Compliance Manual](#)]. Section 330(k)(3)(H) of the PHS Act.

### Summary of Findings

#### Demonstrating Compliance Element: a. Board Member Selection and Removal Process

Description **The health center has bylaws or other relevant documents that specify the process for ongoing selection and removal of board members.** This board member selection and removal process does not permit any other entity, committee or individual (other than the board) to select either the board chair or the majority of health center board members,<sup>2</sup> including a majority of the non-patient board members.<sup>3</sup>

<sup>2</sup> An outside entity may only remove a board member who has been selected by that entity as an organizational representative to the governing board.

<sup>3</sup> For example, if the health center has an agreement with another organization, the agreement does not permit that organization to select either the chair or a majority of the health center board.

**2. Do the bylaws or other documentation specify an ongoing selection and removal process for board members?:**

- : Yes
- : No

If No, an explanation is required: **The bylaws do not address the selection process for board members and do not address filling vacancies of board members. No documentation was submitted during the CRO process and compliance was not met.**

3. Do the bylaws or other documentation in any way limit the health center's ability to select or remove its own board members, specifically the ability to select any of the following:

**3.1 The board chair?:**

- : Yes
- : No

**3.2 The majority of health center board members?:**

- : Yes
- : No

**3.3 The majority of the non-patient board members?:**

- : Yes
- : No

If Yes was selected for any of the above, an explanation is required describing how the health center board is limited in its board member selection or removal process:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No

#### Demonstrating Compliance Element: b. Required Board Composition

Description

The health center has bylaws or other relevant documents that require the board to be composed<sup>4</sup> as follows:

- Board size is at least 9 and no more than 25 members,<sup>5</sup> with either a specific number or a range of board members prescribed;
- At least 51 percent of board members are patients served by the health center. For the purposes of board composition, a patient is an individual who has received at least one service in the past 24 months that generated a health center visit, where both the service and the **site** where the service was received are within the HRSA-approved **scope of project**;
- Patient members of the board, as a group, represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender;
- Non-patient members are representative of the community served by the health center or the health center's **service area**;
- Non-patient members are selected to provide relevant expertise and skills such as:
  - Community affairs;
  - Local government;
  - Finance and banking;
  - Legal affairs;
  - Trade unions and other commercial and industrial concerns; and
  - Social services;
- No more than one-half of non-patient board members derive more than 10 percent of their annual income from the health care industry;<sup>6</sup> and
- Health center employees<sup>7,8,9</sup> and immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be health center board members.

<sup>4</sup> For public agencies that elect to have a **co-applicant**, these board composition requirements apply to the co-applicant board.

<sup>5</sup> For the purposes of the Health Center Program, the term "board member" refers only to voting members of the board.

<sup>6</sup> Per the regulations in 42 CFR 56.304, for health centers awarded/designated solely under **section 330(g)** of the PHS Act, no more than two-thirds of the non-patient board members may derive more than 10 percent of their annual income from the health care industry.

<sup>7</sup> For the purposes of health center board composition, an employee of the health center would include an individual who would be considered a "common-law employee" or "statutory employee" according to the Internal Revenue Service (IRS) criteria, as well as an individual who would be considered an employee for state or local law purposes.

<sup>8</sup> In the case of public agencies with co-applicant boards, this includes employees or immediate family members of both the co-applicant organization and the public agency component (for example, department, division, or sub-agency) in which the Health Center Program project is located.

<sup>9</sup> While no board member may be an employee of the health center, 42 CFR 51c.107 permits the health center to use **federal award** funds to reimburse board members for these limited purposes: 1) reasonable expenses actually incurred by reason of their participation in board activities (for example, transportation to board meetings, childcare during board meetings); or 2) wages lost by reason of participation in the activities of such board members if the member is from a family with an annual family income less than \$10,000 or if the member is a single person with an annual income less than \$7,000. For section 330(g)-only awarded/designated health centers, 42 CFR 56.108 permits the use of grant funds for certain limited reimbursement of board members as follows: 1) for reasonable expenses actually incurred by reason of their participation in board activities (for example, transportation to board meetings, childcare during board meetings); 2) for wages lost by reason of participation in the activities of such board members. Health centers may wish to consult with their legal counsel and auditor on applicable state law regarding reimbursement restrictions for non-profit board members and implications for IRS tax-exempt status.

<sup>10</sup> Per the regulations in 42 CFR 56.304, for health centers awarded/designated solely under section 330(g) of the PHS Act, no more than two-thirds of the non-patient board members may derive more than 10 percent of their annual income from the health care industry.

**4. Do the bylaws or other corporate or governing documentation include provisions that ensure:**

**4.1 Board size is at least 9 and no more than 25 members, with either a specific number or a range of board members prescribed?:**

: Yes

: No

**4.2 At least 51 percent of board members are patients served by the health center?:**

: Yes

: No  
: Not Applicable

**Note:** Select "Not Applicable" only if the health center has an approved waiver.

**4.3 Patient members of the board, as a group, represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender?:**

: Yes  
: No

**4.4 Non-patient members are representative of the community served by the health center or the health center's service area?:**

: Yes  
: No

**4.5 Non-patient members are selected to provide relevant expertise and skills such as community affairs, local government, finance and banking, legal affairs, trade unions and other commercial and industrial concerns, and social services?:**

: Yes  
: No

**4.6 No more than one-half of non-patient board members derive more than 10 percent of their annual income from the health care industry?<sup>10</sup>:**

: Yes  
: No

**4.7 Health center employees and immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be health center board members?:**

: Yes  
: No

**If No was selected for any of the above, an explanation is required:** Board bylaws and board conflict of interest statements do not include the required language. No documentation was submitted during the CRO process and compliance was not met.

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes  
: No

**Demonstrating Compliance Element: c. Current Board Composition**

Description

The health center has documentation that the board is composed of:

- At least 9 and no more than 25 members;
- A patient<sup>11</sup> majority (at least 51 percent);
- Patient board members, as a group, represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender, consistent with the demographics reported in the health center's **Uniform Data System (UDS)** report;<sup>12</sup>
- Representative(s) from or for each of the **special population(s)**<sup>13</sup> for those health centers that receive any award/designation under one or more of the special populations section 330 subparts, 330(g), (h), and/or (i); and
- As applicable, non-patient board members:
  - Who are representative of the community in which the health center is located, either by living or working in the community, or by having a demonstrable connection to the community;
  - With relevant skills and expertise in areas such as community affairs, local government, finance and banking, legal affairs, trade unions, other commercial and industrial concerns, or social services within the community; and
  - Of whom no more than 50 percent earn more than 10 percent of their annual income from the health care industry.<sup>14</sup>

<sup>11</sup> A legal guardian of a patient who is a dependent child or adult, a person who has legal authority to make health care decisions on behalf of a patient, or a legal sponsor of an immigrant patient may also be considered a patient of the health center for purposes of board representation. Students who are health center patients may participate as board members subject to state laws applicable to such non-profit board members.

<sup>12</sup> For health centers that have not yet made a **UDS** report, this would be assessed based on demographic data included in the health center's application.

<sup>13</sup> Representation could include advocates for the health center's section 330 (g), (h), or (i) patient population (for example, those who have personally experienced being a member of, have expertise about, or work closely with the current special population). Such advocate board members would count as "patient" board members only if they meet the patient definition set forth in the [Health Center Program Compliance Manual] **Chapter 20: Board Composition**.

<sup>14</sup> For example, in a 9 member board with 5 patient board members, there could be 4 non-patient board members. In this case, no more than 2 non-patient board members could earn more than 10 percent of their income from the health care industry.

<sup>15</sup> Per the regulations in 42 CFR 56.304, for health centers awarded/designated solely under section 330(g) of the PHS Act, no more than two-thirds of the non-patient board members may derive more than 10 percent of their annual income from the health care industry.

5. Is the health center board currently composed of at least 9 and no more than 25 members?:

: Yes

: No

If No, an explanation is required, including specifying the number of total board members:

6. Are at least 51 percent of health center board members classified by the health center as patients?:

: Yes

: No

: Not Applicable

Note: Select "Not Applicable" only if the health center has an approved waiver.

If No, an explanation is required, including specifying the number of total board members and how many (if any) are current patients of the health center:

7. Were you able to confirm that individuals classified by the health center as patient board members have actually received at least one in-scope service at an in-scope site within the past 24 months that generated a health center visit?:

: Yes

: No

If No, an explanation is required:

8. For health centers with special populations funding/designation: Was the health center able to identify one or more board member(s) who serves as a representative from or for each of the health center's funded/designated special population(s) (individuals experiencing homelessness, migratory and seasonal agricultural workers, residents of public housing)? :

: Yes

: No

: Not Applicable

If No, an explanation is required:

9. Are patient board members as a group representative of the health center's patient population in terms of race, ethnicity, and gender?:

: Yes

: No

: Not Applicable

Note: Select "Not Applicable" only if the health center has an approved waiver.

If No, an explanation is required regarding why patient board members as a group are not representative of the health center's patient population and what efforts the health center has made to recruit representative board members:

10. For the health center's non-patient board members, do all such board members either live or work in the community where the health center is located?:

: Yes

: No

If No, an explanation is required describing whether/how board members who do not live or work in the community have a demonstrable connection to the community:

11. Do the non-patient board members have relevant skills and expertise in a variety of areas that support the board's governance and oversight role (for example, community affairs, local government, finance, banking, legal affairs, trade unions, major local employers or businesses, social services)?:

: Yes

: No

If No, an explanation is required:

12. Do any non-patient board members earn more than 10 percent of their annual income from the health care industry?<sup>15</sup>:

: Yes

: No

Note: The health center determines how to define "health care industry" and how to determine the percentage of annual income of each non-patient board member derived from the health care industry.

