



Sacramento County Health Center  
Co-Applicant Board

CAB Member Name: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ /2021

**Performance Evaluation Tool**  
**Project Director: Susmita Mishra, MD**

Evaluation of the Employee					
Performance Rating Scale:					
	1 =Unsatisfactory	2=Average	3=Above Average	4=Excellent	NA
Knowledgeable of grant(s)	1	2	3	4	NA
Effective, timely communication	1	2	3	4	NA
Communicates CAB concerns to appropriate County Administrators	1	2	3	4	NA
Educated about characteristics of homeless population	1	2	3	4	NA
Dependable	1	2	3	4	NA
Initiative and motivation	1	2	3	4	NA
Positive attitude and approachable	1	2	3	4	NA
Advocates fairly for adequate service	1	2	3	4	NA
Provides timely communication regarding County changes and effects on target population	1	2	3	4	NA
Demonstrates community awareness and advocacy	1	2	3	4	NA
Overall Rating	1	2	3	4	NA

Comments:

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CAB Member Name: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ /2021

**Performance Evaluation Tool**  
**HRSA Project Manager: Sharon Hutchins, Ph.D, MPH**

Evaluation of the Employee Performance Rating Scale: 1 =Unsatisfactory 2=Average 3=Above Average 4=Excellent				
Knowledgeable of grant(s)	1	2	3	4
Effective, timely communication	1	2	3	4
Communicates CAB concerns to appropriate County Administrators	1	2	3	4
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Overall Rating	1	2	3	4

Comments:

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<b>Period</b>	<b>3</b>
<b>Current Month</b>	<b>September</b>
<b>Percentage of Year</b>	<b>25%</b>

CAB Financial Report

Line Item	Budget	Current Month	Year to date	Encumbrance	Total (YTD+Encumbrance)	YTD	Notes
						Percentage (Total/Budget)	
<b>Revenue</b>							
Inter/Intrafund Reimbursements	\$9,525,910	\$1,378,740	\$629,569	\$0	\$629,569	7%	Current month higher than YTD due to accruals that showed negative last FSR
Intergovernmental Revenue	\$10,828,547	\$ 660,093	\$1,653,878	\$65,891	\$1,719,769	15%	
Charges for Services	\$52,000	\$ 9,321	\$18,669	\$0	\$18,669	36%	CMISP old pre-2014 service charges
Miscellaneous Revenue	\$17,368	\$ 268	\$70,774	\$0	\$70,774	407%	PY revenue
				\$0	\$0		
<b>Total Revenue</b>	<b>\$20,423,825</b>	<b>\$2,048,421</b>	<b>\$2,372,891</b>	<b>\$65,891</b>	<b>\$2,438,782</b>	<b>12%</b>	
<b>Expenses</b>							
Personnel	\$11,351,014	\$ 826,723	\$2,113,665	\$0	\$2,113,665	19%	
Services & Supplies	\$10,314,243	\$ 265,214	\$1,070,541	\$474,806	\$1,545,347	10%	
Other Charges	\$449,477	\$ 43,486	\$115,414	\$340,793	\$456,207	26%	
Equipment	\$247,077	\$0	\$0	\$152,566	\$152,566	0%	
Intrafund Charges (Allocation costs)	\$2,211,906	\$ 148,220	\$193,183	\$0	\$193,183	9%	
				\$0	\$0		
<b>Total Expenses</b>	<b>\$24,573,717</b>	<b>\$1,283,643</b>	<b>\$3,492,803</b>	<b>\$968,165</b>	<b>\$4,460,967</b>	<b>14%</b>	

**GRAND TOTAL**  
**(Net County Cost)**                      **-\$4,149,892**      **\$764,778**      **-\$1,119,912**

**Governance Committee Report to CAB  
October 15, 2021**

- |   |                           |
|---|---------------------------|
| 1. The Enhanced Care Management Application | Informational             |
| 2. Strategic Plan Update                    | Information/Need approval |

**1. Enhance Care Management (ECM) Application**

The Sacramento County Health Center seized an opportunity to apply to become an enhanced care management site through the California Department of Health Care Services (DHCS). The application was submitted on October 6, 2021. If approved, SCHC will begin implementing ECM on January 1, 2022.

