

Sacramento County Primary Health Services
Healthcare for the Homeless Co-Applicant Board (HCHCAB)

Meeting Agenda

March 20, 2015 / 9:30 AM – 10:30 AM

Loaves and Fishes


Delany Center (1st Floor Board Room)

401 North 12th Street

Sacramento, Ca 95811

Topic	Time	Action or Discussion
Welcome, Introductions – <i>Paula Lomazzi</i> , Chair	9:30 – 9:35	Discussion
New Items		
Homeless Death Report – <i>Bob Erlenbusch</i> , Executive Director, Sacramento Regional Coalition to End Homelessness	9:35 – 10:00	Discussion
Standing Items		
Documents Review and Approval – <i>Marcia Jo</i> <ul style="list-style-type: none">▪ Policy and Procedure 11-01 HCH Sliding Fee▪ HCH Program Budget	10:00 – 10:20	Discussion Action
Public Comment – <i>Paula Lomazzi</i>	10:20 – 10:25	
Closing Remarks and Adjourn – <i>Paula Lomazzi</i>	10:25 – 10:30	

Next Meeting: April 17, 2015 / 9:30 AM – 10:30 AM

 <p style="text-align: center;">County of Sacramento Department of Health and Human 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	02-19-15
Title: Healthcare for the Homeless Sliding Fee		Functional Area: Homeless Field Services
Approved By: Marcia Jo, MPA/JD, Health Program Manager		

Policy

Sections 330 (k) (3) (G) of the of Public Health Service Act requires that no homeless adult patient will be denied health care services due to his/her inability to pay for such services and that any fees or payments required by the health center for such services will be reduced or waived to enable the center to fulfill this requirement.

Primary Health Clinic Services offers a sliding fee discount to homeless persons served under the Healthcare for the Homeless (HCH) grant. A sliding fee discount is used to charge homeless clients based on their ability to pay.

This policy only applies to those not eligible for health coverage.

Procedures

A. General Provisions

1. Signs are posted in service lobbies of homeless clinics informing patients of the discounted fee policy.
2. The sliding fee discount is based on the most recent Federal Poverty Level (FPL) guidelines published by the U.S. Department of Health and Human Services and is updated annually.
3. The sliding fee discount will apply to office visits for primary health care, dental visits, lab tests, and pharmacy. Specialty care and hospital services are not covered by this policy.
4. Charges for services are set at Medi-Cal fee for services rates.
5. Homeless individuals and families below or at 100% FPL will received a full discount for office visits.
6. Homeless individuals and families with annual incomes <101% and 200% FPL will be charged a Sliding Scale discounted rate.
7. Homeless individuals and families with incomes over 200% FPL will be expected to pay the full cost of services provided.

B. Eligibility

1. Confirm that the individual meets the HRSA definition of homelessness: *an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing. Categories used are these:*
 - a. Homeless shelter
 - b. Transitional Housing
 - c. Doubling-Up/Sharing

- d. Street (encampment/car/makeshift)
 - e. Other (SRO, hotel/temporary housing).
2. Confirm that the person has no health coverage plan.
 3. Confirm that the person has an income at or below 200% FPL.
 4. Confirm that the person is a verified resident of (or expresses the intent to reside in) Sacramento County.
 5. Once qualified, the sliding fee discount will remain in effect for a period not to exceed twelve (12) months from the date of qualification. Once the effective date has expired, the patient will need to re-apply and re-qualify to receive the sliding fee discount.

C. Application Process

1. Clinic registration staff checks health coverage per standard procedures.
2. If patient does not have coverage, assist with application.
3. Eligible patients that wish to apply for the sliding fee discount are given the Sliding Fee Data Sheet.
 - a. Eligible patients that report income at or below 200% FPL will be charged per the sliding fee schedule on the first visit based on the patient's statements without the need for verification of residence or income.
 - b. Patient will be advised that future sliding fee discounts are available only when proofs of income and residence have been submitted.
 - c. Proof of income:
 - i. Current check stub dated within 30 days of visit.
 - ii. Most recent income tax return.
 - iii. Self-attestation of income.
 - iv. Other verification of income deemed appropriate by the Homeless Program Coordinator.
 - d. Proof of residence:
 - i. Verification of shelter or transitional housing.
 - ii. Utility bill.
 - iii. Self-attestation of residence or intent to reside.
4. Clinic registration staff indicates "Sliding Scale" on encounters where the patient has been deemed eligible for sliding fee scale and scan documents into medical record.