If Yes, an explanation is required that includes the number of non-patient board members who earn more than 10 percent of their annual income from the health care industry and the total number of non-patient board members:

**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

**Demonstrating Compliance Element: d. Prohibited Board Members**

Description

The health center verifies periodically (for example, annually or during the selection or renewal of board member terms) that the governing board does not include members who are current employees of the health center, or immediate family members of current health center employees (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage).

<sup>16</sup> For the purposes of health center board composition, an employee of the health center would include an individual who would be considered a "common-law employee" or "statutory employee" according to the IRS criteria, as well as an individual who would be considered an employee for state or local law purposes.

<sup>17</sup> In the case of public agencies with co-applicant boards, this includes employees or immediate family members of both the co-applicant organization and the public agency component (for example, department, division, or sub-agency) in which the Health Center Program project is located.

13. Has the health center verified that the current board does not include any members who are:

13.1 Employees of the health center?<sup>16,17</sup>:

- : Yes
- : No

13.2 Immediate family members of current health center employees (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage)?:

- : Yes
- : No

**Note:** The health center board determines whether to include non-voting, ex-officio members such as the Project Director/CEO or community members on the board, consistent with what is permitted under other applicable laws.

If No was selected for any of the above, an explanation is required: **The health center was not aware of this requirement. The health center does not have a process to evaluate this requirement. No documentation was submitted during the CRO process and compliance was not met.**

**HRSA/BPHC Determination: Compliance Demonstrated?:**

- : Yes
- : No

**Demonstrating Compliance Element: e. Waiver Requests**

**Description**

In cases where a health center receives an award/designation under section **330(g), 330(h)** and/or **330(i)**, does not receive an award/designation under section 330(e), and requests a waiver of the patient majority board composition requirements, the health center presents to HRSA for review and approval:

- “Good cause” that justifies the need for the waiver by documenting:
  - The unique characteristics of the population (**homeless, migratory or seasonal agricultural worker**, and/or **public housing** patient population) or service area that create an undue hardship in recruiting a patient majority; and
  - Its attempt(s) to recruit a majority of special population board members within the past 3 years; and
- Strategies that will ensure patient participation and input in the direction and ongoing governance of the organization by addressing the following elements:
  - Collection and documentation of input from the special population(s);
  - Communication of special population input directly to the health center governing board; and
  - Incorporation of special population input into key areas, including but not limited to: selecting health center services;<sup>18</sup> setting hours of operation of health center sites;<sup>19</sup> defining budget priorities;<sup>20</sup> evaluating the organization’s progress in meeting goals, including patient satisfaction;<sup>21</sup> and assessing the effectiveness of the sliding fee discount program.<sup>22</sup>

<sup>18</sup> See [Health Center Program Compliance Manual] **Chapter 4: Required and Additional Health Services** for more information on providing services within the HRSA-approved scope of project.

<sup>19</sup> See [Health Center Program Compliance Manual] **Chapter 6: Accessible Locations and Hours of Operation** for more information on health center service sites and hours of operation.

<sup>20</sup> See [Health Center Program Compliance Manual] **Chapter 17: Budget** for more information on the Health Center Program project budget.

<sup>21</sup> See [Health Center Program Compliance Manual] **Chapter 19: Board Authority** for more information on the health center board’s required authorities.

<sup>22</sup> See [Health Center Program Compliance Manual] **Chapter 9: Sliding Fee Discount Program** for more information on requirements for health center SFDPs.

**Note:** N/A – HRSA assesses whether the health center has demonstrated compliance with this element through its review of the competing continuation application (SAC or RD). No onsite review of this element is required.

**Demonstrating Compliance Element: f. Utilization of Special Population Input**

**Description**

For health centers with approved waivers, the health center has board minutes or other documentation that demonstrates how special population patient input is utilized in making governing board decisions in key areas, including but not limited to: selecting health center services; setting hours of operation of health center sites; defining budget priorities; evaluating the organization’s progress in meeting goals, including patient satisfaction; and assessing the effectiveness of the SFDP.

14. For health centers with approved waivers only: Does the health center collect and document input from the special population(s)?:

- : Yes
- : No
- : Not Applicable

**Note:** Select “Not Applicable” only if the health center does not have an approved waiver.



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If No, an explanation is required:

15. Was the health center able to provide at least one example of how special population input has impacted board decision-making (for example, selecting health center services; setting hours of operation of health center sites; defining budget priorities; evaluating the organization's progress in meeting goals, including patient satisfaction; or assessing the effectiveness of the SFDP)?:

: Yes

: No

: Not Applicable

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If No, an explanation is required:


**HRSA/BPHC Determination: Compliance Demonstrated?:**

: Yes

: No

: Not Applicable

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	<b>County of Sacramento Department of Health Services Division of Primary Health Policy and Procedure</b>	Policy Issuer (Unit/Program)	<b>Clinic Services</b>
		Policy Number	<b>11-03</b>
		Effective Date	<b>08-30-18</b>
		Revision Date	<b>02/18/2021</b>
Title: <b>Budget Development, Procurement, and Compliance (General)</b>		Functional Area: <b>Administration</b>	
Approved By: John Dizon, Sr. Administrative Analyst			

**Policy:**

Fiscal activity in the County Health Center must be conducted in compliance with multiple sets of regulations and guidelines. Sacramento County Clinic Services/County of Sacramento DOH & Human Services (CS) operates under guidance from the federal Health Resources and Services Administration (HRSA) and the California State Department of Medi-Cal Managed Care.

Policy and procedures were reviewed by James D. Lothrop, Auditor and Program Integrity Analyst for the U.S. Department of Health and Human Services, HRSA on 10/03/18 and then Frank Ausby and David Fleurquin from HRSA’s Division of Financial Integrity in September, 2019.

**Procedures:**

**A. Budget Development:**

1. County Budget
  - a. The Clinic Budget Administrative Services Officer (ASO) will consult with the Project Director and the Primary Health Division Sr. Admin Analyst when planning and developing the County Budget, in accordance with the Sacramento County Office of Budget and Debt Management instructions. The County Budget must be approved by the Deputy Director before being submitted to the Department.
  - b. Planning activities for a new Fiscal Year Budget shall commence no later than December 1 of each year.
  - c. The Clinic Budget ASO II must also ensure that the County Health Center budget, in addition to the County guidelines, remain in compliance with all HRSA guidelines and regulations, including, but not limited to Grants Policy Bulletin 2018-04.
  - d. Specific to the County Health Center Budget and HRSA grant number H80CS00045, as stated in Grants Policy Bulletin 2018-04, staff shall comply with all State and Federal regulations regarding staff salaries. Individual salaries will not be paid through the grant or other extramural mechanism, at a rate in excess of Executive Level II. The Executive Level II salary is currently set at \$197,300 as on January 1, 2020.
2. HRSA Grant Budget

- a. The assigned Clinic ASO will develop the grant budget in consultation with the Clinic Services Budget ASO, the Clinic Human Services Program Planner, and the Primary Health Division Sr. Administrative Analyst as needed. The grant budget must be reflected in the County Budget with respect to accurately reflecting expenditure and revenue authority required to accomplish the grant program's objectives.
- b. The HRSA Grant Budget will also be compliant with all applicable State and Federal requirements.

**B. Procurement and Review:**

1. Staff shall refer to the Primary Health Administration policy on Purchasing Guidelines and Procedures when planning and making purchases. Consult with the Clinic Budget ASO as needed.
2. In addition to the County and Department guidelines, the County of Sacramento DOH & Human Services (CS) must adhere to all federal and state guidelines, including, but not limited to Grants Policy Bulletin 2018-04.
3. HRSA/federal funds shall not be used to purchase sterile needles.
4. In accordance with HRSA guidelines, *when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, the County Health Center shall clearly state – (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.*
5. When entering into agreements, staff shall ensure that none of the federal funds appropriated or otherwise made available from HRSA may be available for *“a contract, grant, or cooperative agreement with an entity that requires employees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.”*

This limitation shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

6. County of Sacramento DOH & Human Services (CS) will review HRSA's Legislative Mandates annually for the passage of a new Health and Human Services Appropriations Act or issuance of HRSA guidance regarding the Legislative Mandates and ensure CS' policies and procedures are updated as necessary. Any modifications to CS' legislative mandates policies and procedures will require review and approval by the Co Applicant Board.

**C. Compliance with Federal and State Guidelines:**

All staff shall comply with HRSA Guidelines and regulations. While this is not a wholly comprehensive list, all of the following are being explicitly listed and emphasized here per HRSA to reflect the current Legislative Mandates (LMs):

1. Salary Limitation: CS, None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. (The Executive Level II salary is currently set at \$197,300 as of January 1, 2020.)
2. Gun Control: CS, None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.
3. Anti-Lobbying: CS,
  - a. No funds received from HRSA shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.
  - b. No funds received from HRSA shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
  - c. The prohibitions in subsections (i) and (ii) above, shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control
4. When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, County of Sacramento DOH & Human Services shall clearly state –
  - a. the percentage of the total costs of the program or project which will be financed with Federal money;
  - b. the dollar amount of Federal funds for the project or program; and
  - c. percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.
5. Restriction on Abortions: CS,
  - a. None of the funds received from HRSA, shall be expended for any abortion.
  - b. None of the funds received from HRSA shall be expended for health benefits coverage that includes coverage of abortion

- c. The term “health benefits coverage” means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.”
6. Exceptions to Restriction on Abortions: CS,
- a. The limitations established in the preceding section shall not apply to an abortion:
    - i. if the pregnancy is the result of an act of rape or incest; or
    - ii. in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.
  - b. Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State’s or locality’s contribution of Medicaid matching funds).
  - c. Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State’s or locality’s contribution of Medicaid matching funds).
  - d.
    - i. None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.
    - ii. In this subsection, the term “health care entity” includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.
7. Ban on Funding of Human Embryo Research: CS,
- a. None of the funds received from HRSA may be used for:
    - i. The creation of a human embryo for research purposes
    - ii. research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b))
  - b. For purposes of this section, the term “human embryo or embryos” includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.
8. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances: CS,
- a. None of the funds received from HRSA may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications.
  - b. The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

9. Restriction of Pornography on Computer Networks: CS,
  - a. None of the funds received from HRSA may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.
  - b. Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.
  
