

SACRAMENTO COUNTY

FISCAL YEAR 2021-22 BUDGET IN BRIEF

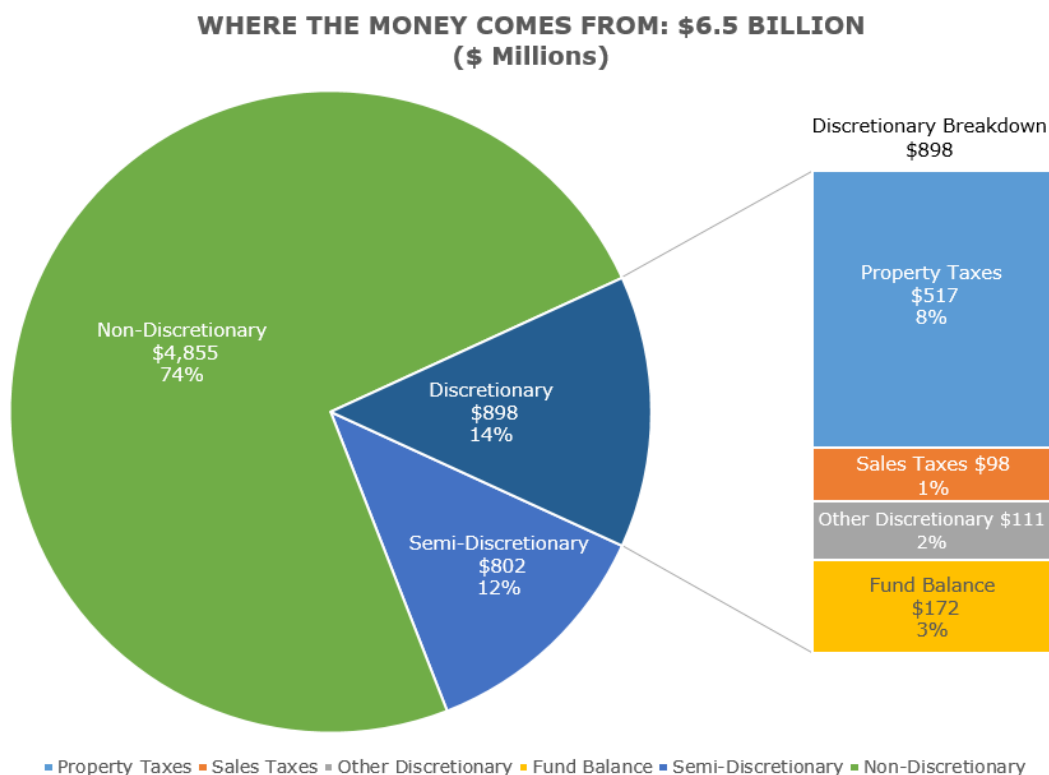
APPROVED JUNE 2021

The purpose of this Budget in Brief is to provide a general overview of Sacramento County's Fiscal Year (FY) 2021-22 (July 1, 2021 to June 30, 2022) Approved Budget, showing where the money comes from and how the County plans to spend it. This brief also explains key budget concepts and processes, important fiscal issues facing the County, and information on how to get involved in the County's budget process.

Where the money comes from

The \$6.5 billion in planned spending during FY 2021-22 comes from the following general sources:

- \$4.8 billion of **Non-Discretionary** funding including fees and charges for services and federal and State funding that must be used for specific programs and services and cannot be reallocated to other uses

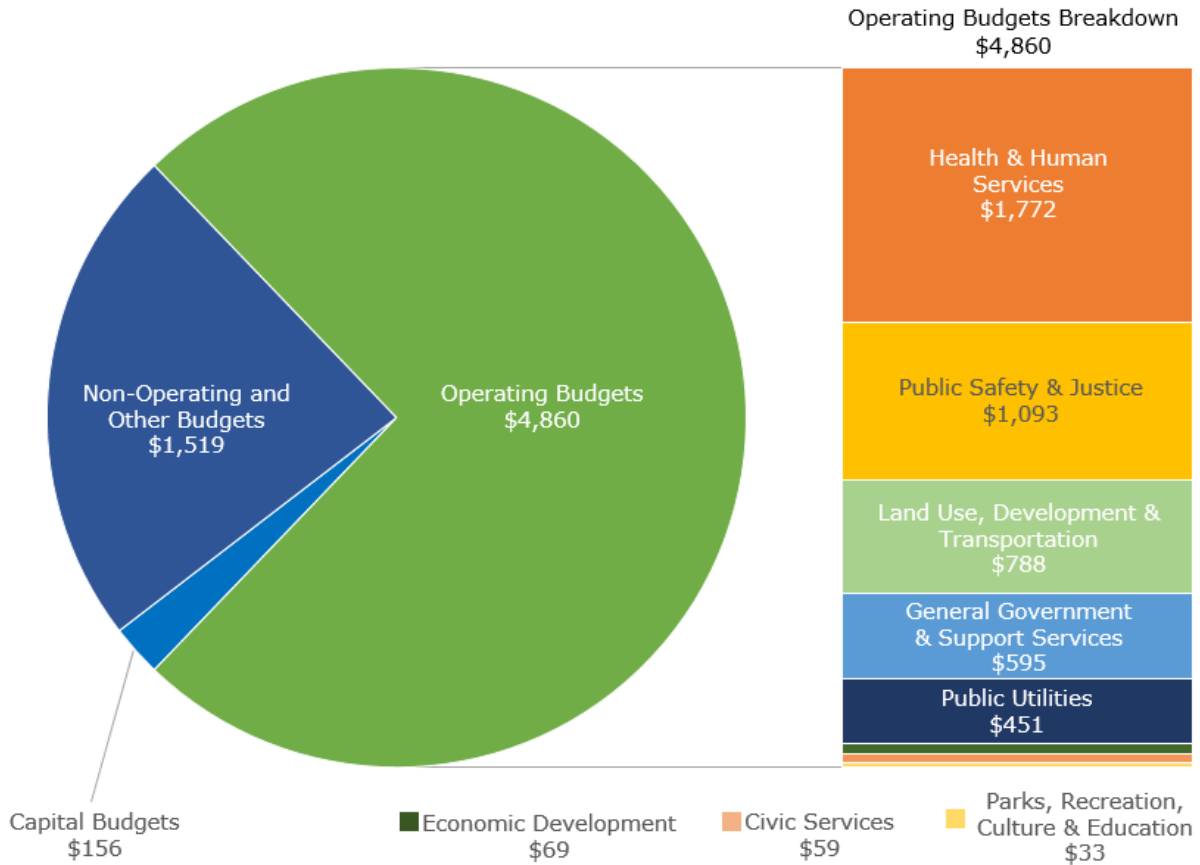


- \$800 million of **Semi-Discretionary** funding that is generally limited to social services and public safety spending, but over which the County has some discretion as to use of funds
- \$900 million of **Discretionary** funding from property taxes, sales taxes, other discretionary revenue, and beginning fund balance in the County's General Fund. The County has broad discretion over how to use this funding.

Where the money goes

- At \$4.9 billion, **Operating Budgets** for County programs and services account for most of the \$6.5 billion County budget. More detail on major program areas is included in the following sections.

WHERE THE MONEY GOES: \$6.5 BILLION ALL FUNDS BUDGET (\$ Millions)



- Non-operating and Other Budgets**, including transfers between funds, and **Capital Budgets** covering construction projects and equipment purchases account for the remainder of the County's budget.