References:

[2015 Federal Poverty Level Guidelines](#)

Attachments:

[Sliding Fee Discount and Income Tables](#)

Contact:

Marcia Jo, MPA/JD, Health Program Manager

This Policy approved by the Healthcare for the Homeless Advisory Board:
03/14/12

Sliding Fee and Income Discount Tables

(Based on 2015 Poverty Guidelines)

You will Pay:

OFFICE VISIT CODES:	</= 100%	101% -150%	151% - </= 200%	>200% Poverty
	Full Discount	Flat Rate Charge	Flat Rate Charge	Full Rate Charge
NEW PATIENT Codes				
99201	\$0.00	\$10.00	\$20.00	\$22.90
99202	\$0.00	\$10.00	\$20.00	\$34.30
99203	\$0.00	\$10.00	\$20.00	\$57.20
99204	\$0.00	\$10.00	\$20.00	\$68.90
99205	\$0.00	\$10.00	\$20.00	\$82.70
ESTABLISHED PATIENT Codes				
99211	\$0.00	\$5.00	\$10.00	\$12.00
99212	\$0.00	\$5.00	\$10.00	\$18.10
99213	\$0.00	\$5.00	\$10.00	\$24.00
99214	\$0.00	\$5.00	\$10.00	\$37.50
99215	\$0.00	\$5.00	\$10.00	\$57.20

2015 POVERTY GUIDELINES

ALL STATES (EXCEPT ALASKA AND HAWAII) AND D.C.

ANNUAL GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY GUIDELINE										
	100%	120%	133%	135%	140%	145%	150%	175%	185%	200%	250%
1	11,770.00	14,124.00	15,654.10	15,889.50	16,478.00	17,066.50	17,655.00	20,597.50	21,774.50	23,540.00	29,425.00
2	15,930.00	19,116.00	21,186.90	21,505.50	22,302.00	23,098.50	23,895.00	27,877.50	29,470.50	31,860.00	39,825.00
3	20,090.00	24,108.00	26,719.70	27,121.50	28,126.00	29,130.50	30,135.00	35,157.50	37,166.50	40,180.00	50,225.00
4	24,250.00	29,100.00	32,252.50	32,737.50	33,950.00	35,162.50	36,375.00	42,437.50	44,862.50	48,500.00	60,625.00
5	28,410.00	34,092.00	37,785.30	38,353.50	39,774.00	41,194.50	42,615.00	49,717.50	52,558.50	56,820.00	71,025.00
6	32,570.00	39,084.00	43,318.10	43,969.50	45,598.00	47,226.50	48,855.00	56,997.50	60,254.50	65,140.00	81,425.00
7	36,730.00	44,076.00	48,850.90	49,585.50	51,422.00	53,258.50	55,095.00	64,277.50	67,950.50	73,460.00	91,825.00
8	40,890.00	49,068.00	54,383.70	55,201.50	57,246.00	59,290.50	61,335.00	71,557.50	75,646.50	81,780.00	102,225.00

For family units of more than 8 members, add \$4,160 for each additional member.

MONTHLY GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY GUIDELINE										
	100%	120%	133%	135%	140%	145%	150%	175%	185%	200%	250%
1	980.83	1,177.00	1,304.51	1,324.13	1,373.17	1,422.21	1,471.25	1,716.46	1,814.54	1,961.67	2,452.08
2	1,327.50	1,593.00	1,765.58	1,792.13	1,858.50	1,924.88	1,991.25	2,323.13	2,455.88	2,655.00	3,318.75
3	1,674.17	2,009.00	2,226.64	2,260.13	2,343.83	2,427.54	2,511.25	2,929.79	3,097.21	3,348.33	4,185.42
4	2,020.83	2,425.00	2,687.71	2,728.13	2,829.17	2,930.21	3,031.25	3,536.46	3,738.54	4,041.67	5,052.08
5	2,367.50	2,841.00	3,148.78	3,196.13	3,314.50	3,432.88	3,551.25	4,143.13	4,379.88	4,735.00	5,918.75
6	2,714.17	3,257.00	3,609.84	3,664.13	3,799.83	3,935.54	4,071.25	4,749.79	5,021.21	5,428.33	6,785.42
7	3,060.83	3,673.00	4,070.91	4,132.13	4,285.17	4,438.21	4,591.25	5,356.46	5,662.54	6,121.67	7,652.08
8	3,407.50	4,089.00	4,531.98	4,600.13	4,770.50	4,940.88	5,111.25	5,963.13	6,303.88	6,815.00	8,518.75