ECM is a program through Cal AIM, the state’s initiative to improve Medi-Cal. ECM will be a whole-person, interdisciplinary approach to comprehensive care management that addresses the clinical and non-clinical needs of high-cost, high-need managed care members through systematic coordination of services that is community-based, interdisciplinary, high-touch, and person-centered.

The SCHC currently operates a small Complex Care Coordination (CCC) program upon which the ECM application was built. The CCC program must be enhanced to meet the requirements of the ECM program and will require additional staff to roll it out to additional patients.

At this time, it has not been determined how much health plans will reimburse providers (like SCHC) for ECM services. It is also unclear how many ECM patients SCHC would be assigned. If SCHC is approved, staffing will be dependent on the case load and hired in step with the growth of the program.

SCHC Leadership has submitted a request for 12 new positions to support ECM for mid-fiscal year 2021-2022.

**2. The Strategic Plan Update**

**Priority 1: *Sufficient and Appropriate Space to Carry Out the SCHC’s Mission***  
**Strategy 2: Maximize existing space.**  
**Action Step:** Decide whether to move programs (e.g. Family Medicine or Refugee off site or renovate existing space or end/reduce programs) and supportive services (e.g. referrals, call center, some admin functions) to remote work.

SCHC has just been informed that the Department of Human Assistance is moving out of 4600 Broadway (soon; TBD), which means that SCHC will be able to capture additional space in the building. SCHC is working with the Public Health Division to determine which space will be available to SCHC. SCHC leadership will make changes to the original parameters and decisions regarding programs to keep on site versus move off site.

The Governance Committee recommends the CAB adjust strategic plan dates in light of the changes in circumstances and allow staff to report on this item at the **January 2022** CAB Governance Committee meeting.

In addition, HRSA has approved the ARP Capital grant, but we need to engage with them on a series of additional approvals, regarding bidding and contract issues, budget, project scope, and environmental review. The process is long and SCHC still has many steps before renovations can begin. There has been an increased cost estimate for the original projects from County's Architectural Services Division and they informed SCHC leadership that the cost will likely continue to rise, so a final determination of which projects will be completed with these funds cannot be made at this point. Leadership decided to prioritize projects and submit separate "330" requests to County Architectural Services Division and Facilities Management so that we can get as much high priority work completed as possible.

**Priority II: *Sufficient and Appropriate Staffing to Carry Out Mission***

**Strategy 1: Determine appropriate ratios of staff per provider/patient for each program including support and administrative staff.**

**Action Step:** Conduct research to determine ideal staff/provider ratios and effects on revenue, quality metrics and staff morale

Ms. Chevon Kothari, Director of Health services selected a consultant to assist SCHC in understanding staffing best practices and needs. The contract is going through the County process. The consultant will have an office on site during the consultation process so that s/he can get to know what we do and how we are organized to provide the best recommendations. This is a longer term process than we originally planned for, but it will allow us to go much deeper and the resulting recommendations are more likely to be accepted by County leadership and Board of Supervisors.

**Action Needed:** Per the Strategic Plan, the CAB was supposed to review and decide about a proposed staffing plan. Given the circumstances, the CAB Governance Committee recommends moving the date to review and decide on the staffing to the **August 2022** meeting.

# Department of Health Care Services

## The State of California



acknowledges

Sacramento county health center  
4600 BROADWAY STE 1100 SACRAMENTO 95820

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as successfully completing the Department of Health Care Services Medi-Cal Managed Care Division's Site Review Survey. This site is deemed a DHCS CERTIFIED Quality Medical Site under the provisions of MMCD policy letter 14-004.

Date Issued 8/24/2021

*Randee Marlin, R.N*

Certificate# 013006198242024

*RJ Rung*



10/13/2021

Sharon Hutchins  
Sacramento county health center  
4600 BROADWAY STE 1100  
SACRAMENTO, CA. 95820

Dear: Sharon Hutchins

Congratulations! Aetna Better Health of California is pleased to report your office is in compliance with the Department of Health Care Services (DHCS) Medi-Cal Facility Site and Medical Record Review guidelines. On 8/24/2021 your Facility Site Review score was 99% and on 10/12/2021 your Medical Record Review score was 99%.

