Sacramento County Health Center
Co-Applicant -Board

BOARD BYLAWS

Revision Date: ~~February~~ March ~~19~~08, 2021

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Introduction

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This body shall be known as the Sacramento County Health Center Co-Applicant Board, and shall be hereafter referred to as "CAB". The CAB is also known as "Board" under Health Resources and Services Administration (HRSA). The CAB shall serve as the independent local co-applicant governing board pursuant to the Public Health Services Act and its implementing regulations. The County of Sacramento, a public entity and political subdivision of the State of California, shall act as co-applicant with the CAB.

Article I: Purpose

The CAB is the community-based governing board mandated by the Health Resources Services Administration's ("HRSA") Bureau of Primary Health Care ("BPHC") to set health center policy and provide oversight of the County's Federally Qualified Health Center ("FQHC"), which shall be hereafter referred to as "Health Center".

The CAB shall work cooperatively with the County of Sacramento acting in its role as co-applicant, to support and guide the Health Center in its mission:

Vision: Unparalleled experience as a trusted partner in health care for our Sacramento County community.

Mission: Provide high-quality, caring, and comprehensive healthcare services for our diverse Sacramento County community through partnering with patients, academic institutions, and community-based organizations. ~~Improved health outcomes through high quality health services with a patient centered focus.~~

Values: ~~-~~Respect, Compassion, Learning, Excellence, Efficiency, Accountability ~~Partnership, **Accountability, Innovation, Integrity**~~

Article II: Responsibilities

The CAB has specific responsibilities to meet the governance expectations of HRSA, while day-~~-~~to-day ~~-~~operational and management authority reside with Sacramento County, Department of Health ~~and Human~~ Services (DH~~H~~S), Primary Health Services Division staff.

The CAB's responsibilities include providing advice, leadership, and governance in support of the Health Center's mission. .

The CAB shall have the following responsibilities:

A. Hold final authority on all areas assigned to the Health Center's HRSA scope of project, including services and supports provided through HRSA grant funds, program income, and all appropriated funds;

B. Hold monthly meetings and maintain a record of all official actions;

C. Approve the annual Health Center budget;

D. Identification, consultation and selection of services beyond those required in law to be

provided, as well as the location, mode of delivery of those services and the hours of operation;

E. Adopt policies necessary and proper for the efficient and effective operation of the Health Center;

F. Periodic evaluation of the effectiveness of the Health Center in making services accessible to County residents, particularly those experiencing homelessness;

~~G.~~ Develop and implement a procedure for hearing and resolving patient grievances;

~~H.~~

~~I.~~G. Approve quality of care protocols and audits;

~~J.~~H. Delegate credentialing and privileging of providers to the Medical Director of the Health Center, as referenced in the PP CS 07-05 ~~Performance Improvement Policy and Procedure 01-01~~Credentialing and Privileging;~~;~~

~~K.~~I. Ensure compliance with federal, state, and local laws and regulations;

~~L.~~J. Adopt Bylaws;

~~M.~~K. Approve the selection, performance evaluation, retention, and dismissal of the Health Center's Project Director;

~~N.~~L. Approve Health Center Sliding Fee Discount policy;

~~O.~~M. Long-term strategic planning, which would include regular updating of the Health Center's mission, goals, and plans, as appropriate;

~~P.~~N. ~~0.~~ Approve HRSA applications related to the Health Center, including grants/designation application and other HRSA requests regarding scope of project;

~~Q.~~O. Ensure new board members are oriented and trained regarding the duties and responsibilities of being a board member of an organization subject to FQHC requirements and satisfying the educational and training needs of existing members; and

~~R.~~P. Officially, accept the annual audit report and management letter performed by an independent auditor in accordance with federal audit requirements.

NOTE: No individual member shall act or speak for the CAB except as may be specifically authorized ~~—~~by the CAB. Members (other than the Health Center Chief Executive Officer/Project Director) shall refrain from giving personal advice or directives to any staff of the Health Center.

Article III: Limitations of Authority

The Board of Supervisors shall maintain the authority to set general policy on fiscal and personnel matters pertaining to the Health Center, including financial management practices, charges and rate setting, and labor relations and conditions of employment. The CAB may not adopt any policy or practice, or take any action, which is inconsistent with the County Code, or which alters the scope of any policy of the Board of Supervisors regarding fiscal or personnel issues. All policies and practices must adhere to California law, Brown Act requirements, and are subject to the Public Records Act.

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The COUNTY through its DHS in consultation with the CAB, shall be solely responsible for the management of the financial affairs of the Health Center, including capital and operating borrowing; for the development and implementation of financial policies and controls related to the Health Center; and receive, manage, allocate, and disburse, as applicable, revenues necessary for the operation of the Health Center.

Article IV: Members

Section 1: Membership

There shall be between nine (9) and thirteen (13) at large voting members of the CAB and one (1) ex-officio non-voting member.

A. Membership categories:

1. Board Members - Consumers:
    a. A majority of members of the board shall be individuals who are served by the Health Center. This means an individual who is a currently registered patient who has accessed Health Center services in the past 24 months and received at least one service.
    b. As a group, patient members of the board reasonably represent individuals who are served by the Health Center in terms of demographic factors such as race, ethnicity gender, socioeconomic status, and age.
    c. At least one representative on the board will be from each targeted population serviced by the Health Center including homelessness, as specifically defined under the section 330 grant.
    d. A legal guardian of a patient who is a dependent child or adult, or a legal sponsor of an immigrant, may also be considered a patient for purposes of board representation.
2. Board Members - Community Members:
    a. Members of the board have a broad range of skills, expertise and perspectives representing the community served by the Health Center.
    b. Members shall be individuals from differing segments of the County with expertise in community affairs, finance, legal affairs, business or other commercial concerns.
    c. Members may be an advocate who has personally experienced being a member of or represent, or have expertise in or work closely with the special population such as individuals experiencing homelessness.
3. The HRSA Project Director, or designee, shall serve as an ex-officio non-voting member of the CAB.

~~B. Establishment of CAB.~~

~~1. The initial voting members of the CAB were nominated and appointed by the Board of Supervisors.~~

Section 2: Membership Qualifications

A. No more than half of the Community members may receive more than ten percent (10%)

of his or her annual income from the health care industry (health care industry is understood to mean any community clinic or hospital providing health services to low income residents of Sacramento).

B. All members must work, reside in, or be associated with, Sacramento County. No member of the CAB shall be an employee or an immediate family member (i.e., spouse, child, parent, ~~brother, or sister~~sibling, [related by blood, adoption, or marriage]) to such an employee of the Department of Health Services of the County of Sacramento, ~~DHHS,~~ or CAB officer. No member shall have a financial interest, which would constitute a conflict of interest.

Section 3: Member Recruitment, Selection, and Ratification

A. Establishment of CAB

The initial voting members of the CAB were nominated and appointed by the Board of Supervisors.

B. Continuation of CAB

1. Member Recruitment

The CAB (or a sub-committee appointed for this purpose) develops a recruitment plan each year, to identify and recruit potential members that help fill existing and forecasted gaps in CAB membership including regarding

a. member classifications,

b. populations represented on the CAB,

c. member skills, experience and perspectives; and

d. segments of the community about which members have expertise.

The recruitment plan includes strategies designed to effectively reach targeted groups or classes of individuals.

Expiring Terms

a. Terms end in January. Recruitment for soon to be expiring terms will begin in September so that candidate members can be considered and a new CAB member approved prior to the end of the term.

Vacancies During Terms

a. The recruitment plan may designate a period during which membership applications will be accepted and reviewed.

2. Application Review

The application for CAB membership and instructions for completing and submitting it—as well as information about the Health Center, the CAB, and its role, as well as open seats and deadlines for application—are made widely available to possible members, including on the Health Center website.

a. Nominations for voting membership on the CAB may be submitted by anyone so long as the nominee meets the membership requirements of these Bylaws.

b. Nominated individuals must submit an application to provide required

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information and to verify their interest and ability to serve as CAB members.

c. Applications are submitted to Health Center staff designated by the HRSA Project Director. Staff verify that applicants meet CAB membership requirements. The names of all applicants who meet the membership requirements are presented to the Governance Sub-Committee.

d. The Governance Sub-Committee CAB review the membership applications and talk with possible candidates.

3. Approval of CAB members

The CAB (or a designated sub-committee or staff member) interview prospective members that meet membership requirements and review their skills, experience, perspectives, and other possible contributions to the CAB. The CAB votes on prospective members.

4. Ratification of CAB members

As outlined in the Co-Applicant Agreement between the CAB and the Sacramento County Board of Supervisors,

~~1. Nominations for voting membership on the CAB may be submitted by anyone so long as the nominee meets the membership requirements of these Bylaws. Once approved by the CAB, staff will provide the nominations to the Clerk of the Board or designee.~~

~~The Clerk of the Board, or designee, reviews materials and submits for ratification by the Board of Supervisors.~~

a. Once approved by the CAB, Health Center staff provides the names of approved CAB members to the Clerk of the Board or designee.

b. The Clerk of the Board, or designee, reviews materials and submits for ratification by the Board of Supervisors.

c. The Clerk of the Board notifies the designated Health Center staff of BOS actions related to CAB members and sends a ratification letter to each new ratified CAB member.

B. Verification of Eligibility of Existing CAB members

1. By December 31st of each calendar year, Health Center staff will verify existing CAB member eligibility. Each CAB member will complete the Co-Applicant Board Member Secondary Attestation Form attesting to their eligibility (in October).

Section ~~2~~4: Responsibilities and Rights of Members

A. All members must:

1. Attend all CAB meetings, unless excused by the Chair.
2. Be subject to the conflict of interest rules applicable to the Board of Supervisors of the County of Sacramento and the laws of the State of California.

B. Members shall be entitled to receive agendas, minutes, and all other materials related to the CAB, may vote at meetings of the CAB, and may hold office and may

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chair CAB committees.

Article V: Term of Office

The term of office for CAB members shall be for four (4) years. A member shall be limited to no more than four (4) consecutive terms of membership. The effective date of membership corresponds to the date of appointment.

Any elected member who has served four (4) consecutive, four (4) year terms shall not be eligible for re-election until one (1) year after the end of his or her ~~third~~ fourth term. Election ~~for a term of less than three (3) years or~~ to fill a vacancy for less than three (3) years shall not be counted as service of a four (4) year term for this purpose. Unless terminated earlier in accordance with the Bylaws, members shall serve their designated term until their successors are elected and qualified.

Article VI: Removal

Any member may be removed whenever the best interests of the Health Center or the CAB will be served. The member whose removal is placed in issue shall be given prior notice of his/her proposed removal, and a reasonable opportunity to appear and be heard at a meeting of the CAB. A member may be removed pursuant to this section by a vote of two-thirds (2/3) of the total number of members then serving on the CAB.

Continuous and frequent absences from the CAB meetings, without reasonable excuse, shall be among the causes for removal. In the event that any member is, absent without acceptable excuse from three (3) consecutive CAB meetings or from four (4) meetings within a period of six (6) months, the CAB shall automatically consider the removal of such person from the CAB in accordance with the procedures outlined in this Article.

The CAB will accept an email resignation of a CAB member. The CAB Chair or designee will send an email or letter to the CAB member confirming the resignation. Following seven (7) days of receipt of the letter by the CAB, the resignation is accepted.

Article VII: Conflict of Interest

A conflict of interest is a transaction with the Health Center in which a CAB member has a direct or indirect economic or financial interest. Conflict of interest or the appearance of conflict of interest by CAB members, employees, consultants and those who furnish goods or services to the Health Center must be declared. CAB members are required to declare any potential conflicts of interest by completing a *Conflict of Interest: Disclosure and Attestation Statement* per County of Sacramento policy for members appointed to advisory boards (see Appendix A) as well as annually complete the *Co-Applicant Board Conflict of Interest: Disclosure and Attestation Statement* (see Appendix B), in which they attest that they are not,

- An employee of the Sacramento County Health Center; nor,
- An immediate family member, (i.e., spouses, children, parents, or siblings [through blood, adoption, or marriage]) of an employee or CAB officer.

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In situations when a conflict of interest may exist for a member, the member shall declare and explain the conflict of interest. No member of the CAB shall engage in discussion about or vote ~~in~~ on a topic~~a situation~~ where a personal conflict of interest exists for that member. In addition to the requirements imposed by these Bylaws, CAB members shall also be subject to all applicable state and federal conflict of interest laws.

Article VIII: Compensation

Members of the CAB shall serve without compensation from the Health Center. Travel and meal expenses when traveling out of Sacramento County for CAB business shall be approved in advance by the CAB.

Article IX: Meetings

Section 1: Regular Meetings

The CAB shall meet monthly and maintain records/minutes that verify and document the Board is functioning. Where geography or other circumstances make monthly, in-person participation in board meetings burdensome, monthly meetings may be conducted by telephone or other means of electronic communication where all parties can both listen and speak to all other parties.

Section 2: Conduct of Meeting

The meeting shall be conducted in accordance with the most recent edition of The Sturgis Standard Code of Parliamentary Procedure unless otherwise specified by these Bylaws.

Section 3: Open and Public

All meetings will be conducted in accordance with the provisions of the Ralph M. Brown Act, open public meeting law, as amended.

Section 4: Notice, Agenda and Supportive Materials

A. Written notice of each regular meeting of the CAB, specifying the time, place and agenda items, shall be sent to each member not less than seventy-two (72) hours prior to the meeting except as permitted by the Ralph M. Brown Act. Preparation of the agenda shall be the responsibility of the Chair in conjunction with the Project Director, or his or her designee.

8. The agenda of each regular meeting shall be posted at the Health Center and on the Health Center's website: https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx. ~~http://www.dhhs.saccounty.net/PRI/Pages/PRI-Home.aspx~~.

C. Supportive materials for policy decisions to be voted upon shall be distributed to all members along with the agenda. If, on a rare occasion, such prior submission is precluded by time pressures, and if the urgency of a CAB vote is established by the Chair of the CAB, an item may be placed on the agenda although supporting materials are not available in time to be distributed. However, such material shall be available at the meeting.

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D. Items, which qualify as an emergency, can be added to the agenda pursuant to the Ralph M. Brown Act.

Section 5: Special Meetings

A. To hold a special meeting, advance notice of such meeting shall be given.

B. The CAB shall hold an annual meeting during November, at such time and place as is established by the Board upon proper notice, for election of new members and officers, and for the transaction of such other businesses as may properly come before the CAB. The annual meeting shall serve as the regular meeting for that month. Notice of the annual meeting shall be given in writing by the Project Director or his or her designee to each member not less than thirty (30) nor more than sixty (60) days prior to the date of such meeting.

Section 6: Quorum and Voting Requirements

A. A quorum is necessary to conduct business, make recommendations, or approve items. A quorum shall be constituted by the presence of a majority of the appointed members ~~-~~of the CAB.

B. A majority vote of those CAB members present and voting is required to take any action.

C. Each member shall be entitled to one (1) vote. Voting must be in person or telephonically; no proxy votes will be accepted.

D. CAB member attendance at all meetings shall be recorded~~ on a sign-in sheet~~. Members are responsible for signing the attendance sheet or informing the Chair of their participation by telephone or teleconference software. The names of members attending~~–~~ shall be recorded in the official minutes. Where geography or other circumstances make monthly, in-person participation in board meetings burdensome, monthly meetings may be conducted by telephone or other means of electronic communication where all parties can both listen and speak to all other parties. Attendance will be recorded by the Project Director or his or her designee with a roll call and participation recorded in the official minutes.

E. The Project Director shall have direct administrative responsibility for the operation of the Health Center and shall attend, or assign a delegate in his/her absence to all meetings of the CAB, but shall not be entitled to vote.

Article X: Officers

~~The Chair and Vice-Chair shall be chosen from among the voting members of the CAB.~~

Section 1: Eligibility

The Chair and Vice-Chair shall be chosen from among the voting members of the CAB. Members of the CAB shall not be eligible for an officer position until they have served for at least six (6) months with the CAB.

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Section 2: Nomination and Election

Initial selection of officers upon creation of the CAB ~~will~~ transpired at the same CAB Board meeting following the adoption of these Bylaws.

~~Nominees~~ Henceforth, ~~for officers shall be selected from the CAB membership.~~ ~~N~~nominations ~~-~~for ~~-~~officers ~~-~~shall be made at the regular October meeting. A nominee may

decline nomination.

Officers shall be elected annually by a majority vote of ~~these~~ those members present and voting, as ~~the~~ the first order of business at the November meeting of the CAB.

~~Initial selection of officers upon creation of the CAB will transpire at the same CAB Board meeting following the adoption of these Bylaws.~~

Section 2: Appointment of Chair and Vice-Chair

Only members who have been an active member of the CAB for at least six (6) months are eligible to be appointed and serve as officers. An active member is defined as a member who has attended all meetings, with the exception of up to two (2) excused absences, in the past six months.

Officers shall be elected for a term of one (1) year, or any portion of an unexpired term thereof~~,~~ ~~a~~ A person shall be limited to no more than ~~four~~ two (~~4~~2) consecutive terms of membership. Any elected officer who has served two (2) consecutive, one (1) year terms of office shall not be eligible for re-election until one (1) year after the end of his or her second term of office. This limitation of consecutive terms may be waived by a majority vote of the CAB (with the officer in question recusing him or herself from the vote) if no other CAB member is willing to serve in that office. A term ~~of~~ office for an officer shall start January 1, and shall terminate December 31, of the same year, or shall serve until a successor is elected.