Produced by: CMCS/CAHPG/DEEO

2015 POVERTY GUIDELINES

ALASKA ONLY

ANNUAL GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY GUIDELINE										
	100%	120%	133%	135%	140%	145%	150%	175%	185%	200%	250%
1	14,720.00	17,664.00	19,577.60	19,872.00	20,608.00	21,344.00	22,080.00	25,760.00	27,232.00	29,440.00	36,800.00
2	19,920.00	23,904.00	26,493.60	26,892.00	27,888.00	28,884.00	29,880.00	34,860.00	36,852.00	39,840.00	49,800.00
3	25,120.00	30,144.00	33,409.60	33,912.00	35,168.00	36,424.00	37,680.00	43,960.00	46,472.00	50,240.00	62,800.00
4	30,320.00	36,384.00	40,325.60	40,932.00	42,448.00	43,964.00	45,480.00	53,060.00	56,092.00	60,640.00	75,800.00
5	35,520.00	42,624.00	47,241.60	47,952.00	49,728.00	51,504.00	53,280.00	62,160.00	65,712.00	71,040.00	88,800.00
6	40,720.00	48,864.00	54,157.60	54,972.00	57,008.00	59,044.00	61,080.00	71,260.00	75,332.00	81,440.00	101,800.00
7	45,920.00	55,104.00	61,073.60	61,992.00	64,288.00	66,584.00	68,880.00	80,360.00	84,952.00	91,840.00	114,800.00
8	51,120.00	61,344.00	67,989.60	69,012.00	71,568.00	74,124.00	76,680.00	89,460.00	94,572.00	102,240.00	127,800.00

For family units of more than 8 members, add \$5,200 for each additional member.

MONTHLY GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY GUIDELINE										
	100%	120%	133%	135%	140%	145%	150%	175%	185%	200%	250%
1	1,226.67	1,472.00	1,631.47	1,656.00	1,717.33	1,778.67	1,840.00	2,146.67	2,269.33	2,453.33	3,066.67
2	1,660.00	1,992.00	2,207.80	2,241.00	2,324.00	2,407.00	2,490.00	2,905.00	3,071.00	3,320.00	4,150.00
3	2,093.33	2,512.00	2,784.13	2,826.00	2,930.67	3,035.33	3,140.00	3,663.33	3,872.67	4,186.67	5,233.33
4	2,526.67	3,032.00	3,360.47	3,411.00	3,537.33	3,663.67	3,790.00	4,421.67	4,674.33	5,053.33	6,316.67
5	2,960.00	3,552.00	3,936.80	3,996.00	4,144.00	4,292.00	4,440.00	5,180.00	5,476.00	5,920.00	7,400.00
6	3,393.33	4,072.00	4,513.13	4,581.00	4,750.67	4,920.33	5,090.00	5,938.33	6,277.67	6,786.67	8,483.33
7	3,826.67	4,592.00	5,089.47	5,166.00	5,357.33	5,548.67	5,740.00	6,696.67	7,079.33	7,653.33	9,566.67
8	4,260.00	5,112.00	5,665.80	5,751.00	5,964.00	6,177.00	6,390.00	7,455.00	7,881.00	8,520.00	10,650.00

Produced by: CMCS/CAHPG/DEEO

2015 POVERTY GUIDELINES

HAWAII ONLY

ANNUAL GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY GUIDELINE										
	100%	120%	133%	135%	140%	145%	150%	175%	185%	200%	250%
1	13,550.00	16,260.00	18,021.50	18,292.50	18,970.00	19,647.50	20,325.00	23,712.50	25,067.50	27,100.00	33,875.00
2	18,330.00	21,996.00	24,378.90	24,745.50	25,662.00	26,578.50	27,495.00	32,077.50	33,910.50	36,660.00	45,825.00
3	23,110.00	27,732.00	30,736.30	31,198.50	32,354.00	33,509.50	34,665.00	40,442.50	42,753.50	46,220.00	57,775.00
4	27,890.00	33,468.00	37,093.70	37,651.50	39,046.00	40,440.50	41,835.00	48,807.50	51,596.50	55,780.00	69,725.00
5	32,670.00	39,204.00	43,451.10	44,104.50	45,738.00	47,371.50	49,005.00	57,172.50	60,439.50	65,340.00	81,675.00
6	37,450.00	44,940.00	49,808.50	50,557.50	52,430.00	54,302.50	56,175.00	65,537.50	69,282.50	74,900.00	93,625.00
7	42,230.00	50,676.00	56,165.90	57,010.50	59,122.00	61,233.50	63,345.00	73,902.50	78,125.50	84,460.00	105,575.00
8	47,010.00	56,412.00	62,523.30	63,463.50	65,814.00	68,164.50	70,515.00	82,267.50	86,968.50	94,020.00	117,525.00

