

**Sacramento County Health Center
Co-Applicant Board (CAB) Meeting AGENDA**

Friday, March 20, 2026, 9:30 a.m.- 11:30 a.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. Room 2020 is easily accessible without staff/security needing to let you in. It is at the top of the back stairs (near the Broadway entrance, not the garage entrance).

- 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 – *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. 2026 Sliding Fee Discount Program
5. Review Strategic Plan Progress
6. 2027-2029 Strategic Plan Process

7. SCOE Expansion Plan Discussion

8. CAB Goals

- Member Recruitment
- Form 700 and Ethics Training

INFORMATION/ACTION ITEMS¹

BUSINESS ITEM I.

- February 20, 2026, CAB Meeting Minutes
- ✓ Recommended Action: Motion to Approve the drafted February 21, 2025, Meeting Minutes

BUSINESS ITEM II.

- Sliding Fee Discount Program
- ✓ Recommended Action: Motion to Approve the drafted Sliding Fee Discount Program Policy

BUSINESS ITEM III.

- SCOE Expansion Plan SBAR Analysis for Additional 26 Sites
- ✓ Recommended Action: Motion to Approve an SBAR Analysis for Future Review and Recommendation

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 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 (11:30 AM)

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

CFO Updates

March 20th, 2026 CAB Meeting

Report Summary

The HRSA program budget is expected to be claimed in full with no major variances or concerns to report. Medi-Cal revenue has been strong in Fiscal Year 25/26. Sacramento County Health Center increased our interim rate back in July'25. As of 12/31/25, our interim rate is \$359.44, and our AIR rate is \$458.13.

HRSA Project Budget Summary

- As of 12/31/25 we have spent \$1,353,070.79 on the HRSA project. We have a remaining balance of \$358,531.21.
- Continuing HIV grant services through main grant. Claims will be completed separately.
- No major variances or concerns. Staff comprise the majority of the costs.

County Budget Summary and Significant Variances

- Our FY 25/26 budget has \$0 general fund budgeted.
- Object 10 Salaries/Benefits: Current projection shows we are \$1.15M under budget.
- Object 20 Services/Supplies: Current projection shows we are \$2.69M under budget.
 - Projection is based upon July'25-Jan'26 actuals and is most accurate projection we have to date.
 - Due to Refugee slowing down, less registry employees are needed, therefore will have less registry expenses compared to FY 24/25.
- Object 30 Contracts: Current projection shows we are \$400K over budget.
 - Increased OCHIN costs are pushing us over budget. Will monitor throughout the Fiscal Year.
 - Absorbed some initial contracted cost for setting the foundation for our County Medically Indigent Services Program (CMISP) and Healthy Partners (HP) programs.
 - If actuals exceed budgeted amount, the administration team will complete an Appropriation Adjustment Request (AAR) to reduce a different object level to increase object 30 by the overages.
- Object 40 Fixed Assets: Currently not budgeted, but will be \$35,119.
 - New camera system at 4600 Broadway. PRI Clinics is splitting the cost with Public Health. Both phases of the project have been completed, and Primary Health Clinics Services portion of the total bill is \$35,119. We will either take money from object 10 or 20, depending on budget at the time of revision.
- Object 60 Internal Charges/Allocated Costs: Current projection is \$1.53M under budget.
 - We have an intrafund agreement with our Pharmacy program for pharmaceuticals. Our Pharmacy program needs the spending authority to purchase the pharmaceuticals, but when they get reimbursed from Medi-Cal, they pass along the savings to us.
 - A lot of our savings in our budget come from 60 object.
- Object 59 and 69 Inter/Intrafund Reimbursements: Current projection is \$2.8M less revenue than budgeted.
 - Realignment was decreased by \$2.8M in FY 25/26 budget.
 - \$2M went to Adult Correctional Health (ACH) program, and our realignment was further decreased by ~\$800k in mid-year adjustment.
- Object 95/96/97 Outside Revenue: Hard to project due to upcoming changes.
 - Medi-Cal revenue is currently \$13.66M.
 - At same time last FY (July'24-Dec'24) it was \$10.5M.
 - Interim rate is almost 20% higher than it was last FY. MEI (Medicare Economic Index) hit in October 2025, and our interim rate is now \$359.44.
 - Grants are on track.
 - Nothing out of the normal on grants. HRSA HIV grant is being rolled into our main HRSA Homeless grant. RHAP is continuing and we received the award letter from CDPH.

Period **7**
 Current Month **January**
 Percentage of Year **58%**
 FY 25/26

Line Item	Budget	Year to date	Encumbrance	Total (YTD+Encumbrance)	YTD Percentage (Total/Budget)	Year End Estimate	Notes
Expenses							
Personnel <i>* 10 - SALARIES AND EMPLOYEE BENEFITS</i>	\$ 14,760,997	\$ 7,225,111	\$ -	\$ 7,225,111	49%	\$ 13,603,433	Holding positions vacant coupled with not utilizing overtime has benefited our 10 object. Year-end projection showing to come in under budget.
Services & Supplies <i>* 20 - SERVICES AND SUPPLIES</i>	\$ 21,858,812	\$ 7,324,630	\$ 14,129,946	\$ 21,454,576	98%	\$ 19,172,998	Year-end estimate is around 87% of budgeted goods and services. Prior projection was 95%. Nothing significant to note in 20 object.
Other Charges <i>* 30 - OTHER CHARGES</i>	\$ 2,433,243	\$ 1,716,925	\$ 96,389	\$ 1,813,314	75%	\$ 2,820,119	Main driver of object 30 is our OCHIN contract. As our revenue goes up, so does our OCHIN contract costs. Most likely will be over in object 30, and the administration team will watch closely for possible Appropriation Adjustment Request (AAR) to move funds from a different object level to object 30.
Equipment	\$ -	\$ -	\$ -	\$ -	N/A	\$ 35,119.00	New camera system at 4600 Broadway. PRI Clinics is splitting the cost with Public Health. All costs have posted, total cost \$35,119. Administration team will complete AAR to move funds from object 20 to object 40.
Intrafund Charges (Allocation costs) <i>* 60 - INTRAFUND CHARGES</i>	\$ 5,411,059	\$ 1,120,554	\$ -	\$ 1,120,554	21%	\$ 3,880,938	Allocated and intra-departmental expenses. Pharmaceutical expenses have the largest variance, and is coming in low in Fiscal Year 2025/2026.
Total Expenses	\$ 44,464,111	\$ 17,387,220	\$ 14,226,335	\$ 31,613,555	71%	\$ 39,512,607	
Revenue							
Inter/Intrafund Reimbursements <i>** REIMBURSEMENT ACCOUNTS</i>	\$ (13,882,995)	\$ (2,916,604)	\$ -	\$ (2,916,604)	21%	\$ (11,066,421)	Realignment and reimbursements for services to other DHS programs. Primary Health Clinics gave \$2M of realignment to Primary Health Adult Correctional Health (ACH) program.
Intergovernmental Revenue <i>* 95 - INTERGOVERNMENTAL REVENUES</i>	\$ (30,574,116)	\$ (15,260,497)	\$ -	\$ (15,260,497)	50%	\$ (28,443,119)	Medi-Cal/Medicare revenue, HRSA & Refugee grants. In July'25 we increased our interim rate with DHCS, which will, and has, increased our short-run cash flow. Our PPS rate also had an MEI (Medicare Economic Index, e.g. COLA for Medicare) increase in Oct'25. New interim rate is \$359.44, AIR rate \$458.13. In January 2026 we had \$1.8M post of Medi-Cal, slightly below where we were trending these past 4 months (Sept'25-Dec'25).
Charges for Services <i>* 96 - CHARGES FOR SERVICES</i>	\$ (7,000)	\$ (1,789)	\$ -	\$ (1,789)	26%	\$ (3,067)	CMISP old pre-2014 service charges and Medical Record Fees
Miscellaneous Revenue <i>* 97 - MISCELLANEOUS REVENUE</i>	\$ -	\$ -	\$ -	\$ -	N/A	\$ -	Prior Year Patient Revenue
Total Revenue	\$ (44,464,111)	\$ (18,178,890)	\$ -	\$ (18,178,890)	41%	\$ (39,512,607)	
GRAND TOTAL (Net County Cost)	\$ -	\$ (791,670)				\$ -	

