Sacramento County Health Center
Co-Applicant Board (CAB) AGENDA
Friday, March 21, 2025, 9:30 a.m.- 11:30 p.m.
Regular CAB Meeting
4600 Broadway, Community Room 2020, Sacramento, CA
Agenda materials can be found at
https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx

The CAB meeting will be held in person at 4600 Broadway, Room 2020.

- If any Board member needs to teleconference for this meeting, a notice will be uploaded to our website at https://dhs.saccounty.gov/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx by 8:30 a.m. on the morning of the meeting along with a link available to the public to observe the meeting via Teams video and/or teleconference.
- The meeting facilities and virtual meetings are accessible to people with disabilities. Requests for accessible formats, interpreting services or other accommodations may be made through the Disability Compliance Office by calling (916) 874-7642 (CA Relay 711) or email DCO@saccounty.gov as soon as possible prior to the meeting.

CALL TO ORDER (9:30 AM)

Opening Remarks and Introductions – *Suhmer Fryer, Chair*

a. Roll Call and Welcome
b. Brief Announcements

INFORMATION ITEMS (9:35 AM)

1. Budget Updates
2. Project Director Report
3. Medical Director Report
4. New Sliding Fee Discount
5. Review of Strategic Plan Progress
6. School Based Health Center Update
7. Review of Board Approved CAB Bylaws and Co-Applicant Agreement

8. New CAB Member Recruitment Engagement

9. Statement of Economic Interest (Form 700) Filing

10. CAB Public Website Updates

11. Community HealthWorks (COHEWO)

12. CAB Goals

INFORMATION/ACTION ITEMS[1] (10:45 AM)

BUSINESS ITEM I.

- February 13, 2025, Special Session CAB Meeting Minutes
- ✓ Recommended Action: Motion to Approve the drafted February 13, 2025, Special Session CAB Meeting Minutes

BUSINESS ITEM II.

- February 21, 2025, CAB Meeting Minutes
- ✓ Recommended Action: Motion to Approve the drafted February 21, 2025, CAB Meeting Minutes

BUSINESS ITEM III.

- New Sliding Fee Discount
- ✓ Recommended Action: Motion to Approve the Proposed Sliding Fee Discount

BUSINESS ITEM IV.

- CAB Member Recruitment
- ✓ Recommended Action: Motion to Approve New CAB Member Ona Okoro

PUBLIC COMMENT (11:15 AM)

Anyone may appear at the CAB meeting to provide public comment regarding any item on the agenda or regarding any matter that is within CAB's subject matter jurisdiction. The Board may not act on any item not on the agenda except as authorized by Government Code section 54954.2.

- Should the meeting be made available via teleconference platform, public comment may also be made via Teams teleconference by using the raised hand feature. Those joining the meeting via Teams are requested to display their full name.

CLOSED SESSION

None

MEETING ADJOURNED

[1] Time estimate: 5-10 minutes per item, unless otherwise noted

CFO Updates

March 21, 2025 CAB Meeting

Report Summary

The HRSA program budget is expected to be claimed in full with no major variances or concerns to report. The County budget reflects a $798K general fund draw. Contracts, fixed assets, and reimbursements show no major variances. However, outside revenue is projected to fall short by $2.1M, and program is working to increase productivity and billable visits to increase Medi-Cal revenue.

HRSA Project Budget Summary

- As of 1/31/25 (quarter 3 of the grant year) we have expended $1,299,717.39 on the HRSA project. We have a remaining balance of $125,219.62, and are projecting to draw down 100%.
- No major variances or concerns. Staff comprise the majority of the costs.

County Budget Summary and Significant Variances

- Bottom line reflects $798K general fund draw.
- Object 10 Salaries/Benefits: expected to be $572,543 under budget.
- Object 20 Services/Supplies: expected to be $926,754 under budget *(see third bullet).*
    - This projection can significantly change over the next few months depending on our contract obligations, and the Refugee lab costs.
    - Have been reducing reliance on registry staff, and not fully utilizing contracts, which has helped us decrease our 20 object projections.
    - It appears we are doing good in this object level, but due to increase cost of pharmaceuticals we will reduce this object level by $1.6M and increase our object 60 by $1.6M. Therefore, we are projecting an overage of ~$670K in the 20 object.
- Object 30 Contracts: expected to have no variance at this time.
    - OCHIN may have increased costs with increased patient counts/visits. Slight overage due to OCHIN contract.
- Object 40 Fixed Assets: no budgeted expenditures and no planned costs.
- Object 60 Internal Charges/Allocated Costs: $979,478 overage expected due to higher pharmaceutical supply costs from PRI Pharmacy.
    - Will be under budget once the Pharmacy AAR comes through.
- Object 59 and 69 Inter/Intrafund Reimbursements: Realignment funding and funding from other County departments paying for Clinics services.
    - SCOE's MHSSA FY 23/24 intrafund payment from BHS came through this FY, which was not budgeted or accrued, equaling ~$1.3M. Projecting to receive FY 24/25 intrafund payment from BHS in FY 24/25.
    - Treatment account holds our Healthy Partners program funding. Since no patients are currently assigned to the program, $800K in realignment was moved from that Fund Center into ours, to help cover costs for underinsured patients.
- Object 95/96/97 Outside Revenue: Projected to be $2.8M under budget.
    - Medi-Cal revenue is projected $2.1M low; program is working on increasing billable visits to increase revenue.
    - Grants are on track.
    - Received unexpected $1.4M from past FEMA claims (during COVID-19). This can only be used to cover General Fund draw and cannot be used to purchase new items.
    - All ARPA revenue has been received.

PRI Clinics 7201800 AP 07 Overview

Period	**7**
Current Month	**January**
Percentage of Year	**58%**

Line Item	FY 24/25 Budget	Year to date	*Encumbrance*	*Total* (YTD+Encumbrance)	YTD Percentage (Total/Budget)	Year End Estimate	Notes
Expenses							
Personnel * *10 - SALARIES AND EMPLOYEE BENEFITS*	$ 14,817,490	$ 8,190,013	$ -	$ 8,190,013	55%	$ 14,244,947	Holding positions vacant coupled with not utilizing overtime has benefited our 10 object. Year end projection showing to come in under budget.
Services & Supplies * *20 - SERVICES AND SUPPLIES*	$ 23,102,267	$ 6,269,944	$ 6,369,413	$ 12,639,357	55%	$ 22,175,513	Registry projection = $2,691,669 Contract costs = $13,511,826.65 (assuming UCD contracts will utilize 95%, and SCOE at 75%). SCOE contract has not been executed for FY 24/25, largest variance. $1M for paying out on past SCOE contracts. Lab costs looking good, updated projection to $130K. Pharmacy AAR will come through this FY to reduce this object level by $1.6M. Need to closely watch this object level.
Other Charges * *30 - OTHER CHARGES*	$ 1,648,000	$ 677,724	$ 606,161	$ 1,283,885	78%	$ 1,809,504	OCHIN contract and other small contracts. OCHIN contract coming in high like past FYs.
Equipment	$ -	$ -	$ -	$ -	*N/A*	-	No Equipment Charges in FY 24-25
Intrafund Charges (Allocation costs) * *60 - INTRAFUND CHARGES*	$ 4,054,663	$ 1,759,977	$ -	$ 1,759,977	43%	$ 5,034,141	Pharmacy AAR will come through to increase our budget from $4M to $5.6M. Will reduce our 20 object by $1.6M, thus making our 20 object over budget.
Total Expenses	**$ 43,622,420**	**$ 16,897,658**	**$ 6,975,574**	**$ 23,873,232**	**55%**	**$ 43,264,105**	
Revenue							
Inter/Intrafund Reimbursements ** *REIMBURSEMENT ACCOUNTS*	$ (12,420,294)	$ (8,571,756)	$ -	$ (8,571,756)	69%	$ (14,445,571)	Realignment and reimbursements for services to other DHS programs. Paid SCOE out for FY 23/24 MHSSA, received intrafund transfer for it in Sept'24, therefore we will be over by $1.3M in FY 24/25 revenue if FY 24/25 intrafund transfer from BHS hits this FY (dependent on SCOE contract).
Intergovernmental Revenue * *95 - INTERGOVERNMENTAL REVENUES*	$ (30,865,928)	$ (14,923,228)	$ -	$ (14,923,228)	48%	$ (28,007,263)	Medi-Cal/Medicare revenue, HRSA, Refugee & ARPA grants. Increased Medi-Cal estimates in budget, now budgeting Medi-Cal revenue reconciliation payment as part of revenue.
Charges for Services * *96 - CHARGES FOR SERVICES*	$ (8,000)	$ (11,757)	$ -	$ (11,757)	147%	$ (12,626)	CMISP old pre-2014 service charges and Medical Record Fees
Miscellaneous Revenue * *97 - MISCELLANEOUS REVENUE*	$ -	$ (470)	$ -	$ (470)	*N/A*	$ (470)	Prior Year Patient Revenue
Total Revenue	**$ (43,294,222)**	**$ (23,507,211)**	**$ -**	**$ (23,507,211)**	**54%**	**$ (42,465,930)**	

COMPASS Actual Data through AP:	7	Regular PPs	16.00				Ins PPs	14.00	
Straightline Ratio:	12					58%		>100% mark	

GL ACCT NAME	FY 2023-24 Final Budget	FY 2024-25 Approved Budget	Current COMPASS Actual	Encumbrance	Actuals + Encumbrance	% Consumed	Year-End Estimate	Variance, Estimate to Budget	COMMENT - Explain Variance
10111000 REGULAR EMPLOYEES	9,569,641	9,276,604	4,627,554	0	4,627,554	50%	8,037,474	1,239,130	
10112100 EXTRA HELP	210,130	216,432	215,478	0	215,478	100%	351,499	-135,067	
10113200 TIME/ONE HALF	11,350	11,677	4,972	0	4,972	43%	10,659	1,018	afterhours/weekend clinics estimates. Reduced to $50k as we are not doing as much OT.
10114100 PREMIUM PAY	293,628	205,251	119,845	0	119,845	58%	177,834	27,417	
10114200 STANDBY PAY	0	0	2,977	0	2,977	0%	0	0	Quarterly intrafund transfers will cover any actuals. See JV 111358828 for Q1 transfer. Transfers will be booked in this GL
10114300 ALLOWANCES	10,000	10,000	11,613	0	11,613	116%	23,227	-13,227	
10115200 TERMINAL PAY	0	0	171,300	0	171,300	0%	200,000	-200,000	Large cashouts
10121000 RETIREMENT	2,186,093	2,052,189	1,032,877	0	1,032,877	50%	1,778,066	274,123	
10121100 1995 POB - ACP	555,053	0	0	0	0		0	0	
10121200 2004 POB - ACP	284,756	1,085,357	589,140	0	589,140	54%	1,085,357	0	allocated cost
10121300 HEALTH SVGS-ER	81,900	74,100	37,050	0	37,050	50%	64,202	9,898	
10121400 401A - PLAN	58,301	62,471	30,314	0	30,314	49%	54,126	8,345	
10122000 OASDHI	720,674	696,166	334,564	0	334,564	48%	603,175	92,991	
10123000 GROUP INS	1,941,044	1,794,532	766,052	0	766,052	43%	1,554,826	239,706	
10123001 CNTY EE PLAN S	0	0	975	0	975	0%		0	Budgeted in 10123000
10123002 DENTAL PLAN E	0	0	76,729	0	76,729	0%		0	Budgeted in 10123000
10123003 LIFE INS - ER	0	0	648	0	648	0%		0	Budgeted in 10123000
10123004 VISION INS - E	0	0	736	0	736	0%		0	Budgeted in 10123000
10123005 EAP	0	0	1,903	0	1,903	0%		0	Budgeted in 10123000
10124000 WORK COMP - AC	187,847	304,502	165,286	0	165,286	54%	304,502	0	allocated cost
10125000 SUI - ACP	21,786	0	0	0	0		0	0	allocated cost
10199900 Salary Savings	-349,707	-971,791	0	0	0	0%	0	-971,791	
Object 10 TOTAL - Salaries and Employees	**15,782,496**	**14,817,490**	**8,190,013**	**0**	**8,190,013**	**55.27%**	**14,244,947**	**572,543**	
20200500 ADVERTISING	1,500	1,500	35,999	0	35,999	2400%	75,000	-73,500	NTI contract (HIV) $100K, other cost include advertising for MD position
20202200 BOOKS/PER SUP	2,500	1,500	0	0	0	0%	2,500	-1,000	ClearTriage invoice and others subscriptions
20202900 BUS/CONFERENCE	1,200	1,200	0	0	0	0%	1,200	0	
20203100 BUSINESS TRAVE	3,000	3,000	1,461	0	1,461	49%	3,000	0	
20203500 ED/TRAINING SV	6,000	3,000	3,147	0	3,147	105%	5,000	-2,000	Overage due to increased trainings from UDS+ QI award. Overage covered by GL 95958900.
20203600 ED/TRAINING SU	1,000	1,000	311	0	311	31%	1,000	0	
20203700 TUITION REIMBU	3,000	3,000	4,194	0	4,194	140%	4,194	-1,194	
20203800 EMPLOYEE RECOG	0	6,000	84	0	84	0	678	0	
20203804 WORKPLACE AMEN	0	0	330	50	380	0%	0	0	Budgeted in 20203800
20203900 EMP TRANSPORTA	4,000	2,500	578	0	578	23%	974	1,526	
20204500 FREIGHT/CARTAG	20,000	20,000	10,858	1,501	12,359	62%	15,710	4,290	
20206100 MEMBERSHIP DUE	1,500	1,000	0	0	0	0%	1,000	0	
20207600 OFFICE SUPPLIE	28,000	28,000	51,170	22,228	73,399	262%	96,133	-68,133	Increase in Refugee and staff lead into an increase of office supplies. ARP grant purchases also hit here for task chairs etc. Grant reimbursement below.
20207602 SIGNS	0	0	4,593	0	4,593	0%	4,593	-4,593	
20208100 POSTAL SVC	1,000	1,000	50	0	50	5%	1,000	0	
20208500 PRINTING SVC	1,000	1,000	3,406	0	3,406	341%	3,500	-2,500	Health Center did a patient satisfaction survey ($3,390), funded by QI revenue (95956900). Expecting small print orders for rest of FY.
20211100 BLDG MAINT SVC	0	0	0	0	0	0%	0		
20218500 PERMIT CHARGES	2,100	2,100	0	0	0	0%	2,100	0	
20219300 REF COLL/DISP	1,500	1,500	2,098	258	2,356	157%	3,500	-2,000	
20221100 CONST EQ MAINT	0	0	4,962	0	4,962	0%	9,923	-9,923	
20222700 CELLPHONE/PAGE	16,970	19,912	13,539	0	13,539	68%	23,210	-3,298	
20223600 FUEL/LUBRICANT	0	3,000	1,764	0	1,764	59%	3,024	-24	
20225100 MED EQ MAINT S	10,000	10,000	8,525	888	9,413	94%	12,906		
20225200 MED EQ MAINT S	23,157	20,157	3,765	9,824	13,589	67%	20,157	0	ARP grant purchases hit here as well. Grant reimbursement below.
20226100 OFFICE EQ MAIN	215	132	63	0	63	48%	132	0	On-site shred
20226201 ERGONOMIC FURN	0	0	1,081	0	1,081	0%	2,162	-2,162	Health Center will not purchase any Ergonomic furniture unless employee goes through the formal request. 1 currently approved; 1 pending.
20226400 MODULAR FURNIT	0	0	0	21,457	21,457	0%	21,457	-21,457	
20227500 RENT/LEASE EQ	30,000	30,000	23,587	0	23,587	79%	40,435	-10,435	
20231400 CLOTH/PERSONAL	0	0	361	0	361	0%	361	-361	
20232100 CUSTODIAL SVC	0	8,000	4,250	0	4,250	53%	7,286	714	
20233200 FOOD/CATERING	200	200	0	0	0	0%	200	0	
20235100 LAUN/DRY CLEAN	3,000	3,000	1,886	21	1,907	64%	3,268	-268	
20241200 DENTAL SUP	10,000	2,000	0	0	0	0%	0	2,000	Health Center not expecting any dental supplies, since we stopped providing services FY 23/24.
20242000 DRUGS/PHARM SU	0	0	734	0	734	0%	1,259	-1,259	
20243700 LAB MED SVC	1,000	1,000	-23,677	436,889	413,212	41321%	130,000	-129,000	Assuming $10k a month for Refugee, and $10k for rest of Health Center.
20244300 MEDICAL SVC	1,000	1,000	243	699	942	94%	1,616	-616	
20244400 MEDICAL SUP	0	0	58,739	0	58,739	0%	60,739	-60,739	HIV supplies were purchased and are covered by HIV grant (95958900). SA = $58K, adding $2K for other small purchases.
20247100 RADIOLOGY SVC	28,262	28,262	37,404	0	37,404	132%	37,404	-9,142	
20247200 RADIOLOGY SUP	5,000	5,000	3,002	0	3,002	60%	5,146	-146	
20252100 TEMPORARY SVC	26,056	26,825	102,410	0	102,410	382%	102,410	-75,585	Increase of $5K is from OFCA paying old invoices. Should not see any more.
20257100 SECURITY SVC	209,798	230,732	52,586	0	52,586	23%	230,732	0	