For family units of more than 8 members, add \$4,780 for each additional member.

MONTHLY GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY GUIDELINE										
	100%	120%	133%	135%	140%	145%	150%	175%	185%	200%	250%
1	1,129.17	1,355.00	1,501.79	1,524.38	1,580.83	1,637.29	1,693.75	1,976.04	2,088.96	2,258.33	2,822.92
2	1,527.50	1,833.00	2,031.58	2,062.13	2,138.50	2,214.88	2,291.25	2,673.13	2,825.88	3,055.00	3,818.75
3	1,925.83	2,311.00	2,561.36	2,599.88	2,696.17	2,792.46	2,888.75	3,370.21	3,562.79	3,851.67	4,814.58
4	2,324.17	2,789.00	3,091.14	3,137.63	3,253.83	3,370.04	3,486.25	4,067.29	4,299.71	4,648.33	5,810.42
5	2,722.50	3,267.00	3,620.93	3,675.38	3,811.50	3,947.63	4,083.75	4,764.38	5,036.63	5,445.00	6,806.25
6	3,120.83	3,745.00	4,150.71	4,213.13	4,369.17	4,525.21	4,681.25	5,461.46	5,773.54	6,241.67	7,802.08
7	3,519.17	4,223.00	4,680.49	4,750.88	4,926.83	5,102.79	5,278.75	6,158.54	6,510.46	7,038.33	8,797.92
8	3,917.50	4,701.00	5,210.28	5,288.63	5,484.50	5,680.38	5,876.25	6,855.63	7,247.38	7,835.00	9,793.75

Produced by: CMCS/CAHPG/DEEO

2015 DUAL ELIGIBLE STANDARDS

	Qualified Medicare Beneficiary (QMB)		Specified Low-Income Medicare Beneficiary (SLMB)		Qualifying Individuals (QI)		Qualified Disabled Working Individuals (QDWI)	
	Single	Couple	Single	Couple	Single	Couple	Single	Couple
Income:								
All (<i>Except AK & HI</i>)	1,001	1,348	1,197	1,613	1,345	1,813	4,009	5,395
Alaska	1,247	1,680	1,492	2,012	1,676	2,261	4,992	6,725
Hawaii	1,150	1,548	1,375	1,853	1,545	2,083	4,602	6,195
Resources:	\$7,280	\$10,930	\$7,280	\$10,930	\$7,280	\$10,930	\$4,000	\$6,000

Budget Justification	FY 2015		
	Federal	Non-Federal	TOTAL
REVENUE			
PROGRAM INCOME (fees, premiums, 3rd party reimbursements, and payments generated from the projected delivery of services)		814,338	814,338
LOCAL & STATE FUNDS (including local, foundation, and state grants)		4,079,198	4,079,198
OTHER SUPPORT (including contributions and fundraising)		160,000	160,000
FEDERAL 330 GRANT	1,038,395		1,038,395
OTHER FEDERAL FUNDING (break out by source — e.g., HUD, CDC)			0
TOTAL REVENUE	1,038,395	5,053,536	6,091,931
EXPENSES			
PERSONNEL - Refer to Staffing Plan (Attachment 1)			
ADMINISTRATION	156,135	678,039	834,174
MEDICAL STAFF	321,930	752,397	1,074,327
DENTAL STAFF	0	0	0
BEHAVIORAL HEALTH STAFF	0	0	0
ENABLING STAFF	0	201,724	201,724
OTHER STAFF	0	0	0
TOTAL PERSONNEL	478,065	1,632,160	2,110,225
FRINGE BENEFITS			
Fringe Benefits @ 62.25% of Salaries (excluding Registry salary). Below is breakdown:			
Health Insurance @ 15.87%	75,868	258,545	334,413
Retirement @ 20.82%	99,533	339,187	438,720
Medicare @ 6.78%	32,413	110,456	142,869
Retiree Health @ .85%	4,064	13,848	17,912
401A Contribution @ .20%	956	3,258	4,214
Other Allocated Benefits @ 17.73% of salaries (includes Worker's Comp, SUI, Insurance Liability)	84,760	288,847	373,607
TOTAL FRINGE BENEFITS	297,594	1,014,141	1,311,735
TRAVEL			
Local Travel: Client bus passes (\$200/mo) and taxi vouchers (\$50/mo) to assist clients with reaching medical appointments.	0	3,000	3,000
Local Travel: Employee mileage (1800/2039: \$4,101 + 1935/2039: \$2,400); 2 vehicles lease/mntc (1935/2928: \$7,920) plus gas (1935/2938: \$1,106)	0	15,527	15,527
Local Travel: Registration for 3 staff at annual UDS Training (\$275 ea)	0	825	825

