

**Sacramento County Health Center CAB (CAB)
Clinic Services Policies**

Required Review by Health Resources Services Administration (HRSA)			
No.	Name	Date	Policy
01-01	Performance Improvement Required annual review	02-19-15	Clinic Services leadership is committed to improving services for our members. In order to evaluate improvement, performance indicators are created, monitored, analyzed, and adjusted in order to enhance service provision.
01-02	HCHAB Authority Required annual review	02-19-15	Sacramento County Primary Health conforms to the Health Services and Resource Administration (HRSA) requirement to have a consumer and community-oriented CAB whose role is to provide guidance and oversight of the Program funded by HRSA.
01-05	Medical Home Program Design Required annual review	02-19-15	Clinic Services operates under guidance from the federal Health Resources and Services Administration (HRSA) and State Department of Medi-Cal Managed Care to provide healthcare services for identified special populations including individuals experiencing homelessness, individuals with co-occurring physical health and mental health conditions, and individuals recently incarcerated.
02-05	Problem Resolution Required annual review	12-17-13	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.
03-03	Incident Reporting Required annual review	12-17-13	Timely and accurate identification and reporting of incidents facilitates early investigation, evaluation and corrective action, if indicated. When an incident occurs, Clinic Services staff members are required to thoroughly complete each step of the reporting process as soon as possible.
03-04	Emergency Medical Response Required annual review	08-21-13	Primary Care Center has identified a team response to medical emergencies. The Emergency Response Team (ERT) will provide emergency care by employees trained to respond to medical emergencies and stay with patient until paramedics arrive. Assigned ERT will respond to all clinic area emergencies within the Primary Care Center building.
03-05	After Hours Services Required annual review	08-13-12	The Primary Care Center has established protocol to ensure patients have access to a medical professional after hours. Calls will be managed through the following: automated phone tree, County Communication Center, medical advice line or on-call clinician, as appropriate.

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07-05	Credentialing and Privileges Required annual review	02-19-15	<ul style="list-style-type: none"> • Credentialing policies and procedures shall address the process for appointments and reappointments of Medical Staff and licensed contracted staff for Primary Health Clinical Services. • Credentialing standards and criteria are established commensurate with those of the National Council for Quality. Credentialing and privileging shall be conducted without regard to race, ethnicity, national origin, color, gender, age, sexual orientation, or religious preference.
08-11	Notice of Privacy Practices Required annual review	06-05-15	The Notice of Privacy Practices informs patients of how the County of Sacramento may use or disclose Protected Health Information about the patient.
11-01	Sliding Fee Discount Required annual review	10-01-15	<p>As a grantee for healthcare services from the Health Services Resources Administrating (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.</p> <p>Clinic Services offers a sliding fee discount to low income patients. A sliding fee discount, based on income, is used to assess their charges.</p>
11-02	Billing and Collections Required annual review	10-29-15	Primary Health Clinic Services makes every reasonable effort to collect reimbursement for costs of providing health services to health center patients. Included payers are Medicare, Medi-Cal, other public assistance programs, private health insurance, and recipients of services with share of cost or sliding fee payment requirements.
11-03	Billing and Collections - Medi-Cal Managed Care Required annual review	07-10-14	Sacramento County Primary Health is a contracted managed care provider and will adhere to community standards and contract requirements for billing and claiming with local health plans and Independent Practice Association (IPA).