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GL ACCT NAME	FY 2023-24 Final Budget	FY 2024-25 Approved Budget	Current COMPASS Actual	Encumbrance	Actuals + Encumbrance	% Consumed	Year-End Estimate	Variance, Estimate to Budget	COMMENT - Explain Variance
20259100 OTHER PROF SVC	13,811,895	17,901,233	3,581,465	4,686,811	8,268,277	46%	17,203,496	697,737	Registry projection = $2,691,669 Contract costs = $13,511,826.65 (assuming UCD contracts will utilize 95%, and SCOE at 75%). SCOE contract has not been executed for FY 24/25, largest variance. $1M for paying out on past SCOE contracts Pharmacy AAR will come through this FY to reduce this GL by $1.6M
20271100 DTECH LABOR	509,430	474,579	168,188	0	168,188	35%	474,579	0	
20281100 DATA PROCESSIN	500,000	500,000	269,971	64	270,035	54%	500,000	0	
20281200 DATA PROCESSIN	82,780	82,780	0	0	0	0%	0	82,780	Subaccounts listed below
20281201 HARDWARE	0	0	27,163	356	27,519	0%	47,176	-47,176	
20281202 SOFTWARE	97,363	127,618	52,008	0	52,008	41%	89,156	38,462	
20281204 OTHER	0	0	145	0	145	0%	145		
20281265 APPLICATION SW	0	0	6,293	0	6,293	0%	6,293		
20283200 INTERPRETER SV	556,305	556,305	244,674	0	244,674	44%	419,441	136,864	Homeless grant covers $90K, RHAP covers $120K.
20287100 TRANSPORTATION	400	400	3,601	0	3,601	900%	6,174	-5,774	
20288000 PY EXPEND	0	0	0	0	0	0%	0	0	
20289900 OTHER OP EXP S	71,200	1,200	0	0	0	0%	1,200	0	
20291000 CW IT SVCS - A	113,746	129,195	70,676	0	70,676	55%	129,195	0	
20291200 DTECH FEE - AC	40,174	56,826	35,451	0	35,451	62%	56,826	0	DTech Non-ACP
20291600 WAN CHARGES -	169,580	240,305	131,459	0	131,459	55%	240,305	0	DTech Non-ACP
20291700 ALARM SERVICES	17,003	19,403	8,735	0	8,735	45%	19,403	0	
20292100 GS PRINTING SV	5,000	5,000	266	0	266	5%	455	4,545	
20292200 GS MAIL/POSTAG	7,000	7,000	7,492	0	7,492	107%	12,843	-5,843	
20292300 MESSENGER SVCS	7,764	13,720	8,006	0	8,006	58%	13,720	0	
20292500 PURCH SVCS - A	26,859	21,194	11,504	0	11,504	54%	21,194	0	
20292700 GS WAREHOUSE C	1,000	1,000	577	0	577	58%	1,000	0	
20292800 GS EQUIP RENTA	0	0	138	0	138	0%	237	-237	
20292900 GS WORK REQUES	612,603	553,280	-9,243	0	-9,243	-2%	40,757	512,523	$43K for project slated to be completed in Mar'25 (covered by ARP grant, GL 95959100). $5K encumbrance, and $2K for small projects that will be completed (moving 2 data jacks).
20294200 FACILITY USE -	1,520,318	1,607,338	1,040,985	1,188,365	2,229,351	139%	1,607,338	0	
20296200 GS PARKING CHG	350	350	33	0	33	10%	57	293	
20297100 LIABILITY INS	144,663	222,465	120,755	0	120,755	54%	222,465	0	Allocated Cost (PP)
20298300 SURPLUS PROP -	5,424	6,040	3,315	0	3,315	55%	6,040	0	Allocated Cost (PP)
20298700 TELECOMM - ACP	100,390	108,516	0	0	0	0%	0	108,516	posts to 20298703
20298702 CIRCUIT CHRGS	0	0	2,097	0	2,097	0%	3,595	-3,595	Allocated Cost - budgeted in 20298700
20298703 LND LN CHARGES	0	0	68,551	0	68,551	0%	117,516	-117,516	Allocated Cost - budgeted in 20298700
20298900 TELEPHONE INST	0	0	2,137	0	2,137	0%	3,664		
Object 20 TOTAL - Services and Supplies	**18,843,205**	**23,102,267**	**6,269,944**	**6,369,413**	**12,639,357**	**55%**	**22,175,513**	**930,776**	
30310300 ELIG EXAMS	1,500	1,500	147	0	147	10%	1,500	0	DOJ Fingerprinting
30310600 CONTRACT SVC P	0	0	0	0	0	0%	0	0	
30310700 TRANSPORTATION	10,000	10,000	1,988	0	1,988	20%	3,407	6,593	RT Passes
30311400 VOLUNTEER EXPE	500	500	534	49	583	117%	999	-499	Volunteer DOJ Fingerprinting and pay claims
30312100 PROVIDER PAYME	1,048,633	1,095,000	631,299	149,869	781,168	71%	1,262,597	-167,597	OBS; FONEMED; HMA. Invoices only through Dec'24, therefore took monthly average and projected out 12 months.
30370000 CONTR OTHER AG	0	541,000	43,757	456,243	500,000	92%	541,000		Period 3: GL added to budget, also added $541K of budgeted revenue to 95959503 (one community health ARPA). $750K encumbrance is full award amount, which spans over 3 FY. Expected to spend $541K this FY.
Object 30 TOTAL - Other Charges	**1,060,633**	**1,648,000**	**677,724**	**606,161**	**1,283,885**	**78%**	**1,809,504**	**-161,504**	
43430110 EQUIPMENT-PROP	0	0	0	0	0	0%	0	**0**	
43430300 EQUIP SD NON REC	0	0	0	0	0	0%	0	**0**	
Object 40 TOTAL - Fixed Assets	**0**	**0**	**0**	**0**		0%	0	**0**	
60601100 DEPT OH ALLOC	1,104,224	1,279,755	575,359	0	575,359	45%	1,279,755	0	Allocated Cost
60601200 DIV OH ALLOC	387,895	403,737	103,335	0	103,335	26%	403,737	0	Allocated Cost
60650400 COLLECTION SVC	15,000	1,750	1,842	0	1,842	105%	1,750	0	DRR Collection
60691301 FIN GEN ACC -	8,005	10,207	5,540	0	5,540	54%	10,207	0	Allocated Cost
60691302 FIN PROLL SVCS	6,104	6,663	3,617	0	3,617	54%	6,663	0	Allocated Cost
60691303 FIN PMT SVCS -	9,432	14,712	7,986	0	7,986	54%	14,712	0	Allocated Cost
60691305 FIN INT AUDITS	4,295	5,013	2,721	0	2,721	54%	5,013	0	Allocated Cost
60691306 FIN SYS C & R	6,100	8,536	4,634	0	4,634	54%	8,536	0	Allocated Cost
60695102 BEN ADMIN SVCS	18,836	23,459	12,734	0	12,734	54%	23,459	0	Allocated Cost
60695103 EMPLOYM SVCS -	64,453	88,904	48,258	0	48,258	54%	88,904	0	Allocated Cost
60695500 TRAINING SVCS	16,932	21,734	11,798	0	11,798	54%	21,734	0	Allocated Cost
60695600 DEPT SVCS TRAN	148,073	142,562	77,384	0	77,384	54%	142,562	0	Allocated Cost
60695700 401A ADMIN SVC	995	1,103	599	0	599	54%	1,103	0	Allocated Cost
60695800 LABOR REL - AC	16,022	19,081	10,357	0	10,357	54%	19,081	0	Allocated Cost
60695900 SAFETY PGM - A	12,051	18,387	9,981	0	9,981	54%	18,387	0	Allocated Cost
60697900 OTHER SVC	0	0	11,687	0	11,687	0%	19,478		Intrafund transfer for Pharmacist for Q1 and part of Q2 (JV not completed yet for Q2). Pharmacist not working for Health Center in Q3/Q4. Budgeted in 60698018.
60697909 MIS SERVICES	0	0	35,081	0	35,081	0%	0	0	Allocated Cost Budgeted in 60601100
60698018 INTRA PROGRAM	1,916,880	2,009,060	837,067	0	837,067	42%	2,969,060	-960,000	Pharmacy costs have increased. Pending Board-approved AAR to add $1.6M in appropriations in AP07 or AP08. Reducing GL 20259100 by $1.6M to accommodate AAR. Will receive part of the $1.6M back via Pharmacy depending on what they Pharmaceuticals they get reimbursed for (assuming 60%).
Object 60 TOTAL - Intrafund Charges	**3,735,297**	**4,054,663**	**1,759,977**	**0**	**1,759,977**	**43%**	**5,034,141**	**-979,478**	
TOTAL EXPENDITURE	**39,421,631**	**43,622,420**	**16,897,659**	**6,975,574**	**23,873,232**	**55%**	**43,264,105**	**362,337**	

COMPASS Actual Data through AP:	7	Regular PPs	16.00				Ins PPs	14.00	
Straightline Ratio:	12					58%		>100% mark	

GL ACCT NAME	FY 2023-24 Final Budget	FY 2024-25 Approved Budget	Current COMPASS Actual	Encumbrance	Actuals + Encumbrance	% Consumed	Year-End Estimate	Variance, Estimate to Budget	COMMENT - Explain Variance
59599125 R 1991 HEALTH	-9,232,367	-10,346,857	-6,891,816	0	-6,891,816	67%	-10,346,857	0	
59599134 Restricted Fun	0	-15,359	0	0	0	0%	-15,359	0	
Object 50 TOTAL - Interfund Reimbursement	**-9,232,367**	**-10,362,216**	**-6,891,816**	**0**	**-6,891,816**	**1**	**-10,362,216**	**0**	
69699000 INTRA COST REC	-492,448	-392,622	-47,719	0	-47,719	12%	-990,421	597,799	JMS x-rays are low, estimating 50% of budget so $2,200. DHA transfers to come in full, $188,221. HP program budgeted at $200k, but since no patients on the program, $800k transfer of 91R funding will be made to offset other underinsured patients, and prevent any GF draw.
69699017 INTRA DEPARTME	-2,545,229	-1,650,297	-1,627,385	0	-1,627,385	99%	-3,077,775	1,427,478	MHSSA Intrafund agreement - FY 23/24 reimbursement posted in Sept'24, expecting reimbursement from BHS for FY 24/25 near the end of FY 24/25. PubH X-Rays and EMR costs are on track, $72K more to come in based on Q1 numbers (Q2-Q4).
69699018 INTRA PROGRAM	-14,537	-15,159	-4,835	0	-4,835	32%	-15,159	0	Pharmacy reimb of AT
Object 69 TOTAL - Intrafund Reimbursement	**-3,052,214**	**-2,058,078**	**-1,679,940**	**0**	**-1,679,940**	**82%**	**-4,083,355**	**2,025,277**	
TOTAL REIMBURSEMENT:	**-12,284,581**	**-12,420,294**	**-8,571,756**	**0**	**-8,571,756**	**69%**	**-14,445,571**	**2,025,277**	
NET Cost before Revenue	**27,137,050**	**31,202,126**	**8,325,902**	**6,975,574**	**15,301,476**	**49%**	**28,818,534**	**2,383,592**	
95953010 PY INTERGOV -	0	-2,180,612	0	0	0	0%	-1,488,746	-691,866	$820,479 recon payment received in FY 23-24 (June) instead of in FY 24-25 as budgeted (came early)
95953011 PY INTERGOV -	0	0	-1,387,521	0	-1,387,521	0%	-1,387,521	1,387,521	FEMA payments that came in Dec'24.
95956900 STATE AID OTHE	-16,364,451	-21,130,316	-10,532,812	0	-10,532,812	50%	-18,972,559	-2,157,757	Was 1.4M P1, 2.8M P2, 4.2M P3, $5.4M P4, $7.25M P5, $9M P6, $10.3M P7 (says $10.5M, but moving $200k)) Included - Capitation, PPS, FFS, HEDIS/QI Incentives; straightline revenue is $16.2M; SCOE back billing for past contracts ($500K added here); removed Refugee as it's slowing down and actuals have posted from Oct'24-Jan'25. $15.5M posted in 23/24
95956901 MEDI/CAL REVEN	0	0	0	0	0	0%		0	
95958900 HEALTH FED	-3,588,678	-5,526,073	-1,765,679	0	-1,765,679	32%	-4,231,996	-1,294,077	$1.765M actuals; including $405k for Q3 HRSA Homless grant posted but not by P7; assuming $650K for Q2 and Q3 for RHAP; assuming $86K for Q4 HRSA Homless and $505K for Q1 HRSA Homless; assuming $100k for Q2 HIV and $70K for HIV Q3.
95958901 MEDI-CARE REVE	0	0	-4,669	0	-4,669	0%	-8,004	8,004	
95959100 CONSTRUCTION F	-559,603	-553,280	-77,568	0	-77,568	14%	-155,135	-398,145	HRSA ARP-CIP CE8 (A18564): $619,603. Assuming we will claim ~$75K remainder of FY. Have ~$20K to drawdown next quarter already paid for, other charge will be 20292900 for exam rooms ($43k).
95959503 ARPA- SLFRF Re	-1,699,608	-1,475,647	-1,154,980	0	-1,154,980	78%	-1,763,302	287,655	
Object 95 TOTAL - Intergovenmental Revenue	**-22,212,340**	**-30,865,928**	**-14,923,228**	**0**	**-14,923,228**	**48%**	**-28,007,263**	**-2,858,665**	
96966200 MED CARE INDIG	-15,000	-5,000	0	0	0	0%	-5,000	0	CMISP Patient payment + DRR
96966202 CMISP SOC REV-	0	0	-4,131	0	-4,131	0%	0	0	Included above
96966300 MED CARE PRIVA	-1,000	-1,000	0	0	0	0%	0	-1,000	private insurance
96966900 MED CARE OTHER	-1,000	-1,000	0	0	0	0%	0	-1,000	TPL/ Insurance Payments
96969900 SVC FEES OTHER	-1,000	-1,000	-7,626	0	-7,626	763%	-7,626	6,626	Self Pay/Sliding Fee Pmts
Object 96 TOTAL - Charges for Services	**-18,000**	**-8,000**	**-11,757**	**0**	**-11,757**	**147%**	**-12,626**	**4,626**	
97979900 PRIOR YEAR	0	0	0	0	0	0%	0	0	
97979000 MISC OTHER	0	0	-305	0	-305	0%	-305	305	
97979004 JURY FEE EMP R	0	0	-165	0	-165	0%	-165	165	
TOTAL REVENUES	**-22,230,340**	**-30,873,928**	**-14,935,455**	**0**	**-14,935,455**	**48%**	**-28,020,359**	**-2,853,569**	

Net County Cost/NCC	**4,906,710**	**328,198**	**-6,609,552.69**	**6,975,574**	**366,021**	**112%**	**798,174**	**-469,976**	
		Expenditure Minus Rev	Actual Exp Minus Actual Rev	Encumbrance Totals	Actual Exp + Encumbrance Totals	% of budget spent & generated	YEE of Exp Minus YEE Rev	Net Exp variance minus rev variance	**AP07**

				Claims								
Grant	Start	End	Total Grant	Q1	Q2	Q3	Q4	YE TOTAL	"Remaining" FYE	FYE "Carryover"	Description	Order #
HRSA Homeless (GY 21/22)	3/1/2021	2/28/2022	1,442,813.00	525,028.85	409,661.34	365,636.93	93,296.69	1,393,623.81	49,189.19	-	HRSA Main Grant	A18551
HRSA Homeless (GY 22/23)	3/1/2022	2/28/2023	1,386,602.00	430,466.95	243,476.72	488,757.92	223,897.04	1,386,598.63	3.37	-	HRSA Main Grant	A18551
HRSA Homeless (GY 23/24)	3/1/2023	2/28/2024	1,386,602.00	636,551.39	468,785.27	281,265.34	-	1,386,602.00	-	-	HRSA Main Grant	A18551
HRSA Homeless (GY 24/25)	3/1/2024	2/28/2025	1,424,937.00	505,574.97	388,824.82	405,317.59		1,299,717.38	125,219.62	-	HRSA Main Grant	A18551
HRSA HIV (GY 22/23)	9/1/2022	8/31/2023	325,000.00	32,303.08	23,538.87	80,692.49	75,834.42	212,368.86	112,631.14	112,631.00	HRSA HIV Grant	A18565
HRSA HIV (GY 23/24)	9/1/2023	8/31/2024	437,631.00	84,102.42	54,135.25	45,032.91	95,754.59	279,025.17	158,605.83		HRSA HIV Grant	A18565
HRSA HIV (GY 24/25)	9/1/2024	8/31/2025	325,000.00	75,817.92							HRSA HIV Grant	A18565
RHAP (GY 21/22)	10/1/2021	9/30/2022	1,958,204.00	376,643.00	375,193.00	404,048.00	389,258.00	1,545,142.00	413,062.00	-	RHAP DHCS Grant	A19453
RHAP (GY 22/23)	10/1/2022	9/30/2023	1,789,062.00	445,631.50	446,464.50	445,274.50	389,820.50	1,727,191.00	61,871.00	-	RHAP DHCS Grant	A19453
RHAP (GY 23/24)	10/1/2023	9/30/2024	1,993,648.02	231,332.52	464,469.41	470,308.40	501,073.83	1,667,184.16	326,463.86	-	RHAP DHCS Grant	A19453
RHAP (GY 24/25)	10/1/2024	9/30/2025	3,368,941.00	649,679.71				649,679.71	2,719,261.29	-	RHAP DHCS Grant	A19453
RHPP Main (GY 21/22)	10/1/2021	9/30/2022	82,014.00	22,153.81	23,065.09	19,677.15	17,117.95	82,014.00	-	-	RHPP Main DHCS Grant	A19459
RHPP Main (GY 22/23)	10/1/2022	9/30/2023	82,014.00	2,555.99	2,497.92	9,214.20	40,202.96	54,471.07	27,542.93	-	RHPP Main DHCS Grant	A19459
RHPP Main (GY 23/24)	10/1/2023	9/30/2024	139,994.00	9,371.55	4,946.30	16,803.03	26,385.53	57,506.41	82,487.59	-	RHPP Main DHCS Grant	A19459
RHPP UHP (GY 23/24)	10/1/2023	9/30/2024	99,934.00	-	143.69	627.97	753.88	1,525.54	98,408.46	-	RHPP UHP DHCS Grant	A19470
RHPP AHP (GY 22/23)	10/1/2022	9/30/2023	200,000.00	-	-	13,400.00	8,927.12	22,327.12	177,672.88	-	RHPP AHP DHCS Grant	A19469
RHPP AHP (GY 23/24)	10/1/2023	9/30/2024	199,602.00	4,153.80	5,900.57	5,586.93	27,388.22	43,029.52	156,572.48	-	RHPP AHP DHCS Grant	A19469
				PY Spent								
County ARPA (H-4)	1/1/2022	12/31/2024	2,701,919.00	1,720,610.77				937,396.52	43,911.71	-	County ARPA	HS-ARPA02-40
County ARPA (H-18)	1/1/2022	12/31/2024	135,000.00	79,685.93		Total Claimed County FY24/25:		37,393.95	17,920.12	-	County ARPA	HS-ARPAII-40
County ARPA (H-19)	7/1/2022	12/31/2024	319,000.00	153,561.41				154,253.84	11,184.75	-	County ARPA	HS-ARPAII-50
ARPA (One Community Health)			750,000.00	-		Total Claimed County FY24/25:		43,757.26	706,242.74		County ARPA	HS-ARPAII-70
HRSA C8E ARP CIP (GY 21/22)	9/15/2021	9/14/2022	619,603.00	-	-	-	-	-	619,603.00	-	HRSA Infrastructure Support	A18564
HRSA C8E ARP CIP (GY 22/23)	9/15/2022	9/14/2023	619,603.00	-	-	-	-	-	619,603.00	-	HRSA Infrastructure Support	A18564
HRSA C8E ARP CIP (GY 23/24)	9/15/2023	9/14/2024	619,603.00	-	63,688.06	23,312.14	77,567.63	164,567.83	455,035.17	-	HRSA Infrastructure Support	A18564
HRSA C8E ARP CIP (GY 24/25)	9/15/2024	3/31/2025	619,603.00	-				-	455,035.17	-	HRSA Infrastructure Support	A18564

HRSA Project Director Updates

March 21, 2025 CAB Meeting

Key Points:

The proposed halt to general fund draws necessitates a careful balancing act: maintaining essential service levels and improving patient care while simultaneously streamlining operations. We are proactively implementing strategies to ensure uninterrupted service levels and continued enhancements to patient care. Current budget projections are on track for success.