Budget Justification	FY 2015		
	Federal	Non-Federal	TOTAL
Non-Local Travel: Participation at national conference (1800/2031: \$2,150 + 1935/2031: \$500).	0	2,650	2,650
TOTAL TRAVEL	0	22,002	22,002
EQUIPMENT			
TOTAL EQUIPMENT	0	0	0
SUPPLIES			
Office Supplies Office supplies (1800/2076: \$20,413) + Freight cartage (1800/2045: \$16,665 + 1935/2045: \$600) + county purchasing costs (1800/2925: \$2,076 + 1935/2925: \$753)	0	40,507	40,507
Postage (mass mailings, postal and courier service): Postal services (1800/2081: \$993 + 1935/2081: \$487) + Mail/postage charges (1800/2922: \$11,225 + 1935/2922: \$1,380) + GS Mssngr (1800/2923: \$4,002)	0	18,087	18,087
Communication: Telephone services, Cell, Circuit charges, Landline charges, etc. (1935: \$4,867 + 1800/2197: \$367 + 1800/2227: \$43); OCIT Telephone (1800/2987: \$19,118)	0	24,395	24,395
Printing Costs: Printing Svc (1800/2085: \$1,694) + GS Prntg Svc (1800/2921: \$7,130) + Outreach & educational materials (1935: \$1,446)	0	10,271	10,271
Medical Equipment Maintenance: Med Eq Mntc Svs (1800/2251: \$4,317) + Med Eq Mntc Sup (1800/2252: \$7,771)	0	12,088	12,088
Office Equipment Maintenance: Off Eq Mntc Svc (1800/2261: \$235) + Off Eq Mntc Sup (1800/2262: \$52,213)+ Rnt/lse Eq (1800/2275: \$14,006)	0	66,454	66,454
Laundry: Uniform allowance (1800/1143: \$5,333 + 1935/1143: \$125) + laundering/dry clean svc (1800/2531: \$1,511 + 1935/2351-\$1,200)	0	8,169	8,169
Dental: Dental Sup (1800/2412: \$6,476)	0	6,476	6,476
Radiology: Rad Svc (1800/2471: \$34,538) + Rad Sup (1800/2472: \$2,159)	0	36,697	36,697
Intrepreter Services: Interpret Svc (1800/2832-\$58,067)	0	58,067	58,067
Pharmacy and Over the Counter Supplies (purchased through County Pharmacy includes vaccines) (1935/6420: \$20,607)	20,607	0	20,607
TOTAL SUPPLIES	20,607	281,211	301,818
CONTRACTUAL			
UCD CONTRACT - Attachment 2 provides salary detail	138,010	546,421	684,431
TEACH CONTRACT - Attachment 2 provides salary detail	34,697	80,958	115,655
TOTAL CONTRACTUAL	172,707	627,379	800,086