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Section 3: Vacancies

Vacancies created during the term of an officer shall be filled for the remaining portion of the term by special election by the CAB, at a regular or special meeting in accordance with this Article.

Section 4: Responsibilities

The officers shall have such powers and shall perform such duties as from time to time shall be specified in these Bylaws or other directives of the CAB.

A. Chair

The Chair shall preside over meetings of the CAB, shall serve as Chair of the Executive Committee, and shall perform the other specific duties prescribed by these Bylaws or ~~the~~ that may from time to time be prescribed by the CAB.

B. Vice-Chair

The Vice-Chair shall perform the duties of the Chair in the latter's absence and shall provide additional duties that may from time to time be prescribed by the CAB.

Article XI: Amendments and Dissolution

A. Amendments: The Bylaws may be repealed or amended, or new Bylaws may be adopted at any meeting of the CAB at which a quorum is present, by two-thirds (2/3) of those present and voting. At least fourteen (14) days written notice must be given to ~~the~~ each member of the intention as to alter, amend, repeal, or to adopt new Bylaws at such meetings, as well as the written alteration, amendment or

substitution proposed. Any revisions and amendments must be approved by the CAB. County Board of Supervisors must approve any change that alters or conflicts with their action establishing CAB.

B. Dissolution: Dissolution of the CAB shall only be by affirmative vote of the CAB and County Board of Supervisors at duly scheduled meetings.

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Certification

These Bylaws were approved at a meeting of the board by a two-thirds (2/3) majority vote on December 15, 2017.

These Bylaws were amended at a meeting of the board by a two-third (2/3) majority vote on April 16, 2021.

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Signed copies available upon request,

~~February 2018~~ Chair / ~~-~~Date

Appendix A: Sacramento County Conflict of Interest

Appendix B: Health Center Co-Applicant Board Conflict of Interest: *Disclosure and Attestation Statement*

Sacramento County Health Center Co-Applicant Board

Conflict of Interest: *Disclosure and Attestation Statement*

Conflict of Interest: Defined as an actual or perceived interest by the member in an action, which results or has the appearance of resulting in personal, organizational, or professional gain.

Duty of Loyalty: CAB members shall be faithful to the organization and can never use information obtained in his/her position as a CAB member for personal gain.

Responsibilities of CAB Members:

A. A CAB member must declare and explain any potential conflicts of interest related to:

   1. Using her/his CAB appointment in any way to obtain financial gain for the member's household or family, or for any business with which the CAB member or a CAB member's household or family is associated; and

   2. Taking any action on behalf of the CAB, the effect of which would be to the member's household or family's, private financial gain or loss.

B. No member of the CAB shall vote in a situation where a personal conflict of interest exists for that member.

C. No voting member of the CAB shall be an employee or an immediate family member of an employee of the Health Center ~~or County of Sacramento, Department of Health and Human Services~~; however, a member may otherwise be an employee of the County or Department of Health Services.

D. No CAB member shall be an employee or an immediate family member of an employee of a Federally Qualified Health Center.

E. Any member may challenge any other member(s) as having a conflict of interest by the procedures outlined in the CAB's Bylaws, Article IX.

As a CAB member, my signature below acknowledges that I have received, read, had an opportunity to ask clarifying questions regarding these conflict of interest requirements and the CAB Conflict of Interest Policy and that I understand the contents of this policy as it relates to my membership and responsibilities as a CAB member in capacity of officer, expert volunteer, advocate, consumer, or County staff member. I understand that any violation of these requirements may be grounds for removal from CAB membership. I further understand that I may be subject to all other applicable state and federal conflict of interest requirements in addition to the provisions set forth in these Bylaws.

I declare that the above statement is true ~~-~~and accurate to the best of my knowledge and, hereby attest to the fact that I am not,

A Sacramento County Health Center employee; nor

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An immediate family member (defined as a spouse, child, parent, or sibling [by

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A Sacramento County Health Center employee; nor

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A Sacramento County Health Center Co-Applicant Board Officer.

INITIALS

PRINTED NAME *SEAT NUMBER*

SIGNATURE *DATE*

~~*CAB Member's name (please print)*~~ ~~*Date*~~

~~*CAB Member's signature*~~

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	County of Sacramento **Department of Health Services** **Division of Primary Health** **Policy and Procedure**	Policy Issuer (Unit/Program)	**Clinic Services**
		Policy Number	**01-03**
		Effective Date	**01-31-13**
		Revision Date	~~**05-07-20**~~ **03/03/21**
Title: **Sacramento County Health Center Co-Applicant Board – Conflict of Interest**		Functional Area: **Organization**	
Approved By: -Sharon Hutchins, HRSA Project Director			

Policy:

Sacramento County Clinic Services adheres to the Health Services and Resource Administration (HRSA) requirement to maintain written standards of conduct covering conflict of interest. Conflicts of interest involving the Sacramento County Health Center Co-Applicant Board (CAB) must be identified and disclosed when the Co-Applicant Board member is considering entering into a transaction, arrangement, policy, financial, or other work that might benefit the private interest of the Board member. Board members with conflicts of interest including financial interests may not participate in Co-Applicant Board discussions about or decisions regarding that issue. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest that are applicable to governmental, nonprofit, and charitable organizations.

Definitions:

A. Conflict of Interest – An actual or perceived interest by a Board member in an action which results, or has the appearance of resulting, in personal, organizational, or professional gain. A financial interest is a type of conflict of interest.

B. Financial Interest – A Co-Applicant Board member has a financial interest if s/he, directly or indirectly through business, investment, or family has:

1. An ownership or investment interest in any entity with which the Co-Applicant Board has a transaction or arrangement.
2. A compensation arrangement with any entity or individual with which the Co-Applicant Board has a transaction or arrangement. Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial, such as consultancy, fee-paid work, and shareholdings.

Procedures:

A. Form 700 - Statement of Economic Interests

1. Co-Applicant Board members are required to fully disclose their personal assets and income.
2. Co-Applicant Board members complete and file Form 700 with the Clerk of the Board of Supervisors:
   a. within 30 days of position appointment;
   b. annually during appointment by the date specified in the California Fair Political Practices Commission; and
   c. no later than 30 days after leaving the appointed position.

B. Ethics Training

1. Co-Applicant Board members are required to take the provided Ethics Training course to educate them on the ethical standard~~:~~
   a. within 30 days of position appointment; and
   b. once every two years during appointment.
2. The Ethics Training course is provided either in person or on-line.

C. Disclosure and Attestation Statement

1. Co-Applicant Board Bylaws require Board members to declare any potential conflicts of interest by completing a
   a. Sacramento County ~~a~~ Conflict of Interest: Disclosure and Attestation Statement, and
   b. Co-Applicant Board Member Secondary Attestation Form, indicating that they meet membership requirements from HRSA that reduce the likelihood of a conflict of interest arising from
      i. being a Health Center employee or
      ii. having an immediate familial relationship (defined as being a spouse, child, parent, or sibling [by blood, adoption, or marriage] of a Sacramento County Health Center employee or a CAB Officer.
2. New members complete the Sacramento County Disclosure and Attestation Statement and submit it electronically through the Sacramento County web portal upon appointment to membership with the Co-Applicant Board.
3. New members also complete the Co-Applicant Board Member Secondary Attestation Form and submit it (hard copy or scanned electronic form) to the HRSA Project director or designee.
4. Continuing members annually complete the Co-Applicant Board Member Secondary Attestation Form and submit it (hard copy or scanned electronic form) in October to the HRSA Project director or designee.

D. Health Program Manager Responsibilities

1. Reviews and discusses this policy on an annual basis during a Co-Applicant Board meeting.
2. Provides a Disclosure and Attestation Statement to new Co-Applicant Board members for completion.
3. Ensures timely submission and completion of Form 700 - Statement of Economic Interests and Ethics Training.

E. Board Member Responsibilities

1. Disclose any conflict of interest and all material facts to the Co-Applicant Board when there is a proposed transaction or arrangement.
2. Abstain from Co-Applicant Board discussion about an issue with which ~~they have~~that member has a conflict of interest (including financial interest).

3. Abstain from voting in a situation where a conflict of interest (including financial interest) exists for that member.
4. Is not an employee or immediate family member of an employee (as defined above) of the Sacramento County Health Center or the Department of Health Services of the County of Sacramento.

References:
HRSA Health Center Program Compliance Manual. Chapter 13: Conflict of Interest
California Fair Political Practices Commission
Sacramento County eDisclosure
Co-Applicant Board Bylaws

Attachments:
Disclosure and Attestation Statement
California Form 700, Statement of Economic Interests

Contact:
Sharon Hutchins, Ph.D., MPH, Health Program Manager

Co-Applicant Board Approval Date: ~~05/22/20~~ 3/19/2021

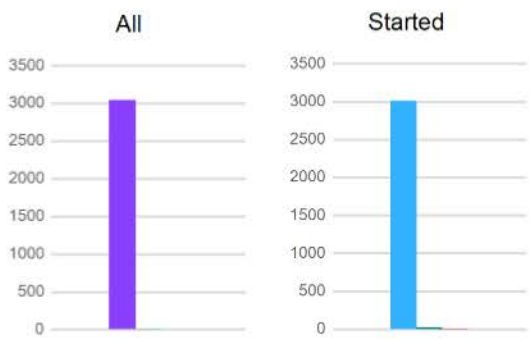
County Demographic Report

County : Sacramento

Arrival Period: 10/1/2019 - 9/30/2020 | Elligibility Status: ALL | Country of Birth: ALL Countries

County	# Assessments	% of Total
County : Sacramento	3,040	100.00%

RHA Disposition	# Assessments	% of Total
Started	3,038	99.93%
Fully Completed	3,009	98.98%
Partially completed	28	0.92%
Missing	1	0.03%
Not Started	2	0.07%
Pending	0	0.00%



Entry Status	# Assessments	% of Total
Refugee - Primary	628	20.66%
Refugee - Secondary to State	0	0.00%
Asylee - Status Granted INSIDE U.S.	13	0.43%
Asylee - Status Granted OUTSIDE U.S.	0	0.00%
Haitiain or Cuban arrivals	0	0.00%
Victim of Trafficking	6	0.20%
Special Immigrant Visa	2,379	78.26%

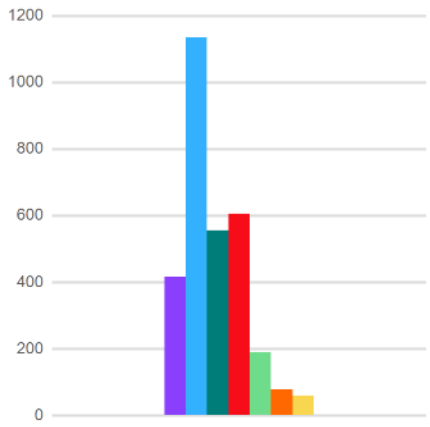
County Demographic Report

County : Sacramento

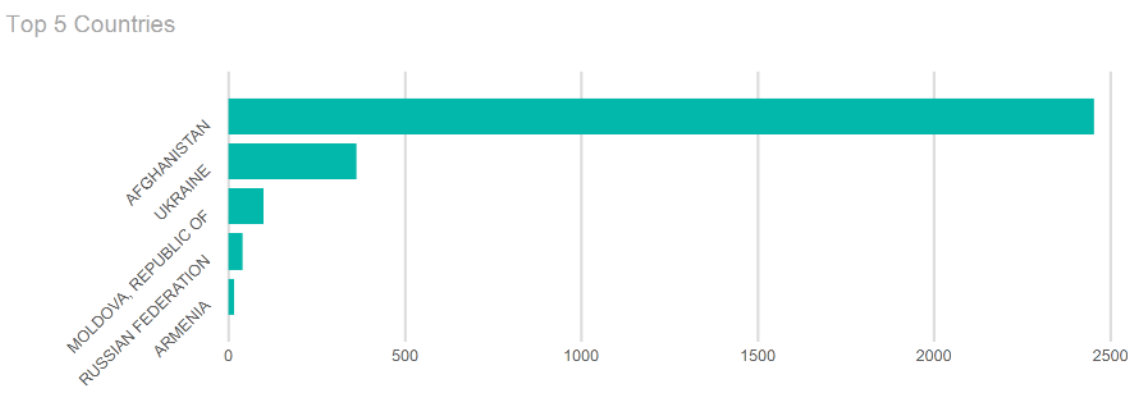
Arrival Period: 10/1/2019 - 9/30/2020 | Elligibility Status: ALL | Country of Birth: ALL Countries

Gender	# Assessments	% of Total
Male	1,574	51.78%
Female	1,463	48.13%

Age Groups	# Assessments	% of Total
00 - 04	415	13.65%
05 - 17	1,134	37.30%
18 - 30	556	18.29%
31 - 40	606	19.93%
41 - 50	191	6.28%
51 - 60	78	2.57%
61 +	60	1.97%



Country of Birth



Country of Birth	# Assessments	% of Total
AFGHANISTAN	2,453	80.69%
UKRAINE	363	11.94%
MOLDOVA, REPUBLIC OF	100	3.29%
RUSSIAN FEDERATION	39	1.28%
ARMENIA	15	0.49%

County Demographic Report

County : Sacramento

Arrival Period: 10/1/2019 - 9/30/2020 | Elligibility Status: ALL | Country of Birth: ALL Countries

SYRIAN ARAB REPUBLIC	13	0.43%
IRAQ	10	0.33%
PAKISTAN	8	0.26%
IRAN, ISLAMIC REPUBLIC OF	7	0.23%
GEORGIA	7	0.23%
KAZAKHSTAN	6	0.20%
TURKEY	5	0.16%
MEXICO	4	0.13%
NOT ASSIGNED	2	0.07%
ETHIOPIA	1	0.03%
NIGERIA	1	0.03%
JORDAN	1	0.03%
GUATEMALA	1	0.03%
UZBEKISTAN	1	0.03%
KYRGYZSTAN	1	0.03%
ERITREA	1	0.03%
UGANDA	1	0.03%

Refugee Resettlement Information.

IMMIGRATION CLASSIFICATIONS

- **Refugee:** Granted refugee status while in his/her native country, leaving their country because of persecution of race, religion, nationality, membership in a particular social or political group or sexual orientation.
- **Special Immigration Visa (SIV):** Individual or family member employed by the US in Afghanistan or Iraq.
- **Asylee**: Enter the US as student, tourist, business person or undocumented and refuse to return to the country for fear of persecution. Can petition for asylum through a hearing or court process.
- **Cuban and Haitian Entrant (Parolee):** Enter the US without proper documentation and may be granted a temporary status until an immigration court can hear their asylum petition.
- **Victim of Human Trafficking (VOT):** Modern-day slavery subjected to force, fraud or coercion for the purpose of sexual exploitation or forced labor.
- **Amerasian:** born in Vietnam between 1/1/1962 and 1/1/1976 and were fathered by a US citizen**.**

US OVERSIGHT

- In 1980 The Refugee Act passed to standardize resettlement services for all refugees admitted to the US. Oversight is provided by The Office of Refugee Resettlement with federal funding.
- The US President in consultation with Congress determine refugee resettlement in the US. 25,000 – 85,000 refugees resettled each year, prior to 2019. During 2019, 30,000 refugees resettled in the US. During 2020, the US President capped refugee resettlement at 18,000.
- Arrangements and screenings for refugee resettlement occur in advance by the US government.
- Refugees are eligible to receive time-limited federal refugee services (8 months). Many refugees with children qualify for Medi-Cal, CalFRESH, and support through Department of Human Assistance.

CALIFORNIA REFUGEES

- The California Office of Refugee Health Program (ORH), established in 1981 to *assist newly arriving refugees in achieving self-sufficiency by becoming and staying healthy*. This is accomplished through detection, prevention, treatment and referral for follow-up of communicable and chronic health conditions identified during the health assessment process.
- California receives 17% of all new refuges making it the largest refugee recipient in the US.
- Sacramento has the largest number of refugees with Special Immigrant Visas (SIVs) in the nation.
- Refugee family size range (1 single adult – 16 family members)

SERVICES

- **Resettlement agencies**: Community-based organizations that provide supportive services for up to 90 days.
- They arrange for housing and amenities prior to arrival, provide transportation within the first 30 days to Department of Human Assistance for benefits, Social Security, school enrollment, classes/employment support and Refugee Health Clinic for comprehensive health exam, and link with other resources.
- Types of services and supports provided:

Transportation	Job Training	Linkage with community resources

Acculturation Classes	School Enrollment	Citizenship and Documentation Assistance

RESETTLEMENT AGENCIES IN SACRAMENTO

International Rescue Committee (IRC) 2020 Hurley Way #395, Sacramento, CA 95825 (916) 482-0120	Sacramento Food Bank and Family Services 3333 3rd Ave, Sacramento, CA 95817 (916) 456-1980
Opening Doors 1111 Howe Ave #125, Sacramento, CA 95825 (916) 492-2591	World Relief 3750 Auburn Blvd #B, Sacramento, CA 95821 (916) 978-2650
Lao Family Community Development 7171 Bowling Dr. #1120, Sacramento, CA 95823 / (916) 393-7501 3144 Palm St. McClellan Park, CA 95652 / (916) 359-2788	

SACRAMENTO REFUGEE HEALTH CLINIC

- Refugee Health Clinic provides comprehensive, culturally and linguistically appropriate health and behavioral health screenings during a two visits process, including laboratory services and immunizations.
- The government temporarily lifted the timeline for completing health assessments (California 30 days from arrival; Federal 90 days from arrival) during the COVID 19 pandemic.
- Staff provides linkage to health plans, primary care providers, and dentists.
- Due to COVID pandemic these assessment are conducting by phone. Only immunization visits are conducting in person.