Key achievements over this past month include a new MOU with WellSpace Health, MOUs directly with school districts, the deployment of check-in kiosks, the introduction of text-based referral and appointment systems, and a continued focus on process optimization.

Artera Messaging

Initiatives to use Artera messaging throughout the clinic are proving useful. Text messages with patients and patient responses continue to increase. In the past 30 days, appointment confirmations 5,839 patients were reached through Artera and we received a 64.65% response rate from our patients.

Management Recruitment

We are pleased to announce that Christina Delgado, RN, joined us as our new Health Program Manager on Monday, March 17, 2025. Recruitment efforts continue to fill the vacant Division Manager position. Interviews for the Medical Director position continue. Noel Vargas has maintained direct communication with CAB Chair Suhmer Fryer, who was invited to participate in a panel for the most recent candidate interview. Suhmer, or a CAB member, will continue to be invited to participate in relevant discussions and interviews of vacant positions.

Financial Challenges and Grant Updates

The Health Center continues to navigate the impact of the $6 million general fund draw reduction. The HRSA Capital Infrastructure grant received a six-month extension, and the HRSA non-competing application was successfully approved. However, the Health Center's application for expanded hours grant funding was not awarded.

HRSA Operational Site Visit (OSV) and Request for Information (RFI)

The Health Center continues regular meetings with HRSA, with the goal of closing both the OSV and the Request for Information. We are continuing to make progress, this includes ensuring that we obtain MOU's with the other FQHC's for the School Based Health Center Sites to remain in scope services. Director Vargas and county leadership has successfully worked with WellSpace Health to secure an MOU. SCHC has also successfully completed some of the direct MOUs with the school districts.

HRSA Project Director Updates

March 21, 2025 CAB Meeting

Facility Improvements

To enhance patient care capacity, the Health Center has successfully repurposed two offices into functional patient exam rooms. Notably, one of these rooms is equipped to function as a procedure room for Family Medicine. We are pleased to announce that these rooms will be available for patient visits within the next two weeks. We are excited that this project was funded through the Capitol Grant.

Refugee Health Services

In response to the substantial decline in refugee resettlement and the subsequent closure of agencies in Sacramento, we have successfully adapted by establishing a refugee self-referral process. This proactive measure has yielded positive results, with 80 patients self-referring in the last two weeks

Streamlining Workflows

Pam Gandy and Michelle Besse are working in collaboration with SCHC staff to improve efficiency and streamline workflows. Their projects target the reduction of unnecessary steps in various processes and the clarification of roles.

Check-In Kiosks for patients to self-check in to appointments have arrived and are being tested in the adult medicine lobby. This will reduce the wait for patients to check in when the arrive for their appointments. We will also work to have some health screenings embedded into the system, streamlining workflows.

SCHC is also rolling out a new resource center and patient advocate area to improve our patients experience. This was based upon the CAB's suggestions and discussions. We hope to provide additional information next month.

Co-Applicant Board Meeting

Medical Director Update

March 21, 2025

All Clinics

- Re-initiating video visit capabilities
    - Updating exam room equipment with dual screens and webcams
    - Re-training providers and staff
    - Identifying resources to provide technical support to patients
    - Pending federal decision (March 31st) on Medicare payment for telehealth visits
- Evaluating causes of the small decrease in patient visits though improved in last month
    - Cancellations – Artera helping to reschedule patients
    - Patient outreach for those not seen in over 1 year via Artera
    - Patient outreach by QI measures
- Pre-visit planning by QI team
    - Colon cancer screening – pre-ordering FIT, reminders for previously ordered tests
    - Breast cancer screening – pre-ordering mammograms
    - Diabetes – pre-ordering labs
    - Cervical cancer screening – alerting providers that due for Pap
- Continuing to plan for implementation of Team-Based Care
    - Grouping providers based on panel size, language concordance
    - Potential of adding other team members such as RN, MSW student
    - Very helpful feedback sessions with RNs and MAs
- Evaluating provider staffing in each program
    - Refugee providers transfer to other programs
    - Billing for pharmacy diabetes visits
    - Restarting hypertension clinic
    - Reviewing UCD contract for next academic year starting July 2025

	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	**03-05-2025**
Title: **Sliding Fee Discount Program**		Functional Area: **Fiscal Services**	
Approved By: Noel Varas, Deputy Director for Primary Health			

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 FPL;
- 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 FPL; and
- Providing no sliding fee discounts for individuals and families with annual income above 200 percent of the FPL.

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 (DHHS) 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)*.

The SFDP applies 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 the SFDP eligibility requirements may receive a SFD. For such patients with health insurance, the SFDP applies to non-covered services, co-payments, deductibles, and coinsurance, as well for services (i.e., sensitive services) for which a patient does not wish to use their insurance coverage. 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.

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

The SFD Schedule and any nominal charge are set annually after DHHS 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.

Procedure:

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

- Informing patients and patient guardians or conservators 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 at each primary care delivery site 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).
            3) Inform patients ≤200% FPL that we have a SFDP and ask if they may be interested in applying. If the patient says yes, explain how to apply, including giving them an application.
        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 that they will be responsible for paying for the services on their own. The PSR offers the patient assistance to identify their assigned medical home or to identify a provider that may

accept their coverage or to apply for the Sliding Fee Discount Program. If the patient would still like to receive services from SCHC, the PSR informs the patient that they will be financially responsible for their services. 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 coverage requires patient financial responsibility for a portion of charges incurred (e.g. 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 relevant eligibility portal(s). 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*) either in person or via a mutually acceptable electronic method, 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 lets them know that SCHC will bill (using the new status) for services provided.

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.

   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 below).

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, gambling income, etc.	● Award letter ● Paycheck stub ● Check
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 typically used for verification, although marriage, birth and/or adoption certificates may be requested.
People to include in family size:	● The patient ● Dependents of the patient listed in the patient's most recent federal income tax form ● If the patient is a dependent of a family member, the head of household on the federal income tax form, and any other dependents listed on that form
People <u>not to</u> include:	● Individuals who do not live with the applicant, unless economically dependent on the patient or if the patient is economically dependent on them ● Unrelated individuals (i.e., roommates/housemates) living with the patient
County Residency	
Residency is defined as living in Sacramento County, or intent to live in Sacramento County within 30 days.	Verification by a reoccurring bill with an address within Sacramento County. e.g. a utility bill, tax bill or rental agreement with patient's or family member's name and an address within Sacramento County.

2. 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).
3. 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 if they bring in the required documentation within 30 days and before their next visit. Patients who fail to provide required documentation are not granted the SFD and will retroactively be billed full undiscounted charges for the visit with presumptive eligibility.

4. The Member Services 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.
5. 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.
6. 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 to the date of service, SCHC will refund any SFD payments accepted.
7. SFDP eligibility remains in effect for 12 months once SFDP eligibility is established.
8. Patients granted SFDP enrollment are notified of their responsibility to inform SCHC of any change in income, family size, or residency within 30 days of the change during this 12-month eligibility 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 provide 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.
    c. If they find deviations from this policy and procedure, the Member Services supervisor reviews the error and proper procedure with the staff member who made each error. Repeated errors may result in disciplinary action.

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

2. 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, including 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 recommending changes as needed to the Co-Applicant Board for possible revision of this document.

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 Discount Program Tables, ~~2025~~ 2025
Attachment B: SCHC Scope of Services
Attachment C: Sliding Fee Information Sheet
Attachment D: SCHC Sliding Fee Discount Program Application
Attachment E: Attestation of No Income Form
Attachment F: Attestation of Sacramento County Residence
Attachment G: Sliding Fee Discount Program Acknowledgement Form
Attachment H: Sliding Fee Discount Program Notice of Enrollment

Commented [SH1]: Update links.

Contact:
HPM for Quality and Compliance (for Policy questions)
Clerical Supervisor for Member Services (for Procedure questions)

Approval by the Co-Applicant Board:
XXX

Sacramento County Health Center

Attachment A: Sliding Fee Discount Program Tables 2025

Sacramento County Health Center

2025 Schedule of Sliding Fee Discounts Based on Income and Family Size for Preventive Dental Care

Persons in Family	Nominal Fee	Tier A	Tier B	Tier C	Full Price
	≤100%[1]	>100% to ≤133%[1]	>133% to ≤167%[1]	>167% to ≤200%[1]	>200%[1]
1	≤15,650	$15,651 to $20,815	$20,816 to $26,136	$26,137 to $31,300	$31,301
2	≤21,150	$21,151 to $28,130	$28,131 to $35,321	$35,322 to $42,300	$42,301
3	≤26,650	$26,501 to $35,445	$35,446 to $44,506	$44,507 to $53,300	$53,301
4	≤32,150	$32,151 to $42,760	$42,761 to $53,691	$53,692 to $64,300	$64,301
5	≤37,650	$37,651 to $50,075	$50,076 to $62,876	$62,877 to $75,300	$75,301
6	≤43,150	$42,151 to $57,390	$57,391 to $72,061	$72,062 to $86,300	$86,301
7	≤48,650	$48,651 to $64,705	$64,706 to $81,246	$81,247 to $97,300	$97,301
8	≤54,150	$54,151 to $72,020	$72,021 to $90,431	$90,432 to $108,300	$108,301
9	≤59,650	$59,651 to $79,335	$79,336 to $99,616	$99,617 to $119,300	$119,301
10	≤65,150	$65,151 to $86,650	$86,651 to $108,801	$108,802 to $130,300	$130,301
11	≤70,650	$70,651 to $83,965	$83,966 to $117,986	$117,987 to $141,300	$141,301
12	≤76,150	$76,151 to $101,280	$101,281 to $127,171	$127,172 to $152,300	$152,301
13	≤81,650	$81,651 to $108,595	$108,596 to $136,356	$136,357 to $163,300	$163,301
14	≤87,150	$87,150 to $115,910	$115,911 to $145,541	$145,542 to $174,300	$174,301
Nominal Fee/ Discount*	**$20***	**35%**	**20%**	**10%**	**NO DISCOUNT**

**Per test/service*

[1]Percentage of Federal Poverty Level

Sacramento County Health Center

2025 Schedule of Sliding Fee Discounts Based on Income and Family Size for Diagnostic Laboratory Services (through Quest Diagnostics)

Persons in Family	Nominal Fee	Tier A	Tier B	Tier C	Tier D	Full Price
	<100%	>100% and ≤138%	138% and150%	150% and 175%	175% and 200%	>200%
1	≤15,650	$15,651 to $21,597	$21,598 to $23,475	$23,476 to $27,388	$27,389 to $31,300	$31,301
2	≤21,150	$21,151 to $29,187	$29,188 to $31,725	$31,726 to $37,013	$37,014 to $42,300	$42,301
3	≤26,650	$26,651 to $36,777	$36,778 to $39,975	$39,976 to $46,638	$46,639 to $53,300	$53,301
4	≤32,150	$32,151 to $44,367	$44,368 to $48,225	$48,226 to $56,263	$56,264 to $64,300	$64,301
5	≤37,650	$37,651 to $51,957	$44,368 to $56,475	$56,476 to $65,888	$65,889 to $75,300	$75,301
6	≤43,150	$43,151 to $59,547	$59,548 to $64,725	$64,726 to $75,513	$75,514 to $86,300	$86,301
7	≤48,650	$48,651 to $67,137	$67,138 to $72,975	$72,976 to $85,138	$85,139 to $97,300	$97,301
8	≤54,150	$54,151 to $74,727	$74,728 to $81,225	$81,226 to $94,763	$94,764 to $108,300	$108,301
9	≤59,650	$59,651 to $82,317	$82,318 to $89,475	$89,476 to $104,388	$104,389 to $119,300	$119,301
10	≤65,150	$65,151 to $89,907	$89,908 to $97,725	$97,726 to $114,013	$114,014 to $130,300	$130,301
11	≤70,650	$70,651 to $97,497	$97,498 to $105,975	$105,976 to $123,638	$123,639 to $141,300	$141,301
12	≤76,150	$76,151 to $105,087	$105,088 to $114,225	$114,226 to $133,263	$133,264 to $152,300	$152,301
13	≤81,650	$81,651 to $112,677	$112,678 to $122,475	$122,476 to $142,888	$133,264 to $163,300	$163,301
14	≤87,150	$87,151 to $120,267	$120,268 to $130,725	$130,726 to $152,513	$152,514 to $174,300	$31,301
Discount*	**100%**	**75%**	**65%**	**55%**	**25%**	**NO DISCOUNT**

**Per test/service*

[1]Percentage of Federal Poverty Level

Rev. March -2025

Sacramento County Health Center

2025 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	Tier A	Tier B	Tier C	Tier D	Full Price
	≤100%[1]	>100% and ≤138%[1]	>138% and ≤150%[1]	>150% and ≤175%[1]	>175% and ≤200%[1]	>200%[1]
1	≤15,650	$15,651 to $21,597	$21,598 to $23,475	$23,476 to $27,388	$27,389 to $31,300	$31,301
2	≤21,150	$21,151 to $29,187	$29,188 to $31,725	$31,726 to $37,013	$37,014 to $42,300	$42,301
3	≤26,650	$26,651 to $36,777	$36,778 to $39,975	$39,976 to $46,638	$46,639 to $53,300	$53,301
4	≤32,150	$32,151 to $44,367	$44,368 to $48,225	$48,226 to $56,263	$56,264 to $64,300	$64,301
5	≤37,650	$37,651 to $51,957	$44,368 to $56,475	$56,476 to $65,888	$65,889 to $75,300	$75,301
6	≤43,150	$43,151 to $59,547	$59,548 to $64,725	$64,726 to $75,513	$75,514 to $86,300	$86,301
7	≤48,650	$48,651 to $67,137	$67,138 to $72,975	$72,976 to $85,138	$85,139 to $97,300	$97,301
8	≤54,150	$54,151 to $74,727	$74,728 to $81,225	$81,226 to $94,763	$94,764 to $108,300	$108,301
9	≤59,650	$59,651 to $82,317	$82,318 to $89,475	$89,476 to $104,388	$104,389 to $119,300	$119,301
10	≤65,150	$65,151 to $89,907	$89,908 to $97,725	$97,726 to $114,013	$114,014 to $130,300	$130,301
11	≤70,650	$70,651 to $97,497	$97,498 to $105,975	$105,976 to $123,638	$123,639 to $141,300	$141,301
12	≤76,150	$76,151 to $105,087	$105,088 to $114,225	$114,226 to $133,263	$133,264 to $152,300	$152,301
13	≤81,650	$81,651 to $112,677	$112,678 to $122,475	$122,476 to $142,888	$133,264 to $163,300	$163,301
14	≤87,150	$87,151 to $120,267	$120,268 to $130,725	$130,726 to $152,513	$152,514 to $174,300	$31,301
Fee*	**$20**	**$25**	**$35**	**$45**	**$55**	**NO DISCOUNT**

**Per visit charge*
[1]Percentage of Federal Poverty Level

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 Discount Program Information Sheet - ~~2024~~2025

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 who cannot use it at SCHC, 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 or family size changes.
- You are required to provide documents in order to enroll in the program. *See below and application for more information.*

SCHC offers a sliding fee discount scale (SFDS) that covers preventive dental services received at SCHC or at the Sacramento Native American Health Center. In partnership with Quest, SCHC offers a SFDS that covers diagnostic laboratory services provided by Quest. Finally, SCHC offers a SFDS 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 pharmaceutical manufacturers have their own discount programs.

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. Health insurance card or letter from Medi-Cal or Medi-Care: indicating coverage or eligibility for benefits.
4. Proof of Income: Most recent paycheck 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, lottery winnings, etc.
5. Proof of Family Size: "Family" consists of those members related by birth, marriage or adoption who are supported by the reported income—typically the individuals reported on the federal tax return (Birth, Adoption, or Marriage certificates may be requested).
6. Proof of Residence: a utility bill / tax bill / rental agreement with your name and a Sacramento County address

Application Process

- Bring documents to Member Services in Suite 2600 at the Primary Care Center – the main Health Center site at 4600 Broadway. Staff will review your materials and let you know about your eligibility and fees for services. You can call first to make an appointment: 916-874-1805.
- 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 that follows federal rules. 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 family?
A: For the purpose 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.

SACRAMENTO COUNTY HEALTH CENTER

SLIDING FEE DISCOUNT PROGRAM APPLICATION

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

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

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

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

SACRAMENTO COUNTY HEALTH CENTER

SLIDING FEE DISCOUNT PROGRAM APPLICATION, CONTINUED
Section to be completed by Applicant:

The date the application is submitted will be the date any eligible discounts will apply to covered services received. In the event that an application is submitted without the required documentation, you will be notified and given 30 days from notification to submit the documentation without moving the submission date forward. If you do not submit the required documentation within the required 30-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 result in the patient not being enrolled in the Sliding Fee Discount Program.

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 Discount 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, family size, or residence within thirty (30) days. If acceptance to the Sliding Fee Discount Program is obtained under this application, I will comply with all rules and regulations of the Sliding Fee Discount Program, as outlined in the *Sliding Fee Discount Program Acknowledgement Form*. 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.