10. Restrictions on Funding ACORN: CS,  
None of the funds received from HRSA may be provided to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successor
  
11. Restriction on Distribution of Sterile Needles: CS,  
None of the funds received from HRSA may be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug:  
Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.
  
12. Confidentiality Agreements:
  - a. County of Sacramento DOH & Human Services shall not require its employees or contractors seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.
  - b. The limitation in subsection (a) shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.
  
13. Administration staff will monitor for all the activity addressed in this policy monthly during review of the Health Center's expenditures and general ledger accounts, and on an ad-hoc basis, as directed by clinic management. Violations will be reported to the appropriate clinic managers for corrective measures.

**Attachments:**

None


**References:**

[HRSA Grants Policy Bulletin 2018-04](#)  
[PP-AS-06-01 General Purchasing Policy](#)

**Contacts:**

John Dizon, Sr. Administrative Analyst  
Sharon Hutchins, HRSA Project Director

**Co-Applicant Board Approval:** 02/19/21

 <p style="text-align: center;"><b>County of Sacramento</b>  <b>Department of Health Services</b>  <b>Division of Primary Health Services</b>  <b>Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>Clinic Services</b>
	Policy Number	<b>07-05</b>
	Effective Date	<b>01-31-12</b>
	Revision Date	<b>01-26-21</b>
Title: <b>Credentialing and Privileges</b>		Functional Area: <b>Personnel</b>
Approved By: Susmita Mishra, MD, Medical Director		

**Policy**

Credentialing policies and procedures shall address the process for appointments and reappointments of Medical Staff and licensed contracted staff for Primary Health Clinical Services at the Sacramento County Health Center.

Credentialing standards and criteria are established commensurate with those of the National Council for Quality. Credentialing and privileging shall be conducted without regard to race, ethnicity, national origin, color, gender, age, sexual orientation, or religious preference.

Licensed providers working under contract from the University of California, Davis are credentialed by the University per contractual agreement:

- Department of Internal Medicine
- Department of Psychiatry
- Department of Pediatrics
- Department of Family Medicine
- Department of Radiology
- School of Medicine
- School of Nursing
- Department of Psychology

Clinical staff provided by temporary medical staffing ("registry") services are credentialed by the registry.

Volunteer providers provided via agreement with the SPIRIT program are credentialed jointly by SPIRIT and the Health Center.

Learners are credentialed by their academic program.

Other volunteers are credentialed directly by SCHC.

County employees are credentialed by SCHC

All County employees, acting within the scope of their licensure and employment, are insured, protected, and defended for their actions by the County.

**Purpose**

Credentialing and privileging are processes of verification of education, training, and experience as well as formal recognition and attestation that licensed independent practitioners or other licensed or certified staff, and other clinical staff and volunteers are both qualified and competent to carry out their role at the Health Center.

Privileging provides permission for an independent licensed practitioner's or other licensed or certified practitioner's scope of practice, in other words, the clinical services he or she may provide at the Sacramento County Health Center.

**Definitions:**

- A. Licensed Independent Practitioner (LIP):** An individual permitted by law to provide care and services without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges. This category includes physicians, nurse practitioners, clinical fellows, physician assistants, and Registered Dental Hygienists in Alternative Practice (RDHAPs).
- B. Other Licensed or Certified Practitioners (OLCP):** An individual who is licensed, registered, or certified but is not permitted by law to provide patient care services without direction or supervision. This category includes nurses, licensed clinical social workers, and licensed marriage and family therapists.
- C. Other Clinical Staff (OCS):** An individual who is not licensed, registered, or certified, but is permitted per clinical policy to provide patient care services under direct supervision. This category included medical assistants.
- D. Volunteers and Trainees:** There are three types of volunteers at the Sacramento County Health Center.
  - a) An individual permitted by law to provide care and services without direct direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges and as listed in the contract, i.e. SPIRIT Volunteers.
  - b) An individual who is not licensed, registered, or certified but is permitted by Clinical policy to provide patient support services under direction of the Clinical Staff, i.e. Volunteer Medical Assistants through County Volunteer Office.
  - c) An individual participating in a recognized academic program with which SCHC has a formal relationship, may provide direct clinical services as a learner under the supervision of SCHC clinical staff and their preceptor within a specifically defined scope of duties. These learners include medical residents, medical students, nursing students, nurse practitioner students, physician assistant students, and MA candidates (OSCs), among others.
- E. Primary Source Verification (PSV):** Verification by the original source of a specific credential to determine the accuracy of a qualification reported by an individual health care practitioner.
- F. Secondary Source Verification (SSV):** Uses methods to verify credentials when PSV is not required.

**Procedures**

Credentialing verification occurs by obtaining Primary source or Secondary source verification in accordance with accepted national verification sites and standards. Credentialing documents requiring verification and the verification sites for licensed staff (Physicians, Dentists, Nurse Practitioners, Registered Nurses, Licensed Vocational Nurses, Physician Assistants, Licensed Clinical Social Workers, Marriage and Family Therapists, Registered Radiology Technologists, and Registered Dental Hygienist in Alternate Practice) are included in the attachment labeled "Credentialing Verification Instructions."



Credentialing verification will also be performed for other Clinical Staff (OCS) as noted below.

All contracted staff will have credentials maintained by Contractor. Contractor must provide credentials to the Medical Director or designated Clinic Services personnel upon request. This includes contracted specialists and hospital academic programs. The Medical Director will grant privileges to contracted staff.

**Commented [A1]:** Secondary Source Verification is used for OCS (MA)/employee provides copy of MA certificate/CPR cert/Flu and PPD documentation/health assessment statement/photo ID

#### **A. Credential Review:**

Review of credentials is conducted based on staff category. **Attachment A** details the specific documents and sites that will be examined for each item below for each staff category (or indicate if it is not applicable).

- a) Identity
- b) Application
- c) Licensure
- d) Drug Enforcement Administration (DEA) licenses
- e) Hospital admitting privileges
- f) Malpractice judgments and adverse actions
- g) Education, training and experience
- h) Continuing professional training (e.g. Medical Education units [CMEs] and Continuing Education Units [CEUs])
- i) Current competence (skills, knowledge, and experience)
- j) Life Support Training
- k) Health Fitness, including vaccination/immunity status

#### **B. Privilege Determination**

Granting of privileges is conducted based on appropriateness for the profession/position, the privileges requested by applicants, and documentation of skills, experience and competence.

1. Privileging begins with the submission of an Application for Clinical Privileges specific to the appropriate staff category (See Attachments B, C, and D).
2. Review of transcripts, continuing education credits, curriculum vitae or resume, and letters of reference may be used to assist in determining which privileges to grant.

#### **C. Responsibilities**

- a) The Co-Applicant Board delegates the responsibility of credentialing and privileging to the Clinic Services Medical Director.
- b) The Primary Health Services Medical Director is responsible for credentialing and privileging all licensed and credentialed medical staff. The Primary Health Services Medical Director is responsible for credentialing other clinical staff and volunteers not affiliated with a program with which SCHC has a formal agreement. The Medical Director designates an administrative services officer who collects and verifies credentials under the supervision of the Medical Director. The assistant implements and maintains the clinic's specific database for the Credentialing and Privileging program and compiles data for Medical Director review. Academic programs are

responsible for the verification of the credentials for learners; specific process are detailed in the contract between the program and SCHC.

- c) Temporary medical staffing (“registry”) services are responsible for the verification of the credentials of clinical staff they provide to SCHC.
- d) Applicants, County, volunteers, and contracted staff have the burden of producing information in a timely manner (at least 90 days prior to start date) for an adequate evaluation of the qualifications and suitability of clinical privileges. The applicant’s failure to sustain the burden shall be grounds for denial or termination of privileges.
- e) Competence
  - 1) Supervisors perform evaluation of core competencies for staff in their respective programs. The data is provided to the designated credentialing staff.
  - 2) UCD Program Leads and faculty are responsible for review of medical residents delivering medical care under the supervision of the faculty team.
    - i. Every resident clinical encounter is reviewed and co-signed by SCHC supervising faculty.
    - ii. SCHC supervising faculty submit quarterly clinical competency evaluations to UC Davis Internal Medicine Residency.
    - iii. Residents participate in a File Review twice a year with Associate Program Director or Program Director to review evaluations.
    - iv. If any corrective actions are implemented regarding a resident’s clinical care of primary care patients, the Program Director will communicate with the SCHC Medical Director.
  - 3) The Peer Review Committee (PRC), which includes the Medical Director and at least one licensed physician, assesses clinical competency for licensed health care providers (LIPs and OLCPs), according to the Peer Review Policy.

