Sacramento County Department of Health Services
Health Center Co-Applicant Board (CAB)

Meeting Agenda

February 17, 2023 9:30 AM to 11:00 AM

Meeting Location

Either *by Zoom*: To see/share documents on the screen, go to
https://www.zoomgov.com/j/1618897122?pwd=MWdoR2JURFVUQUtHbU4yUW5oRklnUT09

Meeting ID: 161 889 7122
Passcode: 153371

One tap mobile
+16692545252,,1607428658# US (San Jose)
+16692161590,,1607428658# US (San Jose)
Dial by your location
+1 669 254 5252 US (San Jose)
+1 669 216 1590 US (San Jose)
+1 551 285 1373 US

Or *in Person*: Community Room 2020 at 4600 Broadway / Sacramento, CA

- The Community Room 2020 is easily accessible without staff/security needing to let you in. It is at the top of the back stairs (near the Broadway entrance, not the garage entrance).
- Please RSVP at least 24 hours in advance to Dr. Hutchins at *HutchinsS@saccounty.gov* for staff to prepare you a packet if you wish to attend in person.
- Facemasks are still required in the Primary Care Center.

Topic
Opening Remarks and Introductions – *Jan Winbigler, Chair* • Roll Call and welcoming of members and guests • *Review of 01/20/23 CAB meeting minutes • *Review of 02/03/23 CAB Budget meeting minutes • *Review of 02/14/23 CAB UDS meeting minutes
Brief Announcements – *All* •
Health Resources and Services Agency (HRSA) Project Director Update – *Dr. Mendonsa* • DEFERRED
Medical Director Update – *Dr. Mishra*
Quality Improvement and Compliance – *Dr. Hutchins* • *2023 CAB Compliance Calendar • Review of Patient Complaints, Grievances and Safety Issues • Summary of Provider Report Cards for 2022
CAB Governance • Committees Updates to CAB – Committee Chairs

This agenda, the minutes (once prepared and approved) and handouts for this meeting can be found on the CAB website:
https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx

- Clinical Operations – *Mr. Gallo*
  - Policies and Procedures: NA
  - Program Summary: NA
- Finance Committee – *Ms. Bohamera*
  - January Financial Status Report (FSR)
  - Grant updates
  - New "main grant" from HRSA for 3/1/23 to 2/28/26
- Governance – *Ms. Winbigler*
  - Roberts Rules of Order training: How to make a motion, part 1
- Strategic Planning Ad Hoc Committee – *Ms. Fryer*
  - TBD

March Monthly Meeting Items – *All*

- HRSA Project Director Report
- HRSA Medical Director Report
- *2023 Sacramento County Health Center Quality Improvement Plan
- Patient Feedback Survey results (Nov-Dec 2022)
- Committee Updates
  - *Policy and Procedure Review:
    - *PP 01-08: Mission Statement and Values*
    - *PP 11-01: Sliding Fee Discount Program*
  - Program Review: TBD
  - February Financial Status Report
  - Recruitment and Training Updates
  - Strategic Planning Updates

Public Comment Period – *Ms. Fryer, Vice-Chair*

Closing Remarks and Adjourn – *Jan Winbigler, Chair*

Next Meeting:
Friday, March 17, 2023 / 9:30-11:30 AM

*Items that require a quorum and vote.

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Sacramento County Department of Health Services
Health Center Co-Applicant Board (CAB)

Special Budget Review Meeting

Meeting Notes
February 3, 2023 9:30 AM to 10:30 AM

Meeting Location
4600 Broadway, Conference Room 2800 or Join by ZoomGov at
https://www.zoomgov.com/j/1604769194?pwd=dktqMDFDTm01YW5pUGtlQ1hFcjd1QT09

Meeting ID: 160 476 9194
Passcode: 978284

Meeting Attendees:

CAB Members:	Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Paula Lomazzi, Namitullah Sultani, Jan Winbigler
SCHC Leadership:	Andrew Mendonsa, John Dizon, Sharon Hutchins, Noel Vargas
SCHC Staff:	Robyn Alongi, Joy Galindo, Zack Staab

Topic
Roll Call – *Jan Winbigler, Chair* • *Ms. Winbigler performed roll call, then asked Ms. Galindo and Mr. Dizon to address the next agenda item.*

Highlights of Fiscal Year 2023-2024 Proposed Budget
• *Joy Galindo and John Dizon presented the proposed budget.*
  ○ *Mr. Dizon and Ms. Galindo wanted to make clear that this proposal is not completely done and it is only a base budget request. The County process is to first propose a base budget that shows the costs to continue the services provided in the current fiscal year exactly as is for the upcoming year. As a base budget, what SCHC will submit shortly does not include the previously-discussed Health Center growth requests at this time. Once the County receives more information forecasting the financial picture for 2023-2024, then they will take a more in depth look at growth requests. This typically occurs in April or May.*
    ▪ *Ms. Winbigler asked for clarification on what exactly is to be presented and reviewed during this meeting. Dr. Hutchins clarified that CAB needs to vote on two things today – submission of the base budget (now) and submission (at a later time) of the growth requests.*
  ○ *Mr. Dizon pointed out the following items in the proposed budget:*
    ▪ *Even though the Health Center lost two employees, the budget for regular employees went up by almost half a million as a result of unavoidable increases in the cost to keep staff.*
    ▪ *Numbers in the budget document are in green, blue and black. Green and blue both indicate staff costs, the difference is that blue indicates allocated costs from the County. The items in black are essentially the only costs the Health Center can control.*
    ▪ *Some items, like Quest services for the Refugee Program, remain low in the budget proposal year after year despite increased costs to the Health Center because theoretically, in that program, all the patients are eligible for Medi-Cal. Increasing base budget numbers is typically not allowed, as such increases are typically considered growth requests and require a separate process with additional scrutiny.*

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- *One of the biggest increases in the proposed budget was the cost for the building, which went up by $117k. This was not unexpected since the Clinic took over suite 2600 from DHA.*
- *Object 30 represents the Health Center's OCHIN contract. This increased by over $700k in the proposed budget after being able to explain to the county that OCHIN costs increase as the number of patient visits increase. This increase was authorized by the Board previously.*
- *Collection services in the budget refers to the amount the Health Center paid to Sacramento County Department of Revenue Recovery (DRR) for the collection of funds from former California Medically Indigent Services Program (CMISP) patients, a program that effectively ended in 2014. The admin team put in a lot of hard work to be able to prove that it costs the Department more to attempt to recover these debts than could be recovered and DRR's recovery amounts are dwindling as well. This is an item that can thusly be taken off the books for the 2023-24 Requested Budget without negative impact. The Board of Supervisors must still approve the relief of accountability at a future meeting.*
- *The Realignment item in the budget is a number that it set by state. Mr. Dizon pointed out that this dedicated money from the state essentially plugs the holes in funding. The amount is projected to increase this year.*
- *The clinic base budget is increasing by almost $2 million, an increase that Mr. Dizon considered almost unavoidable.*
- *The HRSA ARPA grant is ending, but most of the items it was funding (mostly staffing) will continue to be funded by the County ARPA grant.*
- *Mr. Dizon noticed and pointed out to Ms. Galindo that the $49K in Object 90 needed to be zeroed out in the proposed budget. This was the amount the Health Center was receiving from DRR that can be taken off the books.*
- *Overall, the Health Center is on pace for almost $20 million in revenue next year. This year $3.8 million was requested in county general fund; next year the request will go up to almost $5.5 million in general fund. This increase is assumed to be allowable because it is driven purely by unavoidable cost increases like staff COLAs, and the budget instructions did not include a directive to absorb these increases.*

Questions and Answers – *Group*

- *Ms. Winbigler thanked Mr. Dizon and Ms. Galindo for presenting the budget, and asked CAB members if they would be interested in only hearing about larger items in the budget.*
  - *Ms. Suhmer and Ms. Bohamera thought this was a great idea. Ms. Lomazzi, however, said the presentation was thorough and she didn't think anything discussed should be left out in the future.*
  - *No motions were put forward.*

*Vote on Proposed Base Budget – *Jan Winbigler, Chair*

- *Ms. Bluemel made a motion to approve submission of the proposed base budget, pending the changes discussed to remove the amount from Object 90. Ms. Bohamera seconded the motion to approve submission of the proposed base budget, pending the changes discussed to remove the amount from Object 90.*
  - *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Paula Lomazzi, Namitullah Sultani, Jan Winbigler*
  - *No votes: None*
  - *The proposed base budget was approved for submission.*

<table>
<tr><td>*Vote on Proposed Growth Request– Jan Winbigler, Chair

Ms. Bluemel made a motion to approve submission at a later date of the proposed growth request. The motion was seconded by Ms. Bohamera.

<u>Yes votes</u>: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Paula Lomazzi, Namitullah Sultani
<u>No votes</u>: None
Later submission of the proposed growth request was approved.

