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

Meeting Agenda
March 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 02/17/23 CAB meeting minutes
Brief Announcements – *All*   • Ms. Galindo has transferred to another program.
Health Resources and Services Agency (HRSA) Project Director Update – *Dr. Mishra on behalf of Dr. Mendonsa*
Medical Director Update – *Dr. Mishra*
Quality Improvement and Compliance – *Dr. Hutchins*   • *Review and approval of the *2023 Sacramento County Health Center Quality Improvement Plan*   • Review of the *2022 "No Show" Report*
CAB Governance   • Committees Updates to CAB – Committee Chairs   ○ Clinical Operations Committee – *Mr. Gallo*

- Policies and Procedures: TBD
- Program Summary: TBD
- o Finance Committee – *Ms. Bohamera*
  - *Recommendation to decline $45K extension to HRSA's *HIV: Ending the Epidemic Grant*
  - *Review of revisions to *PP-11-01 Sliding Fee Discount Program*
  - February Financial Status Report (FSR)
  - Grant updates
- o Governance Committee – *Ms. Winbigler*
  - Committee still on hiatus to participate in Strategic Planning
  - Roberts Rules of Order training: How to make a motion, part 2
- o Strategic Planning Ad Hoc Committee – *Ms. Fryer*
  - *Review of proposed changes to PP 01-08: Mission Statement and Values*
  - Summary of 3/08/23 meeting
  - Strengths, Weaknesses, Opportunities & Threats Analysis participation

April Monthly Meeting Items – *All*

- HRSA Project Director Report
- HRSA Medical Director Report
- *2023 Sacramento County Health Center Quality Improvement Plan* Quarter 1 Monitoring Report
- *Review and approval of Federal Fiscal Audit
- Committee Updates
  - o *Policy and Procedure Review: TBD
  - o Program Review: TBD
  - o March Financial Status Report
  - o Recruitment and Training Updates
  - o Strategic Planning Updates

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

Closing Remarks and Adjourn – *Jan Winbigler, Chair*

<u>Next Meeting</u>: Friday, April 21, 2023 / 9:30-11:30 AM

*Items that require a quorum and vote.

The Co-Applicant Board welcomes and encourages public participation in the meetings. Matters under the jurisdiction of the Co-Applicant Board and not on the posted agenda may be addressed by the public following completion of regular business.

The agenda is posted on-line for your convenience at https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx

Per the Brown Act, those attending a CAB meeting through teleconferencing are required to disclose the location from which they are calling. It is illegal to call while driving. There is a cap on how many members can attend from outside Sacramento County.

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

Meeting facilities are accessible to persons with disabilities. Requests for interpreting services, assistive listening devices or other considerations should be submitted by contacting the Primary Health Division at (916) 875-5701 (voice) and CA Relay Services 711 (for the hearing impaired), no later than five working days prior to the meeting.

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

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

Meeting Minutes
January 20, 2023 9:30 AM to 10:30 AM

Meeting Location
Via Zoom: To see/share documents on the screen, go to
https://www.zoomgov.com/j/1607428658?pwd=VWNWVmpjZ0UzbWc2OGlyeTVJRUh5UT09

Meeting ID: 160 742 8658
Passcode: 849063
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
    +1 646 828 7666 US (New York)
Meeting ID: 160 742 8658

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.net* for staff to prepare you a packet if you wish to attend in person.
- Facemasks are still required in the Primary Care Center.

Meeting Attendees
CAB Members: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Paula Lomazzi, Nicole Miller, Namitullah Sultani
SCHC Staff: John Dizon, Sharon Hutchins, Andrew Mendonsa, Susmita Mishra, Zachary Staab, Vanessa Stacholy, Noel Vargas

Topic
Opening Remarks and Introductions

Opening Remarks and Introductions
- *Vice-Chair Ms. Fryer took role and welcomed members, staff, and the new Deputy Director for Primary Health, Mr. Vargas.*
- *The group reviewed the 12/16/22 CAB meeting minutes.*
  - *X moved to approve the minutes as revised.*
  - *Y second the motion to approve the minutes as revised.*
    - *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Paula Lomazzi, Nicole Miller, Namitullah Sultani*
    - *No votes: None*

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

Brief Announcements – *All*

- *Noel Vargas, Deputy Director for Primary Health has started. Mr. Vargas took a moment to introduce himself. He has had a long history of working in the health care field, including at a county FQHC.*

- *M. Safi is extending his leave through July. Sharon will be hiring a temporary replacement.*

- *BOS ratified new CASB members Jeanette Barnett and Robyn Dequine at their 1/10/23 meeting.*

- *The closed meeting with Dr. Mendonsa to present the HRSA Project Director (and other) evaluations is being rescheduled due to the Chair's illness and an urgent meeting.*

Health Resources and Services Agency (HRSA) Project Director Update

- *Dr. Mendonsa addressed 10 issues (see handout for details).*
  - *HRSA Staff Well-Being survey: Have received >21% response rate to date*
  - *Mobile van: SCHC continues to operate the van twice weekly for homeless outreach*
  - *HRSA HIV Grant: Working with Public Health to launch Public Service Announcements and media campaign*
  - *Weekend Clinic plans: First weekend clinic of the year will be held on 1/21/23. Patients are scheduled for cervical cancer screening, diabetes care, vaccinations*
  - *2023-2024 Growth requests: Requests continue to route through the count process/ No red-lines have been made as of 1/20/23.*
  - *Space/Staffing/Access Updates: Admin will move to 711 G Street, hopefully prior to 7/1/23. Recruitment continues for open positions in Admin, Pharmacy, and within the health center proper.*
  - *Collaboration with Sacramento County Office of Education (SCOE) on School Based Mental Health: We continue to work with HRSA to get proposed satellite sites approved.*
  - *Patient-Provider Ratio*
    - The Management Team recently met and agreed to study our patient-provider ratio and determine. A team will be formed to include internal and external subject matter experts (SMEs). This project will help inform the broader access improvement project that the Health Center will be undergoing with MRG Consulting.
  - *HRSA Check-In: SCHC leadership will meet with HRSA representative for our annual check-in on 2/6/23 at 8 AM. Leadership will update CAB after the meeting with any significant changes or news.*
  - *Refugee Program:*
    - *Recent Senior Health Program Coordinator candidate withdrew interest. We have restarted recruitment.*
    - *The Immunization Program (which is included in the Refugee Program for administrative purposes) has undergone two audits recently and is busy preparing responses and a Corrective Action Plans for one audit.*
    - *The Program will be adding temporary staffing shortly to assist with shoring up projects and data entry backlogs. We had to identify space in the building for temporary staff to work.*

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

Medical Director Update – *Dr. Mishra*

- *Dr. Mishra addressed 10 issues (see handout for details).*
  - *Homeless and Street Medicine Services:*
    - *SCHC has created a new Health Program Coordinator (temporary position) to*
      - ➢ *Collaborate with internal and external agencies that serve the unsheltered.*
      - ➢ *Liaison between SCHC and health plans to draw down funding from HHIP (funding for care for patients experiencing homelessness and helping them transition into housing); and*
      - ➢ *Guide the current homeless Leads (Drs. Orsulak, Landefeld and Mishra) as they build the Street Medicine program.*
    - *The SCHC team continues to meet with the County Department of Homeless Services and Housing (DHSH) and other agencies to determine the bet locations to provide street medicine services.*
    - *County Public Health is donating PH Aide positions to SCHC for a few months to assist with duties such as picking up prescriptions and linkage to services. Dr. Mishra is checking whether they can complete Enhance Care Management/Community Support applications as well.*
  - *Weekend Clinic: As Dr. Mendonsa mentioned, the first weekend clinic will take place on 1/21 and will focus on meeting HEDIS quality measures for cervical cancer screening, diabetes A1c control, foot and eye exams for diabetic patients, hypertension checks, well-child visits, and child/adolescent immunizations.*
  - *UC Davis School or Nursing (SON) Grant:*
    - *SCHC leadership continues to meet with UCD SON to help them decide how to use their access improvement grant most effectively. SCHC has proposed several options to them, but they will make the final decision. As the grant holder, they will receive the funds and will pay for staffing including help for SHCH access improvement efforts. As one part of the grant, SON intends to use/purchase a van to be able to provide care where people are in the community. The grant is for four years and one goal is to ensure that activities generate revenue so that they can continue after the grant ends. SON wishes to start services in April or May, so SCHC expects a final decision in March.*
  - *School-Based Mental Health and Wellness:*
    - *Senate Bill 966, which allows associate clinicians, including associate social workers and associate Marriage and Family Therapists (associate means they have completed their degree but not yet their licensure exam) passed in late 2022. SCHC is working with SCOE to position SCHC to make use of these clinician types under HRSA FQHC rules, so we can increase access.*

Quality Improvement and Compliance – *Dr. Hutchins*

- DEFERRED due to shorter time period for meeting

CAB Governance

- Committees Updates to CAB – Committee Chairs
  - Clinical Operations
    - *Program Summary: HIV Grant Programs*
      - ➢ *Mr. Gallo informed the group that the Clinical Operations Committee reviewed activities planned for the HRSA HIV: Ending the Epidemic grant. These include changes in operations to better assist patients at SCHC with HIV as well as outreach using the mobile van to high-risk patients.*

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

- ➢ *Within the brick and mortar sites, clinicians and staff will be trained on topics such as diagnosis of HIV infections, linkage to HIV medical care, and best practices to retain patients in medical care.*
- ➢ *SCHC will conduct routine and high risk HIV testing in alignment with CDC recommendations, unless the patient ops out.*
- ➢ *SCHC will hire a linkage to care navigator to assist patients get linked to care. Interviews have been completed; Ms. Stacholy intends to offer the position shortly.*

- o Finance Committee –
  - ▪ *Ms. Bohamera reviewed highlights from the December (mid-year) Financial Status Report (FSR) that was presented to the Finance Committee.*
    - ➢ *As expected and as usual, Inter/Intrafund Reimbursement is lagging, but is expected to come in at budget by the end of the fiscal year.*
    - ➢ *SCHC received revenue collected from the Department of Revenue Recovery for very old County Medically Indigent Services Program (CMISP) bills, but also obtained agreement from the Budget Office to write off very old claims once approved by the County Board of Supervisors.*
    - ➢ *SCHC has received fewer than expected invoices from SCOE for our school-based health center program (partly due to HRSA not approving our last applications to add more service sites) and cannot yet pay these because the contract is not yet executed. SCHC has also received higher than expected charges from Quest for un-reimbursable lab testing for Refugee patients.*
    - ➢ *SCHC expects to have to pay more than the budgeted amount for OCHIN billing services due to its expansion of providers. This was discussed with the Budget Office and will be included in the proposed 2023-2024 budget request.*
    - ➢ *SCHC, like other programs and departments, has received less in charges for allocated services (such as those provided by Human Resources and Department of Technology).*
    - ➢ *Overall, SCHC is in good shape budget-wise, and expects to end the fiscal year under the budgeted amount for County general funds.*
  - ▪ *Ms. Bohamera gave updates on grants.*
    - ➢ *No claims have been received/processed for HRSA grants yet this year.*
    - ➢ *HRSA provided an Enhancing Coronavirus Vaccination grant award in the amount of $158,539.00 but SCHC staff and the Finance Committee concluded that the grant timeline was too short to effectively use the funds for the stated purposes. SCHC will not spend down the entire HRSA ARPA award, and this new award covered many of the same areas. Finance Committee and Mr. Dizon recommend relinquishing this award, as it will cost more to accept, track, and report on the grant than we will be able to recoup from the award.*
    - ➢ *Ms. Bohamera made a motion to relinquish the HRSA Enhancing Coronavirus Vaccination award in the amount of $158,539.00. The motion was seconded by Ms. Bluemel.*
      - ✓ <u>Yes votes</u>: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Paula Lomazzi, Nicole Miller, Namitullah Sultani
      - ✓ <u>No votes</u>: None
- o Governance
  - ▪ *In the absence of Ms. Winbigler, Dr. Hutchins informed the group that the Governance Committee did not meet, as it relinquished its meeting time to the Strategic Planning Committee.*
  - ▪ *Dr. Hutchins informed the group that the Governance Committee had reviewed several YouTube trainings on Roberts Rules of Order. A short (<5 minute) training on making motions will be conducted at the next CAB monthly meeting on February 17. Ms. Bluemel added that the training was brief but clear and helpful.*
- o Strategic Planning Ad Hoc Committee