#### **D. Approval Process for Initial Hire**

- a) Once employed, each practitioner (LIP or OLCP) must submit an “Application for Clinical Privileges” to request Core and Special Request Privileges. Based on the “Application for Clinical Privileges” and the supporting documentation of education, training, current experience and demonstrated performance, the Medical Director issues hire approval to practitioners who meet the standard verification within their scope of practice.
  - 1) If the applicant has a complete, clean application and has been hired by the County either as on-call or permanent staff, the Medical Director reviews materials and in consultation with the Health Program Manager for Operations, grants or denies privileges.
- b) Within 90 days of hire, Medical Director assesses clinical competency to determine whether to maintain the approved privileges.

#### **E. Adverse Determination Process**

- 1. Based on Medical Director recommendations, a 60-day corrective action plan is given when a licensed or credentialed provider has not met performance measures.

2. If there is not sufficient improvement within 60 days, the Medical Director consults with the Health Program Manager for Operations and follows the County of Sacramento Department of Health Services (DHS) *Human Resources Discipline Manual* or the contractual requirements for contracted staff.
3. Personnel actions for county staff may be appealed per applicable County Human Resources guidelines and applicable represented labor groups approved contracts.

**F. Re-Credentialing and Privileging**

1. Medical Director reviews credentials and privileges of LIPs and OLCPs at least every two years.
2. The Medical Director and Health Program Manager for Operations renew privileges of practitioners based on maintenance of credentials and Peer Review Committee recommendations.
3. Supervising nurses review the competency of OCSs by completing the Skill Check List every year.

**G. Adverse Determination Process: Re-Credentialing and Privileging**

1. Based on Medical Director recommendations for LIPs and OLCPs, a 60-day corrective action plan is given when a licensed or credentialed provider has not met performance measures.
2. If there is not sufficient improvement within 60 days, the Medical Director will consult with the Health Program Manager for Operations and follow the County of Sacramento Department of Health Services (DHS) *Human Resources Discipline Manual* or the contractual requirements for contracted staff
3. Personnel actions for county staff may be appealed per applicable County Human Resources guidelines and applicable represented labor groups approved contracts.

**H. Confidentiality**

1. All credentialing and privileging proceedings, deliberation, records, related activities, and information shall be confidential, and not subject to discovery, to the fullest extent permitted by law. Disclosure of such proceedings and records shall be made only as required by law, or as needed to fulfill the credentialing activities within the scope of the policy.

**Attachments:**

- Attachment A: [Credentialing Verification Instructions](#)
- Attachment B: [Application for Clinical Privileges-all providers](#)
- Attachment C: [Application for Clinical Privileges-Radiology Technologists](#)
- Attachment D: [Application for Clinical Privileges-Dental Hygienists](#)
- Attachment E: [Registered Nurses Skills Checklist](#)
- Attachment F: [Medical Assistant Health Assessment Form](#)
- Attachment G: [Medical Assistant Skills Checklist](#)
- [Add SPIRIT and UCD agreements?](#)

Commented [A2]: Need to add info on MAs to Attachment A.

Commented [A3]: Also Add Nurse Competency Summary?


Commented [A4]:

**References:**

- [PP XX-XXX: Peer Review Policy](#)
- Sacramento Department of Health Services (DHS)'s *Human Resources Discipline Manual*

**Contact:**  
Diana Barney, ASO I

**Co-Applicant Board Approval Date:** 12/18/20 [02/19/21](#)

 <p style="text-align: center;"><b>County of Sacramento Department of Health Services Division of Primary Health Services Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>Clinic Services</b>
	Policy Number	<b>11-02</b>
	Effective Date	<b>01-31-13</b>
	Revision Date	<b>12-16-2020</b>
Title: <b>Billing and Collections</b>	Functional Area: <b>Fiscal Services</b>	
Approved By: Susmita Mishra, MD, Medical Director	Approved By: MaryAnn Luke, Chief Fiscal Services	

**Policy:**

Depending on eligibility type, some patients are responsible for part of their cost in care.

This policy, developed jointly by health center staff and Department fiscal services staff, outlines the process and workflow for managing collections of amounts owed by these patients.

**Procedures:**

**A. Payment: Managed by OCHIN Billing Service (OBS)**

1. For patient balances equal to \$15 or more, payment in full is expected within 30 days from receipt of a billing statement, unless other arrangements are made and approved.
2. Credit cards are not accepted at this time.
3. Patients may arrange for a payment plan to allow full balance to be paid in three equal payments over three month.
4. Patients will continue to receive statements reflecting their remaining balance until the account balance is paid, or their account is sent to the Sacramento County Department of Revenue Recovery (DRR), as shown below.

Patient is sent initial statement after receiving services for which they are wholly or partially responsible for payment.		
<b>Patient requests payment plan</b>	<b>Patient neither remits payment nor requests payment plan</b>	<b>Patient responds and remits payment</b>
Staff work with patient as defined above		Account updated. No further action required
First scheduled payment that is missed results in:		
A payment reminder letter being sent to patient, and:		
Account balance is deferred for 30 days.		
If no payment is received after 30 days, a second letter is sent and the account balance is deferred for an additional 20 days.		

If no payment received after 20 days, the patient account is:

- Prepared and sent to Sacramento County Department of Revenue Recovery (DRR)
- Flagged in OCHIN with “Bad Debt” account status
- Flagged with a message to alert staff, who will remind patient of outstanding balance.

**B. Patient billing or service issues**

1. Any issues that cannot be resolved by OBS are sent to the health center’s Budget Analyst.
2. Patients with extreme economic hardship may have all fees waived at the discretion and judgement of health center management, using the criteria outlined below.
  - a. Health Center Management shall, at the regular administration meetings, consider all waiver requests received and render a decision within 30 days.
  - b. Patient billing is paused during this period.
  - c. Waivers are granted on the basis of financial pressure that the patient/family is facing, such as loss of employment, loss of housing, bankruptcy, or other serious financial factors.
    - 1) When the health center receives a bankruptcy notice, the health center Budget Analyst notes this in the patient account and, in compliance with the Sacramento County Bankruptcy Notice Policy:
      - a. If the account has not been sent to DRR, the amount owed is sent to DRR together with the bankruptcy information with a request to not collect. **If this process is changed by DRR, the Health Center will comply with County policy.**
      - b.
      - c. If the account has already been sent to the Department of Revenue Recovery (DRR), the health center immediately notifies DRR so that collection activity can be halted.
      - d. If OBS receives a call regarding patient filing for bankruptcy, the OBS point of contact forwards that information to the health center Budget Analyst for resolution.
    - d. If waived, the patient balance is written off and the account noted. If not waived, the patient balance will remain and will continue to be subject to the provisions of this policy.

**C. Non-Sufficient Funds (NSF) Check**

1. If a payment is returned to the health center and identified as non-sufficient funds:
  - a. The health center Budget Analyst, will notify OBS.
  - b. OBS will reverse the payment using Debit Adjustment reason code 1607- NSF Check.
  - c. OBS will mail the Health Center NSF Check letter from Epic, notifying the Account holder of the returned check event.

- d. OBS will note the Account and collection efforts will resume following the established billing and collection policies and procedures.
2. Notwithstanding any County ordinance, policy, or rule to the contrary, including but not limited to Sacramento County Code (SCC) § 2.01.030, no extra fee will be charged to the patient.

#### **D. Patient Refunds**

1. Refunds are identified via monthly review by OBS staff, or via patient request.
2. OBS will review for claims which are processing. Refunds are not processed if patient has current open claims.
3. Patients are advised to allow 8 weeks for receipt of refund from the health center.
4. A refund is only initiated if the response to all of the the following questions is NO:
  - a. Does the patient / guarantor have another account? Is there a balance due on the other account?
  - b. Are there any outstanding balances on the account the credit can be distributed to?
  - c. Are there any pending charges or open encounters for this patient?
  - d. Are there any outstanding insurance balances / date of service (DOS) pending payment from insurance?
  - e. Does the patient have any upcoming appointments?
5. OCHIN Billing Services (OBS) will identify and code the reason for the refund. Refund is posted and Epic Refund Request slip is generated.
6. Refund is placed on file transfer protocol (FTP) site with a copy of the transaction inquiry showing the undistributed credit amount.
7. An e-mail is sent to the health center administrative staff indicating that a refund is ready to be issued.
8. Once health center has approved the refund and notified OBS of the check issuance, OBS will reverse the credit from Epic.
9. Once a refund is approved, a check will be issued by the health center to the appropriate party and a note will be entered in the Account snapshot containing the check information (date, check number, amount, etc.) and the date the check was sent out, as well as to whom the check was issued and the address where the check was sent.

**Attachments:**

N/A

**References:**

N/A


**Contact:**

Sharon Hutchins, PhD, Health Program Manager

**Co-Applicant Board Approval Date:** 02/19/21





 <p style="text-align: center;"><b>County of Sacramento</b> <b>Department of Health Services</b> <b>Division of Primary Health Services</b> <b>Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>Clinic Services</b>
	Policy Number	<b>11-02</b>
	Effective Date	<b>01-31-13</b>
	Revision Date	<b>02-17-2021</b>
Title: <b>Billing and Collections</b>	Functional Area: <b>Fiscal Services</b>	
Approved By: Susmita Mishra, MD, Medical Director	Approved By: MaryAnn Luke, Chief Fiscal Services	

**Policy:**

Depending on eligibility type, some patients are responsible for part of their cost in care.

This policy, developed jointly by health center staff and Department fiscal services staff, outlines the process and workflow for managing collections of amounts owed by these patients.

**Procedures:**

**A. Payment: Managed by OCHIN Billing Service (OBS)**

1. For patient balances equal to \$15 or more, payment in full is expected within 30 days from receipt of a billing statement, unless other arrangements are made and approved.
2. Credit cards are not accepted at this time.
3. Patients may arrange for a payment plan to allow full balance to be paid in three equal payments over three month.
4. Patients will continue to receive statements reflecting their remaining balance until the account balance is paid, or their account is sent to the Sacramento County Department of Revenue Recovery (DRR), as shown below.