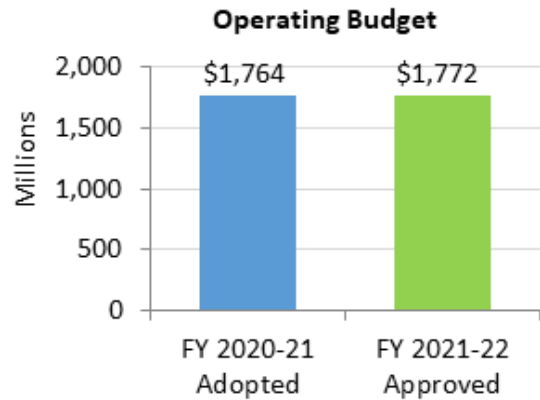
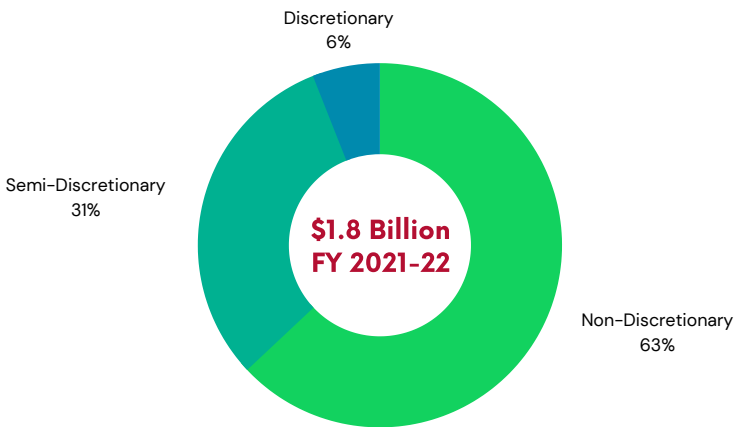
Health & Human Services

Departments

- Coroner
- Child Support Services
- Child, Family and Adult Services
- Environmental Management
- Health Services
- Human Assistance

FY 2021-22 Major Initiatives

- Alternative emergency response to mental health issues
- Homeless encampment initiative
- Increased capacity in Public Health
- Additional foster care and emergency response units in Child Protective Services



What is a Budget?

A budget is an annual spending plan that provides authorization to spend money for certain purposes and establishes limits for how much can be spent in certain categories. A budget is also an expression of organizational policies and priorities, as it determines how limited resources will be allocated to accomplish the organization’s mission.

Sacramento County’s budget covers the fiscal year (FY) July 1 through June 30 and is governed by rules spelled out in the State’s County Budget Act and the County Charter. Additionally, State and federal laws restrict how the County spends much of the funding it receives, with even discretionary resources needed to meet local match requirements. The budget also reflects policies and priorities established by the Board of Supervisors.

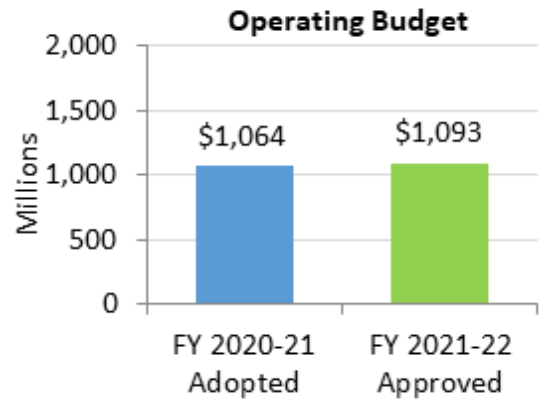
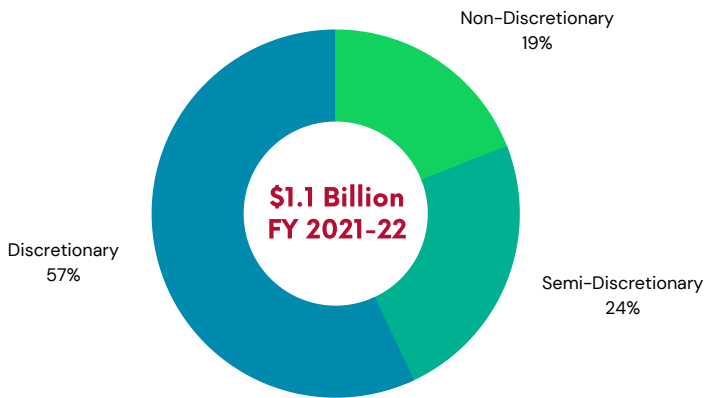
Public Safety & Justice

Departments

- Animal Care and Regulation
- Conflict Criminal Defenders
- District Attorney
- Emergency Services
- Office of Inspector General
- Probation
- Public Defender
- Sheriff

FY 2021-22 Major Initiatives

- Enhanced correctional staffing to meet obligations of Mays Consent Decree
- Body-worn cameras for Sheriff's Deputies
- Additional 911 Dispatchers to improve response times
- Pre-trial programs for Probation and Public Defender to support alternatives to incarceration



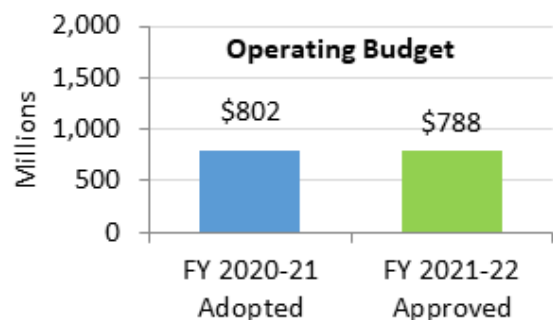
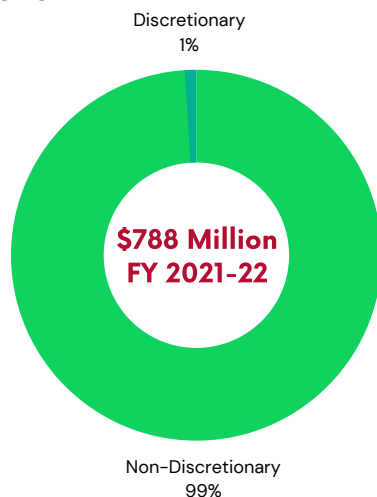
Land Use, Development & Transportation

Departments

- Airports
- Development and Code Services
- Planning & Environmental Review
- Transportation

FY 2021-22 Major Initiatives

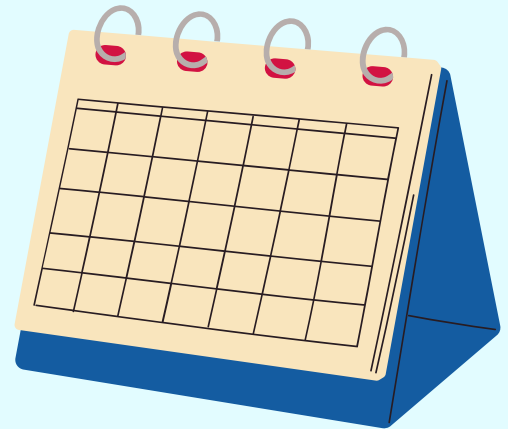
- Substantial investment in County road maintenance
- Development of four master planned communities
- Improvements at Sacramento International Airport



Budget Process and Timeline

The County’s annual budget process starts in September for the budget year beginning the following July 1. **Key milestones include:**