- *Ms. Fryer, as the newly selected Strategic Planning (SP) Committee chair, gave a brief report from first meeting of the Strategic Planning Committee on 1/11/23. Ms. Fryer reminded the group that strategic planning involved taking a 30,000 foot view of the health center and asking what we need to do/focus on to ensure we serve our patients and fulfill its mission.*
- *The SP Committee agreed on the overall process and goals, finalized the meeting calendar, and created a list of organizations to invite to the SWOT meeting. The Committee plans to bring a draft Strategic Plan to CAB for review in April.*
- *CAB members are asked to submit their suggestions for the Health Centers Mission, Vision and Values document, which was given as a handout for today's meeting.*
- *The next meeting will be February 17, 2023 from 11 am - 1 pm.*
- *Dr. Hutchins added that the Strategic Planning Committee would like to receive input from all CAB members concerning the revision of the SCHC mission, vision and values as well as which partner organizations to invite to participate in the online Strengths/Weaknesses/Opportunities/ Threats Analysis in March. Dr. Hutchins will send an email with materials to review and specific requests for action.*

February Monthly Meeting Items – *All*

- Committee Updates
  - *Policy and Procedure Review
  - Program Review: TBD
  - January Financial Status Report
  - Recruitment and Training Updates
  - CAB Calendar

Public Comment Period

- *Vice-Chair Fryer opened the floor to public comment. No members of the public were present.*

- *Dr. Hutchins reminded folks that the closed session scheduled for 10:30-11:00 to evaluate Dr. Mendonsa and present CAB's comments on SCHC support staff was cancelled due to the CAB Chair being ill and Dr. Mendonsa being asked to attend an urgent meeting. Dr. Hutchins indicated that she will send out suggested times to reschedule.*

Closing Remarks and Adjourn

- *Vice-Chair Fryer adjourned the meeting at 10:28 AM.*

Next Meetings:
Friday, February 3, 2023 9:30-11:00 via Zoom or in person (Community Room 2020) - Budget
Friday, February 14, 2023 9:30-11:00 via Zoom or in person (Community Room 2020) – UDS
Friday, February 17, 2023 9:30-11:00 via Zoom or in person (Community Room 2020) – monthly meeting
Friday, March 8, 2023 TBD – Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis with partners for strategic planning

*Items that require a quorum and vote.

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

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

The Co-Applicant Board welcomes and encourages public participation in the meetings. Matters under the jurisdiction of the Co-Applicant Board and not on the posted agenda may be addressed by the public following completion of regular business.

The agenda is posted on-line for your convenience at https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx

Per the Brown Act, those attending a CAB meeting through teleconferencing are required to disclose the location from which they are calling. It is illegal to call while driving. There is a cap on how many members can attend from outside Sacramento County.

Meeting facilities are accessible to persons with disabilities. Requests for interpreting services, assistive listening devices or other considerations should be submitted by contacting the Primary Health Division at (916) 875-5701 (voice) and CA Relay Services 711 (for the hearing impaired), no later than five working days prior to the meeting.

<div align="center">

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

</div>

Meeting Agenda

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

Meeting Location

4600 Broadway, Conference Room 2800 or by ZoomGov at
https://www.zoomgov.com/j/1618897122?pwd=MWdoR2JURFVUQUtHbU4yUW5oRklnUT09

      Meeting ID: 161 889 7122
      Passcode: 153371

CAB Members: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Nicole Miller, Jan Winbigler, Paula Lomazzi, Namitullah Sultani
SCHC Leadership: Sharon Hutchins, Noel Vargas, Susmita Mishra
SCHC Staff: Robyn Alongi, Zack Staab,
Community Members: Belinda Brent

Topic
Opening Remarks and Introductions – *Jan Winbigler, Chair*   • *Ms. Winbigler started the meeting and performed the roll call.*
Review of 01/20/23 CAB meeting minutes   • *Dr. Hutchins explained that there was a mix-up with the meeting minutes from the 1/20/23 meeting. She is working on finding the original document.*

Review of 02/03/23 CAB Budget meeting minutes
 	
 • *Ms. Winbigler asked if there were comments, concerns or changes that should occur with the minutes. No concerns or comments were heard.*
 	
 • *Ms. Bluemel made a motion to approve the 02/03/23 CAB Budget meeting minutes as proposed. Ms. Fryer seconded the motion to approve the 02/03/23 CAB Budget meeting minutes as proposed.*
      o *<u>Yes votes:</u> Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Nicole Miller, Jan Winbigler, Paula Lomazzi, Vince Gallo (Mr. Sultani was not heard during this vote. He arrived shortly after).*
      o *<u>No votes</u>: None*

Review of 02/14/23 CAB UDS meeting minutes   • *Ms. Winbigler asked if there were any comments or concerns with the 02/14/23 CAB UDS meeting minutes.*   • *Ms. Bluemel noticed that Ms. Lomazzi was listed as being present at the meeting when, in fact, she was not.*   • *The minutes will be updated before being entered into the official database.*

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

- *Ms. Bohamera made a motion to approve the 02/14/23 CAB UDS meeting minutes as revised. Ms. Bluemel seconded the motion to approve the 02/14/23 CAB UDS meeting minutes as revised.*
  - o *Yes Votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Nicole Miller, Jan Winbigler, Paula Lomazzi, Namitullah Sultani*
  - o *No votes: None*

Brief Announcements – *All*

- *Dr. Hutchins invited those attending the Strategic Planning meeting in person at 11:15 am to have lunch following this meeting at 11 am.*

Health Resources and Services Agency (HRSA) Project Director Update – *Dr. Mendonsa*

- DEFERRED

Medical Director Update – *Dr. Mishra*

- *The first item on Dr. Mishras' report was the UOP proposal for collaborative space. Dr. Mishra informed the group that SCHC received a proposal from UOP and that the center would like to move forward with figuring out the logistics of the proposal.*
  - o *Dr. Mishra pointed out that the Health Center can proceed with the proposal as a satellite clinic or as a brand new site. These two options effect the Health Centers reimbursement rate in different ways. There is also a consultant helping the Health Center sort through the options with UOP and the collaborative space. Once a decision is made on the UOP proposal, then SCHC will inform HRSA.*
  - o *The Health Center needs to decide whether or not Family Medicine is the best program to move to the new space. Dr. Mishra believes Family Medicine would be a good fit because they see the full spectrum of a lifespan from birth to older age, and that program has also been looking to expand. However, Dr. Mishra said, the Accreditation Council of Graduate Medical Education (ACGME) has specific, rigid requirements on how a Family Medicine residency program has to be structured. The Health Center and UOP would need to meet these requirements should they decide to move Family Medicine into the collaborative space.*
  - o *The Health Center has not heard specifics on what the costs associated with the UOP collaborative space would be. Dr. Mishra said that a bi-weekly meeting with staff and UOP had been set up, which would hopefully allow staff to chip away at the questions that need answered.*
  - o *A CAB member asked where the new center would be located. Dr. Mishra responded that it would be located on Broadway where the Sac Food Bank was formerly located.*
  - o *Dr. Mishra explained that when opening a new space it is in good faith to make sure that other FQHC's and clinics in the area do not feel as though there is added competition. The Health Center will reach out to WellSpace, who has a location near the new site, to get their support. Dr. Mishra pointed out that if a letter of support cannot be attained from WellSpace, then showing HRSA that the medical needs of the community are not being met would lend support to the need for another health center site.*

- o *An attendee asked if there is a second choice if Family Medicine does not work out in the new space. Dr. Mishra responded that UOP seemed to be willing to meet all the necessary requirements of the collaborative space, thus alternatives are not currently being looked at.*

- *The second item on Dr. Mishras' report was School-Based Mental Health as SCHC satellite clinics. There was not much to report on in this area, other than staff are hoping to have a meeting next week with HRSA to see why the approval of several satellite clinics is being held up.*

- *The third item on Dr. Mishras' report was the Quality Improvement (QI) Plan.*

  - o *Dr. Mishra asked Ms. Brent, a member of UCD's QI department, to speak on this item. Ms. Brent said that big changes were in order for the QI plan this year. For instance, there are going to be changes in the structure of how project teams are supported and how measures are prioritized. Another item being looked at is training in project management for mid-level management and supervisors to help them support quality improvement. A QI project management training session has been scheduled for February 22, 2023.*

- *The last item on Dr. Mishras' report was the street medicine program.*

  - o *Dr. Mishra said we have a lot to learn in this space because it is a completely different approach to taking care of members of the community. The Health Center is working to figure out how to ensure that street medicine visits are billable. Billing can be difficult since some patients do wish to share personal information, while others are hesitant to receive care during their first few visits.*

    - ▪ *Under a new California program, there are four options to receive funding for the street medicine program, one of which is called HHIP funding.*

    - ▪ *Kaiser and Anthem have already sent SCHC information on how to receive HHIP. The center is hoping to hear back from the other health plans soon. Dr. Mishra expects the total funding from HHIP may be in the 150k to 200k range.*

    - ▪ *In terms of the long term financial sustainability of the street medicine program, the health plans have sent a letter to the state requesting programs like street medicine to specify what type of provider they want to be. The options for street medicine would be to receive funding as a street medicine PCP, with all the stipulations that come with that, or to receive funding as a street medicine referring provider. Dr. Mishra explained that receiving funding as a street medicine PCP may have higher rates however, both options come with pros and cons. A decision on this must be made in the next couple of months, at which time the health plans will be notified and contracts will be written.*

    - ▪ *A CAB member asked if it was possible to negotiate with the health plans to potentially receive funding as both a street medicine referring provider and as a street medicine PCP.*

      - ➤ *Dr. Mishra responded that she was hopeful that the health plans and SCHC could work something out where the street medicine program would operate as a PCP and pull down the higher rate. Her hope with this is that the health plans wouldn't expect the same performance as those that come with brick and mortar locations.*

Quality Improvement and Compliance – *Dr. Hutchins*

- *Dr. Hutchins presented the 2023 proposed CAB Compliance Calendar.*

  - o *Grants category:*

    - ▪ *Dr. Hutchins said that SCHC was awarded the Service Area Competition (SAC) grant. The health center is not currently planning to directly apply to any additional grants at this time. The*

> *Health Center has to remain flexible should any grants arise that fit the strategic plan of the center, Dr. Hutchins explained.*
>   - *The semi-annual and quarterly reports to HRSA for the grants that the Health Center has already been awarded are included on the calendar.*
> - *Budget:*
>   - *CAB reviews the budget every February before it is submitted. That action was completed earlier this year.*
>   - *Depending on the state of the economy, SCHC may look at the potential for growth requests towards the calendar of the fiscal year, which would need to be reviewed by CAB.*
> - *Sliding Fee Discount Program*
>   - *Another item that will need to be reviewed this year by CAB is the Sliding Fee Discount Policy and Procedure. Congress has reset the federal poverty level and CAB needs to determine whether or not the discounts that the Health Center provides are still appropriate. The SFDP P&P will likely come to CAB in March, once approved by the Finance Committee.*
> - *There is no required schedule for looking at the CAB's by-laws, however, the Governance Committee has identified some issues related to recruitment and approval of new members that Dr. Hutchins wants the CAB to look at.*
> - *Dr. Hutchins pointed out that there will be elections for CAB Chair and Vice-Chair coming up in the fall. The Governance Committee will be working on a recruitment plan in July or June.*
> - *Dr. Hutchins reminded the group that they will need to perform their annual evaluation of the Project Director, Dr. Mendonsa. That evaluation is scheduled on the calendar for October 2023. Mr. Vargas asked for clarification on what the project director performance evaluation looks like. Ms. Winbigler explained that the evaluations are different every year. This year's tool had fewer questions since Dr. Mendonsa was so new to the position when the evaluation was carried out. Ms. Winbigler noted that the review for 2022 included evaluations of Mr. Safi, Dr. Hutchins, and Dr. Mishra that were presented to Dr. Mendonsa.*

- *Dr. Hutchins then presented a review of patient complaints, grievances, and health and safety concerns from 2022.*
  - *While staff is only required to present this information to CAB once a year, Dr. Hutchins would like to have it presented more frequently. This way CAB would to be able to identify any patterns or concerns with the Health Center. Changes need to be made in procedure for the complaint data to be more accurate, and Dr. Hutchins is expecting better data to be compiled later this year.*
  - *Dr. Hutchins explained that the word "variance" is typically used in the field to cover both complaints and grievances. Ehen patients complain directly to the Health Center about a problem that they have experienced, the word "complaint" is used. When patient concerns are sent to the Health Center from a health plan or independent provider association (IPA), these re called "grievances."*
    - *Dr. Hutchins wanted to make the group aware that the complaints listed could be directed at anybody, for instance, from the Quest draw station. Quest is an independent entity and SCHC can't do anything with the complaints directed at them. There were 14 provider-directed complaints with a request to change PCP, 8 of those were granted. Dr. Hutchins explained that she was deferring from detailing the other complaints until procedures were fixed. At present,*

staff are not recording each complaint nor routing them correctly. Management is dealing with this issue.