Patient is sent initial statement after receiving services for which they are wholly or partially responsible for payment.		
<b>Patient requests payment plan</b>	<b>Patient neither remits payment nor requests payment plan</b>	<b>Patient responds and remits payment</b>
Staff work with patient as defined above		Account updated. No further action required
First scheduled payment that is missed results in:		
A payment reminder letter being sent to patient, and:		
Account balance is deferred for 30 days.		
If no payment is received after 30 days, a second letter is sent and the account balance is deferred for an additional 20 days.		

If no payment received after 20 days, the patient account is:

- Prepared and sent to Sacramento County Department of Revenue Recovery (DRR)
- Flagged in OCHIN with “Bad Debt” account status
- Flagged with a message to alert staff, who will remind patient of outstanding balance.

**B. Patient billing or service issues and waivers**

1. Any issues that cannot be resolved by OBS are sent to the health center’s Budget Analyst.
2. Patients with extreme economic hardship may have all fees waived at the discretion and judgement of health center management, using the criteria outlined below.
  - a. Health Center Management shall, at the regular administration meetings, consider all waiver requests received and render a decision within 30 days.
  - b. Patient billing is paused during this period.
  - c. Waivers are granted on the basis of financial pressure that the patient/family is facing, such as loss of employment, loss of housing, bankruptcy, or other serious financial factors.
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**Attachments:**

N/A

**References:**

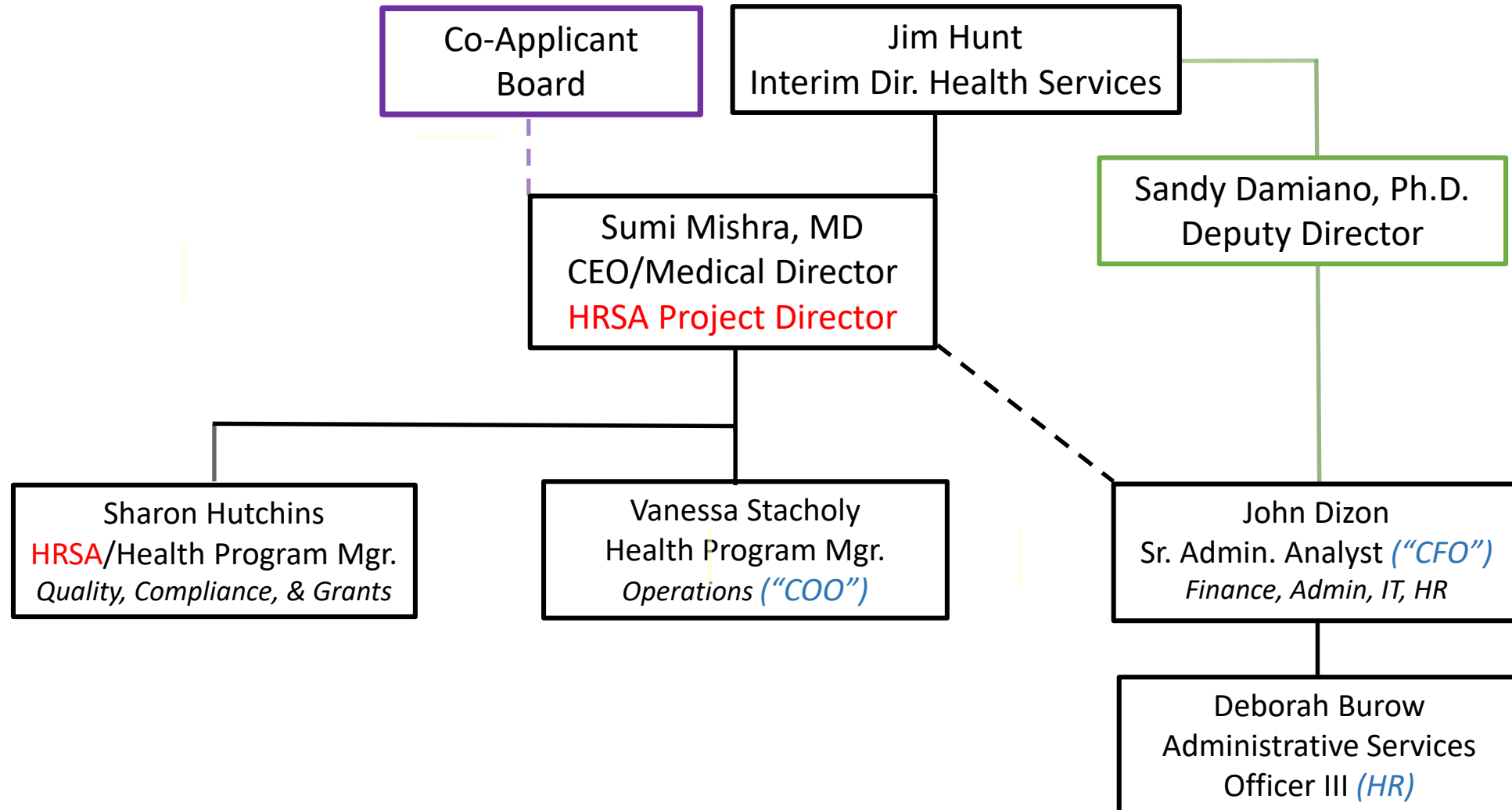
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**Contact:**

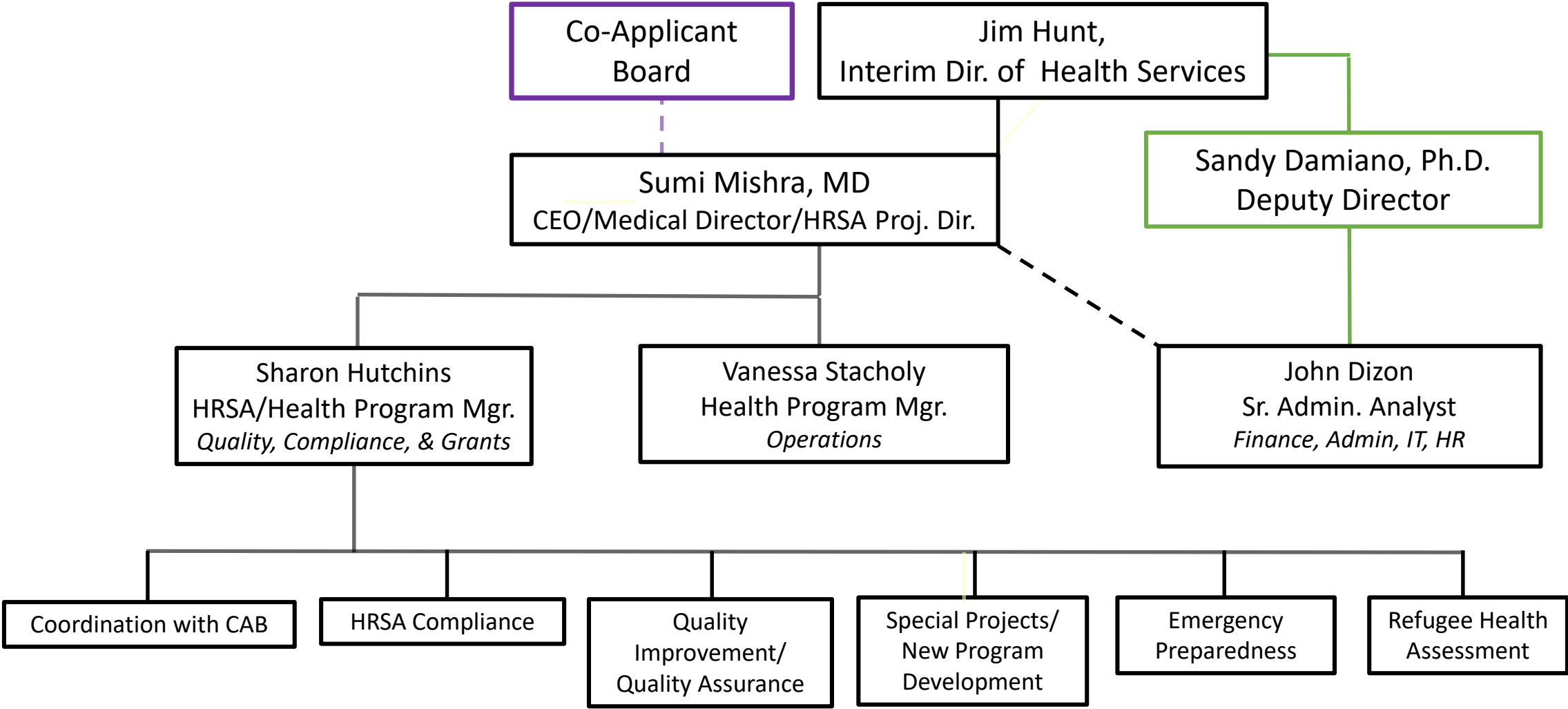
Sharon Hutchins, PhD, Health Program Manager