WHAT MAKES OUR CLINIC UNIQUE?

- There are multiple services and programs in one building, including: Chest clinic, X-ray, Quest lab, pharmacy, DHA (now closed due to pandemic), WIC program, Sac covered, Adult Clinic, Pediatric Clinic, Family Medicine (FM) Clinic, and VFC Immunization Clinic.
- Having Adult, Pediatric and FM clinics on site makes it convenient for clients to receive immediate treatment for any acute medical and/or behavioral problem.
- Refugee Clinic has a diverse team of bi-cultural and bi-lingual staff members who speak Dari, Farsi, Pashto, Urdu, Arabic, Russian, Spanish, Nepali and Hindi speaking staff. Clients feels comfortable sharing their problems and concerns in their native language.

BENEFITS

- Health benefits through Medi-Cal, food through CalFresh and Women, Infants and Children (WIC), employment assistance, supports, and cash aid through California Work Opportunity and Responsibility to Kids (CalWORKs) and elderly, blind or disabled refugees may be eligible for Supplemental Security Income (SSI) and the State Supplemental Program (SSP) or Cash Assistance Program for Immigrants (CAPI).
- Refugees are entitled to all social and health benefits available to all US citizens if they meet established criteria. If they do not meet criteria, then they receive cash and medical assistance for eight months.

www.cdph.ca.gov/RefugeeHealth
http://www.cdss.ca.gov/inforesources/Refugees

Program and Services Summary Table

Name of Program	Behavioral Health Services
Program/department purpose	Primary care settings have become a gateway for many individuals with behavioral health and primary care needs. To address these needs, SCHC integrated behavioral health services into the practice in order to stabilize patients who are struggling with chronic health conditions, mental health, and substance abuse issues and treating them simultaneously.
Description of current scope and scale of activities	Health centers provide mental health and substance use services. • Screening for mental health and substance use disorders • Mental Health Status assessment, Depression Scale (PHQ-9) • Psychiatry and medication management • Counseling and crisis intervention • Medication assisted treatment for substance use disorders, detoxification, recovery support
Current staffing levels	0.5 Psychiatrist and 2 full time license therapist
Why did we start this program?	Per HRSA and evidence bases practices
Is our reason still relevant?	Yes
How effective are we being (and how do we know)?	According to UDS reporting: • Mental health patients increased by 25.9% from 2017 (2,049,194) to 2019 (2,581,706) • Depression screenings and follow-up measure for patients increased by nearly five percentage points from 2017 (66.2%) to 2019 (71.61%) • Approximately 96% of HRSA health centers provide mental health services
Are we meeting our patient satisfaction and quality goals with this program?	See the last Patient Satisfaction Survey

Name of Program	Call Center and Registration
Program/department purpose	The purpose of the Call Center is to receive calls (and MyChart messages) from patients and either respond to them or route them to the proper person to respond. Call Center staff can schedule/cancel/reschedule patient appointments. The purpose of the Registration Unit is to 1) schedule appointments 2) check patients in when they arrive and either 3) answer patient questions, or 4) route patient questions to the person who can best respond.
Description of current scope and scale of activities	Primary Scope of the Call Center includes: • Greet patients and visitors on the telephone • Each call center agent handles an average of 160 calls in a 7.5-hour workday. Of those, ~60 are non-English • Schedule/cancel/reschedule appointments calling in in the OCHIN (electronic health record) • Route questions as needed to the providers or other departments. • Answer general questions for members and Sacramento County residents about insurance coverage, clinic assignments and contact information, etc. • Check patient insurance eligibility • Retrieve and process daily mail, including medical reports and other critical medical diagnostics • Manage after hours messages and prioritize urgent messages • Work with interpreter services to assist callers. The scope of the Registration representative includes: • Greet and register patients utilizing multiple computer systems and health plan portals to verify eligibility • Maintain registration flow by efficiently moving patients through the process of readying them for clinic staff. • Communicate all add-ons, delays, cancellations, and “no-shows” to medical team • Answer patient questions • Keep the reception area orderly • Respond to emergencies • Provide patient education on eligibility, fees, co-pays, sliding fee and patient financial responsibility and forms • Work with interpreter services
Current staffing levels	**Call Center**: 4 (2.5 agents answering calls; 0.5 position is responsible to other critical assignments; 1 vacancy.) plus **Registration**: 6 (4 Adult; 2 Pediatrics,) plus 1 temp (Family Medicine)

Why did we start this program?	Call Center and Registration are critical functions of any health center
Is our reason still relevant?	Yes
How effective are we being (and how do we know)?	With the current staffing level, we are not able to meet the demand of in-coming calls or patient registration. To meet the HRSA and Health Plan requirements our staffing levels must at: • Minimum 6 full time Call Center Agents • Minimum of 4 Registration agents for Adult Medicine • Minimum of 2 Registration staff for Pediatrics clinic and 1 call center agent • Minimum of 1 Registration/call center agent for Family Medicine
Are we meeting our patient satisfaction and quality goals with this program?	Due to ongoing staff shortage and COVID pandemic, call center agents and registration staff are not able to meet the demand, resulting at times in one or two-hour wait time on the phone. We have received multiple complaints from unsatisfied patients. To resolve the issue, we hired a full time call center agent, which brought the call center agents to 3 full time staff. Due to other critical assignments, 0.5 time of a call center agent is dedicated to other assignments. One vacancy needs to be filled. Permission has been granted to bring on two temporary employees. UC Davis is lending one of their staff members for 3 months to assist during the pandemic.

Name of Program	Dental
Program/department purpose	To provide preventive dental care to SCHC patients to improve oral health and overall health.
Description of current scope and scale of activities	• Exam • Cleanings • X-rays • Fluoride varnish • Dental sealants • Interim therapeutic restorations • Root planning • Referral
Current staffing levels	Two registered dental hygienists in alternative practice share one 0.25 FTE.
Why did we start this program?	To increase access to preventive dental care to improve health outcomes.
Is our reason still relevant?	Yes
How effective are we being (and how do we know)?	TBD
Are we meeting our patient satisfaction and quality goals with this program?	Unknown, program is new.

Name of Program	Family Medicine /OB GYN
Program/department purpose	To improve the health of our community, prevent and manage acute and chronic health conditions throughout the life span.
Description of current scope and scale of activities	• Preventive care: Annual check-ups, immunizations, and screenings, school physicals and sports physicals • Pre and Postnatal care • Diagnosis and treatment of acute illnesses including counseling, screening, labs, imaging and treatment • Chronic disease care for conditions such as diabetes, high blood pressure, and ADHD • Patient education • Referrals for conditions needing specialty care • Well-child and newborn screenings
Current staffing levels	1 Supervising RN 1 Staff Nurse 2 FT Medical Assistants 2 FT Registry Medical Assistants 1 FT Agency Temp Office Assistant 4 Continuity Residents 4 Attending Physicians
Why did we start this program?	To allow family members to receive care at the same time to help prevent and managed acute and chronic health conditions.
Are we meeting our patient satisfaction and quality goals with this program?	See the last Patient Satisfaction Survey

Name of Program	General Assistance/Medical Review Team
Program/department purpose	SCHC has a memorandum of understanding with the Sacramento County Department of Human Assistance to provide medical review of General Assistance Program clients to assess their ability to work and their ability to use Regional Transit, and to medically evaluate applicants for the State Disability Insurance Program who do not have insurance coverage and a primary care provider.
Description of current scope and scale of activities	GA/MRT evaluations are conducted through the Refugee Health Assessment Program (due to staffing and space considerations). Due to the pandemic, nearly all examinations are conducted through telemedicine. Rarely, SCHC is asked to evaluate the SDI applications for uninsured individuals. The evaluations require assessment of existing health records, patient interviews, and patient medical examinations. The providers and staff also need to fill out the county- and/or state-required forms. SCHC guarantees 100 appointment times per month to DHA clients. DHA sends the information to SCHC and schedules individual clients into these reserved appointment times.
Current staffing levels	The program requires ~25 hours/month from a provider (physician or PA), and 25 hours/month of staff time for coordination, paperwork completion, and information exchange. There is a single staff coordinator and a back up to that role. A Physician's Assistant is the lead, but the physician also sees clients when the PA is unavailable.
Why did we start this program?	The program began when SCHC was the County Medically Indigent Services Program Provider. We have renewed these arrangements because the County has an obligation and a role in the health care of individuals without insurance and/or a PCP who could conduct these evaluations. This is part of our responsibility to provide care for the underserved.
Is our reason still relevant?	Yes
How effective are we being (and how do we know)?	There are no formal metrics in place to evaluate. We meet with DHA quarterly to review the program and we address concerns as they arise.
Do we cover our costs with this program?	Yes
Are we meeting our patient satisfaction and quality goals with this program?	None specified yet.

Name of Program	Healthy Partner Services
Program/department purpose	Healthy Partners program is a partnership comprised of the County DHS Primary Health, the Sacramento Physicians' Initiative to Reach Out, Innovate, and Teach (SPIRIT) program, the local hospital systems, and Advanced Medical Management (AMM). A Healthy Partners Advisory Group consists of these partners and community advocates. This program offers primary health services to undocumented adults who meet eligibility criteria and that would be uninsured otherwise.
Description of current scope and scale of activities	Healthy Partners enrollees are offered: • No cost primary care services including preventive screening, lab work, simple radiology and immunizations • Treatment of acute and chronic health problems • Healthy Partners patients may obtain their medication at local pharmacies utilizing their low cost discount program
Why did we start this program?	Per HRSA and evidence-based practices
Is our reason still relevant?	Yes
How effective are we being (and how do we know)?	Very effective
Are we meeting our patient satisfaction and quality goals with this program?	Yes

Name of Program	Immunization, Vaccines for Children, Vaccines for Adults
Program/department purpose	To reduce and/or eliminate vaccine expenses.
Description of current scope and scale of activities	Pediatrics, Family Medicine and the Refugee Clinic benefit from the Vaccines for Children program. The adult clinic will benefit after the Vaccines for Adults program begins. Clinics are able to save thousands of dollars on vaccine expenses each year. Patient are getting advantage of receiving all ACIP scheduled vaccine which we did not had that opportunity before enrolling to VFC program.
Current staffing levels	Pediatrics, Family Medicine and Refugee have their own staff to administer vaccines. Refugee clinic staff has overall responsibility to run the program including storage units temperature monitoring, inventory (ordering, shipping and handling), checking daily logs for accurate uses, etc.
Why did we start this program?	To save money on vaccine expenses and to provide all recommended Advisory Committee on Immunization Practices vaccines. Before starting this program, only school-enrollment-required vaccines were given.
Is our reason still relevant?	Yes
How effective are we being (and how do we know)?	Very effective
Do we cover our costs with this program?	Yes
Are we meeting our patient satisfaction and quality goals with this program?	None specified yet

Name of Program	Loaves & Fishes
Program/department purpose	To evaluate and triage walk-in homeless adults
Description of current scope and scale of activities	• Diagnosis and treatment of acute and chronic illnesses including counseling, screening, labs, medication refills, connection to specialty services if eligible • Vaccines and Tuberculosis testing • Navigation
Current staffing levels	MDs and RN-PHN
Why did we start this program?	To help prevent and manage acute and chronic health conditions in adults and provide a medical home for the homeless population.
Is our reason still relevant?	Yes
How effective are we being (and how do we know)?	COVID has prevented SCHC from seeing many patients since the program started around March 2020. Future plans include a mobile clinic and additional services such as behavioral health counseling, and dental care.
Are we meeting our patient satisfaction and quality goals with this program?	See the last Patient Satisfaction Survey

Name of Program	Medical Records
Program/department purpose	Medical Records Release of Information ensures medical records management practices protect the confidentiality, privacy, and security of all Protected Health Information (PHI) in compliance with patient expectations, state and federal regulations, and community standards.
Description of current scope and scale of activities	After receiving a request via fax, email, in-person, MyChart or telephone, determine if the request is a complete authorization and proceed with pulling the records and releasing them to the requester. If authorization isn't complete, we send it back to original requester explaining what we need to complete authorization and process records. Every complete request is then logged.
Current staffing levels	1 Clerical Supervisor II (partial) 1 Office Assistants Level II
Why did we start this program?	To adhere to State and Federal Regulations and guidelines for Protected Health Information.
Is our reason still relevant?	Yes
How effective are we being (and how do we know)?	We have not set up metrics for effectiveness and do not obtain user feedback.
Are we meeting our patient satisfaction and quality goals with this program?	Yes

Name of Program	Member Services
Program/department purpose	Sacramento County Health Center (SCHC) established member services to foster strong relationships between our members and their provider and to educate patients on their Health Plan.
Description of current scope and scale of activities	The purpose is to guide and educate the chronically ill populations who have little or no knowledge or understanding of Medi-Cal or Health Plan regulations, products, and services to increase our patient's success with their medical treatment plan and build a strong bond between our patients and SCHC providers. The member service team assists with: • 1:1 Navigation through Medi-Cal insurance regulations, products, and services offered by their Health Plan and provider • Coaching for medical appointments • Educating on the process of referrals for specialty services • Providing resources for other community services
Current staffing levels	1 full time Bachelor Degree Social Worker and ½ time Sr. Office Assistant.
Why did we start this program?	To assist the most vulnerable population in Sacramento County and patients assigned to SCHC navigate Medi-Cal and Health Plan regulations in order to increase their success with their treatment plan.
Is our reason still relevant?	Yes
How effective are we being (and how do we know)?	No metrics established.

Name of Program	Primary Care – Adults
Program/department purpose	To prevent, identify, and manage acute and chronic health conditions in low-income and uninsured adults.
Description of current scope and scale of activities	• Preventive care: Annual check-ups, immunizations, and screenings • Diagnosis and treatment of acute illnesses including counseling, screening, labs, imaging, and medication refills • Chronic disease care for conditions such as diabetes and high blood pressure • Patient education • Referrals for conditions needing specialty care
Current staffing levels	OAs, MAs, RNs, Pharmacists, BHCs, and Providers
Why did we start this program?	To help prevent and manage acute and chronic health conditions in adults.
Is our reason still relevant?	Yes
How effective are we being (and how do we know)?	Tremendous improvement over the past year has allowed SCHC to offer more services to our patients including expansion of services that improve access to care, preventive services and patient satisfaction.
Do we cover our costs with this program?	Yes
Are we meeting our patient satisfaction and quality goals with this program?	Yes

Name of Program	Primary Care – Pediatrics
Program/department purpose	To prevent and manage acute and chronic health conditions and provide quality health care that will contribute to a healthy community
Description of current scope and scale of activities	• Preventive care: well child checks, immunizations, sports physicals • Diagnosis and treatment of acute illnesses including counseling, screening, labs, imaging, medication refills, referrals for conditions needing specialty care • Specialized care for children in the foster system • Specialty services such as psychiatry, psychology, behavior-developmental specialty, and dental care
Current staffing levels	OAs, MAs, RN, psychologists, psychiatrist, behavioral-developmentalists, MDs and residents/students
Why did we start this program?	Living in a poor or low-income household has been linked to poor health, and increased risk for mental health problems in children and adults that can persist across the life span. The goal is to promote the health of children and address their needs in the context of the community.
Is our reason still relevant?	Yes
How effective are we being (and how do we know)?	We are very effective. A greater number of services are offered at SCHC compared to other pediatric clinics and pediatrics has the lowest no show rate in the health center.
Are we meeting our patient satisfaction and quality goals with this program?	See the last Patient Satisfaction Survey

Name of Program	Radiology
Program/department purpose	Provide radiology/X-ray diagnostic services to providers and patients
Description of current scope and scale of activities	• X-ray covers general radiologic services • Digital general radiographic studies with interpretation • Electronic and paper textual reports/results • Disc publishing provides continuity of care to outside providers with imaging records • All imaging records are stored and archived on dedicated Servers know as Picture Archive Communication System (PACS) • We add approximately 300 performed studies per month with additional importation of outside media numbering around 200 per month.
Current staffing levels	2 FTE Radiologic Technologist 3 Radiologist part time 1 Transcriptionist part time
Why did we start this program?	To provide radiographic screening to aid in the diagnosis, treatment and follow up of disease and illness. We service the public health arena, Refugee, TB Chest, Low-income, Medi-Cal, Juvenile detention, mental health treatment
Is our reason still relevant?	Yes

Name of Program	Referrals
Program/department purpose	To ensure patients receive specialty services ordered by their provider as part of their covered services.
Description of current scope and scale of activities	SCHC providers use OCHIN Electronic Health Record (EHR) to request referrals. Referrals are ordered as either URGENT (processed by a RN) or ROUTINE (processed by a Referral Coordinator) Urgent referrals are processed in three business days. Routine referrals are processed in five business days. Referrals are valid for 90 days. Referral Team receives an average of 90 referrals per day and processes 65 on average per day. Referral Team processes referrals for RCMG, Nivano, UCD Health Net, Healthy Partners and internal specialty referrals to Cardiology, Neurology, Nephology, MSK, Rheumatology, Procedures Clinic, OB/GYN Clinic. Referrals sends out referrals to SPIRIT (Sacramento Physicians Initiative to Reach Out, Innovate and Teach) a volunteer groups of specialist that donate their time to see Healthy Partners patients.
Current staffing levels	5 FTE Referral Coordinators 2 Temporary Referral Coordinator 1 RN 1 Supervising RN
Why did we start this program?	This service started to connect patients with specialty services by obtaining authorization form the Health Plan or IPA.
Is our reason still relevant?	Yes
How effective are we being (and how do we know)?	Not as effective as we should be due to inadequate staffing. The Health Center has quadrupled in adding new IPAs, health plans, programs, services, and providers, and patients, but the staffing ratios is lacking. There is still the same number of coordinators in the department compared to 5 years ago when the health center had 1 IPA (Molina Health Plan). Referral Team is not able to meet current posted policy guidelines for processing.