_____ _____ _____
PATIENT FIRST NAME MIDDLE INITIAL PATIENT LAST NAME

____/___/_____ _____
PATIENT DATE OF BIRTH PATIENT GENDER

_____
PRINTED NAME OF PARENT/LEGAL GUARDIAN/CONSERVATOR

_____ ___/___/_____
SIGNATURE TODAY'S DATE

_____ _____ ___ _____
BILLING ADDRESS: STREET # AND NAME CITY STATE ZIP CODE

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

Quest Diagnostics®

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) Parent/Guardian Name (PRINT) Today's Date

_____
Responsible Party Signature

For Official Use Only:

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

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SACRAMENTO COUNTY HEALTH CENTER

SLIDING FEE DISCOUNT PROGRAM APPLICATION, CONTINUED
Page 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 ☐ Attestation of No Income ☐ Other: _____	☐	☐
***Residence in Sacramento County (Submit one of the following):** ☐ Bill with name and residential address ☐ Signed rental agreement or tax bill for owned home ☐ Attestation of Sacramento County Residence	☐	☐
Health Insurance Information (if applicable): ☐ Insurance card(s) Type: ☐ Commercial ☐ Medi-Cal ☐ Medicare ☐ Share of Cost? Amount: _____ ☐ Evidence of eligibility for public benefits (e.g., letter) ☐ Evidence of rejection for coverage	☐	☐

**For these items, at least one piece of documentation is required.*

CONCLUSION:

☐ Patient is eligible for the Sliding Fee Discount Program in
Dental Tier: ___ Lab Tier: ___ All Other In-Scope SCHC Services Tier: ___ OR

☐ Patient is NOT eligible for Sliding Fee Discount Program based on documents provided.

_____
PRINTED NAME OF STAFF

_____ ___/___/_____
SIGNATURE OF STAFF Today's DATE

SACRAMENTO COUNTY HEALTH CENTER

Attestation of No Income

I hereby attest that I (or the patient) am(is) not employed and do(es) 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*).

_____ _____ _____
PATIENT FIRST NAME MIDDLE INITIAL PATIENT LAST NAME

___/___/_____ _____
PATIENT DATE OF BIRTH PATIENT GENDER

_____
PRINTED NAME OF PARENT/LEGAL GUARDIAN/CONSERVATOR

_____ ___/___/_____
SIGNATURE TODAY'S DATE

SACRAMENTO COUNTY HEALTH CENTER

Attestation of Sacramento County Residence

I hereby attest that I (or the patient) live(s) in Sacramento County but am(is)

☐ Unhoused and do not have proof of my residence in Sacramento County.

☐ The _____ of _____
SPECIFY FAMILY RELATIONSHIP PERSON'S NAME
whose name is on the proof of residence document.

☐ The roommate of _____ whose
PERSON'S NAME
name is on the proof of residence document.

_____ _____ _____
PATIENT FIRST NAME MIDDLE INITIAL PATIENT LAST NAME

___/___/_____ _____
PATIENT DATE OF BIRTH PATIENT GENDER

_____
PRINTED NAME OF PARENT/LEGAL GUARDIAN/CONSERVATOR

_____ ___/___/_____
SIGNATURE TODAY'S DATE

SACRAMENTO COUNTY HEALTH CENTER

Sliding Fee Discount Program Acknowledgement Form

Patient Label Here

ACKNOWLEDGEMENT OF SLIDING SCALE PAYMENT

I understand:

- It is my responsibility to complete the Sliding Fee Discount Program application and provide necessary documents to establish my eligibility for a sliding scale rate.
- Sliding fee services do not include hospital services (emergency stabilization or inpatient) or specialty care provided outside of the Sacramento County Health Center.

ACKNOWLEDGEMENT OF MY RIGHTS

I understand:

- It is my right to be treated with dignity and respect by every staff member whether in person or by telephone.
- There is a formal complaint / grievance process that I may use if I believe my rights are violated. I understand that I can obtain a Clinic Services Comment Form from any Health Center registration desk or download one from https://dhs.saccounty.gov/PRI/Pages/Health%20Center/GI-Sacramento-County-Health-Center.aspx.

ACKNOWLEDGEMENT OF MY RESPONSIBILITIES

I understand it is my responsibility to

- Complete all necessary paperwork within 30 days to enroll in the program and receive a sliding scale rate.
- Notify the Health Center at **916-874-1805** within 30 days of any changes in my health insurance coverage, including Medi- Cal or Medicare, and/or any changes in my name, address, phone number, or family size.
- Work collaboratively with my provider.
- Attend all appointments or cancel appointments at least 48 hours in advance.
- Treat all clinic staff with dignity and respect whether in person or by telephone.

CONTACT INFORMATION

- Sacramento County Health Center staff may use the address and phone numbers provided for appointment reminders, lab results, or other communications regarding my medical care.
- I will update my contact information within 30 days if it changes.

Signature_____ Date_____

Witness_____ Date_____

SACRAMENTO COUNTY HEALTH CENTER

Sliding Fee Discount Program
Notice of Enrollment

We are pleased to inform you that the following patient has been enrolled in the Sacramento County Health Center's Sliding Fee Discount Program.

_____ _____ _____
PATIENT FIRST NAME MIDDLE INITIAL PATIENT LAST NAME

____/____/_____ _____
PATIENT DATE OF BIRTH PATIENT GENDER

This patient is in
Preventive Dental **Tier: ___**
Diagnostic Lab **Tier: ___**
All Other In-Scope SCHC Services **Tier: ___**

Eligibility dates for the Sliding Fee Discount are for one year, from

___/___/_____ to ___/___/_____.

Please remember to
1) Call Member Services if your address, family income, and/or family size changes before the expiration date; and
2) If you want to extend SFDP coverage after the time period shown above, submit a new application and documents at least 30 days prior to the expiration date.
3) Call the Member Services team at 916-874-1805 if you have questions.

SACRAMENTO COUNTY

Part II: 2024-2026 Strategic Priorities Action Plan

Priority 1: Increase Access to Care **Goal 1: Increase access to health care services**		
Strategy 1: Bring services to patients – where patients already spend time (e.g., school-based services, visits to encampments, other use of mobile van, mail delivery of pharmaceuticals, mobile pharmacy services [when regulations allow]).		
Expected Outcome	**Responsible Party**	**Target**
Increase the number of patients receiving school-based mental and/or primary care services	Health Program Managers (HPM)	≥5% over baseline (BL) *Baseline:* *MH: 1,500 per yr* *PCS: 0 per yr*
Increase the number of patients receiving health services on the mobile medical van.	Mobile van providers; HPM for Operations	≥10% over BL Goal: 165 pt yr *Baseline: 150 pt yr*
Increase the number of patients with OCHIN compatible remote blood pressure device	QI Team	≥10% over BL Goal 241 pts *Baseline: 219 pts*
Increase the number of homeless patients who receive care through street medicine* *Mobile van and street medicine patients are grouped in the same OCHIN department.	Mobile van providers; HPM for Operations	≥15% over BL Goal: 443 pts *Baseline: 385 pts*
Meet or exceed the HEDIS minimum performance level (MPL) for controlled BP for 2024, 2025 and 2026.	QI Team	MPL varies each year
Research to determine if mailing pharmaceuticals is an option for SCHC.	County Pharmacist; HPM for Operations	Yes or No
Research and, if possible, implement delivery of medications on the mobile van.	County Pharmacist; HPM for Operations	Yes or No

Strategy 2: Maximize clinical space by means such as increasing use of telehealth services, co-locating services within other entities' spaces (e.g., University of Pacific, UCD School of Nursing mobile van), and identifying new space.		
Expected Outcome	**Responsible Party**	**Target**
Decrease the average lag time needed for assigned patients to obtain non-urgent care. Appointment within 10 business days of requesting an appointment for primary care.	SCHC Leadership QI Team	Goal: ≥10% over baseline (BL) Goal # 19.47 days *Baseline: 21.63 days*

Increased square footage (fixed and mobile) dedicated to the delivery of care.	SCHC Leadership	Goal: ≥5% over BL Goal #: 7,874 sq ft *Baseline: 7,499*
Increased number of assigned patients who utilize telehealth services.	SCHC Leadership	≥10% over baseline Goal #: 26.7% *Baseline: 24.3%* *(Jan 22-Dec 23: 84,698 pts)*

Strategy 3: Develop a coordinated care team approach with everyone working at the top of their scope of practice (i.e., what the certification or license allows) to reduce the burden on providers so they can see more patients per unit of time.		
Expected Outcome	**Responsible Party**	**Target**
Complete the research on panel sizes and present the findings to CAB for discussion.	SCHC Leadership Consultant	December 2024
Develop a comprehensive implementation plan.	SCHC Leadership	September 2025
Implement the plan.	SCHC Leadership Project Planner	December 2026
Increased number of available appointments.	SCHC Leadership	≥5% over baseline Goal #: 3,692 per year *Baseline: 3,516*

Strategy 4: Train providers and staff from a patient perspective to improve patient-centered care.		
Expected Outcome	**Responsible Party**	**Target**
Establish a workgroup to develop, implement and monitor a training plan to help providers and staff better understand the patient perspective when accessing care at SCHC.	Health Program Manager	December 2025
Post training, review and modify Policies and Procedures and workflows to improve the patient's experience when accessing care at SCHC.	HPM for Compliance	Train at least 80% of clinical staff

Priority 1: Increase Access to Care

Goal 2 Increase access to enabling and navigation services to overcome social determinants of health (SDOH, i.e., societal and environmental factors that affect people's health and access to care)

Strategy 1: Develop coordinated wrap-around services (e.g., increase the number of Public Health Aides/ Community Health Workers - CHWs and other staff) within SCHC to provide care coordination, case management, and navigation services.		
Expected Outcome	**Responsible Party**	**Target**

Workflows for internal coordination of wrap-around services appropriate for existing levels of staffing.	Health Program Manager	October 2024
New or revised County positions meeting state requirements to generate revenue for navigation services. Include ways to coordinate with other organizations providing wrap around services; develop referral pathways and methods to track what services patients are receiving.	SCHC Leadership	November 2025
A sufficient number (at least 2) dedicated staff to provide enabling services.	SCHC Leadership	December 2026

Strategy 2: Develop streamlined workflows to coordinate with other organizations providing wrap around services; develop referral pathways and methods to track what services patients are receiving. Where possible, identify and enable electronic systems to facilitate two-way communication to coordinate services. (what happens to the referral)		
Expected Outcome	**Responsible Party**	**Target**
Workflows for referral pathways to external organizations providing needed services.	RN Case Manager; HPM for Operations	December 2024
Electronic systems to facilitate two-way communication with at least one external service organization to coordinate services and track referrals to completion.	ASO III	December 2025
Operational plan to provide wrap around services including ways to coordinate with other organizations providing such services.	HPM for Operations	June 2025
Increased number of patients accessing navigation services.	HPM for Operations	≥10% over BL Goal: 1,389 pts *Baseline: 1,263*

Priority 2: Promote Economic Sustainability

Goal 1: Increase efficiency through activities including process improvements, staff training, enhanced, and/or updated technologies.

Strategy 1: Complete due diligence and implement technologies that increase efficiency, e.g., reducing staff workload and increasing patient control, on-demand appointments, self-scheduling, check-in kiosks, exam room TVs for education, robust use of Artera (patient communication system), and on-hold messaging.		
Expected Outcome	**Responsible Party**	**Target**
List of identified technologies, costs, and benefits.	Admin/HPM of Oper	December 2024
Present to CAB for discussion.	HPM	March 2025
Developed implementation plan with timeline.	HPM of Operations	August 2025
Technologies operational.	HPM of Oper	November 2026

Strategy 2: Develop and implement improved Health Center provider and staff training. e.g., onboarding training, training and accountability of Health Center policies and procedures.		
Expected Outcome	**Responsible Party**	**Target**
Staff training plan to include OCHIN, SCHC policies and procedures, County protocols, Intranet tour.	HPM for Compliance	June 2025

Strategy 3: Research and adopt promising practices and streamline processes, engage in continuous quality improvement practices for Health Centers operations.		
Expected Outcome	**Responsible Party**	**Target**
GROSS projects implemented. Report on waste eliminated.	QI Team	Report semi-annually June 2024 through December 2026

Priority 2: Promote Economic Sustainability **Goal 2: Improve staff retention *to lower costs due to recruitment and new employee training costs and* other costs.**		
Strategy 1: Develop policies and procedures that increase employee retention and morale, (e.g., flexible and alternative work schedules and telecommuting, continuous learning/growth opportunities to meet employee and/or group needs).		
Expected Outcome	**Responsible Party**	**Target**
Updated policy on alternative work schedules and other strategies.	QI SCHC Leadership Operations Manager	Retention Baseline: 82.1% Decrease baseline employee turnover by ≥10% by Nov 2026 Goal #: 14.3%

Priority 2: Promote Economic Sustainability **Goal 3: Identify and track funding opportunities (e.g., CalAIM) that align with the Health Center's mission, vision and values.**		
Strategy 1: Research funding opportunities and secure additional funding.		
Expected Outcome	**Responsible Party**	**Target**
Additional funding to support existing programs, expanding existing programs or initiation of new programs.	Leadership HPMs	Report semi-annually June 2024 through December 2026

Attachments:

Attachment A: SCHC's Mission, Vision and Values
Attachment B: SWOT Questions
Attachment C: SWOT Findings

Attachment A: SCHC's Mission, Vision and Values

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 healthcare providers.
Values • Accountability • Compassion • Diversity • Equity • Excellence • Education • Respect

Attachment B: SWOT Questions

2023 Sacramento County Health Center's SWOT Questions

General

1. Describe SCHC's reputation? What is SCHC known for?
2. How easy is it to reach the appropriate person at SCHC to solve a problem or answer a question?
3. How well does SCHC respond to emerging issues (environmental, health, staffing, technological)?

Strengths

Questions:

1. What are SCHC's strengths in the following areas:
    a. Providing patient care and the quality of its service
    b. Quality of its providers
    c. Reaching underserved populations (e.g. foster youth, homeless, refugees, undocumented)
    d. Relationships with community partners
    e. Infrastructure (including IT, physical space, staffing, services offered, and financing)
    f. Linking patients to other needed resources
2. Are there other strengths you wish to note?

Weaknesses

Questions:

1. What do you see as SCHC's greatest weakness
    a. Providing patient care and the quality of its service
    b. Quality of its providers
    c. Reaching underserved populations (e.g. foster youth, homeless, refugees, undocumented, non-English speaking patients)
    d. Relationships with community partners
    e. Infrastructure (including IT, physical space, staffing, services offered, and financing)
    f. Linking patients to other needed resources
2. What patient or community needs is SCHC not addressing?
3. Is SCHC a trusted community partner?
4. If you were in charge of the health center, what changes would you make?

Opportunities

Questions:

1. Are you aware of opportunities that could advance the mission of the SCHC? For example,
    a. Opportunities to offer new services to meet unaddressed patient care needs (e.g. interpretation)
    b. New healthcare locations/sites
    c. Financing or funding opportunities
    d. Partnership opportunities
    e. Technological advances to improve patient outcomes, workflows, staffing
    f. Changes in Medi-Cal (e.g. billable providers, telehealth) or laws

   g. Other anticipated policy changes
2. What organizations could SCHC collaborate with to better serve the community?

Threats

Questions:

1. What proposed legislation or regulation could negatively affect SCHC and patient care?
2. What upcoming city/county policies or plans could negatively affect SCHC and patient care?
3. What Medi-Cal changes could affect SCHC *(*e.g. rise of value-based care, CalAIM)?
4. Are there signs that demand for care may shift in the next three years in the following ways?
   a. Volume
   b. Frequency of care
   c. Delivery method
   d. Location of care
   e. On demand services
   f. Other
5. Economy and funding (e.g. county budget, grants)
6. Labor markets
7. Global events that could impact the Refugee or other patient populations

Attachment C: SWOT Findings

March 23, 2023

Strengths	**Weaknesses**

• High quality providers and services
• Reaching underserved populations (foster youth, homeless, refugees, undocumented)
• Collaboration
• Commitment to the mission of the organization
• Leadership
• Expanding services outside of main site including school-based services, mobile van, street medicine, Loaves & Fishes
• Linking patients to other needed resources
• Many services offered in one location
	• Space
	  ○ Limited space prevents other services such as social workers and food services from co-locating
	  ○ No space for growth
	• Technology
	  ○ Advanced technology system/services would be more effective
	  ○ Digital Health Inequity – poor digital access – perception of quality of care
	• Government bureaucracy – slows hiring, IT, physical space, budget, finance, expansion
	• Communication
	  ○ Breakdown silos between BH, Primary Care, Mental Health
	• Partnership
	  ○ SCHC should act as a hub and send patients to facilities already established in care areas to compliment the care provided at SCHC

Opportunities	**Threats**

• Increase partnerships and collaborations
  ○ BHS is applying for Bridge housing grant
  ○ Monica's Homeless X and Response Team with BHS
  ○ Sacramento Steps Forward
  ○ 211
  ○ COC Advisory Board representation
  ○ Civil Surgeon
  ○ Sacramento Coordinated entry systems for housing - co-locate staff
  ○ Food banks
• Expand programs
  ○ CCM
  ○ Offer services in southern part of the county
  ○ School-based services
  ○ Mobile van
  ▪ Homeless encampments, street medicine
  ▪ To help refugees in Arden/Arcade
	• Global events
	  ○ Global events impact the refugee program;
	  ○ Funding for the program is not stable
	  ○ SCHC does not have flexibility to hire and address immediate influx
	• Medi-Cal
	  ○ CalAIM: The cost for the program could prevent FQHCs from being made whole
	  ○ Post-COVID Medi-Cal redetermination process
	  ○ 340B impacted by Medi-Cal Rx
	• Economy
	  ○ Funds go down as need goes up
	  ○ Increase in homelessness
	  ○ Possible increase in the minimum wage - $25 this mean fewer people qualify Medi-Cal; higher sliding fee discount program

▪ Mobile shower could be an incentive ○ In reach for BH staff ▪ Opportunities to offer new services to meet unaddressed patient care needs (e.g. interpretation) • Technology ○ To improve patient outcomes, workflows, staffing • Consider other sources of providers in addition to UCD, such as CA Northstate ○ Work with other types of billable providers to expand the provider pool ○ Programs to address workforce shortage – Family Navigator Role ○ Layers of support for the continuum of care ▪ Case Management / Collateral Services • SAMHSA grant opportunities – e.g. outreach and engagement Path grant • Ukrainians – USCIS announcement	○ Budgeting Capping: Budgeting shift such as 10% capping, decreases the ability of effective and quick response • Emergence of artificial intelligence to provide online Healthcare • Workforce shortage • Mental Health ○ Threats to Roe vs Wade, Racial Disparities are threats to mental health and sense of stability. • Value- based care (Opportunity?)

