

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

Meeting Agenda

February 14, 2024 / 11:00 AM to 1:00 PM

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 – <i>Suhmer Fryer, Chair</i> <ul style="list-style-type: none"> • Roll Call and Welcome • *Review and Approval of 01/19/24 CAB meeting minutes
Brief Announcements – <i>All</i> <ul style="list-style-type: none"> • Bahir Zahiri is returning to Refugee •
HRSA Project Director Update – <i>Dr. Mendonsa</i>
HRSA Medical Director Report – <i>Dr. Mishra</i>
*Final FFY 2024-2025 Budget Review and Approval – <i>Rachel Callan and Stephanie Hofer</i>
*Review and Approval of Submission of 2023 Uniform Data Systems (UDS) Report to HRSA – <i>Sharon Hutchins and Adam Prekeges</i>
*Review and Approval of the 2024 SCHC Quality Improvement Plan – <i>Sharon Hutchins</i>
CAB Governance <ul style="list-style-type: none"> • Committees Updates to CAB – Committee Chairs <ul style="list-style-type: none"> ○ Clinical Operations Committee – <i>Vince Gallo</i> <ul style="list-style-type: none"> ▪ *Review of Policies and Procedures <ul style="list-style-type: none"> ➢ 03-01: Telephone Protocol ➢ 04-01: Patient Satisfaction Survey ➢ 07-05: Credentialing and Privileging ➢ 08-20: Registration of Patient Deaths ○ Finance Committee – <i>Laurine Bohamera</i> <ul style="list-style-type: none"> ▪ End of the Year (2022-2023) Financial Status Report ▪ December (Mid-Year) Financial Status Report ▪ Update on grants ▪ *Review of Policies and Procedures <ul style="list-style-type: none"> ➢ 11-03-Budget-Development-and-Procurement-Compliance ○ *Governance Committee – <i>Jan Winbigler</i> <ul style="list-style-type: none"> ▪ Recruitment Update ▪ Bylaws revision proposal

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▪ Preparation for HRSA Operational Site Visit
March Monthly Meeting Items – <i>All</i> <ul style="list-style-type: none">• HRSA Project Director Report• HRSA Medical Director Report• *Review of <i>2024 SCHC Quality Improvement Plan</i>• Committee Updates<ul style="list-style-type: none">○ *Policy and Procedure Review:<ul style="list-style-type: none">▪ <i>P&P 11-01: Sliding Fee Discount</i>▪ <i>TBD</i>○ December (Mid-Year) Financial Status Report○ Recruitment and Training Updates○ Final Evaluation of the <i>2020-2023 Strategic Plan</i>○ Review of <i>2024-2026 Strategic Plan</i> baselines for metrics○ Preparation for HRSA Operational Site Visit
Public Comment Period – <i>Laurine Bohamera, Vice-Chair</i>
Closing Remarks and Adjourn – <i>Suher Fryer, Chair</i>

Next Meeting: Friday, March 15, 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.

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

Meeting Minutes

January 19, 2024 / 9:30 AM to 11:00 AM

Meeting Location

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

Meeting Attendees

CAB Members: Laurine Bohamera, Vince Gallo, Areta Guthrey, Nicole Miller, Jan Winbigler

SCHC Leadership: Sharon Hutchins, Andrew Mendonsa, Robin Skalsky

SCHC Staff: Robyn Alongi, Sunbul Amaniar, Emily Moran-Vogt, Bahir Mohammad Zahiri

Community Members: One present

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

Topic
<p>Opening Remarks and Introductions – <i>Suhmer Fryer, Chair</i></p> <ul style="list-style-type: none">• Roll Call and welcoming of members and guests.<ul style="list-style-type: none">○ <i>Vice Chair Laurine Bohamera took roll and welcomed attendees.</i>○ <i>New staff members were introduced.</i>○ <i>A quorum was established.</i>• *Review and approval of 12/15/23 CAB meeting minutes<ul style="list-style-type: none">○ <i>Jan Winbigler made a motion to approve the December 15, 2023, minutes with the suggested changes. Areta Guthrey seconded the motion.</i>○ <i>A roll-call vote was taken.</i><ul style="list-style-type: none">▪ <i>Yes votes: Laurine Bohamera, Vince Gallo, Areta Guthrey, Nicole Miller, Jan Winbigler</i>▪ <i>No votes: None</i>▪ <i>The motion passed.</i>• Additions to the meeting agenda – <i>None were made.</i>• Public Comment – <i>None.</i>
<p>Brief Announcements – <i>All</i></p> <ul style="list-style-type: none">• Several members are due for the ethics training and/or need to complete the conflict of interest declaration. Staff will assist members who need help completing these forms.• Bahir Zahiri is the new CAB support staff member. His phone number will be shared once the phone line has been established.• A member announced that the California Lieutenant Governor has asked for an opinion on how the Brown Act affects the American Disabilities Act. The opinion will address an exception to the Brown Act's attendance requirement and allow a board member with a disability to attend remotely. The opinion should be made public in about 60 days.

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- *SCHC will work with County Council to determine how to implement the ruling.*
- The Department of Justice and Health and Human Services is working on a permanent rule focused on health care for people with disabilities. It will include communication mandates.
 - *SCHC will coordinate efforts to come into compliance once the rule is finalized.*
- The Brown Act training was cancelled because the presenter had a family emergency.