- September–December: Internal services budgets and charges are developed
- January–February: Departments work on budget requests
- March: Discretionary revenue estimates for upcoming FY and Mid-Year review for current FY
- April: County Executive decides on budget recommendations
- May: Recommended Budget document completed and released
- June: Recommended Budget hearings and approval
- July: Departments submit requested revisions based on changes to State budget, other available funding, or necessary re-budgeting; revenue estimates are revised based on the latest information
- August: Revised Recommended Budget document completed and released
- September: Revised Recommended Budget Hearings and formal budget adoption



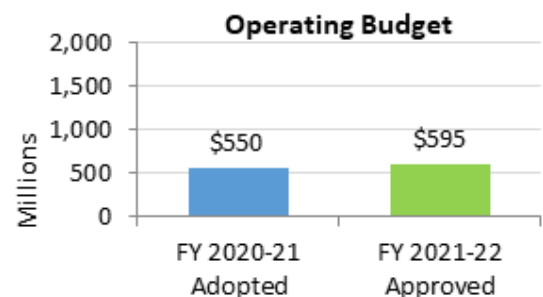
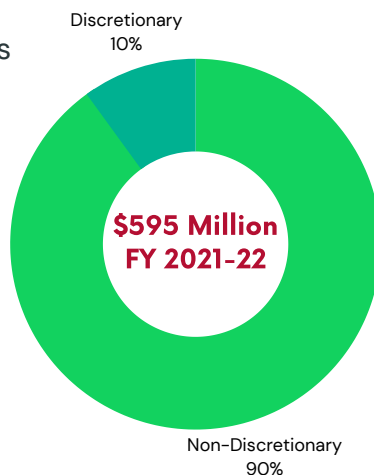
General Government & Support Services

Departments

- Board of Supervisors
- Clerk of the Board
- County Counsel
- County Executive
- Finance
- General Services
- Personnel Services
- Technology

FY 2021-22 Major Initiatives

- New property tax system
- Enhanced cybersecurity risk management and response capabilities



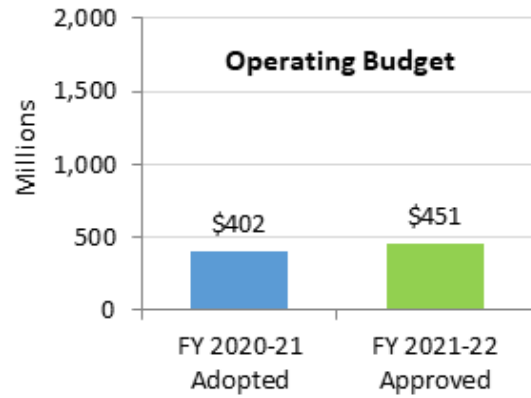
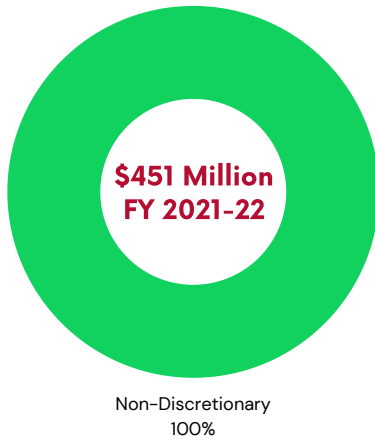
Public Utilities

Departments

- Waste Management & Recycling
- Water Resources

FY 2021-22 Major Initiatives

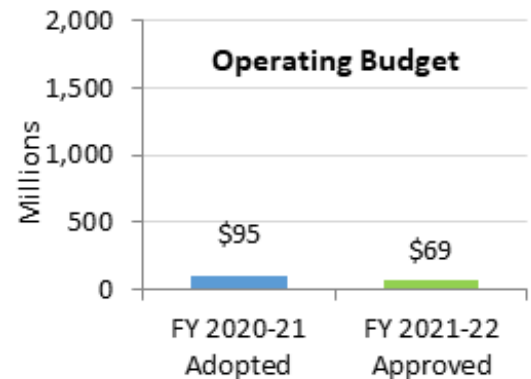
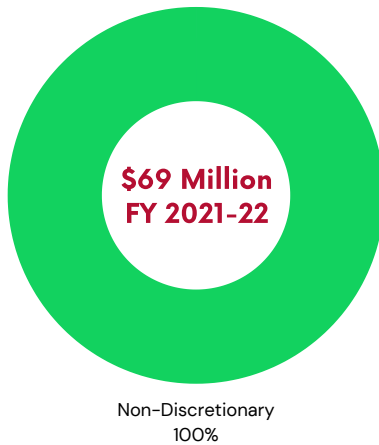
- Implementation of organic waste recycling (SB 1383)
- Arden Service Area pipe and meter installation



Economic Development

FY 2021-22 Major Initiatives

- Development of Metro Air Park industrial business park



County Officials' Roles and Responsibilities

County Officials each have a different role to play in the budget process:

- County **Departments** identify funding needs and outside revenues for ongoing programs, submit requests to fund new programs, and identify reductions when necessary.
- The **Office of the County Executive** evaluates departmental requests based on available funding and alignment with County policies and priorities and the **County Executive** recommends a budget to the Board of Supervisors.
- The **Board of Supervisors** sets budget priorities and is the final authority regarding budget approval and adoption.

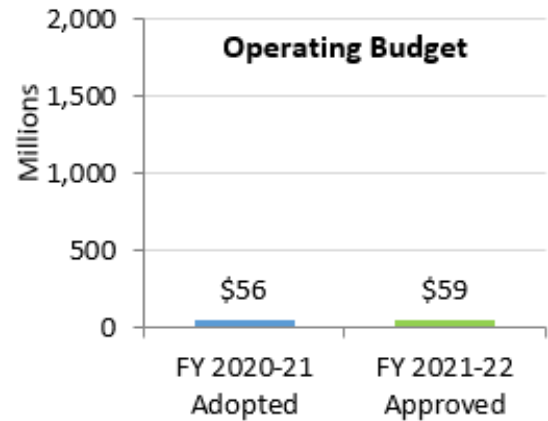
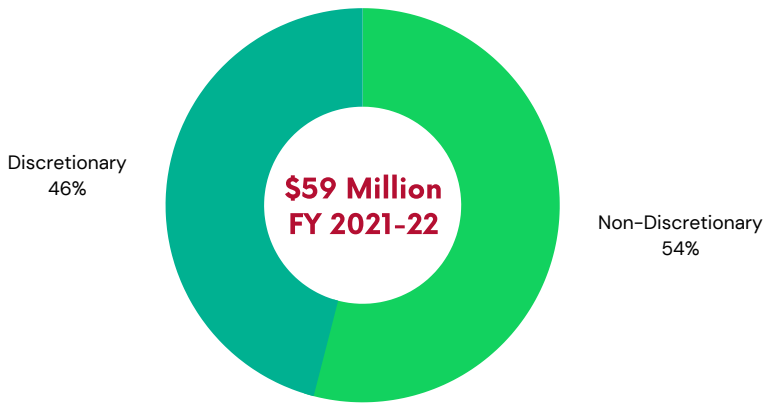
Civic Services

Departments

- Agricultural Commissioner – Sealer of Weights and Measures
- Assessor
- County Clerk/Recorder
- Voter Registration and Elections

FY 2021-22 Major Initiatives

- Special gubernatorial recall election
- Redistricting of County supervisorial districts