Name of Program	Refugee Health Clinic
Program/department purpose	To provide Initial Health Assessment to newly arrived refugees, SIVs, Asylees and victims of trafficking clients.
Description of current scope and scale of activities	1. To provide culturally and linguistically appropriate comprehensive health assessment to newly arrived refugees following state guidelines that include: • Screening and treating communicable disease • Identifying chronic disease and other important medical condition. • Assessing immunization status and provide vaccine if needed for children and adult • Providing mental health screening • Referring clients with significant medical and mental conditions to health providers for further evaluation, treatment and follow-up 2. Link to PCP in community to established continuity of care. 3 Educate patient about health issues and navigation of US health care system 4. Provide community resources to help daily living 5. Enter data into state health portal
Current staffing levels	• Sup RN-1 • SrOA- 1 • OA- 3 Full time, 1 on-call (29hrs/wk.) • HSA – 1 Full time 3- on call (2 On call to be filled) • MA -5 Full time (1 to be filled), 1 MA –on call in • process of hiring. • LVN- 1 Registry
Current budget	1) $300 per completed assessment + $250 for administrative expenses for full or partial assessment for RHAP 2) $91,736 for RHPP 3) $X per assessment through Medi-Cal
Why did we start this program?	To provide culturally and linguistically appropriate comprehensive health assessment to newly arrived refugees.
Is our reason still relevant?	Yes
How effective are we being?	Need to identify metrics
Do we cover our costs with this program?	1) RHAP grant (ORR federal pass through to CDPH) 2) RHPP grant for linkage 3) Medi-Cal reimbursement
Are we meeting our patient satisfaction and quality goals with this program?	NA – need to develop these

Name of Program	Scanning
Program/department purpose	The Clinic Services Electronic Health Record (EHR) has interfaces that allow progress notes, physician orders, lab orders, and prescriptions to be recorded electronically. However, there are certain instances in which a document from outside this system, if critical to the medical record, must be scanned and saved into the EHR.
Description of current scope and scale of activities	Medical record documents from outside sources, such as hospitals or other providers, received via the Xmedius, fax or mail, must be scanned into the patient's chart. Designated clerical staff ensures the documents are not already contained in the medical record and are scanned into the appropriate tab using the *EHR Back Office Scanning Tab Breakdown*.
Current staffing levels	1 Clerical supervisor 1 Office Assistant Level II
Why did we start this program?	To be able to store and maintain Electronic Health Records for clinic patients.
Is our reason still relevant?	Yes
How effective are we being (and how do we know)?	Yes we are, because we are receiving new medical records, reports and misc. documents daily, that need to be added to patients chart. Need to establish formal metrics.
Do we cover our costs with this program?	Yes

Name of Program	School-Based Mental Health Program
Program/department purpose	Sacramento County Health Center (SCHC) and Sacramento County Office of Education (SCOE) are in the initial stage of established School-Based Mental Health Programs (SBMHP). It is well established that students with unmet mental health needs have poor educational outcomes, due to poor attendance, behavior problems, and readiness to learn. The purpose of SBMHP is to meet the mental health needs of students in order to improve the physical and psychological safety of the students in schools and increase academic performance.
Description of current scope and scale of activities	The SBMHP is established in 10 schools within Sacramento County Unified School District. Ultimately, the plan is to establish mental health services in approximately 300 schools. The scope of services include: • Parent/Guardian outreach • Mental Health Assessments • Mental Health referrals and resources • Linkage to higher level mental health services
Current staffing levels	• SCOE Director • 10 Licensed therapist • 1 Assistant Director SCOE • 1 Office Assistant SCOE • 1 Sr. Mental Health Program Coordinator SCHC • 1 Sr. Office Assistant SCHC • 2 Consultants
Why did we start this program?	To meet the mental health needs of high-risk students and increase the students' academic success
Is our reason still relevant?	Yes
How effective are we being (and how do we know)?	This is a new program and we do not have enough data to evaluate
Are we meeting our patient satisfaction and quality goals with this program?	This is a new program and we do not have enough data to evaluate

Name of Program	Specialty
Program/department purpose	To provide specialty care on site for patients, especially Healthy Partners patients who have limited external specialty availability.
Description of current scope and scale of activities	• Cardiology • Ophthalmology • Neurology
Current staffing levels	NA – all UCD staff
Current budget	Admin
Why did we start this program?	We started it to provide specialty care on site for Healthy Partners and UCD Heath Net patients to assist with access challenges.
Is our reason still relevant?	Yes
How effective are we being (and how do we know)?	No metrics established.
Are we meeting our patient satisfaction and quality goals with this program?	No metrics established.

	County of Sacramento **Department of Health and Human Services** **Division of Primary Health Services** **Policy and Procedure**	Policy Issuer (Unit/Program)	**Clinic Services**
		Policy Number	**11-01**
		Effective Date	**02-01-12**
		Revision Date	**03/11/202112-16-20**
Title: **Sliding Fee Discount**		Functional Area: **Fiscal Services**	
Approved By: Sharon S. Hutchins, HRSA Project Director John Dizon, Senior Administrative Analyst			

Policy:

A. Background and Purpose

The Health Resources and Services Administration (HRSA) has designated the Sacramento County Health Center (SCHC) as a Federally Qualified Health Center (FQHC). As an FQHC, the Health Center is required to abide by regulations regarding service provision to low income county residents. These regulations are found in Section 330 of the Public Health Service Act.

The purpose of this policy is to ensure that no patient is denied health care services due to inability to pay for such services and to ensure that any fees or payments charged by the health center for such services will be reduced or waived if a patient is eligible for the Sliding Fee Discount Program, as outlined by HRSA.

B. Definitions

Sliding Fee Discount Schedule (SFDS): A set of tiered discounts on the Federal Poverty Level Guidelines for HRSA-required and additional services based:

- Applicable to all individuals and families with annual income at or below 200 percent of the Federal Poverty Guidelines (FPG).
- Providing a full discount for individuals or families with annual incomes at or below 100 percent of the FPG,
- Providing an adjustment of fees based on family size and income for individuals and families with income above 100 and at or below 200 percent of the FPG; and
- Providing no sliding fee discounts for individuals and families with annual income above 200 percent of the FPG.

See *Attachment A*: *SCHC Sliding Fee Table* for the most current SFDP tiers and nominal charge.

Federal Poverty Level (FPL): The annual income level below which a person (or family) is considered to be living in poverty depending on family size, that is set in January each year by US Department of Health and Human Services and published in the Federal Register (see https://aspe.hhs.gov/poverty-guidelines). The sliding fee discount program is based on current FPL levels and is updated annually.

Family: For the purposes of assessing the federal poverty level, a "family" consists of those members supported by the reported income—typically the individuals reported on the federal tax return.

Commented [A1]: OR from the previous PP, "A group of two or more people related by birth, marriage, or adoption that lives together."

HRSA Required and Additional Services: The set of services that any FQHC is required to provide (directly or indirectly by agreement with another provider) to patients under federal

regulations and additional services that an FQHC adds to its official scope of work with approval by HRSA. See *Attachment B: SCHC Scope of Services* for the most current list of services covered by the Sliding Fee Discount Program (SFDP).

Nominal Charge: A small flat fee that is "nominal" from the patient's perspective and is unrelated to the actual cost of the service provided. The charge is intended to enhance the perceived value of health care services received without creating an economic barrier to receiving care.

C. Applicability of the Sliding Fee Discount Schedule (SFDS) Program

Sacramento County Health Center (SCHC) maintains a standard set of procedures for its SFDP. These procedures apply to all patients regardless of health coverage or immigration status. Sliding fee scale discounts are available to patients with income at or below 200% of the federal poverty level (FPL) guidelines. A nominal charge is assessed per visit as allowed by HRSA and approved by the Co-Applicant Board (see *Attachment A*: *SCHC Sliding Fee Table)*.

Sliding fee scale discounts apply to HRSA Required and Additional Services for SCHC, which constitute all services within SCHC's Scope of Services and all HRSA Required Services provided by non-SCHC providers through an agreement between SCHC and another party. *Attachment B: SCHC Scope of Services* contains the list of for which patients may be eligible to receive a sliding fee discount. The SFDS Program does not cover visits outside of SCHC's Scope of Services (i.e. HRSA required and additional services). For example, if a patient covered by a Managed Medi-Cal plan is approved by that health plan for cosmetic plastic surgery (which is outside of SCHC's Scope of Services) but is subject to a co-pay for that service, the patient may not receive a SFD from SCHC for that co-pay.

Any patient seeking a HRSA Required or Additional Service from SCHC who meets SFDS PROGRAM eligibility requirements may receive a SFD. For such patients with health insurance, the SFDS applies to non-covered services, co-payments, deductibles, and coinsurance. Such patients with coverage that cannot be used to pay for services at SCHC (i.e. 3rd party pay or self-pay patients) are also covered by the SFDS PROGRAM.

D. Establishing and Reviewing the Sliding Fee Scale and Nominal Charge

The sliding fee discount scale and any nominal charge are set annually after the federal poverty guidelines are published in the federal register(typically in January). Staff reviews discounts offered by similar entities (e.g. FQHCs, CHCs) in the area and takes costs into account. Staff may recommend no change or propose a modification to the fee scale to the SCHC Co-Applicant Board (CAB). In addition, staff reviews the nominal charge for continued appropriateness, comparing such fees charged by other similar entities in the area. The charge is intended to enhance the perceived value of health care services received without creating an economic barrier to receiving care. Staff may recommend no change or a modification to the nominal charge. These recommendations are presented to the CAB for review and approval no later than the April monthly meeting each year.

Procedures:

Sacramento County Health Center (SCHC) maintains a standard set of procedures for

- Informing patients about the SFDS Program;
- Assessing patients' eligibility for the SFDS Program;
- Assisting patients to apply for the SFDS Program and verifying documentation;

- Providing and billing for services at discounted prices for those in the SFDS Program;
- Reviewing SFDS patients' continued SFDS Program eligibility at least annually; and
- Monitoring and evaluating the impact of the SFDP.

A. Communication about the SFDS Program to Patients

Signage posted through the primary care sites and on the Sacramento County Health Center website communicates the existence of the SFDS Program. In addition, the new patient packet contains information on the SFDS Program, including eligibility requirements and the process to apply. Finally, information about the SFDS Program is communicated orally to patients when staff conduct new patient outreach, schedule a patient for a new patient appointment, or when revised income or family size information provided by an existing patient would make them eligible. This process is explained further in the next section.

B. Assessing Patients' Eligibility for SFDS Program

1. New Patients
    a. Upon enrollment with SCHC, a Patient Service Representative (PSR) determines whether a patient has healthcare coverage by checking Medi-Cal, Medicare, and healthcare portals. This information is recorded, or revised if necessary, in the Electronic Medical Record (EMR) system—OCHIN EPIC ("OCHIN").
        i. Patients without health care coverage are encouraged, but not required, to apply for coverage because it is a valuable asset that can improve a patient's health trajectory and assist him or her to establish and maintain a medical home.
            1) The PSR informs the patient about possible sources of health coverage, including
                a) Medi-Cal;
                b) Medicare;
                c) Healthy Partners (Sacramento County's program for undocumented individuals); and
                d) Other public and/or private health insurance and/or discount programs available for which the patient may qualify, including prescription drug assistance from pharmaceutical companies.
            2) The PSR asks the patient if they would like to be referred to a health care navigator to assist then in understanding what coverage options may be available to them as well as assistance with enrollment. If the patient agrees, the PSR will refer the patient to either Member Services (for Sacramento County's Healthy Partners) or Sacramento Covered (for the other programs).
        ii. Patients with health care coverage
            1) If the patient's health care coverage is not accepted for payment by SCHC (i.e. is provided by an organization with which SCHC does

not have a contract, agreement or other arrangement to provide payment)

a. The PSR informs the patient of this fact and offers the patient assistance to identify another provider that may take accept the coverage.

b. If the patient would still like to receive services from SCHC, the PSR informs him or her that they will need to pay for services out of pocket. If such a self-pay patient meets eligibility requirements, h/she can receive a sliding fee discount for SCHC health care services.

2) If the patient's coverage is accepted for payment by SCHC but the coverage is not comprehensive of all charges (e.g. has a co-pay, deductible, or coinsurance) or of all HRSA required and additional services, the patient can receive a sliding fee discount for SCHC health care services if they meets SFDS Program eligibility requirements.

b. Upon enrollment, the PSR also asks the patient to provide their income and family size (among other demographic information) and records this information in OCHIN. For the purposes of assessing FPL, a family" consists of those members supported by the reported income—typically the individuals reported on the federal tax return (see *Definitions* above). OCHIN EPIC is configured to calculate the FPL automatically and flag the eligibility of the patient for the SFDP.

c. If the patient is eligible for the SFDS Program, the PSR explains the program to the patient and asks if the patient would like to apply. Please see section *C: Application Process for SFDS Program* below for next steps.

2. Existing Patients

a. Prior to each appointment, a SCHC PSR verifies whether a patient has healthcare coverage by checking Medi-Cal, Medicaid, and healthcare portals. This information is recorded or revised, if necessary, in the in the Electronic Medical Record (EMR) system, called OCHIN EPIC ("OCHIN").

b. Prior to each appointment, the PSR obtains (or updates) the patient's income, family size and residential address (among other demographics) and records this information in OCHIN. OCHIN EPIC is configured to calculate the FPL automatically and flag the eligibility of the patient for the SFDS Program.

i. If a change to an existing patient's income, family size, and/or residency makes them eligible for the SFDP, the PSR explains the program to the patient, provides them with the SCHC Sliding Fee Information Sheet (see *Attachment C*), and asks if the patient would like to apply. Please see section *C: Application Process for SFDP* below for next steps.

ii. If a change to an existing patient's income, family size, and/or residency changes the SFDS Tier for which the patient is eligible, or makes them ineligible for the SFDS Program, this fact is explained to the patient and the sliding fee discount will no longer be given for services provided after this assessment.

C. Assisting Patients to Apply for SFDS Program

1. When a patient indicates interest in applying for the SFDS Program, the PSR asks the patient to complete the Sliding Fee Application (see *Attachment D*) and offers assistance.
2. The PSR also explains to the patient the type of documentation required to show their income, family size, and residency in Sacramento County (see table on the next page).

Income	
Income includes:	Verification:
Wages before deductions (federal gross income)	• Paycheck stub (2 consecutive pay periods) • Current Tax return • Letter from employer on letterhead • Affiliated agency income verification documentation
Other income such as pension, retirement, social security, worker's compensation, unemployment, public assistance, alimony, etc.	• Award letter • Paycheck stub
If no income	• Self-Attestation of Income form
Family Size	
Family: XXX	Patient attestations are used for verification.
People to include in family size:	• The applicant • Applicant's spouse or registered domestic partner • Applicant's children • Any individuals related to and living with the applicant (dependents) • Any individuals not related to but living with the applicant (dependents)
People not to include:	• Individuals who do not live with the applicant, unless economically dependent on the applicant • Individuals who are temporarily living with the applicant • Roommates/housemates living with applicant who resides in group quarters or housing
County Residency	
Residency is defined as living in Sacramento County, or intent to live in Sacramento County.	Verification is local utility bill such as PG&E or a rental agreement with the head of household's name and an address within Sacramento county.

Commented [A2]:

Commented [A3]: Household and family seem inconsistent.

Commented [A4]: Is this a legal category?

3. Patients who refuse to complete the SFDS Program application or to provide required documentation will not be granted a sliding fee discount and will be assessed full charges for the services (or portion for which they are financially responsible under any health care coverage).
4. If a patient learns about the SFDS Program just before a scheduled visit, the PSR informs them that they will be seen for that visit with presumptive SFDS Program

eligibility, but must bring in the required documentation before their next visit. Patients who fail to provide required documentation will not be granted the sliding fee discount (SFD) and will retroactively be billed full price for the visit with presumptive eligibility.

5. The PSR scans all documentation provided into the FDS Consent to Bill module in the patient's OCHIN chart. The patient is eligible for a SFD when all documentation is received and FPL criteria for a discount are met.
6. Using the attached sliding fee scale (see *Attachment A*), the Patient Service Representative determines the specific amount of discount for which the patient is eligible.
7. While a patient is awaiting their determination of eligibility from Medi-Cal, Medicare, or Healthy Partners, they will be offered a SFD for services based on their self-reported income, IF all other required documentation is provided. If health care coverage is subsequently retroactively granted, SCHC will refund any SFD payments accepted.
8. Patients with verified eligibility for SFDP receive 12 months of SFD for health care services within SCHC's scope of services.
9. Patients granted SFDP are notified of their responsibility to inform SCHC of any change in income, family size, or residency during this 12-month period.

D. Billing for SFD

For the purposes of determining the amount owed by a patient under the SFDS Program, each visit to SCHC is considered separately regardless of the day of service of the visits. For example, if a patient has a primary care visit at SCHC on the same day that they receive x-ray services and see the cardiologist at SCHC, each is considered a separate visit and the appropriate SFD (if any) will be applied to each visit separately. Visits to external providers (including Quest Laboratory) contracted by and/or paid by SCHC are also considered separate visits.

