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Sacramento County Department of Health Services
Health Center Co-Applicant Board (CAB)

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Meeting Agenda
December 15, 2023 / 9:30 AM to 11:00 AM

Meeting Location
Community Room 2020 at 4600 Broadway / Sacramento, CA
- The Community Room 2020 is easily accessible without staff/security needing to let you in. It is at the top of the back stairs (near the Broadway entrance, not the garage entrance).

Public comment will be taken after each agenda item and at the end of the meeting.

Topic
Opening Remarks and Introductions – *Jan Winbigler, Chair* • Roll Call and welcoming of members and guests • *Review and approval of 11/17/23 CAB meeting minutes
Brief Announcements – *All* •
HRSA Project Director Update – *Dr. Mendonsa*
HRSA Medical Director Report – *Dr. Mishra*
Follow Up – *Dr. Hutchins* • CAB Member Technical Support – need for enhancement

CAB Governance
• Committees Updates to CAB – Committee Chairs
  o Clinical Operations Committee – *Mr. Gallo*
    ▪ *Review of
      ➢ *02-04: Non-Discrimination Policy*
      ➢ *03-12: Appointment Template Management*
    ▪ Overview *of programs and services: Referrals Program*
  o Finance Committee – *Ms. Bohamera*
    ▪ Change in timing of review of monthly Financial Status Reports
    ▪ Grant updates
    ▪ *Review of *PP-CS-11-04: Grant Management*
    ▪ *Proposed growth and growth positions for FY 2024-2025 budget
  o *Governance Committee – *Ms. Winbigler*
    ▪ Committee membership for 2024
    ▪ *Review of CAB meeting and required activities calendars for 2024
    ▪ Training Update
      ➢ New Member
      ➢ New Officer
      ➢ Reminder: Brown Act Training on January 19, 2024; 11AM-12PM
    ▪ Recruitment Update

January Monthly Meeting Items – *All*

Sacramento County Department of Health Services
Health Center Co-Applicant Board (CAB)

- HRSA Project Director Report   - HRSA Medical Director Report   - Committee Updates   *Policy and Procedure Review: TBD   - Program Review: TBD   - November Financial Status Report   - Recruitment and Training Updates
Public Comment Period – *Ms. Fryer, Vice-Chair*
Closing Remarks and Adjourn – *Jan Winbigler, Chair*

Next Meeting: Friday, January 19, 2024 / 9:30-11:00 AM

*Items that require a quorum of CAB members and vote.

The Co-Applicant Board welcomes and encourages public participation in the meetings. Matters on the agenda may be addressed by members of the public at the end of that agenda item. In addition, matters under the jurisdiction of the Co-Applicant Board and not on the posted agenda may be addressed by the public following completion of regular business.

The agenda is posted on-line for your convenience at https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx

Per the Brown Act, CAB members attending a CAB meeting through teleconferencing are required to disclose the location from which they are calling. It is illegal to call while driving. There is a cap on how many members can attend from outside Sacramento County.

Meeting facilities are accessible to persons with disabilities. Requests for interpreting services, assistive listening devices or other considerations should be submitted by contacting the Primary Health Division at (916) 875-5701 (voice) and CA Relay Services 711 (for the hearing impaired), no later than five working days prior to the meeting.

This agenda, the minutes (once prepared and approved) and handouts for this meeting can be found on the CAB website:
https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx

Sacramento County Department of Health Services
Health Center Co-Applicant Board (CAB)

Meeting Minutes
November 17, 2023 / 9:30 AM to 11:00 AM

Meeting Location
4600 Broadway, Sacramento, 95820 / 2nd Floor, Community Room 2020

Meeting Attendees
CAB Members: Elise Bluemel (remote), Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Jan Winbigler

SCHC Leadership: Sharon Hutchins, Andrew Mendonsa, Sumi Mishra, Robin Skalsky

SCHC Staff: Robyn Alongi, Emily Moran-Vogt, Nicole Reyes-Sanchez

Community Members: Belinda Brent

Topic

Opening Remarks and Introductions – *Jan Winbigler, Chair*
 • Roll Call and Welcoming Of Members and Guests
     o *Roll was taken by Jan Winbigler and she welcomed attendees.*
 • *Review and Approval of 10/20/23 CAB Meeting Minutes
     o *Laurine Bohamera made a motion to approve the October 20, 2023 minutes as presented. Elise Bluemel seconded the motion.*
     o *A roll-call vote was taken.*
        ▪ *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Jan Winbigler*
        ▪ *No votes: None*
        ▪ *The motion passed.*
 • Additions to the Meeting Agenda
     o *Three items were added to the meeting agenda.*
        ▪ **Proposal to delay reporting on the 2021-23 Strategic Plan.*
        ▪ **Proposal to delay providing baseline data for the 2023-26 Strategic Plan.*
        ▪ **Approve 2024 Meeting Dates.*
 • Public Comment – *None.*

Officer Elections for 2024   • *Ballots were distributed to, completed by, and collected from CAB members.*   • *Suhmer Fryer was elected CAB Chair for 2024 while Laurine Bohamera was elected Vice Chair.*
Leadership Updates – *Drs. Mendonsa and Mishra*   • Health Resources and Services Agency (HRSA) Project Director Update - *Dr. Mendonsa*   o *Health Center leadership met with HRSA and were informed the pending applications for expansion within the School-Based Mental Health satellites have all been disallowed.*