</td></tr>
<tr><td>Public Comment – Suhmer Fryer, Vice-Chair

Ms. Fryer opened the floor to public comment.
Ms. Bluemel wanted to prepare CAB members for their next meeting, the performance evaluation review with Dr. Mendonsa. She advised members to check their email accounts and open the email from Mr. Staab containing the four completed evaluation summaries.
Dr. Hutchins added that the Evaluation Meeting (10:30-11:30) was a closed session taking place with a different Zoom account. Mr. Staab indicated he would resend the meeting invitation and documents to be discussed.
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<tr><td>Closing Remarks and Adjourn – Jan Winbigler, Chair

The meeting was officially adjourned by Ms. Fryer at 10:30 AM.
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</table>

<u>Next Meetings</u>: Special Meeting; Uniform Data System Report to HRSA – February 14, 2023 / 9:30 – 10:30 AM
Regular monthly meeting February 17, 2023 / 9:30-11:00 AM

*Items that required a quorum and vote.

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Sacramento County Department of Health Services
Health Center Co-Applicant Board (CAB)
Special UDS Report Meeting

Meeting Notes
February 14, 2023 / 9:30-10:30 AM

Meeting Location
4600 Broadway, Conference Room 2800 or Join by ZoomGov at
https://www.zoomgov.com/j/1616971267?pwd=RWtxL2V2b1p6SmxSTXM5dVRqVjRXUT09

Meeting ID: 161 697 1267
Passcode: 290525

Meeting Attendees:

CAB Members:	Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Paula Lomazzi, Nicole Miller, Jan Winbigler
SCHC Leadership:	John Dizon, Sharon Hutchins, Noel Vargas, Vanessa Stacholy, Susmita Mishra
SCHC Staff:	Robyn Alongi, Zack Staab, Robert Rushing, Adam Prekeges, Rachel Callan

Topic

Opening Remarks

- *Chair Winbigler performed roll call and thanked everyone for attending the special meeting. Then she turned the meeting over to Ms. Hutchins and staff for the next agenda item.*

UDS Report – Presentation and Highlights

- *Dr. Hutchins pointed out that while she did not contribute to making the report, the experts who did were present to answer any question. Dr. Hutchins presented the following items in the UDS report:*
  - *The report is broken down into tables.*
  - *The first table looks at where SCHC patients come from. Dr. Hutchins showed that the zip code where the most patients (who had a UDS countable visit in 2022) live was 95820. She pointed out that the numbers in this report differ from other reports that SCHC typically runs because the UDS report has a special methodology that is required of all health centers in the US. What constitutes a countable visit for this purpose is strictly defined by HRSA.*
    - *The top ten residential zip codes for patients in 2022 were from areas in the center and parts of the county. There were not many patients in 2022 who live far to the south of the County (Delta area).*
  - *The next table focused on patient age. Dr. Hutchins explained that the Health Center is seeing a lot more kids than adolescents. The largest group is working aged adults.*
  - *According to sex assigned at birth, the SCHC has more female patients (55.5%) than male patients.*
  - *The demographic characteristics of the Health Center's patients on table 3B were shown to the group.*
    - *Dr. Hutchins pointed out that the HRSA requires health centers to use the Office of Management and Budget (OMB) definition of race and ethnicity.*
      - *The OMB defines race as a socially constructed category based primarily on skin color and history. The data showed that just over half of the patients being at the Health Center are White. The next largest group is Asian at almost one-third, followed by African American, and then persons who chose not to disclose.*
      - *The OMB defines ethnicity as a socially constructed category based primarily on language and culture. Dr. Hutchins said that even though these are not necessarily current definitions*

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that many Americans use, these are the definitions health centers have to use for HRSA reporting purposes. HRSA only asks the Health Center to report on two categories of ethnicity: Hispanic and Non-Hispanic. About one-third of patients are Hispanic, a little under two- thirds are non-Hispanic, and 2.4% chose not to disclose or went unreported.

- *Almost two-thirds of patients of patients reported that they would prefer to be served in a language other than English.*
- *The Health Center is asked to report on patients' sexual orientation.*
  - *Dr. Hutchins showed that 28.1% of patients were reported as unknown and 66% of patients self-reported as heterosexual. Dr. Mishra pointed out that asking about sexual orientation is not a required part of a patients visit - this may be why so many patients were put into the system as unknown. Ms. Callan added that children under 12 are not asked this question and make up a large percentage of the unknown category.*
- *For patients self-described gender identity, the largest group self-reports as female followed by male, with less than 0.2% of patients self-reporting as being transgender females or males.*
- *HRSA measures income by the percentage of the federal poverty level. 92.5 % of patients were found to live at the lowest federal poverty level, which was a big increase from previous years. Dr. Hutchins pointed out that in previous years a substantial minority of patients' incomes were reported as unknown. There are fewer unknown patients this time around because staff were retrained to ask the question about income in a consistent way.*
- *For patient insurance coverage, almost 90% of kids and just over two-thirds of adults had Medi-Cal, California's Medicaid program. 10% of children and 20% of adults were uninsured, which for adults includes those in the County's Healthy Partners program. As for Medicare, Dr. Hutchins pointed out, a little over 5% of adults were covered.*
- *Dr. Hutchins explained that HRSA is really interested in what it calls "special populations" and that some health centers, like SCHC, have special designations to serve specific populations. The SCHC started out as a health center for serving the homeless, a designation (h) that HRSA considers a special population. Another special population is veterans. The Health Center served 50 individuals who self-reported as a veteran.*
- *Dr. Hutchins shared that, in 2022, the Health Center had 90.9 total full-time equivalent clinical staff. The non-clinical staff include those in outreach, member services, interpretation, and management personnel, and numbered 54.4 full-time equivalents in 2022.*
- *Dr. Hutchins went back a few slides to talk about the number of homeless patients being seen at the center and why that number has been fluctuating over the years. The number of homeless patients last year (2021) was over 4,000, whereas the number this year (2022) is back down to 1,356.*
  - *Dr. Mishra said one reason for the fluctuation could be that it takes several visits to gain the trust of the homeless population – not all visits qualify as UCD countable visits in the very beginning. Ms. Winbigler asked for further clarification on this. Dr. Hutchins responded that another possible reason for this fluctuation is an ease in leadership making sure that staff are consistently asking patients about their homeless designation.*

- *The first three – out of the top ten - diagnoses for patients in 2022 were for chronic conditions. The next three top diagnoses were for mental health issues. The last four diagnoses – out of the top 10 - were for asthma, heart disease, contact dermatitis and other eczema, and coronavirus. Next, Dr. Hutchins showed a summary of table 6B, the quality of care measures. The items in red are measures whose targets were not reached in 2022, measures shown in green were reached, and the measures in blue had either no target or there was a more complicated story. The Health Center has been figuring out a new normal for patient visits, because patients are less willing to be seen in person ever since the coronavirus pandemic began.*
  - *Pediatrics has been working hard on childhood immunizations, as well as weight assessment and counseling.*

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    - *Dr. Hutchins explained that early entry into prenatal care (i.e. in the first trimester) is an area that needs to be looked at, especially for refugees, since some individuals were pregnant before coming into the United States. The Health Center does not do as well in this area as women, especially refugees, may enter our care after the first trimester.*
    - *Dr. Hutchins thanked Dr. Mishra and providers for their work in cervical cancer screenings, which helped the Health Center reach their HRSA target in this area.*
    - *As for ischemic vascular disease, the Health Center barely missed the target in this category.*
    - *The Health Center did really well in the area of colorectal cancer screening.*
    - *SCHC screened 80% of patients for HIV, but only one person was newly diagnosed at the Health Center. The data on HIV shows that the Health Center is treating people for HIV that were originally diagnosed elsewhere.*
    - *Dr. Hutchins and Dr. Mishra explained that for depression screening, HRSA only accepts one tool to show that patients are in remission. They believe that this results in skewed data because the Health Center has been working hard to use the right assessment for patients. The one assessment that HRSA recognizes may not be the right one for the patient.*
  - *Mr. Rushing presented the fiscal portion of the UDS report.*
    - *Mr. Rushing said there was an increase in costs over the period, but nothing that he considers troubling or unexpected. He explained that because SCHC is part of the Department of Health Services, there are certain overhead costs that the Health Center has no control over. Mr. Dizon pointed out the high cost for interpretation services. He said this high cost is indicative of certain things unique to this Health Center, such as refugee services.*
    - *Table 9D is different from other financial reports because it was not compiled using the same accounting principles. Mr. Rushing showed that column C2 is reconciliation money that SCHC received for being an FQHC in the state of California. He explained that the amount in C2 is from services the Health Center performed 3 years ago.*
    - *Ms. Winbigler noticed that the time for the meeting was up and she asked if attendees had any problem staying around for a little longer to vote on the report. All attending CAB members agreed to stay another 10-15 minutes, although some staff and SCHC leaders had to leave.*
    - *Table 9E is for other revenue from administrative and grant sources and is similar to what the CAB reviews each month.*
- *Ms. Winbigler opened the floor for questions on the UDS report.*
  - *Mr. Rushing spoke up to clarify one more item on the report. He said that SCHC received no money from the federal COVID-19 uninsured program (row 8c of table 9D) because the state of California expanded Medi-Cal coverage to cover these costs.*
  - *There were no additional questions.*