SCHC does not collect payment at the time of visit (see *Clinic Services Policy 11-02 Billing and Collections)*. Patients are informed that they are expected to pay and will receive a bill. Discounts for each tier of the sliding fee scale discount program and the nominal charge (approved by the Co-Applicant Board annually) are published in a table easily accessible by patients (see *Attachment A: SCHC Sliding Fee Table*). As detailed in *Clinic Services Policy 11-02 Billing and Collections*, the Medical Director, Senior Administrative Analyst, or Health Program Managers may grant a waiver of charges accrued by a participant in the SFDP due to economic hardship.

E. Reviewing Continued Eligibility for SFDS Program

Patients are required to be re-qualified for the SFDS Program annually by providing new/updated documentation of income, family size, and residency. Prior to each visit, the PSR checks whether existing patients are enrolled in the SFDS Program. If they are, the PSR checks the annual review date. If that review date is within 6 weeks of the appointment date, the PSR verifies current SFDS Program eligibility by requesting and reviewing documentation of income, family size and residency.

F. Monitoring Adherence to SFDS Program policies

1. Each month, the Clerical Supervisor examines data to monitor adherence to this SFDS Program policy and procedure, including reviewing
    a. 10% of the charts of patients flagged for eligibility for SFD by the OCHIN program to determine if the appropriate SFD was offered to the patient; and

b. 20% of current SFDS Program patient charts per month to ensure that required documentation was obtained and scanned and that patients' status was reviewed annually.

2. If they find deviations from policy and procedure, the Clerical Supervisor or designee
   a. Reviews the error and proper procedure with the staff member who made each error.
   b. If a pattern of errors is found for multiple individuals, all PSRs are retrained on the policy and procedure.
3. The Clerical Supervisor or designee reports on the findings of the compliance monitoring bi-monthly at the Compliance Team meeting. Findings of systemic deviations may also result in a quality improvement project to be implemented and overseen by the Quality Improvement Committee.

G. Evaluating Effect of the SFDS Program on Patient Usage of Health Services

At least once every three years, the SFDS Program is evaluated by

1. Collecting utilization data that allows assessment of the rate at which patients within each of its discount pay tiers, as well as those at or below 100% of the FPL, are accessing services;
2. Utilizing this and, if applicable, other data (for example, results of patient satisfaction surveys or focus groups, surveys of patients at various income levels) to evaluate the effectiveness of its SFDS Program in reducing financial barriers to care; and
3. Identifying and implementing changes as needed.

References:
HRSA Compliance Manual, Chapter 9: Sliding Fee Discount Program
PP-CS-11-02 Billing and Collections
PP-CS-01-01 Quality Improvement

Attachments:
Attachment A: SCHC Sliding Fee Table
Attachment B: SCHC Scope of Services
Attachment C: Sliding Fee Information Sheet
Attachment D: SCHC Sliding Fee Application
Attachment E: Self-Attestation of Income Form

Contact:
John Dizon, Senior Administrative Analyst (for Policy questions)
Sandra Johnson, Senior Health Program Coordinator (for Procedure questions)

Approval by the Co-Applicant Board:

Sacramento County Health Center
Annual Income Levels FY2021-2022

2021 Sliding Fee Discount Table

Persons in Family	Nominal Fee ≤100%	A >100% and ≤125%	B >125% and ≤150%	C >150% and ≤175%	D >175% and ≤200%	Full Price >200%
1	≤ $12,880	$12,881 – $16,100	$16,100 – $19,320	$19,321 – $22,540	$22,541 – $25,760	$25,761
2	≤ $17,420	$17,421 – $21,775	$21,776 – $26,130	$26,131 – $30,485	$30,486 – $34,840	$43,841
3	≤ $21,960	$21,961 – $27,450	$27,451 – $32,940	$32,941 – $38,430	$38,431 – $43,920	$43,921
4	≤ $26,500	$26,501 – $33,125	$33,126 – $39,750	$39,751 – $46,375	$46,376 – $53,000	$53,001
5	≤ $31,040	$31,041 – $38,800	$38,881 – $46,560	$46,561 – $54,320	$54,321 – $62,080	$62,081
6	≤ $35,580	$35,581 – $44,475	$44,476 – $53,370	$53,371 – $62,265	$62,266 – $71,160	$71,161
7	≤ $40,120	$40,121 – $50,150	$50,151 – $60,180	$60,181 – $70,210	$70,211 – $80,240	$80,241
8	≤ $44,460	$44,461 – $55,825	$55-826 – $66,990	$66,991 – $78,155	$78,156 – $89,320	$89,321
Fee	$15	$20	$30	$40	$50	NO DISCOUNT

Table is based on the 2021 Federal Poverty Guidelines (http:/aspe.hhs.gov/poverty) for annual income.

Attachment B: SCHC Scope of Services

HRSA Required Services

General primary care
Diagnostic laboratory services
Diagnostic radiology
Screenings
Coverage for emergencies during and after hours
Voluntary family planning
Immunizations
Well child services
Gynecological care
Prenatal care
Intrapartum care (labor and delivery)
Pastpartum care
Preventive dental services
Pharmaceutical services
Case management
Eligibility assistance
Health education
Outreach
Transportation
Translation

HRSA Additional Services

Mental health services

SCHC Additional Services

Cardiology
Neurology

SACRAMENTO COUNTY

SACRAMENTO COUNTY HEALTH CENTER

SLIDING FEE SCALE APPLICATION

Patient Information		**Today's Date: / /**		
First Name:	Middle:	Other names:		
Home Address:	City:		State:	Zip:
Mailing Address:	City:		State:	Zip:
Home Phone #:			Mobile Phone #:	
Date of Birth:	Social Security #:		Do you have Health Insurance?	
Marital Status:	Single In a relationship Married Divorced Separated Widowed			

Family Size		
Name	**Date of Birth**	**Social Security Number**

Family Income			
Name	**Amount**	**Frequency (circle one):**	**Employer:**
You	$	Weekly Monthly Yearly	
Partner	$	Weekly Monthly Yearly	
Child	$	Weekly Monthly Yearly	
Child	$	Weekly Monthly Yearly	
Other	$	Weekly Monthly Yearly	
Total	$	Weekly Monthly Yearly	

Other Income						
Other Income	You:	Spouse/Partner	Child	Child	Other	Subtotal
Social Security						
Retirement Pension						
Child Support						
Alimony						
Other						
					Total	$

SACRAMENTO COUNTY

SACRAMENTO COUNTY HEALTH CENTER

2021-2022 Schedule of Sliding Fee Discounts Based on Income and Family Size

Persons in Family	Nominal Fee ≤100%	A >100% and ≤125%	B >125% and ≤150%	C >150% and ≤175%	D >175% and ≤200%	Full Price >200%
1	≤ $12,880	$12,881 – $16,100	$16,100 – $19,320	$19,321 – $22,540	$22,541 – $25,760	$25,761
2	≤ $17,420	$17,421 – $21,775	$21,776 – $26,130	$26,131 – $30,485	$30,486 – $34,840	$43,841
3	≤ $21,960	$21,961 – $27,450	$27,451 – $32,940	$32,941 – $38,430	$38,431 – $43,920	$43,921
4	≤ $26,500	$26,501 – $33,125	$33,126 – $39,750	$39,751 – $46,375	$46,376 – $53,000	$53,001
5	≤ $31,040	$31,041 – $38,800	$38,881 – $46,560	$46,561 – $54,320	$54,321 – $62,080	$62,081
6	≤ $35,580	$35,581 – $44,475	$44,476 – $53,370	$53,371 – $62,265	$62,266 – $71,160	$71,161
7	≤ $40,120	$40,121 – $50,150	$50,151 – $60,180	$60,181 – $70,210	$70,211 – $80,240	$80,241
8	≤ $44,460	$44,461 – $55,825	$55-826 – $66,990	$66,991 – $78,155	$78,156 – $89,320	$89,321
Fee	$15	$20	$30	$40	$50	NO DISCOUNT

SACRAMENTO COUNTY

SACRAMENTO COUNTY HEALTH CENTER

Section to be completed by Primary Health Center Staff:

Patient Name: _____ DOB: _____

Verification Checklist Attach copies of each item checked below	**Yes**	**No**
***Identification/Address (Submit one of the following):** • Driver's license, or • Birth certificate, or • Social Security Card, or • Other: _____	☐	☐
***Income:** • Prior year tax return, or • **Three** most recent pay stubs, or • W-2 or 1099, Form 4506-T, or • Other: _____	☐	☐
Insurance (if applicable): • Insurance card(s)	☐	☐
Medi-Cal (if applicable): • Medi-Cal card or evidence of rejection ***You may be eligible for Medicaid benefits. Please let our office staff know and we may be able to help you with this process.***	☐	☐
Medicare (if applicable): • Medicare card	☐	☐

☐ Client is not eligible for Sliding for Discount Program based on income verification provided.

☐ Client is eligible for sliding fee discount in **Tier:** and will be charged **$**

☐ Proof of income verified

Verification completed by (print): _____

_____ _____

Signature Date

SACRAMENTO COUNTY HEALTH CENTER

Section to be completed by Applicant:

The date the application is submitted will be the date any eligible discounts will apply to your services. In the event an application is submitted without the required documentation, you will be notified and given 14 days from notification to submit the documentation without moving the submission date forward. If you do not submit the required documentation within the required 14-day time period, the application will be denied and you will be required to re-submit the application.

Please attach at least one item from each applicable section on the previous page to complete your application. Incomplete applications will not be considered for discount

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee program and will subject me to penalties under Federal Laws, which may include fines and imprisonment. I further agree to inform Sacramento County Health Center if there is a significant change in my income within thirty (30) days. If acceptance to the sliding fee program is obtained under this application, I will comply with all rules and regulations of Innovative Health Care. I understand that the information I have provided is subject to verification by Sacramento County Health Center. I hereby acknowledge that I read the foregoing disclosure and understand it.

I will be billed for the sliding fee payment.

.

_____

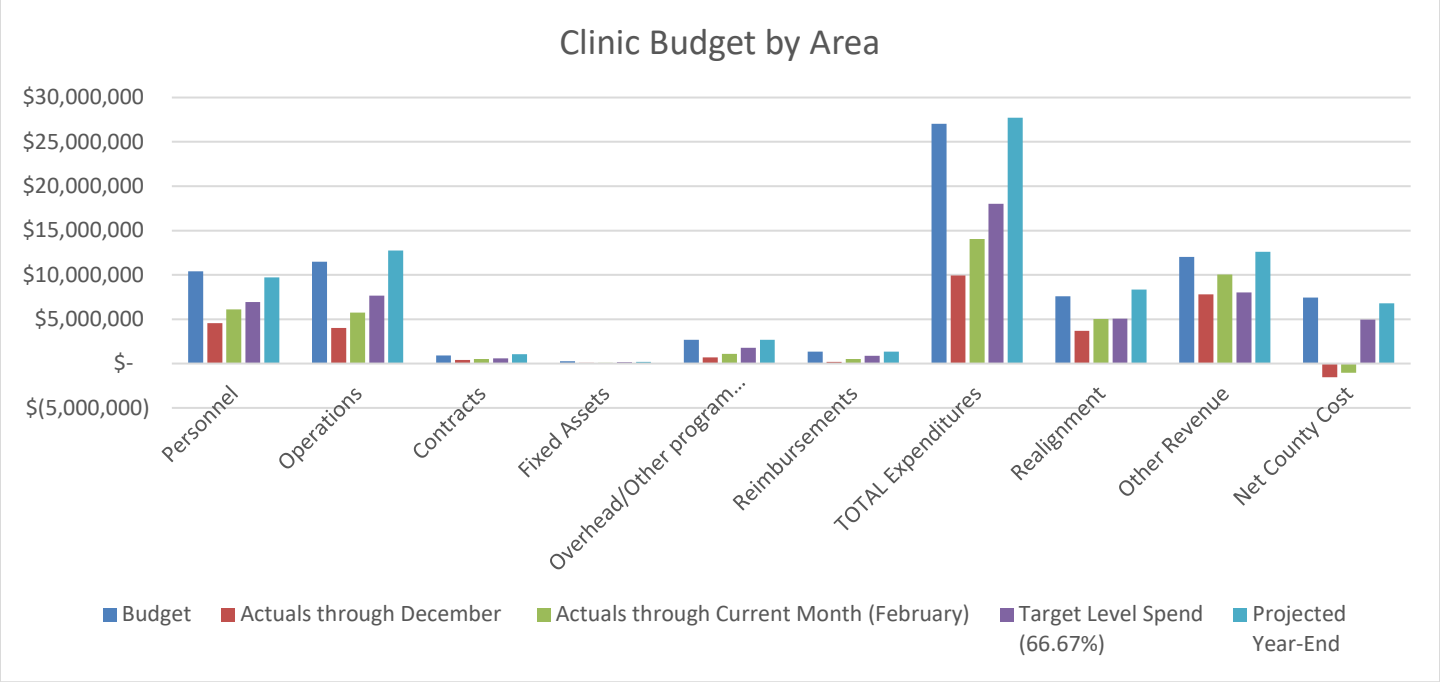
Name

_____ _____

Signature Date

Department of Health Services
Monthly Budget Update (February 2021–AP 8 FSR)

Primary Health - Clinic Services



Area	Budget	Actuals through December	Actuals through Current Month (February)	Target Level Spend (66.67%)	Projected Year-End	Variance, Year end vs. Budget Favorable (Unfavorable)
Personnel	$ **10,394,126**	$ 4,544,923	$ 6,100,336	$ 6,929,764	$ 9,719,679	$ 674,447
Operations	$ **11,479,039**	$ 4,011,798	$ 5,739,427	$ 7,653,075	$ 12,731,626	$ (1,252,587)
Contracts	$ **894,833**	$ 395,503	$ 529,921	$ 596,585	$ 1,060,314	$ (165,481)
Fixed Assets	$ **250,000**	$ 94,510	$ 94,510	$ 166,675	$ 189,020	$ 60,980
Overhead/Other program charges	$ **2,679,271**	$ 706,243	$ 1,079,153	$ 1,786,270	$ 2,685,020	$ (5,749)
Reimbursements	$ **1,329,567**	$ **183,853**	$ **502,686**	$ **886,422**	$ **1,329,567**	$ -
TOTAL Expenditures	$ **27,026,836**	$ **9,936,830**	$ **14,046,033**	$ **18,018,792**	$ **27,715,226**	$ **(688,390)**
Realignment	$ **7,578,749**	$ 3,671,971	$ 5,024,964	$ 5,052,752	$ 8,340,001	$ 761,252
Other Revenue	$ **12,022,768**	$ 7,792,184	$ 10,048,550	$ 8,015,579	$ 12,594,808	$ 572,040
Net County Cost	$ **7,425,319**	$ **(1,527,325)**	$ **(1,027,481)**	$ **4,950,460**	$ **6,780,417**	$ **644,902**

Grants:

Name	Start	End	Amount	Comment
HRSA (HCH)	03/01/2020	02/28/2021	1,386,602	
HRSA H8C	03/15/2020	03/14/2021	62,151	COVID Relief
HRSA H8D	04/01/2020	03/31/2021	723,200	CARES Act
HRSA H8E	05/01/2020	04/30/2021	261,424	Healthcare Enhancement (Mobile Van)

Department of Health Services

2020-21 Year-End Projections as of Accounting Period 8

*ZBCS25 COMPASS Report through Period 8

DIVISION	FUND CENTER	CATEGORY	OBJECT	ACCOUNT	GL ACCT NAME	ADJ'D FINAL BUDGET	ACTUALS	ENCUMBRANCES		YEAR-END PROJECTION	OVER/UNDER BUDGET: See highlighted cells in column T. Explain projections that vary +/- $5,000 to the Adjusted Budget. ENCUMBRANCES: Include in projection or explain. Use column S to review. UNBUDGETED EXPENDITURES: Note what was purchased and list the offsetting GL account.
PRI	7201800	Expenditure	10	10111000	S & W - Regular Employees	6,414,632	3,484,761	-		5,675,000	Currently 14 vacancies.
PRI	7201800	Expenditure	10	10112100	S & W - Extra Help	100,000	149,979	-		250,000	See 10111000.
PRI	7201800	Expenditure	10	10112200	S & W - Extra Help in Lieu	-	4,055	-		-	Time sheet corrections have been submitted to move costs to 10112100.
PRI	7201800	Expenditure	10	10113100	S & W - Straight Time - OT	-	11,557	-	S	18,211	See 10111000.
PRI	7201800	Expenditure	10	10113200	S & W - Time/One Half OT	11,350	16,263	-	S	25,626	See 10111000.
PRI	7201800	Expenditure	10	10114100	S & W - Premium Pay	121,129	76,171	-	S	120,027	See 10111000. More hires are getting this type of pay, especially language.
PRI	7201800	Expenditure	10	10114200	S & W - Standby Pay	-	13,689	-		-	Actuals moving to 7201600000. (Sched April transfer).
PRI	7201800	Expenditure	10	10114300	Allowances	10,000	11,134	-	A	11,134	Per REO contracts.
PRI	7201800	Expenditure	10	10115200	Terminal Pay	-	13,228	-	A	13,228	
PRI	7201800	Expenditure	10	10121000	Retirement - Employer Cost	1,351,948	762,499	-		1,210,000	See 10111000.
PRI	7201800	Expenditure	10	10121100	1995/2003 POB Debt	422,172	284,089	-	B	422,172	Allocated Cost
PRI	7201800	Expenditure	10	10121200	2004 POB Debt Svc	204,660	137,720	-	B	204,660	Allocated Cost
PRI	7201800	Expenditure	10	10121300	Retirement Health Savings Plan-Emp	57,200	30,988	-		50,000	See 10111000.
PRI	7201800	Expenditure	10	10121400	401A Plan - Employer Cost	14,223	8,344	-		13,500	See 10111000.
PRI	7201800	Expenditure	10	10122000	OASDHI - Employer Cost	473,205	240,943	-		390,000	See 10111000.
PRI	7201800	Expenditure	10	10123000	Group Ins - Employer Cost	1,395,691	685,184	-		1,175,000	Includes subaccount expenses
PRI	7201800	Expenditure	10	10123001	Cnty EE Plan Select	-	1,095	-		-	Budgeted in 10123000
PRI	7201800	Expenditure	10	10123002	Dental Plan Er Cost	7,225	70,199	-		-	Budgeted in 10123000
PRI	7201800	Expenditure	10	10123003	Life Ins - Employer Cost	85	1,037	-		-	Budgeted in 10123000
PRI	7201800	Expenditure	10	10123004	Vision Ins - Employer Cost	-	818	-		-	Budgeted in 10123000
PRI	7201800	Expenditure	10	10123005	EAP	230	1,622	-		-	Budgeted in 10123000
PRI	7201800	Expenditure	10	10124000	Work Comp Ins - Employer Cost	130,119	87,559	-	B	130,119	Allocated Cost
PRI	7201800	Expenditure	10	10125000	SUI Ins - Employer Cost	11,002	7,402	-	B	11,002	Allocated Cost
PRI	7201800	Expenditure	10	10199900	Salary Savings Account	(330,745)	-	-		-	
SALARIES AND EMPLOYEE			**Object 10**		**Total**	**10,394,126**	**6,100,336**	**-**		**9,719,679**	