Enclosed is your certificate that deems your facility, located at the above address, as a DHCS Certified Quality Medical Site under the provisions of MMCD policy letter 14-004.

**Please retain this certificate in your records as it may be submitted to and accepted by other entities requiring a valid Facility Site and Medical Record Review.**

The certificate expires three years from the date of this review. However Aetna Better Health of California is required to review sites in between the three-year review cycle based on monitoring, evaluation and/or CAP follow-up issues. The health plan may withdraw this certification if Medi-Cal requirements are below compliance standards.

Thank you for your cooperation during this process. Please contact me, Nicole Lyles, R.N. at 858-472-7930 if you have any questions or concerns regarding this information.

Respectfully,

*Nicole Lyles, RN, DHCS-CSR*

Nicole Lyles, RN, DHCS-CSR  
Phone:858-472-7930  
Aetna Better Health of California

Enclosure: Provider Certificate

**From:** [Bushing, Robert](#)  
**To:** [Hutchins, Sharon](#); [Stacholy, Vanessa](#)  
**Cc:** [Mishra, Susmita](#); [Galindo, Joy](#)  
**Subject:** Lab/Quest Sliding Fee  
**Date:** Friday, September 24, 2021 2:38:48 PM  
**Attachments:** [Financial Assistance Letter.docx](#)

Sharon and Vanessa:

Linsey provided the information below and attached about the Sliding Fee Program that Quest maintains for Self-Pay patients.

Please review and let us know what you think.

Thanks

Robert

**EXTERNAL EMAIL:** If unknown sender, do not click links/attachments.

Hi Robert, Quest offers a Financial Assistance Program, this is a slide fee program that follows the Federal Poverty Guidelines and meets the HRSA requirements. Patients are responsible for applying for this program and providing the necessary proof of income (see attached letter), and filling out the application (also on attached letter). Based on their household income, they can qualify for significant discounts on their lab work.

Let me know if you need more information. Hoping this helps!

**Financial Assistance Program**

We offer tiered discounts that take into account your income and family unit size. Discounts are based on guidelines provided by the US Department of Health and Human Services and can be as much as 100% of your amount due.

**Eligibility**

We will determine your eligibility based on your income and the U.S. Department of Health and Human Services poverty guidelines. The guidelines are updated annually and are available at the [HHS website](#).

**How to Obtain Assistance**

To take advantage of a payment plan, call the customer service phone number listed on your invoice. If you do not have an invoice, contact [Billing Customer Service](#).

 To apply for our Financial Assistance Program, [download an application](#) and mail it to the address listed on your invoice, or, call the Customer Service phone number listed on your invoice.

For additional questions please contact [Billing Customer Service](#).

**Linsey N. Moss**  
Physician Account Executive

Quest Diagnostics | [Action from Insight](#) | 3714 Northgate Boulevard | Sacramento, CA 95834 USA | **phone** 916.742.2904 | **fax** 610.271.8549 | [Linsey.N.Moss@QuestDiagnostics.com](mailto:Linsey.N.Moss@QuestDiagnostics.com) | [QuestDiagnostics.com](http://QuestDiagnostics.com)



Dear Patient,

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

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

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

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

Sincerely,

Patient Billing Customer Service

# Patient Financial Assistance Form

**Patient Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Patient Date of Birth:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Invoice Number(s):** \_\_\_\_\_ **Lab Code:** \_\_\_\_\_

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

**Please make sure to attach the required supporting documentation.**

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

- Is any source, other than the patient, legally responsible for the patient's medical bills (e.g., Medicaid, local welfare agency, guardian or other insurance program)?