**Co-Applicant Board Approval Date:** 02/19/21

# PROPOSED STRUCTURE: KEY MANAGEMENT ROLES AND REPORTING RELATIONSHIPS



# PROPOSED STRUCTURE, II

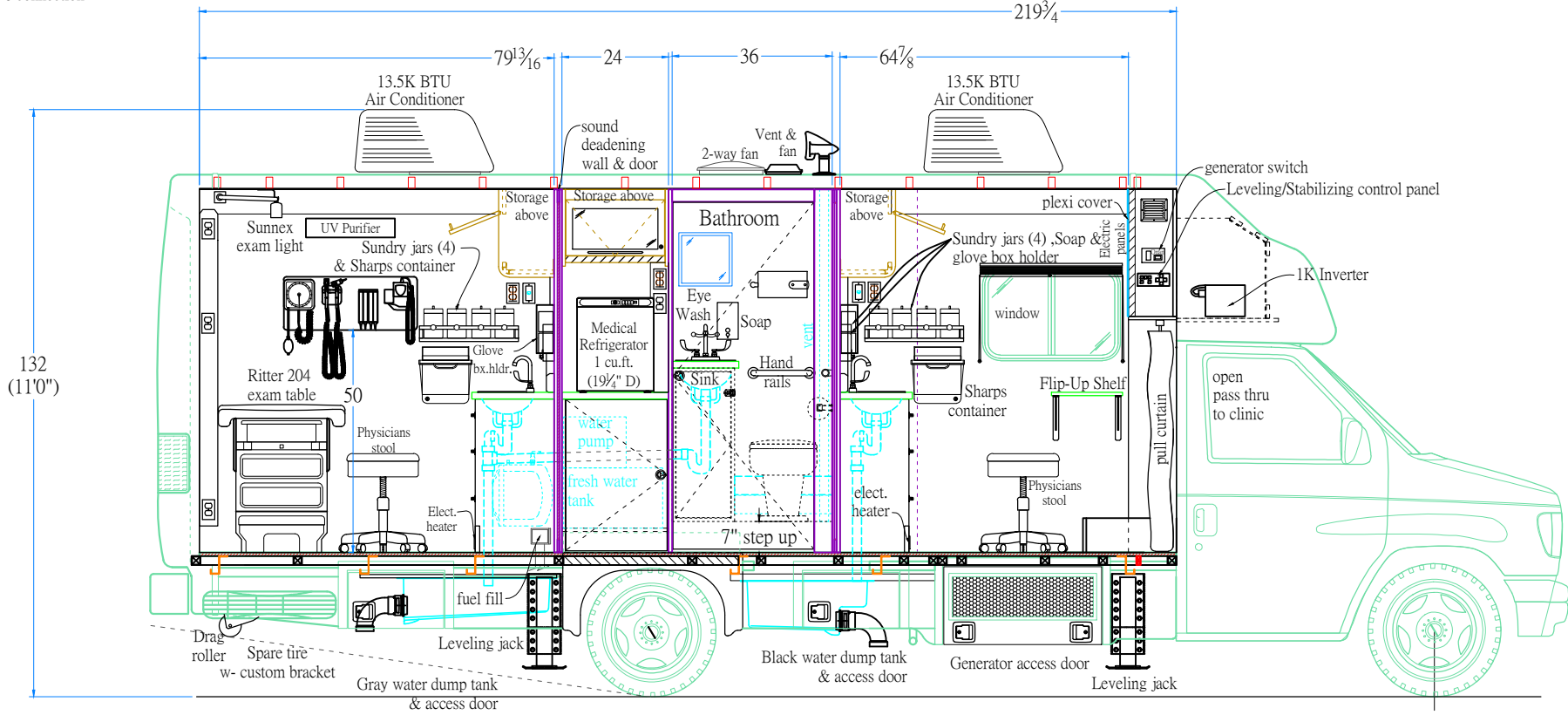




Final plan

This document is confidential and proprietary to La Boit Specialty Vehicles Inc. and may not be reproduced, published or disclosed to others without company authorization.

- 120v duplex outlet w- 2 USB ports
- 120v duplex outlet
- 120v inverter outlet
- Cat 6 connection



Driver Side Interior and Undercarriage



26'ext. Mobile Medical Clinic  
 with 2 Exam Rooms, Bathroom & Waiting Area  
 Sacramento Cty Medical, Sandra Johnson  
 Sacramento, CA

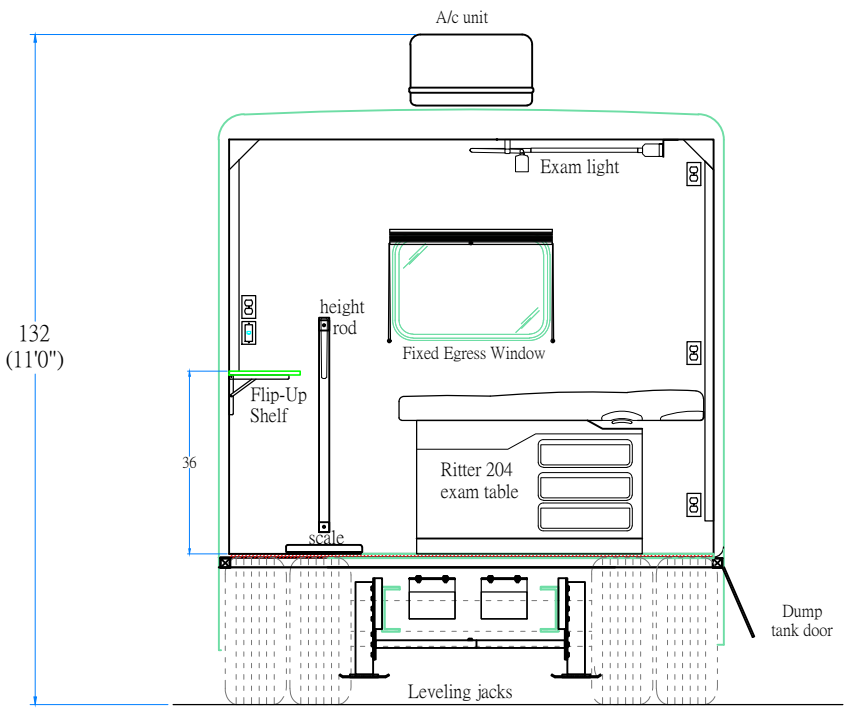
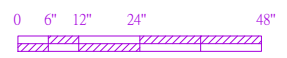
2021 Ford E450 gas 2wd chassis  
 1 - 7.0K Onan EFI gas generator

Drawn	1-12-2021	DF
rev.	moved scale/height rod BP	

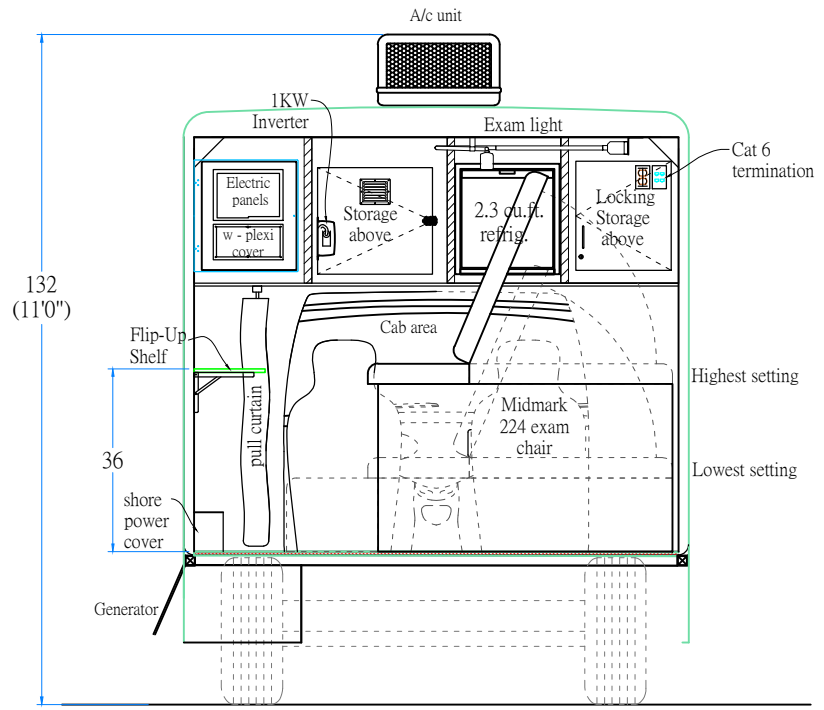
This document is confidential and proprietary to La Boit Specialty Vehicles Inc. and may not be reproduced, published or disclosed to others without company authorization.

- 120v duplex outlet w- 2 USB ports
- 120v duplex outlet
- 120v inverter outlet
- Cat 6 connection

Final plan



Back Wall Interior Elevation



Facing Cab Front Interior Elevation



26'ext. Mobile Medical Clinic  
 with 2 Exam Rooms, Bathroom & Waiting Area  
 Sacramento Cty Medical, Sandra Johnson  
 Sacramento, CA