- SCHC hired legal counsel. The law firm has experience working with other FQHC's on this issue and will assist leadership to develop a strategy to address HRSA concerns, including with the contract with SCOE.
- SCHC Leadership is expecting a "cease operation" notice.
  - *Sacramento County Health Center Receives HRSA Badges*
    - *The Sacramento County Health Center was awarded three Health Resources and Services Administration (HRSA) Community Health Quality Badges, a significant achievement that reflects our commitment to providing high-quality healthcare services to our community. These prestigious recognitions from HRSA acknowledge our dedication to excellence in healthcare delivery, patient-centered services, and continuous improvement. The awards reflect the hard work, dedication, and unwavering commitment of our entire team to ensure that our patients receive the best possible care. In 2022 we received only one badge, so these awards truly highlight the advances we have made to increase access, better operations, and improve quality care.*
    - *A media release will be sent out next week.*
  - *Street Medicine Program*
    - *The Health Center is in the process of bringing a County on-call nurse practitioner to an additional half day of street medicine service.*
  - *Improved Access and Provider Services*
    - *The Health Center continues to work to increase access to specialty care.*
    - *We continue to offer extra-hours clinics aimed at expanding access and closing gaps in care.*
  - *Health Center Growth / Staffing*
    - *Management continues to fill the positions from the FY23-24 growth request.*
    - *Leadership began discussing growth concepts for the FY24-25 budget.*
  - *Referral Department Improvements*
    - *Referrals remain a focus of the Executive Team. The workgroup continues to meet to work out the details of the new workflow and plan to train staff on the new workflow in early December.*
  - *Health Center's Workforce Well-being Survey Results*
    - *Last year the Health Center participated in HRSAs national Workforce Well-being Survey. This survey aligns with our Strategic Plan around ensuring workforce health and improvement.*
    - *Overall, the results were positive. It highlighted several areas in which we could improve and compared SCHC to similar FQHCs across the country. In the category of 'Supportive Health Center Processes' we surpassed the national average.*
    - *The Executive Team will be further analyzing the results and identifying interventions and projects to improve our scores in critical areas.*
    - *A summary of the results was included in the meeting packet.*

- HRSA Medical Director Reports – *Dr. Mishra*
  - *All Programs*
    - *COVID-19 vaccines available for all ages.*
    - *RSV: We have all formulations (adults, children, pregnant).*
    - *The next steps for Abrysvo and Beyfortus include adding these immunizations to EMR; educating staff on the storage, handling, and administration; educating providers regarding those who are at high risk and any contraindications.*
  - *Pediatrics*
    - *The US Surgeon General hired RAND corporation to reach out to health centers that conduct a large amount of Adverse Childhood Events (ACEs) screenings. SCHC was identified as one of the locations. Dr. Ratanasen and Dr. Mishra participated in a call with RAND and learned that the Surgeon General is gathering information regarding financial reimbursement of screenings and identifying any unique utilization of funds.*

- Public Comment – *None.*

Quality Improvement – *Dr. Hutchins*

- Patient Feedback Survey Findings – Mental Health Services Portion
  - *The sample size was small, less than 30 people.*
  - *SCHC did better than the national average for staff being respectful and helpful but did worse regarding telephone access and general topics such as being respectful of cultural, ethnic, and spiritual needs, and family involvement.*
- Summary of Patient Grievances & Safety Concerns
  - *The levels of grievances were explained, and examples of each level were provided.*
  - *Level 3 is the most serious. We had one level 3.*
  - *There were more complaints in quarter three than quarter two of this year. Many were due to access and referral issues.*
- Public Comment – *None.*

CAB Governance

- Committees Updates to CAB – *Committee Chairs*
  - Clinical Operations Committee – *Chair Gallo*
    - Review of Policies and Procedures
      - PP-CS-01-01: Quality Improvement
        - ❖ Jan Winbigler made a motion to approve the Quality Improvement policy. Vince Gallo seconded the motion.
        - ❖ A roll call vote was taken.
          - ✓ <u>Yes votes</u>: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Jan Winbigler.
          - ✓ <u>No votes</u>: None.
          - ✓ The motion passed.
      - PP-CS-03-01: Telephone Protocol
        - ❖ It was suggested that acronyms be written out before the acronym is used.
        - ❖ A motion was made by XX to approve the Telephone Protocol with amended language. The motion was seconded by XX.
        - ❖ A roll call vote was taken.
          - ✓ <u>Yes votes</u>: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Jan Winbigler.
          - ✓ <u>No votes: None.</u>
          - ✓ The motion passed.
      - *PP-CS-03-04: Emergency Medical Response Team*
        - ❖ *It was suggested that the first responder relays other patient needs such as the patient is blind, deaf, or is wheelchair bound, when the Medical Response Team arrives at the emergency site.*
        - ❖ *Elise Bluemel made a motion to approve the Emergency Medical Response policy with language added that the first responder is responsible for relaying any additional information about the patient to the Medical Response Team when they arrive onsite. Vince Gallo seconded the motion.*
        - ❖ *A roll-call vote was taken.*
          - ✓ *<u>Yes votes</u>: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Jan Winbigler.*

- ✓ *No votes: none.*
- ✓ The motion passed.
- o *Finance Committee – Laurine Bohamera*
  - ▪ October *Financial Status Report*
    - ➢ *The Health Center has significant savings due to staff vacancies.*
    - ➢ *There has been little movement in operating expenses because several contracts still need to be executed. The UCD contract was executed so they can begin billing.*
  - ▪ *The Finance Committee presented a recommendation that SCHC leadership request an exemption to the 71-J requirements to have an outside organization provide navigation services for refugees under the CDPH grant. SCHC has been trying to hire staff but has been unsuccessful. The 71-J exemption would allow SCHC to use an outside organization to provide linkage to care.*
  - ▪ *Initial discussion of growth requests for FY 24-25 was postponed to the December meeting. The growth proposal is due December 31, 2023.*
  - ▪ *Year-end data for 2022 will be shared at the December CAB meeting.*
- o *Governance Committee – Chair Winbigler*
  - ▪ **Proposal to amend Bylaws to align conflict of interest definition with policy and procedure document.*
    - ➢ *Minor changes to the language of the Bylaws were suggested by the Governance Committee to ensure that the Bylaw language aligns with PP-CS-01-03: Sacramento County Health Center Co-Applicant Board – Conflict of Interest.*
    - ➢ *Members discussed the proposed language and made further edits.*
    - ➢ *Areta Guthrey made a motion to approve the discussed amendment to the Bylaws and the language in PP-CS-01-03 as discussed at the meeting. Elise Bluemel seconded the motion.*
    - ➢ *A roll-call vote was taken.*
      - ❖ *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Jan Winbigler.*
      - ❖ *No votes: none.*
      - ❖ *The motion passed.*
  - ▪ *Update on recruitment.*
    - ➢ *The Health Center has not received any new applications for membership. Recruitment flyers are posted around the Health Center, but they have not been placed in waiting areas or exam rooms yet. Robin Skalsky will talk to staff to have them posted.*
  - ▪ *Update on training*
    - ➢ *Brown Act training is scheduled for today after the CAB meeting.*
  - ▪ **Proposal to delay reporting on the 2021-23 Strategic Plan*
    - ➢ *Jan Winbigler made a motion to delay reporting on the 2021-23 Strategic Plan to April 2024. Vince Gallo seconded the motion.*
    - ➢ *A roll call vote was taken.*
      - ❖ *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Jan Winbigler.*
      - ❖ *No votes: none.*
      - ❖ *The motion passed.*
  - ▪ **Proposal to delay providing baseline data for the 2023-26 Strategic Plan*
    - ➢ *Vince Gallo made a motion to delay providing baseline data for the 2023-26 Strategic Plan to April 2024. Areta Guthery seconded the motion.*
    - ➢ *A roll call vote was taken.*
      - ❖ *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Jan Winbigler.*