What changes would you make to the SCHC if you could?

- Social Media Messages: Stop-Stigma Message will improve county engagement to improve county health wellness
- Hire more staff
- Have a more whole person approach (showers, first aid kits, tarps, etc.)
- Harm reduction services – naloxone
- Give leaders freedom and latitude to address HR issues in the same way non-governmental entities would so that employees use their skills in the best service of the organization
- Increase space

CO-APPLICANT AGREEMENT

Between the
Sacramento County Board of Supervisors
And the
Sacramento County Health Center Co-Applicant Board

This Co-Applicant Agreement ("Agreement") shall memorialize and reiterate the nature of the relationship between County of Sacramento ("COUNTY") and the Sacramento County Health Center Co-Applicant Board, ("CAB"), an unincorporated body created by the Sacramento County Board of Supervisors via its local Charter authority, (hereinafter collectively referred to as "the Parties") to codify the mutual understandings and agreements regarding the Parties' collaborative operation and governance of a public health center, as set forth herein; and

WHEREAS, the COUNTY, through its Department of Health Services (DHS), provides primary care services to medically underserved communities and vulnerable populations in the County through a network of COUNTY clinics ("the Clinics"); and

WHEREAS, COUNTY is a public entity that receives federal grant funding pursuant to Section 330 of the Public Health Service Act, 42 U.S.C. §254b ("Section 330"), a program administered by the Health Resources and Services Administration ("HRSA") within the United States Department of Health and Human Services ("DHHS") to designate and support the operations of the Clinics as a public federally qualified health center ("FQHC"); and

WHEREAS, the CAB has been established by the Sacramento County Board of Supervisors via its local Charter authority for the purpose of meeting the FQHC program board composition and authority requirements set forth in Section 330, its implementing regulations, and HRSA guidance, and providing the required community-based governance for the Health Center, as defined below; and

WHEREAS, to promote the provision of comprehensive preventive and primary health services (including essential ancillary and enabling services) to medically underserved residents of Sacramento County, regardless of the individual's or family's ability to pay, the Parties have historically agreed, and continue to agree, that the COUNTY apply to HRSA for Section 330 grant funding as a public entity with the CAB functioning as the "Co-Applicant" governing board, consistent with the requirements of Section 330, the implementing regulations, and HRSA guidance; and

WHEREAS, consistent with applicable HRSA guidance regarding public health centers, the Parties will collectively operate and govern the public health center project (hereinafter, the "Health Center") as set forth in this Agreement regarding their respective authorities and responsibilities with respect to the Health Center, in accordance with the Governance Requirements and other applicable Federal laws, regulations, policies, and County Code; and

NOW, THEREFORE, the COUNTY and the CAB agree as follows:

A. Role of the CAB

1. Composition. The CAB provides community-based governance and oversight of the Health Center and the composition of Board's governing Board shall comply with the governing board composition and selection requirements set forth in

Section 330, its implementing regulations, and HRSA guidance, including Chapter 20 of the HRSA Health Center Program Compliance Manual (the "Compliance Manual") (collectively, the "Governance requirements"). The membership of the Board of Directors shall consist of a minimum of 9 (nine) up to a maximum of 25 (twenty-five) persons (the "Directors"), with the actual number or range set forth in the CAB Bylaws. The CAB shall ensure that the CAB Bylaws are consistent with the composition requirements and allocation of authorities set forth herein

2. CAB Membership.

   a. Board Members - Consumers:

      i. A majority of members of the board (i.e., at least 51%) shall be individuals who are served by the Health Center. This means an individual who is a currently registered patient who has accessed Health Center services in the past 24 months and received at least one service that generated a visit where both the service and the site where the service was received are within Health Center's HRSA-approved scope of project (a "Consumer").

      ii. As a group, the Consumers shall reasonably represent individuals who are served by the Health Center in terms of demographic factors such as race, ethnicity, gender, socioeconomic status, and age.

      iii. A legal guardian of a Consumer who is a dependent child or adult, or a legal sponsor of a Consumer that is an immigrant, may also be considered a Consumer for purposes of board representation.

   b. Board Members - Community Members:

      i. The remaining non-Consumer Board Members shall be representative of the general community in which the Health Center operates and shall be selected for their skills, expertise and perspectives in community affairs, finance, legal affairs, business or other commercial concerns. No more than one-half of the Community Board Members may be individuals who derive more than ten percent (10%) of their annual income from the health care industry.

      ii. The Board shall include a Consumer or Community representative for any special population served by the Health Center for which the Health Center receives Section 330 special population funding (e.g., the homeless), which may include an advocate who has personally experienced being a member of or represent, or has expertise with, or works closely with the special population.

   c. The Health Center Project Director, or designee, shall serve as an ex-officio non-voting member of the CAB.

   d. No voting Board Member shall be an employee of the Department of Health Services, or spouse or child, parent, brother or sister by blood, marriage, or adoption of such employee.

   e. In no event shall Board Members appointed by any third party (i.e., outside the CAB or COUNTY) constitute a majority of the CAB Board, nor shall anyone other than the CAB itself have the authority to appoint the CAB Board Chair.

3. Nomination and Appointment.

    a. Nominations for voting membership on the CAB may be submitted by anyone so long as the nominee meets the Consumer or Community membership requirements of the Bylaws. The CAB, in accordance with its Bylaws, shall approve or reject a nominee(s). Once approved by the CAB, staff will provide the nominations to the Clerk of the Board or designee.

    b. The Clerk of the Board, or designee, shall then provide nominee background materials and submit such nominee for ratification by the Board of Supervisors, which shall not be unreasonably withheld.

    c. If the Board of Supervisors does not approve/ratify a board member selected by the co-applicant board, then the County will be non-compliant with HRSA's Health Center Program Board Authority requirement and subject to condition on its award/designation.

B. Governance Authorities and Responsibilities

1. The CAB shall exercise authority and responsibility for the Health Center as set forth below.

The COUNTY shall retain all authorities and responsibilities for the Health Center that are not specifically addressed in this Section B (or elsewhere in this Agreement), including the adoption and approval of all financial management and personnel policies applicable to the Health Center as part of COUNTY's operations.

    a. Collaborative Exercise of Authority. While the COUNTY, as the public agency, is the recipient of the Health Center grant and is accountable for carrying out the approved Health Center Program scope of project, the term "co-applicant" is used to reflect that the public agency would not qualify on its own as meeting all the Health Center requirements. Both the COUNTY and the co-applicant CAB collectively constitute the "Health Center." The CAB, however, retains the ultimate decision-making on duties and authorities beyond the general types of fiscal and personnel policies described above. The co-applicant arrangement allows for the CAB and the COUNTY to work collaboratively in the exercise of governance responsibilities.

    Per this co-applicant agreement, the Parties agree to mutually cooperate and make all reasonable efforts to ensure the efficient governance and operation of the Health Center Program project and particularly, sharing governance responsibilities herein, including in the development and updating of policies or budgets which are subject to the joint approval of each Party.

    b. Health Care Policies. Subject to the COUNTY's fiscal and personnel policies, including collective bargaining requirements, and to federal, state, and local laws and regulations, the CAB shall review and approve the Health Center's health care policies concerning:

        i. hours of operation;

        ii. health services provided;

iii. quality-of-care assurance and quality improvement procedures;

iv. the locations of the Health Center's sites; and

v. the process for hearing and resolving patient complaints.

c. Project Director. Subject to the process required by COUNTY's personnel policies, and to federal, state, and local laws and regulations, the CAB shall have final authority to select, remove, and evaluate the Health Center's Project Director, as more particularly described in this Agreement.

d. Approval of the Annual Budgets. Subject to the process required by COUNTY's fiscal policies, and to federal, state, and local laws and regulations, the CAB and COUNTY shall both approve the Health Center's annual operating and capital budget, consistent with this Agreement, including any mid-year material changes to such budgets. In addition, the CAB shall monitor the financial status of the Health Center.

e. Billing and Collections. Consistent with Chapters 9 and 16 of the Compliance Manual, the CAB and COUNTY shall both approve the Sacramento County Health Center billing and collection activities policies and any related policy for eligibility of services. The County, through its Board of Supervisors, specifically delegates to CAB the approval of:

i. the sliding fee discount policy (i.e., a policy regarding schedules of discounts off charges for services, in accordance with Chapter 9 of the Compliance Manual)

f. Evaluation of the Health Center's Activities and Achievements. On at least an annual basis, the CAB, in conjunction with the COUNTY's DHS, shall conduct an evaluation of the Health Center's activities and achievements (including service utilization patterns, productivity, patient satisfaction, achievement of program objectives) and recommend, as necessary, revision of the Health Center's goals, objectives, and strategic plan.

g. Approval of Applications. The CAB and COUNTY shall both approve applications for annual Section 330 grants and other grant applications for the Health Center, and changes to the Health Center's scope of project.

h. Approval of Contracts or Subawards for a substantial portion of Health Center Services. Both CAB and COUNTY shall approve the decision to subaward or contract for a substantial portion of the services provided by the Health Center, in accordance with Chapter 19 of the Compliance Manual.

i. Compliance. The CAB, in conjunction with the COUNTY's DHS, shall assure the Health Center's compliance with applicable federal, state, and local laws, regulations, and policies. The COUNTY's DHS shall provide the CAB with periodic reports regarding the Health Center's legal and regulatory compliance program. The CAB shall evaluate the Health Center's compliance activities and recommend, as necessary, the revision, restructuring, or updating of the Health Center's compliance program.

j. Quality Management. The CAB shall evaluate and approve the quality management policies and programs developed and recommended by the staff of the Health Center and approved by the COUNTY's DHS in accordance with Chapter 10 of the Compliance Manual. In addition, the

CAB shall approve the Health Center's *Annual Quality Improvement Plan*. The Health Center's Project Director shall regularly report to the CAB on matters concerning the quality of the medical services provided by the Health Center.

k. Evaluation of the CAB. On at least an annual basis, the CAB shall evaluate its compliance with the Governance Requirements and report its findings and any recommendations for corrective action to the COUNTY's DHS. The CAB shall evaluate itself and its actions for effectiveness, efficiency, and compliance with the authorities set forth in this Agreement on a yearly basis, consistent with the requirements of Section 330.

l. Strategic Planning. At least every three (3) years, Health Center staff and the CAB (including the Project Director) shall conduct a strategic planning process and develop a strategic plan for the Health Center based on: (i) an assessment of the health care needs of the community served by the Health Center, (ii) the scope and capacity of other health care providers in the community, (iii) the resources available to the Health Center, and (iv) any policy changes that may be required to comply with such strategic plan.

2. Duties and Evaluation of the Project Director of the Health Center.

a. Duties. The Project Director (who will be a COUNTY employee) shall serve as the Executive Director of the Health Center and shall have responsibility for the general care, management, supervision, and direction of the Health Center's affairs, consistent with the Health Center's priorities and policies established by the CAB and COUNTY herein. The Project Director shall report directly to the CAB and shall act in that capacity in accordance with the best interests of the Health Center, regardless of and notwithstanding any employment arrangement between the Project Director and the COUNTY DHS. The Project Director shall be responsible for the proper administration of all personnel policies applicable to the Health Center. The Project Director shall also have the authority to administer all contracts for goods and services as required for the operation of the Health Center, subject to the laws and policies applicable to the COUNTY's procurement and purchasing, the Health Center approved budget, and the laws and policies applicable to the COUNTY DHS's administration of the budget and contracts.

b. Evaluation. The CAB shall review the Project Director's performance annually. The CAB's review shall be coordinated and conducted by the CAB's Executive Committee. A report of the annual review shall be submitted to the full CAB and to the COUNTY's Deputy Director of DHS Primary Health Services Division.

3. Selection, Approval, and Removal of the Project Director.

a. Search Committee.

i. In the event of a vacancy in the Project Director, a Search Committee shall be formed and include representatives of the CAB and the COUNTY. Either CAB or COUNTY representatives may propose candidates for the Project Director position.

ii. The Search Committee shall develop or update a position description,

evaluate the qualifications and references of potential candidates and conduct preliminary interviews of candidates (in accordance with the COUNTY's personnel policies and procedures).

iii. The Search Committee shall recommend no more than three (3) candidates from those individuals previously evaluated and interviewed for presentation to the CAB.

b. Selection and Approval. Subject to the COUNTY's personnel and hiring policies, the CAB shall have authority to interview and select the Project Director from the slate of candidates presented by the Search Committee. The CAB will report its choice for Project Director to the appropriate contact at COUNTY DHS who will then undertake to hire the selected individual as a COUNTY employee.

c. Removal.

i. In accordance with the COUNTY's personnel policies, the CAB Executive Committee shall develop objective criteria for removal of the Project Director, which will be presented to the full CAB for approval. Any recommendation to dismiss the Project Director from that position will require a documented determination by the CAB Executive Committee that dismissal is warranted, based on the approved dismissal criteria.

ii. The CAB shall have authority to require the removal of the Project Director from his or her Project Director position based on the criteria developed by the Executive Committee. The Executive Committee shall submit its dismissal determination to the full CAB for final approval. If the Board agrees, it will notify the appropriate contact at the COUNTY of such dismissal determination, and COUNTY will take such actions as appropriate to effectuate such dismissal of the Project Director from such position. COUNTY will make any final decision as to whether to terminate its employment relationship with the dismissed Project Director or reassign such individual to another position within the COUNTY, consistent with personnel policies, collective bargaining agreements, and related requirements.

iii. The County maintains authority to remove the Project Director from employment with the County or assign that employee to a position outside the Health Center, consistent with personnel policies, collective bargaining agreements, and related requirements. If the County takes such action, the HRSA Project Director will be vacant, and the CAB and County will follow the procedures laid out in Term B(3)(a) of this Co-Applicant Agreement.

C. COUNTY Operational Responsibilities

In accordance with federal requirements, the COUNTY and the CAB, recognize that the COUNTY as a public agency is constrained by law in the delegation of certain government functions to other entities, and is permitted to retain authority over general policies.

Notwithstanding the terms of this Agreement or the Bylaws of the CAB, and subject to the authorities shared with the CAB, neither Party shall take any action inconsistent with the COUNTY's authority to manage specifically:

1. Fiscal Responsibilities.

a. The COUNTY through its DHS shall develop and shall provide preliminary recommendation for the annual operating and capital budgets of the Health Center. The DHS shall recommend such budgets to the CAB for review and final approval. In the event that the CAB does not approve the recommended budget, the COUNTY through its DHS and the CAB shall meet and confer to develop an appropriate Health Center budget that is satisfactory. If the COUNTY DHS and the CAB fail to develop a mutually agreed upon budget within thirty (30) days of the initial review, then the dispute shall be resolved in accordance with Section F, 7 below. Subject to the requirements for adoption and approval of a public agency budget, the CAB shall have final authority to approve the annual operating and capital budgets of the Health Center.

b. The County will spend funds that are consistent with the CAB approved budget. The Parties shall not materially deviate from the adopted budget except that the COUNTY through its DHS, as manager of the Health Center, may modify planned fiscal activities if there is a reduction in available resources (e.g., decreased levels of reimbursement, diminished revenues, or adverse labor events). The COUNTY through its DHS shall immediately notify the CAB of any budgetary change that would materially modify the scope of the Health Center and seek the necessary approvals of such changes.

c. The COUNTY through its DHS shall be solely responsible for the day-to-day management of the financial affairs of the Health Center, including capital and operating borrowing and purchasing.

d. The COUNTY through its DHS shall have sole authority to develop and implement financial policies and controls related to the Health Center, excepting the Sliding Fee Discount Program Policy and Health Center Billing and Collections policies, in consultation with the CAB, as set forth in this Agreement.

e. All funds received for services provided and all income otherwise generated by the Health Center, including fees, premiums, third- party reimbursements and other state and local operational funding, and Section 330 grant funds ("Program Income"), as well as all Program Income greater than the amount budgeted ("Excess Program Income"), shall be under the control of the COUNTY. All Program Income and Excess Program Income shall be used to further the goals of the Health Center's federally approved program and consistent with the policies and priorities established by the CAB.

f. The COUNTY through its DHS shall have sole authority to receive, manage, allocate, and disburse, as applicable, revenues necessary for the operation of the Health Center, consistent with this Agreement.

2. Funding from Governmental and Charitable Sources. Neither Party shall take any action that would negatively impact the COUNTY's funding from federal, state, or local sources or financial support from foundations or other charitable organizations.

3. Employer-Employee Relations.

a. Subject to the process set forth in this Agreement regarding the selection, evaluation, approval and removal of the Health Center's Project Director, the COUNTY and its DHS shall have sole authority over employment matters and development and approval of personnel policies and procedures, including but not limited to, the selection, performance review/evaluations, discipline and dismissal, position descriptions and classification, employee compensation, wages, salary and benefit scales, employee grievance procedures and processes, equal employment opportunity practices, collective bargaining agreements, labor disputes and other labor and human resources issues, as well as agreements for the provision of staff who are employees of other agencies or organizations.

b. The Project Director of the Health Center shall be an employee of the COUNTY DHS. Removal of the Project Director by the CAB pursuant to this Agreement shall not constitute a termination of employment by the COUNTY nor impede the continuation of the Project Director's employment relationship with the COUNTY.