- o *For grievances, Dr. Hutchins noted, that the Health Center classifies grievances by level of gravity:*

  Level 1 – Access Challenges
  Level II – Disrespectful behavior or policy violation
  Level III – Issues impacting patient safety

  - ▪ *In 2022, 9 Level I grievances were received, 17 Level II grievances, and 3 Level III grievances.*
  - ▪ *Dr. Hutchins said she classifies the grievance level based on what the patient told their health plan. After that, she assigns an appropriate coordinator to investigate the grievance. The Grievance Committee reviews patterns and trends.*
  - ▪ *Dr. Hutchins asked if anyone had any questions. No questions were received.*
  - ▪ *Dr. Hutchins moved on to summarize the patient safety concerns from 2022 Health and safety concerns are reviewed by the Health and Safety committee after investigation by Dr. Mishra.*
  - ▪ *In 2022, there were seven instances of the wrong vaccine being given to a patient. The registry staff who made 4 of those 7 errors was terminated.*
  - ▪ *Dr. Hutchins wanted to make clear that every time SCHC identifies a problem, the goal is determine how the Health Center can mitigate the issue and prevent a similar issue from happening in the future. As an example, Dr. Hutchins said that a new color coded system was implemented for vaccines in the refrigerator to help make it easier to identify the right vaccine.*
  - ▪ *Ms. Brent pointed out that it is often the case with these reports that the number of complaints and grievances listed are just the tip of the iceberg, as in, a patient does not always take the time to have their concern heard.*

- • *Finally, Dr. Hutchins presented the 2022 Provider Report Card Summary to CAB. Dr. Hutchins thanked Ms. Alongi for her hard work in finalizing the report.*
  - o *Provider report cards are often used in the field, but were used for the first time (at least in a long time) at SCHC in 2022. The purpose is to present providers with a quarterly report on how they performed on high priority quality metrics individually versus their peers in their program.*
  - o *In Pediatrics, SCHC is not doing as well on key quality metrics as in the past, in part due to COVID and in part to the high volume of refugees. In some cases, young refugees come to the United States having not had a certain vaccine (rotavirus), and as a result it is impossible to "catch up" on the recommended vaccine schedule.*
  - o *Dr. Hutchins wanted to point out that the 2022 Year End Provider Report Card Summary includes all patients, including Healthy Partners, homeless and uninsured patients – this can result in lower target scores.*
  - o *A participant asked whether a health plan counts when a patient refusing to receive care in a certain area as an example of non-compliance with that quality measure. Dr. Hutchins and others confirmed this is indeed the case. This is also the reason that performance on quality metrics is never expected to be 100%.*

CAB Governance

- • Committees Updates to CAB – Committee Chairs
  - o Clinical Operations – *Mr. Gallo*

- Mr. Gallo informed the group that the Clinical Operations Committee did not meet since the last CAB meeting.
  - Policies and Procedures: *NA*
  - Program Summary: *NA*
- Finance Committee – *Ms. Bohamera*
  - January Financial Status Report (FSR)
    - *Ms. Bohamera said the 2023-2024 SCHC budget has been approved and submitted. There is no impact to our budget allocation at this time. Overall, January looked about the same as the previous month and the Health Center is expected to underspend their budget authority by 550k – when revenue is added in the amount is 1.5 million. Ms. Bohamera talked about how SCOE is a concern, and there may need to be a change in the contact language with them. In revenue and reimbursement, the Health Center is remaining at budget until the SCOE contract is figured out.*
  - Grant updates
    - *Ms. Bohamera indicated that SHCC expected a lot of claims to have been submitted in the last couple weeks, activity of which will be reflected on next month's grant summary.*
    - *For the refugee grant, SCHC will be submitting revisions to the state shortly.*
    - *SCHC's SAC application was successful. SHC hs received notice that it will receive a new three year "main grant" from HRSA for 3/1/23 to 2/28/26.*
      - *The Health Center received a majority of the annual grantaward at this time. In approximately August or September the Health Center enter should receive the remaining portion of this grant.*
- Strategic Planning Ad Hoc Committee
  - *Ms. Fryer noted in her report that a large portion of the upcoming Strategic Planning meeting, occurring directly after this meeting, will be dedicated to revising the vision and mission statements as well as the Health Center's stated values.*
- Governance Committee – *Ms. Winbigler*
  - *On behalf of Ms. Winbigler, Dr. Hutchins attempted to play a Roberts Rules of Order training video:* How to Make a Motion, Part I. *Unfortunately, the group was not able to hear the sound.*
  - *Ms. Winbigler made a proposal to adjourn early for committee members to watch the video in the comfort of their own homes. Ms. Bluemel thought this was a great idea, and asked for the link to the video be sent out immediately.*

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

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

Public Comment Period
- *Vice-Chair Fryer opened the floor for comments.*
- *Ms. Bluemel commented that she would see everyone in the Strategic Planning Committee at 11:15 am. No other comments were offered.*

Closing Remarks and Adjourn – *Jan Winbigler, Chair*
- *The meeting was adjourned by Ms. Winbigler at 10:54 am.*

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

*Items that require a quorum and vote.

The Co-Applicant Board welcomes and encourages public participation in the meetings. Matters under the jurisdiction of the Co-Applicant Board and not on the posted agenda may be addressed by the public following completion of regular business.

The agenda is posted on-line for your convenience at https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx

Per the Brown Act, those attending a CAB meeting through teleconferencing are required to disclose the location from which they are calling. It is illegal to call while driving. There is a cap on how many members can attend from outside Sacramento County.

Meeting facilities are accessible to persons with disabilities. Requests for interpreting services, assistive listening devices or other considerations should be submitted by contacting the Primary Health Division at (916) 875-5701 (voice) and CA Relay Services 711 (for the hearing impaired), no later than five working days prior to the meeting.

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

HRSA Project Director Updates
March 17, 2023 CAB Meeting

- **Health Resources and Services Administration (HRSA) 'Ending the HIV Epidemic in Primary Health' Grant Update**
    - HRSA recently offered an additional $45,000, however, due to the short deadline by HRSA and the time needed for Health Center to prepare Board of Supervisor documents and Board Letter Due Dates, the Health Center will be recommending to CAB the rejection of the $45,000.

- **Health Resources and Services Administration (HRSA) Annual Call**
    - The Health Center had our annual check-in with our HRSA Program Officer on 2/6/2023. Health Center Senior Management Team and the Division's Deputy Director were in attendance. Overall the meeting was productive and information was shared regarding how HRSA oversees FQHCs which is now more of a team approach versus one specific person assigned to the FQHC.

- **Weekend Clinics**
    - The Health Center continues to operate successful weekend clinics including the first mobile mammogram clinic which was held March 11, 2023.

- **Health Center Growth Request**
    - Our requests continue to route as submitted. No red-lines have occurred as of this report.

- **Space/Staffing/Access Updates.**
    - Admin relocation approved to 711 G Street. Targeting a move before 7/1/23.
    - We continue to recruit for open positions in administration, pharmacy, and within the clinic. Interviews underway to fill the Senior HPC position, which is a key leadership position in Refugee.
    - Access – Dr. Mishra to provide updates.

- **Sacramento County Office of Education (SCOE) – School Based Mental Health Updates.**
    - We continue to work with HRSA to get proposed satellite sites approved.
    - Health Center leadership have been meeting with SCOE leadership regarding the use of Associate level clinicians (those earning hours towards licensure). SCOE plans to hire these soon and staff some of the school sites with these staff who will be supervised by licensed behavioral health professionals.

Medical Director Report to CAB
March 17, 2023

1. **Public Health Emergency End (PHE)**
   - Sacramento and CA PHE ended 2/28/23; Federal PHE ends 5/11/23
     - CA Dept. of Public Health put out guidelines on 3/3/23 of changes with the end of PHE
     - Mask mandate in health care settings expires on 4/3/23
     - COVID -19 vaccines or medical/religious exemptions from vaccination are no longer a requirement for healthcare workers
     - COVID testing at Day 5 after initial positive COVID test/symptoms no longer need to end isolation as long as symptoms are resolving and fever free for 24 hours. Masking for 10 days is still required

2. **County- UCD School of Nursing grant collaboration**
   - Areas of focus:
     - Improve Health measures
       - UCD Nurse Practitioners will staff weekend and other afterhours clinic.
       - Next weekend clinic 4/22- two NPs to do pap smears for cervical cancer screening.
       - Recruiting an NP to do Well Child Visits and run a Hypertension clinic
     - Other options in the future utilizing SCHC mobile van
       - Primary care services at our school based satellite sites
       - Expansion of street medicine service sites
       - Refugee health assessments in the location where refugee families reside

3. **Referral Program workflow Analysis**
   - Consultant has completed analysis of the Referrals program and made recommendations to promote workflow efficiency, faster processing of referrals and access to specialist
   - Very high priority for providers (along with Panel size and Appointment access)

4. **Homeless and Street Medicine services**
   - Street Medicine services being provided at four sites:
     - Township 9 Park
     - Howe Ave/ La Riviera Dr.
     - Longview Drive/Watt Ave
     - Northgate/Woodlake area
   - Vicki Deloney-Wilson has joined the team, as a Health Program Coordinator, who will be reporting to the health plans and other street medicine programs as part of the Homeless Services and Housing Incentive Proposal (HHIP) and developing QI plan

5. **Panel size and Appointment access**
    *   Due to the complexity of many members and focus on screening and addressing risk factors, the national benchmark for panel size for FQHCs has been decreasing
    *   We are creating a workgroup to discuss what an appropriate panel size is for our providers
    *   Appointment access- Consultant's new area of focus will be improving appointment access
    *   SCHC challenge- many contracted providers who work a few half days a week which limits their availability; one solution may be shared panels

6. **River City Medical Group (IPA)**
    *   Gave us kudos as being one of shining FQHCs in performance measure scores. We were asked about our unique programs so they can share them with other clinics.

Sacramento County Health Center

Quality Improvement Plan

2023

Department of Health Services
Primary Health Division
Approved by CAB on <mark>TBD</mark>

Sacramento County Health Center (SCHC) has a systematic approach to quality measurement and quality improvement. The Quality Improvement (QI) Plan outlines the process that includes methods to monitor performance and implement changes in practice when necessary, with follow up measurement to determine whether new practices positively affected performance.

Review of data is essential to the QI process. Data can include but is not limited to performance indicators, satisfaction surveys, member concerns (complaints, grievances), service utilization, medication errors, chart review, etc. Compliance and risk management are also integral to quality management. The Health Center is a public entity and has separate units or departments for Compliance (HIPAA), risk management, contracts, fiscal, safety, information management, and legal counsel.

Health Center Vision
- To be an exceptional health care center valued by the communities we serve and our team.

Health Center Mission
- To provide high quality, patient-focused, equitable healthcare for the underserved in Sacramento County, while providing training for the next generation of local health care providers.