> > ❖ *No votes: none.*
> > ❖ *The motion passed.*
> - ▪ **Approve 2024 Meeting Dates*
> > ➢ *Elise Bluemel made a motion for CAB to continue meeting on the third Friday of each month from 9:30-11:00 in 2024. Laurine Bohamera seconded the motion.*
> > ➢ *A roll call vote was taken.*
> > > ❖ *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Jan Winbigler.*
> > > ❖ *No votes: none.*
> > > ❖ *The motion passed.*

- Public Comment – *None.*

December Monthly Meeting Items – *All*
- HRSA Project Director Report
- HRSA Medical Director Report
- Committee Updates
  - o Policy and Procedure Review
  - o November Financial Status Report
  - o Recruitment and Training Updates
- Public Comment – *None.*

Public Comment Period – *Ms. Fryer, Vice-Chair*
- *Suhmer Fryer asked if there was any public comment. No comments were made.*

Closing Remarks and Adjourn – *Jan Winbigler, Chair*
- *Jan Winbigler adjourned the meeting at 11:10 am.*

Next Meeting: Monthly Meeting: Friday, December 15, 2023 / 9:30-11:00 AM

*Items that require a quorum of CAB members and vote.

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HRSA Project Director Updates
December 15, 2023

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1. **Health Resources and Services Administration (HRSA) / Sacramento County Office of Education (SCOE) School Based Mental Health Updates**
   - Health Center and County leadership continue to meet to develop a response to HRSA.

2. **HRSA and Medi-Cal Audits / Facility Site Reviews**
   - The Health Center has started preparation for site visits and audits expected to occur in the first quarter of next year. Dr. Hutchins has formed ongoing workgroups to tackle various subject areas.

3. **Improved Access and Provider Services**
   - The Health Center continues to work to increase specialty access. We have two new consultants from Municipal Resource Group joining the project.
   - We continue to offer extra-hours clinics aimed at expanding access and meeting gaps in care (GICs). We will be analyzing the success of our after-hours clinics and deciding how to proceed for 2024.

4. **Health Center Growth / Staffing**
   - Please see the Growth Request document included in the meeting packet which highlights the proposed growth for the 24/25 fiscal year. We used the Strategic Plan, compliance, and improvements in patient care as guideposts for growth. The CAB Executive Team was engaged and provided input which is reflected in the proposal.

5. **Space/Building Updates**
   - Some of the space maximizing projects (e.g., double desks in an office, measurements to determine how to use space) have been completed. Other projects are still pending either due to HRSA approval or awaiting the project to be assigned to a county work team.
   - New Health Center signage projected to be installed by 12/31/23.

6. **Referral Department Improvements**
   - Remains a focus for the management team. A workgroup has been meeting to develop a new workflow, identify productivity targets, and identify OCHIN (electronic medical record) tools that will make referral processing more effective.

Medical Director's Report
December 8, 2023

- Provider Staffing
  - We have added a doctor to provide additional same day and urgent services, and to increase work in the complex care management team.
  - A new nurse practitioner was hired to work on Friday at Loaves and Fishes in order to have 5 full days of service at the clinic. Start date 12/22.
  - Looking for ways to recruit and fill permanent NP position.
  - New gastrointestinal doctor is volunteering once a month to provide hepatology (liver) consultation. Start date 11/30.
  - We have increased the number of half days for the Developmental and Behavior pediatricians at the clinic to assess and treat more patients with suspected autism and other forms of developmental delays. Referrals for developmental delay assessment is very challenging and there is a great need in the community for this service.

- Healthy Partners
  - Working with Admin team and Member Services to minimize gaps in care for established HP patients regardless of where they are in the process of converting to full scope Medi-Cal.
  - Working with referrals team to minimize gaps in specialty care.

- Quest Billing
  - Quest has provided a list of billing errors and catalogue of Medi-Cal and Medicare billable diagnosis codes.
  - We will be training the Refugee and Primary care programs staff to associate lab orders to billable diagnosis codes.

Title: **Non-Discrimination Policy**	Functional Area: **Clinic Operations**
Approved By: ~~Susmita Mishra, M.D., Medical Director~~Andrew Mendonsa, PsyD, Division Manager	

~~POLICY~~Policy:

The Sacramento County Health Center (~~Health Center~~SCHC), in compliance with state and federal ~~r~~laws and regulations and in alignment with Sacramento County Policy 601: Discrimination, Harassment, and Retaliation, does not exclude, deny benefits to, or otherwise discriminate against any person based on protected characteristics (which include race, color, national origin, religion, age, ~~or~~disability, gender identity; gender expression; sex, sexual orientation, political affiliation, genetic information, medical or mental health condition~~,~~), in admission to, participation in, or receipt of services or benefits under any of its programs or activities.

P~~ROCEDURES~~rocedures:

~~Clinic Services~~SCHC shall make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination, unless ~~Clinic Services~~SCHC can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity, would result in undue financial and administrative burdens~~, or harm to other patients or staff~~. SCHC shall make every effort within the law to reduce or eliminate harm to others.