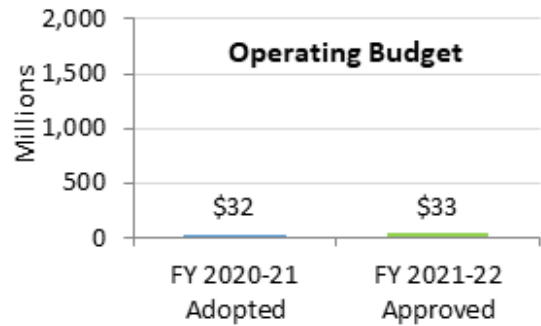
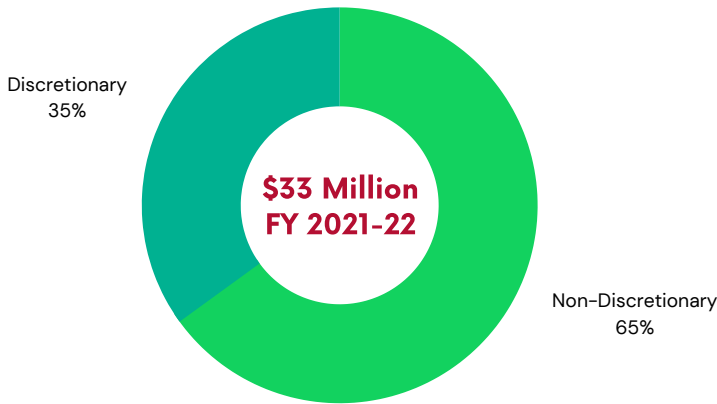
Parks, Recreation, Culture & Education

Departments

- Cooperative Extension
- County Library Facilities
- Regional Parks

FY 2021-22 Major Initiatives

- Improvements to park facilities
- Additional park rangers



How You Can Get Involved

Here are some ways you can get involved and learn more about the County and its budget:

- Explore the County's budget documents and more information on the budget process at: bdm.saccounty.net.
- Apply to serve on County advisory boards. Opportunities can be found at sccob.saccounty.net/Pages/BoardsandCommissions.aspx.
- Write, email, or phone your supervisor. Contact information can be found at bos.saccounty.net.
- Sign up at public.govdelivery.com/accounts/CASACRAM/subscriber/new?qsp to receive information about the County's budget.





**County of Sacramento
Department of Health Services
Division of Primary Health
Policy and Procedure**

Policy Issuer (Unit/Program)	Clinic Services
Policy Number	03-01
Effective Date	09-30-10
Revision Date	08-11-21

Title: **Telephone Protocol**

Functional Area: **Clinic Operations**

Approved By: Vanessa Stacholy, Health Program Manager

Policy:

Sacramento County Health Center is committed to excellence in customer service by assisting individuals by phone in a prompt, respectful, and sensitive manner.

Procedures:

- A. General guidelines for staff assigned to phones:
 - 1. Answer the phone in a professional and courteous manner. Identify yourself.
 - 2. Ask caller "How may I help you today?" See transfer instructions in Section B; Table A below.
 - 3. Update patient contact information (address, phone numbers and emergency contact) in Electronic Health Record (EHR) for continuing patients. Check eligibility to assist the patient. For patients with Sliding Fee, check when their year will expire and if need to bring paperwork for annual renewal at next visit.
 - 4. Respond in a calm and professional manner to upset callers. Request assistance from a colleague or supervisor if needed.
 - 5. If it is necessary to place client on hold, first ask the person for a call back number in case you are disconnected, then ask the caller "May I place you on a brief hold?" and wait for affirmative response.
 - 6. Offer interpreter services to all non-English speaking patients and those with hearing impairments. See PP 02-02 Interpreter for Patient Care.
- B. Management and direction of calls:
 - 1. If the caller wishes to make, change, or get information about an appointment, proceed with the call per PP 03-08 Appointment Scheduling.
 - 2. If the patient is dissatisfied, Refer to PP 02-05 Variance Reporting to determine the process to follow depending on the nature of the complaint/call.
 - 3. For anything else, see transfer options below. Advise the person that you are going to transfer their call and if transferring to Family Medicine, Pediatrics, Pharmacy, Radiology, Refugee, or Referrals Team. Provide the patient with the number in case of a disconnection.
 - 4. To transfer a call, stay on the line until staff answer, then complete the transfer.

Table A:

Transfer Options:	
<p>Patient requesting refill prescriptions (<i>Do not transfer.</i>)</p>	<ul style="list-style-type: none"> - Ask the patient if they have contacted their pharmacy. If not, have them call their pharmacy. If they are out of refills, the pharmacy will contact the clinic for more. - If the patient has already contacted their pharmacy and there has not been resolution, send Refill Medication Encounter to SA174 Pharmacy Resource Pool using the “.SA174REFILLREQUEST” Template. Be specific with which pharmacy and which medications are being requested. Delete the rest. <ul style="list-style-type: none"> o If a request is open for the same medication(s), then add an addendum to that request instead of starting a new one. o If the request is for one of the following controlled medications, send the request directly to the provider and their MA. <ul style="list-style-type: none"> ▪ Hydrocodone/Acetaminophen (Norco/Vicodin) ▪ Oxycodone alone or with acetaminophen (Percocet) ▪ Morphine Sulfate (Kadian, MS Contin) ▪ Tramadol (Ultram) ▪ Buprenorphine alone or with Naloxone (Butrans, Suboxone, Zubsolv) ▪ Clonazepam (Klonopin) ▪ Lorazepam (Ativan) - Inform patient that the request will be reviewed within 72 hours by the medical team. - Include the days' supply remaining in the request. If request needs response within 48 hours or if this is the 3rd request for the same medication, mark as "High" priority - Refer to PP 05-01 Pharmacy Refill Procedure and Refill Request Workflow for full procedures
<p>Patient requesting prescriptions to be sent to another pharmacy (<i>Do not transfer.</i>)</p>	<ul style="list-style-type: none"> - Inform the patient to contact the preferred pharmacy and have them request a transfer from the original pharmacy. - Inform the patient that if it is a controlled medication that not all controlled medications can be transferred. - Send a Telephone Encounter to the Primary Care Provider using the “.SA174 TransferRx” Template.

<p>Calls from Outside Pharmacy <i>(Do not transfer.)</i></p>	<ul style="list-style-type: none"> - Initiate a Telephone Encounter using the “.SA174 PharmCall” Template. <ul style="list-style-type: none"> o Gather the information in the template: name of pharmacy, name of pharmacist, call back number, and fax number. o Determine what the pharmacy is requesting and list the specific medication(s) next to the category of the request. o If there are faxing instructions for the category, relay the information to the caller. o Delete the other categories, so that only the applicable one is showing. o Route the encounter to SA174 Pharmacy Resource Pool for all categories, except route to provider’s MA for ICD-10 calls.
<p>Referrals Team (916) 874-9334</p>	<ul style="list-style-type: none"> - Referral questions - Sacramento Physicians Initiative to Reach out, Innovate and Teach (SPIRIT) referrals - Calls about Durable Medical Equipment (DME), such as nebulizers, oxygen, crutches, braces, blood pressure cuffs, diapers - Calls about Nutritional Supplements, such as Ensure - Any calls with referral & Specialist questions
<p>Family Medicine 916-876-3342</p>	<ul style="list-style-type: none"> - Medical problem - Make, change, and reschedule appointment. - Request for same-day/urgent appointment. - Leave a message for a provider. - Speak to a nurse: 916-876-3342
<p>Adult Medicine 916-874-9670</p>	<ul style="list-style-type: none"> - Medical Problem - Make, change, and reschedule appointment. - Request for same-day/urgent appointment. - Leave a message for a provider. - Speak with Triage Nurse(s):916-639-4433
<p>Behavioral Health Clinician of the Day (916) 630-6929 (Pager)</p>	<ul style="list-style-type: none"> - Suicide and Homicide Ideation - Keep the patient on the line and have a colleague page for assistance from ERT Team
<p>Pediatric and Adolescent Primary Care (916) 876-5437</p>	<ul style="list-style-type: none"> - Medical Problem - Make, change, and reschedule appointment. - Request for same-day/urgent appointment. - Leave a message for a provider. - Speak to a nurse-916-874-4404.