4. Other Operational Responsibilities. Subject to the governance responsibilities exercised by the CAB as administered by the Project Director, the COUNTY shall conduct the day-to-day operations of the Health Center. Such operational responsibilities shall include but not be limited to:

a. Applying for and maintaining all licenses, permits, certifications, accreditations and approvals necessary for the operation of the Health Center.

b. Credentialing and privileging of providers.

c. Receiving, managing, and disbursing, as applicable, revenues of the Health Center consistent with the approved budget for the Health Center. DHS shall not be required to disburse funds for any expenditure not authorized by the approved budget.

d. Subject to the limitations set forth in this Agreement, employing or contracting personnel to perform all clinical, managerial, and administrative services necessary to assure the provision of high-quality healthcare services to the Health Center's patients.

e. Subject to the limitations set forth in this Agreement, managing and evaluating all Health Center staff and, if necessary, disciplining, terminating or removing such staff pursuant to the COUNTY's personnel policies and processes.

f. Preparing and submitting cost reports, supporting data, and other materials required in connection with reimbursement under Medicare, Medicaid, and other third-party payment contracts and programs.

g. Providing for the annual audit of the Health Center, which shall be undertaken in consultation with the CAB in accordance with this Agreement, consistent with the requirements of the United States Office of Management and Budget Circular A-133, and the compliance supplement applicable to the consolidated Health Center Program to determine, at a minimum, the fiscal integrity of financial transactions and reports and compliance with Section 330 requirements and the fiscal policies of the COUNTY. CAB shall be provided

with a copy of the annual health center audit.

h. Preparing monthly financial and other operational reports of the Health Center, which shall be submitted to the CAB, and managing financial matters related to the operation of the Health Center.

i. Developing and managing internal control systems, in consultation with the CAB as set forth in this Agreement (as applicable), in accordance with sound management procedures and Section 330 that provide for:

   i. eligibility determinations;

   ii. development preparation, and safekeeping of records and books of account relating to the business and financial affairs of the Health Center;

   iii. separate maintenance of the Health Center's business and financial records from other records related to the finances of the DHS so as to ensure that funds of the Health Center may be properly allocated;

   iv. accounting procedures and financial controls in accordance with generally accepted accounting principles;

   v. billing and collection of payments for services rendered to individuals who are: (1) eligible for federal, state or local public assistance; (2) eligible for payment by private third-party payors and (3) underinsured or uninsured and whose earnings fit the low-income criteria, in accordance with the CAB-approved billing and collections policies and COUNTY fiscal policies; and

   vi. compliance with the terms and conditions of the FQHC Grantee designation, as applicable.

j. Unless otherwise stated in this Agreement, establishment of the Health Center's operational, management, and patient care policies.

k. Ensuring the effective and efficient operation of the Health Center**.**

D. Mutual Obligations

1. Compliance with Laws and Regulations. The Parties shall have a mutual commitment and responsibility to work together to ensure that the Health Center provides care in compliance with all applicable federal, state and local laws, policies and regulations.

2. Expenses of Parties. The expenses of the COUNTY and the CAB incurred in carrying out its respective obligations for governance and operation of the Health Center pursuant to this Agreement shall be considered expenses incurred in furtherance of the health center program and thus shall be reimbursed through Health Center grant funding and/or generated Program Income in accordance with applicable program requirements and the fiscal policies of the COUNTY.

3. Record Keeping and Reporting.

   a. Record keeping. Each Party shall maintain records, reports, supporting

documents and all other relevant books, papers and other documents to enable the Parties to meet all Health Center-related reporting requirements. Records shall be maintained for a period of four (4) years from the date this Agreement expires or is terminated, unless state and/or federal law requires that records be maintained for a period greater than the four (4) year period specified herein ("the retention period"). If an audit, litigation, or other action involving the records is started before the end of the retention period, the Parties agree to maintain the records until the end of the retention period or until the audit, litigation, or other action is completed, whichever is later. The Parties shall make available to each other, DHHS and the Comptroller General of the United States, the California Department of Health Care Services, the Office of the Comptroller of the State of California or any of their duly authorized representatives, upon appropriate notice, such records, reports, books, documents, and papers as may be necessary for audit, examination, excerpt, transcription, and copy purposes, for as long as such records, reports, books, documents, and papers are retained. This right also includes timely and reasonable access to each Party's personnel for purposes of interview and discussion related to such documents.

b. Confidentiality. Subject to the COUNTY's obligations, if any, to make public its records in accordance with applicable law, the Parties agree that all information, records, data, and data elements collected and maintained for the administration of this Agreement (in any form, including, but not limited to; written, oral, or contained on video tapes, audio tapes, computer diskettes or other storage devices) shall be treated as confidential and proprietary information. Accordingly, each Party shall take all reasonable precautions to protect such information from unauthorized disclosure; however, nothing contained herein shall be construed to prohibit any authorized Federal or other appropriate official from obtaining, reviewing, and auditing any information, record, data, and data element to which (s)he is lawfully entitled. The Parties (and their directors, officers, employees, agents, and contractors) shall maintain the privacy and confidentiality of all protected health information ("PHI") of the patients receiving care provided by the Health Center, in accordance with all applicable state and federal laws and regulations, including the Health Insurance Portability and Accountability Act ("HIPAA").

c. Medical Records. The Parties agree that the COUNTY's DHS, as the operator of the Health Center, shall retain ownership of medical records established and maintained; relating to diagnosis and treatment of patients served by the Health Center. Such records will generally be not accessible to the CAB except in exigent circumstances where it is necessary to perform one of the CAB's duties hereunder.

d. Insurance.

   i. The COUNTY shall maintain Professional Liability Insurance, Workers' Compensation Insurance, and General Liability and Property Damage Insurance to cover Health Center activities.

   ii. This Section shall survive the termination of this Agreement without regard to the cause for termination.

e. Ownership of Property Acquired with Grant Funds. The provisions of 45 C.F.R. Part 75 apply to tangible property acquired under this Agreement. The Parties agree that the COUNTY shall be the titleholder to all property purchased with grant funds.

f. Copyrightable Material. If any copyrightable material is developed under this Agreement, the DHS, Co-Applicant Board, and the U.S. Department of Health and Human Services ("HHS") shall have a royalty-free, non-exclusive, and irrevocable right to reproduce, publish, authorize others, or otherwise use such material.

E. Governing Law

1. Applicable Laws, Regulations, and Policies. This Agreement shall be governed and construed in accordance with applicable Federal laws, regulations, and policies. In addition, each Party covenants to comply with all applicable laws, ordinances, and codes of the State of California and all local governments in the performance of the Agreement, including all licensing standards and applicable accreditation standards.
2. New HRSA Directives. The Health Center's Project Director shall submit promptly to each Party any directives or policies that are received from HRSA after execution of this Agreement and are pertinent to applicable Section 330 grants, and the Parties shall comply with such additional directives/policies, as they become applicable.
3. Non-Discrimination. By signing this Agreement, the CAB agrees to comply with the COUNTY's Equal Employment Opportunity Non-Discrimination Policy and all related personnel policies as well as all related federal requirements.
4. Term. This Agreement shall commence upon execution and is continuous and shall remain in effect during the project period of any Section 330 grant award that the DHS receives with CAB as its Co-Applicant, unless the termination of CAB at an earlier date in accordance with the terms of Section F of this Agreement.

F. Termination

1. Reporting. Termination of this agreement will be reported to HRSA within ten (10) days. The grant award may be affected by such termination.
2. Immediate Termination. This Agreement shall terminate immediately upon the non-renewal or termination of the Section 330 grant.
3. For Cause Termination. Either party may terminate this Agreement "for cause" in the event that the other Party fails to meet its material obligations under this Agreement. Such "for cause" termination shall require ninety (90) days prior written notice of intent to terminate during which period the Party that has allegedly failed to meet its material obligations may cure such failure or demonstrate that no such failure has occurred. Any dispute between the Parties regarding whether a breach of a material obligation has occurred, or that such a breach has been satisfactorily cured, will be resolved in accordance with this Agreement.
4. Without Cause. County may terminate this agreement without cause with sixty

(60) days' notice.

5. Termination by Mutual Agreement. This Agreement may be terminated upon the mutual approval of the Parties in writing.

6. Termination Contingent upon HRSA Approval. With the exception of a termination for cause arising from the voluntary or involuntary loss of the Health Center's FQHC designation (or its Section 330 grant), either party may terminate this agreement on one hundred twenty (120) days written notice; however, such termination shall not become effective unless and until HRSA issues its written approval of such termination.

7. Dispute Resolution and Mediation. The Parties shall first attempt to resolve any dispute or impasse in decision-making arising under or relating to this Agreement by informal discussions between the Project Director of the Health Center and the Chair of the CAB. Any dispute or impasse not resolved within a reasonable time following such discussions (not to exceed thirty (30) days) shall be resolved by mediation by the County Administrative Officer. If the Parties are unable to resolve the dispute through mediation, either Party may pursue any remedy available at law.

8. Notices. All notices permitted or required by this Agreement shall be deemed given when made in writing and delivered personally or deposited in the United States Mail, first class postage prepaid, Certified and Return Receipt Requested, addressed to the other Party at the addresses set forth below or such other addresses as the Party may designate in writing:

   For CAB:

   Chairperson
   Sacramento County Health Center Co-Applicant Board
   4600 Broadway, Suite 2500
   Sacramento, CA 95820

   For the County of Sacramento:

   DHS Director
   County of Sacramento DHS
   7001-A East Parkway, Suite 1000
   Sacramento, CA 95823

G. Assignment

This Agreement shall be binding upon and shall inure to the benefit of the Parties hereto and their respective transferees, successors and assigns; provided that neither Party shall have the right to assign, delegate or transfer this Agreement, or its rights and obligations hereunder, without the express prior written consent of the other Party and HRSA. Furthermore, the Co-Applicant Board shall not execute a merger, consolidation, or major structural or contractual affiliation with a third party that materially impacts the governance or operation of the Health Center or materially impairs its performance under this Agreement without the written consent of the County of Sacramento. The Parties agree that the Co-Applicants designation by HRSA as an FQHC cannot be transferred to another entity without express prior written consent from HRSA.

H. Severability

The terms of this Agreement are severable, and the illegality or invalidity of any term or provision shall not affect the validity of any other term or provision, all of which shall remain in full force and effect.

I. Amendments

The Parties may agree to amend this Agreement, which shall be in writing and signed by the Parties.

J. Waiver

No provision of this Agreement shall be waived by any act, omission or knowledge of a Party or its agents or employees except by an instrument in writing expressly waiving such provision and signed by a duly authorized officer or representative of the waiving Party.

K. Agency

Except as may be required by the State as a condition of licensure, neither Party is, nor shall be deemed to be, an employee, agent, co-venture or legal representative of the other Party for any purpose. Neither Party shall be entitled to enter into any contracts in the name of, or on behalf of the other Party, nor shall either Party be entitled to pledge the credit of the other Party in any way or hold itself out as having the authority to do so.

L. Third-Party Beneficiaries

None of the provisions of this Agreement shall be for the benefit of or enforceable by any third party, including, without limitation, any creditor of either Party. No third party shall obtain any right under any provision of this Agreement or shall by reason of any provisions make any claim relating to any debt, liability, and obligation or otherwise against any Party to this Agreement.

M. Force Majeure

In the event either Party is unable to timely perform its obligations hereunder due to causes that are beyond its control, including, without limitation, strikes, riots, earthquakes, epidemics, war, fire, or any other general catastrophe or act of God, neither Party shall be liable to the other for any loss or damage resulting therefrom.

N. Entire Agreement

This Agreement constitutes the entire agreement between the Parties and no statements, promises or inducements made by a Party or by agents of either Party, which are not contained in this Agreement, shall be valid or binding.

O. Execution

In witness whereof, the parties have executed this agreement below by their authorized representatives.

$\overline{Suhmer\ Fryer, CAB\ Chair}$ $\overline{Date}$

$\overline{Noel\ Vargas, Interim\ HRSA\ Project\ Director}$ $\overline{Date}$

$\overline{Timothy\ Lutz, Director\ of\ Health\ Services}$ $\overline{Date}$

Sacramento County Health Center
Co-Applicant Board

BOARD BYLAWS

Revision Date:

November 15, 2024

Table of Contents

Introduction

This body shall be known as the Sacramento County Health Center Co-Applicant Board, and shall be hereafter referred to as "CAB". The CAB is also known as the "Board" or "governing board" under Health Resources and Services Administration (HRSA). The CAB has been established by the Sacramento County Board of Supervisors via its local charter authority and for the purpose of creating a body that meets the HRSA program board composition and authority requirements for a Federally Qualified Health Center ("FQHC"), and which provides the required community-based governance for a public FQHC, set forth in Section 330[1] ("Section 330"), its implementing regulations, and HRSA guidance, including Chapter 20 of the HRSA Health Center Program Compliance Manual (the "Compliance Manual") (collectively, the "Governance requirements"). The CAB serves as the local co-applicant governing board required for public FQHC funding pursuant to the Public Health Services Act and its implementing regulations. The County of Sacramento, a public entity and political subdivision of the State of California, shall act as co-applicant with the CAB.

Article I: Purpose

The CAB provides the community-based governing board mandated by HRSA's Bureau of Primary Health Care ("BPHC") for the County's FQHC, the Sacramento County Health Center ("Health Center") by meeting the FQHC composition requirements and by exercising certain authorities and responsibilities vis-à-vis the Health Center, as particularly codified in the Co-Applicant Agreement entered into between the County and the CAB.

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

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 • Education • Respect

Article II: Responsibilities

The CAB has specific responsibilities to meet the governance requirements and expectations of HRSA for a co-applicant board, while day-to-day operational and management and certain governance authorities for the Health Center reside with Sacramento County, Department of

[1] Section 330 of the Public Health Services Act. (42 U.S.C. 254(b).)

Health Services (DHS), Primary Health Services Division staff.

Consistent with the terns of the Co-Applicant Agreement, the CAB shall have the following responsibilities and authorities related to the Health Center:

A. Holding monthly meetings and maintain a record of all official actions;

B. Approving the annual Health Center's annual operating and capital budget; including any mid-year material changes to such budgets, and monitoring the financial status of the Health Center;

C. Periodically reviewing and approving the Health Center's health care policies concerning: (i) hours of operation; (ii) health services provided; (iii) quality-of-care audit and quality improvement procedures; (iv), the locations of the Health Center's sites; and (v) the process for hearing and resolving patient complaints~~;~~

D. Evaluating and approving the quality management policies and programs, including the Health Center's Annual Quality Improvement Plan developed and recommended by the staff of the Health Center;

E. In conjunction with County's DHS, periodically evaluating the Health Center's activities and achievements (including service utilization patterns, productivity, patient satisfaction, achievement of program objectives) and recommending revision of the Health Center's goals, objectives and strategic plan;

F. In conjunction with the County's DHS, ensuring compliance with federal, state, and local laws and regulations by evaluating the Health Center's compliance activities and recommending the revision, restructuring, or updating of the Health Center's compliance program;

G. Adopting Bylaws and annually evaluating itself for compliance with the FQHC composition requirements, as well as its effectiveness in collaborating with County DHS in effectuating the terms of the Co-Applicant Agreement and exercising its authorities and responsibilities for the Health Center set forth in the Co-Applicant Agreement and these Bylaws;

H. Approving the selection, annual performance evaluation, and dismissal of the Health Center's Project Director, consistent with the processes set forth in the Co-Applicant Agreement;

I. Approving Health Center policies for billing and collection activities, specifically the sliding fee discount program (i.e. a policy for eligibility for services and a criteria for a schedule of discounts off charges for services) and any related policy for eligibility of services—including criteria for partial payment schedules and billing waivers;

J. In conjunction with County DHS, engaging in the long-term strategic planning activities for the Health Center, including regular review and updating of the Health Center's mission, goals, and plans, as appropriate;

K. Approving HRSA applications related to the Health Center, including Section 330 grants and changes to the Health Center's HRSA scope of project;

L. Approving the decision to subaward or subcontract for a substantial portion of the services provided by the Health Center

M. Ensuring new board members are oriented and trained regarding the duties and

responsibilities of being CAB member, the relationship between the CAB, County and the Health Center, and related FQHC requirements, and satisfying the educational and training needs of existing members; and

N. Reviewing the annual Health Center audit report and management letter performed by an independent auditor in accordance with federal audit requirements.

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

Article III: Limitations of Authority

As codified in the Co-Applicant Agreement, the Board of Supervisors shall maintain the authority to set general policy on fiscal and personnel matters pertaining to the Health Center.t

Other than as specified in the Co-Applicant Agreement, the COUNTY through its DHS, shall retain all other governance and operational responsibility for the management of the financial and other affairs of the Health Center.

Article IV: CAB Composition

Section 1: Membership

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

A. Membership categories:

1. Board Members - Consumers:

    a. A majority of members of the board shall be individuals who are served by the Health Center. This means an individual who is a currently registered patient who has accessed Health Center services in the past 24 months and received at least one service that generated a visit where both the service and the site where the service was received are within Health Center's HRSA-approved scope of project.

    b. As a group, the Consumers reasonably represent individuals who are served by the Health Center in terms of demographic factors such as race, ethnicity gender, socioeconomic status, and age.

    c. A legal guardian of a Consumer who is a dependent child or adult, or a legal sponsor a Consumer who is of an immigrant, may also be considered a Consumer for purposes of board representation.

2. Board Members - Community Members:

    a. The remaining non-Consumer members shall be representative of the general community in which the Health Center operates and shall be selected for their skills, expertise and perspectives in community affairs, finance, legal affairs, business or other commercial concerns.

3. Board Representation of Health Center Populations

a. The Board shall include a Consumer or Community representative for any special population served by the Health Center for which the Health Center receives Section 330 special population funding (e.g., the homeless), which may include an advocate who has personally experienced being a member of or represent, or has expertise in or works closely with the special population (e.g., individuals experiencing homelessness).

4. The Health Center's Project Director, or designee, shall serve as an ex-officio non-voting member of the CAB.

Section 2: Additional Membership Limitations

A. No more than half of the Community members may receive more than ten percent (10%) of his or her annual income from the health care industry (health care industry is understood to mean working in any community clinic or hospital providing health services to low income residents of Sacramento).

B. All members must work, reside in, or be associated with, Sacramento County.

C. No voting member of the CAB shall be an employee or an immediate family member (i.e., spouse, child, parent, or sibling, [related by blood, adoption, or marriage]) to such an employee of the Department of Health Services of the County of Sacramento, or CAB officer.

D. No voting member of the CAB shall be an employee or an immediate family member (i.e., spouse, child, parent, or sibling, [related by blood, adoption, or marriage]) to such an employee of any other recipient of Public Health Services Act Section 330 (e.g., FQHC).

E. No member shall have a financial, personal, or professional interest that would constitute a conflict of interest with CAB membership.