Values

• Accountability	• Diversity	• Excellence	• Respect
• Compassion	• Equity	• Learning/Education	

Goals
- Reducing health inequities and assisting patients in achieving better health outcomes through best practice and/or evidenced based guidelines;
- Patients feel that the SCHC cares about and works to improve their well-being, safety and experience in a respectful way;
- Care Team members understand and believe in their role and are supported to carry it out in a positive environment; and
- Responsible management of funds to ensure economic sustainability of health center.

Guiding Principles for Service Provision
- Access to care for routine, same day, and new member appointments;
- Respect, sensitivity, and competency for populations served;
- A safe and attractive environment for clients, visitors and staff;
- A work culture that acknowledges all team members provide essential high quality services;
- Effective communication and information sharing;
- Effective and efficient use of resources to sustain the mission;
- Implementation of data-informed practices; and
- Continuous improvement.

PROGRAM STRUCTURE

Quality Improvement Committee (QIC)
1. The QIC provides operational leadership and accountability for clinical continuous quality improvement activities.
2. QIC meets at least monthly or not less than ten (10) times per year.
3. The QIC represent different disciplines and service areas within the Health Center. This includes the Division Manager, Medical Director, Pharmacy Director, QI Director, designated Administrative Services Officer (reports), and representatives for clinics, physicians, and nursing.
4. QIC responsibilities include:
   a. Develop the annual QI Plan that includes a specific approach to Continuous Quality Improvement (CQI) based on the Quadruple Aim, and present it to the Co-Applicant Board (CAB) for adoption.
   b. Establish measurable objectives and indicators of quality based upon identified priorities.
   c. Monitor data indicating progress toward clinical goals related to Patient Experience and Population Health Outcomes.
   d. For clinical indicators out of target range, develop actions and strategies for Health Center Management Team implementation.
   e. Report to the CAB on clinical quality improvement activities on a regular basis.
5. Management Team responsibilities include:
   a. Implement strategies and provide education to staff on clinical quality standards and metrics.
   b. Monitor data indicating progress toward the goals related to Reducing Costs and Care Team Well-Being.
   c. For economic and personnel indicators out of target range, develop actions and strategies for Health Center Management Team implementation.
   d. Report to the CAB on non-clinical quality improvement activities on a regular basis.
   e. Report back to the QIC.
6. Health Center Co-Applicant Board (CAB) role includes:
   a. Authorities outlined in Clinic Services *PP 01-02: Co-Applicant Board Authority*.
   b. Delegate authority and responsibility for the QI Program to the QIC.
   c. Review, evaluate, and approve the Quality Improvement Plan annually and receive quarterly reports on identified quality indicators.

PERFORMANCE INDICATORS & ANALYSIS

Performance Indicators are identified and measured as part of the quality improvement initiatives. They:
- Have defined data elements;
- Have a numerator (who/what was changed) and denominator (of what eligible group) available for measurement; and
- Can detect changes in performance over time and allow for a comparison over time.

Outcomes / Process Measurements are those that:
- Identify measurable indicators to monitor the process or outcome;
- Collect data for specified time period, or ongoing;
- Are compared to a performance threshold or target; and
- Evaluate the effectiveness of defined action(s).

Data Analysis establishes:
- Priorities for improvement;
- Actions necessary for improvement;
- Whether process changes resulted in improvement; and
- Performance of existing key processes.

Continuous Quality Improvement (CQI) -- Clinic Services frequently utilizes the Plan–Do–Study–Act (PDSA) method for focused intervention. See PDSA Work Sheet.

PLAN	Identify area target not met. Identify most likely cause(s) through data review. Identify potential solution(s) and data needed for evaluation.
DO	Implement solution(s) and collect data needed to evaluate the solution(s).
STUDY	Analyze the data and develop conclusions.
ACT	Recommend further study / action. May need to abort, adapt or adopt. This decision depends upon results of the analysis. If the proposed solution was effective, decisions are made regarding broader implementation including the development of a communication plan, etc. If the solution was not effective, QI team returns to planning step.

COMMUNICATION AND COORDINATION

Communication

Problems may be identified from data, staff or management experience, concerns, audits, or agency feedback. Managers are responsible for:
1. Sharing the plan including indicators and targets with staff at all levels;
2. Including multidisciplinary staff from all areas of operations in problem identification; developing strategies, implementing interventions, and review of data analysis;
3. Providing information alerts or policy and procedure guidance; and
4. Imbedding key priorities into Health Center policies, training, and other core materials.

CONFIDENTIALITY AND PRIVACY OF PERSONAL HEALTH INFORMATION

All data and recommendations associated with quality management activities are solely for the improvement of patient experience, patient care, economic sustainability, or the well-being of the care team. All material related to patient care is confidential and accessible only to those parties responsible for assessing quality of care and service. All proceedings, records, data, reports, information and any other material used in the clinical quality management process which involves peer review shall be held in strictest confidence and considered peer review protected.

The Health Center will minimize use of identifiable protected health information for quality measurement to protect it from inappropriate disclosure. Reports for committee review regarding data analysis and trending shall not disclosure a client's protected health information. Use of aggregate data or reports will be maintained in the CAB meeting minutes.

Personal health information obtained because of a client complaint or appeal is kept in a secure area and is only made available to those who have a need to know. Computer access to personal health information about a client's complaint or appeal is password protected and only accessible to those who need access.

Clinic Services Policies & Procedures Manual and the County Office of Compliance have extensive policies and procedures for health information management and protected health information.

2023 QUALITY IMPROVEMENT GOALS AND OBJECTIVES

Annually, the Health Center selects Quality Improvement goals and objectives for each part of the Quadruple Aim. The Quality Improvement Committee (QIC) is responsible for oversight of two of the Aims: Patient Experience and Population Health Outcomes. The Management Team is responsible for the remaining two Aims: Reducing Costs and Care Team Well-Being.

Patient Experience *(Patients feel that the SCHC cares about and works to improve their well-being, safety and experience in a respectful way)*

Goal 1: Improve Access to Care

o   Objective 1-1: Improve Access by Telephone During and After Hours
- Reduce the amount of time patients spend on the phone by:
  - Increasing the percentage of calls answered within Service Level each month from a baseline of 72% to 80% by December 2023.
  - Reduce the Longest Queue time to less than 1 hour each month.
- Track above metrics by number of call center personnel hours on shift.

o   Objective 1-2: Reduce No Shows
- Reduce No Shows by 5% for each program.
- Track the no-show rate for each provider.

- Track appointment reminders to see how many are completed (i.e. patient responds by confirming or cancelling the appointment).

- o Objective 1-3: Increase Appointment Access
  - Increase availability of appointments after regular business hours by conducting a minimum of 12 after hours (Saturdays &/or evening) clinics.
  - Track provider and schedule utilization, average lead time and time lost to no shows.
  - Track the percentage of new members who get new member appointments within 120 days of assignment to SCHC and how many of these are completed (e.g. have all components including SHA).

- o Objective 1-4: Reduce Time from Referral/Order to Appointment
  - Process at least 25% of referrals within the DHCS timely access requirements.
  - Track time from order to schedule and then to visit.

Goal 2: Improve Customer Service

- o Objective 2-1: Improve Continuity of Care
  - Track percentage of PCP empaneled patients.
  - Track the number of non-urgent appointments that are with the patient's PCP as a measure of continuity of care.

- o Objective 2-2: Improve Pre-Visit Planning
  - Document pre-visit planning workflows for patient registration in Family Medicine, Adult Medicine, Behavioral Health and Pediatrics.
  - Track pre-visit (e.g. checks of health maintenance section prior to patient visits.

Goal 3: Improve Patient Engagement

- o Objective 3-1: Improve Patient Outreach
  - Increase the percentage of active adult patients with activated My Chart from 31% to 35% by end of 2023.
  - Ensure contact by visit or outreach (call/letter/text) with all empaneled patients at least once per calendar year.
  - Document outreach workflows and ensure consistency (e.g. script) among all

- o Objective 3-2: Improve Supports for Health Literacy and Patient Education
  - Ensure 10 most common forms or handouts for each program are available in the languages (other than English) spoken by at least 3,000 English-limited residents of Sacramento County (Cantonese, Dari, Farsi, Hmong, Mandarin, Pashto, Spanish, Russian, Ukrainian, Vietnamese).

Population Health Outcomes *(Reducing health inequities and assisting patients in achieving better health outcomes through best practices and/or evidence-based guidelines)*

Care Coordination

Goal 4: Improve Care Coordination of Patients with High Service Utilization or Who Require Services Across Systems

o   Objective 4-1: Increase rate of patients receiving follow up after ED visit or hospitalization within 30 days to 50%

o   Objective 4-2: Ensure utilization of Hypertension & Diabetes in-clinic program services is 95% of program capacity.

o   Objective 4-3: Ensure the number of multi-visit patients participating in Complex Care Management (CCM) is 95 % of program capacity.

o   Objective 4-4: Track number of patients 1) referred to and 2) receiving care coordination services from other organizations (plans/providers).

Clinical Performance Measures

Goal 5: Achieve Minimum Performance Level (MPL) on Select Uniform Data System (UDS) and Healthcare Effectiveness Data and Information Set (HEDIS) Quality Measures Focused on Those That Signal a Healthy Start in Life

o   Objectives:
  ▪   Prenatal/Postpartum care
  ▪   Lead Screening
  ▪   Childhood Immunization (CIS)
  ▪   Adolescent Immunization (IMA)
  ▪   Well-Child Visits for children 0-30 months of age (WCV-30)
  ▪   Well-Child Visits for those 3-21 years of age (WCV 3-21)

Goal 6a: Achieve MPL on Select UDS and HEDIS Quality Measures Focused on Secondary Prevention of Health Issues Prevalent Among SCHC Patients

o   Objectives:
  ▪   Breast Cancer Screening (BCS)
  ▪   Cervical Cancer Screening (CCS)
  ▪   Colorectal Cancer Screening (CRCS)
  ▪   Flu Immunizations
  ▪   Tobacco Screening

Goal 6b: Achieve High Performance Level (HPL) for HEDIS Quality Measures Focused on Secondary Prevention of Health Issues Prevalent Among SCHC Patients

o   Objectives:
  ▪   Chlamydia Screening
  ▪   Hypertension Management: BP Control

Goal 7: Achieve MPL Performance on Select UDS and HEDIS Quality Measures Focused on Care Coordination and Treatment for Chronic Conditions Prevalent Among SCHC Patients

- o Objectives:
  - Diabetes Management: A1c Testing & Control
  - Diabetes Management: Vison Check
  - Diabetes Management: Nephropathy
  - Diabetes Management: Neuropathy
  - Cardiovascular Disease (CVD): Statin Therapy
  - HIV: Viral Suppression

Goal 8: Improve Performance on Select UDS and HEDIS Quality Measures Focused on Diagnosis and Treatment of Mental, Behavioral Health and Substance Use Related Conditions Among SCHC Patients

- o Objectives:
  - Depression Screening and Follow Up
  - Depression Remission at 12-Months
  - Follow-up after Emergency Department visit or Hospitalization for Alcohol and Drug Use
  - Follow-up after Emergency Department visit or Hospitalization for Mental Health

Goal 9: Improve QI Support and Infrastructure

- o Objective 9-1: Track staff effort and financial impact of QI projects to help build the QI program.

- o Objective 9-2: Develop Standards for the Content of Quality Improvement Plans
  - Ensure Program QI Plans include the following components:
    - ➢ List of Key Performance Indicators
      Based on above requirements
    - ➢ List of key stakeholders and their role
    - ➢ Initial QI relevant Program SWOT analysis
    - ➢ Outline of proposed improvement activities and prospective timeline

- o Objective 9-3: Develop Standards For Accountability For Program Quality Performance
  - Each Program will have an assigned Quality Coach from the Quality Department
  - Each Program will assign a designated Quality Lead and an alternate/assistant
    Leads may be either staff or providers. If Quality Lead is not the program medical director or program manager, a standard for communication of quality plan activities must be outlined.
  - Program Quality Leads and/or Program leadership will be required to report on performance of Program Quality Plan quarterly to the QIC.