*Vote on UDS report – Jan Winbigler, Chair

- *Ms. Bohamera made a motion to approve the submission of the UDS report to HRSA. Ms. Bluemel seconded the motion to approve the submission of the UDS report to HRSA*
  - Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Paula Lomazzi, Nicole Miller, Jan Winbigler
  - No votes: None

Other Urgent Items

- *Ms. Winbigler asked if the group has any urgent items to discuss. No one did.*

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Sacramento County Department of Health Services
Health Center Co-Applicant Board (CAB)
Special UDS Report Meeting

Public Comment • *Vice-Chair Fryer opened the floor for public comment. No members of the public were in attendance.*
Closing Remarks and Adjourn • *Chair Winbigler officially adjourned the meeting at 10:41AM.*

Next Meeting: February 17, 2023 / 9:30-11:00 AM

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2022 SCHC UDS Report Highlights

02/14/2022

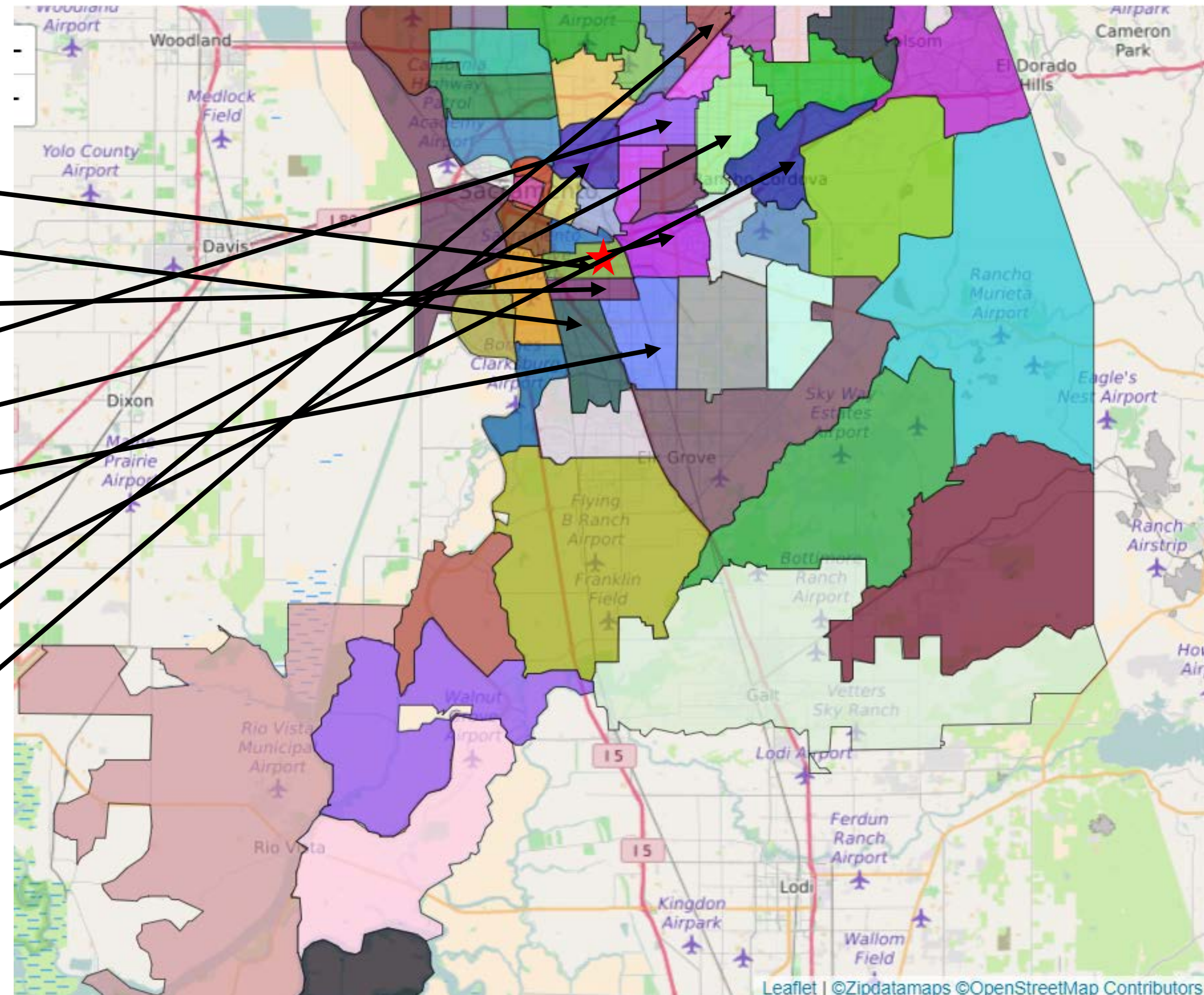
SACRAMENTO
COUNTY

SACRAMENTO COUNTY

Patient Residence

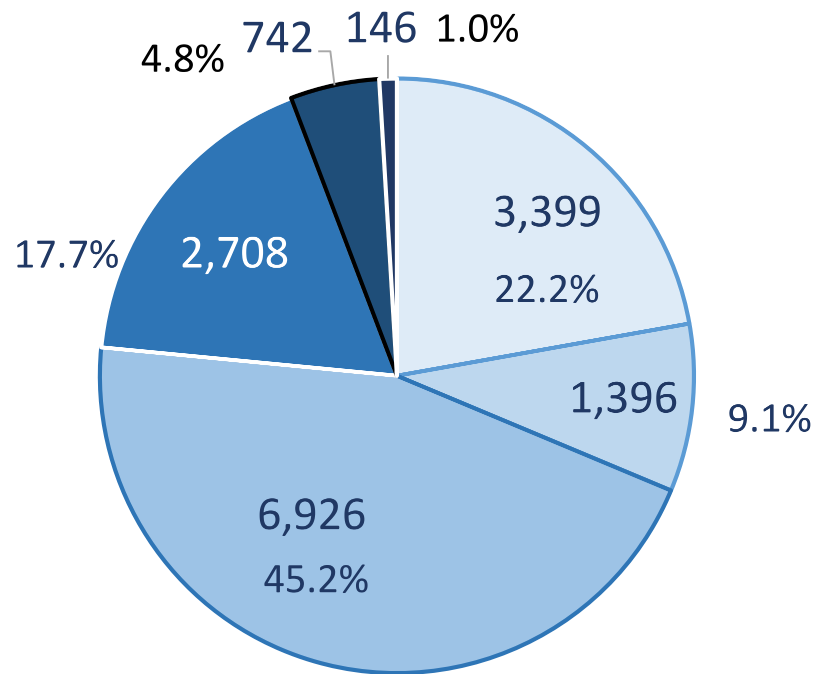
10 Most Common Zip Codes:

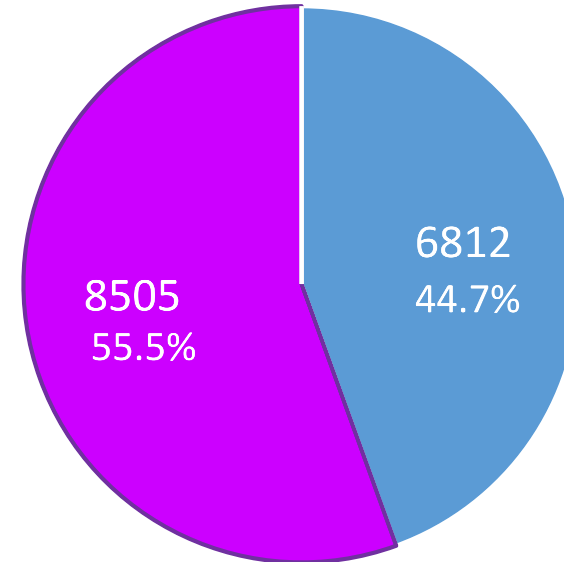
- 95820
- 95823
- 95824
- 95821
- 95825
- 95828
- 95608
- 95670
- 95842
- 95815



