

Sacramento County DHHS / DPHS
Health Care for the Homeless Co-Applicant Board (HCHAB)

Meeting Agenda

July 17, 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, and Announcements – <i>Paula Lomazzi, Chair</i>	9:30 – 9:35	Discussion
Documents Review and Approval – <i>Marcia Jo</i> <u>Policies and Procedures (PPs):</u> <ul style="list-style-type: none"> ▪ 11-01 HCH Sliding Fee (revised) ▪ 02-05 Problem Resolution <u>Response to HRSA Site Review:</u> <ul style="list-style-type: none"> ▪ 120-day Work Plan submitted to HRSA for Board Authority ▪ Status Update - Bylaws, Agreement, New Members 	9:35 – 10:00	Discussion Action
Dental Services Overview and Request/Approval Process – <i>Paula Lomazzi</i>	10:00 – 10:10	Discussion Action
Project Director Evaluation – <i>Paula Lomazzi</i>	10:10 – 10:20	Discussion Action
Public Comment – <i>Mike Blain</i>	10:20 – 10:25	
Closing Remarks and Adjourn – <i>Paula Lomazzi</i> <i>Next meeting topics: Strategic Planning, New Member Recruitment</i>	10:25 – 10:30	Discussion

Next Meeting: August 21, 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	07-02-15
Title: Sliding Fee Discount		Functional Area: Fiscal Services
Approved By: Marcia Jo, MPA/JD, Health Program Manager		

Policy

As a grantee for healthcare services from the Health Services Resources Administration (HRSA), Primary Health Clinic Services is required to abide by certain regulations regarding access to care for the community. These regulations are found in Sections 330 (k) (3) (G) of the Public Health Service Act. One requirement is that that no 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 patients who are not enrolled or eligible for other coverage. A sliding fee discount, based on income, is used to assess their charges.

Procedures

A. General Provisions

1. Signs are posted in service lobbies of 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 covers the primary care visit as well as core services provided associated with that visit, such as lab tests, and pharmacy.
4. Individuals and families with incomes below or at 138% FPL will receive a full discount 139% and 200% FPL will be charged a Sliding Scale discounted rate.
5. Individuals and families with incomes over 200% FPL will be expected to pay the full cost of services provided.
6. All uninsured will be assisted to apply and link with available coverage programs

B. Eligibility: Individual is:

1. A patient of the health center or states the intent to become a patient.
2. Has an income at or below 200% FPL.
3. A resident of (or expresses the intent to reside in) Sacramento County.
4. Willing to apply for other programs for ongoing care, so that local and federal funds are used as last resort.

C. Application Process

1. Clinic registration staff checks health coverage per standard procedures.
2. If patient does not have coverage, staff will assist with application.

3. Eligible patients that wish to apply for the sliding fee discount are given the Sliding Fee Data Sheet.
 - a. Patient verbal attestation will be sufficient for proof of residency and income for the first visit.
 - b. Subsequent visits will require signed attestations or reasonable proof of income and residency.
 - c. Proof of income:
 - i. Current check stub dated within 30 days of visit.
 - ii. Most recent income tax return.
 - iii. Homeless individuals without verification may provide attestation of income.
 - d. Proof of residence:
 - i. Verification of shelter or transitional housing.
 - ii. Utility bill.
 - iii. Homeless individuals without verification may provide attestation of residence or intent to reside.

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 Health Care for the Homeless Co-Applicant Board:
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Sacramento County DHHS Primary Care Sliding Fee Schedule of Discounts

	Patients with incomes under 138% FPL	Patients with incomes 139% to 150% FPL	Patients with incomes 151% to 200% FPL	Patients with incomes greater than 200% FPL
Office Visits: Includes lab, xray, enabling services and pharmacy	Full Discount	Flat Rate Charge	Flat Rate Charge	Regular Fee
New patient, Level 1 Brief Visit	\$0.00	\$10.00	\$20.00	\$80.61
New patient, Level 2 Standard Visit	\$0.00	\$10.00	\$20.00	\$137.18
New patient, Level 3 Complex visit	\$0.00	\$10.00	\$20.00	\$197.72
Established patient, Level 1 Brief Visit	\$0.00	\$5.00	\$10.00	\$37.05
Established patient, Level 2 Standard Visit	\$0.00	\$5.00	\$10.00	\$80.61
Established patient, Level 3 Complex visit	\$0.00	\$5.00	\$10.00	\$133.25

 <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	02-05
	Effective Date	06-28-11
	Revision Date	12-17-13
Title: Problem Resolution		Functional Area: Member Services
Approved By: Susmita Mishra, MD, Medical Director		

Policy:

Primary Health Clinic Services has a process for problem resolution, which includes timely investigation, response, and feedback. All service concerns will be addressed in a timely, sensitive, and culturally competent manner at the lowest possible level.