Electronic Health Record (EHR) Message to Medical Assistant (Only)	Send message for following reasons: <ul style="list-style-type: none"> - Checking on forms - Letters - Question regarding visits - Labs (are my labs in chart?) - Checking on Will-Call - Patient requesting sooner (not urgent) appointment - Non-medical question or concern
Medical Records request	Transfer call to: 874-9298
Member Services Team/Healthy Partners	Transfer call to: 874-1805
Refugee Health Assessment Program	Transfer call to: 874-9227
Radiology appointment or questions	Transfer call to: 874-9522
Sacramento County PCC Pharmacy-specific questions, like requesting an available refill	Transfer call to: 874-4342
Employment verification	Department of Health Services (DHS) Human Resources: 875-1300

C. Message composition and response:

1. Messages must be professionally written, accurate, complete, and prompt. No slang is acceptable.
2. Do not send an EHR message to Medical Assistant (MA) or provider if the patient is having urgent medical problems. Transfer call to the Registered Nurse (RN) as noted above.
3. The MA will respond or forward any message within 2 working days, consulting with provider as needed.
4. No staff should reply to Call Center staff after receiving a message from the Call Center. MA or other staff receiving the message may forward it, consult with their supervisor or Lead for message management.
5. Call Center Office Assistant will report any “staff reply” to their Lead.

References:

- [PP 02-02 Interpreter for Patient Care](#)
- [PP 02-05 Variance Reporting](#)
- [PP 03-08 Appointment Scheduling](#)
- [PP 04-01 Urgent Services](#)
- [PP 05-01 Pharmacy Refill Procedure](#)


Attachments:

- [Call Center Call Routing – Primary Care Workflow](#)
- [Call Center Dot Phrase Chart](#)
- [EHR Telephone Encounter Workflow](#)

Contact:

Sandra Johnson, Senior Health Program
Coordinator

CAB Approval: 08/20/2021

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Primary Health Policy and Procedure</p>	Policy Issuer (Unit/Program)	Clinic Services
	Policy Number	03-02
	Effective Date	08-28-13
	Revision Date	07-26-21
Title: Patient Registration: New and Returning		Functional Area: Clinic Operations
Approved By: Vanessa Stacholy, Health Program Manager		

Policy:

Sacramento County Health Center ensures efficient, prompt, and accurate registration, meeting customer service standards. This document details procedures for registering patients for in-person primary care (e.g. adult, behavioral health, family medicine, pediatric) or specialty appointments and for handling patients who present in person seeking primary care without an appointment.

Procedure:

A. Initial Registration Steps for In-Person Patients

1. Registration staff will:
 - a. Greet each patient in a welcoming voice and ask, “How may I help you today?”
 - b. Request picture identification and insurance card from the patient checking in for care. If no picture identification is available, request two forms such as a credit card or other type of non-picture identification. Scan picture identification into Electronic Health Record (EHR) using the front office scanner.
 - c. Ask the patient to complete all the information on the “Clinic Data Form” and return the form to registration.
 1. Give new patients the *New Patient Clinic Data Form*.
 - d. Give established patients the *Established Patient Clinic Data Form* and ask them to fill in the highlighted information. Verify patient’s demographics.
 1. If anything is left blank, prompt the patient for the information. If they refuse to provide it, check “patient refused” or “chose not to answer.”
 2. Avoid entering “unknown.”
 3. Avoid making up answers (e.g. entering \$0 for income if it is left blank) just to get through the registration process. All information is being requested for specific and important purposes.
 - e. Verify and assign provider and update in EHR if necessary. Refer to Policy and Procedures (PP) 03-07 Primary Care Provider Assignment if PCP is incorrect.
 - f. Confirm eligibility using EHR and Health Plan portal.
 - g. Obtain patient electronic signature for the following e-documents:
 1. *Clinic Services and Conditions*,
 2. *Acknowledgment of Receipt of Advance Directive Information*, and

3. *Notice of Privacy Practices.*

h. Offer a copy of all signed documents to the patient.

1. If the patient refuses to sign, click the box that says “patient refused to sign.”

h. Refer to the Table 2 of this document if patient is new to the Health Center and requests medical services.

i. Indicate in EHR that the patient is checked in on the provider’s schedule by highlighting the patient’s name and selecting the “Check-In” icon.

j. Advise patient of expected wait time. Invite them to come back to the window if they have not been called back within that timeframe.

k. Provide an update on status to the patient if they are still waiting after their designated timeframe.

B. Paperwork for Patients Receiving Medical Services

1. New Patients

a. Registration staff will follow the instructions in Table 1a.

Table 1a: Required Forms	
FORM	ACTION
Hard Copy	
Welcome packet <ul style="list-style-type: none"> • Patient Handbook • Patient Bill of Rights • Welcome letter • MyChart Instructions 	Provide every NEW patient with a copy. *Provide copies to established patients as needed
Assessment Forms: <ul style="list-style-type: none"> • Staying Healthy Assessment (age appropriate) • PHQ 9 (12 and older) • GAD 7 (12 and older) • ACES (for pediatric patients) 	Give patients paper copies of any assessments that are due and ask them to complete them and give them to the Medical Assistants when they are called back.
Electronic	
Conditions of Service	Provide every NEW patient with a copy and ask them to read and acknowledge with an electronic signature. Staff to witness the patient’s signature with signature, title and the date. Offer a copy to the patient.
Advance Health Care Directive	Provide every NEW patient with copy of the Advance Health Care Directive brochure and ask them to read and acknowledge with an electronic signature. Staff to witness the patient’s signature with signature, title and the date. If the patient completes the Advance Health Care Directive Form, offer a copy to the patient and place a copy in scanning basket.

Notice of Privacy Practices (NOPP)	Provide every NEW patient with copy of the NOPP brochure and ask them to read and acknowledge with an electronic signature. Staff to witness the patient's signature with signature, title and the date. See P&P 08-11 Notice of Privacy Practices.
------------------------------------	---

2. All Patients, Every Visit

- a. Registration staff will follow the instructions in Table 1b.

Table 1b: Required Forms	
FORM	ACTION
Clinic Data Form	Ask patient to complete Clinic Data Form. OA verifies demographics and updates EHR. If a patient leaves demographic information blank, the OA will point this out and ask for the information and explain why it is important for the Health Center to obtain this information.
Health Plan Coverage	OA will give the form to the patient and instruct them patient to hand it to the medical assistant (MA).

C. Data Entry for New Patients/First Time Registration

1. Registration staff will follow the full registration workflow.
 - a. Ask patient for their primary language and enter information in patient demographics. Use available language line/interpreters to complete registration
 - b. Spanish language: Utilize shift interpreters, if available.
 - c. Languages other than Spanish: In the appointment message, include Interpreting Agency, Confirmation number, phone number, date, and employee's last name and first initial.
2. Ensure the Primary Care Provider (PCP) assignment field is complete.
3. Ensure the Reason for Visit field is completed

D. Late Registration

1. The customer service goal is to provide services to all patients who request them.
2. Patients are considered late when they arrive 10 minutes after the start of their appointment time. Registration staff will not turn the patient away at registration.
 - a. Registration staff will mark late patients in the EHR. The registration staff will contact provider/MA.
 - b. If a provider would like to see a late patient, the provider will have their MA communicate with registration staff.
3. Let patient know that we will make every effort to accommodate them as soon as possible. but they may be rescheduled for another day
4. Check for open slots in preferred provider schedule; if available, offer to patient and book.