GL ACCT NAME	FY 2024-25 Final Budget	FY 2025-26 Approved Budget	Current COMPASS Actual	Encumbrance	Actuals + Encumbrance	% Consumed	Year-End Estimate	Variance, Estimate to Budget	COMMENT - Explain Variance
10111000 REGULAR EMPLOYEES	9,276,604	9,251,251	4,178,678	0	4,178,678	45%	8,005,111	1,246,140	Calculated out YE projection based on actuals and vacancies. Added in potential CMISP HPM for 5 months
10112100 EXTRA HELP	216,432	227,211	273,860	0	273,860	121%	387,136	-159,925	
10113100 STRAIGHT TIME OT	0	0	366	0	366	0%	366	-366	
10113200 TIME/ONE HALF OT	11,677	12,402	9,187	0	9,187	74%	17,660	-5,258	
10114100 PREMIUM PAY	205,251	198,698	105,504	0	105,504	53%	179,719	18,979	Calculated out YE projection based on actuals and vacancies. Added in potential CMISP HPM for 5 months
10114200 STANDBY PAY	0	0	5,728	0	5,728	0%	0	0	
10114300 ALLOWANCES	10,000	10,000	9,938	0	9,938	99%	10,267	-267	
10115200 TERMINAL PAY	0	0	62,887	0	62,887	0%	78,405	-78,405	
10115300 LEAVE CASH OUT	0	0	0	0	0	0%	0	0	
10121000 RETIREMENT	2,052,189	1,912,012	895,889	0	895,889	47%	1,632,986	279,026	Calculated out YE projection based on actuals and vacancies. Added in potential CMISP HPM for 5 months
10121100 1995 POB - ACP	0	0	0	0	0	0%	0	0	
10121200 2004 POB - ACP	1,085,357	800,839	401,830	0	401,830	50%	800,839	0	
10121300 HEALTH SVGS-ER COST	74,100	69,550	31,853	0	31,853	46%	58,802	10,748	Calculated out YE projection based on actuals and vacancies. Added in potential CMISP HPM for 5 months
10121400 401A - PLAN	62,471	57,908	36,676	0	36,676	63%	49,707	8,201	Calculated out YE projection based on actuals and vacancies. Added in potential CMISP HPM for 5 months
10122000 OASDHI	696,166	693,898	309,433	0	309,433	45%	590,205	103,693	Calculated out YE projection based on actuals and vacancies. Added in potential CMISP HPM for 5 months
10123000 GROUP INS	1,794,532	1,774,537	706,248	0	706,248	40%	1,539,539	234,998	Calculated out YE projection based on actuals and vacancies. Added in potential CMISP HPM for 5 months
10123001 CNTY EE PLAN SELECT	0	0	968	0	968	0%	0	0	Budgeted in 10123000
10123002 DENTAL PLAN ER COST	0	0	66,336	0	66,336	0%	0	0	Budgeted in 10123000
10123003 LIFE INS - ER COST	0	0	576	0	576	0%	0	0	Budgeted in 10123000
10123004 VISION INS - ER COST	0	0	689	0	689	0%	0	0	Budgeted in 10123000
10123005 EAP	0	0	1,674	0	1,674	0%	0	0	Budgeted in 10123000
10124000 WORK COMP - ACP	304,502	252,691	126,791	0	126,791	50%	252,691	0	allocated cost
10125000 SUI - ACP	0	0	0	0	0	0%	0	0	allocated cost
10199900 Salary Savings Acct	-971,791	-500,000	0	0	0	0%	0	-500,000	Salary savings shown above with YE projections
Object 10 TOTAL - Salaries and Employees	14,817,490	14,760,997	7,225,111	0	7,225,111	48.95%	13,603,433	1,157,564	
20200500 ADVERTISING	1,500	1,500	30,449	0	30,449	2030%	31,000	-29,500	HIV Grant Advertising, NTI contract. Added a little extra due to Sac Bee LOI going to post here, and maybe 1-2 other charges later this FY.
20202200 BOOKS/PER SUP	1,500	2,500	0	0	0	0%	0	2,500	
20202400 PERIODICAL/SUBSCRIPT	0	0	3,430	0	3,430	0%	3,430	-3,430	UpToDate annual Subscription, do not expect more
20202900 BUS/CONFERENCE EXP	1,200	1,200	1,195	0	1,195	100%	1,195	5	Actuals show \$1,195 for Nursing Leadership Summit happened in Oct'25.
20203100 BUSINESS TRAVEL	3,000	3,000	1,364	0	1,364	45%	1,364	1,636	Do not expect more business travel this FY.
20203500 ED/TRAINING SVC	3,000	5,000	2,790	0	2,790	56%	3,000	2,000	
20203600 ED/TRAINING SUP	1,000	1,000	370	0	370	37%	370	630	
20203700 TUITION REIMBURSEMNT	3,000	3,000	2,702	0	2,702	90%	4,632	-1,632	Increased due to # of employees getting tuition reimbursement
20203800 EMPLOYEE RECOGNITION	6,000	2,000	0	0	0	0%	0	2,000	
20203804 WORKPLACE AMENITIES	0	0	1,301	0	1,301	0%	2,230	-2,230	Budgeted in 20203800
20203900 EMP TRANSPORTATION	2,500	2,500	969	0	969	39%	2,500	0	
20204500 FREIGHT/CARTAGE	20,000	20,000	9,008	0	9,008	45%	15,443	4,557	
20206100 MEMBERSHIP DUES	1,000	1,000	0	0	0	0%	1,000	0	
20207600 OFFICE SUPPLIES	28,000	28,000	22,334	22,019	44,353	158%	44,353	-16,353	Most of expenses are Grant reimbursement, via HIV and RHAP grants.
20207602 SIGNS	0	0	2,334	0	2,334	0%	2,334	-2,334	Signs purchased on the HIV grant. Expecting a few more over the FY.
20208100 POSTAL SVC	1,000	1,000	412	0	412	41%	1,000	0	
20208500 PRINTING SVC	1,000	1,000	0	0	0	0%	1,000	0	
20211100 BLDG MAINT SVC	0	0	0	0	0	0%	0	0	
20218500 PERMIT CHARGES	2,100	2,100	1,185	0	1,185	56%	1,185	915	Clinics Pharmacy Permit renewal. Expecting closer to budget amt
20219300 REF COLL/DISP SVC	1,500	2,500	1,939	0	1,939	78%	3,323	-823	
20220500 AUTO MAINT SVC	0	0	600	0	600	0%	1,800	-1,800	MMV clean site services grey water disposal
20221100 CONST EQ MAINT SVC	0	5,200	3,643	0	3,643	70%	6,246	-1,046	
20222700 CELLPHONE/PAGER	19,912	23,548	11,924	0	11,924	51%	23,548	0	
20223600 FUEL/LUBRICANTS	3,000	3,000	1,026	0	1,026	34%	1,759	1,241	
20225100 MED EQ MAINT SVC	10,000	10,000	11,191	6,777	17,968	180%	30,802	-20,802	Draeger docking station, autoclave service agreements, waste disposal etc.
20225200 MED EQ MAINT SUP	20,157	20,157	19,155	0	19,155	95%	32,837	-12,680	
20226100 OFFICE EQ MAINT SVC	132	108	63	45	108	100%	185	-77	DTech Non-ACP
20226101 FURNITURE REPAIR	0	0	169	0	169	0%	169	-169	
20226201 ERGONOMIC FURNITURE	0	0	0	0	0	0%	0	0	
20226400 MODULAR FURNITURE	0	0	0	0	0	0%	0	0	
20227500 RENT/LEASE EQ	30,000	30,000	21,711	499	22,211	74%	38,075	-8,075	
20231400 CLOTH/PERSONAL SUP	0	0	277	0	277	0%	277	-277	Clothes for homeless (hats and gloves).
20232100 CUSTODIAL SVC	8,000	6,000	4,250	2,179	6,429	107%	11,021	-5,021	
20233200 FOOD/CATERING SUP	200	200	0	0	0	0%	200	0	
20235100 LAUN/DRY CLEAN SVC	3,000	3,000	2,276	0	2,276	76%	3,901	-901	
20241200 DENTAL SUP	2,000	0	0	0	0	0%	0	0	Not providing Dental Services
20242000 DRUGS/PHARM SUP	0	0	0	0	0	0%	0	0	
20243700 LAB MED SVC	1,000	1,000	-40,165	2	-40,163	-4016%	50,000	-49,000	Not all accruals have hit yet. Assuming \$50K for lab expenses in FY 25/26
20244300 MEDICAL SVC	1,000	1,000	2,656	1,281	3,936	394%	6,748	-5,748	
20244400 MEDICAL SUP	0	0	1,947	0	1,947	0%	3,338	-3,338	
20247100 RADIOLOGY SVC	28,262	28,262	0	0	0	0%	23,000	5,262	Remi invoice will be coming in soon