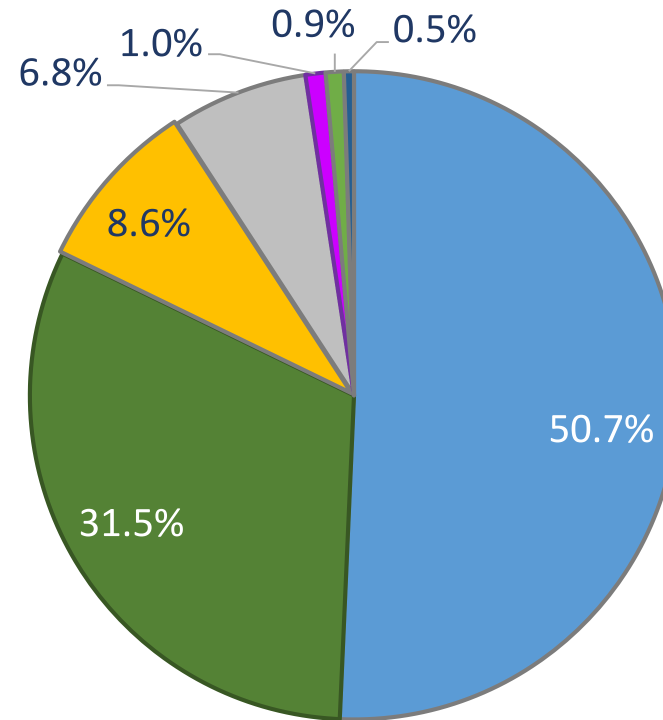
Age and Sex Assigned at Birth

SACRAMENTO COUNTY



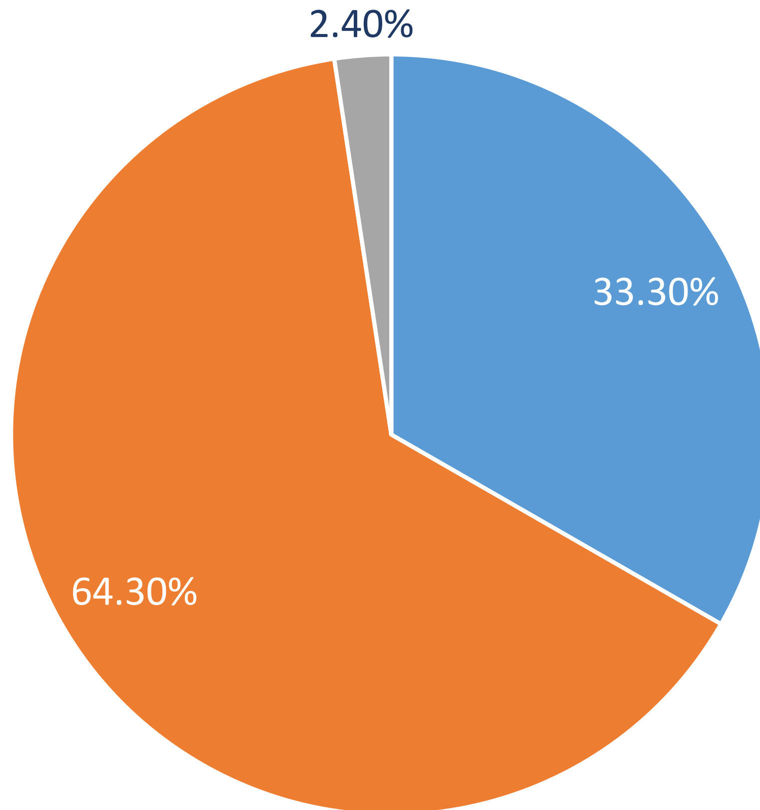


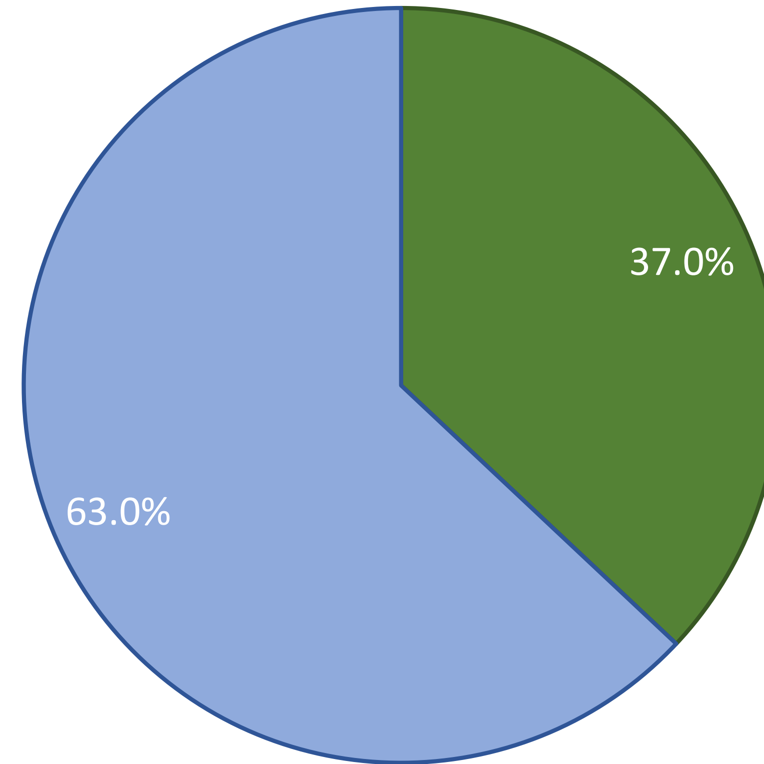
Patient Race



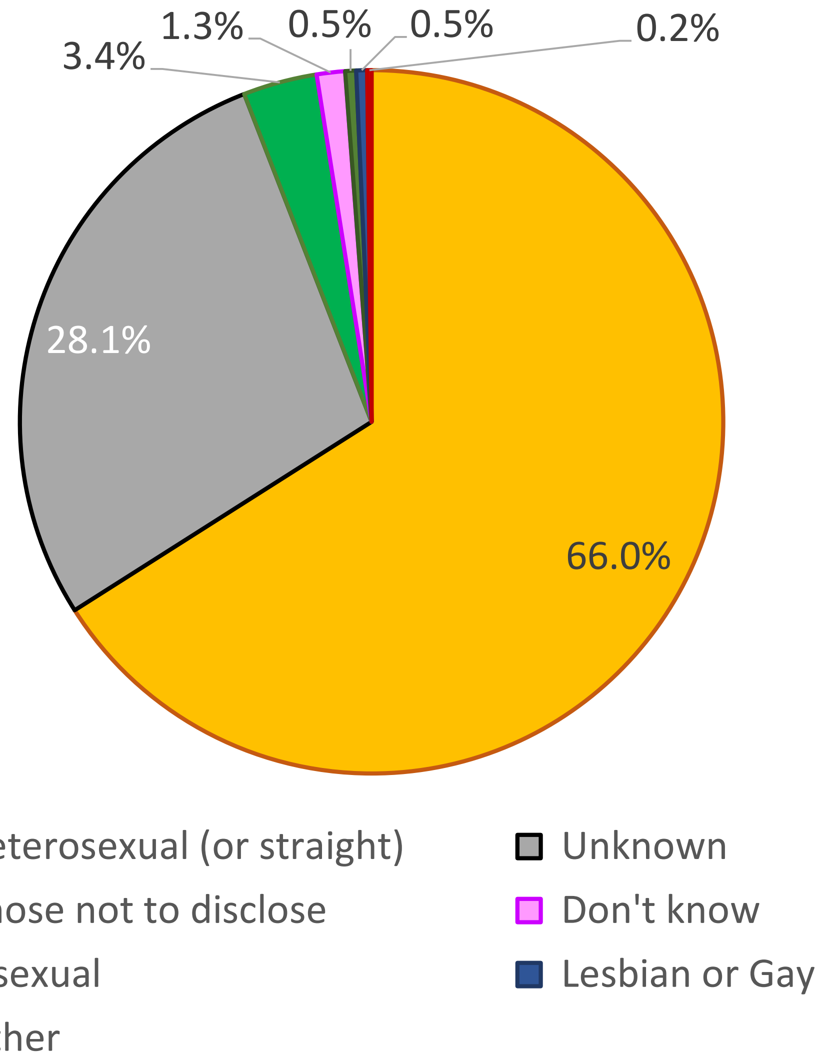
- White
- Asian
- Black/African American
- Unreported/Chose not to disclose
- Multiracial
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaska Native