A. **Complaint Measures:**

1. Applicants and program participants may file ~~internal grievances~~a complaint with SCHC by filling out a Service Issue Complaint form.

2. Applicants and program participants may also file ~~grievances~~ a complaint with the County of Sacramento Department of Health by contacting the department Ombudsman at 7001-A East Parkway, Sacramento, CA. 95823 or (916) 875-2000.

3. Participants may also file discrimination complaints with the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), at www.hhs.gov/ocr/civilrights/complaints~~,~~, by email at~~,~~ *ocrmail@hhs.gov*, ~~or~~ by ~~contacting~~mail at DHHS/OCR/Region 9, 90 7th St., #4-100, San Francisco, CA 94103, or by phone ~~at~~call (415) 437-8310~~;~~ or (415) 437-8311 (TDD).

Attachments:
N/A

References:
~~N/A~~Sacramento County Policy 601: Discrimination, Harassment, and Retaliation

Co-Applicant Board Approval:

	County of Sacramento Department of Health and Human Services Division of Primary Health Services Policy and Procedure	Policy Issuer (Unit/Program)	**Clinic Services**
		Policy Number	**03-12**
		Effective Date	**08-05-16**
		Revision Date	1~~12-1704~~-23

Title: **Appointment Template Management**	Functional Area: **Clinic Operations**

Approved By: Robin Skalsky~~Vanessa Stacholy~~ – Health Program Manager

Policy

Sacramento County Health Services is committed to timely access to care, meeting productivity targets, and providing a positive customer experience. Management of appointment templates ensures these three goals are met. See PP ~~03-08 Appointment Scheduling~~03-08 Appointment Scheduling.

Procedures:

A. Guideline for Standardized Templates

1. Appointment slots labeled new are for:

   a. Patients never seen.

   b. Patients not seen within 3 years.

   c. Patients who are changing providers within the Health Center are not considered new.

2. Appointment slots labeled follow-~~follo- w~~ up are for:

   a. Visit for an established patient (seen within three years regardless of provider type – PCP or specialist)~~)~~.

   b. This includes follow up visits for lab results, Pap tests, procedures, injections, ~~-~~etc.

3. Appointment lengths vary from 20 minutes to 60 minutes depending on the program. See Visit Types by program.

4. PCP and learner a~~A~~ppointment templates will be available a minimum of 12 weeks in advance. It will be the contractor and Program Lead's responsibility to submit the learners' schedules to the template coordinator.

5. Resource Schedule templates and SPIRIT volunteer specialist schedules are created as needed and do not have a templated number of appointments. Mobile Medical Van (~~-~~MMV) and Homeless Resource schedule are created on a patient walk in and seen basis. ~~SPIRIT volunteer specialists are often scheduled as needed and may not have a standardized or EHR template in place.~~

6. Overbooks will be turned on for all templates. ~~It is up to the Program Leads to use them in their standardized templates.~~

B. Productivity Expectations Reflected in the Templates

1. Provider [productivity expectations](#) are tracked by program and specialty.
2. Productivity expectations per half day are based on multiple factors: Medi-Cal access guidelines, no show rate per program, Program/Specialty, FQHC benchmarks, etc.

~~3.~~2.   Templates are created and booked based on the determined Productivity Expectation.

~~4.~~3.   The number of new patients per day may change based on patient demand and provider's panel size, as agreed upon ~~or~~~~determined~~ by Program Manager, ~~r and~~ Medical Director, ~~.~~ and Program Leads.~~.~~

C. Template Management

1. One patient is scheduled per appointment slot. Double booking is allowed by Medical Assistant ~~security~~ or higher, and only with prior provider approval.

2. ~~At times of high service demand,~~ ~~T~~the ~~T~~template appointments may include designated blocked appointments. These blocked appointments are to ensure space to book needed follow-up appointments.

    a. Currently blocks in use:

        i. **Same Day** – available for use on the day of the scheduled appointment.

        ii. **3-Day** – available for use starting 3 days before the scheduled appointment date.

        iii. **7-Day** – available for use starting 7 days before the scheduled appointment date.

        iv. **14-Day** – available for use starting 14 days before the scheduled appointment date.

        v. **Provider Use Only** – to be used only with the provider's permission.

3. Patients may or may not be screened by Registered Nurses (RNs) before being given a designated blocked appointment. RNs are the only classification that may ~~only~~ remove the block on these slots and only after the patient has been~~to use for patients they have~~ triaged accordingly.

4. The telephone policy requires that if a patient requests an appointment only with their provider, but that provider is not available, staff will send a message to the provider's medical assistant who will consult with the provider and book an appointment accordingly. See PP 03-01 Telephone Protocol.

D. Rescheduling patients from template

1. Providers are only permitted to reschedule patients for ~~non-medical reasons~~ with Medical Director or designee's approval.

2. ~~Program Coordinator~~ Health Program Manager, Sr RN of the program or designee will assist provider if schedule is overfull or there are special circumstances.

E. Template adjustments

1. Only the Medical Director (with suggestions from the Health Program Managers and Program Leads) may authorize temporary or permanent changes to a provider's template.

2. Permanent changes may include the following reasons:

    a. Data indicates that provider has pattern of higher than 80% show rate.

b. Data indicates that provider panel is full.

c. Examples where temporary changes may be warranted are:

    c.