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01-04	CAB Member Recruitment, Retention, and Development <i>Required Once and when Revised</i>	07-10-14	Sacramento County Health Care for the Homeless CAB meets Health Resources and Services Administration (HRSA) requirements and successfully fulfills mandated functions by careful recruitment, retention, and development efforts.
01-06	Rights and Responsibilities <i>Required Once and when Revised</i>	04-30-15	Clinic Services ensures clients are aware of their rights and their responsibilities. This objective is achieved by ensuring new members receive information about their rights and responsibilities.
01-07	Healthy Partners Program Design <i>Required Once and when Revised</i>	12-08-15	Sacramento County Healthy Partners program provides primary care to low income undocumented adults who are residents of Sacramento County and meet eligibility criteria.
02-02	Interpreter for Patient Care <i>Required Once and when Revised</i>	01-15-16	Clinic Services provides interpreters as requested for non-English speaking patients and deaf/hard of hearing patients.
03-02	Patient Registration <i>Required Once and when Revised</i>	03-03-16	Clinic Services ensures efficient, prompt, and accurate registration, meeting customer service standards.
03-08	Appointment Scheduling: Health Center Primary Care <i>Required Once and when Revised</i>	02-19-16	Clinic Services is committed to timely access to care. Appointment scheduling procedures are designed to meet the following standard of care: Primary care appointments will be available within 10 business days of the request. Urgent appointments will be available within 48 hours of the request.
03-09	Referral Management - Indigent Care <i>Required Once and when Revised</i>	08-25-14	Clinic Services refers, processes, and tracks all referrals in a timely manner.
04-01	Urgent Services <i>Required Once and when Revised</i>	04-02-14	Primary Health Clinic Services is committed to service provision that ensures appointments to clients within appropriate periods based on the urgency of symptoms as determined by medical staff.
04-02	Integrated Behavioral Health Program <i>Required Once and when Revised</i>	09-15-10	The Primary Health Division leadership is strongly committed to improving the health of individuals with severe mental illness and co-morbid chronic medical disorders through integrated and/or coordinated health care.
04-03	Referrals to Mental Health Plan <i>Required Once and when Revised</i>	09-30-10	Integrated Behavioral Health staff members appropriately assess and refer adults who require mental health specialty services to the Sacramento County Mental Health Plan. The overarching principle is ensuring adults receive the most appropriate mental health and primary health care to meet their individual needs. Team members strive for a collaborative working partnership with Mental Health Plan specialty service providers.
04-04	Lab Results <i>Required Once and when Revised</i>	10-01-10	Clinic Services staff make all possible efforts to distribute, review and notify patients of lab results in a timely, organized and sensitive manner.

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02-01	Alternate Format	09-17-10	Printed documents in alternate formats will be provided for visually impaired patients whenever necessary
02-03	Wheelchair Access	07-20-10	To provide wheelchairs to clinic patients who are in need of and requesting same day use of a wheelchair while conducting business and/or receiving clinic services during the clinic's hours of operation.
02-04	Non-Discrimination - HIV Status	06-16-11	<ul style="list-style-type: none"> • Clinic Services does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, age, or disability (including but not limited to HIV disease), in admission to, participation in, or receipt of services or benefits under any of its programs or activities. • Clinic Services does not deny admission to any of its programs or activities, or medical/dental treatment (as determined by reasonable medical/ dental judgment given the current state of medical/dental knowledge) on the basis of an applicant's or program participant's HIV status.
03-01	Telephone Protocol	01-09-16	Primary Health Clinic Services is committed to excellence in customer service by assisting individuals by phone in a prompt, respectful, and sensitive manner.
03-07	Vacant		
04-05	General Assistance Medical Evaluations	02-05-16	Sacramento County Health Center clinicians provide medical evaluations for General Assistance (GA) recipients upon referral from the Department of Human Assistance (DHS).
04-06	Emergency Dental Services	01-23-12	Clinic Services provides emergency dental services to qualified CMISP clients.
04-07	Psychiatric Triage	07-27-12	Clinic Services staff must provide appropriate behavioral health screening.
04-08	Medical Override	06-21-13	Sacramento County Clinic Services has an established process to provide medical services prior to CMISP eligibility determination when there is a medical need. This policy outlines the procedures.
04-09	Vacant		
04-11	Initial Comprehensive Assessment	12-22-14	<ul style="list-style-type: none"> • Medi-Cal Managed Care Primary Care Medical Homes are required to provide an Initial Comprehensive Assessment including the Staying Healthy Assessment. These assessments must be completed within specific timeframes and must be documented in the electronic medical record. • The Medi-Cal population has a higher incidence of chronic and/or preventable illnesses, injuries, and disabilities. Many modifiable health-risk behaviors, such as lack of physical activity, poor nutrition, tobacco use, or excessive alcohol consumption can increase risk for chronic conditions.
04-12	Patient Satisfaction Survey for the IBH Medical Home	05-07-15	Clinic Services has a standardized approach to obtain and review information about the patient's perceived quality and satisfaction of care.
04-13	Radiology Referrals for the Health Center	01-07-16	Radiology Clinic provides simple radiology (known as common X-rays) to identified patients. This policy and procedure outlines the process for the County Health Center referrals to the Radiology Clinic.