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20247200 RADIOLOGY SUP	5,000	5,000	1,595	0	1,595	32%	5,000	0	
20252100 TEMPORARY SVC	26,825	28,001	0	0	0	0%	0	28,001	
20254200 TREASURER SVC	0	0	112	-17	95	0%	163	-163	Bounced checks
20257100 SECURITY SVC	230,732	212,975	64,772	0	64,772	30%	212,975	0	
20259100 OTHER PROF SVC	16,313,233	16,388,884	4,997,120	12,787,406	17,784,526	109%	13,439,670	2,949,214	YE projection is ~82% of total contract cost.
20271100 DTECH LABOR	474,579	428,493	150,758	31,348	182,106	42%	428,493	0	
20281100 DATA PROCESSING SVC	500,000	830,000	195,191	1	195,192	24%	830,000	0	OCHIN contract
20281200 DATA PROCESSING SUP	82,780	82,780	0	0	0	0%	0	82,780	Subaccounts listed below
20281201 HARDWARE	0	0	9,698	0	9,698	0%	413,520	-413,520	Budgeted in 20281200. Computer refresh phase 1 of 2
20281202 SOFTWARE	127,618	108,874	48,529	0	48,529	45%	83,192	25,682	DTECH Non-ACP.
20281204 OTHER	0	0	682	0	682	0%	1,169	-1,169	Dell e-waste and 5 year support. Covered in 20281200.
20281250 SERVER & NETWORK SW	0	0	0	0	0	0%	0	0	
20281265 APPLICATION SW MAINT	0	0	0	0	0	0%	0	0	Budgeted in 20281200. Overage covered by 20281200.
20283200 INTERPRETER SVC	556,305	556,305	194,278	1,997	196,275	35%	336,471	219,834	
20287100 TRANSPORTATION	400	400	36,910	0	36,910	9227%	63,274	-62,874	RHAP Grant transportation for Refugees. Grant covers most of these expenses. Increased grant line item for GY 24/25 & 25/26 due to this.
20288000 PY EXPEND	0	0	-96	0	-96	0%	-96	96	
20289900 OTHER OP EXP SVC	1,200	0	0	0	0	0%	0	0	
20291000 CW IT SVCS - ACP	129,195	109,149	55,078	0	55,078	50%	109,149	0	Allocated Cost
20291200 DTECH FEE - ACP	56,826	59,628	33,684	7,864	41,548	70%	59,628	0	Allocated Cost
20291600 WAN CHARGES - ACP	240,305	243,313	122,781	0	122,781	50%	243,313	0	Allocated Cost
20291700 ALARM SERVICES - ACP	19,403	20,250	10,160	0	10,160	50%	20,250	0	Allocated Cost
20292100 GS PRINTING SVC	5,000	5,000	1,004	0	1,004	20%	5,000	0	
20292200 GS MAIL/POSTAGE	7,000	7,000	8,161	0	8,161	117%	13,991	-6,991	
20292300 MESSENGER SVCS - ACP	13,720	14,376	8,246	0	8,246	57%	14,376	0	Allocated Cost
20292500 PURCH SVCS - ACP	21,194	15,308	7,681	0	7,681	50%	15,308	0	Allocated Cost
20292700 GS WAREHOUSE CHARGES	1,000	1,000	588	0	588	59%	1,008	-8	
20292800 GS EQUIP RENTAL LT	0	0	105	0	105	0%	180	-180	
20292900 GS WORK REQUEST	553,280	475,712	3,262	1,153	4,415	1%	450,000	25,712	Updating exam rooms and Clinics Admin move.
20293407 REAL ESTATE SVCS	0	0	4,018	3,482	7,500	0%	7,500	-7,500	
20294200 FACILITY USE - ACP	1,607,338	1,689,613	1,047,952	1,263,910	2,311,861	137%	1,689,613	0	Allocated Cost
20296200 GS PARKING CHGS	350	350	60	0	60	17%	350	0	
20297100 LIABILITY INS - ACP	222,465	235,766	118,298	0	118,298	50%	235,766	0	Allocated Cost (PP)
20298300 SURPLUS PROP - ACP	6,040	5,430	2,725	0	2,725	50%	5,430	0	Allocated Cost (PP)
20298700 TELECOMM - ACP	108,516	126,430	0	0	0	0%	0	126,430	posts to 20298703
20298702 CIRCUIT CHRGS - ACP	0	0	2,142	0	2,142	0%	3,672	-3,672	Allocated Cost - budgeted in 20298700
20298703 LND LN CHARGES - ACP	0	0	76,630	0	76,630	0%	131,367	-131,367	Allocated Cost - budgeted in 20298700
20298900 TELEPHONE INSTALL	0	0	0	0	0	0%	0	0	
Object 20 TOTAL - Services and Supplies	21,514,267	21,858,812	7,324,630	14,129,946	21,454,576	98%	19,172,998	2,685,814	Will do an AAR to adjust giving realignment appropriations to ACH
30310300 ELIG EXAMS	1,500	1,500	245	0	245	16%	420	1,080	DOJ Fingerprinting
30310600 CONTRACT SVC P	0	0	0	0	0	0%	0	0	
30310700 TRANSPORTATION/WELF	10,000	10,000	238	0	238	2%	407	9,593	RT Passes
30311400 VOLUNTEER EXPENSES	500	500	147	0	147	29%	252	248	Volunteer DOJ Fingerprinting and pay claims
30312100 PROVIDER PAYMENTS	1,095,000	1,715,000	1,010,052	96,389	1,106,441	65%	2,112,797	-397,797	At this rate might need to do an AAR
30370000 CONTR OTHER AGENCIES	541,000	706,243	706,243	0	706,243	100%	706,243	0	OCH APRA pass through grant, will be reimbursed in 95959503
Object 30 TOTAL - Other Charges	1,648,000	2,433,243	1,716,925	96,389	1,813,314	75%	2,820,119	-386,876	Will do an AAR to adjust giving object 30 more funds
43430110 EQUIPMENT-PROP	0	0	0	0	0	0%	35,119	-35,119	Estimated cost for camera installation (will be fixed asset). AAR needs to be completed to move funds from 20 object to 30.
43430300 EQUIP SD NON REC	0	0	0	0	0	0%	0	0	
Object 40 TOTAL - Fixed Assets	0	0	0	0	0	0%	35,119	-35,119	Will do an AAR to adjust giving object 40 actuals
60601100 DEPT OH ALLOC	1,279,755	1,189,048	433,703	0	433,703	36%	1,122,859	66,189	Allocated Cost, minus 60697909
60601200 DIV OH ALLOC	403,737	296,044	93,625	0	93,625	32%	296,044	0	Allocated Cost
60650400 COLLECTION SVC	1,750	1,400	67	0	67	5%	115	1,285	DRR Collection
60691301 FIN GEN ACC - ACP	10,207	9,878	4,956	0	4,956	50%	9,878	0	Allocated Cost
60691302 FIN PROLL SVCS - ACP	6,663	7,290	3,658	0	3,658	50%	7,290	0	Allocated Cost
60691303 FIN PMT SVCS - ACP	14,712	14,199	7,125	0	7,125	50%	14,199	0	Allocated Cost
60691305 FIN INT AUDITS - ACP	5,013	4,633	2,324	0	2,324	50%	4,633	0	Allocated Cost
60691306 FIN SYS C & R - ACP	8,536	7,261	3,643	0	3,643	50%	7,261	0	Allocated Cost
60695102 BEN ADMIN SVCS - ACP	23,459	0	0	0	0	0%	0	0	Allocated Cost
60695103 EMPLOYM SVCS - ACP	88,904	0	0	0	0	0%	0	0	Allocated Cost
60695100 PERSONNEL SVCS - ACP	0	143,908	72,207	0	72,207	50%	143,908	0	Allocated Cost
60695500 TRAINING SVCS - ACP	21,734	0	0	0	0	0%	0	0	Allocated Cost
60695600 DEPT SVCS TRAN - ACP	142,562	125,192	62,816	0	62,816	50%	125,192	0	Allocated Cost
60695700 401A ADMIN SVC - ACP	1,103	959	481	0	481	50%	959	0	Allocated Cost
60695800 LABOR REL - ACP	19,081	0	0	0	0	0%	0	0	Allocated Cost
60695900 SAFETY PGM - ACP	18,387	15,009	7,531	0	7,531	50%	15,009	0	Allocated Cost
60697900 OTHER SVC	0	0	0	0	0	0%	0	0	
60697909 MIS SERVICES	0	0	38,610	0	38,610	0%	66,189	-66,189	Allocated Cost Budgeted in 60601100
60698017 INTRA DEPT CHARGES	0	0	120,720	0	120,720	0%	159,558	-159,558	Includes Scarlett Ong Transfer, updated figure based on Q1 expense. Ended 2/3/2026
60698018 INTRA PROGRAM CHARGE	3,597,060	3,596,238	269,086	0	269,086	7%	1,907,844	1,688,394	See object 30 tab for further breakdown
Object 60 TOTAL - Intrafund Charges	5,642,663	5,411,059	1,120,554	0	1,120,554	21%	3,880,938	1,530,121	Will do an AAR to adjust giving realignment appropriations to ACH
TOTAL EXPENDITURE	43,622,420	44,464,111	17,387,219	14,226,335	31,613,554	71%	39,512,607	4,951,504	