Section 3: Member Recruitment, Selection, and Ratification

A. Establishment of CAB

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

B. Continuation of CAB

1. Member Recruitment

The CAB (or a Committee appointed for this purpose) develops a Recruitment Plan each year, to identify and recruit potential members that help fill existing and forecasted gaps in CAB membership including regarding

a. Member classifications (i.e. Consumer or Community),

b. Populations represented on the CAB,

c. Member skills, experience and perspectives; and

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

The Recruitment Plan includes strategies designed to effectively reach targeted groups or classes of individuals.

Expiring Terms

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

Vacancies during Terms

a. The Recruitment Plan may designate a period during which membership applications will be accepted and reviewed

2. Application Review

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

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

b. Nominated individuals or other interested individuals must submit an application to provide required information and to verify their interest and ability to serve as CAB members.

c. Applications are submitted to the Health Center Project Director (or designee) to verify that applicants meet individual CAB membership requirements and assess how the applicant meets a need identified in the then-current Recruitment Plan. All applications are sent to the Executive Committee, with a document indicating whether or not the applications demonstrate that the candidate meets the membership requirements and the Recruitment Plan, and whether any provided references have been checked.

d. The Executive Committee of the CAB reviews the membership applications and may interview possible candidates. The Executive Committee will ultimately determine whether to recommend an individual for membership to the full CAB and will notify the Project Director of such decision.

3. Approval of CAB members

The CAB may meet or interview an applicant recommended by the Executive Committee prior to voting on whether to approve the recommended candidate at a duly called meeting of the CAB.

4. Ratification of CAB members

a. As outlined in the Co-Applicant Agreement, once approved by the CAB, Health Center staff provides the names of approved CAB members to the Clerk of the County Board of Supervisors (“BOS”) or designee.

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

c. If the Board of Supervisors does not approve/ratify a board member

selected by the co-applicant board, then the County will be non-compliant with HRSA's Health Center Program Board Authority requirement and subject to condition on its award/designation.

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

B. Verification of Eligibility of Existing CAB members

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

Section 4: Responsibilities and Rights of Members

A. All members must:

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

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

Article V: Term of Office

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

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

Article VI: Removal and Resignation

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

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

The CAB will accept a written or emailed resignation of a CAB member, or a verbal resignation if given during a full CAB meeting. The CAB Chair or designee will send an email or letter to the CAB member confirming the resignation. Seven (7) days after receipt of the letter or email by the CAB OR seven (7) days after the meeting at which a verbal resignation was tendered, the resignation is accepted.

Article VII: Conflict of Interest

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

- An employee of the Sacramento County Department of Health Services (DHS); nor
- An immediate family member (i.e., spouses, children, parents, or siblings [through blood, adoption, or marriage]) of a DHS employee or CAB officer; nor
- An immediate family member (i.e., spouses, children, parents, or siblings [through blood, adoption, or marriage]) of an employee or governing board member of another Public Health Services Act Section 330 recipient (e.g., FQHC).

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

Article VIII: Compensation

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

Article IX: Meetings

Section 1: Regular Meetings

The CAB shall meet monthly and maintain records/minutes that verify and document the actions and key deliberations of the CAB. Where geography or other circumstances make

in-person participation in board meetings burdensome, monthly meetings may be conducted by telephone or other means of electronic communication where all parties can both listen and speak to all other parties, subject to all meeting requirements of the Ralph M. Brown Act. ("Brown Act")

Section 2: Conduct of Meeting

The meeting shall be conducted in accordance with the most recent edition of Robert's Rules of Order, unless otherwise specified by these Bylaws.

Section 3: Open and Public

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

Section 4: Notice, Agenda and Supportive Materials

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

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

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

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

Section 5: Special Meetings; Annual Meeting.

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

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

Section 6: Quorum and Voting Requirements

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

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

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

D. CAB member attendance at all meetings shall be recorded. Members are responsible for signing the attendance sheet or requesting permission from the CAB's Point of Contact to participate by telephone, teleconference software, or other means allowed under the Brown Act. The names of members attending shall be recorded in the official minutes. Where geography or other circumstances make monthly, in-person participation in board meetings burdensome, monthly meetings may be conducted by telephone or other means of electronic communication where all parties can both listen and speak to all other parties, as long as these are in compliance with the Brown Act. Attendance will be recorded by the Project Director or his or her designee with a roll call and participation recorded in the official minutes.

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

Article X: Officers

Section 1: Eligibility

The Chair and Vice-Chair shall be chosen from among the voting members of the CAB. Members of the CAB shall not be eligible for an officer position until they have served for at least six (6) months with the CAB as an active, voting member. An active member is defined as a member who has attended all meetings, with the exception of up to two (2) excused absences, in the past six months.

Two additional members may be added to the Executive Committee, consistent with the above voting and attendance requirements.

Section 2: Nomination and Election

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

Henceforth, nominations for officers shall be made at the regular October meeting. A nominee may decline nomination.

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

Section 3: Appointment of Chair and Vice-Chair

Only members who have been an active, voting member of the CAB for at least six (6) months are eligible to be appointed and serve as officers.

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

to serve in that office. A term of office for an officer shall start January 1, and shall terminate December 31, of the same year; however, an officer may serve after his or her term ends until a successor is elected.

Section 4: Vacancies

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

Section 5: Responsibilities

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

A. Chair

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

B. Vice-Chair

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

Article XI: Executive Committee

The CAB shall have an Executive Committee which shall consist of the Chair, Vice-Chair, at least two (2) additional voting board members, and the Project Director (or designee)— who shall attend meetings of the Executive Committee in a non-voting capacity. The Executive Committee shall engage in the activities set forth in the Co-Applicant Agreement and these Bylaws, and shall be empowered to take action between regular and special meetings of the CAB, and all such actions taken by the Executive Committee shall be submitted at the next regular meeting of the CAB for ratification. The Executive Committee may ask a person(s) to sit in their meetings as advisors without vote or official role. A quorum for the transaction of business shall consist of three members. Action taken by the Executive Committee shall be by majority vote.

Article XII: Amendments and Dissolution

A. Amendments

The Bylaws may be repealed or amended, or new Bylaws may be adopted at any meeting of the CAB at which a quorum is present, by two-thirds (2/3) of those present and voting. At least fourteen (14) days written notice must be given to each member of the intention as to alter, amend, repeal, or to adopt new Bylaws at such meetings, as well as the written alteration, amendment or substitution proposed. Any revisions and amendments must be approved by the CAB. County Board of Supervisors must approve any change that alters or conflicts with their action establishing CAB or that conflicts with the terms of the Co-Applicant Agreement.

B. Dissolution

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

Certification

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

These Bylaws were amended at a meeting of the board by a two-third (2/3) majority vote on November 15, 2024.

Signed copies available upon request,

_____	November 15, 2024
Suhmer Fryer, CAB Chair	Date

Appendix A

Sacramento County Health Center Co-Applicant Board Conflict of Interest: *Disclosure and Attestation Statement*

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

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

Responsibilities of CAB Members:

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

1. Using her/his CAB appointment in any way to obtain financial gain for the member's household or family, or for any business with which the CAB member or a CAB member's household or family is associated; and/or
2. Taking any action on behalf of the CAB, the effect of which would be to the member's household or family's, private financial gain or loss.
3. Taking any action that would provide personal or professional gain to the CAB member or member's household or family while being a detriment to the Sacramento County Health Center.

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

C. No voting member of the CAB shall be an employee or an immediate family member of an employee of the Sacramento County Department of Health Services.

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

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

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

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

____ A Sacramento County Department of Health Services employee; nor
INITIALS

____ An employee of another Public Health Services Act Section 330 recipient; nor
INITIALS

____ An immediate family member (defined as a spouse, child, parent, or sibling [by blood, adoption, or marriage]) of
INITIALS

____ A Sacramento County Department of Health Services *INITIALS* employee; nor

Appendix A

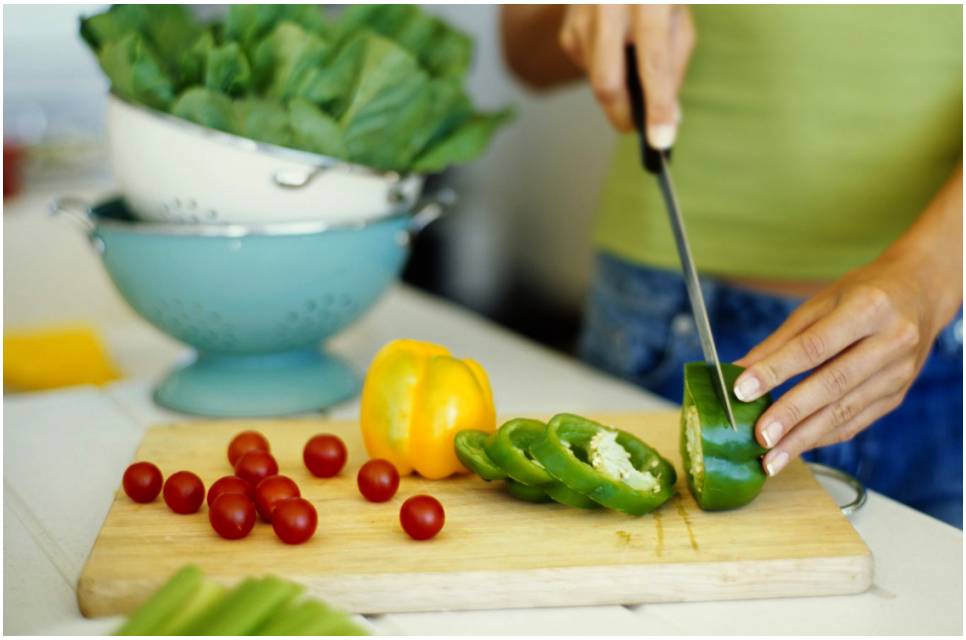
Sacramento County Health Center Co-Applicant Board Conflict of Interest: *Disclosure and Attestation Statement*

_____ A Sacramento County Health Center Co-Applicant Board Officer; nor
INITIALS

____ An employee or governing board member of another Public Health
INITIALS Services Section 330 recipient (aka a Federally Qualified Health Center)

_____ _____
PRINTED NAME *SEAT NUMBER*

_____ _____
SIGNATURE *DATE*



2025 DIABETES EDUCATION CLASS

Please join us for an overview of diabetes education. In this class we will go over the following:

- Introduction to diabetes
- Healthy eating and healthy weight
- Being Active
- Monitoring strategies
- Taking medication
- Problem solving
- Healthy coping
- Reducing risk
- Open question and answer

DATE:

English Classes

- April 15
- June 17
- August 19
- October 21
- December 16

TIME:

9am to 11am

WHERE:

Sacramento County
2nd Floor
Check in at Lobby 2200

HOW TO REGISTER:

For Providers: Please order “Clinical Pharmacist for Diabetes mgmt.” referral and specify the class date

For Patients: Please ask your primary care provider to place a referral to the Diabetes Clinic and specify the class date

SACRAMENTO COUNTY Health Management and Education

Sacramento County Health Center
Co-Applicant Board (CAB)
Friday, February 21, 2025, 9:30 a.m.- 11:30 a.m.
Regular Meeting Minutes
4600 Broadway, Community Room 2020, Sacramento, CA
Agenda materials can be found at
https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx

The CAB was held in person at 4600 Broadway, Room 2020. Room 2020 is open to the public.

- County Staff, Gerardo Torcedo; Admin Services Office I, joined the meeting via teleconference on Teams.
- Vice Chair, Laurine Bohamera, joined the meeting by phone. She was not feeling well, by a consensus was released to take care of herself.
- Meeting attendance followed Brown Act requirements.

CALL TO ORDER (9:39 AM)

Opening Remarks and Introductions – *Suhmer Fryer, Chair*

a. Roll Call and Welcome

PRESENT

Suhmer Fryer – Chair	**Noel Vargas – Deputy Director DHS**
Jan Winbigler – Member	**Michelle Besse – Health Program Mgr**
Ricki Townsend – Member	**Belinda Brent – Consultant**
Eunice Bridges – Member	**Adam Prekeges – Admin Srvs Officer II**
Vince Gallo – Member	**Corrie Brite – County Counsel**
	Rachel Callan – Sr. Admin Analyst
	Heather Vierra – Interim Medical Dir.
	Aliah Martin – Senior Office Assistant
Mrs. Bridges – Public	

Announcements:

Jan Winbigler stated that the potential new member candidate had not shown and expressed her concern. Corrie Brite stated that the attendees should give the candidate some extra time due to possible unforeseen circumstances, reassessing the situation toward the end of the meeting. Consensus agreed that if the candidate was a no-show, the vote would be deferred to a future meeting.

Noel Vargas stated that he would be leaving the meeting early, at 10:30am, to attend a press conference.

INFORMATION ITEMS (9:45 AM)

Project Director Report presented by Noel Vargas

- ✓ **HRSA has given SCHC until July 2025 to close the final condition from the Operational Site Visit.**
- ✓ **Andrew Mendonsa retired from the position of Division Manager of the SCHC and from the County of Sacramento effective February 14, 2025. Noel Vargas will remain the HRSA Project Director in Andrew's place.**
- ✓ **The request to halt general fund draws has presented challenges.**

Patient No-Shows and Artera Messaging

- **Initiatives to reduce no-show rates are obtaining positive results.**
- **New outreach to patients using text messages through the Artera messaging app. A Valentine's Day campaign to encourage patients who are assigned to SCHC but who haven't been seen since 2022, to come in and get their health screening**

Management Recruitment

- **Two candidates for the Medical Director position were interviewed for a second time on Tuesday February 11, 2025.**
- **CAB Chair, Suhmer Fryer participated in the interviews as a panel member.**
- **Both candidates are qualified to fulfill the role, no offer has been made yet.**
- **Dr. Heather Vierra will continue the role of Interim Medical Director and assist with the onboarding of the new Medical Director upon filling the position.**
- **Due to Andrew Mendonsa's retirement, effective February 14, 2025, the County has posted a Division Manager vacancy and has begun recruiting candidates.**
- **Interviews are anticipated to take place over the next 4-6 weeks. Members of the CAB will be actively involved in the interview process.**
- **CAB members requested a position duty statement to clarify what the Division Managers duties entail. The "Job Description" link was sent to CAB members for review. Expressed by Corrie Brite; Class Specs are key points that would take time to change if requested. She also stated that position standards can be added, she would work on creating something for CAB members' review.**
- **CAB members questioned how an employee's performance progress was reviewed. In response, it was expressed that pertaining to the Division Manager position, there would be a 3-month, 6-month, and a One Year Final Evaluation completed to review progress.**

- **An offer for the Health Program Manager position has been made, the candidate accepted the offer and is going through the background process.**

Financial Challenges and Grant Updates

- **HRSA Capital Infrastructure Grant received 6-month extension**
- **Non-Competing Application for HRSA Grant successfully submitted**
- **Awaiting update on the Expanded Hours Grant application**
- **Federal impacts on Medicaid to be determined**

HRSA Operational Site Visit (OSV)

- **Per HRSA, SCHC has until July 2025 to close the final condition**
- **Need to obtain Memorandum of Understanding (MOU)s with other FQHCs for the School Based Health Center Sites**
- **Elica has been hesitant to sign MOU**

Facility Improvements

- **Continuing to increase availability and patient care by staff moves and turning previous office space into multi fully functioning exam rooms**
- **Making more room for providers**

Refugee Health Services

- **Significant reduction in the number of Refugees referred to SCHC**
- **No new arrivals since 1/23/25**
- **Working through the backlog of arrivals in the Fall**
- **Current appointments scheduled through May 2025**
- **Resettlement Agencies are closing next week, SCHC is taking on scheduling and linkage to make sure patients are seen**
- **New system rolling out Monday**

Streamlining Workflows

- **Management is working in collaboration with SCHC Staff to improve efficiency**
- **Targets are to reduce unnecessary steps in various processes and to clarify roles**
- **Contract negotiations are being conducted with Unions. The goal is to be wrapped up by May for the next 3-year cycle**
- **Medical Assistant (MA) meeting conducted for staff input on anticipated change to their workflow and ongoing training for continued education**

Budget Updates presented by Adam Prekeges

HRSA Project Budget Summary

- **As of 1/31/25 (quarter 3 of the grant year) $1,299,717.39 has been expended**
- **The remaining balance is $125,219.62, expected to draw down 100%**
- **No major variances or concerns. Staff compromise majority of costs**

County Budget Summary

- **$0 general fund draw, down from projected $3.1 million last month**
- **Object 10: under budget**
  - **Current vacancies**
  - **Applied to allocated benefits**
- **Object 20: expected to be under budget**
  - **Reduced reliance on Registry Staff**
  - **Not fully utilizing contracts**
  - **Can change significantly over the next few months depending on contract obligations and Refugee lab costs**
  - **Due to the increase in the cost of pharmaceuticals, Object 20 will be reduced by $1.6M to increase Object 60, creating a projected overage in the 20 Object**
- **Object 30: No expected variance**
  - **Ochin contract may incur increased costs creating a slight overage**
- **Object 40: No budgeted expenditure and no planned costs**
- **Object 60: Overage expected**
  - **Higher pharmaceutical supply costs**
  - **$1.6M pulled up front from 20 Object, will be reimbursed by Medi-Cal**
- **Object 59 & 69: No major changes**
  - **Pay out to Sacramento County Office of Education (SCOE) from Behavior Health budget, reimbursement has been made**
  - **No patients assigned to Healthy Partners due to the Medi-Cal For All program, realignment made to General Fund to help cover costs of underinsured patients**
- **Revenue: Under Budget**
  - **Medi-Cal project $2.2M low; working on increasing billable visits**
  - **AAR**
  - **Received unexpected $1.4M reimbursement from FEMA claims (Covid-19).**
  - **Closed out ARPA Grant, Maximized**

Medical Director Report presented by Dr. Heather Vierra

- **A survey conducted to evaluate re-initiating video visits indicated the following barriers:**
  - **Some providers and staff need training in usage**
  - **Device and tech help for patients**
  - **The Federal Government currently denies Tele Health as billable, pending a new decision March 31st**
  - **CAB members questioned the qualifications to be considered Tele Health. In response, Dr. Vierra stated that a preliminary document to determine what can and can't qualify is being drafted, video visits are determined by the needs of patients**
- **Evaluating causes of recent small decrease in patient visits**
  - **No show rate increase**
  - **Patient concern about impact of Executive Orders**

    - **Reaching out to patients not seen in over 1 year**
    - **Offering video visit option**
    - **Utilizing Artera Messaging**
- **Team Based Care**
    - **Grouping providers based on panel size, language concordance**
    - **Potential of adding Registered Nurses and Graduate Students**
    - **Conducting feedback sessions with RNs and MAs**
- **Evaluating Provider Staffing**
    - **Reviewing UCD Contract**

Services Provided presented by Michelle Besse

- **No new services are being provided**

New CAB Member Recruitment

- **Recruited candidate did not show up to the meeting**
- **Jan Winbigler suggested not adding the vote to the next meeting agenda, awaiting the candidate voluntarily attending a CAB meeting. No objections.**
- **Corrie Brite expressed the urgency in increasing membership by recruiting new CAB members, specifically consumer members**
- **The CAB currently has 9 members, which is the minimum**

CAB Goals

- **Strategic Planning preview on March 2025 agenda and a full presentation on April 2025 agenda**

Action Items

Belinda Brent stated that there was an error in the January 17, 2025, CAB Meeting minutes, explaining that she was referred to as County Staff in the attendance section, and that, in fact, she is not County Staff. The error will be corrected to include her position title as "Consultant". The voting portion continued with the noted correction.