5. Check open slots on other providers' schedules; if available, offer to patient and book.
6. If no appointments are available on that same day, notify Triage Nurse (RN). Patient may need to be reschedule to another day based on availability and urgency.
7. Call a supervisor if you have questions or other direction from provider(s).

E. Eligibility and Services Table

1. General Instructions: The Health Center has mixed payers.
2. See Table:2 for details.

Table 2: Eligibility and Appointments	
Patient status	Policy direction
River City (Anthem, HealthNet, Molina, Aetna)	Provide services if the patient is assigned to SCHC.
Healthy Partners (HP) enrollee	Provide services.
Unassigned Medi-Cal (FFS) also known as straight or Fee for Service Medi-Cal	<ul style="list-style-type: none"> - If patient wants to select the Health Center as their provider, create an FYI flag, select "SA174, HCO in Process" and enter a comment saying that the patient was sent to member services. Member services will update the comment in the existing FYI flag once the status changes.
Medi-Cal or Medi-Medi NOT assigned to Health Center <i>(Sac County dba Primary Health Center)</i>	<ul style="list-style-type: none"> - Refer to assigned provider - Patients who have been receiving care and attempting to change providers have 90 days to transition - Exceptions require manager's approval
Uninsured	<ul style="list-style-type: none"> - Provide Sliding Fee Discount Scale - Refer patient to Department of Human Assistance (DHA). - If no eligibility applications given prior, refer patient to call DHA (916-874-3100) and apply over the phone prior to scheduling an appointment. <p>If patient states medical need is urgent</p> <ul style="list-style-type: none"> - Refer to Registered Nurse (RN) by transferring the call to Nurse of the Day <p>If patient requests STD only service</p> <ul style="list-style-type: none"> - Please refer patient to Sexual Health Services if appointment with provider is not within 72 hours - Provide community resources if applicable
Restricted Medi-Cal:	<p>Send patient to Member Services to screen for Healthy Partners eligibility</p> <ul style="list-style-type: none"> - <i>M2, M4 6U are automatically eligible to enroll.</i> - <i>58 and 3V are potentially eligible to enroll.</i> <p>Refer to HP enrollment team.</p>

	If not HP eligible, provide community resources.
--	--

F. Other Services

- 1. Refugee Health Assessment Services, General Assistance Exams, Loaves and Fishes Clinic, and other services located at the Health Center have different eligibility criteria and registration procedures. Please see program staff and other policies and procedures for instructions.

References:

PP 03-07 Primary Care Provider Assignment
PP 03-12 Appointment Template Management
PP 08-11 Notice of Privacy Practices
PP 11-01 Sliding Fee Discount

Attachments:

- [New Patient Clinic Data Form](#)
- [Established Patient Clinic Data Form](#)
- [Registration Workflows](#)
- [PCP Assignment Standards](#)
- [Conditions of Service Form](#)
- [Advance Health Care Directive Brochure](#)
- [Advance Health Care Directive Form](#)
- [NOPP Form](#)
- [Sliding Fee Scale Information](#)
- [Sliding Fee Scale Application](#)

Contact:

Sandra Johnson, Senior Health Program Coordinator

CAB Approval:

Period	12
Current Month	June
Percentage of Year	100%

CAB Financial Report

Line Item	Budget	Current Month	Year to date	Encumbrance	Total (YTD+Encumbrance)	YTD Percentage (Total/Budget)	Notes
Revenue							
Inter/Intrafund Reimbursements	\$9,669,568	\$2,006,429	\$10,411,438	\$0	\$10,411,438	108%	Received additional Realignment
Intergovernmental Revenue	\$11,928,600	\$ 1,462,234	\$13,222,003	\$0	\$13,222,003	111%	Includes all HRSA Grant revenues. Medi-Cal is doing well - almost \$1M over Budget.
Charges for Services	\$76,800	\$ 13,478	\$144,559	\$0	\$144,559	188%	CMISP old pre-2014 service charges
Miscellaneous Revenue	\$17,368	\$ (52,314)	\$1,152,922	\$0	\$1,152,922	6638%	FY 2018-19 Cost settlement and accrual vs actual claims mismatch causes huge discrepancy vs. budget
				\$0	\$0		
Total Revenue	\$21,692,336	\$3,429,828	\$24,930,922	\$0	\$24,930,922	115%	
Expenses							
Personnel	\$10,394,126	\$ 1,022,906	\$9,666,529	\$0	\$9,666,529	93%	
Services & Supplies	\$11,479,039	\$ 2,861,430	\$12,245,062	\$68,603	\$12,313,665	107%	
Other Charges	\$894,833	\$ 110,491	\$917,745	\$11	\$917,756	103%	
Equipment	\$250,000	\$ -	\$94,510	\$247,076	\$341,586	38%	Remaining van payments and radiology equipment have to be rebudgeted in FY 2021-22.
Intrafund Charges (Allocation costs)	\$2,679,271	\$ 463,573	\$2,058,433		\$2,058,433	77%	
					\$0		
Total Expenses	\$25,697,269	\$4,458,399	\$24,982,279	\$315,691	\$25,297,970	97%	
GRAND TOTAL (Net County Cost)	-\$4,004,933	-\$1,028,572	-\$51,358				

Grants	Start	End	Amount	
HRSA (HCH)	3/1/2020	2/28/2021	\$1,386,602	462,201 in FY 19-20; 924,401 for FY 20-21
HRSA (HCH)	3/1/2021	2/28/2022	\$1,386,602	462,201 for FY 20-21; 924,401 fo FY 21-22
HRSA H8C	3/15/2020	3/14/2021	\$62,151	All FY 20-21
HRSA H8D	4/1/2020	3/31/2021	\$723,200	
HRSA H8E	5/1/2020	4/30/2021	\$261,424	Actuals: \$189,020 in FY 20-21, remainder FY 21-22

H8F grant not included in FY 2020-21 Budget.

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 ≤ 150 158%	> 150 158% and ≤ 175 179%	> 175 179% and ≤200%	>200%
1	≤ \$12,880	\$12,881 – \$17,774	\$17,775 – \$19,320 \$19,320 20,350	\$19,321 20,351 – \$22,540 \$22,540 3,055	\$22,541 23,056 – \$25,760	\$25,761
2	≤ \$17,420	\$17,421 – \$24,040	\$24,041 – \$26,130 \$26,130 27,524	\$26,131 – \$30,485 \$30,485 27,525 \$31,182	\$30,486 31,182 – \$34,840	\$43,841
3	≤ \$21,960	\$21,961 – \$30,305	\$30,306 – \$32,940 \$32,940 34,697	\$32,941 – \$38,430 \$38,430 4,698 \$39,308	\$38,431 39,309 – \$43,920	\$43,921
4	≤ \$26,500	\$26,501 – \$36,570	\$36,571 – \$39,750 \$39,750 41,870	\$39,751 – \$46,375 \$46,375 41,871 \$47,435	\$46,376 47,436 – \$53,000	\$53,001
5	≤ \$31,040	\$31,041 – \$42,835	\$42,836 – \$46,560 \$46,560 49,043	\$46,561 – \$54,320 \$54,320 49,044 \$55,562	\$54,321 55,563 – \$62,080	\$62,081
6	≤ \$35,580	\$35,581 – \$49,100	\$49,101 – \$53,370 \$53,370 56,216	\$53,371 – \$62,265 \$62,265 56,217 \$63,688	\$62,266 63,689 – \$71,160	\$71,161
7	≤ \$40,120	\$40,121 – \$55,366	\$55,367 – \$60,180 \$60,180 63,390	\$60,181 – \$70,210 \$70,210 63,391 \$71,815	\$71,816 60,211 – \$80,240	\$80,241
8	≤ \$44,460	\$44,461 – \$61,355	\$61,356 – \$66,990 \$66,990 70,247	\$66,991 – \$78,155 \$78,155 70,248 \$79,583	\$78,156 79,584 – \$89,320 \$89,320 88,920	\$89,321 88,921
Fee	\$15	\$20	\$30	\$40	\$50	NO DISCOUNT