GL ACCT NAME	FY 2024-25 Final Budget	FY 2025-26 Approved Budget	Current COMPASS Actual	Encumbrance	Actuals + Encumbrance	% Consumed	Year-End Estimate	Variance, Estimate to Budget	COMMENT - Explain Variance
59599125 R 1991 HEALTH	-10,541,394	-11,740,052	-2,807,297	0	-2,807,297	0%	-8,923,478	-2,816,574	
59599134 Restricted Funding	-15,359	0	0	0	0	0%	0	0	
Object 50 TOTAL - Interfund Reimbursement	-10,556,753	-11,740,052	-2,807,297	0	-2,807,297	0	-8,923,478	-2,816,574	Realignment reduced by \$2M for ACH, and further \$823K mid year reduction
69699000 INTRA COST RECOVERY	-392,622	-328,104	-33,120	0	-33,120	0%	-328,104	0	Assuming will be reimbursed in full.
69699017 INTRA DEPARTMENTAL R	-1,650,297	-1,801,342	-70,356	0	-70,356	0%	-1,801,342	0	Assuming will be reimbursed in full. SCOE MHSSA is the largest portion of this.
69699018 INTRA PROGRAM REIMBU	-15,159	-13,497	-5,831	0	-5,831	0%	-13,497	0	Pharmacy reimb of AT
Object 69 TOTAL - Intrafund Reimbursement	-2,058,078	-2,142,943	-109,307	0	-109,307	5%	-2,142,943	0	
TOTAL REIMBURSEMENT:	-12,614,831	-13,882,995	-2,916,604	0	-2,916,604	21%	-11,066,421	-2,816,574	
NET Cost before Revenue	31,007,589	30,581,116	14,470,615	14,226,335	28,696,950	94%	28,446,186	2,134,930	
95953010 PY INTERGOV - STATE	-2,180,612	-2,180,612	-33,402	0	-33,402	0%	-1,423,512	-757,100	
95953011 PY INTERGOV - FED	0	0	27,329	0	27,329	0%	27,329	-27,329	
95956900 STATE AID OTHER MISC	-21,130,316	-22,352,460	-13,664,783.54	0	-13,664,784	0%	-23,425,343	1,072,883	FY 24/25 M-Cal Revenue: \$19,572,151.72. Recently billed out many SCOE encounters. AP01: \$1,535,027.75 AP02: \$1,320,600.28 AP03: \$2,474,199.69 AP04: \$2,141,199.92 AP05: \$2,071,258.92 AP06: \$2,333,653.28 AP07: \$1,788,843.70 AP08: AP09: AP10: AP11: AP12: AP13:
95956901 MEDI/CAL REVENUE	0	0	-2,637	0	-2,637	0%	0	0	Medicare revenue posted to wrong GL, should be GL 95958901.
95958900 HEALTH FED	-5,526,073	-4,859,089	-973,502	0	-973,502	0%	-2,905,549	-1,953,540	Assuming 60% for RHAP Q1-Q3, actual for FY 24/25 RHAP Q4, 50% for HIV grant (only claiming salaries), and 100% of main homeless grant.
95958901 MEDI-CARE REVENUE	0	0	-3,081	0	-3,081	0%	-9,801	9,801	Including the \$(2,637)
95959100 CONSTRUCTION FED	-553,280	-475,712	0	0	0	0%	0	-475,712	Assuming \$0 since ARP grant is now over, and scope was never approved, therefore not claiming.
95959503 ARPA - SLFRF Revenue	-1,475,647	-706,243	-610,421	0	-610,421	0%	-706,243	0	OCH passthrough will be reimbursed here
Object 95 TOTAL - Intergovernmental Revenue	-30,865,928	-30,574,116	-15,260,497	0	-15,260,497	50%	-28,443,119	-2,130,997	CMISP Patient payment + DRR - No patients have been on CMISP, therefore no revenue.
96966200 MED CARE INDIGENT	-5,000	-4,000	0	0	0	0%	-3,067	-933	Included above
96966202 CMISP SOC REV-DRR	0	0	-210	0	-210	0%	0	0	private insurance
96966300 MED CARE PRIVATE	-1,000	-1,000	-304	0	-304	0%	0	-1,000	TPL/ Insurance Payments
96966900 MED CARE OTHER	-1,000	-1,000	0	0	0	0%	0	-1,000	Self Pay/Sliding Fee Pmts
96969900 SVC FEES OTHER	-1,000	-1,000	-1,275	0	-1,275	0%	0	-1,000	
Object 96 TOTAL - Charges for Services	-8,000	-7,000	-1,789	0	-1,789	26%	-3,067	-3,933	
97979900 PRIOR YEAR	0	0	0	0	0	0%	0	0	
97979000 MISC OTHER	0	0	0	0	0	0%	0	0	
97979004 JURY FEE EMP REIMB	0	0	0	0	0	0%	0	0	
97979904 PRIOR YR MISC REV	0	0	0	0	0	0%	0	0	
97979028 IR-MUTUAL AID AGREE	0	0	0	0	0	0%	0	0	
TOTAL REVENUES	-30,873,928	-30,581,116	-15,262,286	0	-15,262,286	50%	-28,446,186	-2,134,930	
Net County Cost/NCC	133,661	0	-791,670.56	14,226,335	13,434,664	0%	0	0	
	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

County of Sacramento, Primary Health, Clinics Services
Grant Status Update

Grant	Start	End	Total Grant	Claims				YE TOTAL	"Remaining" FYE
				Q1	Q2	Q3	Q4		
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 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 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 Homeless (GY 24/25)	3/1/2024	2/28/2025	1,424,937.00	505,574.97	388,824.82	405,317.59	88,519.94	1,388,237.32	36,699.68
HRSA Homeless (GY 25/26)	3/1/2025	2/28/2026	1,711,602.00	539,278.51	382,268.58	431,523.70		1,353,070.79	358,531.21
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 (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 (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 (GY 24/25)	10/1/2024	9/30/2025	3,177,903.45	649,679.71	635,984.17	588,391.32	517,268.08	2,391,323.28	786,580.17
RHAP (GY 25/26)	10/1/2025	9/30/2026	1,864,841.00	397,611.88				397,611.88	1,467,229.12

HRSA Project Director Updates

March 20, 2026, CAB Meeting

Staffing

Clerical Operations Supervisor:

Sr. Office Assistant, Aliah Martin has accepted the position of Clerical Operations Supervisor for Sacramento County Health Center. Congrats, Aliah on the promotion.

Planners:

The clinic currently has two Planner vacancies, and the management team has already assessed a list of highly qualified candidates and will be conducting interviews over the next few weeks.

Administrative Services Officer III:

Administrative Services Officer, Deborah Burrow will be retiring effective March 28th, after over 34 years of service with the County of Sacramento. Congrats, Debbie and thank you for your service to the Sacramento County Health Center, the patients we serve, and the Sacramento County community!

Health Program Manager (HPM):

Emily Moran—Vogt has accepted to the position of Health Program Manager over the County Medically Indigent Services and Health Partners programs. Congrats on the promotion, Emily!

Division Manager:

Rachel Kay was offered and accepted the position of Division/Clinic Manager over the Sacramento County Health Center and extending operations. Rachel is an external hire and starts on Monday, March 30th.

Rachel moved from Utah to California late last year. Rachel work for the Huntsman Mental Health Institute for the University of Utah Health from 2018 to late 2025 before moving to California. She served as Manager of Operations and Strategy before promoting to Director of Operations and Strategy, overseeing Mental Health Community Crisis Intervention and Support Services, where she lea a multidisciplinary team of over 200 staff, 8 managers, and 7 programs all with an annual budget of \$24 million. She oversaw the implementation of 24/7 mental health and suicide prevention services statewide.

Welcome, Rachel to the Sacramento County Health Center family!

CMISP and HP Programs

County Medical Services Program (CMISP)- a program of last resort for low-income, uninsured adults who are not eligible for Medi-Cal for reasons other than immigration status. The program focuses on medically necessary and specialty care, such as diagnostic services, hospital care, and specialty consultations, often through a county network and contracted providers.