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04-14	Radiology Services	02-19-16	Clinic Services has agreements with identified county programs to provide simple films following established State Radiologic regulations, standards of care and County policies.
04-15	Radiology Records Management	01-07-16	Radiology Services stores and retains patient records, in compliance with state and federal regulations and County policy.
05-01	Medical Home Pharmacy Refill Procedure	10-05-15	Primary Health Clinic Services has guidelines to ensure prompt and safe prescription refill authorization.
05-02	Controlled Substances	11-08-13	<ul style="list-style-type: none"> • Primary Health Clinic Services supports prescribing of controlled substances when clinically indicated and in a strong partnership with patients to whom they prescribe these medications. Physicians may prescribe chronic narcotic medications in selected cases and will continue the prescriptions as long as results indicate that treatment is successful. • Clinic practices are aligned with Federal and State guidelines for controlled substance prescribing.
05-03	Medication Rooms Security and Maintenance	12-19-14	Primary Health Clinic Services provides medication rooms to ensure efficient patient services.
05-04	Medication System and Management	12-19-14	The Pharmacy Director is responsible to ensure that standards for medication storage, labeling, and safety are met in conformance to state and federal drug laws.
05-05	Medication Dispensing and Administration	12-19-14	Primary Health Services Clinic Services provides medications and immunizations in compliance with accepted practice and state regulation.
05-06	Medication Error Reporting	08-27-13	The Pharmacy Director and Medical Director shall ensure there is reporting of medication errors or incidents and a prompt, thorough investigation.
05-07	Prescription Pad Security	07-21-14	Clinicians must maintain security of all prescription pads. This includes those issued by the County and Department of Justice.
05-08	Medications - Storing & Dispensing Patient Personal Medications	12-19-14	Primary Health Clinic Services will store for future administration certain injectable pharmaceuticals.
06-01	Standard Precautions	06-20-13	Standard Precautions represents a system of barrier precautions that serves to reduce the risk of transmission of microorganisms and the incidence of infections among patients and staff. All Primary Care employees will routinely practice standard precautions. The term standard precautions replace the term universal blood and body fluid precautions.
06-02	Needle and Syringe Disposal	06-20-13	Primary Care Center staff will dispose of contaminated needles and syringes in a safe and efficient manner into the red, rigid, sharps disposal containers located in the treatment and medication rooms on each unit.
06-03	Personal Protective Equipment (PPE)	12-03-14	Clinic Services staff will adhere to these guidelines to prevent the spread of infectious disease. Section D specifies PPE protocol for Ebola suspect patients.