      I. The provider is on inpatient duty.

      II. Template is blocked for meetings.

      III. Provider is onboarding or working with ~~Residents~~ Learners.

  3. Any changes will be a modification of the already approved template for the provider/program.

References:
PP 03-01 Telephone Protocol
PP 03-08 Appointment Scheduling
OCHIN Visit Types and Blocks Assigned by Program

Resources:
Productivity Expectations by Provider Type
Scheduling Templates by Program
Specialty Resource Guidance Document

Contact:
Sandra Johnson, LCSW, Sr. Health Program Coordinator
Rachel Callan, OCHIN EHR Support Analyst, Administrative Services Officer II

Program Summary: Referrals

Item	Description
Summary and purpose	To ensure patients receive specialty services ordered by their provider as part of their covered services, in accordance with state and federal regulations.
When did the program start?	Prior to the Health Center being a Federally Qualified Health Center.
Is our purpose still relevant?	Yes, it's mandatory.
Description of current scope and activities. Which types of patients are served? At which sites? What are the hours?	All primary care medical patients of the health Center, regardless of insurance status, are served by this program. SCHC providers use OCHIN Epic to request a referral to a specialist for a patient. For outside specialists, these requests are reviewed by the Referrals Team to ensure that the patient is still assigned to the health center and eligible for the services and that requirements of the patient's health insurance plan (if any) are met. The referrals specialists submit referrals for authorization. Once authorized by the IPA, Referrals Team members contact the patient to inform him/her that the referral has been approved and that they can now make an appointment with a specific specialist office. The Referrals Team receives an average of >100 new referrals per day. Referral Team processes referrals for RCMG, Nivano, UCD Health Net, Healthy Partners and internal specialty referrals to Cardiology, Neurology, Nephrology, MSK, Rheumatology, Procedures Clinic, OB/GYN Clinic. Referrals sends out referrals to SPIRIT (Sacramento Physicians Initiative to Reach Out, Innovate and Teach) a volunteer groups of specialists that donate their time to see Healthy Partners patients. Currently, the Referrals Team has a backlog of ~3,500 referrals, down from 4,500 on September 1.
Current staffing levels	1.0 Supervising Nurse 1.0 FTE Registered Nurse (+ 1 Registry RN and vacant Long-Term Equivalent RN) 1.0 Medical Assistant 7.0 Office Assistants (+ 3 vacant Long-Term Equivalent OAs) 1.0 Human Services Assistant 1.0 Temporary Office Assistant
Financing and Budget	TBD
How effective are we being. (and how do we know)? *List specific metrics if possible.*	Not as effective as we should be due to inadequate staffing; addressing that challenge been prioritized by CAB and SCHC Leadership with growth requests obtained for FY 2023-2024 and *proposed* for FY 2024-2025. The Referrals Workgroup is working to configure OCHIN and redesign workflows to be able to measure certain key measures and increase efficiency: 1) Average time (per referral category and staff person) to process <u>urgent</u> referrals & percentage compliant with DHCS requirements (w/in 48 hours) 2) Average time (per referral category and staff person) to process

	routine referrals & percentage compliant with DHCS requirements (w/in 5 business days) 3) Number of referrals in the queue < 90 days old 4) Number of referrals in the queue ≥ 90 days old
	• Need to develop a way to measure patient satisfaction with referrals directly. • QI team is working on 1) reducing the backlog to <300 in 9 months and 2) ≥ 33% of referrals are compliant with DHCS timely access requirements

		Policy Issuer (Unit/Program)	**Administrative Services**
	County of Sacramento Department of Health Services Division of Primary Health Services Sacramento County Health Center Policy and Procedure	Policy Number	**11-04**
		Effective Date	**02/-14/-20**
		Revision Date	~~12/16/20~~120-0720512-23

Title: **Grant Management Policy**	Functional Area: **Administrative and Financial**

Approved By: ~~Sharon Hutchins, PH.D., MPH~~Andrew Mendonsa, Psy.D. ~~Health Program Manager~~Division Manager/HRSA Project Director

Policy:

Part of the Sacramento County Health Center's (SCHC)'s budget derives from grants, including those from the federal and state government. ~~GSCHC's policy is that g~~rant activities, reports, deliverables, invoicing, and receipt of funds are monitored and tracked in compliance with County guidelines and the specific requirements of the granting agency.

Authorities:

- SCHC ~~Medical Director~~Division Manager (Division Manager): Grant applications ~~will~~ shall be approved by the SCHC ~~Medical Director~~Division Manager prior to submission.

- Co-Applicant Board (CAB): Before any grant application is submitted,the Co-Applicant Board must grant permission, unless the existence of the grant opportunity was discovered late and no CAB meeting occurs before the application submission date. In that case, the CAB Executive Committee may grant permission to submit the application on behalf of the CAB, with information about the grant to be presented at the next regularly scheduled CAB meeting. ~~Grant applications shall be approved by the Co-Applicant Board prior to submission. Approval of the Co-Applicant Board is required for (grant applications for HRSA grants.~~

- The Sacramento County Board of Supervisors (BOS): Authority from the B~~OS~~Oard of ~~Supervisors~~ is required to apply for ~~or~~and accept ~~a~~ grant funding, unless there is insufficient time to request BOS review before a grant is submitted. In that case, SCHC may ask for retroactive approval for grant submission.

Procedures:

A. Overview

   a. The Health Center recognizes that strong internal controls are a key component of safeguarding public resources.

   b. Each grant will be assigned a **Grant Coordinator** who will:

   i. Coordinate the grant workflow through each stage in the grant lifecycle: Acquisition, Maintenance, and Closeout.

   ii. Serve as the main point of contact for the grant.

   iii. Hold primary responsibility for ensuring that grant objectives and deliverables are communicated to all applicable parties in a timely manner.

  c. The Grant Coordinator's role does not preclude other individuals within the organization from holding or sharing responsibility for specific pieces of any stage.

  d. All Health Center staff involved in the grant hold shared responsibility for ensuring that all internal controls, as they relate to their assigned work, are met.

B. Acquisition Stage

  a. The Grant Coordinator will identify potential grant opportunities and acquire approval from the Division Manager and the Health Program Manager (HPM) for Quality, Compliance and Grants to prepare an application for funding.

  b. The Grant Coordinator will prepare the grant application, involving any necessary parties in the preparation of the specific application components.

  c. Once the application is fully drafted, the Grant Coordinator will send the draft application ~~draft will be sent~~ to the HPM for Quality, Compliance and Grants for review. Once the HPM deems it ready, it will also be sent to the Division Manager for review.

  d. The Division Manager will review and provide feedback to the HPM for Quality, Compliance and Grants, and Grant Coordinator.

  e. Review and revision of the application may be an iterative process in which the Grant Coordinator, the HPM for Quality, Compliance and Grants, and possible ~~and~~the Division Manager revise and refine the document over the course of ~~many~~ several ~~days~~reviews.