Procedures:

- A. Customer Service Goals.
 - 1. Access – Access to services is essential for new and continuing members. Patients who present with medical/behavioral health issues and need timely access to services.
 - 2. Professional Response – Staff must be welcoming, courteous, respectful, professional, knowledgeable, and attentive to privacy/HIPAA requirements.
- B. Customer Service Expectations.
 - 1. Listen to the patient’s request or issue
 - 2. Confirm that you intend to help the patient
 - 3. Be thorough in verifying and presenting information
 - 4. Present yourself professionally at all times
 - 5. Inquire whether the patient has other questions or concerns
 - 6. Seek help from a co-worker or supervisor when needed
 - 7. Follow-up in a timely manner
- C. Patient Concerns.
 - 1. Patient concerns may present through various paths including:
 - a. Self
 - b. Family member, significant other, or legal guardian/conservator (must include documentation in the medical record as the patient’s personal representative on the appropriate HIPAA form)
 - c. DHHS Ombudsman
 - d. Patient Advocates, e.g., Health Rights Hotline, Legal Services
 - e. Government officials, e.g., Board of Supervisor, Senator’s office
 - f. Other

2. Patient feedback regarding services may be verbal or written. *If feasible, resolve the issue verbally at the time of the concern.*
 - a. If patient is upset and wants to speak with someone, resolution at the time by staff involved is expected.
 - b. Any staff who wants assistance may request help from their supervisor or the designated Problem Resolution Nurse.
 - c. If a Service Issue Form (Attachment) is mailed in, or completed because the service issue was not resolved, the Problem Resolution Nurse is responsible for follow up. Activities include:
 1. Talk with patient immediately if they are in the building or as soon thereafter as possible. Contact attempts should begin the next business day and be documented on the Service Issue Form. Document all interactions in the EMR progress note.
 2. Explore the patient's concerns to obtain necessary information.
 3. Review appropriate information, e.g., medication profile, medical record, etc.
 4. Research as indicated with clinic staff, case management, or managers as indicated.
 - d. If the Problem Resolution Nurse is not available and patient requests to speak to a manager, any available manager can assist.
 - e. If the patient wishes to complete a Service Issue Form, the completed form should be placed in the identified basket on the Problem Resolution Nurse's desk.
 - f. The Problem Resolution Nurse will consult with the appropriate manager as needed and promptly if assistance is needed for resolution.
 - g. All activities on behalf of the patient or concerned party will be documented.

D. Investigation and Problem Solving

1. If there are multiple items, the service issues should be triaged for any urgent or critical items. This should be completed daily (Potential HIPAA violations Must be investigated within 24 hours).
2. When the manager or Problem Resolution Nurse resolves the issue, s/he documents the disposition on the Service Issue Form and provides it to assigned staff for tracking and filing.
3. If investigation is needed, this will occur within a reasonable time given circumstances and feedback will be provided to the patient within five (5) days of receipt. Earlier resolution is preferred. If a Release of Authorization is completed, the referring party will also be apprised of the disposition.
4. Investigations regarding HIPAA violations will be investigated within 24 hours. See Policy & Procedure 08-12 Security Violations & Reporting (Reference).

E. Performance Improvement

1. All service issues and concerns will be tracked, trended, discussed, and reviewed at the Quality Improvement Council (QIC) meeting. If items require discussion

prior to the quarterly meeting, they will be addressed at the appropriate staff or management meeting.

2. The QIC will recommend policy or procedural changes when indicated. See Policy & Procedure 01-01 Performance Improvement (Reference).
3. Data related to service concern trends and actions will be maintained.

References:

PP 01-01 Performance Improvement

PP 08-12 Security Violations & Reporting

Attachments:

[Service Issue Form](#)

Contact:

Inez Leonard, Health Program Manager

CLINIC SERVICES
Service Issue Form

We want to hear about your concerns or problems. Reporting a problem will not affect your services.
Print or write legibly. If you need assistance please contact a staff member.

Name: _____
Medical Record #: _____
Phone Number: _____

Date: _____
Clinic: _____

Describe your concern:

What would you like to see happen to resolve this concern?

Today's Date: _____ Signature: _____

Clinic Services Use Only

Potential HIPAA violation

Actions Taken:

Date: _____ Signature: _____

Provide completed form to a Clinic Employee

NoA 14-09 Condition #1	Due 9/24/15
NoA 14-03 Condition #4	Approved by HRSA
HRSA Program Requirement #17	Board Authority

Activity	Expected Completion Date
Develop draft Agreement and Bylaws	5/15/2015
Present for discussion and consideration to Co-Applicant Board	5/30/2015
Co-Applicant Board complete Project Director's evaluation	5/30/2015
Co-Applicant Board complete review and approval of grant, budget and reports for 2014-15	6/15/2015
Once approved by Co-Applicant Board, prepare and present to Sacramento County Board of Supervisors	7/15/2015
Submit documents to HRSA for consideration	7/15/2015
Revise as needed	7/30/2015
Return to Sacramento County Board of Supervisors if documents are revised per HRSA requirements	8/15/2015
Submit documents to HRSA for consideration	8/30/2015