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06-04	Contaminated Materials Handling and Disposal	12-12-14	Clinic Services personnel will adhere to these guidelines to maintain staff safety when handling and disposing of Other Potentially Infectious Material.
06-05	Cleaning and Disinfecting a Blood or Body Fluid Spill	12-12-14	Clinic Services personnel will adhere to the following guidelines for cleaning and disinfecting walls, tabletops, floors or other inanimate objects contaminated with blood or other potentially infectious material.
06-06	Staff Exposure to Blood Borne Pathogens	06-20-13	Primary Care staff will adhere to guidelines for any incident regarding exposure to Blood Borne Pathogens. Blood and Other Potentially Infectious Materials (OPIM) are all body fluids and any unfixed tissue other than intact skin from a human.
06-07	Medical Equipment Maintenance	08-27-13	Primary Care Clinic ensures that all equipment used to assess patient health status/condition is clean and functioning properly.
06-08	Autoclave Care and Sterilization	08-28-13	Clinic Services autoclave equipment must be in appropriately cleaned, in working order and routinely monitored.
06-09	Ebola Protocol	05-14-15	Primary Care staff adhere to all established applicable standards of practice regarding known or suspected exposure to Ebola virus, per the following DHHS Public Health approved protocol.
07-01	Provider Time Off	03-02-15	In order to provide sufficient provider time for clinic operations, requests for unplanned absences, vacation and Continuing Medical Education (CME) time off will follow the following procedures.
07-02	Time Off Requests	04-11-12	Primary Health Clinic Services is committed to an orderly scheduling of workload based on minimum staffing standards for each clinical service. Shared time off calendars will be utilized for PCC, GYN, TEACH, Chest, Integrated Behavioral Health, Dental, Refugee and Homeless staff to ensure adequate coverage for all programs. Physician time-off is defined in a separate policy.
07-03	Timesheet Preparation	07-12-11	Correct completion of timesheets is the responsibility of all employees. In order for you to be paid on time, and correctly, Human Resources must receive an accurate timesheet by the submission deadline.
07-04	Influenza Vaccination for Employees	11-04-11	Vaccination of health care workers reduces infection and absenteeism, prevents mortality in their patients and results in financial savings to health institutions. By vaccinating health care workers, transmission of a disease like influenza can be prevented. "Health care worker" is defined to mean an employee, independent contractor, licensee, or other individual who is involved in the delivery of health care services. Some health care workers provide direct patient care. Others have jobs that put them in close contact with patients or the patient environment. Even health care workers who do not come into close contact with patients likely have contact with health care workers who do.
07-06	Appearance Standards	04-11-12	Clinic Services strives to convey its status as a professional, caring and competent health program. Accordingly, Clinic Services requires that personnel be neat and well groomed while on duty. Dress should be limited to clothing that is considered appropriate and safe for work in a healthcare setting.

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07-07	Mandatory Staff Training	08-27-13	Clinic Services ensures that personnel receive appropriate training to perform their respective functions and improve patient care.
07-08	Nurse Practitioner Standards	03-28-14	Sacramento County Primary Health Clinic Services authorizes Nurse Practitioners to practice under the attached Standardized Procedures for Nurse Practitioners (at the Primary Care Clinic and satellite locations), without the immediate supervision or approval of a physician.
07-09	Employee Status Change	01-09-16	Clinic Services processes changes in employee status in a timely manner. Data must be processed for new employees, employees with status changes, and exiting employees, to maintain accurate employee records, and to maintain facility and system database security.
07-10	Employee TB Screening	12-02-14	Healthcare workers are at risk for exposure to Mycobacterium tuberculosis (Mtb). To reduce the risk of tuberculosis infection, routine screening is required for all Clinic Services employees. Screenings will also be initiated as needed for workplace exposures to tuberculosis.
07-11	Electronic Medical Record (EMR) Orientation and Training	06-05-15	<u>County Employees</u> are staff hired through civil service with provisional, permanent, or on-call status. <u>Contract Employees</u> are staff who are hired through a temporary services agency, registry, or as a contractor. <u>Volunteers</u> are individuals who perform services on a voluntary basis and are assigned through the DHHS Volunteer Coordinator. Volunteers may include residents, students, interns and externs.
08-01	Medical Records Management	06-03-15	A Medical Record is the collection of information concerning a patient and his or her health care that is created and maintained in the regular course of business in accordance with policies, made by a person who has knowledge of the acts, events, opinions or diagnoses relating to the patient, and made at or around the time indicated in the documentation.
08-02	Personal Representatives	02-22-16	A “personal representative” is a person with authority to act on behalf of an individual in making decisions related to health care. The person is treated as a personal representative only with respect to the Protected Health Information (PHI) that is relevant to the personal representation.
08-03	Copy Service Procedures	02-22-16	Clinic Services maintains the privacy and confidentiality of Protected Health Information (PHI) in its custody for all clients served, as required by State and Federal law. Clinic Services grants permission for and supervises duplication of medical records when a copying service is required.
08-04	Release of Protected Health Information	02-22-16	Clinic Services ensures medical records management practices protect the confidentiality, privacy, and security of all Protected Health Information (PHI) in compliance with patient expectations, state and federal regulations, and community standards.
08-05	Work Area Access and Safeguards	06-05-15	Clinic Services staff reasonably safeguard Protected Health Information (PHI) from any unauthorized intentional or unintentional use or disclosure, and maintain the privacy and confidentiality of PHI for all patients served, as required by applicable State and Federal law.
08-06	Vacant		