  f. Once the Division Manager ~~is satisfied with the final version of the application~~has decided that SCHC should apply for a grant, s/he will begin preparations to seek approval from ~~, the application will then be forwarded on for final approvals from the~~ the CAB and the BOS.

       i. The Division Manager/HRSA Project Director is responsible for ~~bringing any applications~~including on a CAB meeting agenda (or a CAB Executive Committee meeting as detailed in the Policy section above) time for presentation about the grant opportunity and discussion. The Division Manager may delegate this function to the HPM for Quality, Compliance and Grants. A summary of the grant's objectives, time period, and funding amount must be presented at this meeting for CAB Finance Committee and CAB (or CAB Executive Committee) to review and approve/disallow.

       ii. In their review, the CAB Finance Committee will query SCHC Leadership whether sufficient staffing exists or a staff plan is in place to carry out the grant deliverables in a timely manner, whether the funds can cover all expenses associated with the project, and may ask additional questions.

       iii. Staff shall coordinate with the Health Center's Administrative Services Officer (ASO) in charge of BOS requests to obtain BOS approval.

  g. Once all applicable approvals are received from the HPM for Quality, Compliance and Grants; the Division Manager; CAB; and BOS, the Grant Coordinator will ensure that the application is submitted in the form and manner required by the funder by the deadline.

  h. Upon notification of an approved application, the Grant Coordinator will ensure the appropriate approvals to accept the award are acquired and will work with applicable parties to acquire such approvals.

C. Maintenance Stage

  a. Program Management

       i. The Grant Coordinator will ensure that those overseeing direct services staff understand the scope of services allowed, and the data entry and reporting required of staff.

       ii. The Grant Coordinator will track progress toward meeting service delivery targets and review data quality at least monthly.

       iii. When a data entry or service delivery issue is identified by the Grant Coordinator, they will communicate with the service delivery manager to correct the issues.

  b. Fiscal Management

      i. For each grant, ~~staff~~the Grant Coordinator ~~wi~~shall coordinate with the Health Center Budget Analyst (ASO II), to establish a new COMPASS order number corresponding to the grant and used to track expenditures.

      ii. The Health Center Budget Analyst will be responsible for tracking and processing all fiscal related items.

      iii. The Grant Coordinator and Health Center Budget Analyst will confer at least quarterly to ensure alignment between current expenditure status and future grant expenditures.

      iv. Charges to the grant source shall be reviewed by Health Center admin staff. DHS Fiscal Services will be given all materials available detailing allowable costs to create accurate grant claims.

      v. Funds are requested after the quarter in which expenditures occur. Department of Health Services (DHS) Fiscal Services staff prepare the grant claim using a report of actual expenditures in the County's accounting system. Once these are reviewed by DHS Fiscal and Health Center staff, the funds are requested. Within two business days following the receipt of funds, County staff complete the process of assigning the deposit to the Health Center.

      vi. Invoices shall be reviewed by at least two individuals for quality control. Verification of services shall not be conducted by the same staff that process the fiscal documents.

      vii. Staff will time study as appropriate to allow DHS Fiscal Services to appropriately charge their time to the correct funding source.

  c. Reporting

      i. The Grant Coordinator will prepare and submit all required programmatic reports to the funder.

      ii. The Health Center admin team will prepare and submit all required fiscal reports to the funder.

      iii. The Grant Coordinator and Health Center admin team will coordinate to ensure alignment between fiscal reporting across both programmatic and fiscal reports.

D. Closeout Stage

  a. The Grant Coordinator will schedule a meeting between all parties with programmatic and fiscal responsibility for the grant at least six months prior to the end of the grant, to plan for completing all required closeout activities.

b. Fiscal records shall be maintained by Health Center admin team for the appropriate length of time for fiscal records retention.

c. Programmatic records shall be maintained by the Grant Coordinator for the appropriate length of time for programmatic records retention.

d. Where appropriate, the Grant Coordinator will prepare an after-action report with highlights and recommendations for improvement in future grants. This report will primarily be used for internal process improvement only, though may be shared with external parties as appropriate.

A. Internal Controls

The Health Center SCHC recognizes that strong internal controls are a key component of safeguarding public resources.

a. Each grant has an assigned coordinator to oversee grant monitoring and ensure compliance with County and grant agency requirements. The coordinator shall oversee grant implementation and record keeping, and will work with specialists within SCHC the Health Center and in other cCounty departments, such as OFCAthe Office of Finance and Contracts, Fiscal Services to ensure that grant due dates, deliverables, requirements, and parameters are understood and met. The coordinator shall prepare a calendar of dates for required activities and reports to Health Center SCHC management.

b. Grant applications shall be approved by the Health Center SCHC Medical DirectorDivision Manager.

c. Invoices shall be reviewed by at least two individuals for quality control. Verification of services shall not be conducted by the same staff that process the fiscal documents.

~~d. For each grant, staff shall coordinate with the Health Center SCHC Budget Analyst (ASO II), to establish a new COMPASS order number that will corresponding to the grant and be used to track all expenditures.~~

~~e. Funds are requested after the quarter in which expenditures occur. Department of Health Services (DHS) Fiscal Services staff prepare the grant claim using a report of actual expenditures in the County's accounting system. Once these are reviewed by DHS Fiscal and Health Center SCHC staff, the funds are requested. Within 2 two business days following the receipt of funds, County staff complete the process of assigning the deposit back to the Health Center.~~

~~f. Charges to the grant source shall be reviewed by Health Center SCHC admin staff. and DHS Fiscal Services will be given any and all materials available detailing allowable costs so thatto create accurate grant claims include and exclude costs as appropriate.~~

~~g. Staff will time study as appropriate.~~

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~~B. CAB Review~~

~~a. The Division Manager/HRSA Project Director is responsible for bringing any applications for grant funds or receipt of grant funds to the Co-Applicant Board for review. any applications for grant funds or receipt of grant funds of any type.~~

~~C. BOS Approval~~

~~a. Once Medical DirectorDivision Manager approval is obtained, staff shall coordinate with the Health Center's SCHC Administrative Services Officer (ASO) in charge of Board of Supervisors (BOS) requests to obtain the necessary authority from the .. BOS approval.~~