Patient Ethnicity and Language

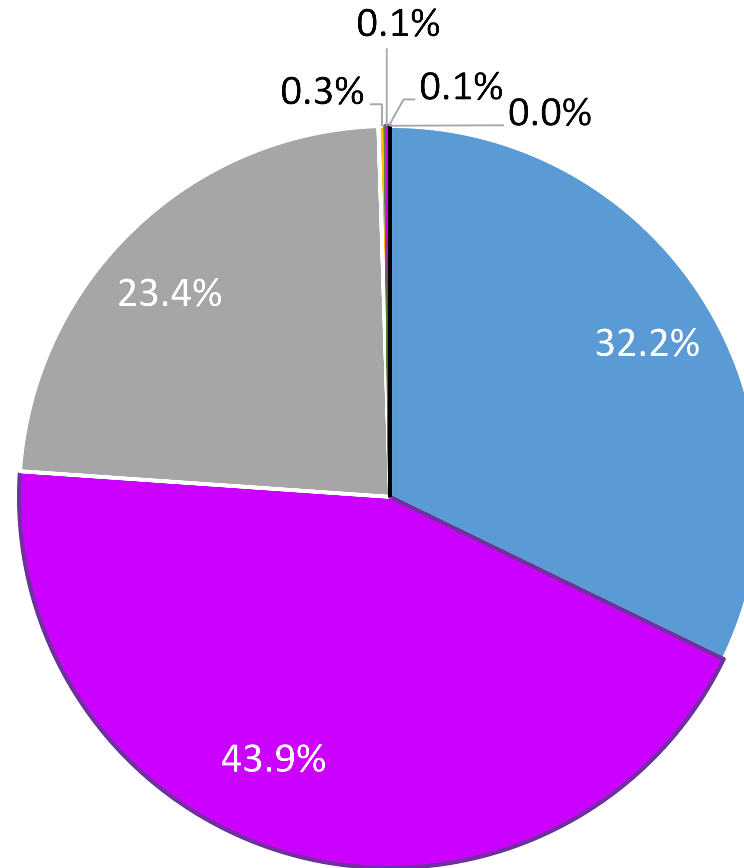




Patient Sexual Orientation



Patient Gender Identity



[1]Transgender Man/Transgender Male/Transmasculine

[2]Transgender Woman/Transgender Female/Transfeminine

Patient Income – by FPL* Percentage

FPL %	Number	Percentage
≤100%	14,169	92.5%
101-150%	523	3.4%
151-200%	177	1.2%
>200%	134	0.9%
Unknown	314	2.1%
TOTAL	**15,317**	**100%**

**FPL = Federal Poverty Level, set by Congress Annually*

SACRAMENTO COUNTY

Patient Insurance Coverage

Insurance Type	Age 0-17	%	Age 18+	%
None/Uninsured	514	10.7%	2,249	20.2%
MEDICAID (Medi-Cal)	4,280	89.3%	7,645	68.6%
MEDICARE	0	0.0%	616	5.5%
Private	1	0.0%	12	0.1%
TOTAL	**4,795**		**11,138**	

The UDS Report also asks about two methods of payment from the health plan to us -- capitation vs. fee-for-service

SACRAMENTO COUNTY

Special Populations

Population	Number	Percentage
Agricultural Workers or Dependents	154	1.0%
Homeless	1,356	8.9%
School-Based Service Site Patients*	0	0%
Veterans	50	0.3%
TOTAL	**15,317**	**100%**

**Patients seen at SCHC's school-based mental health sites are excluded from this group by HRSA definition.*

Sacramento County

Clinical Staffing (Table 5)

Category	Sub-Category	Full-Time Equivalent
Medical	Physician	9.6
	NP, PA, CNM[1]	3.0
	Nurses	13.9
	Other Medical Personnel	27.9
	Laboratory Personnel	0.0
	X-Ray Technicians	2.3
Dental		0.2
Mental Heath		28.4
Substance Abuse		0.0
Vision		0.0
Pharmacy		5.6
TOTAL		**90.9**

NP = Nurse Practitioner; PA = Physician Assistant; CNM = Certified Nurse Midwife

Non-Clinical Staffing (Table 5)

Category	Sub-Category	Full-Time Equivalent
Enabling Services	Outreach Workers	2.0
	Eligibility Assistance Workers	2.0
	Interpretation Personnel	2.0
Quality Improvement		4.3
Management & Support		4.0
Fiscal & Billing		5.6
Information Technology		0.0
Facility Personnel		1.0
Patient Support		33.5
TOTAL		**54.4**

SACRAMENTO COUNTY

Most Common Patient Diagnoses

Diagnosis	Number	Percentage
Overweight and Obesity	5,297	34.6%
Hypertension	2,349	15.3%
Diabetes mellitus	1,742	11.4%
Anxiety disorders	1,201	7.8%
Other mental disorders, excluding drug or alcohol dependence	1,126	7.4%
Depression and other mood disorders	941	6.1%
Asthma	614	4.0%
Heart Disease	471	3.1%
Contact dermatitis and other eczema	310	2.0%
Novel coronavirus (SARS-CoV-2) disease	249	1.6%

Quality Measures, I

Measure	Achieved	Target
Early Entry into Prenatal Care	31.0%	50.0%
Childhood Immunization Status	18.4%	55.0%
Cervical Cancer Screening	50.2%	40.0%
Breast Cancer Screening	37.9%	NA
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	34.4%	85.0%
Body Mass Index (BMI) Screening and Follow-Up Plan	21.4%	75.0%
Tobacco Use: Screening and Cessation Intervention	76.3%	88.6%
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	79.3%	82.9%

SACRAMENTO COUNTY

Quality Measures, II

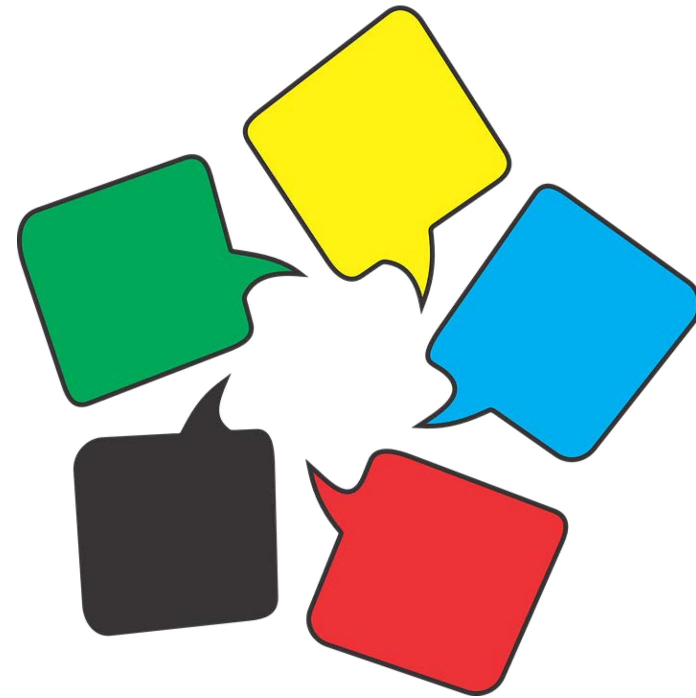
Measure	Achieved	Target
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	78.7%	80%
Colorectal Cancer Screening	33.6%	30.1%
HIV Linkage to Care	100%	100%
HIV Screening	79.2%	NA
Screening for Depression and Follow-Up Plan	45.6%	60.0%
Depression Remission at 12 Months	5.2%	NA
Dental Sealants for Children between 6-9 Years	26.3%	55.9%
Low Birth Weight	1.7%	<10.0%

SACRAMENTO COUNTY

Fiscal Tables

Please refer to the packet provided.

Questions and Comments



SACRAMENTO COUNTY

Sacramento County Health Center
Co-Applicant Board

Medical Director Report to CAB
February 17, 2023

1. **University of Pacific (UOP) proposal for collaborative space**

   We are still in the information gathering phase and no final decision has been made. SCHC has a need for more space and staff to improve access and measures. However, this proposal will require adherence of many regulatory agencies' rules, i.e. Health Resources and Services Administration (HRSA), Department of Health Care Services (DHCS), Accreditation Council of Graduate Medical Education (ACGME) as well as UOP's goal for integrated care.

2. **School Based Mental Health as SCHC satellite clinics**

   HRSA has involved their Policy division to review our applications for schools to be considered satellite clinics. Over 20 schools have been approved already, but we have 6 waiting until HRSA makes their final decision. Drs. Mendonsa, Hutchins, and Mishra will be meeting with our designated HRSA analyst and members of their Policy division next week.

3. **Quality Improvement Plan**

   The health center's QI team, led by Dr. Hutchins, is working closely with UCD QI department to create a comprehensive QI Plan, identify priorities and staff who will be leading workgroups, with the goal of meeting performance measure targets. We anticipate the plan being presented to CAB in March.

4. **Street Medicine program**

   SCHC has the only FQHC physician led street medicine program in Sacramento. We have a lot to learn from counties such as LA and Alameda that have multiple teams and experience. The CA Street Medicine Collaborative has recently been established to bring together counties, health centers, providers and health plans to share clinical, operational and billing knowledge and proposals for funding that are in the pipeline. The health center will be applying for one time funds via Housing and Homelessness Incentive Program (HHIP). Sustainability of the program may depend on whether we decide to pursue contracts with the health plans for ongoing funding.