DIVISION	FUND CENTER	CATEGORY	OBJECT	ACCOUNT	GL ACCT NAME	ADJ'D FINAL BUDGET	ACTUALS	ENCUMBRANCES		YEAR-END PROJECTION	OVER/UNDER BUDGET: See highlighted cells in column T. Explain projections that vary +/- $5,000 to the Adjusted Budget. ENCUMBRANCES: Include in projection or explain. Use column S to review. UNBUDGETED EXPENDITURES: Note what was purchased and list the offsetting GL account.
PRI	7201800	Expenditure	20	20200500	Advertising/Legal Notices	1,500	-	-		1,000	Potential Homeless Services LOI.
PRI	7201800	Expenditure	20	20202200	Books/Periodical Supply	2,500	2,689	-	A	2,689	Absorbed in 20204500.
PRI	7201800	Expenditure	20	20202900	Bus/Conference Expense	1,200	3,970	324	A	4,294	Absorbed in 20204500.
PRI	7201800	Expenditure	20	20203100	Business Travel	3,000	-	-		-	COVID causing conference cancellations.
PRI	7201800	Expenditure	20	20203500	Education & Training Service	6,000	5,501	-	B	6,000	
PRI	7201800	Expenditure	20	20203600	Education & Training Supplies	1,000	-	-		-	COVID causing reduced need.
PRI	7201800	Expenditure	20	20203700	Tuition Reimbursement For Employe	3,000	2,990	-	S	4,485	Absorbed in 20203900.
PRI	7201800	Expenditure	20	20203800	Employee Recognition	1,500	79	-		6,260	Includes subaccount expenses.
PRI	7201800	Expenditure	20	20203801	Recon items-Employee	-	1,034	-		-	Budgeted in 20203800.
PRI	7201800	Expenditure	20	20203804	Workplace Amenit	-	3,060	30		-	Budgeted in 20203800.
PRI	7201800	Expenditure	20	20203900	Employee Transportation	5,000	579	-	S	868	COVID.
PRI	7201800	Expenditure	20	20204500	Freight/Express/Cartage	30,000	11,723	1,481		17,700	Includes subaccount expenses.
PRI	7201800	Expenditure	20	20204501	Relocation - Movers	-	77	-		-	Budgeted in 20204500
PRI	7201800	Expenditure	20	20206100	Membership Dues	1,000	2,749	-	A	2,749	Absorbed 20203100.
PRI	7201800	Expenditure	20	20207600	Office Supplies	28,000	21,327	3,714	S	31,991	Book order cancelled. Overage covered by additional reimbursement (DTI).
PRI	7201800	Expenditure	20	20208100	Postal Services	1,000	532	-	S	798	
PRI	7201800	Expenditure	20	20208500	Printing Services	1,000	4,872	-	S	7,307	Include new prescription paper. Absorbed in 20204500.
PRI	7201800	Expenditure	20	20219300	Refuse Collection/Disposal Services	1,500	1,742	-	S	2,612	COVID protocols for medical waste.
PRI	7201800	Expenditure	20	20221100	Const Equip Maint S	-	1,203	-	A	1,203	
PRI	7201800	Expenditure	20	20222700	Cell Phone/Pager	7,420	10,171	-		15,500	COVID protocol driving this plus Homeless Isolation Center (HIC) program. Absorbed with 20225200.
PRI	7201800	Expenditure	20	20225100	Medical Equip Maint Service	10,000	11,837	-	S	17,755	Absorbed with 20225200.
PRI	7201800	Expenditure	20	20225200	Medical Equip Maint Supplies	594,157	93,939	-	S	140,909	
PRI	7201800	Expenditure	20	20226100	Office Equip Maint Service	393	186	93	B	393	New DTech Non-ACP
PRI	7201800	Expenditure	20	20226400	Modular Furniture	-	401	1,536	A	1,937	Absorbed in 20204500.
PRI	7201800	Expenditure	20	20227500	Rent/Leases Equipment	30,000	19,371	379	S	29,057	
PRI	7201800	Expenditure	20	20232100	Custodial Svc	-	2,262	2,262		4,600	Quarterly curtain cleaning.
PRI	7201800	Expenditure	20	20233200	Food/Catering Supplies	200	-	-		-	See 20203800.
PRI	7201800	Expenditure	20	20235100	Laundry/Dry Cleaning Service	3,000	2,388	-	S	3,581	Absorbed in 20204500.

DIVISION	FUND CENTER	CATEGORY	OBJECT	ACCOUNT	GL ACCT NAME	ADJ'D FINAL BUDGET	ACTUALS	ENCUMBRANCES		YEAR-END PROJECTION	OVER/UNDER BUDGET: See highlighted cells in column T. Explain projections that vary +/- $5,000 to the Adjusted Budget. ENCUMBRANCES: Include in projection or explain. Use column S to review. UNBUDGETED EXPENDITURES: Note what was purchased and list the offsetting GL account.
PRI	7201800	Expenditure	20	20241200	Dental Supplies	-	99,031	-	A	99,031	Additional costs absorbed by unspent money in 20225200. $98770.69 reimb by DTI grant in 69699017
PRI	7201800	Expenditure	20	20243700	Laboratory (Medical) Service	200	35,179	93,284	S	52,768	Quest Lab.
PRI	7201800	Expenditure	20	20244300	Medical Service	1,000	1,238	-	S	1,857	
PRI	7201800	Expenditure	20	20244400	Medical Supply	-	7,742	8,419	S	11,612	$8419.01 reimb by DTI grant in 69699017
PRI	7201800	Expenditure	20	20247100	Radiology Service	28,262	-	-	B	28,262	Repairs of x-ray equipment; REMI Renewal - $15K
PRI	7201800	Expenditure	20	20247200	Radiology Supplies	5,000	283	-	B	5,000	Radiology supplies (i.e., detection badges)
PRI	7201800	Expenditure	20	20251900	Architectural Services	-	-	-		-	
PRI	7201800	Expenditure	20	20252100	Temporary Services	23,740	120,734	4,909	S	181,101	Absorbed with 20225200.
PRI	7201800	Expenditure	20	20257100	Security Services	137,305	118,497	-		225,000	Allocated Cost. Includes additional security for MMS Tent.
PRI	7201800	Expenditure	20	20259100	Other Professional Services	7,635,155	3,096,331	5,070,656		8,500,000	SCOE contract startup is going much slower than anticipated.
PRI	7201800	Expenditure	20	20271100	DTech Embedded Staff/Labor	315,261	149,616	19,628	B	315,261	New DTech Non-ACP JV'd quarterly to division
PRI	7201800	Expenditure	20	20281100	Data Processing Services	356,568	215,769	84,405	B	356,568	~ DATA PROCESSING SERVICES Annual software subscriptions, includes OCHIN, Zayo monthly fees, credentialing fees Overages due to increase in licenses due to patient volume increase. $11850 reimb by DTI grant in 69699017 (Wisdom addition to OCHIN)
PRI	7201800	Expenditure	20	20281101	DTech Virtual Server	1,641	-	-	B	1,641	New DTech Non-ACP JV'd quarterly to division
PRI	7201800	Expenditure	20	20281200	Data Processing Supplies	270,000	141	-		241,912	~ DATA PROCESSING SUPPLIES Licenses
PRI	7201800	Expenditure	20	20281201	Hardware	-	17,835	-		-	Computers, monitors, MiPACS server
PRI	7201800	Expenditure	20	20281202	Software	13,853	6,710	341	B	13,853	New DTech Non-ACP
PRI	7201800	Expenditure	20	20281204	Other	-	749	-		-	Budgeted in 20281200
PRI	7201800	Expenditure	20	20281265	Application SW Maint.	-	2,908	-		-	Budgeted in 20281200
PRI	7201800	Expenditure	20	20283200	Interpreter Services	364,689	243,726	-	S	365,590	$38516.60 reimb by DTI grant in 69699017 (translation of patient forms)
PRI	7201800	Expenditure	20	20287100	Transportation Of Person	400	476	29	S	715	
PRI	7201800	Expenditure	20	20288000	PY Svc & Sup Expense	-	17,214	-	A	17,214	MMS Tent/PY Security Expenses. Absorbed 20225200.
PRI	7201800	Expenditure	20	20289800	Other Operating Expense - Supply	-	283,353	-		425,029	Portable sinks - HIC. 2252 to cover plus Pub H. transfer.

DIVISION	FUND CENTER	CATEGORY	OBJECT	ACCOUNT	GL ACCT NAME	ADJ'D FINAL BUDGET	ACTUALS	ENCUMBRANCES		YEAR-END PROJECTION	OVER/UNDER BUDGET: See highlighted cells in column T. Explain projections that vary +/- $5,000 to the Adjusted Budget. ENCUMBRANCES: Include in projection or explain. Use column S to review. UNBUDGETED EXPENDITURES: Note what was purchased and list the offsetting GL account.
PRI	7201800	Expenditure	20	20289900	Other Operating Expense - Services	1,200	486	-	S	729	
PRI	7201800	Expenditure	20	20291000	Countywide IT Services	70,045	47,298	-	B	70,045	Allocated Cost
PRI	7201800	Expenditure	20	20291100	Systems Development Services	-	-	-	B	-	Allocated Cost
PRI	7201800	Expenditure	20	20291200	Systems Development Supplies	67,025	24,869	30,692	B	67,025	Allocated Cost
PRI	7201800	Expenditure	20	20291600	WAN Costs	99,851	58,035	-	B	99,851	Allocated Cost
PRI	7201800	Expenditure	20	20291700	Alarm Services	13,949	8,017	-	B	13,949	Allocated Cost
PRI	7201800	Expenditure	20	20292100	GS Printing Services	5,000	1,866	-	s	2,799	
PRI	7201800	Expenditure	20	20292200	GS Mail/Postage Charges	7,000	2,903	-	S	4,355	
PRI	7201800	Expenditure	20	20292300	GS Messenger Services	6,154	4,074	-	B	6,154	Allocated Cost
PRI	7201800	Expenditure	20	20292500	GS Purchasing Services	9,164	6,167	-	B	9,164	Allocated Cost
PRI	7201800	Expenditure	20	20292700	GS Warehouse Charges	1,000	467	-	S	701	
PRI	7201800	Expenditure	20	20292800	GS Equipment Rental - Light	6,564	-	-	A	-	
PRI	7201800	Expenditure	20	20292900	GS Work Request Charges	53,000	37,124	26,719	S	55,686	Absorbed with 20225200.
PRI	7201800	Expenditure	20	20293800	Fuel Usage-Light	400	-	-	a	-	
PRI	7201800	Expenditure	20	20294200	County Facility Use Charges	1,070,228	801,340	731,647	B	1,070,228	Allocated Cost
PRI	7201800	Expenditure	20	20296200	GS Parking Charges	350	2	-	s	3	
PRI	7201800	Expenditure	20	20297100	Liability Insurance	94,794	63,789	-	B	94,794	Allocated Cost
PRI	7201800	Expenditure	20	20298300	GS Surplus Property Management	2,600	1,334	-	B	2,600	Allocated Cost
PRI	7201800	Expenditure	20	20298700	Telephone Services	85,271	-	-	B	85,271	Allocated Cost - Includes subaccount expenses - need to replace telephones as possible. Many are 10 years past end of life.
PRI	7201800	Expenditure	20	20298702	Circuit Charges	-	1,732	-		-	Budgeted in 20298700
PRI	7201800	Expenditure	20	20298703	Landline Charges	-	56,266	-		-	Budgeted in 20298700
PRI	7201800	Expenditure	20	20298900	Telephone Installations	-	1,447	-	S	2,170	Absorbed by 20225200.
SERVICES AND SUPPLIES			**Object 20**		**Total**	**11,479,039**	**5,739,427**	**6,080,548**		**12,731,626**	
PRI	7201800	Expenditure	30	30310300	Elig Exams	1,500	539	-	S	809	
PRI	7201800	Expenditure	30	30310600	Contract Svc Private	455,856	301,995	233,726		550,000	Current contract max for homeless transport.
PRI	7201800	Expenditure	30	30310700	Transportation/Welf	10,000	2,600	1,105		4,000	
PRI	7201800	Expenditure	30	30311400	Volunteer Expenses	500	339	-	S	509	
PRI	7201800	Expenditure	30	30312100	Provider Payments	426,977	224,448	176,050		504,996	OBS and HMA contracts high due to extra billing work and due to extra work related to Medi-Cal GMC Health Authority.
OTHER CHARGES			**Object 30**		**Total**	**894,833**	**529,921**	**410,881**		**1,060,314**	

DIVISION	FUND CENTER	CATEGORY	OBJECT	ACCOUNT	GL ACCT NAME	ADJ'D FINAL BUDGET	ACTUALS	ENCUMBRANCES		YEAR-END PROJECTION	OVER/UNDER BUDGET: See highlighted cells in column T. Explain projections that vary +/- $5,000 to the Adjusted Budget. ENCUMBRANCES: Include in projection or explain. Use column S to review. UNBUDGETED EXPENDITURES: Note what was purchased and list the offsetting GL account.
PRI	7201800	Expenditure	43	43430110	Equipment-Prop	250,000	94,510	141,765		189,020	2nd payment may be possible this FY. Need to rebudget grant funding (received OK for extension) in FY 21-22. Not in current requested Budget.
EQUIPMENT			**Object 43**		**Total**	**250,000**	**94,510**	**141,765**		**189,020**	
PRI	7201800	Expenditure	60	60601100	Dept OH Alloc	878,610	459,594	-		B 878,610	Dept OH Alloc - Includes 60697909
PRI	7201800	Expenditure	60	60601200	Div OH Alloc	337,409	156,301	-		B 337,409	Division OH Allocation
PRI	7201800	Expenditure	60	60650400	Collection Svc	24,800	20,366	-		S 30,549	
PRI	7201800	Expenditure	60	60691301	Finance-General Accounting	5,358	2,681	-		B 5,358	Allocated Cost-will be allocated to divisions quarterly
PRI	7201800	Expenditure	60	60691302	Finance-Payroll Services	3,751	1,877	-		B 3,751	Allocated Cost-will be allocated to divisions quarterly
PRI	7201800	Expenditure	60	60691303	Finance-Payment Services	7,402	4,980	-		B 7,402	Allocated Cost-will be allocated to divisions quarterly
PRI	7201800	Expenditure	60	60691305	Finance-Audits	3,091	1,547	-		B 3,091	Allocated Cost-will be allocated to divisions quarterly
PRI	7201800	Expenditure	60	60691306	Finance-System Control & Recon	3,329	1,666	-		B 3,329	Allocated Cost-will be allocated to divisions quarterly
PRI	7201800	Expenditure	60	60695102	Benefit Admin Services	12,391	8,349	-		B 12,391	Allocated Cost-will be allocated to divisions quarterly
PRI	7201800	Expenditure	60	60695103	Employment Services	28,346	19,074	-		B 28,346	Allocated Cost-will be allocated to divisions quarterly
PRI	7201800	Expenditure	60	60695500	Training Services	6,078	4,091	-		B 6,078	Allocated Cost-will be allocated to divisions quarterly
PRI	7201800	Expenditure	60	60695600	DPS Dept Svcs Team	127,644	85,288	-		B 127,644	Allocated Cost-will be allocated to divisions quarterly
PRI	7201800	Expenditure	60	60695700	401A Plan Admin Svcs	439	186	-		B 439	Allocated Cost-will be allocated to divisions quarterly
PRI	7201800	Expenditure	60	60695800	Labor Relations Services	10,989	7,393	-		B 10,989	Allocated Cost-will be allocated to divisions quarterly
PRI	7201800	Expenditure	60	60695900	Safety Program Services	16,052	10,802	-		B 16,052	Allocated Cost-will be allocated to divisions quarterly
PRI	7201800	Expenditure	60	60697909	MIS Services	-	25,697	-		-	Budgeted in 60601100
PRI	7201800	Expenditure	60	60698018	Intra Program Charges	1,213,582	269,261	-		B 1,213,582	
INTRAFUND CHARGES			**Object 60**		**Total**	**2,679,271**	**1,079,153**	**-**		**2,685,020**	
PRI	**7201800**	**Expenditure Total**		**PRI -Clinic Services**		**25,697,269**	**13,543,346**	**6,633,195**		**26,385,659**	
PRI	7201800	Reimbursement	59	59599125	Realignment 1991 Health	(7,578,749)	(5,024,964)	-		(8,340,001)	Revised Realignment Alloc 2-11
INTERFUND REIMBURSEMENTS			**Object 59**		**Total**	**(7,578,749)**	**(5,024,964)**	**-**		**(8,340,001)**	
PRI	7201800	Reimbursement	69	69699000	Intra Cost Recovery	(1,037,670)	(250,485)	(74,777)		B (1,037,670)	
PRI	7201800	Reimbursement	69	69699017	Intra Departmental Reimb	(278,970)	(246,108)	-		(262,000)	
PRI	7201800	Reimbursement	69	69699018	Intra Program Reimb	(12,927)	(6,093)	-		B (12,927)	
INTRAFUND REIMBURSEMENT			**Object 69**		**Total**	**(1,329,567)**	**(502,686)**	**(74,777)**		**(1,312,597)**	
PRI	**7201800**	**Reimbursement Total**		**PRI -Clinic Services**		**(8,908,316)**	**(5,527,650)**	**(74,777)**		**(9,652,598)**	