Healthy Partners (HP) – Provides ongoing primary and preventive health care services to the low-income, to those with Unsatisfactory Immigration Status (UIS). Theses services include primary and behavioral health, lab, radiology and low-cost medications.

HRSA Project Director Updates

March 20, 2026, CAB Meeting

Sacramento County Health Center p CMISP and HP Efforts:

- Monthly Safety Net Alliance Consortium meetings with community stakeholders
- Quarterly FHQC Meetings
- Coordination of monthly meetings with hospital leadership
- Review of CMISP and HP policies and procedures
- Fiscal, staffing, and programmatic analysis in concert with Department of Human Assistance
- Re-established relationship with La Familia Counseling Center

Health Resources and Services Administration

SCHC leadership recently met with newly assigned HRSA Project Officer (PO), Kirk Barnes. The discussion tailored on transition from the former PO, items that the SCHC is currently focused on, and best methods of communication moving forward. Kirk was extremely engaging and supportive throughout the meeting, and provided sound feedback and insight on how the SCHC can continue its success.

School-Based Health Center Sites

With HRSA RFI issues now resolved, SCOE has formerly requested a pivot to the school sites that did not receive approval from HRSA due to the RFI. The goal is to garner approval for unapproved sites from HRSA to formerly expand those services under the School Based Mental Health Program to be access by children and families at those identified sites. SCHC clinical and administrative management is working with SCOE on a strategy moving forward, recognizing that Board of Supervisor approval and contract restructuring would be needed.

Michelle Besse and the SCHC continue to work with SCOE and their clinicians on opportunities at increase productivity, preparing unapproved sites for needs assessment, chart review, and telehealth.

SCHC Medical Director Updates

March 2026 CAB Meeting

Key Points:

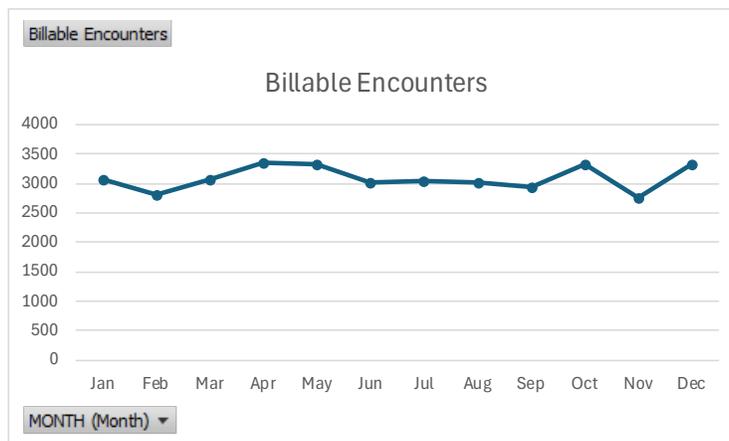
The SCHC Medical Director's Office is implementing a phased strategy to strengthen operations, modernize workflows, and ensure sustainable growth. These efforts aim to improve patient access, ensure regulatory readiness, and enhance clinical performance. Current priorities include improving scheduling and access, standardizing documentation, workflows, and preparing for upcoming Medi-Cal changes.

Foundational Improvements:

Focus: Stabilizing and aligning core clinical operations

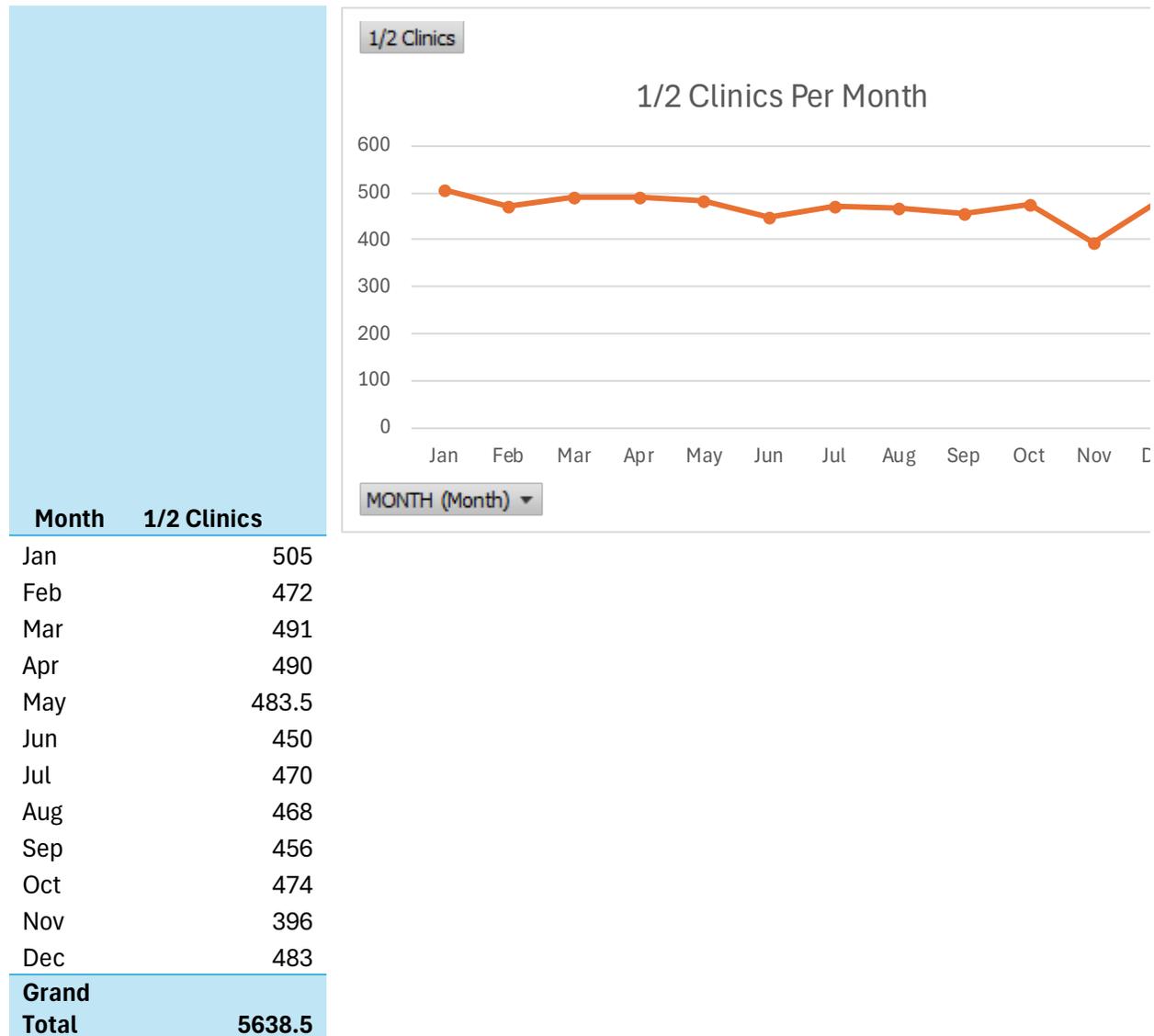
- **Scheduling & Access Optimization:**

Month	Billable Encounters
Jan	3077
Feb	2805
Mar	3072
Apr	3362
May	3332
Jun	3017
Jul	3035
Aug	3010
Sep	2933
Oct	3330
Nov	2753
Dec	3329
Grand Total	37055



SCHC Medical Director Updates

March 2026 CAB Meeting



Encounter Trends in 2025. Overall Billable Encounters:

- There was a noticeable increase in billable encounters during **April and May 2025**.
- This rise reflects the **higher number of refugee patients** seen during that period.
- Beginning in **June 2025**, the total amount of encounters declined as the number of refugee patients decreased.
- **The rest of the clinic largely compensated for this decline**, except for **November**, when total encounters dropped.
- November decrease:
 - **Decreased in the total number of clinics** compared to the rest of the year- less access (still under analysis), as shown below.

SCHC Medical Director Updates

March 2026 CAB Meeting

- **Reduction in clinical pharmacy appointments**, related to **staff reinstatements** that month, and further **decreases in refugee encounters**.
- Pediatric Encounters
 - Pediatric encounters **increased during the last trimester of 2025**, indicating improved access for pediatric care toward the end of the year.
- **Training & Workforce Development:**
 - It has helped with access by understanding contract agreements, State and Federal regulations.
- **Performance and Space Utilization Analysis:**
 - The analysis indicates **areas of underperformance** that continue to be monitored and addressed.
 - **Improvements in space utilization** are still in progress, with ongoing efforts aimed at optimizing room availability, workflow efficiency, and overall clinical capacity.