Budget Justification	FY 2015		
	Federal	Non-Federal	TOTAL
OTHER			
NHCHC dues @ \$1,000/yr	1,000	0	1,000
<u>Education & training:</u> CPR, first aid, continuing educations (1935: \$900) + Ed/Train (1800/2035: \$2,031) + Ed/Train Sup (1800/2036: \$432) + Tuition Reimb (1800/2037: \$2,590)	0	5,953	5,953
Refreshments at homeless board meetings (1935: \$100/mo)	0	1,200	1,200
<u>Data Processing Services:</u> Data Proc Svc (1800/2811: \$123,281); Data Proc Sup (1800/2812: \$21,586); Sys Dev Svs (1800/2911: 87,306 + 1935/2911: 23,325); WAN (1800/2916: \$17,472 + 1935/2916: \$6,339); OCIT Labor (1800/2910: \$18,453 + 1935/2910: \$6,695) ; OCIT Fee (1800/2912: \$22,353)	0	326,810	326,810
<u>Facility Use:</u> FEDERAL: Main office facility use (1800/2942: 15% of \$456,145); NON-FEDERAL Main office facility use (1800/2942: 85% of 456,145 + 1935/2942: \$20,718) + security (1800/2571: \$27,041 + 1935/2571: \$9,810) + refuse collection/disposal (1800/2193: \$518 + 1935/2193: \$88) + alarm (1800/2917: \$1,307 + 1935/2917: \$474)	68,422	447,679	516,101
TOTAL OTHER	69,422	781,642	851,064
TOTAL DIRECT CHARGES	1,038,395	4,358,535	5,396,930
INDIRECT CHARGES – N/A			
11.41% indirect rate Dept Overhead (1800/6011: \$324,982 + 1935/6011: \$59,300) + Division Overhead (1800/6012: \$146,617 + 1935/6012: \$25,272) + Collection Services + (1800/6504: \$75,552) + Personnel Services (1800/6541: \$46,433 + 1935/6541: \$16,845)	0	695,001	695,001
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES above)	1,038,395	5,053,536	6,091,931

PLEASE NOTE: Sacramento County utilizes the HRSA funding to provide services within our HCH Integrated Behavioral Health Medical Home. Not all enrollees in this medical home are homeless so we utilize a percentage methodology to budget and finally allocate expenses and revenues.

STAFFING PLAN - NOVEMBER 1, 2014 - OCTOBER 31, 2015 - REVISED 11/14/14

Name	HRSA Position Title	County Position Title	% of FTE Federal	% of FTE Non-Fed	Base Salary	Adjusted	Federal Amount Requested	Salary Non-Federal
S. Damiano	CEO	Deputy Director	0%	2%	139,198.00	no adjustment needed	0	2,784
J. Dizon	CFO	ASO III	0%	2%	100,948.81	no adjustment needed	0	2,019
M. Jo	COO	HPM	0%	100%	111,266.80	no adjustment needed	0	111,267
S. Mishra	CMO	Med Director	0%	50%	231,938.35	181,500.00	0	115,969
S. Johnson	Admin Support	Mental Health Program Coord	30%	70%	87,742.21	no adjustment needed	26,323	61,420
V. Deloney	Admin Support	Sr. Health Program Coord	0%	100%	107,297.00	no adjustment needed	0	107,297
D. Seese	Admin Support	Sr. Office Assistant	30%	70%	42,106.00	no adjustment needed	12,632	29,474
C. Portala	Admin Support	Sr. Office Assistant	30%	70%	44,210.63	no adjustment needed	13,263	30,947
J. Ziegler	Admin Support	Sr. Office Assistant	30%	70%	36,730.27	no adjustment needed	11,019	25,711
B. Collins	Admin Support	OA Lv2	30%	70%	37,504.01	no adjustment needed	11,251	26,253
E. Abalateo	Admin Support	OA Lv2	30%	70%	37,504.01	no adjustment needed	11,251	26,253
M. Nunez	Admin Support	OA Lv2	30%	70%	36,589.28	no adjustment needed	10,977	25,612
S. Mitchell	Admin Support	Office Assistant	50%	50%	38,419.00	no adjustment needed	19,210	19,210
D. Elizares	Fiscal and Billing Staff	Claims Assistance Specialist	30%	70%	42,454.27	no adjustment needed	12,736	29,718
T. Lor	Fiscal and Billing Staff	Claims Assistance Specialist	30%	70%	46,379.79	no adjustment needed	13,914	32,466
D. Dunwoody	Fiscal and Billing Staff	Claims Assistance Specialist	30%	70%	45,198.30	no adjustment needed	13,559	31,639
V. McKee	Family Physician	Physician 3	50%	50%	187,539.68	181,500.00	90,750	96,790
TBD	Family Physician	Physician 3	30%	70%	171,741.08	no adjustment needed	51,522	120,219
S. Rigg	Nurse Practitioner	Nurse Practitioner	30%	70%	110,662.33	no adjustment needed	33,199	77,464
TBD	Nurse	Registry - Public Health Nurse	0%	100%	100,000.00	no adjustment needed	0	100,000
L. Trotter	Nurse	RN Lv2	30%	70%	94,295.12	no adjustment needed	28,289	66,007
K. Lozano	Other Med Personnel (MA, NA)	MA Lv2	0%	100%	46,494.00	no adjustment needed	0	46,494
K. Corbray	Other Med Personnel (MA, NA)	MA Lv2	50%	50%	45,449.08	no adjustment needed	22,725	22,725
M. Holmes	Other Med Personnel (MA, NA)	MA Lv2	30%	70%	45,449.08	no adjustment needed	13,635	31,814
E. Martinez	Other Med Personnel (MA, NA)	MA Lv2	30%	70%	45,449.08	no adjustment needed	13,635	31,814
L. Petrashishin	Other Med Personnel (MA, NA)	MA Lv2	30%	70%	45,449.08	no adjustment needed	13,635	31,814
A. Espinoza	Other Med Personnel (MA, NA)	MA Lv2	30%	70%	45,449.08	no adjustment needed	13,635	31,814
G. Yakimstev	Other Med Personnel (MA, NA)	MA Lv2	30%	70%	45,449.08	no adjustment needed	13,635	31,814
M. Prieto	Other Med Personnel (MA, NA)	MA Lv2	30%	70%	45,449.08	no adjustment needed	13,635	31,814
TBD	Other Med Personnel (MA, NA)	MA Lv2	30%	70%	45,449.08	no adjustment needed	13,635	31,814
V. Huynh	Other Enabling Svs Staff	Public Health Nurse	0%	100%	101,384.00	no adjustment needed	0	101,384
M. Lucina	Other Enabling Svs Staff	Public Health Nurse	0%	100%	100,340.00	no adjustment needed	0	100,340
TOTALS							478,065	1,632,160