Co-Applicant Board Required Annual Activities - 2023												
Annual / Periodic Activities	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
HRSA Grant Application												
Service Area Competition (SAC)*	NA											
Other Grant Applications	TBD as opportunities arise											
HRSA Grant Awards - Reports												
Main grant report								X	X			
HRSA APRA***	X			X			X					
HRSA ARPA UDS+				X			X					
HRSA ARP Capital	X			X			X			X		
HRSA HIV**	X						X					
Budget												
Approve proposed HRSA Program & County budget		X										
Sliding Fee Discount												
Adopt new SFDS			X									
Audit												
Summary of Program Fiscal Audit				X								
Quality Improvement (QI)												
Approve annual QI Plan			X									
Monitor QI Plan Progress***	X			X			X			X		
UDS Report Review		X						X				
Patient Grievances and Safety Review		X			X			X			X	
Patient Feedback Survey Findings			X				X					X
Long-Range Planning												
Needs Assessment	X	X	X									
Monitor 2021-2023 Strategic Plan									X			X
Adopt 2024-2026 Strategic Plan					X							
Select Services and Hours												
Services Provided			X				X					X
Service Sites				X				X				X

SACRAMENTO COUNTY

Co-Applicant Board Required Annual Activities – 2023 - CONTINUED												
Annual Activities	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Governance												
Review & Revise Bylaws								X	X			
Review Co-Applicant Agreement								X				
Review Committee Structure											X	
Review Membership Applications	On-going											
Review Key Policies			X	X					X	X	X	
Project Director												
Approve Selection /Dismissal	TBD - if necessary											
Performance Evaluation		X								X		
Board Member Development												
Elect Chair and Vice-Chair											X	
Review Member Eligibility, Ethics & Conflict of Interest										X		
Approve CAB Member Recruitment Plan							X					
Review and Approve New Members	On-going											

* Every 3 years

** Every 6 Months

*** Every 3 Months

SACRAMENTO COUNTY

Sacramento County Health Center

Summary of Patient Complaints, Grievances and Safety Concerns, 2022

Complaints

- Provider-directed with request for change in PCP: 14
  - Granted: 8
- Other: Procedure inconsistently followed; no reliable total to report
  - Plans to revise *PP 02-05: Variance Reporting Policy and Procedure* and to retrain staff on it.
  - Plans to bring on an Office Assistant for Compliance to help track and make sure the complaints are going to the right place and acted on.

Grievances (from Health Plans or Independent Practitioner Organizations)

Category	**Description**	**Examples**	**Number**
Level I	Access challenges	Complaints about call center wait times; difficulty making an appointment	9
Level II	Disrespectful behavior or failure to follow clinical, operational or fiscal P&P	Delayed prescription refills; patient billed in error; unprofessional or disrespectful treatment of patients	17
Level III	Issues impacting patient safety, violating privacy laws, and/or involving possible litigation	Medication error; Needle stick/exposure; severe allergic reaction; HIPAA breach; severe bodily harm	3

Patient Safety Concerns

Category	Number	Corrective Action
Failure to follow P&P for post-ED visit	1	Retraining; disciplinary action
Wrong vaccine given	7	Retraining; instituting new color coded baskets in refrigerator; terminated registry staff who made 4 of the 7 errors
Medication error	2	Counseling by Medical Director; safeguard added to OCHIN – diagnosis codes added to drop down medication list
Delay in referring patient to pharmacist	1	Retraining

SACRAMENTO COUNTY

Sacramento County Health Center
Co-Applicant Board

2022 Year End QI Report Card Summary

Priority Pediatric Quality Measures

Immunization

Category	Pediatric Attendings	Pediatric Residents	Family Medicine Attendings	Family Medicine Residents	2022 Target*
# Patients 1-2 years of age	571	197	375	236	
% Up to date with CIS 10	31%	22%	29%	28%	38.20%
# Patients 12-13 years of age	309	6	42	6	
% Up to date w/ HPV, Tdap, Mening	65%	100%	50%	100%	36.74%

Data Challenge: Patients not (yet) assigned to a provider who do not appear above.

QI Project Summary: The team addressing the compliance rate posted educational videos in the waiting area. Office assistants are handing patients/parents information about immunizations when they check in. Medical assistants are asking patients/parents about the HPV vaccine; the MA puts a flag outside the room to let the provider know if the patient is interested/not interested in HPV vaccination. Next the team will be looking at how to address "defer/declines" in the EMR to make sure it is recorded.

Well-Child Visits (3-21 years)

Category	Pediatric Attendings	Pediatric Residents	Family Medicine Attendings	Family Medicine Residents	2022 Target*
# Patients 3-21 years of age	TBD	TBD	TBD	TBD	
% with completed WCV	TBD	TBD	TBD	TBD	45.31%

Data Challenges: OCHIN is not pulling the data in a way that matches the HEDIS measure.

QI Project Summary: *The QI Team started work on well-child visits in January of 2023..*

**May be based on HEDIS minimum performance level or UDS target – 2022 value TBD for several measures*
02/16/23

Priority Adult Quality Measures

Control of Diabetes

Category	Adult Medicine Attendings	Adult Medicine Residents	Nurse Practitioners	Family Medicine Attendings	Family Medicine Residents	2022 Target*
# Patients with DM diagnosis	4,621	1,503	5,199	109	45	
% with A1c test (2022)	78%	79%	77%	79%	87%	NA
% with A1c ≤9% (most recent)	69%	67%	68%	67%	82%	56.81%
% with retinopathy screening (2022)	15%	9%	14%	9%	13%	NA
% with nephropathy screening (2022)	81%	60%	81%	60%	87%	NA
% with foot exam (2022)	34%	29%	32%	29%	31%	NA
% on a statin	TBD	TBD	TBD	TBD	TBD	NA
% with BP <140/90 Hg	56%	51%	53%	51%	49%	NA

Data Challenge: Patients not (yet) assigned to a provider who do not appear above.

QI Project Summary: *SCHC has multiple QI projects to improve diabetes control. Most of a QI award from Anthem was used to purchase a retinopathy camera to check the patient's eyes at the Health Center instead of an offsite optometrist. SCHC implemented Friday morning clinic for diabetic patients to receive the retinal scan, urine test to measure kidney function, and an A1c (blood test). Two Health education class were provided.*

Control of Hypertension

Category	Adult Medicine Attendings	Adult Medicine Residents	Nurse Practitioners	Family Medicine Attendings	Family Medicine Residents	2022 Target*
# Patients with HTN diagnosis	4,702	2,278	1,174	184	88	
% with ≥1 BP reading (2022)	78%	83%	80%	97%	92%	90%
% with BP <140/90 Hg (most recent)	47%	46%	44%	43%	48%	55.35%

Data Challenge: Patients not (yet) assigned to a provider who do not appear above.

QI Project Summary: *Providers may refer any patient with elevated blood pressure (BP <140/90 Hg) in the past year or those whose BP has not yet been checked this year to the hypertension clinic. The number of SCHC assigned patients who would benefit from the HTN clinic far exceeds capacity of the clinic. Two 3rd year residents piloted a telehealth clinic, providing home BP monitors and following up with patients by phone to adjust medication as needed. The team needs to analyze data; more broadly disseminate home BP devices; get patients enrolled in MyChart; and get the devices connected to an App and MyChart so that the Health Center can get credit for controlled readings.*

**May be based on HEDIS minimum performance level or UDS target – 2022 value TBD for several measures*
02/16/23

Period	7
Current Month	January
Percentage of Year	58%

CAB Financial Report

Line Item	Budget	Current Month	Year to date	*Encumbrance*	***Total*** *(YTD+Encumbrance)*	YTD Percentage (Total/Budget)	Notes
Revenue							
Inter/Intrafund Reimbursements	$ 11,267,754	$ 46,267	$ 4,323,628	$ -	*$ -*	38%	Typically a lag due to Fiscal processes
Intergovernmental Revenue	$ 19,600,988	$ 1,126,951	$ 11,250,447	$ -	*$ 11,250,447*	57%	Medi-Cal revenue, HRSA & Refugee grants
Charges for Services	$ 52,000	$ 3,106	$ 30,891	$ -	*$ 30,891*	59%	CMISP old pre-2014 service charges
Miscellaneous Revenue	$ -	$ -	$ 53	$ -	*$ 53*	0%	
Total Revenue	**$ 30,920,742**	**$ 1,176,323**	**$ 15,605,020**	**$ -**	***$ 15,605,020***	**50%**	
Expenses							
Personnel	$ 13,490,790	$ 955,885	$ 6,502,382	$ -	*$ 6,502,382*	48%	Low due to vacancies
Services & Supplies	$ 18,362,009	$ 892,373	$ 5,234,780	$ 5,371,063	*$ 10,605,843*	29%	Low due to SCOE invoices not being paid yet
Other Charges	$ 399,477	$ 54,170	$ 389,711	$ 573,891	*$ 963,602*	98%	High due to increased EHR billing service (OBS) costs
Equipment	$ -	$ -	$ -	$ -	*$ -*	0%	
Intrafund Charges (Allocation costs)	$ 2,552,954	$ 256,382	$ 1,213,055	$ -	*$ 1,213,055*	48%	
Total Expenses	**$ 34,805,230**	**$ 2,158,810**	**$ 13,339,928**	**$ 5,944,954**	***$ 19,284,882***	**38%**	
GRAND TOTAL (Net County Cost)	**$ (3,884,488)**	**$ (982,487)**	**$ 2,265,092**				