- o Objective 9-4: Develop Standards For Reporting Program Quality Performance
  - Set tiered performance targets for all goals that align with MPL and include stretch goals
  - Develop Program Quality Dashboards *(analog in 2023; digital in 2024)*
  - Dashboards will be updated monthly and posted/provided to QIC.
  - QIC will have a monthly opportunity for any program to report/address significant barriers to improvement projects.
  - Programs will provide structured report-out quarterly at QIC meeting.
  - Develop Program level Project Plans to address goals that include operational standard deliverables (SOPs, Workflows, Job Descriptions, EMR tools).

Goal 10: Address Racial and Ethnic Disparities Identified in Select UDS and HEDIS Quality Measures

- o Objective 10-1: Reduce Racial and Ethnic Health Disparities in the Control of Diabetes and Hypertension
    - Compare data for three-year intervals from pre-pandemic (2016-2018), pandemic (2019-2022), and post-pandemic (2023-2025) to account for temporal trends that have had differential impacts on racial and ethnic groups.
    - Use the results to direct focus of quality improvement to health outcomes and groups with the greatest disparities and health burden.
    - Work with UC Davis experts on the effective measurement of health inequities and effective strategies to reduce them.

Reducing Costs *(Responsible management of funds to ensure economic sustainability of health center)*

Goal 1: Health Center staff will develop a dashboard of indicators to monitor the relative costs and revenues associated with specific programs and practices.

- o Objective 1: At least semi-annually, produce calculations of the number of visits and total revenue per
    - Clinical department/program (i.e. Adult Medicine, Behavioral Health Services, Dental Services. Family Medicine, Homeless Services, Mobile Services, Pediatrics, Refugee, School-Based Mental Health, Specialty Services)
    - Provider type
    - Provider FTE
    - Medium (i.e. video, phone, and in person appointments)

Care Team Well-Being *(Staff members understand and believe in their role and are supported to carry it out in a positive environment)*

Goal 1: Identify barriers and obstacles to long-term retention for County staff.

- o Objective 1: Review findings from HRSA survey and identify one or more actionable strategies to improve employee retention.

Goal 2: Improve morale and retention of the Care Team.

- o Objective 1: Review the results of the personnel survey and identify one to three areas for action to improve care-team well-being for action by December 2023.
- o Objective 2: Review institutional policies and practices to determine if changes can be made to aid retention efforts.

2023 QUALITY IMPROVEMENT PROJECTS

For the 2023 plan, SCHC is distinguishing among four categories of Quality Improvement Projects and introducing increased infrastructure to support these.

1. The first category projects affect all or the majority of clinical programs at SCHC to which most programs can and should contribute. SCHC clinical programs are Adult Medicine, Family Medicine, Integrated Behavioral Health, Pediatric Preventive Dental Services, Pediatrics, Radiology, Refugee Health Assessment, and School-Based Mental Health.

2. The second category projects affect all or the majority of clinical programs at SCHC and will be led by clinical support programs staff. Administration, Quality Improvement, Registration, Member Services, and Referrals are examples of clinical support programs.

3. The third category projects are those that affect more than one clinical program area, but which will be led by a single clinical program.

4. The fourth category projects are specific to and led by a single clinical or non-clinical program area.

SCHC will begin 2023 working on specified projects to address the specific measures outlined below. Additional projects may be proposed to or by the QIC as the need arises, such as not being on course to achieve the objectives (see previous section) or converting tracking objectives to targeted objectives. QI projects may be proposed to QIC using the standard form and process by any provider or program representative. QIC will evaluate proposals and incorporate approved projects into the overall QI plan and schedule.

Category 1 Projects: Clinic-Wide Projects to Which Most Programs Contribute

Initial Projects
Reduce No Shows
      Lead: QIC

Increase Appointment Access
      Lead: QIC

Category 2 Projects: Clinic-Wide Projects Led by Support Programs

Initial Projects
New Patient Outreach and Initial Health Assessment
      Lead: Member Services

Depression Screening and Follow Up
      Lead: QI Team

Breast Cancer Screening
      Lead: QI Team

Colorectal Cancer Screening
      Lead: QI Team

Reduce Wait Times in the Call Center
        Lead: Call Center

Conduct Pre-Visit Planning
        Lead: Registration

Reduce Processing Time for Non-Urgent Referrals
        Lead: Referrals

Category 3 Projects: Projects Affecting More than One Clinical Program Led by Single Clinical Program

Initial Projects
Reduce Repeat Calls to Call Center
        Lead: Adult Medicine

Cervical Cancer Screening
        Lead: Adult Medicine

Follow Up After ED Visit or Hospitalization for Mental Health
        Lead: Integrated Behavioral Health

Follow Up After ED Visit or Hospitalization for Substance Use
        Lead: Integrated Behavioral Health

Well-Child Visits 0-30 Months (including required immunizations)
        Lead: Pediatrics

Well-Child Visits 3-21 Years (including required immunizations)
        Lead: Pediatrics/Family Medicine

Lead Screening by 2 Years
        Lead: Family Medicine

Increase the Percentage of Diabetic Patients with Controlled Blood Sugar
        Lead: Adult Medicine/Diabetes Clinic

Increase the Percentage of Hypertensive Patients with Controlled Blood Pressure
        Lead: Adult Medicine/Hypertension Clinic

Category 4 Projects: Projects Affecting a Single Clinical Program Led by that Clinical Program

Initial Projects
Prenatal Screening
        Lead: Family Medicine

Post-Partum Visit
        Lead: Family Medicine

ATTACHMENT A: QI Project Idea Submission and Approval Form

Sacramento County Health Center	Name	
Quality Improvement Project Proposal	Department/Program	
	Faculty Advisor Name (for Learner)	
	Submitted Date	
	QIC Review Date	

Quality Improvement Project Title:
Background: Relevant historical data and information. Explain why the current process or system needs improvement. What is the impact this is having on our organization, our patients? (limit of 400 characters with spaces)
What SCHC goals and objectives does the project address? *Mission and values, and/or Quality Improvement Plan and/or HEDIS or HRSA measures.* (limit of 200 characters with spaces)
Improvement Goal: What outcome are you hoping to achieve? (limit of 200 characters with spaces)

Ease of Project:

Does SCHC currently collect the relevant data needed for your project?	YES	NO
Does the literature support the ability for an ambulatory facility to intervene to improve the outcome?	YES	NO
Is there a source of funding?	YES	NO

What are the resources you need (time, staff, funding, equipment, space, etc.). (limit of 400 characters with spaces)

SCHC Quality Improvement Committee				
Review Date:	Decision Date:	Approved?	YES	NO
Recommendations/Next Steps:				

ATTACHMENT B: QI Project Description A3

Project Name:		Program Owner:		Start Date:	Projected End Date:

Project Team

Role/Title	Name		Department	Prefered Contact Method
Project Lead				
Project Manager				
PM Support				

Background
Why do we care? What is the impact on patients? Who are the stakeholders?

Gap Analysis
Identify what is causing or contributing to the problem. Which cause has the largest impact?

What is the gap b/w actual & desired outputs of process?

References
Research, standards, guidelines

Risks & Barriers
Brief description of Risks /to Project Success/Completion

Initial State / Baseline
Define current reality. Base info here on observations, process mapping, and data. Include baseline metrics.

AIM
What are we trying to accomplish. SMART

MEASURES

Type	Metric(s)	Measure-ment	Base line	Target	Long Term
Outcome					
Process					
Barrier					

DELIVERABLES

ACTION PLAN

Priority	Action	Owner	Start Date	Due Date	Level of Effort (H/M/L)	Potential Impact (H/M/L)
1						
2						
3						
4						
5						

RESOURCE NEEDS
Check boxes?

COMPLETION & ROLLOVER EXPECTATIONS
Estimated time to completion. Area with ongoing oversite after project completion.

ATTACHMENT C: QI Project Charter

Date:	Sponsor (clinical lead):

Project Name:

Team Clinical Chairperson (Drive the project, give provider perspective, get provider buy-in):

Team Administration Chairperson (Drive project, give admin/line staff perspective, get staff buy-in):

Team Members (contribute your experience and perspective to the project, input ideas and help test ideas and administer change):

1. Name (Role/Responsibility) Line Staff
2. Name (Role/Responsibility) Clinician
3. Name (Role/Responsibility) Outside eyes
4. Name (Learner?)
5. Name (Coach to help guide process)

Meeting Schedule (Meet at least monthly, possibly more at the beginning)**:**

1 Background

Relevant historical data and information. Explain why the current process or system needs improvement. What is the impact this is having on our organization, our patients? Why now?

2   Current Condition

Detailed description of the current situation, process, trend chart, what is the problem we are trying to solve?

3   Goal Statement

Where do we want to go? Specific goal to address the gap for future state from the current states. What outcome are we hoping to achieve? Set SMART goals (Specific, Measurable, Acheivable, Revelant, Timebound).

Scope and Barriers

- Whose input and support will this project require? How will you engage these key stakeholders?
- What barriers do you predict to your success? How will you overcome these barriers?
- List any guidelines for the team, including project constraints, rules or procedures, technology considerations, what is out of scope, etc.

This worksheet walks you through the process of testing changes for improvement. Discuss and jot down ideas for each of the four questions and use the tips to guide you through each discussion.

Discussion questions	Discussion tips
Aim setting: What are we focusing on now, and what is our goal?	• Set aims from the point of view of our patients (i.e., what would they want you to work on?). • Set your aims high ("stretch goal") – even halfway there would be a substantial improvement. • Look to make substantial progress in a matter of weeks.
Measurement: How will we know if we are making it better?	• Provide feedback on performance and change using data. • Collect data pre- and post-change. • Avoid long baseline studies that postpone getting to the change. • Keep it simple. • Choose practical measurement over perfect measurement. • Keep the time between intervention (action) and measurement to a minimum.
Idea generation: What changes do we think will make it better?	• Think about the rules and mental constructs that underlie the current way of doing things. This is the "box" that our current thinking is in. Get outside the box by asking: "Does it have to be that way?" "What would it be like if we were prohibited from following that rule?" "If we broke those rules, would that be so bad after all?" • Turn needed behavioral changes into specific techniques that people can learn. • Always generate multiple ideas for change. There may be legitimate reasons why a certain idea cannot be tested. If that is your only idea, then momentum is stopped.
Testing: How will we carry out progressive trials of our ideas?	• People are more likely to go along with a test of change if they are involved in the planning of it. • Don't get attached to any one way of implementing an idea. Stay at the change-concept level, and allow others the joy of developing the specifics to fit their situation. • Start small and work initially with those willing to work with you. Use the success of these few to approach others. • Improvement is always a "work in progress"; it is not a one-time event. Work to keep the momentum going. Take the biggest step you can take, but don't worry that you are not doing it all. One step leads to another.

	• Be sure to allocate time to reflect on the results of every test of change and its implications for the next test.
	• Integrate improvement into regular work. For example, allocate office meeting time for this. Always be testing a change and letting everyone know about it.
	• Anticipate the impact of the change on other players in the system. Keep them informed – no surprises. Don't let the unwilling stop you from testing a change with those who are willing, but don't do anything behind anyone's back.
	• Communicate, communicate, communicate … repeat.
	• Don't lose sight of the whole system as you work on a small piece of it. Don't let analysis interfere with synthesis.