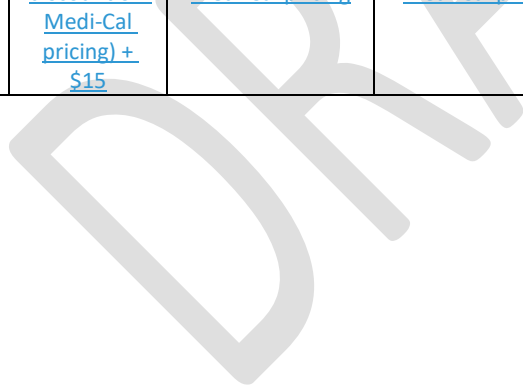
**2021-2022 Schedule of Sliding Fee Discounts for Core Diagnostic Lab Services Based on
Income and Family Size**


REVISED October 5, 2021 (anticipated BoS date for authorization)

Formatted: Highlight

Formatted: Highlight

<u>Persons in Family</u>	<u>Nominal Fee</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>Full Price</u>
	<u>≤100%</u>	<u>>100% and ≤138%</u>	<u>>138% and ≤158%</u>	<u>>158% and ≤179%</u>	<u>>179% and ≤200%</u>	<u>>200%</u>
<u>1</u>	<u>≤ \$12,880</u>	<u>\$12,881 – \$17,774</u>	<u>\$17,775 – \$20,350</u>	<u>\$20,351 – \$23,055</u>	<u>\$23,056 – \$25,760</u>	<u>\$25,761</u>
<u>2</u>	<u>≤ \$17,420</u>	<u>\$17,421 – \$24,040</u>	<u>\$24,041 – \$27,524</u>	<u>\$27,525-\$31,182</u>	<u>\$31,182 – \$34,840</u>	<u>\$43,841</u>
<u>3</u>	<u>≤ \$21,960</u>	<u>\$21,961 – \$30,305</u>	<u>\$30,306 – \$34,697</u>	<u>\$34,698-\$39,308</u>	<u>\$39,309 – \$43,920</u>	<u>\$43,921</u>
<u>4</u>	<u>≤ \$26,500</u>	<u>\$26,501 – \$36,570</u>	<u>\$36,571 – \$41,870</u>	<u>\$41,871-\$47,435</u>	<u>\$47,436 – \$53,000</u>	<u>\$53,001</u>
<u>5</u>	<u>≤ \$31,040</u>	<u>\$31,041 – \$42,835</u>	<u>\$42,836 – \$49,043</u>	<u>\$49,044-\$55,562</u>	<u>\$55,563 – \$62,080</u>	<u>\$62,081</u>
<u>6</u>	<u>≤ \$35,580</u>	<u>\$35,581 – \$49,100</u>	<u>\$49,101 – \$56,216</u>	<u>\$56,217-\$63,688</u>	<u>\$63,689 – \$71,160</u>	<u>\$71,161</u>
<u>7</u>	<u>≤ \$40,120</u>	<u>\$40,121 – \$55,366</u>	<u>\$55,367 – \$63,390</u>	<u>\$63,391-\$71,815</u>	<u>\$71,816– \$80,240</u>	<u>\$80,241</u>
<u>8</u>	<u>≤ \$44,460</u>	<u>\$44,461 – \$61,355</u>	<u>\$61,356 – \$70,247</u>	<u>\$70,248-\$79,583</u>	<u>\$79,584 – \$88,920</u>	<u>\$88,921</u>
<u>Fee</u>	<u>(100% discount off Medi-Cal pricing) + \$15</u>	<u>80% discount off Medi-Cal pricing</u>	<u>60% discount off Medi-Cal pricing</u>	<u>40% discount off Medi-Cal pricing</u>	<u>20% discount off Medi-Cal pricing</u>	<u>0% discount off Medi- Cal pricing</u>



	County of Sacramento Department of Health Services Division of Primary Health Services Policy and Procedure	Policy Issuer (Unit/Program)	Clinic Services
		Policy Number	08-11
		Effective Date	11-12-13
		Revision Date	09-17-20
Title: Notice of Privacy Practices		Functional Area: Health Information Management	
Approved By: Vanessa Stacholy – Health Program Manager			

Definitions:

The Notice of Privacy Practices (NOPP) informs patients of how the County of Sacramento may use or disclose Protected Health Information (PHI) about the patient.

Policy:

Clinic Services staff provide a Notice of Privacy Practices (NOPP) to patients upon initial contact. If unsure if the patient is new, or if the NOPP Acknowledgement of Receipt form is not in the client’s chart, the NOPP is provided.

Procedures:

- A. Clinic Services staff provide a laminated copy of the County of Sacramento Notice of Privacy Practices (NOPP) brochure to the patient during the initial registration process, or during their first visit in compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA).
 - 1. Staff answers any patient questions regarding how their Protected Health Information (PHI) may be used.
 - 2. The patient may request a paper copy of the NOPP.
 - 3. The patient or legal representative electronically signs and dates the Acknowledgement of Receipt form.
 - 4. If the patient refuses to sign the form (clicks “refuse”), the staff documents the reason, and the effort to obtain acknowledgement, in the electronic Acknowledgement of Receipt form, and then dates the form.
 - 5. A copy of the Acknowledgement of Receipt form is given to the patient (or legal representative).
 - 6. The Acknowledgement of Receipt form resides in Consent/Admin section of the Electronic Medical Record (EMR).

- B. The NOPP brochure is provided once to patients in the County health system. If the brochure is changed by the Office of Compliance and HIPAA, the patient is given a copy of the revised NOPP and must sign a new Acknowledgement of Receipt form. In addition, the NOPP brochure is provided at least once every three years to existing patients.

- C. The NOPP is posted in a clear and prominent location in the Clinic, where patients who receive services can read it.

- D. Clinic Managers monitor and report on compliance at respective Quality Improvement Meetings. The audit sampling method and reporting cycle is determined by the

committee. Minimally, the audit will include review of the EMR record for date, visit, and accurate completion of the Acknowledgement of Receipt.

References:

45 Code of Federal Regulations (CFR), Health Insurance Portability and Accountability Act (HIPAA)

County of Sacramento HIPAA Policy AS-100-01 General Privacy

County of Sacramento HIPAA Policy AS-100-02 Client Privacy Rights

Attachments:


[Notice of Privacy Practices Brochure](#)

[Notice of Privacy Practices Acknowledgement of Receipt \(Form 2092\)](#)

Contact:

Sandra Johnson, Program Coordinator

Approved by Co-Applicant Board: 10/16/2020

 <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	08-11
	Effective Date	11-12-13
	Revision Date	09-17-20
Title: Notice of Privacy Practices		Functional Area: Health Information Management
Approved By: Vanessa Stacholy – Health Program Manager		

Definitions:

The Notice of Privacy Practices (NOPP) informs patients of how the County of Sacramento may use or disclose Protected Health Information (PHI) about the patient.