Yes  No If answer is "Yes" list:

**Insurance Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Member I.D.:** \_\_\_\_\_

**Other Source:** \_\_\_\_\_

- Patient/legal guardian's monthly household resources:

Salary	\$ _____
Social Security	\$ _____
Cash/Welfare Payment	\$ _____
Family Contribution	\$ _____
Income from Savings Accounts, CDs, etc.	\$ _____
Other	\$ _____

**Total \$** \_\_\_\_\_

- Number of family members in household: \_\_\_\_\_

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

Patient Name (Print): \_\_\_\_\_

Guardian Name (Print): \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Official Use Only:**

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

**Attachment B: SCHC Scope of Services****HRSA Required Services**

General primary care

Diagnostic laboratory services

Call out for separate SFDP

Diagnostic radiology

Screenings

Coverage for emergencies during and after hours

Voluntary family planning

Immunizations

Well child services

Gynecological care

Prenatal care

Intrapartum care (labor and delivery)

Postpartum care

Preventive dental services

Pharmaceutical services

Case management

Eligibility assistance

Health education

Outreach

Transportation

Translation

**HRSA Additional Services**

Mental health services

**SCHC Additional Services**

Cardiology

Neurology

**2021-2022 Schedule of Sliding Fee Discounts Based on Income and Family Size**  
**REVISED October 5, 2021 (anticipated BoS date for authorization)**

Persons in Family	Nominal Fee	A	B	C	D	Full Price
	≤100%	>100% and ≤138%	>138% and ≤150158%	>150158% and ≤175179%	>175179% and ≤200%	>200%
1	≤ \$12,880	\$12,881 – \$ <u>17,774</u>	\$ <u>17,775</u> – \$ <u>19,320</u> <u>20,350</u>	\$ <u>19,321</u> <u>20,351</u> – \$ <u>22,540</u> <u>3,055</u>	\$ <u>22,541</u> <u>23,056</u> – \$25,760	\$25,761
2	≤ \$17,420	\$17,421 – \$ <u>24,040</u>	\$ <u>24,041</u> – \$ <u>26,130</u> <u>27,524</u>	\$ <u>26,131</u> – \$ <u>30,485</u> <u>27,525</u> – \$ <u>31,182</u>	\$ <u>30,486</u> <u>31,182</u> – \$34,840	\$43,841
3	≤ \$21,960	\$21,961 – \$ <u>30,305</u>	\$ <u>30,306</u> – \$ <u>32,940</u> <u>34,697</u>	\$ <u>32,941</u> – \$ <u>38,430</u> <u>4,698</u> – \$ <u>39,308</u>	\$ <u>38,431</u> <u>39,309</u> – \$43,920	\$43,921
4	≤ \$26,500	\$26,501 – \$ <u>36,570</u>	\$ <u>36,571</u> – \$ <u>39,750</u> <u>41,870</u>	\$ <u>39,751</u> – \$ <u>46,375</u> <u>41,871</u> – \$ <u>47,435</u>	\$ <u>46,376</u> <u>47,436</u> – \$53,000	\$53,001
5	≤ \$31,040	\$31,041 – \$ <u>42,835</u>	\$ <u>42,836</u> – \$ <u>46,560</u> <u>49,043</u>	\$ <u>46,561</u> – \$ <u>54,320</u> <u>49,044</u> – \$ <u>55,562</u>	\$ <u>54,321</u> <u>55,563</u> – \$62,080	\$62,081
6	≤ \$35,580	\$35,581 – \$ <u>49,100</u>	\$ <u>49,101</u> – \$ <u>53,370</u> <u>56,216</u>	\$ <u>53,371</u> – \$ <u>62,265</u> <u>56,217</u> – \$ <u>63,688</u>	\$ <u>62,266</u> <u>63,689</u> – \$71,160	\$71,161
7	≤ \$40,120	\$40,121 – \$ <u>55,366</u>	\$ <u>55,367</u> – \$ <u>60,180</u> <u>63,390</u>	\$ <u>60,181</u> – \$ <u>70,210</u> <u>63,391</u> – \$ <u>71,815</u>	\$ <u>71,816</u> <u>71,815</u> – \$80,240	\$80,241
8	≤ \$44,460	\$44,461 – \$ <u>61,355</u>	\$ <u>61,356</u> – \$ <u>66,990</u> <u>70,247</u>	\$ <u>66,991</u> – \$ <u>78,155</u> <u>70,248</u> – \$ <u>79,583</u>	\$ <u>78,156</u> <u>79,584</u> – \$ <u>89,320</u> <u>88,920</u>	\$ <u>89,321</u> <u>88,921</u>
Fee	\$15	\$20	\$30	\$40	\$50	NO DISCOUNT