INFORMATION/ACTION ITEMS[1]

*Vince Gallo Moved to Approve BUSINESS ITEM I. to Approve the Corrected January 17, 2025, CAB Meeting Minutes.
*Ricki Townsend Seconded Motion to Approve BUSINESS ITEM I. to Approve the Corrected January 17, 2025, CAB Meeting Minutes.

Yes Votes: Suhmer Fryer, Eunice Bridges, Jan Winbigler, Ricki Townsend, Eunice Bridges, and Vince Gallo
No Votes: None
Result: Carried

[1] Time estimate: 5-10 minutes per item, unless otherwise noted

PUBLIC COMMENT (10:20 AM)
Anyone may appear at the CAB meeting to provide public comment regarding any item on the agenda or regarding any matter that is within CAB's subject matter jurisdiction. The Board may not act on any item not on the agenda except as authorized by Government Code section 54954.2. • No public comments were made.
CLOSED SESSION
None
MEETING ADJOURNED
Chair Suhmer Fryer adjourned the meeting at 10:47 am.

Sacramento County Health Center Co-Applicant Board (CAB)
Thursday, February 13, 2025
Special Session CAB Meeting Minutes
4600 Broadway, Community Room 2800, Sacramento, CA
Agenda materials can be found at
https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx

The CAB was held in person at 4600 Broadway, Room 2800.

- County Staff, Robert Rushing; Administrative Services Office I, attended by teleconference on Teams.

CALL TO ORDER (9:35 AM)

Opening Remarks and Introductions – *Suhmer Fryer, Chair*

a. Roll Call and Welcome

PRESENT

Suhmer Fryer - Chair	Michelle Besse – Health Program Manager
Laurine Bohamera – Vice Chair	Sharon Hutchins – Health Program Manager
Jan Winbigler - Member	Rachel Callan – Sr. Administrative Analyst
Vince Gallo – Member	Corrie Brite – County Counsel
Ricki Townsend - Member	Adam Prekeges – Administrative Services Officer II
Eunice Bridges - Member	Shalina Owens – Administrative Services Officer II
	Heather Vierra – Interim Medical Director
	Aliah Martin – Senior Office Assistant

INFORMATION ITEMS (9:35 AM)

1. **Recommended HRSA Program & County Budget FY 25/26 (presented by Adam Prekeges and Rachel Callan)**
   - ✓ **Please refer to the Budget Handouts**
     - **Colored Lines Are Not Decided by SCHC**
     - **Budgeted $0 General Fund Draw will create difficult adjustments, created line increases and decreases**

- **All Refugee patients now have access to Medi-Cal**
- **Executive Orders have decreased Refugee patients, costs have gone down from roughly $800,000 to $100,000**
- **No new Refugee patients since January 23, 2025, further details unknown**

✓ **Object 20 – Goods, Services, Contracts, and Supplies**
- **Decreased by $1,573,455**
- **Mobile Medical Van Maintenance, GL increased from $0-$5200, looking to add line to budget, keep under 10k**
- **Dental Program ended, decreased by $2000**
- **Contracts down due to less outsourcing**

✓ **Object 30 – Contracts and Other Small Expenses**
- **Contracts down $100,000**

✓ **Object 60 – County Services Provided to the Health Center**
- **Increased by $1,290,651**
- **Clinics costs to Pharmacy increased by $1,571,611**

✓ **Object 69 – Reimbursement from other County Divisions**
- **No major change**

✓ **Object 95 – Main Revenue**
- **Medi-Caid Revenue increased by $600,000, target not met**
- **HRSA Grant expires 8/31/25**

2. Uniform Data System (UDS) Report (presented by Sharon Hutchins and Robert Rushing)

✓ **Please refer to UDS Handout**

- **Top 10 Zip Codes from SCHC Catchment Area**
  1. **95823**
  2. **95820**
  3. **95824**
  4. **95821**
  5. **95825**
  6. **95670**
  7. **95608**
  8. **95828**
  9. **95660**
  10. **95842**
- **SCHC Patient Demographics**

✓ **All Age Groups: Sex (Assigned at Birth)**
- **Male – 7,800 (45.6%)**
- **Female – 9,292 (54.4%)**

✓ **Homeless Only/All Age Groups: Sex (Assigned at Birth)**
- **Male – 612**
- **Female – 457**

✓ **Race & Ethnicity**
- **Total Asian; Hispanic, Latin X – 47**
- **Total Asian; Not Hispanic, Latin X – 5,996**
- **Total Hawaiian/Other Pacific Islander; Hispanic, Latin X – 13**
- **Total Hawaiian/Other Pacific Islander; Not Hispanic, Latin X – 155**
- **Black or African American; Hispanic, Latin X – 79**

- **Black or African American; Not Hispanic, Latin X – 1,493**
- **American Indian/Alaska Native; Hispanic, Latin X – 32**
- **American Indian/Alaskan Native; Not Hispanic, Latin X – 85**
- **White; Hispanic, Latin X – 4,325**
- **White; Not Hispanic, Latin X – 2,917**
- **More Than One Race; Hispanic, Latin X – 26**
- **More Than One Race; Not Hispanic, Latin X – 177**
- **Unreported/Chose Not to Disclose Race; Hispanic, Latin X – 555**
- **Unreported/Chose Not to Disclose Race; Not Hispanic, Latin X – 329**
- **Unreported/Chose Not to Disclose Race; Unreported/Chose Not to Disclose ethnicity – 863**

✓ **Sexual Orientation**
- **Lesbian or Gay – 0.53%**
- **Heterosexual (straight) – 65.52%**
- **Bisexual – 0.64%**
- **Other – 0.43%**
- **Don't Know – 3.36%**
- **Chose Not to Disclose – 3.83%**
- **Unknown – 25.69%**

✓ **Gender Identity**
- **Male – 6,230; 36.45%**
- **Female – 7,741; 45.29%**
- **Transgender Man/Male, Transmasculine – 18; 0.11%**
- **Transgender Woman/Female, Transfeminine – 13; 0.08%**
- **Other – 35; 0.35%**
- **Unknown – 2,995; 17.52%**

✓ **Special Populations**
- **Homeless – 1,866; 10.9%**
- **School-Based Service Site Patients – 743; 4.3%**
- **Veterans – 69; 0.4%**
- **Low English-Proficiency Patients – 10,482; 61.3%**

✓ **Income by Federal Poverty Level**
- **100% and below – 15,132; 88.53%**
- **101-150% - 588; 3.44%**
- **151-200% - 211; 1.23%**
- **Over 200% - 121; 0.71%**
- **Unknown – 1,040; 6.08%**

✓ **Insurance Coverage**
- **None/Uninsured 0-17 Yrs – 31; 0.5%, 18 Yrs and Older – 161; 1.4%**
- **Total Medicaid 0-17 Yrs – 5,477; 95.2%, 18 Yrs and Older – 10, 082; 88.9%**
- **Dually Eligible (Medicare & Medicaid) 0-17 Yrs – 1; 100%, 18 Yrs and Older – 126; 14.2%**
- **Medicare 0-17 Yrs – 1; 0.0%, 18Yrs and Older – 885; 7.8%**
- **Private Insurance 0-17 Yrs – 245/ 4.3%, 18Yrs and Older – 210; 1.9%**

- ✓ **Clinical Staffing**

	2023	2024
▪ Physician	10.6	11.6
▪ Mid-Level Practitioner	2.2	3.6
▪ Mental Health Counselor	18.7	50.1
▪ Dental	0.2	0.1
▪ Clinical Pharmacist	3.5	1.6
▪ Pharmacy Tech	2.8	3.1
▪ Nurse	12.3	14.0
▪ Medical Assistant	23.5	35.9
▪ Radiology Tech	1.8	2.2

- ✓ **Clinical Productivity**

	FTE	Completed Visits	Visits per FTE
▪ Physician	11.6	26,580	2,141.4
▪ Mid-Level Practitioner	3.6	9,900	2,750
▪ Psychiatrist	0.1	179	895
▪ Mental Health Counselor	50.1	10,040	200
▪ Dental (RDHAP)	0.1	74	740

***School-Bases Site Counselors need to increase productivity, work in progress**

***NO SHOW Rates are not reflected in Clinical Productivity**

- ✓ **Clinical Utilization**

Care Type	Avg Annual Billable Visits Per Pt
Medical	2.41
Mental Health	6.49
Dental Health	1.01

***Dental Services weren't being used enough; Patients were being referred out after one visit. Medi-Cal coverage includes dental care.**

- ✓ **Training Clinicians – SCHC's mission includes training the next generation of Clinicians.**

Medical	Pre-Graduate/Certificate	Post-Graduate Training
Physicians	44	126
Nurse Practitioners	8	1
Physician Assistants	7	0
Mental Health & Substance Use Disorder		
Clinical Social Workers	3	0

- **Services & Patient Health**
  - ✓ **Frequent Conditions (Top 10 Among SCHC Patients) (% of Pts w/Diagnosis)**
    - **Overweight and Obesity – 51.6 %**
    - **Hypertension – 15.8%**
    - **Diabetes Mellitus – 11.2%**
    - **Depression and Other Mood Disorders – 10.3%**
    - **Other Mental Disorders, excluding drug or alcohol dependence – 9.8%**
    - **Anxiety Disorders, including post-traumatic stress disorder (PTSD) – 9.3%**
    - **Asthma – 4.4%**
    - **Tobacco Use Disorder – 4.1%**
    - **Heart Disease (selected) – 3.3%**
    - **Contact Dermatitis and Other Eczema – 2.3%**
  - ✓ **Homeless: Frequent Conditions (Top 10 Among SCHC Patients) (% of Pts w/Diagnosis)**
    - **Overweight and Obesity – 50.9%**
    - **Hypertension – 23.0%**
    - **Diabetes Mellitus – 8.7%**
    - **Asthma – 5.3%**
    - **Heart Disease (selected) – 4.9%**
    - **Sexually Transmitted Infections (gonococcal infections and venereal diseases) – 2.7%**
    - **Chronic Lower Respiratory Diseases – 2.6%**
    - **Contact Dermatitis and Other Eczema – 2.0%**
    - **Hepatitis C – 1.8%**
    - **Symptomatic/Asymptomatic Human Immunodeficiency Virus (HIV) - 1.2%**
  - ✓ **Preventative Measures in 2024 QI Plan, I (includes children & Adolescents)**
    - **Childhood Immunization Status – Measure: Percentage of children 2 yrs of age who received age-appropriate vaccines by 2nd birthday**
      - **Total Pts – 343; # of Pts Immunized – 60; Percentage – 17.5%**
    - **Preventative Care and Screening: Screening for Depression and Follow-Up Plan – Measure: Percentage of Patients 12 yrs of age and older who were (1) screened for depression with a standardized tool and, if screening was positive, (2) had a follow-up plan documented**
      - **Total Pts – 12,345; # of Pts Screened for Depression and Follow-Up Plan Documented as Appropriate – 7,803; Percentage – 62.8%**
    - **Depression Remission at Twelve Months – Measure: Percentage of patients 12 yrs of age and older with major depression or dysthymia who reached remission 12 months (+/-60days) after an index event**
      - **Total Pts – 3,905; # of Pts Who Reached Remission – 183; Percentage – 4.7%**

***Depression Remission is a QI Project this year, hoping to increase productivity.**

- ✓ **Preventative Measures in 2024 QI Plan, II (Cancer Screening)**
  - **Breast Cancer – Measure: Percentage of women 52-74 yrs of age who had a mammogram screening**
    - **Total Female Pts-1,745; # of Pts w/mammogram-599; Percentage-34.3%**
  - **Cervical Cancer – Measure: Percentage of women 24-64 yrs of age who were screened**
    - **Total Female Pts-5,064; # of Pts screened-1,972; Percentage-38.9%**
  - **Colorectal Cancer – Measure: Percentage of Patients 46-75 yrs of age who had appropriate screening (Increased from last year)**
    - **Total Patients-4,780; # of Pts screened-1,440; Percentage-30.1%**
- ✓ **Disparities in Hypertension, I (Pts must be 18-85 yrs to be included)**

RACE	# of Patients w/ Hypertension		Percentage	
	Hispanic/Latin X	NOT Hispanic/Latin X		
Total Asian	11	416	23.4%	6.9%
Total Native Hawaiian Or Pacific Islander	<10	36	NA	23.2%
Black or African American	<10	444	NA	29.7%
American Indian/Alaska Native	<10	15	NA	17.6%
White	1074	539	24.8%	18.5%
More Than One Race	<10	32	NA	18.1%
Unreported/Not Disclosed	81	49	14.6%	14.9%

- ✓ **Disparities in Hypertension, II (Pts must be 18-85 yrs to be included)**

RACE	# of Patients w/ Controlled Hypertension		Percentage	
Total Asian	<10	230	NA	55.3%
Total Native Hawaiian Or Pacific Islander	<10	17	NA	47.2%
Black or African American	<10	183	NA	41.2%
American Indian/Alaska Native	<10	<10	NA	NA
White	643	252	59.9%	46.8%
More Than One Race	<10	16	NA	50.0%
Unreported/Not Disclosed	50	19	61.7%	38.8%

- **Hispanic patients have a higher diagnosis of Hypertension**
- **Non-Hispanic patients have a higher percentage of controlled hypertension**

✓ **Disparities in Control of Diabetes**
- ***Patients must be aged 18-75 to be included**
- **@ HbA1c reading of >9.0**

Ethnic Category	Patients w/ Diabetes*		Patients w/ Uncontrolled Diabetes@ or No Test	
	#	%	#	%
Total Hispanic, Latino/a, or Spanish Origin	1,036	20.4%	269	26.0%
Total NOT Hispanic, Latino/a, or Spanish Origin	858	7.7%	259	30.2%
Unreported/Chose Not To Disclose	51	5.9%	15	29.4%

✓ **Hispanics have a higher diagnosis of Diabetes**
✓ **Non-Hispanics have a higher percentage of uncontrolled Diabetes**

***SCHC follows HRSA Guideline on ICD Codes, therefore not all Patients may be included in these charts.**

- **Billing & Finances**
  - **Total Medical Care Services; $23,201,517**
  - **Total Other Clinical Services; $9,374,357**
  - **Total Enabling and Other Services; $3,455,052**
  - **Total Accrued Costs; $36,030,926**
  - **Value of Donated Facilities, Services, and Supplies (specify: Pharmaceuticals); $52,011**
  - **Total w/Donations; $36,082,937**

✓ **In 2023, the Board of Supervisors approved a write-off of "ancient" patient accounts. In 2024, SCHC had no bad debt write off.**

- ✓ **In 2024, difficulties with accurate patient billing led to a low amount of collection for Sliding Fee Discount patients.**
- ✓ **In 2024, charges to patients, health plans, and IPAs totaled $11,843,837, while $19,324,312 was collected from the same entities.**
- ✓ **In 2024, there was a draw down from Federal and State grants in the amount of $7,427,368**
- ✓ **$9,384,191 collected from the State through realignment**
- ✓ **$2,007,298 collected from other programs SCHC provided services for**
- ✓ **In contrast to the $3,000,000 declared last year, this year we declared $0 due to more patients receiving Full Scope Medi-Cal, which reduced costs.**
- ✓ **$1,300,000 reimbursed from FEMA for Covid Revenue**

3. CAB Goals

- **A potential CAB member has been recruited, added to 2/21/25 Regular CAB meeting agenda w/ vote.**
  - **Member Jan Winbigler has conducted the initial interview and has invited the candidate to the next CAB meeting**
- **Encourage current members to attend all meetings.**
  - **Volunteer member to communicate with other members who aren't attending meeting regularly, checking on them and showing compassion**
  - **No Group Text or Group Email**
  - **Okay to voluntarily exchange phone numbers for the sole purpose of checking in on other members**
  - **Create a contact sheet with rules and regulations for communication**

INFORMATION/ACTION ITEMS[1]

* Jan Winbigler Motioned to Approve BUSINESS ITEM I. Proposed HRSA Program & County Budget

* Laurine Bohamera Seconded the Motion to Approve BUSINESS ITEM I to Approve the Proposed HRSA Program & County Budget

-Yes Votes: Vince Gallo, Eunice Bridges, Ricki Townsend, Laurine Bohamera, Jan Winbigler and Suhmer Fryer

-No Votes: None

-Motion Carried

[1] Time estimate: 5-10 minutes per item, unless otherwise noted

* Laurine Bohamera Motioned to Approve BUSINESS ITEM II. The Uniform Data System (UDS) Report
* Vince Gallo Seconded the Motion to Approve BUSINESS ITEM II. The Uniform Data System (UDS) Report
-Yes Votes: Vince Gallo, Eunice Bridges, Ricki Townsend, Laurine Bohamera, Jan Winbigler and Suhmer Fryer
-No Votes: None
-Motion Carried

PUBLIC COMMENT

Anyone may appear at the CAB meeting to provide public comment regarding any item on the agenda or regarding any matter that is within CAB's subject matter jurisdiction. The Board may not act on any item that is not on the agenda except as authorized by Government Code section 54954.2.

- No public comments were made.

CLOSED SESSION

None

MEETING ADJOURNED

The meeting adjourned at 11:18 am.