2021 Ford E450 gas 2wd chassis  
 1 - 7.0K Onan EFI gas generator  
 Passenger Side Interior Elevation

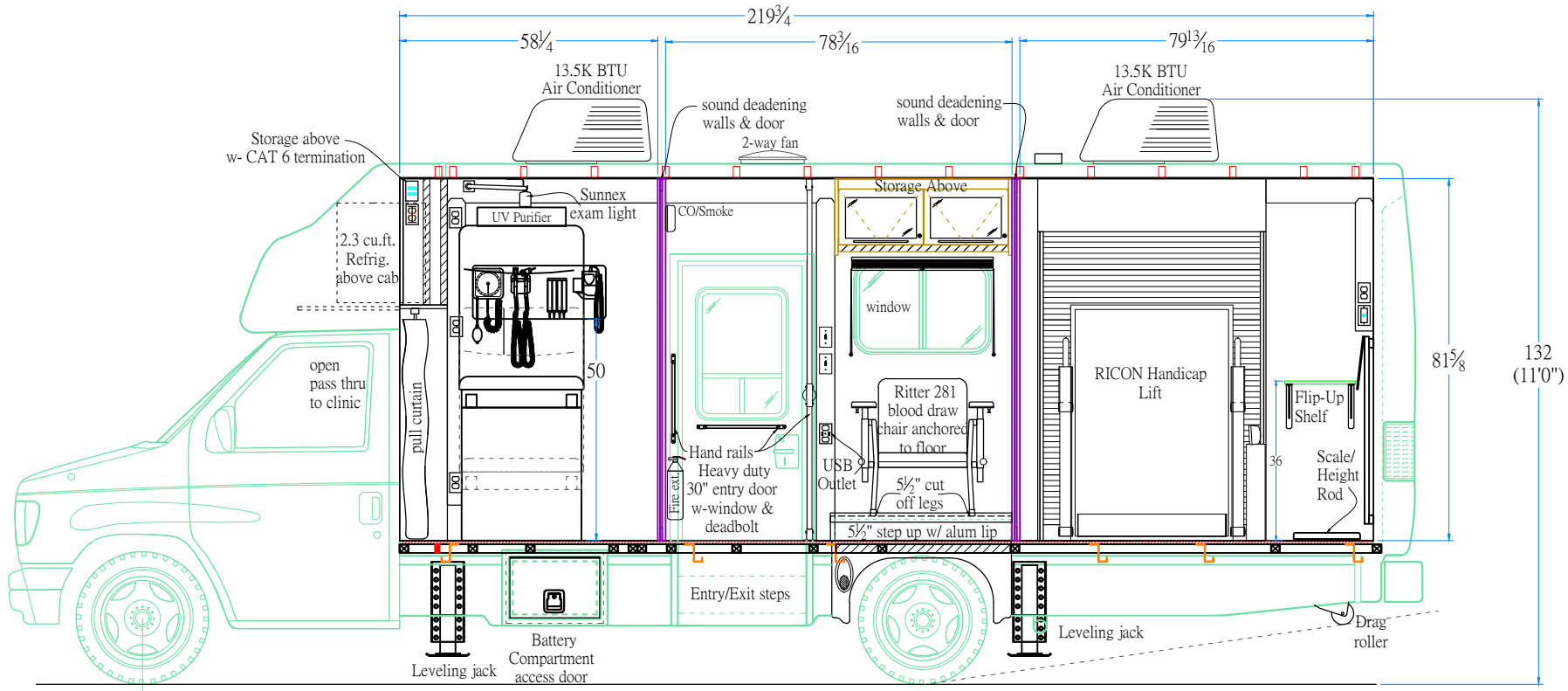
Drawn 1-12-2021 DF  
 rev. cut legs/anchor blood chair BP

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Final plan

- 120v duplex outlet w- 2 USB ports
- 120v duplex outlet
- 120v inverter outlet
- Cat 6 connection



Passenger Side Interior and Undercarriage





26'ext. Mobile Medical Clinic  
with 2 Exam Rooms, Bathroom & Waiting Area  
Sacramento Cty Medical, Sandra Johnson  
Sacramento, CA

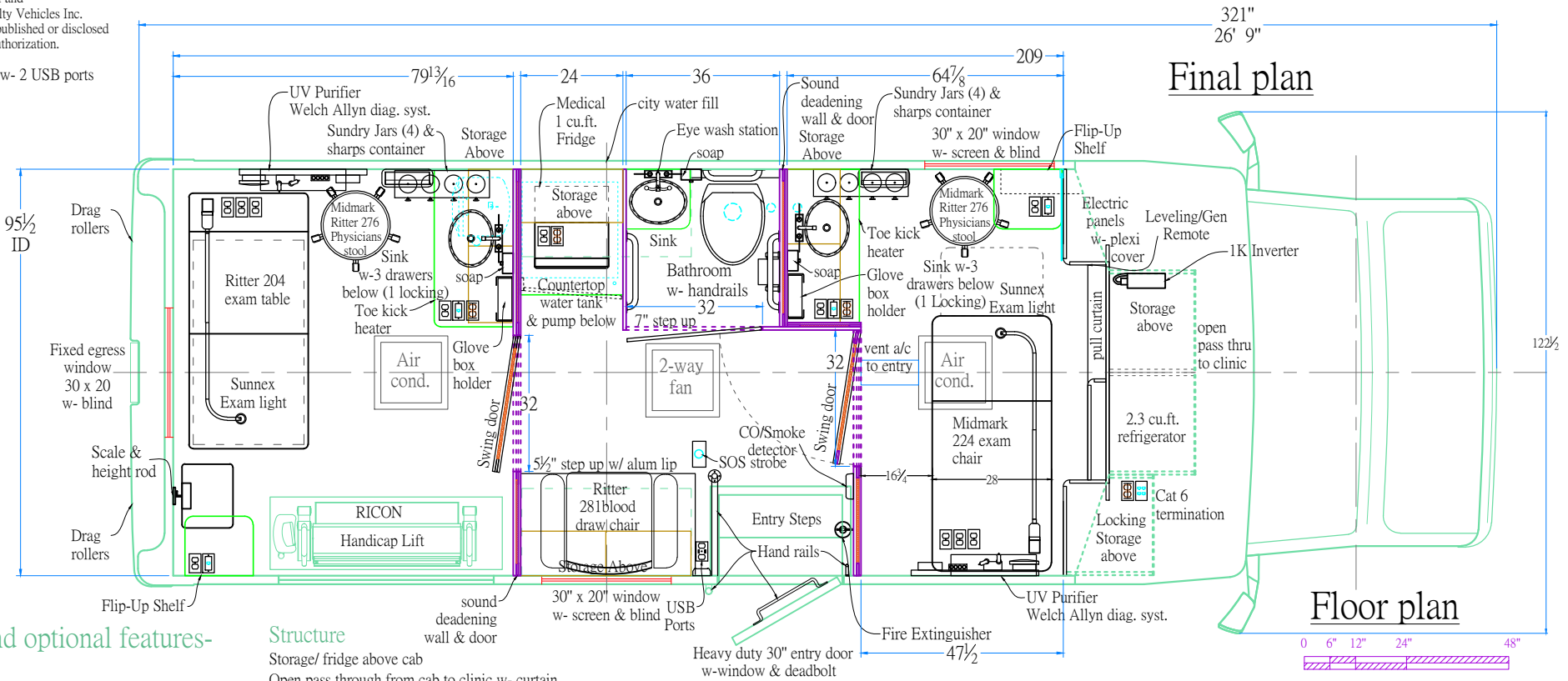
2021 Ford E450 gas 2wd chassis  
1 - 7.0K Onan EFI gas generator  
**\*NO CDL required\***  
Vin # - TBD

Drawn 10-13-2020 DF  
rev. move scale/mod blood chair step BP

prelim floor plan	plnt mgr approv.	chassis	plumbing	electrical	cabinetry	installers	build sheet mtg.	final floor plan
12/30/2020	2/5/2021	2/4/2021	2/3/2021	2/3/2021	2/3/2021	2/3/2021	2/8/2021	

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- 120v duplex outlet w- 2 USB ports
- 120v duplex outlet
- 120v inverter outlet
- Cat 6 connection



Final plan

Floor plan

**Standard and optional features- Power:**

- 1- 7.0K Onan Gas Generator
- Shore Cord 35' (std)
- Inverter Package (1000W TrueSine)
  - 8D battery
  - 80amp charger
- Inverter outlet for Medical Fridge

**Equipment - non-medical**

- 2 - 13.5K BTU Air Conditioners
- 2 - Electric Heaters
- 1- 2-way Fan
- 2.3 cu.ft. Refrigerator
- 1.0 cu.ft. Medical Refrigerator
- 4 - CAT 6 connections
- Panic system - SOS strobe/buzzer w- 2 exam rm. buttons
- Navigation system & Back up camera
- Highway Hazard Kit; set of 3 triangles
- ABC Fire Ext. - DOT Certified

**Structure**

- Storage/ fridge above cab
- Open pass through from cab to clinic w- curtain
- Locking compartment - over cab/rear/front exam
- 30 x 20 fixed Egress window w- blinds
- 2 - 30 x 20 sliding windows w-blinds
- Sound deadening wall and door to both exam rooms
- 2 - Flip-Up Shelf for Laptop
- RICON handicap lift w- roll door
- Leveling/stabilizing system
- Spare tire w- custom bracket
- Drag rollers
- Graphic budget

**Plumbing**

- Bathroom w - accessory kit
- 4 gallon Water heater
- City water fill
- 24 gal. fresh water tank
- 15 gal. gray & 20 gal. black water dump tanks
- 3 - Hand sinks
- 3 - soap dispensers
- 1 - Eye wash station (at bathroom sink)

**Equipment & Lighting - medical**

- 1 - Midmark Ritter 204 exam table
- 1 - Midmark 224 exam chair
- 2 - Midmark Ritter 276 physicians stool
- 2 - Sunnex LED exam light w- holder, rear exam room
- 1 - Midmark Ritter 281 Blood draw chair
- 2 - Sundry jars (4) w- anti-rattle holder
- 2 - Sharps containers (wall mount)
- 2 - Dual Glove box dispensers
- 2 - Welch Allen Wall Diag. Systems
- 1 - Physician scale w- height rod
- 2 - UV air purifiers

**Lighting**

- 7 - 20" overhead LED lighting
- 1 - 6" overhead LED light in bathroom

**Colors**

- Walls- (sides and rear)- Champagne
- Floor color- Natural Oak
- Counter color- WA -Woolamai Brush 4746-60
- Upper Cabinet panes- Smoked Plexiglass
- Upper Cabinet frames- White with locks
- Midmark table/chair color- Soothing Blue - 855
- Blood draw chair color- Soothing Blue - 855
- Physician stool color- Soothing Blue - 855
- Blind color- std. Black