Operational Strengthening (2026)

Focus: Communication, compliance, and workflow modernization

Expansion & Provider Growth

Focus: Clinical expansion and recruitment

- New MD volunteers and an NP permanent position will be interviewed in April.

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Primary Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	Clinic Services
	Policy Number	11-01
	Effective Date	02-01-12
	Revision Date	03-20-2026
Title: Sliding Fee Discount Program		Functional Area: Fiscal Services
Approved By: Noel Vargas, 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 $\leq 200\%$ 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)	<ul style="list-style-type: none"> ● 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.	<ul style="list-style-type: none"> ● Award letter ● Paycheck stub ● Check
If no income	<ul style="list-style-type: none"> ● 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:	<ul style="list-style-type: none"> ● 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:	<ul style="list-style-type: none"> ● 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,

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

Contact:

HPM for Quality and Compliance (for Policy questions)

Clerical Supervisor for Member Services (for Procedure questions)

Approval by the Co-Applicant Board:

March 20th, 2026



Sacramento County Health Center

Attachment A: Sliding Fee Discount Program Tables 2026



**2026 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	≤ \$15,960	\$15,961–\$21,227	\$21,228–\$26,653	\$26,654–\$31,920	≥ \$31,921
2	≤ \$21,640	\$21,641–\$28,781	\$28,782–\$36,139	\$36,140–\$43,280	≥ \$43,281
3	≤ \$27,320	\$27,321–\$36,336	\$36,337–\$45,624	\$45,625–\$54,640	≥ \$54,641
4	≤ \$33,000	\$33,001–\$43,890	\$43,891–\$55,110	\$55,111–\$66,000	≥ \$66,001
5	≤ \$38,680	\$38,681–\$51,444	\$51,445–\$64,596	\$64,597–\$77,360	≥ \$77,361
6	≤ \$44,360	\$44,361–\$58,999	\$59,000–\$74,081	\$74,082–\$88,720	≥ \$88,721
7	≤ \$50,040	\$50,041–\$66,533	\$66,534–\$83,567	\$83,568–\$100,080	≥ \$100,081
8	≤ \$55,720	\$55,721–\$74,108	\$74,109–\$93,052	\$93,053–\$111,440	≥ \$111,441
9	≤ \$61,400	\$61,401–\$81,662	\$81,663–\$102,538	\$102,539–\$122,800	≥ \$122,801
10	≤ \$67,080	\$67,081–\$89,216	\$89,217–\$112,024	\$112,025–\$134,160	≥ \$134,161
11	≤ \$72,760	\$72,761–\$96,771	\$96,772–\$121,509	\$121,510–\$145,520	≥ \$145,521
12	≤ \$78,440	\$78,441–\$104,305	\$104,306–\$130,995	\$130,996–\$156,880	≥ \$156,881
13	≤ \$84,120	\$84,121–\$111,880	\$111,881–\$140,480	\$140,481–\$168,240	≥ \$168,241
14	≤ \$89,800	\$89,801–\$119,434	\$119,435–\$149,966	\$149,967–\$179,600	≥ \$179,601
Nominal Fee/ Discount*	\$20*	35%	20%	10%	NO DISCOUNT

*Per test/service

¹Percentage of Federal Poverty Level



**2026 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% ¹	>100% and ≤138% ¹	>138% and ≤150% ¹	>150% and ≤175% ¹	>175% and ≤200% ¹	>200% ¹
1	≤ \$15,960	\$15,961–\$22,025	\$22,026–\$23,940	\$23,941–\$27,930	\$27,931–\$31,920	≥ \$31,921
2	≤ \$21,640	\$21,641–\$29,863	\$29,864–\$32,460	\$32,461–\$37,870	\$37,871–\$43,280	≥ \$43,281
3	≤ \$27,320	\$27,321–\$37,702	\$37,703–\$40,980	\$40,981–\$47,810	\$47,811–\$54,640	≥ \$54,641
4	≤ \$33,000	\$33,001–\$45,540	\$45,541–\$49,500	\$49,501–\$57,750	\$57,751–\$66,000	≥ \$66,001
5	≤ \$38,680	\$38,681–\$53,378	\$53,379–\$58,020	\$58,021–\$67,690	\$67,691–\$77,360	≥ \$77,361
6	≤ \$44,360	\$44,361–\$61,217	\$61,218–\$66,540	\$66,541–\$77,630	\$77,631–\$88,720	≥ \$88,721
7	≤ \$50,040	\$50,041–\$69,055	\$69,056–\$75,060	\$75,061–\$87,570	\$87,571–\$100,080	≥ \$100,081
8	≤ \$55,720	\$55,721–\$76,894	\$76,895–\$83,580	\$83,581–\$97,510	\$97,511–\$111,440	≥ \$111,441
9	≤ \$61,400	\$61,401–\$84,732	\$84,733–\$92,100	\$92,101–\$107,450	\$107,451–\$122,800	≥ \$122,801
10	≤ \$67,080	\$67,081–\$92,570	\$92,571–\$100,620	\$100,621–\$117,390	\$117,391–\$134,160	≥ \$134,161
11	≤ \$72,760	\$72,761–\$100,409	\$100,410–\$109,140	\$109,141–\$127,330	\$127,331–\$145,520	≥ \$145,521
12	≤ \$78,440	\$78,441–\$108,247	\$108,248–\$117,660	\$117,661–\$137,270	\$137,271–\$156,880	≥ \$156,881
13	≤ \$84,120	\$84,121–\$116,086	\$116,087–\$126,180	\$126,181–\$147,210	\$147,211–\$168,240	≥ \$168,241
14	≤ \$89,800	\$89,801–\$123,924	\$123,925–\$134,700	\$134,701–\$157,150	\$157,151–\$179,600	≥ \$179,601
Discount*	100%	75%	65%	55%	25%	NO DISCOUNT

*Per test/service

¹Percentage of Federal Poverty Level



Sacramento County Health Center

2026 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	≤ \$15,960	\$15,961–\$22,025	\$22,026–\$23,940	\$23,941–\$27,930	\$27,931–\$31,920	≥ \$31,921
2	≤ \$21,640	\$21,641–\$29,863	\$29,864–\$32,460	\$32,461–\$37,870	\$37,871–\$43,280	≥ \$43,281
3	≤ \$27,320	\$27,321–\$37,702	\$37,703–\$40,980	\$40,981–\$47,810	\$47,811–\$54,640	≥ \$54,641
4	≤ \$33,000	\$33,001–\$45,540	\$45,541–\$49,500	\$49,501–\$57,750	\$57,751–\$66,000	≥ \$66,001
5	≤ \$38,680	\$38,681–\$53,378	\$53,379–\$58,020	\$58,021–\$67,690	\$67,691–\$77,360	≥ \$77,361
6	≤ \$44,360	\$44,361–\$61,217	\$61,218–\$66,540	\$66,541–\$77,630	\$77,631–\$88,720	≥ \$88,721
7	≤ \$50,040	\$50,041–\$69,055	\$69,056–\$75,060	\$75,061–\$87,570	\$87,571–\$100,080	≥ \$100,081
8	≤ \$55,720	\$55,721–\$76,894	\$76,895–\$83,580	\$83,581–\$97,510	\$97,511–\$111,440	≥ \$111,441
9	≤ \$61,400	\$61,401–\$84,732	\$84,733–\$92,100	\$92,101–\$107,450	\$107,451–\$122,800	≥ \$122,801
10	≤ \$67,080	\$67,081–\$92,570	\$92,571–\$100,620	\$100,621–\$117,390	\$117,391–\$134,160	≥ \$134,161
11	≤ \$72,760	\$72,761–\$100,409	\$100,410–\$109,140	\$109,141–\$127,330	\$127,331–\$145,520	≥ \$145,521
12	≤ \$78,440	\$78,441–\$108,247	\$108,248–\$117,660	\$117,661–\$137,270	\$137,271–\$156,880	≥ \$156,881
13	≤ \$84,120	\$84,121–\$116,086	\$116,087–\$126,180	\$126,181–\$147,210	\$147,211–\$168,240	≥ \$168,241
14	≤ \$89,800	\$89,801–\$123,924	\$123,925–\$134,700	\$134,701–\$157,150	\$157,151–\$179,600	≥ \$179,601
Fee*	\$20	\$25	\$35	\$45	\$55	NO DISCOUNT

*Per visit charge

¹Percentage 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 - 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 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.*



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	\$



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



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
<p>*Identification/Address (Submit one of the following):</p> <p><input checked="" type="checkbox"/> Driver's license, or <input type="checkbox"/> Birth certificate, or <input type="checkbox"/> Social Security Card, or <input type="checkbox"/> Other: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>*Income (Submit one of the following):</p> <p><input type="checkbox"/> Prior year tax return (required if self-employed), or <input type="checkbox"/> Single most recent pay stub, or <input type="checkbox"/> W-2 or 1099 <input type="checkbox"/> Attestation of No Income <input type="checkbox"/> Other: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>*Residence in Sacramento County (Submit one of the following):</p> <p><input type="checkbox"/> Bill with name and residential address <input type="checkbox"/> Signed rental agreement or tax bill for owned home <input type="checkbox"/> Attestation of Sacramento County Residence</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Health Insurance Information (if applicable):</p> <p><input type="checkbox"/> Insurance card(s) Type: <input type="checkbox"/> Commercial <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Share of Cost? Amount: _____ <input type="checkbox"/> Evidence of eligibility for public benefits (e.g., letter) <input type="checkbox"/> Evidence of rejection for coverage</p>	<input type="checkbox"/>	<input type="checkbox"/>

**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



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, prizes 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



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
 Rev. March 2026

_____/_____/_____
TODAY'S DATE



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_____



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.