GRANT SUMMARY

HRSA	**Grant Year Start**	**Grand Year End**	**Total Grant**	**Available to Claim 7/1/22-6/30/23**	**YTD Claimed**	**Notes**
HRSA Homeless (Main)	3/1/2022	2/28/2023	$ 1,386,602	$ 1,386,602	$ 243,477	Spending on track
HRSA ARPA	4/1/2021	3/31/2023	$ 2,533,875	$ 1,756,940	$ 298,047	Spending on track
HRSA ARPA UDS+	4/1/2022	3/31/2023	$ 65,500	$ 65,500	$ -	New award, no claims yet
HRSA ARP CIP	9/15/2021	9/14/2024	$ 619,603	TBD	$ -	Contruction timeline not yet determined
HRSA HIV	9/1/2022	8/31/2025	$ 975,000	$ 325,000	$ -	New award, no claims yet
Refugee						
RHAP	10/1/2022	9/30/2023	$ 1,536,074	$ 1,536,074	$ 398,103	Spending on track
RHPP	10/1/2022	9/30/2023	$ 82,014	$ 82,014	$ 17,118	Spending on track
RHPP Multi-Year	10/1/2022	9/30/2023	$ 153,000	$ 153,000	$ 14,283	1 HSA starting soon, 1 MA requested, 1 OA vacant
RHPP AHP	10/1/2022	9/30/2023	$ 200,000	$ 200,000	$ 6,875	2 HSA vacant, 2 OA vacant, 1 OA filled
Miscellaneous						
County ARPA - 1	1/1/2022	12/31/2024	$ 2,451,919	$ 462,957	$ 180,361	Spending on track, will increase in April when HRSA ARPA expires
County ARPA - 2	7/1/2022	12/31/2024	$ 1,315,000	$ 721,739	$ 1,009	New award, spending slow to start
Anthem QI		12/31/2022	$ 16,000	$ 1,819	$ -	Award expired

Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8000045
Federal Award Date: 01/19/2023

Recipient Information

1. Recipient Name
COUNTY OF SACRAMENTO DOH & HUMAN SERVICES
Division Line: Department of Health Services
4600 Broadway
Sacramento, CA 95820-1527

2. Congressional District of Recipient
06

3. Payment System Identifier (ID)
1946000529A5

4. Employer Identification Number (EIN)
946000529

5. Data Universal Numbering System (DUNS)
153418327

6. Recipient's Unique Entity Identifier
ZAAWD532JG73

7. Project Director or Principal Investigator
Sharon Hutchins
Health Program Manager
hutchinss@saccounty.net
(916)619-9058

8. Authorized Official
Sharon S Hutchins
Health Program Manager
hutchinss@saccounty.net
(916)619-9058

Federal Agency Information

9. Awarding Agency Contact Information
Patrick Johnson
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
pjohnson3@hrsa.gov
(301) 443-0157

10. Program Official Contact Information
Alison Wilson
Public Health Analyst
Bureau of Primary Health Care (BPHC)
awilson@hrsa.gov
(301) 287-0097

Federal Award Information

11. Award Number
2 H80CS00045-22-00

12. Unique Federal Award Identification Number (FAIN)
H8000045

13. Statutory Authority
42 U.S.C. § 254b

14. Federal Award Project Title
Health Center Program

15. Assistance Listing Number
93.224

16. Assistance Listing Program Title
Community Health Centers

17. Award Action Type
Competing Continuation

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2023 - End Date 02/29/2024	
20. Total Amount of Federal Funds Obligated by this Action	$1,039,952.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	$0.00
22. Offset	$0.00
23. Total Amount of Federal Funds Obligated this budget period	$1,039,952.00
24. Total Approved Cost Sharing or Matching, where applicable	$32,800,943.00
25. Total Federal and Non-Federal Approved this Budget Period	$34,187,545.00
26. Project Period Start Date 03/01/2023 - End Date 02/28/2026	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$33,840,895.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Sarah Hammond on 01/19/2023

30. Remarks

This grant is included under expanded authority.

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.

Notice of Award
Award Number: 2 H80CS00045-22-00
Federal Award Date: 01/19/2023

Bureau of Primary Health Care (BPHC)

31. APPROVED BUDGET: (Excludes Direct Assistance)

[ ] Grant Funds Only

[X] Total project costs including grant funds and all other financial participation

a.	Salaries and Wages:	$8,278,741.00
b.	Fringe Benefits:	$5,337,264.00
c.	Total Personnel Costs:	$13,616,005.00
d.	Consultant Costs:	$0.00
e.	Equipment:	$0.00
f.	Supplies:	$930,332.00
g.	Travel:	$17,450.00
h.	Construction/Alteration and Renovation:	$0.00
i.	Other:	$3,872,953.00
j.	Consortium/Contractual Costs:	$13,884,904.00
k.	Trainee Related Expenses:	$0.00
l.	Trainee Stipends:	$0.00
m.	Trainee Tuition and Fees:	$0.00
n.	Trainee Travel:	$0.00
o.	TOTAL DIRECT COSTS:	$32,321,644.00
p.	INDIRECT COSTS (Rate: % of S&W/TADC):	$1,865,901.00
q.	TOTAL APPROVED BUDGET:	$34,187,545.00
	i. Less Non-Federal Share:	$32,800,943.00
	ii. Federal Share:	$1,386,602.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a.	Authorized Financial Assistance This Period	**$1,386,602.00**
b.	Less Unobligated Balance from Prior Budget Periods	
	i. Additional Authority	$0.00
	ii. Offset	$0.00
c.	Unawarded Balance of Current Year's Funds	$346,650.00
d.	Less Cumulative Prior Award(s) This Budget Period	$0.00
e.	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$1,039,952.00**

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
23	$1,386,602.00
24	$1,386,602.00

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	$0.00
b. Less Unawarded Balance of Current Year's Funds	$0.00
c. Less Cumulative Prior Award(s) This Budget Period	$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	**$0.00**

35. FORMER GRANT NUMBER
H66CS00458

36. OBJECT CLASS
41.51

37. BHCMIS#
090800

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:
a. The program authorizing statue and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
23 - 398160M	93.527	23H80CS00045	$682,208.00	$0.00	CH	23H80CS00045
23 - 398879M	93.527	23H80CS00045	$357,744.00	$0.00	HCH	23H80CS00045

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e.,created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests.
2. Your award/designation is for a 3-year period of performance/designation.
3. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**
   You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: https://pmsapp.psc.gov/pms/app/userrequest. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: http://pms.psc.gov/find-pms-liaison-accountant.html
4. This action awards prorated funding support through November 30, 2023 based on your FY 2023 target funding under the Health Center Program. The balance of grant support for the FY 2023 budget period will be provided in a subsequent action based on the final FY 2023 Health Center Program appropriation.

Program Specific Term(s)

1. If federal funds have been used toward the costs of acquiring a building, including the costs of amortizing the principal of or paying interest on mortgages, you must notify the HRSA Grants Management Contact listed on this Notice of Award (NoA) for assistance regarding Federal Interest in the property within 60 days of the release date of this NoA.
2. The non-federal share of the project budget includes all program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services, and from other revenue sources such as state, local, or other federal grants or contracts; private support; and income generated from fundraising and donations/contributions.

   The description of "Authorized Treatment of Program Income" under the "Addition" alternative, as cited elsewhere in this Notice of Award, is superseded by the requirements in section 330(e)(5)(D) of the PHS Act relating to the use of nongrant funds. Under this statutory provision, health centers shall use nongrant funds, including funds in excess of those originally expected, "as permitted under section 330," and may use such funds "for such purposes as are not specifically prohibited under section 330 if such use furthers the objectives of the project."

   Under 45 CFR 75.351(a), subrecipients (entities that receive a subaward from a pass-through entity for the purpose of carrying out a portion of a Federal award received by the pass-through entity) are responsible for adherence to applicable Federal program requirements specified in the Federal award.
3. Health centers that purchase, are reimbursed for, or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products to maximize results for the health center and its patients. Eligible health care organizations/covered entities that enroll in the 340B Drug Pricing Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at www.hrsa.gov/opa.
4. The Uniform Data System (UDS) annual performance report is due in accordance with specific instructions from the Program Office. Failure

to submit a complete UDS report by the specified deadline may result in HRSA placing additional conditions and/or restrictions on your award, including the requirement that all drawdowns of Health Center Program award funds from the Payment Management System have prior approval from the HRSA Division of Grants Management Operations and/or limits on eligibility to receive future supplemental funding.