ATTACHMENT D: QI Project Monthly Status Report

PROJECT STATUS REPORT

Project Title:	
Start Date:	
Projected End Date:	Workgroup
Sponsor/Lead:	
Project Manager:	

Narrative Status Summary

Progress Chart(s)

Planning → Analysis → Design → Development → Testing → Implementation → Maintenance

Active Subtasks			
Phase	Subtask	Barriers/Questions	Target Date

Next Steps			
Phase	Subtask	Barriers/Questions	Target Date

ATTACHMENT E: Program Quarterly Report Schedule

QIC 2023 Report Out Schedule

Program	January	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec
Member Services			1			2			3			4
Call Center				1			2			3		
Referrrals	N				1			2			3	
Registration		QI Team Training	1			2			3			4
Quality			1			2			3			4
Adult Med	N			1			2			3		
Pediatrics					2			3			4	
Family Med				1				2			3	
IBH	N			1			2			3		

Standard PowerPoint presentation template will be used for Program Quarterly Report Outs

Prospective QI Team Activities

Program	January	February	March	April	May	June	July
Member Services		Introduction to Principles of Quality Project Management	G3:O1 Initiation/Analysis	G3:O1 Design/Develop	G3:O1 Test/Impliment	G2:O1 Initiation/Analysis*	G3:O1 Maintenance / G2:O1 Design
Call Center	G1:O1 Initiation/Analysis		G1:O1 Design/Develop	G1:O1 PDSA	G1:O1 PDSA	G1:O1 PDSA	G1:O2 Initiation
Referrals	G1:O4 Initiation/Analysis		G1:O4 Design/Develop	G1:O4 PDSA	G1:O4 PDSA	G1:O4 PDSA	G1:O4 Maintenance
Registration	G2:O2 Initiation/Analysis		G2:O2 Design/Develop	G2:O2 Impliment	G2:O2 Maintenance	G2:O2 Phase 2 Initiation/Analysis	G2:O2 Phase 2 Design/Develop
Quality	CMS2 Develop / BCS Initiation/Analysis		CMS2 Test / BCS Design/Develop	CMS2 Impliment / BCS Test	CMS2 Maintenance / BCS Impliment	BCS Maintenance / CRCS Analysis	CRCS Design/Develop
Adult Med			CDC Analysis	CDC Design/Develop	CDC PDSA	CDC-PDSA	CDC-PDSA
Pediatrics	WCV-Outreach Initiation/Analysis		WCV-Outreach Develop	WCV-Outreach Test/Impliment	WCV+-Workflow Initiation/Analysis	WCV+ Review Design/Develop	WCV+-Workflow Impliment
Family Med			PPC Initiation	PPC Analysis	PPC Design/Develop	PPC Test	PPC Impliment
IBH			FUA/FUM Workflows Analysis/Design	FUA/FUM Workflows Devleop/Test	FUA/FUM Workflows Impliment	DRR Initiate/Analysis	DRR Design/Develop
QIC/Leadership — *Goal setting, develop guidelines, set expectations, remove barriers.*	2023 QI Plan	G1:O3 Increase Appts / Develop Guidelines	G2:O1 Appt w/PCP / G1:O2 Reminders / Research	G2:O1 Appt w/PCP / G1:O2 Reminders / Develop Guidelines		G2:O2 Phase 2 / Establish Priorities	

ATTACHMENT F: QIC Monthly Meeting Agenda

	Topic	Owner	Time
1	Announcements	Sharon	5 min
2	Clinic Wide Measure Status Update	Sharon	5 Min
3	Report Out A	Program/Project Lead	10 Min
4	Report Out B	Program/Project Lead	10 Min
5	Report Out C	Program/Project Lead	10 Min
6	Questions/Discussion of Monthly Status Project Reports — *Monthly status reports provided to QIC one week prior to meeting*	QIC	10 Min
7	Action Item Recap	Sharon	5 min

No Show Rates – Q4 2022 (10/01/2022 – 12/31/2022)
Sacramento County Health Center

	Medi-Cal Patients			Healthy Partners Patients			
	No Show Visits	Completed Visits	Medi-Cal No Show Rate	No Show Visits	Completed Visits	Healthy Partners No Show Rate	Overall No Show Rate
Adult Medicine	**943**	**3,343**	**22.0%**	**203**	**651**	**23.8%**	**22.3%**
In Person	831	2,314	26.4%	192	497	27.9%	26.7%
Telehealth	90	927	8.8%	11	148	6.9%	8.6%
Psych	22	102	17.7%	0	6	0.0%	16.9%
Adult Medicine (TEACH)	**266**	**737**	**26.5%**	**56**	**222**	**20.1%**	**25.1%**
In Person	249	556	30.9%	56	191	22.7%	29.0%
Telehealth	17	181	8.6%	0	31	0.0%	7.4%
Family Medicine	**85**	**414**	**17.0%**	**1**	**17**	**5.6%**	**16.6%**
In Person	78	392	16.6%	1	17	5.6%	16.2%
Telehealth	7	22	24.1%	0	0	N/A	24.1%
Pediatrics	**415**	**1,390**	**23.0%**	**0**	**0**	**N/A**	**23.0%**
In Person	371	1,242	23.0%	0	0	N/A	23.0%
Telehealth	33	119	21.5%	0	0	N/A	21.5%
Psych	11	29	27.5%	0	0	N/A	27.5%
BHC	**71**	**176**	**28.7%**	**14**	**20**	**41.2%**	**30.2%**
In Person	68	164	29.3%	14	20	41.2%	30.8%
Telehealth	3	12	20.0%	0	0	N/A	20.0%
GA	**24**	**54**	**30.8%**	**0**	**0**	**N/A**	**30.8%**
In Person/Telehealth	24	54	30.8%	0	0	N/A	30.8%
Loaves & Fishes	**41**	**356**	**10.3%**	**0**	**0**	**N/A**	**10.3%**
In Person	41	82	33.3%	0	0	N/A	33.3%
Support Staff	0	274	0.0%	0	0	N/A	0.0%
Pharmacy	**95**	**626**	**13.2%**	**31**	**95**	**24.6%**	**14.9%**
In Person/Telehealth	95	626	13.2%	31	95	24.6%	14.9%
Same Day	**58**	**326**	**15.1%**	**8**	**120**	**6.3%**	**12.9%**
In Person	58	326	15.1%	8	120	6.3%	12.9%
Specialty	**78**	**195**	**28.6%**	**17**	**73**	**18.9%**	**26.2%**
In Person/Telehealth	78	195	28.6%	17	73	18.9%	26.2%
Support Staff	**305**	**853**	**26.3%**	**35**	**111**	**24.0%**	**26.1%**
In Person	239	689	25.8%	24	83	22.4%	25.4%
COVID (MMS or Vaccine)	66	164	28.7%	11	28	28.2%	28.6%

	County of Sacramento Department of Health 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	**03-09-23**

Title: **Sliding Fee Discount**	Functional Area: **Fiscal Services**

Approved By: Andrew Mendonsa, Division Manager

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 SCHC is required to abide by regulations regarding service provision to low income patients. Section 330 of the Public Health Service Act contains these regulations.

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 SCHC for such services will be reduced or waived if a patient is eligible for the Sliding Fee Discount Program (SFDP), as outlined by HRSA.

B. Definitions

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

- Applicable to all individuals and families with annual income at or below 200 percent of the Federal Poverty Level (FPL) Guidelines;
- 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 Tables* for the most current SFDP tiers and nominal charges per service category.

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 SCHC 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 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 purpose of the charge is 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 Program (SFDP)

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 discounts (SFDs) are available to patients with income at or below 200% of the FPL. Patients living below 100% of the FPL are assessed a nominal charge per visit as allowed by HRSA and approved by the Co-Applicant Board (see *Attachment A*: *SCHC Sliding Fee Tables).*

SFDP apply to HRSA's 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 services for which patients may be eligible to receive a sliding fee discount. The SFDP does not cover visits outside of SCHC's Scope of Services (i.e. other than the 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 SFDP eligibility requirements may receive a SFD. For such patients with health insurance, the SFDPs apply to non-covered services, co-payments, deductibles, and coinsurance. 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 SFDP.

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

The SFD Schedule and any nominal charge are set annually after Congress publishes the federal poverty guidelines in the federal register (typically in January). Staff reviews discounts offered by similar entities (e.g. FQHCs, Community Health Centers) in the area and takes costs into account. Staff also reviews the nominal charge for continued appropriateness, comparing fees charged by similar entities in the area. SCHC leadership may engage a consultant to assist with this review. Staff may recommend no change or propose a modification to the discount schedule to the SCHC Co-Applicant Board (CAB). Recommendations are presented to the CAB for review and approval no later than the April meeting each year, except under extraordinary circumstances.

Procedures:

Sacramento County Health Center personnel and contractors follow a standard set of procedures for

- Informing patients about the SFDP;
- Assessing patients' eligibility for the SFDP;
- Assisting patients to apply for the SFDP and verifying application documentation;
- Providing and billing for services at discounted prices for those in the SFDP;
- Reviewing SFDP patients' continued SFDP eligibility at least annually; and

- Monitoring and evaluating the impact of the SFDP.

A. Communication about the SFDP to Patients

Signage posted throughout the primary care sites and on the SCHC's website informs patients of the SFDP. In addition, the new patient packet contains information on the SFDP, including eligibility requirements and the process to apply. Finally, information about the SFDP is communicated to patients when staff conducts new patient outreach, schedules a new patient appointment, or when revised income or family size information provided by an existing patient alters eligibility.

Assessing Patients' Eligibility for SFDP

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 updated 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 them 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 aged 27-49 years); 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 a referral to a health care navigator to assist them in understanding what coverage options may be available as well as assistance with insurance 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 their assigned medical home or to identify a provider that may accept the coverage.

        b. If the patient would still like to receive services from SCHC, the PSR informs the patient that they will need to pay for services out of pocket. If such a self-pay patient meets eligibility requirements, they can receive a SFD 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 for all HRSA required and additional services, the patient can receive a SFD for SCHC health care services if they meet SFDP eligibility requirements.

  b. Prior to enrollment, the PSR asks the patient to provide their family (see *Definitions* section) income and family size (among other demographic information) and records this information in OCHIN. OCHIN calculates the FPL automatically and flags the eligibility of the patient for the SFDP.

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

2. Existing Patients

  a. Prior to each appointment, a Member Services PSR verifies whether an existing patient has healthcare coverage by checking Medi-Cal, Medicaid, and healthcare portals. The PSR records or updates, as appropriate, this information in OCHIN.

  b. During check in for each appointment, the registration PSR obtains (or updates) the patient's income, family size and residential address (among other demographics) and records it in OCHIN.

      i. If a change to an existing patient's income, family size, and/or residency makes them eligible for the SFDP, the registration 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 SFDP Tier for which the patient is eligible or makes them ineligible for the SFDP, the PSR explains this fact to the patient and SCHC will bill (using the new status) for services provided after this assessment.

B. Assisting Patients to Apply for SFDP

1. When a patient indicates interest in applying for the SFDP, the PSR asks the patient to complete the Sliding Fee Application (see *Attachment D*) and refers the patient to Member Services for assistance in completing the application and identifying appropriate documentation.

2. The Member Services PSR meets with the patient (by phone or in person) to explain 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 (one of the following):
Wages before deductions (federal gross income)		• Paycheck stub (most recent pay period) • Current tax return (required if self-employed) • 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 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 reside 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 SFDP application or to provide required documentation are not 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 SFDP just before a scheduled visit, the PSR informs them that SCHC will provide presumptive SFDP eligibility for the visit, but must bring in the required documentation before their next visit. Patients who fail to provide required

11-01-05

documentation are not granted the SFD and will retroactively be billed full price for the visit with presumptive eligibility.

5. The Registration 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 schedule (see *Attachment A*), the Member Services PSR 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 enrollment are notified of their responsibility to inform SCHC of any change in income, family size, or residency during this 12-month period.

C. Billing for SFDP

For the purposes of determining the amount owed by a patient under the SFDP, each visit to SCHC is considered to be separate regardless of the day of service. 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 SFDP and the nominal charge are published in tables easily accessible by patients (see *Attachment A: SCHC Sliding Fee Tables*). As detailed in *Clinic Services Policy 11-02 Billing and Collections*, SCHC leadership may grant a waiver of charges accrued by a participant in the SFDP due to economic hardship.

D. Reviewing Continued Eligibility for SFDP

Patients are required to be re-qualified for the SFDP annually by providing new/updated documentation of income, family size, and residency. Prior to each visit, a Member Services PSR checks whether existing patients are enrolled in the SFDP. If they are, the PSR checks the annual review date. If that review date is within 6 weeks of the appointment date, the PSR informs the patient and requests the patient bring updated documentation of income, family size and residency.