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No.	Name	Date	Policy
08-07	Virtual Private Network (VPN)	02-17-15	This policy provides guidelines for Remote Access IPsec or L2TP Virtual Private Network (VPN) connections to programs available through the Clinic Services network. Designated authorized providers may access client level information remotely for business purposes.
08-08	Advance Health Care Directive	08-26-13	Primary Care Center (PCC) staff provides adults and emancipated minors with information concerning their rights under California State law regarding Advance Health Care Directive (AHD). The AHD applies to the physical health care of a beneficiary. PCC will not condition the provision of care, or otherwise discriminate against patients, based on whether they have executed advance directives and/or made complaints regarding advanced directive requirements.
08-09	Subpoena Requests for Medical Records	06-11-15	Clinic Services responds to subpoena requests for copies of patient medical records according to all applicable State and Federal law, in a manner, which maintains patient privacy and confidentiality.
08-10	Electronic Medical Record (EMR) Changes or Deletions	11-08-13	Clinic Services must adhere to Federal and State requirements and guidelines regarding any changes or deletions in the Electronic Medical Record.
08-12	Security Violations & Reporting	11-14-13	Clinic Services staff report known or suspected violations of the Health Insurance Portability and Accountability Act (HIPAA) to the County Office of Compliance, in accordance with County policy and applicable State and Federal law.
08-13	EMR Document Scanning	04-24-14	The Clinic Services Electronic Medical Record (EMR) has interfaces that allow progress notes, physician orders, lab orders, and prescriptions to be recorded electronically. However, there are certain instances in which a document from outside this system, if critical to the medical record, must be scanned. Staff are trained to ensure the timely and appropriate placement of scanned material into the EMR.
08-15	Placing & Completing Orders in the Electronic Medical Record	02-18-15	The process of entering and completing orders is completed using the features available in the Electronic Medical Record (EMR).
08-16	Electronic Medical Record (EMR) System Reporting	06-08-15	To ensure optimal and timely Clinic service delivery, issues involving the Electronic Medical Record (EMR) are prioritized and streamlined for problem resolution.
08-17	Accounting of Disclosures	06-03-15	Clinic Services staff document each release, transfer, provision of access to, or other type of disclosure of Protected Health Information (PHI), other than disclosures for Treatment, Payment or Health Care Operations, outside the covered healthcare component holding the PHI.
08-18	Electronic Medical Record Contingency Plan	06-05-15	Clinic Services and DTech are responsible for maintaining security of the Electronic Medical Record (EMR); ensuring systems are in place to respond to emergencies, and to back up data. The Sacramento County Office of HIPAA conducts regular, systematic reviews of security protocols and provides Clinic Services leadership with an assessment.

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08-19	Electronic Medical Record Audit	06-12-15	<ul style="list-style-type: none"> • Clinic Services and DTech are responsible for maintaining security of the Electronic Medical Record (EMR), ensuring systems are in place to conduct regular security audits. The Sacramento County Office of HIPAA conducts regular, systematic reviews of security protocols and provides Clinic Services leadership with an assessment. • The EMR is currently accessible only via the County network. County employees, on-call employees, contractors or volunteers who need to access the EMR must have a valid network account. The protocols for establishing, modifying or terminating network accounts is described in Policy and Procedure 07-09 Employee Status Change. • As an additional level of security, a secondary account assignment is also required to access the EMR. Staff will periodically audit these secondary accounts.
09-01	Scheduling	03-11-16	Sacramento County Refugee Health Assessment Clinic schedules newly arrived Refugees, Asylees, Victims of Human Trafficking, and other entrants and eligible groups for health assessments, when referred by State Refugee Resettlement Agencies or self-referred.
09-02	Quantiferon (QFT) Testing	03-09-16	Sacramento County Refugee Health Assessment Clinic evaluates and makes appropriate referrals for all Refugee patients for Tuberculosis (TB), utilizing the Quantiferon (QFT) test method, in accordance with the State of California Refugee Program guidelines.
09-03	Ova and Parasite Screening Referral	03-15-16	Refugee Health Clinic staff provides each patient with instructions for Ova / Parasite screening.
09-04	Referral and Linkage	03-15-16	<ul style="list-style-type: none"> • Clinic Services Refugee Health Clinic team members provide comprehensive health assessments for refugees after their arrival in order to identify communicable, acute, or chronic health or behavioral health conditions. • Referrals / linkage to appropriate health and behavioral health services are critical in achieving and maintaining optimal health and wellbeing.
09-05	Standing Orders - Refugee Program	03-18-16	Certified Medical Assistants working in the Refugee Program guidelines provide identified screening tests under a physician's standing orders.
09-06	Immunizations	01-25-16	Refugee Health Assessment Clinic ensures that all patients receive immunizations (IZs), as ordered by the clinician and administered by certified staff working within their scope of practice, following Centers for Disease Control (CDC) and State Refugee Health Assessment Program guidelines.
10-01	Pregnancy Test	01-10-13	Patients served with field services assessment and referral will be tested for pregnancy as indicated and advised regarding pregnancy alternatives.