Policy:

Clinic Services staff provide a Notice of Privacy Practices (NOPP) to patients upon initial contact. If unsure if the patient is new, or if the NOPP Acknowledgement of Receipt form is not in the client’s chart, the NOPP is provided.

Procedures:

- A. Clinic Services staff provide a laminated copy of the County of Sacramento Notice of Privacy Practices (NOPP) brochure to the patient during the initial registration process, or during their first visit in compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA).
 - 1. Staff answers any patient questions regarding how their Protected Health Information (PHI) may be used.
 - 2. The patient may request a paper copy of the NOPP.
 - 3. The patient or legal representative electronically signs and dates the Acknowledgement of Receipt form.
 - 4. If the patient refuses to sign the form (clicks “refuse”), the staff documents the reason, and the effort to obtain acknowledgement, in the electronic Acknowledgement of Receipt form, and then dates the form.
 - 5. A copy of the Acknowledgement of Receipt form is given to the patient (or legal representative).
 - 6. The Acknowledgement of Receipt form resides in Consent/Admin section of the Electronic Medical Record (EMR).

- B. The NOPP brochure is provided once to patients in the County health system. If the brochure is changed by the Office of Compliance and HIPAA, the patient is given a copy of the revised NOPP and must sign a new Acknowledgement of Receipt form. In addition, the NOPP brochure is provided at least once every three years to existing patients.

- C. The NOPP is posted in a clear and prominent location in the Clinic, where patients who receive services can read it.

- D. Clinic Managers monitor and report on compliance at respective Quality Improvement Meetings. The audit sampling method and reporting cycle is determined by the

committee. Minimally, the audit will include review of the EMR record for date, visit, and accurate completion of the Acknowledgement of Receipt.

References:

45 Code of Federal Regulations (CFR), Health Insurance Portability and Accountability Act (HIPAA)

County of Sacramento HIPAA Policy AS-100-01 General Privacy

County of Sacramento HIPAA Policy AS-100-02 Client Privacy Rights

Attachments:

[Notice of Privacy Practices Brochure](#)

[Notice of Privacy Practices Acknowledgement of Receipt \(Form 2092\)](#)

Contact:

Sandra Johnson, Program Coordinator

Approved by Co-Applicant Board: 10/16/2020

2021 CAB Recruitment Plan

Sacramento County Department of Health Services

Health Center Co-Applicant Board (CAB)

Prepared by CAB Governance Sub-Committee

1. Position to Be Filled – CAB Member

Sacramento County Health Center (SCHC) Co-Applicant Board (CAB) bylaws and federal HRSA regulations govern the number of CAB board members. The bylaws call for between 9 and 13 “at large voting” members and one “ex-officio” member (the HRSA Project Director). If the CAB needs additional resources to accomplish its workload, this number may be increased by Board action. HRSA requirements require that FQHC governing boards (including the CAB) must be composed of a minimum of 51% consumer (i.e. patient) members. Due to resignations in the pst year, the current balance is 4 community members, 2 consumer members, and 5-7 vacancies (at least 4 new consumer members are needed).

2. Intention

It is the intention of CAB Board to fill a minimum of five positions, at least four consumer members, by both general recruitment of SCHC patients as well as targeted recruitment of patients with personal or professional experience working with under-represented patient populations served by the Health Center (as required by HRSA), including

- Racial (African American, Asian American, Pacific Islander, Native American) or ethnic (Latino/a/X) minorities
- Undocumented individuals
- LGBTQIA+

In addition, due to the current composition of the CAB, we can recruit one or two members with health care knowledge including those employed in the health care field. Given the recent loss from the CAB, someone with financial background and understanding of budgets would be valuable.

3. Target Group

Based on the unique demands placed upon the CAB Board to ensure its committees and subcommittees have the skills and lived experience helpful to fulfill the requirements of basic good government operations, (see “Health Center Program Governance Requirements Governing Board Responsibilities and How to Do Them” below), we have identified particular skills and characteristics that make especially effective members for 2021. These preferred attributes are:

- Knowledge of and ability to represent Health Center’s client populations, focusing on those currently under-represented on the

Board (refugees, racial/ethnic minorities, and undocumented individuals)

- Dedicated and consistent – will show up (e.g. patients with good on time record with appointments)

4. Method

We will connect with possible applicants using the following means.

- Provide an ad and in-service to Health Center Physicians and staff detailing the attributes we need, so they can recruit among their patients.
 - Contest amongst providers and staff – reward; someone joined; stayed 6 months etc.?
- Multi- or bi-cultural ads to appeal to under-resented patient groups
- PowerPoint/video to play on lobby TVs featuring doctors, staff, and/or CAB members as well as basic info on the position and how to get more information or apply
- Add to the After Visit Summary – opportunity to participate in governing the health center
- MyChart information on the CAB
- Add more information on the CAB to the website
- Recruitment flyers to partner agencies from Latino- and undocumented communities, and other racial/ethnic minorities

5. Evaluation of Applicants

The Governance Committee will manage the recruitment process. The Governance Committee will identify a staff contact person (Dr. Hutchins) to welcome potential members, prepare and manage advertising, and follow up on recruitment efforts and one or more CAB members who will be available to connect to interested recruits. Interested persons will be referred to the contact member in campaign materials, providers, and clinic staff. The staff contact person will answer questions, provide information about the responsibilities and opportunities for service on the board, and reach out to CAB members to speak with prospective members. The CAB members (or staff contact) will invite the potential board member to attend an online or in person CAB meeting before applying for membership.

At the CAB meeting, the potential board member will be asked to talk about his or her experience and interest in becoming a board member. If the applicant prefers, he or she may attend the first meeting, and at a following meeting address experience and interest with the Board. The contact person will follow up to encourage and answer questions. At this point, if the potential member is still interested, the contact will provide an application form and walk the potential member through it, as necessary. Board members will review the applications and make recommendations.

The Board will then review the applicants, giving special attention to the experiences, skills, and abilities they will be bringing to the Board and identifying their commitment to the work of the Board subcommittees who are specifically requesting assistance. The Health Program Manager will then complete the process as required by Sacramento County.

Board Committees and Sub-Committees that require particular skills, experience, and abilities to fulfil their responsibilities will relate these needs to the Governance Committee for recruitment purposes.

BACKGROUND INFORMATION SOURCES

- 2021 Health Center Co-Applicant Board Membership Roster
- SCHC Strategic Plan 2021-2023
- National Association of Community Health Centers, Inc. Governance Information Bulletin #4 as described in the “Health Center Program Governance Requirements Governing Board Responsibilities and How to Do Them,” prepared by National Associate of Community Health Centers and funded by the Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC), pages 1.1, 4.1,4.3, 6.1, 7.1, and 9.1.

6. Training and Mentorship

All new CAB members receive training on their roles which includes a binder (hard copy or electronic) of key documents such as the CAB bylaws, Co-Applicant Agreement, relevant portions of the HRSA Compliance Manual, and the SCHC org charge. To supplement this training, CAB will institute a mentorship program in 2021, whereby an experienced CAB member will be assigned as a “buddy” to an incoming member to assist with the member’s orientation. The mentor and mentee will be allowed to communicate outside of CAB meetings, but must comply with Brown Act guidelines that forbid the discussion of matters that are before or will come before the CAB for consideration.