E. Monitoring Adherence to SFDP policies

1. Each month, the supervisor of Member Services examines data to monitor adherence to this SFDP policy and procedure, including reviewing:

   a. 10% of the charts of patients flagged for eligibility for SFD by OCHIN to determine if the appropriate SFD was offered to the patient; and

   b. 10% of current SFDP 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 this policy and procedure, the Member Services supervisor

      a. Reviews the error and proper procedure with the staff member who made each error. Repeated errors may result in disciplinary action.

      b. If a pattern of errors is found for multiple individuals, all PSRs are retrained on the policy and procedure.

3. The Member Services supervisor reports on the findings of the compliance monitoring monthly at the Compliance Team meeting. Findings of systemic deviations may also result in a quality improvement project being implemented and overseen by the Quality Improvement Committee.

F. Evaluating Effect of the SFDP on Patient Usage of Health Services

At least once every three years, SCHC evaluates its SFDP by:

1. Collecting utilization data that allows assessment of the rate at which patients within each of its discount pay tiers, and 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 SFDP 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 Tables
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 (for Procedure questions)

Approval by the Co-Applicant Board: XXX

Sacramento County Health Center

Attachment A: Sliding Fee Discount Schedule Tables 2023

Sacramento County Health Center

2023 Schedule of Sliding Fee Discounts Based on Income and Family Size for
Preventive Dental Care

Persons in Family	Nominal Fee ≤100%	Tier A >100% and ≤138%	Tier B >138% and ≤150%	Tier C >150% and ≤175%	Tier D >175% and ≤200%	Full Price >200%
1	≤$$14,580	$14,581 – $20,120	$20,121 – $21,870	$21,871 – $25,515	$25,516 – $29,160	≥$29,161
2	≤$$19,720	$19,721 – $27,214	$27,215 – $29,580	$29,581 – $34,510	$34,511 – $39,440	≥$39,441
3	≤$$24,860	$24,861 – $34,307	$34,307 – $37,290	$37,291 – $43,505	$43,506 – $49,720	≥$49,721
4	≤$$30,000	$30,001 – $41,400	$41,401 – $45,000	$45,001 – $52,500	$52,501 – $60,000	≥$60,001
5	≤$$35,140	$35,141 – $48,493	$48,494 – $52,710	$52,711 – $61,495	$61,496 – $70,280	≥$70,281
6	≤$$40,280	$40,281 – $55,586	$55,587 – $60,420	$60,421 – $70,490	$70,491 – $80,560	≥$80,561
7	≤$$45,420	$45,421 – $62,680	$62,681 – $68,130	$68,130 – $79,485	$79,486 – $90,840	≥$90,841
8	≤$$50,560	$50,561 – $69,773	$69,774 – $75,840	$75,841 – $88,480	$88,481 – $101,120	≥$101,121
9	≤$$55,700	$55,701 – $76,866	$76,866 – $83,550	$83,551 – $97,475	$97,476 – $111,400	≥$111,401
10	≤$$60,840	$60,841 – $83,959	$83,959 – $91,260	$91,261 – $106,470	$106,471 – $121,680	≥$121,681
11	≤$$65,980	$65,981 – $91,052	$91,052 – $98,970	$98,971 – $115,465	$115,466 – $131,960	≥$131,961
12	≤$$71,120	$71,121 – $98,146	$98,146 – $106,680	$106,681 – $124,460	$124,461 – $142,240	≥$142,241
13	≤$$76,260	$76,261 – $105,239	$105,240 – $114,390	$114,391– $133,455	$133,456 – $152,520	≥$152,521
14	≤$$81,400	$81,401 – $112,332	$112,333 – $122,100	$122,101 – $142,450	$142,451 – $162,800	≥$162,801
Fee/Discount*	$20	75% discount	65% discount	55% discount	45% discount	NO DISCOUNT

*Per visit

2023 Schedule of Sliding Fee Discounts Based on Income and Family Size for
Diagnostic Laboratory Services (through Quest Diagnostics)

Persons in Family	Nominal Fee ≤100%	Tier A >100% and ≤138%	Tier B >138% and ≤150%	Tier C >150% and ≤175%	Tier D >175% and ≤200%	Full Price >200%
1	≤$14,580	$14,581 – $20,120	$20,121 – $21,870	$21,871 – $25,515	$25,516 – $29,160	≥$29,161
2	≤$19,720	$19,721 – $27,214	$27,215 – $29,580	$29,581 – $34,510	$34,511 – $39,440	≥$39,441
3	≤$24,860	$24,861 – $34,307	$34,307 – $37,290	$37,291 – $43,505	$43,506 – $49,720	≥$49,721
4	≤$30,000	$30,001 – $41,400	$41,401 – $45,000	$45,001 – $52,500	$52,501 – $60,000	≥$60,001
5	≤$35,140	$35,141 – $48,493	$48,494 – $52,710	$52,711 – $61,495	$61,496 – $70,280	≥$70,281
6	≤$40,280	$40,281 – $55,586	$55,587 – $60,420	$60,421 – $70,490	$70,491 – $80,560	≥$80,561
7	≤$45,420	$45,421 – $62,680	$62,681 – $68,130	$68,130 – $79,485	$79,486 – $90,840	≥$90,841
8	≤$50,560	$50,561 – $69,773	$69,774 – $75,840	$75,841 – $88,480	$88,481 – $101,120	≥$101,121
9	≤$55,700	$55,701 – $76,866	$76,866 – $83,550	$83,551 – $97,475	$97,476 – $111,400	≥$111,401
10	≤$60,840	$60,841 – $83,959	$83,959 – $91,260	$91,261 – $106,470	$106,471 – $121,680	≥$121,681
11	≤$65,980	$65,981 – $91,052	$91,052 – $98,970	$98,971 – $115,465	$115,466 – $131,960	≥$131,961
12	≤$71,120	$71,121 – $98,146	$98,146 – $106,680	$106,681 – $124,460	$124,461 – $142,240	≥$142,241
13	≤$76,260	$76,261 – $105,239	$105,240 – $114,390	$114,391– $133,455	$133,456 – $152,520	≥$152,521
14	≤$81,400	$81,401 – $112,332	$112,333 – $122,100	$122,101 – $142,450	$142,451 – $162,800	≥$162,801
Discount*	100%	TBD	50%	TBD	25%	NO DISCOUNT

*Per test/service

Sacramento County Health Center

2023 Schedule of Sliding Fee Discounts Based on Income and Family Size for
All Other In-Scope SCHC Services (per visit)

Persons in Family	Nominal Fee ≤100%	Tier A >100% and ≤138%	Tier B >138% and ≤150%	Tier C >150% and ≤175%	Tier D >175% and ≤200%	Full Price >200%
1	≤$14,580	$14,581 – $20,120	$20,121 – $21,870	$21,871 – $25,515	$25,516 – $29,160	≥$29,161
2	≤$19,720	$19,721 – $27,214	$27,215 – $29,580	$29,581 – $34,510	$34,511 – $39,440	≥$39,441
3	≤$24,860	$24,861 – $34,307	$34,307 – $37,290	$37,291 – $43,505	$43,506 – $49,720	≥$49,721
4	≤$30,000	$30,001 – $41,400	$41,401 – $45,000	$45,001 – $52,500	$52,501 – $60,000	≥$60,001
5	≤$35,140	$35,141 – $48,493	$48,494 – $52,710	$52,711 – $61,495	$61,496 – $70,280	≥$70,281
6	≤$40,280	$40,281 – $55,586	$55,587 – $60,420	$60,421 – $70,490	$70,491 – $80,560	≥$80,561
7	≤$45,420	$45,421 – $62,680	$62,681 – $68,130	$68,130 – $79,485	$79,486 – $90,840	≥$90,841
8	≤$50,560	$50,561 – $69,773	$69,774 – $75,840	$75,841 – $88,480	$88,481 – $101,120	≥$101,121
9	≤$55,700	$55,701 – $76,866	$76,866 – $83,550	$83,551 – $97,475	$97,476 – $111,400	≥$111,401
10	≤$60,840	$60,841 – $83,959	$83,959 – $91,260	$91,261 – $106,470	$106,471 – $121,680	≥$121,681
11	≤$65,980	$65,981 – $91,052	$91,052 – $98,970	$98,971 – $115,465	$115,466 – $131,960	≥$131,961
12	≤$71,120	$71,121 – $98,146	$98,146 – $106,680	$106,681 – $124,460	$124,461 – $142,240	≥$142,241
13	≤$76,260	$76,261 – $105,239	$105,240 – $114,390	$114,391– $133,455	$133,456 – $152,520	≥$152,521
14	≤$81,400	$81,401 – $112,332	$112,333 – $122,100	$122,101 – $142,450	$142,451 – $162,800	≥$162,801
Fee*	**$20**	**$25**	**$35**	**$45**	**$55**	**NO DISCOUNT**

*Per visit charge

Attachment B: SCHC Scope of Services

HRSA Required Services
General primary medical care
Diagnostic laboratory services *(NOTE: SEPARATE SLIDING FEE SCHEDULE)*
Diagnostic radiology
Screenings
Coverage for emergencies during and after hours
Voluntary family planning
Immunizations
Well child services
Gynecological care
Obstetrical Care
    Prenatal care
    Intrapartum care (labor and delivery)
    Postpartum care
Preventive dental services *(NOTE: SEPARATE SLIDING FEE SCHEDULE)*
Pharmaceutical services
Substance Use Disorder services
Case management
Eligibility assistance
Health education
Outreach
Transportation
Translation

HRSA Additional Services
Mental health services

SCHC Additional Services
Cardiology
Neurology

Appendix C
Sacramento County Health Center Sliding Fee Information Sheet

The health center wants to ensure that all patients get the care they need as quickly as possible. To assist patients who cannot get insurance or other coverage, there is a sliding fee schedule that you may qualify for to reduce the cost of the care you receive here. The following guidelines apply:

- The sliding fee program is based on income and family size.
- Complete the application and re-apply every year or earlier if your income changes.
- You are required to provide documents in order to assess your discount. *See below and application for more information.*

SCHC offers a sliding fee discount that covers preventive dental services received at SCHC or at the Sacramento Native American Health Center. In partnership with Quest, SCHC offers a sliding fee discount that covers diagnostic laboratory services provided by Quest. Finally, SCHC offers a sliding fee discount that covers primary care office visits with the County Health Center providers, visits with cardiology and neurology providers at SCHC's main site on Broadway, and prescriptions filled at the County Pharmacy located at 4600 Broadway. Prescriptions from retail pharmacies are not covered by the SCHC sliding fee discount program; most pharmacies and many pharmaceutical manufacturers have their own discount programs available.

Begin the process by applying for Medi-Cal and other available health coverage programs. If you have already done this, please include a copy of your card with other required materials. If you are told you do not qualify, or only qualify for partial services, bring your letter to us with other required materials.

Materials to Bring

1. Sliding Fee Application: completed

2. Identification: California Driver License, State of California Identification Card, or Passport

3. Letter from Medi-Cal or Medi-Care: indicating eligibility for public benefits.

4. Proof of Income: most recent pay check stub dated within 60 days of application OR most recent income tax return. Include documentation of any other income such as pension, retirement, social security, public assistance, workers compensation, unemployment, alimony, etc.

5. Proof of Family Size: means a statement of the household living under one roof including spouse, children, and dependent adults. (Birth or Marriage certificates may be requested)

6. Proof of Residence: a utility bill or rental agreement with your name and a local county address

Application Process

- Bring documents to Suite 2200 at the County Health Center. Staff will review your materials and let you know about your eligibility and fees for services.

- If eligible, your coverage is for a one-year period. You must re-apply immediately if you have a change in income, family size, or residency.