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References and Links:

California Department of Public Health, Center for Infectious Diseases, Office of Refugee Health (2019), *Refugee Health Assessment Program Policy and Procedure Manual, Federal Fiscal Year 20~~19-2020~~22-2023.*

US Health Resources and Services Administration, Bureau of Primary Care (August 20, 2018*), Health Center Compliance Manual*. ~~See~~ ~~https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/pdf/hc-compliance-manual.pdf~~

Contact:
Sharon Hutchins, Ph.D., MPH, Health Program Manager

Co-Applicant Board Approval:

12/18/20

XX11-XX04-01

Mid-Year Growth & Conversions (In Process/Completed)		
Item	**FTEs**	**Rationale / Information**
Health Program Manager (HPM)	1.0	This position was created through position conversions. This is a key position to the Health Center Leadership Team and will be responsible for operational leadership, patient care oversight, and managing specialty teams such as Referrals, Call Center, and Member Services. The position will also assist with oversight of the Administration team.

Proposed Growth (in priority order)		
Item	**FTEs**	**Rationale / Information**
Convert 10 Limited Term Positions to Permanent Status	10.0	Convert 10.0 current long-term positions into permanent status (1.0 Full Time Equivalent (FTE) Licensed Vocational Nurse, 1.0 FTE Sr. Account Clerk, 2.0 FTE Registered Nurse Level (Lv) 2, 4.0 FTE Office Assistant Lv 2, 1.0 FTE Medical Assistant Lv 2, and 1.0 FTE Pharmacy Technician). Funding ends on these positions on 12/31/24. These positions support crucial clinic operations including Referrals, Call Center and Registration, Refugee, Family Medicine, Clinical Pharmacy support, and Administrative functions. Positions are needed to ensure compliance with regulations, patient access, and mandated services. Once funding ends on 12/31/24, the positions will be funded with Medi-Cal reimbursements.
Nurse Practitioner	1.0	Create a new Nurse Practitioner (NP) position to address access issues by adding a clinician to complete patient visits. The NP will work in various programs where there is a backlog. Assigned patients not seen conflict with Independent Physician Association (IPA) contracts and the California Department of Managed Health Care and Department of Health Care Service timeliness to care requirements. The position is expected to generate sufficient Medi-Cal revenue through billable visits through the FQHC's prospective payment system (PPS) rate to cover costs each year. It is projected the NP will complete 2,100 visits per year; the estimated annual revenue of $557,000 is based on the FQHC's interim rate. After three years, revenue will be realized at the full PPS rate after DHCS's completes its annual reconciliation process. The growth request includes money for one-time costs to purchase supplies and equipment needed to set up an exam room for the NP.
Senior Account Clerk	1.0	Create a new Senior Account Clerk position for Clinic Administration to process Refugee claims, Quest lab files, check coding and more. The volume of work exceeds the current part-time temporary employee's capacity. A 1.0 FTE position is needed to effectively process the volume of assigned work. The duties are part of standard operations for as long as the clinic provides Refugee services. The position will be funded through Medi-Cal reimbursements.
Senior Office Assistant	1.0	Create a new Senior Office Assistant position to manage provider panels. There is no dedicated staff for this task and as clinic operations grow, it is crucial to ensure panels are maintained to facilitate compliance with IPA contracts and the California Department of Managed Health Care and Department of Health Care Service care requirements. The result will increase efficiency in all clinical programs and support programs. This position will be funded through Medi-Cal reimbursements.
Pharmacy Technician	1.0	Create a new Pharmacy Technician position to complete prior authorizations for medications, allowing providers to focus on productive clinical time. This task is

		currently handled by a non-County Registry staff. The permanent position creates continuity; the specialized pharmacy technician requires expanded drug knowledge and computer skills. This position will also conduct diabetes education classes, diabetic retinal screening, and other testing to help manage this chronic condition, and help meet contractual and regulatory HEDIS quality standards. This position will be funded through Medi-Cal reimbursements.
Medical Assistant	1.0	Create a new Medical Assistant Lv 2 position to reduce gaps in care and meet contractual and regulatory HEDIS quality standards. Currently this task is completed by a part time, non-County Registry registered nurse (RN), but should be completed with a permanent Medical Assistant, Lv 2 to reduce costs and increase operational efficiency. Ending the Registry RN's contract would save the clinic $58,511 per year. This position will be funded through Medi-Cal reimbursements.
TOTAL - Proposed Growth Positions	15.0 FTE	

The Clinic has additional identified needs which will be addressed in future Fiscal Year requests, and after evaluation of the items above.

Sacramento County Department of Health Services
Health Center Co-Applicant Board (CAB)

Governance Committee Report to CAB
December 15, 2023

1. **2023 CAB Member Recruitment Plan**
    The Governance Committee discussed the 2024 reporting calendar and propose combining the CAB meeting on Friday, February 16 with the CAB UDS meeting on Wednesday, February 14. Governance proposes holding the meeting on Wednesday, February 14, from 11 am – 1 pm. Governance will forfeit their meeting scheduled for the 14th from 12 – 1 pm.

2. **Board Membership – Request for a Waiver**
    At the August 18, 2023, CAB meeting, a proposal to request a waiver of CAB member requirements from HRSA was discussed because the COVID public health emergency declaration had been lifted and CAB was required to meet in person. All members willingly attended the August meeting, so it was thought that a waiver was not needed. However, Dr. Mendonsa discussed the issue with Noel Vargas, Director of Primary Health, and Tim Lutz, Director Health Services and they would like more time to consider the proposal. The Governance Committee recommends that CAB not make a final decision until Directors Mendonsa, Vargas and Lutz have had more time to consider the idea.

Note: Standing committee meetings (whose membership constitutes less than a quorum) are not open meetings according to the Brown Act.