DIVISION	FUND CENTER	CATEGORY	OBJECT	ACCOUNT	GL ACCT NAME	ADJ'D FINAL BUDGET	ACTUALS	ENCUMBRANCES		YEAR-END PROJECTION	OVER/UNDER BUDGET: See highlighted cells in column T. Explain projections that vary +/- $5,000 to the Adjusted Budget. ENCUMBRANCES: Include in projection or explain. Use column S to review. UNBUDGETED EXPENDITURES: Note what was purchased and list the offsetting GL account.
		Requirements				16,788,953	8,015,696	6,558,418		16,733,061	
PRI	7201800	Revenue	95	95952614	Realignment Backfill State	(1,590,395)	(1,590,395)	-	A	(1,590,395)	
PRI	7201800	Revenue	95	95956900	State Aid Other Misc Programs	(4,216,708)	(3,156,021)	-		(4,400,000)	Incl. lowered amount of projected SCOE generated revenue. State recon payment actual moved to Object 97.
PRI	7201800	Revenue	95	95956901	Medi/Cal Revenue	-	(6,428)	-		-	Budgeted in 95956900.
PRI	7201800	Revenue	95	95958900	Health Federal	(3,492,753)	(1,625,849)	-		(2,890,000)	
PRI	7201800	Revenue	95	95958901	Medi-Care Revenue	-	(1,988)	-		-	Budgeted in 95958900.
PRI	7201800	Revenue	95	95959500	CARES Act Revenue	(2,628,744)	(2,395,462)	-	A	(2,395,462)	
INTERGOVERNMENTAL REV			**Object 95**		**Total**	**(11,928,600)**	**(8,776,143)**	**-**		**(11,275,857)**	
PRI	7201800	Revenue	96	96966200	Medical Care Indigent Patients	(24,800)	-	-		-	
PRI	7201800	Revenue	96	96966201	CMISP Soc Rev-Direct	-	(19,587)	-	S	(29,380)	Budgeted in 96966200.
PRI	7201800	Revenue	96	96966202	CMISP Soc Rev-DRR	-	(73,500)	-	S	(110,250)	Budgeted in 96966200.
PRI	7201800	Revenue	96	96966300	Medical Care Private Patients	(1,000)	-	-	A	-	
PRI	7201800	Revenue	96	96966900	Medical Care Other	(50,000)	(70)	-	A	(70)	
PRI	7201800	Revenue	96	96969900	Svc Fees Other	(1,000)	(60)	-	A	(60)	
CHARGES FOR SERVICES			**Object 96**		**Total**	**(76,800)**	**(93,217)**	**-**		**(139,760)**	
PRI	7201800	Revenue	97	97974000	Insurance Proceeds	-	(5,225)	-	A	(5,225)	
PRI	7201800	Revenue	97	97979000	Miscellaneous Other Revenues	(17,368)	(4,569)	-	A	(4,569)	
PRI	7201800	Revenue	97	97979900	Prior Year	-	(580,433)	-	A	(580,433)	
PRI	7201800	Revenue	97	97979904	Prior Year Misc. Revenue	-	(588,964)	-	A	(588,964)	FY 2018-19 Med-Cal PPS reconciliation.
MISCELLANEOUS REVENUE			**Object 97**		**Total**	**(17,368)**	**(1,179,191)**	**-**		**(1,179,191)**	
PRI	**7201800**	**Revenue Total**			**PRI -Clinic Services**	**(12,022,768)**	**(10,048,550)**	**-**		**(12,594,808)**	
PRI	**7201800**	**Total**			**PRI - Clinic Services**	**4,766,185**	**(2,032,854)**	**6,558,418**		**4,138,253**	

The AP6 projection reflected the rollout of the SCOE Behavioral Health cooperative, and based on the program status, the amount has been reduced significantly.

Other contracts including the Medi-cal billing services contracts are running high due to the enhanced billing activity of the clinic.
The fixed asset purchase in process will not be completed this year, and so the year end has been reduced.

Medi-Cal has been reduced because the one time reconciliation payment was posted to a different G/L Account (97979904) and revenues associated with the SCOE cooperative have been reduced.

Federal revenue also reduced related to the fixed asset purchase noted above. The amount will need to be addressed in FY 2021-22 (both cost and revenue, no net impact)

Strategic Planning Sub-Committee (SPSC)
Progress Report to the Co-Applicant Board
March 19, 2021

January 8, 2021 Meeting

The Strategic Planning Sub-Committee (SPSC) met and decided on ground rules. The strategic planning timeline was lengthened and a chair was selected. The strategic planning process was discussed and the SPSC understood the process would lead to 2-3 priorities that the Health Center can work on over the next three years.

The SPSC received the following documents prior to the meeting.

- Getting Started tool
- SCHC's Vision, Mission and Values
- Community health challenges and needs
- SCHC patient characteristics
- SCHC staffing overview
- SCHC patient health metrics
- SCHC patient feedback
- SCHC virtual tour
- SCHC history and accomplishments

The Subcommittee reviewed the Self-Assessment Data and developed a list of community partners to invite to the Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis scheduled for February 5, 2021.

Feb 5, 2021 Meeting

Community partners and CAB members participated in the SWOT analysis. A set of questions was developed to capture each person's perspective on the Health Centers (HC) strengths and weaknesses, opportunities the HC may have, and the threats it may face. A SWOT findings document was produced and presented to the SPSC at the February 23rd meeting.

Feb 23, 2021 Meeting

The Strategic Planning Sub-Committee (SPSC) met to review the self-assessment data and to propose priorities that the health center can focus on over the next three years. The self-assessment portion of the planning process concluded at the end of the meeting. The next steps are the environmental scan and the impact study. The SPSC received the following documents prior to the meeting.

- Review of SCHC programs
- CAB and Partners' Strengths, Weaknesses, Opportunities, & Treats (SWOT) Analysis findings
- Staff and management SWOT feedback
- Health needs data, second look
- Patient feedback survey summary
- Geographic Access Assessment
- Space Assessment

- Fiscal Assessment
- Staff capacity summary
- IT Assessment

Based on the information received and discussion that ensued, the SPSC proposed the following candidate priorities to consider further:

1. *Improve our ability to effectively serve homeless patients:* Consider options such as days/times of services, location of services, telemedicine, overcoming transportation, telephone and other barriers.
2. *Performance standards:* Establish standards for evaluating SCHC efficiency and effectiveness for all of our services and programs.
3. *Staffing:* Communicating staffing requirements to the County decision makers in a way they understand and will motivate them to help us get the staff needed to run the health center well and fulfill our mission.
4. *Space:* Evaluate additional possible health center locations and how to maximize current space, increase space to serve clients, and to house all programs we have and need.
5. *Technology:* How to improve SCHC's information technology component to be more efficient. Improve use of technology to enhance patient access including telemedicine. Telemedicine can involve patients at home having appointments with providers onsite as well as providing outstations (at Loaves & Fishes, possible DHA location) to patients who do not have access to telemedicine otherwise. Aims = Effective use of existing technology and investigating new technologies for quality and efficiency; Improving patient/provider relationship and breaking down access challenges; Capitalizing on technology to reduce staff burden (e.g. check in kiosks) and space burden (e.g. telecommuting).
6. *Collaborative Relationships:* Develop relationships with community partners to increase the services offered and to better coordinate care and other resources for the community.
7. *Outreach:* Do a better job in outreaching to the community about the health center and in communicating with existing patients.

Between the meeting on February 23 and the meeting on March 5, Dr. Hutchins sent the list of candidate priorities to the SPSC members and asked them to rank them 1 – 5 with 1 as their highest priority. The total score was calculated using a "ranked choice voting" method in which items ranked most important are given more weight. The top 5 priorities were placed in the impact inventory worksheet for members to review prior to the meeting on March 5.

March 5, 2021 Meeting

The goal of the meeting was for the group to work through the impact inventory worksheet to choose 2-3 strategic priorities to include in the Strategic Plan. Based on the rankings by SPSC members, the candidate priorities the group started off with were:

1. Space
2. Staffing
3. Homeless Focus
4. Technology

5. Performance Evaluation

The SPSC received the following documents prior to the meeting to evaluate our current environment and likely future developments that could impact the Health Center:

- California Advancing and Innovating Medi-Cal (CalAIM)
- Medi-Cal Rx
- COVID Impact
- Affordable Care Act Forecast
- Refugee Forecast
- Impact Inventory Summary

The discussion of the candidate priority "Space" took up the majority of the meeting leaving only a brief amount of time to discuss another candidate priority "Staffing." It was decided the discussion would continue at the March 12 meeting.

March 12, 2021 Meeting

SPSC members received an agenda and the notes from the March 5 meeting prior to the March 12 meeting. The SPSC completed their discussion of "Staffing" and continued discussing the other three candidate priorities. At the conclusion of the discussion, each member was asked to list their top 2 or 3 priorities to bring the group to a consensus.

The Strategic Priorities, listed alphabetically, as determined by the Strategic Planning Sub-committee are:

- **Homeless Focus**
- **Space**
- **Staffing**

The SPSC agreed that technology, performance evaluation, collaboration and outreach will be components of each priority (if applicable) and that serving the community will be kept at the forefront of plan. These priorities will drive the action plan through the development of strategies and SMART objectives.

The next SPSC meeting is scheduled for March 30, 2021.

SACRAMENTO COUNTY

Co-Applicant Board Required Annual Activities - 2021												
Annual / Periodic Activities	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
HRSA Grant Application												
Service Area Competition (SAC)*							X	X	X			
Needs Assessment	X	X				X	X					
Other Grant Applications	X	X										
HRSA Grant Awards - Reports												
COVID Supplemental Award	X	X					X					
HRSA CARES	X			X			X					
Enhancing Capacity for Testing	X			X			X				X	
Main grant report								X	X			
Budget												
Approve proposed HRSA Program & County budget		X					X					
Updates			X			X					X	
Sliding Fee Discount												
Adopt new SFDS		X										
Audits												
Summary of Program Fiscal Audit				X								
Annual HIPAA Compliance Audit				X								
Medi-Cal Health Plan Audit (1x per 3 yrs)					X							
Quality Improvement (QI)												
QI Plan Review	X			X			X			X		
QI Data Reports**	X			X			X			X		
UDS Report		X						X				
Patient Grievances and Safety Review											X	
Patient Feedback Survey Findings	X			X			X					
Long-Range Planning												
Adopt Strategic Plan*					X	X						
Review Strategic Plan	X								X			X
Select Services and Hours												
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**
Governance												
Review & Revise Bylaws		X	X	X								
Review Co-Applicant Agreement				X								
Review Sub-Committee Structure						X						X
Review Membership Applications	TBD											
Review Key Policies		X	X	X					X	X	X	
Project Director												
Approve Selection /Dismissal	X	X										
Performance Evaluation										X		
Board Member Development												
Elect Chair and Vice-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			
Governance	**Policy and Procedure**	**Latest Revision Date**	**Latest CAB Adoption Date**
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
Board Composition (CH: 20)	Annual CAB Member Recruitment Plan *(2020)*	08/13/20	08/21/20
Services	**Policy and Procedure**	**Latest Revision Date**	**Latest CAB Adoption Date**
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	11/06/20	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)	Annual Quality Improvement Plan *(2020)*	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	01/26/21	02/19/21
Management and Finance	**Policy and Procedure**	**Latest Revision Date**	**Latest CAB Adoption Date**
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 *	02/17/21	02/19/21
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 *	03/11/21	10/16/20
	11-03 Budget Development, Procurement, and Compliance	02/18/21	02/19/21

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.

☐ = Review and revision or new plan due in 2021

County of Sacramento **Department of Health and Human Services** **Division of Primary Health Services** **Policy and Procedure**	Policy Issuer (Unit/Program)	**Clinic Services**
	Policy Number	**11-01**
	Effective Date	**02-01-12**
	Revision Date	**03/11/2021**
Title: **Sliding Fee Discount**	Functional Area: **Fiscal Services**	
Approved By: Sharon S. Hutchins, HRSA Project Director John Dizon, Senior Administrative Analyst		

Policy:

A. Background and Purpose

The Health Resources and Services Administration (HRSA) has designated the Sacramento County Health Center (SCHC) as a Federally Qualified Health Center (FQHC). As an FQHC, the Health Center is required to abide by regulations regarding service provision to low income county residents. These regulations are found in Section 330 of the Public Health Service Act.

The purpose of this policy is to ensure that no patient is denied health care services due to inability to pay for such services and to ensure that any fees or payments charged by the health center for such services will be reduced or waived if a patient is eligible for the Sliding Fee Discount Program, as outlined by HRSA.

B. Definitions

Sliding Fee Discount Schedule (SFDS): A set of tiered discounts on the Federal Poverty Level Guidelines for HRSA-required and additional services based:

- Applicable to all individuals and families with annual income at or below 200 percent of the Federal Poverty Guidelines (FPG).
- Providing a full discount for individuals or families with annual incomes at or below 100 percent of the FPG,
- Providing an adjustment of fees based on family size and income for individuals and families with income above 100 and at or below 200 percent of the FPG; and
- Providing no sliding fee discounts for individuals and families with annual income above 200 percent of the FPG.

See *Attachment A*: *SCHC Sliding Fee Table* for the most current SFDP tiers and nominal charge.

Federal Poverty Level (FPL): The annual income level below which a person (or family) is considered to be living in poverty depending on family size, that is set in January each year by US Department of Health and Human Services and published in the Federal Register (see https://aspe.hhs.gov/poverty-guidelines). The sliding fee discount program is based on current FPL levels and is updated annually.

Family: For the purposes of assessing the federal poverty level, a "family" consists of those members supported by the reported income—typically the individuals reported on the federal tax return.

HRSA Required and Additional Services: The set of services that any FQHC is required to provide (directly or indirectly by agreement with another provider) to patients under federal

regulations and additional services that an FQHC adds to its official scope of work with approval by HRSA. See *Attachment B: SCHC Scope of Services* for the most current list of services covered by the Sliding Fee Discount Program (SFDP).

Nominal Charge: A small flat fee that is "nominal" from the patient's perspective and is unrelated to the actual cost of the service provided. The charge is intended to enhance the perceived value of health care services received without creating an economic barrier to receiving care.

C. Applicability of the Sliding Fee Discount Schedule (SFDS) Program

Sacramento County Health Center (SCHC) maintains a standard set of procedures for its SFDP. These procedures apply to all patients regardless of health coverage or immigration status. Sliding fee scale discounts are available to patients with income at or below 200% of the federal poverty level (FPL) guidelines. A nominal charge is assessed per visit as allowed by HRSA and approved by the Co-Applicant Board (see *Attachment A*: *SCHC Sliding Fee Table)*.

Sliding fee scale discounts apply to HRSA Required and Additional Services for SCHC, which constitute all services within SCHC's Scope of Services and all HRSA Required Services provided by non-SCHC providers through an agreement between SCHC and another party. *Attachment B: SCHC Scope of Services* contains the list of for which patients may be eligible to receive a sliding fee discount. The SFDS Program does not cover visits outside of SCHC's Scope of Services (i.e. HRSA required and additional services). For example, if a patient covered by a Managed Medi-Cal plan is approved by that health plan for cosmetic plastic surgery (which is outside of SCHC's Scope of Services) but is subject to a co-pay for that service, the patient may not receive a SFD from SCHC for that co-pay.

Any patient seeking a HRSA Required or Additional Service from SCHC who meets SFDS Program eligibility requirements may receive a SFD. For such patients with health insurance, the SFDS applies to non-covered services, co-payments, deductibles, and coinsurance. Such patients with coverage that cannot be used to pay for services at SCHC (i.e. 3rd party pay or self-pay patients) are also covered by the SFDS Program.

D. Establishing and Reviewing the Sliding Fee Scale and Nominal Charge

The sliding fee discount scale and any nominal charge are set annually after the federal poverty guidelines are published in the federal register (typically in January). Staff reviews discounts offered by similar entities (e.g. FQHCs, CHCs) in the area and takes costs into account. Staff may recommend no change or propose a modification to the fee scale to the SCHC Co-Applicant Board (CAB). In addition, staff reviews the nominal charge for continued appropriateness, comparing such fees charged by other similar entities in the area. The charge is intended to enhance the perceived value of health care services received without creating an economic barrier to receiving care. Staff may recommend no change or a modification to the nominal charge. These recommendations are presented to the CAB for review and approval no later than the April monthly meeting each year.