Frequently Asked Questions

Q: Can I obtain the sliding discount if I do not provide the information requested?
A: *No. This is a voluntary program. You will be responsible for full charges.*

Q: How often do I need to apply?
A: *Every year, OR you must reapply immediately if you have a change in income, residency, or family size.*

Q: Who is considered a member of the household residence?
A: *A person who you claim as a taxable dependent or can claim you as a taxable dependent.*

<div align="center">

Sacramento County Health Center
Sliding Fee Information Sheet

</div>

The health center wants to ensure that all patients get the care they need as quickly as possible.   To assist patients who cannot get insurance or other coverage or have a large share of cost or co-pay, we have a sliding fee discount program that you may qualify for to reduce the cost of the care you receive here.   The following guidelines apply:

- The sliding fee program is based on income and family size.
- Complete the application and re-apply every year or earlier if your income changes.
- You are required to provide documents in order to assess your discount. *See below and application for more information.*

> SCHC offers a sliding fee discount that covers <u>preventive</u> dental services received at SCHC or at the Sacramento Native American Health Center. In partnership with Quest, SCHC offers a sliding fee discount that covers diagnostic laboratory services provided by Quest. Finally, SCHC offers a sliding fee discount that covers primary care office visits with the County Health Center providers, visits with cardiology providers at SCHC's main site on Broadway, and prescriptions filled at the County Pharmacy located at 4600 Broadway. Prescriptions from retail pharmacies are not covered by the SCHC sliding fee discount program; most pharmacies and many pharmaceutical manufacturers have their own discount programs available.

We recommend that you begin the process by applying for Medi-Cal and other available health coverage programs. If you have already done this, please include a copy of your card with other required materials. If you are told you do not qualify, or only qualify for partial services, bring your letter to us with other required materials.

Materials to Bring

1. <u>Sliding Fee Application</u>: completed *(Recommended: completed Quest financial assistance form)*

2. <u>Identification</u>: California Driver License, State of California Identification Card, or Passport

3. <u>Letter from Medi-Cal or Medi-Care</u>: indicating eligibility for public benefits.

4. <u>Proof of Income</u>: most recent pay check stub dated within 60 days of application OR most recent income tax return. Include documentation of any other income such as pension, retirement, social security, public assistance, workers compensation, unemployment, alimony, etc.

5. <u>Proof of Family Size</u>: means a statement of the household living under one roof including spouse, children, and dependent adults. (Birth or Marriage certificates may be requested)

6. <u>Proof of Residence</u>: a utility bill or rental agreement with your name and a local county address

Application Process

- Bring documents to Suite 2200 at the County Health Center. Staff will review your materials and let you know about your eligibility and fees for services.

- If eligible, your coverage is for a one-year period. You must re-apply immediately if you have a change in income, family size, or residency.

Frequently Asked Questions

Q: Can I obtain the sliding discount if I do not provide the information requested?
A: *No. This is a voluntary program. You will be responsible for full charges.*

Q: How often do I need to apply?
A: *Every year, OR you must reapply immediately if you have a change in income, residency, or family size.*

Q: Who is considered a member of the household residence/family?
A: *A person who you claim as a taxable dependent or can claim you as a taxable dependent.*

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	$

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

09/09/2022

Dear Patient,

Thank you for your interest in our Patient Financial Assistance Program. So that we can determine your eligibility, please complete the attached application form and return it to the correspondence address listed on your invoice, along with one or more of the required documents listed below:

- A copy of last year's W2 form
- A copy of last year's income tax return
- A copy of your most recent pay stub (s)
- A proof source indicating that you are eligible for local, state, or federal assistance programs.

Once we receive your completed application and documentation, we will determine if you meet the established criteria. Please allow approximately two weeks for your application to be processed. Do not make any payments until you receive notification regarding the status of your request. Applying for acceptance into our Financial Assistance Program does not guarantee reduced charges.

If you have any additional questions or concerns, please do not hesitate to contact us.
Thank you for using Quest Diagnostics. We look forward to serving you in the future.

Sincerely,

Patient Billing Customer Service

Patient Financial Assistance Form

Patient Name: _____ **Telephone Number:** _____

Address: _____ **Patient Date of Birth:** _____

City: _____ **State:** _____ **Zip Code:** _____

Invoice Number(s): _____ **Lab Code:** _____

Please complete all information accurately. The signature of the patient or patient's guardian is required.

Please make sure to attach the required supporting documentation.

1. Does the patient have sufficient resources to pay for the testing and/or the deductible and coinsurance?
    - ☐ Yes   If answer is "Yes", you are financially responsible for payment.
    - ☐ No   If answer is "No", complete form below.

2. Is any source, other than the patient, legally responsible for the patient's medical bills
    (**e.g**., Medicaid, local welfare agency, guardian or other insurance program)?
    - ☐ Yes   ☐ No   If answer is "Yes" list:
    Insurance Company Name: _____
    Address: _____
    Member I.D.: _____
    Other Source: _____

3. Patient/legal guardian's monthly household resources:
Salary	$_____
Social Security	$_____
Cash/Welfare Payment	$_____
Family Contribution	$_____
Income from Savings Accounts, CDs, etc.	$_____
Other	$_____
Total	**$**_____

4. Number of family members in household: _____

I hereby acknowledge that the above information is true and correct according to the best of my knowledge. I also authorize the release of any and all financial records necessary to verify the above information. I understand that if I do not qualify, I will be notified and Quest Diagnostics will bill me. I hereby acknowledge that I am neither related to nor employed by the physician who ordered the testing.

Patient Name (Print): _____ _____

Guardian Name (Print): _____

Responsible Party Signature: _____

Date: _____

For Official Use Only:

Bill Number	Amount $	Approved	Denied
Date Received:			
PCS Rep:			

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 (Submit one of the following): • Prior year tax return (required if self-employed), or • Single most recent pay stub, 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 Fee 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
C O U N T Y

Sacramento County Health Center

Attestation of No Income

I hereby attest that I am not employed and do not have other income (*such as alimony, prices and awards, gambling winnings including from the lottery, jury duty pay, capital gains from stock or property sales, nonbusiness credit card debt cancellation*).

_____   __   _____

FIRST NAME   MIDDLE INITIAL   LAST NAME

_____   ___/___/_____

SIGNATURE   DATE

Period	8		CAB Financial Report
Current Month	February		
Percentage of Year	67%		

Line Item	Budget	Current Month	Year to date	Encumbrance	Total (YTD+Encumbrance)	YTD Percentage (Total/Budget)	Notes
Revenue							
Inter/Intrafund Reimbursements	$ 11,267,754	$ 990,032	$ 5,313,661	$ 1,007,048	$ -	47%	Typically a lag due to Fiscal processes
Intergovernmental Revenue	$ 19,600,988	$ 2,145,487	$ 13,395,933	$ -	$ 13,395,933	68%	Medi-Cal revenue, HRSA & Refugee grants
Charges for Services	$ 52,000	$ 2,209	$ 33,101	$ -	$ 33,101	64%	CMISP old pre-2014 service charges
Miscellaneous Revenue	$ -	$ -	$ 53	$ -	$ 53	0%	
Total Revenue	$ 30,920,742	$ 3,137,729	$ 18,742,748	$ 1,007,048	$ 19,749,796	61%	
Expenses							
Personnel	$ 13,490,790	$ 958,179	$ 7,460,561	$ 122	$ 7,460,684	55%	Low due to vacancies
Services & Supplies	$ 17,562,009	$ 923,240	$ 6,158,020	$ 4,226,350	$ 10,384,370	35%	Low due to SCOE invoices not being paid yet
Other Charges	$ 399,477	$ 71,783	$ 461,495	$ 502,157	$ 963,651	116%	High due to increased EHR billing service (OBS) costs
Equipment	$ -	$ -	$ -	$ -	$ -	0%	
Intrafund Charges (Allocation costs)	$ 2,552,954	$ 154,491	$ 1,367,546	$ -	$ 1,367,546	54%	
Total Expenses	$ 34,005,230	$ 2,107,694	$ 15,447,622	$ 4,728,629	$ 20,176,251	45%	

GRAND TOTAL
(Net County Cost) $ (3,084,488) $ 1,030,035 $ 3,295,126 $ (3,721,581)

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	$ 732,235	Spending on track
HRSA ARPA	4/1/2021	3/31/2023	$ 2,533,875	$ 1,756,940	$ 815,147	Spending on track but expected to be underspent overall
HRSA ARPA UDS+	4/1/2022	3/31/2023	$ 65,500	$ 65,500	$ 14,104	Part of HRSA ARPA
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	$ 32,303	Spending slow to start
Refugee						
RHAP	10/1/2022	9/30/2023	$ 1,536,074	$ 1,536,074	$ 843,735	Spending on track
RHPP	10/1/2022	9/30/2023	$ 82,014	$ 82,014	$ 19,674	Spending slow due to vacancies-1 HSA vacant, 1 MA vacant, 1 OA vacant
RHPP Multi-Year	10/1/2022	9/30/2023	$ 153,000	$ 153,000	$ 22,883	Spending slow due to vacancies-1 HSA vacant, 1 MA vacant, 1 OA vacant
RHPP AHP	10/1/2022	9/30/2023	$ 200,000	$ 200,000	$ 6,875	Spending slow due to vacancies-2 HSA vacant, 2 OA vacant, 1 OA filled
Miscellaneous						
County ARPA - 1 (H4)	1/1/2022	12/31/2024	$ 2,451,919	$ 462,957	$ 194,188	Spending on track, will increase in April when HRSA ARPA expires
County ARPA - 2 (H18)	7/1/2022	12/31/2024	$ 1,315,000	$ 721,739	$ 6,414	New award, spending slow to start
Anthem QI		12/31/2022	$ 16,000	$ 1,819	$ -	Award expired

**Governance Committee
Training Activity**

Robert's Rules of order – Mastering the Three Most Important Motions (Making a Motion, Part II)
https://www.youtube.com/watch?v=eYwKX_P8YkU

- The main motion
- Amend the main motion
- Amend the amendment

The Strategic Planning Committee (SPC) has met twice since the last CAB meeting.

At the meeting on February 17, the SPC received and discussed information about:

- SCHC's patient numbers and characteristics
- SCHC's staffing
- The progress SCHC has made to date towards the 2021-2023 Strategic Plan goals
- SCHC's Vision, Mission and Values
  - The committee discussed the vision, mission and values statements and agreed on revisions that are presented to CAB today for discussion and approval.
- Sacramento County's Health Profile – data comparing SCHC to other health centers in California
- Sacramento County's Needs Assessment conducted by UC Davis Health
- SCHC financial, staffing, space, and technology

At the March 8, meeting SPC received and reviewed:
- SCHC's self-assessment data including the results of the patient feedback survey
- Part one of the environmental scan. The Committee received information on best practices and trends in health care, Social Determinants of Health assistance, care coordination, case management issues, strategies to improve access, government policy, collaboration and service coordination.

Next Steps
The Strengths, Weaknesses, Opportunities and Threats (SWOT) meeting follow's today's CAB meeting. CAB members are invited to attend the virtual meeting. It is an opportunity to hear from people outside of SCHC.

On March 29, 2023, SPC will review the SWOT findings, receive additional environmental scan information, and begin to identify strategic priorities.

Title: **Vision, Mission, and Values**	Functional Area: **Clinic Services**
Approved By: Sharon Hutchins, Health Program Manager	

Policy:

The vision, mission, and values of the Sacramento County Health Center (SCHC) guide our work with our patients, family members, staff, partners, and community members.

Procedures:

A. SCHC vision, mission, and values are noted below:

Vision
To be an exceptional health care center valued by the communities we serve and our team.
Mission
To provide high quality, patient-focused, equitable healthcare for the underserved in Sacramento County, while providing training for the next generation of local health care providers.
Values
- Accountability   - Compassion   - Diversity   - Equity   - Excellence   - Learning/Education   - Respect

B. This vision, mission, and values will be made widely available to staff, patients, visitors, partners and the public.

   a. All new staff are oriented to the vision, mission, and values at orientation.

   b. Staff email signatures will contain the SCHC vision.

   c. SCHC letterhead will contain the SCHC vision.

   d. The vision, mission, and values will be printed on the SCHC brochure.

   e. The vision, mission, and values will be posted on the SCHC website.

   f. The vision, mission, and values will be mounted at 4600 Broadway, and the Loaves and Fishes site in appropriate and highly visible locations.

Staff should be mindful to make decisions, at all levels, consistent with our vision, mission, and values.

References:
N/A

Attachments:
N/A

Contact:
Sharon Hutchins, Health Program Manager

Approval by the Co-Applicant Board: <mark>XXX</mark>