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10-02	Shelter Patient Triage	01-10-13	Licensed nurses triaging within homeless shelter sites and programs will provide effective health care assessment and treatment. If a patient requires health services outside the nurse's scope of practice, the patient will be provided self-care instructions, referred to the appropriate clinic or sent to the nearest hospital.
10-03	Over the Counter Medications	07-21-14	Within the scope of nursing practice, nurses provide patients who are homeless with appropriate over-the-counter medications as approved by Clinic Services Medical Director.
10-04	Tetanus Administration	01-10-13	Outreach Health Care for the Homeless (HCH) Registered Nurse (RN) will ensure homeless clients at risk receive Tetanus Administration.
10-05	TB Shelter Screening - Homeless	04-07-15	Designated and trained Registered Nurses (RN) and Medical Assistants (MA) working within these guidelines may provide Tuberculosis (TB) screening for homeless individuals per County Health Officer direction.
12-01	Dependent Adult/Elder Abuse Reporting	08-23-13	Designated clinic employees are required to report suspected instances of dependent adult or elder abuse to designated authorities consistent with mandated reporting requirements.
12-02	Child Abuse Reporting	08-23-13	Designated staff report suspected instances of child abuse to the designated authorities as required by law. A report must be made when a mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom s/he knows or reasonably suspects has been the victim of abuse or neglect.
12-03	Domestic Violence Reporting	08-23-13	Primary Care Services mandated reporters makes a report when s/he provides medical services for a physical condition to a patient whom s/he knows or reasonably suspects is suffering from a physical injury due to a firearm or assaultive, or abusive conduct.
13-01	Anticoagulation Therapy Management	03-25-14	Specialized protocol for management of individuals placed on anticoagulation therapy is optimal for thorough patient education, appropriate dosing, and therapeutic monitoring.
13-02	Diabetes Management	06-25-15	Integrated Behavioral Health Medical Home provides chronic disease support to patients with diagnosis of Diabetes Mellitus (DM).
13-03	Hypertension Management	06-25-15	Integrated Behavioral Health (IBH) Medical Home provides chronic disease support to patients with a diagnosis of hypertension (HTN).

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01-03	HCHAB Conflict of Interest Required annual review Done 2/19/16	07-15-14	Conflicts of interest involving the Health Care for the Homeless CAB (CAB) must be identified when the CAB is considering entering into a transaction, arrangement or other work that might benefit the private interest of a Board member. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest that are applicable to nonprofit and charitable organizations.
03-06	Referral Management - Medical Home Required Once and when Revised Done 3/2/15	12-23-14	Sacramento County Primary Health Services is committed to providing a comprehensive medical home for assigned patients. This includes ensuring that patients receive the external specialty services that they need.
04-10	Care Coordination Required Once and when Revised Done 3/2/15	07-15-14	Primary Health Clinical Services ensures quality patient care through timely communication and effective coordination between providers of care for enrolled patients.
08-14	Documentation Required Once and when Revised Done 3/2/15	11-04-14	Clinic Services Providers ensure documentation of care meets required clinical and billing standards.