CONTRACT STAFFING PLAN - NOVEMBER 1, 2014 - OCTOBER 31, 2015 - REVISED 12/19/14

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Name	HRSA Position Title	County Position Title	% of FTE Federal	% of FTE Non-Fed	Base Salary	Adjusted	Federal Amount Requested	Non-Federal	Contract Benefits %	Contract Benefits Amount	Adjusted Benefits Amount	Federal	Non-Federal
J. Onate	Psychiatrist	UCD Contract Physician	30%	70%	249,850	181,500	54,450	174,895	26.73%	66,785	48,515	14,555	33,961
S. Suo	Psychiatrist	UCD Contract Physician	30%	70%	290,220	181,500	54,450	203,154	26.73%	77,576	48,515	14,555	33,961
SUBTOTAL							108,900	378,049		144,361	97,030	29,110	67,922
Various	Physician	TEACH Contract Physicians	30%	70%	115,655	no adjustment needed	34,697	80,958	0%	0	0	0	0
SUBTOTAL							34,697	80,958		0	0	0	0
TOTAL							143,597	459,007		144,361	97,030	29,110	67,922

FEDERAL AMOUNT REQUESTED = COLUMN H + COLUMN M

UCD CONTRACT	138,010.00
TEACH CONTRACT	34,697.00
TOTAL CONTRACTS	<u>172,707.00</u>

NON-FEDERAL AMOUNT = COLUMN I + COLUMN N

UCD CONTRACT	445,971.00
ADDL UCD CONTRACT AMT*	100,450.00
TEACH CONTRACT	80,958.00
TOTAL CONTRACTS	<u>627,379.00</u>

*FULL COST OF UCD CONTRACT IS \$684,731. \$100,450 IS AMOUNT REDUCED FROM FEDERAL REQUEST DUE TO SALARY LIMITATIONS.

TAXI VOUCHER SUMMARY				
FISCAL YEAR 2014-15				
Year/ Month	TAXI FROM:			Total
	Other	MCLF	PCC	
2014				
Jul		81.00		81.00
Aug		55.80		55.80
Sep	80.00	38.50	79.50	198.00
Oct	23.50	295.40	15.30	334.20
Nov	28.70	175.50	73.40	277.60
Dec	20.10	127.60	31.40	179.10
2015				
Jan		41.00	52.46	93.46
Feb	22.61	48.80	19.20	90.61
Total	174.91	863.60	271.26	1,309.77