Strategic Plan Update to the Co-Applicant Board (CAB)

– March 20th, 2026

Close-Out Summary of the 2024–2026 Sacrament County Health Center (SCHC) Strategic Plan & Proposal for 2026–2028 Planning

1. Introduction & Purpose

The 2024–2026 SCHC Strategic Plan is reaching the successful conclusion of its three-year cycle, in alignment with HRSA guidance and CAB practice. This update highlights the meaningful progress achieved since the last report, celebrates the dedication of our teams in advancing key priorities, and reflects on the learning that has strengthened our foundation. It also showcases accomplishments across all priority areas and sets the stage for an ambitious and forward-looking next planning cycle.

2. High-Level Close-Out of the 2024–2026 Strategic Plan

2.1 Context & Strengths During Transition

Over the past 18 months, SCHC has navigated leadership transitions across clinical, operational, and administrative areas, bringing renewed momentum and fresh perspectives to the organization. Throughout this period of change, our teams demonstrated dedication, flexibility, and collaboration—continuing to advance major initiatives and maintain high-quality care. Even as staff balanced reduced capacity, and competing priorities, they consistently rose to the occasion with creativity and commitment. Their efforts ensured steady progress and positioned SCHC with a stronger, more unified foundation for the next phase of strategic growth.

2.2 What Was Accomplished

SCHC made progress across all four priority areas of the Strategic Plan. High-level achievements included expanding community-based access through mobile and partner-site services; strengthening clinical operations with streamlined workflows, improved space utilization, pediatric workflow redesign, and expanded Well Child Check transformation efforts; advancing quality-improvement systems and performance; and enhancing population health efforts through improvements to complex care management workflows and strengthened referral coordination with CoHeWo and DHA.

Collectively, these accomplishments highlight SCHC’s ongoing commitment to patient-centered care, operational excellence, and the health of the communities we serve. An update for each priority area follows.

3. Updated Progress by Strategic Priority

Strategic Priority 1: Increase Access to Care
Goal 1 – Increase Access to Health Care Services
Strategy 1: Bring services to patients where they already spend time.
SCHC continues expanding access by delivering services in community settings, including regular engagement at SCOE, Loaves and Fishes, and ongoing deployment of the Mobile Van through the Wellness Without Walls program. These partnerships support improved access for individuals experiencing homelessness, youth mental health, and other hard-to-reach populations.
Strategy 2: Maximize use of clinical space (telehealth, co-location, new space).
Clinic rooms are being identified for refurbishment to expand exam capacity and support higher visit volumes. Telehealth utilization remains an opportunity, particularly for integrating virtual care into scheduling templates.
Strategy 3: Develop a coordinated care team approach.
SCHC is continuing to strengthen its team-based care model by clarifying roles, standardizing workflows, and supporting staff to work at the top of their scope—key steps in reducing provider burden and improving patient flow. The priority has been to stabilize our internal clinical operations to ensure strong staffing, efficient workflows, and consistent processes. By building this foundation first, the clinic is in a good position to expand future initiatives and deliver higher-quality, more accessible care for our patients.
Strategy 4: Train providers and staff from a patient-centered perspective.
A comprehensive Training Needs Assessment is underway to inform development of a structured training plan that supports consistent, patient-centered practice across departments.

Strategic Priority 1: Increase Access to Care
Goal 2 – Increase Access to Enabling and Navigation Service.
Strategy 1: Develop coordinated wrap-around enabling services.
SCHC continues integrating enabling services through active collaboration with CoHeWo and DHA to enhance benefits coordination, case management, and patient navigation — especially for patients with complex needs.
Strategy 2: Develop streamlined referral pathways and tracking systems.
Work is ongoing to map and refine referral workflows with community partners and explore electronic tools that enable two-way communication. The goal is to improve visibility into services patients receive and strengthen cross-system coordination.

Strategic Priority 2: Promote Economic Sustainability
Goal 1 – Increase Efficiency Through Process Improvements, Staff Training, and Technology
Strategy 1: Implement technologies that increase efficiency.
Artera continues to be used for patient communication, and SCHC is exploring implementation of self-service check-in kiosks to improve front-desk efficiency and reduce administrative burden.
Strategy 2: Develop and implement improved provider and staff training.
A comprehensive New Employee Training Plan is being developed to standardize onboarding, align competencies with SCHC policies and compliance requirements, and ensure staff receive consistent instruction on operational workflows and clinical standards. The plan integrates policy-driven training and enhanced accountability measures.

Strategy 3: Adopt promising practices and engage in continuous quality improvement.

Continuous QI efforts remain active across the Health Center with ongoing reviews of workflows, dashboard monitoring, and iterative process improvements.

Strategic Priority 2: Promote Economic Sustainability

Goal 2 – Improve Staff Retention to Reduce Cost.

Strategy 1: Develop policies that increase employee morale and retention.

SCHC continues to review and update policies that support staff with professional development opportunities, intended to improve retention and long-term workforce stability.

Strategic Priority 2: Promote Economic Sustainability

Goal 3 – Identify and Track Funding Opportunities

Strategy 1: Research and secure additional funding.

SCHC has strengthened its financial position by stabilizing expenditures, improving billing accuracy, and reducing reliance on the General Fund — positioning the organization for new strategic investments in coming years.

2.3 Building Momentum Through Change

Although some objectives extended beyond the original timeline, SCHC teams demonstrated resilience, creativity, and collaboration throughout a period of organizational transition. Leadership changes brought fresh perspectives and new energy, even as key vacancies required teams to step up and stretch their capacity. Staff continued making progress whilst managing ongoing operational demands. Onboarding of a new management team created opportunities to reassess priorities, strengthen processes, and build a more aligned foundation for moving forward. Together, these experiences reflect the team’s commitment to delivering high-quality care and advancing strategic goals, even in a dynamic and fast-changing environment.

3. Proposal for Launching 2026–2028 Strategic Planning

With the close-out of the 2024–2026 Strategic Plan providing a solid foundation of progress and learning, we are now ready to turn toward the future by launching the next planning cycle. To initiate the next planning cycle, it is recommended that a Strategic Planning Subgroup be convened consisting of:

- One / two nominated CAB member(s)
- Deputy Director – Primary Health
- Chief Medical Officer
- Divisional Manager
- Health Program Manager - Compliance
- Health Program Manager - Clinical Operations
- Health Program Manager – Specialty
- Health Program Manager - CMISP
- Others to be determined

3.1 Subgroup Responsibilities

The subgroup will be responsible for:

- Designing and managing the planning process.
- Conducting internal and external assessments.
- Drafting goals, objectives, and strategies.
- Facilitating consultation with staff, providers, CAB, and community partners.
- Ensuring alignment with HRSA strategic planning requirements.

4. Recommended Methodology

Building on previous years' strategic planning process, it is recommended that the 2026–2028 plan adopt the following methodology and phases.

Phase 1 – Self-Assessment & Environmental Scan

- Review Mission, Vision, Values.
- Review performance on major programs and service lines.
- Examine policy, regulatory, payer, and workforce trends.
- Analyze organizational structure, roles, and expectations.

Phase 2 – SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats)

- Guided sessions with leadership, staff, CAB, and community partners.
- Leverage the new Organizational Chart to clarify and clearly define:
 - Service lines
 - Programs
 - Leadership roles
 - Operational responsibilities.