5. This grant is governed by the post-award requirements cited in Subpart D-Post Federal Award Requirements, standards for program and fiscal management of 45 CFR Part 75, except when the Notice of Award indicates in the "Remarks" section that the grant is included under "Expanded Authority." These recipients may take the following action without prior approval of the Grant Management Officer: Section 75.308 (d)(3) Carry forward unobligated balances (UOB) to subsequent periods of performance: Except for funds restricted on a Notice of Award, recipients are authorized to carry over unobligated grant funds remaining at the end of that budget period up to 25% of the amount awarded for that budget period. In all cases, the recipient must notify HRSA when it has elected to carry over UOB under Expanded Authority and indicate the amount to be carried over. This notification must be provided by the recipient under item 12, "Remarks," on the initial submission of the Federal Financial Report (FFR). In this section of the FFR, the recipient must also provide details regarding the source of the UOB for each type of funding received and to be carried over (e.g., the specific supplemental award(s), base operational funding). If the recipient wishes to carry over UOB in excess of 25% of the total amount awarded, the recipient must submit a prior approval request for carryover in the HRSA Electronic Handbooks (EHBs). Contact your Grants Management Specialist with any questions.
6. Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed.
7. You are required to submit an annual Budget Period Progress Report Non-Competing Continuation (NCC) to report on progress made from the beginning of your most recent budget period until the date of NCC submission, the expected progress for the remainder of the budget period, and any projected changes for the following budget period. HRSA approval of an NCC is required for the release of each subsequent year of funding. Such funding is also dependent on Congressional appropriation, program compliance, organizational capacity, and a determination that continued funding would be in the best interest of the federal government. Failure to submit the NCC by the established deadline, or submission of an incomplete or non-responsive progress report, may result in a delay or a lapse in funding.
8. You must submit a separate Medicare Federally Qualified Health Centers (FQHC) enrollment application for each permanent site at which you provide services. This includes both permanent sites and seasonal sites under your HRSA scope of project (see https://bphc.hrsa.gov/programrequirements/scope.html for more information). Each permanent site must be individually enrolled in Medicare as an FQHC and submit for FQHC reimbursement using its unique FQHC Medicare billing number.

   In order to enroll in Medicare, first obtain a National Provider Identifier (NPI) at https://nppes.cms.hhs.gov/#/. You may enroll in Medicare electronically via the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) available at https://pecos.cms.hhs.gov. PECOS automatically routes applications to the appropriate Medicare Administrative Contractor for review and approval. While HRSA encourages electronic application, you may alternatively choose to submit a paper application, available at https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf. To identify the address where the package should be mailed, refer to https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index?redirect=/MedicareProviderSupEnroll. The appropriate Medicare contractor is listed next to the Fiscal Intermediary.

   Contact your State Medicaid office to determine the process and timeline for becoming eligible for payment as an FQHC under Medicaid.
9. You must comply with all Health Center Program requirements. The Health Center Program Compliance Manual (https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html) identifies Health Center Program requirements and provides guidance for health centers regarding ways that they may demonstrate compliance with these Health Center Program requirements. The Compliance Manual also serves as the foundation for HRSA's compliance determinations and for health centers when responding to any subsequent Progressive Action condition(s) placed on a Notice of Award or Notice of Look-Alike Designation due to an identified area(s) of non-compliance. For additional information on the Progressive Action process, see Chapter 2: Health Center Program Oversight of the Compliance Manual. If you elect to respond to a condition by demonstrating compliance in a manner alternative to the guidance specified in the Compliance Manual, the response must: 1) explicitly indicate that the health center is proposing an alternative means of demonstrating compliance; and 2) include an explanation and documentation of how this alternative explicitly demonstrates compliance with applicable Health Center Program requirements. All responses to conditions are subject to review and approval by HRSA.
10. Your scope of project includes the approved service sites, services, providers, service area, and target population which are supported (wholly or in part) under your total approved health center budget. In addition, the scope of project serves as the basis for eligibility for associated programs such as Medicare and Medicaid Federally Qualified Health Center (FQHC) enrollment and reimbursements, Federal Tort Claims Act coverage, and 340B Drug Pricing. Proper documentation and maintenance of an accurate scope of project is critical in the oversight and management of programs funded or designated under section 330 of the PHS Act.

    You are responsible for maintaining the accuracy of your Health Center Program scope of project, including updating or requesting prior

approval for significant changes to the scope of project when applicable. You must submit requests to change the approved scope of project for approval via the HRSA Electronic Handbooks (EHBs) Change in Scope Module. Refer to the Scope of Project webpage (http://www.bphc.hrsa.gov/programrequirements/scope.html) for details pertaining to changes to sites, services, service area zip codes, and target population(s).

11. By accepting these grant funds, you acknowledge your commitment to providing services to the number of unduplicated patients projected to be served on Form 1A: General Information Worksheet in calendar year 2024 (January 1 – December 31, 2024). HRSA will track progress toward meeting the total unduplicated patient projection (the patient projection from this application, plus other patient projections from funded supplemental applications for which the projections can be monitored) in calendar year 2024. For more information, visit the Patient Target FAQs (https://bphc.hrsa.gov/program-opportunities/sac/patient-target-faq). Failure to meet this total patient commitment may result in a reduction of total funding announced for the service area in the next Service Area Competition.

12. Some Health Center Program award recipients carry out all or a portion of their project through the disbursement of Health Center Federal program award funds to another entity, referred to as a "subaward" as defined in 45 CFR part 75. A health center that makes a subaward(s) must document its determination that, at the time such a subaward is made, the entity that receives the subaward (the subrecipient) meets all the Health Center Program requirements applicable to the award recipient's Health Center Program Federal award.

    During Health Center Program site visits or application reviews, HRSA may require the Health Center Program award recipient to provide documentation of its subrecipient's compliance with applicable Health Center Program requirements. This includes but is not limited to documentation demonstrating compliance with requirements found in Section 330 of the PHS Act (42 U.S.C. § 254b), 42 CFR part 51c and 42 CFR part 56 (for Community and Migrant Health Centers, respectively). All subrecipients must also comply with applicable grants requirements, particularly those set forth in 45 CFR 75.351-353. See Chapter 12: Contracts and Subawards of the Health Center Program Compliance Manual for additional information.

    Note that certain entities may be eligible to receive additional federal benefits associated with the receipt of Health Center Program funding - including Federally Qualified Health Center (FQHC) payment rates under Medicaid and Medicare, 340B Drug Pricing, and Federal Tort Claims Act (FTCA) coverage. However, such benefits have additional requirements and may require additional actions by recipients and/or subrecipients to obtain them.

    For example, in order to establish eligibility for FTCA coverage under the Federally Supported Health Centers Assistance Acts of 1992 of 1995 (section 224(g)-(n) of the PHS Act), "subrecipients" are eligible for FTCA coverage "only if they provide a full range of health care services on behalf of an eligible grantee and only for those services carried out under the grant funded project." 42 CFR 6.3(b). Such subrecipients seeking FTCA coverage for their grant-related activities also must submit a deeming application through the award recipient in the form and manner required by HRSA and be separately deemed as PHS employees for this purpose in order for FTCA coverage to apply. See: https://bphc.hrsa.gov/sites/default/files/bphc/ftca/pdf/pal-2021-01.pdf. Similarly, both recipients and subrecipients must comply with the Centers for Medicare & Medicaid Services (CMS) and state Medicaid programs for FQHC payment/reimbursement. See: https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.

Standard Term(s)

1. Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, per HRSA Standard Terms (unless otherwise specified on your Notice of Award), and Legislative Mandates. The effectiveness of these policies, procedures, and controls is subject to audit.

Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**
   The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal (**PMS Self-Service Web Portal**), or calling 877-614-5533.
2. **Due Date: Annually (Calendar Year) Beginning: 01/01/2023 Ending: 12/31/2023, due 45 days after end of reporting period.**
   The Uniform Data System (UDS) is a core set of information appropriate for reviewing the operation and performance of health centers. The data help to identify trends over time, enabling HRSA to establish or expand targeted programs and identify effective services and interventions to improve the health of underserved communities and vulnerable populations. UDS data also inform Health Center programs, partners, and communities about the patients served by health centers. You must submit your UDS report annually on or before February 15. Contact the UDS Support Line at 1-866-837-4357 or udshelp330@bphcdata.net for additional instructions or for questions. Reporting

technical assistance is available on the UDS Resources webpage (https://bphc.hrsa.gov/datareporting/index.html).

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

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Sharon Hutchins	Point of Contact	hutchinss@saccounty.net

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (https://pms.psc.gov/).