Procedures:

Sacramento County Health Center (SCHC) maintains a standard set of procedures for

- Informing patients about the SFDS Program;
- Assessing patients' eligibility for the SFDS Program;
- Assisting patients to apply for the SFDS Program and verifying documentation;

- Providing and billing for services at discounted prices for those in the SFDS Program;
- Reviewing SFDS patients' continued SFDS Program eligibility at least annually; and
- Monitoring and evaluating the impact of the SFDP.

A. Communication about the SFDS Program to Patients

Signage posted through the primary care sites and on the Sacramento County Health Center website communicates the existence of the SFDS Program. In addition, the new patient packet contains information on the SFDS Program, including eligibility requirements and the process to apply. Finally, information about the SFDS Program is communicated orally to patients when staff conduct new patient outreach, schedule a patient for a new patient appointment, or when revised income or family size information provided by an existing patient would make them eligible. This process is explained further in the next section.

B. Assessing Patients' Eligibility for SFDS Program

1. New Patients

    a. Upon enrollment with SCHC, a Patient Service Representative (PSR) determines whether a patient has healthcare coverage by checking Medi-Cal, Medicare, and healthcare portals. This information is recorded, or revised if necessary, in the Electronic Medical Record (EMR) system—OCHIN EPIC ("OCHIN").

        i. Patients without health care coverage are encouraged, but not required, to apply for coverage because it is a valuable asset that can improve a patient's health trajectory and assist him or her to establish and maintain a medical home.

            1) The PSR informs the patient about possible sources of health coverage, including

                a) Medi-Cal;

                b) Medicare;

                c) Healthy Partners (Sacramento County's program for undocumented individuals); and

                d) Other public and/or private health insurance and/or discount programs available for which the patient may qualify, including prescription drug assistance from pharmaceutical companies.

            2) The PSR asks the patient if they would like to be referred to a health care navigator to assist then in understanding what coverage options may be available to them as well as assistance with enrollment. If the patient agrees, the PSR will refer the patient to either Member Services (for Sacramento County's Healthy Partners) or Sacramento Covered (for the other programs).

        ii. Patients with health care coverage

            1) If the patient's health care coverage is not accepted for payment by SCHC (i.e. is provided by an organization with which SCHC does

not have a contract, agreement or other arrangement to provide payment)

a. The PSR informs the patient of this fact and offers the patient assistance to identify another provider that may take accept the coverage.

b. If the patient would still like to receive services from SCHC, the PSR informs him or her that they will need to pay for services out of pocket. If such a self-pay patient meets eligibility requirements, h/she can receive a sliding fee discount for SCHC health care services.

2) If the patient's coverage is accepted for payment by SCHC but the coverage is not comprehensive of all charges (e.g. has a co-pay, deductible, or coinsurance) or of all HRSA required and additional services, the patient can receive a sliding fee discount for SCHC health care services if they meets SFDS Program eligibility requirements.

b. Upon enrollment, the PSR also asks the patient to provide their income and family size (among other demographic information) and records this information in OCHIN. For the purposes of assessing FPL, a family" consists of those members supported by the reported income—typically the individuals reported on the federal tax return (see *Definitions* above). OCHIN EPIC is configured to calculate the FPL automatically and flag the eligibility of the patient for the SFDP.

c. If the patient is eligible for the SFDS Program, the PSR explains the program to the patient and asks if the patient would like to apply. Please see section *C: Application Process for SFDS Program* below for next steps.

2. Existing Patients

a. Prior to each appointment, a SCHC PSR verifies whether a patient has healthcare coverage by checking Medi-Cal, Medicaid, and healthcare portals. This information is recorded or revised, if necessary, in the in the Electronic Medical Record (EMR) system, called OCHIN EPIC ("OCHIN").

b. Prior to each appointment, the PSR obtains (or updates) the patient's income, family size and residential address (among other demographics) and records this information in OCHIN. OCHIN EPIC is configured to calculate the FPL automatically and flag the eligibility of the patient for the SFDS Program.

i. If a change to an existing patient's income, family size, and/or residency makes them eligible for the SFDP, the PSR explains the program to the patient, provides them with the SCHC Sliding Fee Information Sheet (see *Attachment C*), and asks if the patient would like to apply. Please see section *C: Application Process for SFDP* below for next steps.

ii. If a change to an existing patient's income, family size, and/or residency changes the SFDS Tier for which the patient is eligible, or makes them ineligible for the SFDS Program, this fact is explained to the patient and the sliding fee discount will no longer be given for services provided after this assessment.

C. Assisting Patients to Apply for SFDS Program

1. When a patient indicates interest in applying for the SFDS Program, the PSR asks the patient to complete the Sliding Fee Application (see *Attachment D*) and offers assistance.
2. The PSR also explains to the patient the type of documentation required to show their income, family size, and residency in Sacramento County (see table on the next page).

Income	
Income includes:	Verification:
Wages before deductions (federal gross income)	• Paycheck stub (2 consecutive pay periods) • Current Tax return • Letter from employer on letterhead • Affiliated agency income verification documentation
Other income such as pension, retirement, social security, worker's compensation, unemployment, public assistance, alimony, etc.	• Award letter • Paycheck stub
If no income	• Self-Attestation of Income form
Family Size	
Family: those members supported by the reported income—typically the individuals reported on the federal tax return	Patient attestations are used for verification.
People to include in family size:	• The applicant • Applicant's spouse or registered domestic partner • Applicant's children • Any individuals related to and living with the applicant counted as dependents • Any individuals not related to but living with the applicant counted as dependents
People <u>not to</u> include:	• Individuals who do not live with the applicant, unless economically dependent on the applicant • Individuals who are temporarily living with the applicant • Roommates/housemates living with applicant who resides in group quarters or housing
County Residency	
Residency is defined as living in Sacramento County, or intent to live in Sacramento County.	Verification is local utility bill such as PG&E or a rental agreement with the head of household's name and an address within Sacramento county.

3. Patients who refuse to complete the SFDS Program application or to provide required documentation will not be granted a sliding fee discount and will be assessed full charges for the services (or portion for which they are financially responsible under any health care coverage).
4. If a patient learns about the SFDS Program just before a scheduled visit, the PSR informs them that they will be seen for that visit with presumptive SFDS Program eligibility, but must bring in the required documentation before their next visit. Patients who fail to provide required documentation will not be granted the sliding fee discount (SFD) and will retroactively be billed full price for the visit with presumptive eligibility.
5. The PSR scans all documentation provided into the FDS Consent to Bill module in the patient's OCHIN chart. The patient is eligible for a SFD when all documentation is received and FPL criteria for a discount are met.
6. Using the attached sliding fee scale (see *Attachment A*), the Patient Service Representative determines the specific amount of discount for which the patient is eligible.
7. While a patient is awaiting their determination of eligibility from Medi-Cal, Medicare, or Healthy Partners, they will be offered a SFD for services based on their self-reported income, IF all other required documentation is provided. If health care coverage is subsequently retroactively granted, SCHC will refund any SFD payments accepted.
8. Patients with verified eligibility for SFDP receive 12 months of SFD for health care services within SCHC's scope of services.
9. Patients granted SFDP are notified of their responsibility to inform SCHC of any change in income, family size, or residency during this 12-month period.

D. Billing for SFD

For the purposes of determining the amount owed by a patient under the SFDS Program, each visit to SCHC is considered separately regardless of the day of service of the visits. For example, if a patient has a primary care visit at SCHC on the same day that they receive x-ray services and see the cardiologist at SCHC, each is considered a separate visit and the appropriate SFD (if any) will be applied to each visit separately. Visits to external providers (including Quest Laboratory) contracted by and/or paid by SCHC are also considered separate visits.

SCHC does not collect payment at the time of visit (see *Clinic Services Policy 11-02 Billing and Collections)*. Patients are informed that they are expected to pay and will receive a bill. Discounts for each tier of the sliding fee scale discount program and the nominal charge (approved by the Co-Applicant Board annually) are published in a table easily accessible by patients (see *Attachment A: SCHC Sliding Fee Table*). As detailed in *Clinic Services Policy 11-02 Billing and Collections*, the Medical Director, Senior Administrative Analyst, or Health Program Managers may grant a waiver of charges accrued by a participant in the SFDP due to economic hardship.

E. Reviewing Continued Eligibility for SFDS Program

Patients are required to be re-qualified for the SFDS Program annually by providing new/updated documentation of income, family size, and residency. Prior to each visit, the PSR checks whether existing patients are enrolled in the SFDS Program. If they are, the PSR checks the annual review date. If that review date is within 6 weeks of the appointment date, the PSR verifies current SFDS Program eligibility by requesting and reviewing documentation of income, family size and residency.

F. Monitoring Adherence to SFDS Program policies

1. Each month, the Clerical Supervisor examines data to monitor adherence to this SFDS Program policy and procedure, including reviewing
    a. 10% of the charts of patients flagged for eligibility for SFD by the OCHIN program to determine if the appropriate SFD was offered to the patient; and
    b. 20% of current SFDS Program patient charts per month to ensure that required documentation was obtained and scanned and that patients' status was reviewed annually.
2. If they find deviations from policy and procedure, the Clerical Supervisor or designee
    a. Reviews the error and proper procedure with the staff member who made each error.
    b. If a pattern of errors is found for multiple individuals, all PSRs are retrained on the policy and procedure.
3. The Clerical Supervisor or designee reports on the findings of the compliance monitoring bi-monthly at the Compliance Team meeting. Findings of systemic deviations may also result in a quality improvement project to be implemented and overseen by the Quality Improvement Committee.

G. Evaluating Effect of the SFDS Program on Patient Usage of Health Services

At least once every three years, the SFDS Program is evaluated by

1. Collecting utilization data that allows assessment of the rate at which patients within each of its discount pay tiers, as well as those at or below 100% of the FPL, are accessing services;
2. Utilizing this and, if applicable, other data (for example, results of patient satisfaction surveys or focus groups, surveys of patients at various income levels) to evaluate the effectiveness of its SFDS Program in reducing financial barriers to care; and
3. Identifying and implementing changes as needed.

References:
HRSA Compliance Manual, Chapter 9: Sliding Fee Discount Program
PP-CS-11-02 Billing and Collections
PP-CS-01-01 Quality Improvement

Attachments:
Attachment A: SCHC Sliding Fee Table
Attachment B: SCHC Scope of Services
Attachment C: Sliding Fee Information Sheet
Attachment D: SCHC Sliding Fee Application
Attachment E: Self-Attestation of Income Form

Contact:
John Dizon, Senior Administrative Analyst (for Policy questions)
Sandra Johnson, Senior Health Program Coordinator (for Procedure questions)

Approval by the Co-Applicant Board: 03/19/21

Sacramento County Health Center
Annual Income Levels FY2021-2022

2021 Sliding Fee Discount Table

Persons in Family	Nominal Fee	A	B	C	D	Full Price
	≤100%	>100% and ≤125%	>125% and ≤150%	>150% and ≤175%	>175% and ≤200%	>200%
1	≤ $12,880	$12,881 – $16,100	$16,100 – $19,320	$19,321 – $22,540	$22,541 – $25,760	$25,761
2	≤ $17,420	$17,421 – $21,775	$21,776 – $26,130	$26,131 – $30,485	$30,486 – $34,840	$43,841
3	≤ $21,960	$21,961 – $27,450	$27,451 – $32,940	$32,941 – $38,430	$38,431 – $43,920	$43,921
4	≤ $26,500	$26,501 – $33,125	$33,126 – $39,750	$39,751 – $46,375	$46,376 – $53,000	$53,001
5	≤ $31,040	$31,041 – $38,800	$38,881 – $46,560	$46,561 – $54,320	$54,321 – $62,080	$62,081
6	≤ $35,580	$35,581 – $44,475	$44,476 – $53,370	$53,371 – $62,265	$62,266 – $71,160	$71,161
7	≤ $40,120	$40,121 – $50,150	$50,151 – $60,180	$60,181 – $70,210	$70,211 – $80,240	$80,241
8	≤ $44,460	$44,461 – $55,825	$55-826 – $66,990	$66,991 – $78,155	$78,156 – $89,320	$89,321
Fee	$15	$20	$30	$40	$50	NO DISCOUNT

Table is based on the 2021 Federal Poverty Guidelines (http:/aspe.hhs.gov/poverty) for annual income.

Attachment B: SCHC Scope of Services

HRSA Required Services

General primary care
Diagnostic laboratory services
Diagnostic radiology
Screenings
Coverage for emergencies during and after hours
Voluntary family planning
Immunizations
Well child services
Gynecological care
Prenatal care
Intrapartum care (labor and delivery)
Pastpartum care
Preventive dental services
Pharmaceutical services
Case management
Eligibility assistance
Health education
Outreach
Transportation
Translation

HRSA Additional Services

Mental health services

SCHC Additional Services

Cardiology
Neurology

SACRAMENTO COUNTY

SACRAMENTO COUNTY HEALTH CENTER

SLIDING FEE SCALE APPLICATION

Patient Information		**Today's Date: / /**		
First Name:	Middle:	Other names:		
Home Address:	City:		State:	Zip:
Mailing Address:	City:		State:	Zip:
Home Phone #:			Mobile Phone #:	
Date of Birth:	Social Security #:		Do you have Health Insurance?	
Marital Status:	Single In a relationship Married Divorced Separated Widowed			

Family Size		
Name	**Date of Birth**	**Social Security Number**

Family Income			
Name	**Amount**	**Frequency (circle one):**	**Employer:**
You	$	Weekly Monthly Yearly	
Partner	$	Weekly Monthly Yearly	
Child	$	Weekly Monthly Yearly	
Child	$	Weekly Monthly Yearly	
Other	$	Weekly Monthly Yearly	
Total	$	Weekly Monthly Yearly	

Other Income						
Other Income	You:	Spouse/Partner	Child	Child	Other	Subtotal
Social Security						
Retirement Pension						
Child Support						
Alimony						
Other						
					Total	$

SACRAMENTO COUNTY

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2021-2022 Schedule of Sliding Fee Discounts Based on Income and Family Size

Persons in Family	Nominal Fee	A	B	C	D	Full Price
	≤100%	>100% and ≤125%	>125% and ≤150%	>150% and ≤175%	>175% and ≤200%	>200%
1	≤ $12,880	$12,881 – $16,100	$16,100 – $19,320	$19,321 – $22,540	$22,541 – $25,760	$25,761
2	≤ $17,420	$17,421 – $21,775	$21,776 – $26,130	$26,131 – $30,485	$30,486 – $34,840	$43,841
3	≤ $21,960	$21,961 – $27,450	$27,451 – $32,940	$32,941 – $38,430	$38,431 – $43,920	$43,921
4	≤ $26,500	$26,501 – $33,125	$33,126 – $39,750	$39,751 – $46,375	$46,376 – $53,000	$53,001
5	≤ $31,040	$31,041 – $38,800	$38,881 – $46,560	$46,561 – $54,320	$54,321 – $62,080	$62,081
6	≤ $35,580	$35,581 – $44,475	$44,476 – $53,370	$53,371 – $62,265	$62,266 – $71,160	$71,161
7	≤ $40,120	$40,121 – $50,150	$50,151 – $60,180	$60,181 – $70,210	$70,211 – $80,240	$80,241
8	≤ $44,460	$44,461 – $55,825	$55-826 – $66,990	$66,991 – $78,155	$78,156 – $89,320	$89,321
Fee	$15	$20	$30	$40	$50	NO DISCOUNT

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Section to be completed by Primary Health Center Staff:

Patient Name: _____ DOB: _____

Verification Checklist Attach copies of each item checked below	**Yes**	**No**
***Identification/Address (Submit one of the following):** • Driver's license, or • Birth certificate, or • Social Security Card, or • Other: _____	☐	☐
***Income:** • Prior year tax return, or • **Three** most recent pay stubs, or • W-2 or 1099, Form 4506-T, or • Other: _____	☐	☐
Insurance (if applicable): • Insurance card(s)	☐	☐
Medi-Cal (if applicable): • Medi-Cal card or evidence of rejection ***You may be eligible for Medicaid benefits. Please let our office staff know and we may be able to help you with this process.***	☐	☐
Medicare (if applicable): • Medicare card	☐	☐

☐ Client is not eligible for Sliding for Discount Program based on income verification provided.

☐ Client is eligible for sliding fee discount in **Tier:** and will be charged **$**

☐ Proof of income verified

Verification completed by (print): _____

_____ _____

Signature Date

Section to be completed by Applicant:

The date the application is submitted will be the date any eligible discounts will apply to your services. In the event an application is submitted without the required documentation, you will be notified and given 14 days from notification to submit the documentation without moving the submission date forward. If you do not submit the required documentation within the required 14-day time period, the application will be denied and you will be required to re-submit the application.

Please attach at least one item from each applicable section on the previous page to complete your application. Incomplete applications will not be considered for discount

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee program and will subject me to penalties under Federal Laws, which may include fines and imprisonment. I further agree to inform Sacramento County Health Center if there is a significant change in my income within thirty (30) days. If acceptance to the sliding fee program is obtained under this application, I will comply with all rules and regulations of Innovative Health Care. I understand that the information I have provided is subject to verification by Sacramento County Health Center. I hereby acknowledge that I read the foregoing disclosure and understand it.

I will be billed for the sliding fee payment.

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Name

Signature

Date