Phase 3 – Needs Assessment

- Identify highest-priority needs based on SCHC data.
- Assess gaps in care, patient experience, quality measures.
- Review QI portfolio and performance dashboards.

Phase 4 – Goal Setting

- Define strategic priorities for 2026–2028.
- Establish measurable, realistic objectives.
- Specify responsible leaders and support structures.

Phase 5 – Action Plan Development

- Convert goals into actionable steps.
- Define timelines, accountability, and metrics.
- Map interdependencies, EMR needs, staffing, training, and policy updates.

Phase 6 – Drafting & Consultation

- Initial draft reviewed by Executive Team.
- Consultation with CAB committees, staff, and community partners.
- Incorporate feedback.

6. Proposed Timeline for 2026–2028 Strategic Plan Development

Timeframe (2026)	Activity	CAB Involvement
April	Form subgroup; finalize process map	CAB receives plan overview
April – May	Self-Assessment & Environmental Scan	CAB briefed on key findings
May	SWOT + Needs Assessment	CAB participates in SWOT discussion
May – June	Draft goals, objectives & frameworks	CAB reviews early draft components
June	Full draft plan prepared for review	CAB provides structured feedback
Late June	Final revisions; action plans & metrics	CAB preview of near-final draft
End of June	Governance & compliance check; finalize plan	CAB review
July 2026	Approval of 2026–2028 Strategic Plan	Formal vote

7. CAB Decision Points

CAB is asked to review and take action on the following items:

1. Endorse the formation of the Strategic Planning Subgroup.
2. Approve the proposed methodology and timeline.
3. Participate in the SWOT session (May).
4. Provide structured feedback at each draft stage.
5. Plan for formal approval of the final Strategic Plan in July 2026.

8. Conclusion

The close-out of the 2024–2026 Strategic Plan highlights significant progress, achieved even amid major organizational transitions. By establishing a clear planning structure now and engaging CAB early, SCHC is well-positioned to develop a 2026–2028 Strategic Plan that is comprehensive, aligned with HRSA guidance, and co-created with meaningful stakeholder input. This proactive approach sets the stage for a stronger, more stable planning cycle that will successfully guide the future strategic direction of the Health Center.

**Sacramento County Health Center
Co-Applicant Board (CAB)**

Friday, February 20, 2026, 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.

- Meeting attendance followed Brown Act requirements.
- A quorum was established.

CALL TO ORDER (9:44 AM)

Opening Remarks and Introductions – Laurine Bohamera

a. Roll Call and Welcome

PRESENT

	Noel Vargas – DHS Deputy Director
Laurine Bohamera – Vice Chair	Corina Gonzalez - Chief Medical Officer
Jan Winbigler - Member	Christina Delgado – Health Program Mgr
Ricki Townsend – Member (Teams)	Michelle Besse – Health Program Mgr
Eunice Bridges – Member	Jane Murphy – Health Program Mgr
Vince Gallo - Member	Adam Prekeges – Admin Srvs Officer II
	Rachel Callan – Sr. Admin Analyst
	Heather Vierra – Site Director
	Aliah Martin – Senior Office Assistant

Announcements:

- none

INFORMATION ITEMS

Budget Updates presented by Adam Prekeges

FY 26-27 Budget Comparison – Object Level Handout

- **High-Level comparison between last year and this year, first column is the end of the year estimate. Last column is notes with explanations.**
- **Object 10 Salaries/Benefits: sharp decline is pension obligation form, huge increases are 401K match and salary savings, not realistic to budget 2M.**
- **Object 20 Services/Supplies: asked for 1M to close OCHIN contract which ends 6/30/26, and 500K for ongoing costs**
- **Object 30 Contracts: Please see handout**
- **Object 40 Fixed Assets: not budgeted upfront**
 - ✓ **Assets are moved if something comes up, don't foresee any costs of 10K**
- **Object 60 Internal Charges/Allocated Costs: No significant changes**
- **Objects 59 Realignment: In FY 26/27 recommended budget, dropped 10% compared to 25/26 FY**
- **Object 69 Inter/Intra Fund Reimbursements: SCOE has two income streams, the state provided one is ending 8/31/26.**
- **Objects 95/96/97 Outside Revenue:**
 - ✓ **Trending in the right direction, watching expenditures closely**

Laurine Bohamera asked if this is the proposed budget and has it already went to the Board of Supervisors, how does the process work?

Rachel Callan answered that the budget was submitted to Admin to get approval before it goes to the Board of Supervisors

CAB members and staff expressed that they like the comparison structure for the budget presentation.

Dr. Vierra asked if the budget includes CMISP or HP

Rachel Callan answered no because they will be paid out of those programs, we will reimburse ourselves out of that

Laurine Bohamera expressed that she would like to see the grants spreadsheet quarterly

Adam Prekeges agreed.

HRSA Project Director Updates presented by Noel Vargas

- **Updates to California Medically Indigent Services Program (CMISP) & Healthy Partners (HP)**
 - ✓ **We have received 4 HP applications, helping SCHC to learn workflows, policies, and procedures.**
 - ✓ **We have received several inquiries on both programs.**
 - ✓ **There is a handbook for HP with guidelines.**
 - ✓ **Monthly meetings w/other FQHCs, we have received two letters of interest (LOI) which is an informal gauge of interest in a contractual relationship**
 - ✓ **Monthly meetings w/hospitals for workflows, policies, and procedures.**

- ✓ **We will be hiring a Health Program Manager and Administrative Services Officer III to manage the CMISP and HP programs and contracts**

- **Working with HRSA has been a continuous back and forth. They have a new project director, Kirk Barnes. His biography will be shared.**
- **There will be no expansion of the school-based mental health program during this fiscal year. We did provide the program leads with strategies on how to be more productive and offer continued support.**

Medical Director Report presented by Dr. Corina Gonzalez

Please see handout for completed updates

- **Organizational Chart – in progress and is expected to be presented soon.**
- **Monthly meetings that may interrupt patient care have been reduced from 10 to 2.**
- **Policies and procedures in coordination with the Unions are being reviewed, updated, and enforced.**
- **Operational excellence consistency is being worked on across the board.**

Vince Gallo asked what the ratio of patients per ½ day was before?

Dr. Gonzalez answered that it varied by clinician and continued expressing that the changes are streamlining consistency and increased access to patient care.

UDS Executive Summary presented by Jane Murphy

Please see handout for detailed information

2026 Quality Improvement (QI) Plan Final Review & Approval presented by Jane Murphy

Please see the handout for detailed information

- **Approved by the Quality Improvement Committee in January**
- **Some measures have been removed and will most likely come back next year**
- **Subgroups manage the proposals to make sure they are aligned with the QI Plan, the subgroups report back to the QIC**
- **The approval process will be more robust, and the monitoring will be more streamlined**

CAB Goals presented by Laurine Bohamera

- **CAB manuals are also for County staff as a resource as well as a guide for CAB members to know and completed their roles and responsibilities**
- **The Executive CAB team meets monthly with a County liaison to build the agendas and ensure CAB roles and responsibilities are being fulfilled**

- **CAB needs to focus on recruitment, simpler app was created to reduce intimidation of potential members**
- **Dr. Gonzalez offered to send out the new app to all clinicians to help with recruitment**

Christina Delgado asked if there is a budget for translation services to include more applicants

Jan Winbigler answered that has been a conversation and a decision was made to keep the parameters to English, but expressed that CAB was willing to revisit the conversation.

ACTION ITEMS

BUSINESS ITEM I.

*Jan Winbigler Moved to Approve the proposed HRSA Program & County Budget.

*Eunice Bridges Seconded the Motion to Approve the proposed HRSA Program & County Budget.

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

No Votes: None

Result: Carried

BUSINESS ITEM II.

*Eunice Bridges Moved to Approve the drafted 2026 Quality Improvement Plan.

*Vince Gallo Seconded the Motion to Approve the drafted 2026 Quality Improvement Plan.

Yes Votes: Eunice Bridges, Jan Winbigler, Ricki Townsend, Laurine Bohamera, and Vince Gallo.

No Votes: None

Result: Carried

BUSINESS ITEM III.

*Laurine Bohamera Moved to Approve the drafted January 16, 2026, CAB Meeting Minutes.

*Jan Winbigler Seconded the Motion to Approve the drafted January 16, 2026, CAB Meeting Minutes.

Yes Votes: Eunice Bridges, Jan Winbigler, Ricki Townsend, Laurine Bohamera, and Vince Gallo.

No Votes: None

Result: 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 not on the agenda except as authorized by Government Code section 54954.2.

- No public comments were made.

CLOSED SESSION

None

MEETING ADJOURNED

Laurine Bohamera adjourned the meeting at 11:28 am.