Health Center Co-Applicant Board
2024 Meeting Dates

Monthly Meetings

Day	Date	Time	Location
Friday	January 19, 2024	9:30 AM – 11:00 AM	Primary Care Center 4600 Broadway Community Room 2020 Sacramento, CA 95820 (or by Zoom)
Friday*	February 2 or 9, 2024* *Special Budget Meeting*		
Wednesday*	February 14, 2024* Monthly meeting (with *Special UDS Report approval*) – TIME TBD (11-1?)		
Friday	March 15, 2024		
Friday	April 19, 2024		
Friday	May 17, 2024		
Friday	June 21, 2024		
Friday	July 19, 2024		
Friday	August 16, 2024		
Friday	September 20, 2024		
Friday	October 18, 2024		
Friday	November 15, 2024		
Friday	December 20, 2024		

*Special meetings are typically held in February to 1) approve the SCHC budget, and 2) to approve the submission of the Uniform Data Report (UDS) report to HRSA. These are typically held as separate special meetings due to the short timeline between when the specifics are given to SCHC and when the final product is due.

Notes:

- Meetings times will be extended by 30 minutes when needed to complete mandatory activities. Board Members will receive advance notice when a meeting will be extended.
- If a scheduled meeting is canceled, it will be rescheduled as soon as possible to ensure compliance with HRSA requirements. Board Members will be notified of the date, time and location of any rescheduled meeting.
- Monthly meetings are full CAB meetings and are subject to open meeting laws as mandated in the Brown Act.

Committee Meetings

Committee	Day	Time	Location
CAB Executive	Friday – two weeks after the CAB monthly meeting	9:30-10:30 AM	
Clinical Operations	Thursday of the week prior to the monthly CAB meeting	12:00 – 1:00 PM	
Finance	Wednesday of the same week as the monthly CAB meeting	11:00 AM – 12:00 PM	
Governance	Wednesday of the week prior to the monthly CAB meeting	12:00 – 1:00 PM	

Notes:

- Committee meetings for which the number of members is less than the number that constitutes a quorum of the Co-Applicant Board are not subject to the Brown Act and are not open to the public. These meetings will typically be held by Zoom (or other appropriate teleconference software) for the duration of the public health emergency (i.e. COVID pandemic).

Co-Applicant Board Required Annual Activities - 2024												
Annual / Periodic Activities	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
HRSA Grant Application												
Service Area Competition (SAC)*						NA						
Needs Assessment*						NA						
Other Grant Applications					As announced							
HRSA Grant Awards - Reports												
Main grant report								X				
ARP Capital Infrastructure					X						X	
Bridge					As Announced by HRSA (TBD)							
HIV	X	X					X					
Budget												
Approve proposed HRSA Program & County budget	X	X									X	X
Updates			X			X	X				X	X
Sliding Fee Discount												
Adopt new SFDS		X	X									
Audits												
HRSA Operational Site Visit					X							
Summary of Program Fiscal Audit				X								
Quality Improvement (QI) and Compliance												
QI Plan Approval			X	X								
QI Plan Progress Monitoring/Data Reports			X				X			X		
UDS Report		X					X					
Patient Grievances and Safety Review					X					X		
Patient Feedback Survey Findings					X						X	
Long-Range Planning												
Adopt Strategic Plan*						NA						
Review Strategic Plan Progress			X				X				X	
Select Services and Hours												
Services Provided			X				X					X
Service Sites						X	X				X	X

Co-Applicant Board Required Annual Activities – 2020 - CONTINUED												
Annual Activities	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Governance												
Review & Revise Bylaws	Review in July; Revise as needed											
Review Co-Applicant Agreement	Review in June; Propose revisions as needed											
Review Committee Structure	X											X
Review Membership Applications	As Received											
Review Key Policies	X	X	X	X	X	X	X	X	X	X	X	X
Project Director												
Approve Selection /Dismissal	As needed											
Performance Evaluation										X		
Board Member Development												
Elect Chair and Co-Chair											X	
Approve CAB Member Recruitment Plan	X											
Approve new Members	As needed											

* Every 3 years

** Every 3 Months

Co-Applicant Board Required Policies and Procedures for Adoption			
Governance (Governance Committee)	**Policy and Procedure**	**Latest Revision Date**	**Latest CAB Adoption Date**
Board Authority (CH: 19)	01-02 Co-Applicant Board Authority*	06/07/21	06/18/21
Board Composition (CH: 20)	01-04 Co-Applicant Board Member Recruitment & Retention**	08/18/23	08/18/23
Services (Clinical Operations Committee)	**Policy and Procedure**	**Latest Revision Date**	**Latest CAB Adoption Date**
Scope of Service and Service Site Location(s) (CH: 4, 6, 12, 19)	01-05 Medical Home Program Design*	04/07/23	10/16/20
Hours of Operation (CH: 6, 7, 19)	04-12 Patient Satisfaction Survey*	06/19/20	06/19/20
Patient Satisfaction (CH: 10, 19)	02-05 Variance Reporting*	11/06/20	11/20/20
Patient Grievances (CH:10, 19)	03-03 Incident Reporting*	10/13/20	11/20/20
Patient Safety and Adverse Events (CH: 10, 19)	01-01 Quality Improvement*	09/22/23	10/20/23
Quality Improvement Policy (CH:10, 19)	Annual Quality Improvement Plan**	03/17/23	03/17/23
Quality Improvement Policy (CH:10, 19)	01-09 Clinical Performance Management*	07/09/20	07/17/20
Credentialing and Privileges (CH: 5)	07-05 Credentialing and Privileges*	01/26/21	02/19/21
Management and Finance (Finance Committee)	**Policy and Procedure**	**Latest Revision Date**	**Latest CAB Adoption Date**
Personnel and Conflict of Interest (CH: 13, 19)	01-03 Co-Applicant Board Conflict of Interest*	11/17/23	11/17/23
Billing and Collections (CH: 16, 19)	11-02 Billing and Collections*	09/18/23	07/21/23
Emergency Preparedness and Management Plan (PIN 2007-15)	06-10 Emergency Training and Response*	09/07/20	09/18/20
Sliding Fee Discount Program/Schedule (CH: 9, 19)	11-01 Sliding Fee Discount**	04/17/23	04/21/23

CH = HRSA Compliance Manual Chapter

PIN = HRSA Policy Information Notice

*The CAB adopts, evaluates at least once every three years, and, as needed, approves updates to policies in these areas.

**The CAB approves updates to these plans/policies annually.