Delivery to Sacramento, CA with On-Site Training

Approval signature- \_\_\_\_\_

Percent of Federal Poverty Level (FPL) / Max income level

Persons in family/household	Poverty guideline	125%	150%	175%	200%
1	\$12,760	\$ 15,950.00	\$ 19,140.00	\$ 22,330.00	\$ 25,520.00
2	17,240	\$ 21,550.00	\$ 25,860.00	\$ 30,170.00	\$ 34,480.00
3	21,720	\$ 27,150.00	\$ 32,580.00	\$ 38,010.00	\$ 43,440.00
4	26,200	\$ 32,750.00	\$ 39,300.00	\$ 45,850.00	\$ 52,400.00
5	30,680	\$ 38,350.00	\$ 46,020.00	\$ 53,690.00	\$ 61,360.00
6	35,160	\$ 43,950.00	\$ 52,740.00	\$ 61,530.00	\$ 70,320.00
7	39,640	\$ 49,550.00	\$ 59,460.00	\$ 69,370.00	\$ 79,280.00
8	44,120	\$ 55,150.00	\$ 66,180.00	\$ 77,210.00	\$ 88,240.00



3060 Federal Register / Vol. 85, No. 12 / Friday, January 17, 2020 / Notices

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS—Continued

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Program Implementation Semi-Structured Interview .....	28	1	28	1.00	28
Total .....	17,256		51,712		9,842

**Maria G. Button,**  
 Director, Executive Secretariat.  
 [FR Doc. 2020-00736 Filed 1-16-20; 8:45 am]  
 BILLING CODE 4165-15-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Office of the Secretary**  
**Annual Update of the HHS Poverty Guidelines**

**AGENCY:** Department of Health and Human Services.  
**ACTION:** Notice.  
**SUMMARY:** This notice provides an update of the Department of Health and Human Services (HHS) poverty guidelines to account for last calendar year's increase in prices as measured by the Consumer Price Index.  
**DATES:** *Applicable Date:* January 14, 2020 unless an office administering a program using the guidelines specifies a different effective date for that particular program.  
**ADDRESSES:** Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services, Washington, DC 20201.  
**FOR FURTHER INFORMATION CONTACT:** For information about how the guidelines are used or how income is defined in a particular program, contact the Federal, state, or local office that is responsible for that program. For information about poverty figures for immigration forms, the Hill-Burton Uncompensated Services Program, and the number of people in poverty, use the specific telephone numbers and addresses given below.

USCIS Form I-864, Affidavit of Support, contact U.S. Citizenship and Immigration Services at 1-800-375-5283. You also may visit <https://www.uscis.gov/i-864>.

For information about the Hill-Burton Uncompensated Services Program (free or reduced-fee health care services at certain hospitals and other facilities for persons meeting eligibility criteria involving the poverty guidelines), contact the Health Resources and Services Administration Information Center at 1-800-638-0742. You also may visit <https://www.hrsa.gov/get-health-care/affordable/hill-burton/index.html>.

For information about the number of people in poverty, visit the Poverty section of the Census Bureau's website at <https://www.census.gov/topics/income-poverty/poverty.html> or contact the Census Bureau's Customer Service Center at 1-800-923-8282 (toll-free) or visit <https://ask.census.gov> for further information.

**SUPPLEMENTARY INFORMATION:**

**Background**

Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)) requires the Secretary of the Department of Health and Human Services to update the poverty guidelines at least annually, adjusting them on the basis of the Consumer Price Index for All Urban Consumers (CPI-U). The poverty guidelines are used as an eligibility criterion by Medicaid and a number of other Federal programs. The *poverty guidelines* issued here are a simplified version of the *poverty thresholds* that the Census Bureau uses to prepare its estimates of the number of individuals and families in poverty.

circumstances, the rounding and standardizing adjustments in the formula result in small decreases in the poverty guidelines for some household sizes even when the inflation factor is not negative. In cases where the year-to-year change in inflation is not negative and the rounding and standardizing adjustments in the formula result in reductions to the guidelines from the previous year for some household sizes, the guidelines for the affected household sizes are fixed at the prior year's guidelines. As in prior years, these 2020 guidelines are roughly equal to the poverty thresholds for calendar year 2019 which the Census Bureau expects to publish in final form in September 2020.

The poverty guidelines continue to be derived from the Census Bureau's current official poverty thresholds; they are not derived from the Census Bureau's Supplemental Poverty Measure (SPM).

The following guideline figures represent annual income.

**2020 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA**

Persons in family/household	Poverty guideline
1 .....	\$12,760
2 .....	17,240
3 .....	21,720
4 .....	26,200
5 .....	30,680
6 .....	35,160
7 .....	39,640
8 .....	44,120

For families/households with more than 8 persons, add \$4,480 for each additional person.

## 2020 FPL Update

For general questions about the  
update and how to update your contact

As required by law, this update is  
accomplished by increasing the latest

additional person.

Percent of Federal Poverty Level (FPL) / Max income level

Persons in family/household	Poverty guideline	101%	125%	150%	151%	175%	176%
1	\$12,880	\$ 13,008.80	\$ 16,100.00	\$ 19,320.00	\$ 19,448.80	\$ 22,540.00	\$ 22,668.80
2	17,420	\$ 17,594.20	\$ 21,775.00	\$ 26,130.00	\$ 26,304.20	\$ 30,485.00	\$ 30,659.20
3	21,960	\$ 22,179.60	\$ 27,450.00	\$ 32,940.00	\$ 33,159.60	\$ 38,430.00	\$ 38,649.60
4	26,500	\$ 26,765.00	\$ 33,125.00	\$ 39,750.00	\$ 40,015.00	\$ 46,375.00	\$ 46,640.00
5	31,040	\$ 31,350.40	\$ 38,800.00	\$ 46,560.00	\$ 46,870.40	\$ 54,320.00	\$ 54,630.40
6	35,580	\$ 35,935.80	\$ 44,475.00	\$ 53,370.00	\$ 53,725.80	\$ 62,265.00	\$ 62,620.80
7	40,120	\$ 40,521.20	\$ 50,150.00	\$ 60,180.00	\$ 60,581.20	\$ 70,210.00	\$ 70,611.20
8	44,660	\$ 45,106.60	\$ 55,825.00	\$ 66,990.00	\$ 67,436.60	\$ 78,155.00	\$ 78,601.60

For general questions about the poverty guidelines themselves, contact Kendall Swenson, Office of the Assistant Secretary for Planning and Evaluation, Room 404E.3, Humphrey Building, Department of Health and Human Services, Washington, DC 20201—telephone: (202) 795-7309—or visit <http://aspe.hhs.gov/poverty/>.

For information about the percentage multiple of the poverty guidelines to be used on immigration forms such as USCIS Form I-864, Affidavit of Support, contact U.S. Citizenship and Immigration Services at 1-800-375-5283. You also may visit <https://www.uscis.gov/i-864>.

For information about the Hill-Burton Uncompensated Services Program (free or reduced-fee health care services at certain hospitals and other facilities for persons meeting eligibility criteria involving the poverty guidelines), contact the Health Resources and Services Administration Information Center at 1-800-638-0742. You also may visit <https://www.hrsa.gov/get-health-care/affordable/hill-burton/index.html>.

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**SUPPLEMENTARY INFORMATION:**

**Background**

Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)) requires the Secretary of

differences between family sizes. In rare circumstances, the rounding and standardizing adjustments in the formula result in small decreases in the poverty guidelines for some household sizes even when the inflation factor is not negative. In cases where the year-to-year change in inflation is not negative and the rounding and standardizing adjustments in the formula result in reductions to the guidelines from the previous year for some household sizes, the guidelines for the affected household sizes are fixed at the prior year's guidelines. As in prior years, these 2021 guidelines are roughly equal to the poverty thresholds for calendar year 2020 which the Census Bureau expects to publish in final form in September 2021.

The poverty guidelines continue to be derived from the Census Bureau's current official poverty thresholds; they are not derived from the Census Bureau's Supplemental Poverty Measure (SPM).

The following guideline figures represent annual income.

**2021 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA**

Persons in family/household	Poverty guideline
1 .....	\$12,880
2 .....	17,420
3 .....	21,960
4 .....	26,500
5 .....	31,040
6 .....	35,580
7 .....	40,120
8 .....	44,660

**2021 POVERTY GUIDELINES FOR HAWAII**

Persons in family/household	Poverty guideline
1 .....	\$14,820
2 .....	20,040
3 .....	25,260
4 .....	30,480
5 .....	35,700
6 .....	40,920
7 .....	46,140
8 .....	51,360

For families/households with more than 8 persons, add \$5,220 for each additional person.

Separate poverty guideline figures for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. (Note that the Census Bureau poverty thresholds—the version of the poverty measure used for statistical purposes—have never had separate figures for Alaska and Hawaii.) The poverty guidelines are not defined for Puerto Rico or other outlying jurisdictions. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office that administers the program is generally responsible for deciding whether to use the contiguous-states-and-DC guidelines for those jurisdictions or to follow some other procedure.

Due to confusing legislative language dating back to 1972, the poverty guidelines sometimes have been mistakenly referred to as the "OMB" (Office of Management and Budget) poverty guidelines or poverty line. In fact, OMB has never issued the guidelines; the guidelines are issued

the Department of Health and Human

0 ..... | 77,000

guidelines; the guidelines are issued  
each year by the Department of Health

**200%**

\$ 25,760.00

\$ 34,840.00

\$ 43,920.00

\$ 53,000.00

\$ 62,080.00

\$ 71,160.00

\$ 80,240.00

\$ 89,320.00

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