HRSA Project Director Update – Dr. Mendonsa

- Health Resources and Services Administration (HRSA) / Sacramento County Office of Education (SCOE) School Based Mental Health Updates
 - *The Health Center, County leadership, and SCOE continue to discuss contract revisions and operations of the school-based Health Center program.*
 - *Leadership is meeting with County Council today to amend the contracts.*
- HRSA and Medi-Cal Audits / Facility Site Reviews
 - *The Health Center is preparing for site visits and audits expected to occur in the first quarter of 2024.*
- Healthy Partners, Medi-Cal Expansion Update
 - *Medi-Cal expansion was effective on January 1, 2024, and it will affect enrollment in the Healthy Partners (HP) Program. Most HP patients will become Medi-Cal members but some HP members will not qualify for Medi-Cal so they will remain in the HP program.*
 - *The HP Program currently has just under 3,000 patients. We expect continued decline as Medi-Cal expansion continues.*
 - *We received notification that some patients who have Medi-Cal and Medicare coverages (Medi-Medi) will have the option to move to a provider who is contracted with a new Medicare program. We are analyzing potential impacts, opportunities, and discussing expanded Medicare contracting including contracting with River City Medical Group (RCMG) for Medicare. Staff are working on the cost analysis.*
 - *For continuity of care, patients can request to stay with their current PCP for one year while the shift is being worked out.*
 - *This affects less than 500 SCHC members.*
 - *RCMG patients can be moved to Nivano if they want that, but SCHC cannot advocate for any health plan or Independent Physicians Association (IPA).*
- Improved Access and Provider Services
 - *The Health Center continues to work to increase access to specialty care with MGR, an outside consultant organization. They are working with staff and analyzing data to develop recommendations.*
 - *Hiring more County staff is one way to ensure that SCHC is stable. The Health Center has more control over the assigned duties of providers who are County employees.*
- Health Center Growth / Staffing

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- *The growth request was downsized. We are working with Health Center Leadership and developing a needs assessment for positions not initially approved so that they can be reconsidered.*
- *Positions with initial approval: Nurse Practitioner, Medical Assistant, and Pharmacy Technician. The 10 limited-term positions are being analyzed to determine if all 10 need to be maintained.*
- **Staff Recognition / County Leadership Visit**
 - *Drs. Hutchins, Mishra, Mendonsa, and Nicole Reyes-Schultz were honored last week by the Sacramento County Executive staff and Department Leadership staff in recognition of their leadership and performance.*
 - *The awards were part of the County's Value-Based Behavior campaign: Advancing Leadership and a Positive Culture in the County.*
 - *The Health Center hosted senior County leadership and Department leadership for a half-day visit. Drs. Mishra and Mendonsa highlighted our services and discussed the Health Center. The new County Executive will visit in the future.*
- **Referral Department Improvements**
 - *Referrals remain a focus for the management team. A workgroup continues to meet to develop and implement a new workflow, identify productivity targets, and identify OCHIN (electronic medical record) tools that will make referral processing more effective.*
 - *We are hiring temporary staff to deal with the referrals backlog.*
 - *Scanning was also backlogged but the temps have helped, and scanning is now caught up.*
 - *We are looking into ways to integrate technology to make scanning more efficient and to improve two-way communication with specialists.*
 - *Leadership is considering the use of a portal that will streamline durable medical equipment (i.e., wheel chairs, oxygen, crutches) referrals.*
 - *The state is looking at a global health information exchange.*

HRSA Medical Director Report – Dr. Mishra

- The Medical Director's updates are included in the Project Director's report above.

CAB Governance

- **Committees Updates to CAB – Committee Chairs**
 - **Clinical Operations Committee – Vince Gallo**
 - ***Review of:**
 - ❖ **01-09: Clinical Performance Management Policy**
 - ✓ *The policy covers staff responsibilities, setting goals around the quadruple aim and how to measure performance. The changes made were mainly adding clarifying language.*
 - ✓ *A member suggested adding a citation of what an A-3 is or including it as a reference.*

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- ✓ *A motion was made by Vince Gallo to approve the Clinical Performance Management Policy. The motion was seconded by Jan Winbigler.*
- ❖ A roll call vote was taken.
 - ✓ *Yes votes: Laurine Bohamera, Vince Gallo, Areta Guthrey, Nicole Miller, Jan Winbigler*
 - ✓ *No votes: None*
 - ✓ *The motion passed.*
- Overview of programs and services: Member Services
 - ❖ *The committee reviewed the medical records and scanning program.*
 - ❖ *Scanning is now caught up and now we can look at metrics to determine the effectiveness of the workflow and staff. We will continue to use temp staff to support County staff. The number of temp staff will be adjusted to find a good balance.*
 - ❖ *A timeline has been drafted and we are working to establish metrics for staff.*
- Finance Committee – Ms. Bohamera
 - Budget process updates
 - ❖ *The Finance Committee suggests combining all three CAB meetings for February into one meeting on February 14.*
 - ✓ *A motion was made by Jan Winbigler to combine the finance, regular CAB and the UDS meetings into one meeting on February 14, 2024.*
 - ✓ *Areta Guthrey seconded the motion.*
 - ❖ *A roll call vote was taken.*
 - ✓ *Yes votes: Laurine Bohamera, Vince Gallo, Areta Guthrey, Nicole Miller, Jan Winbigler*
 - ✓ *No votes: None*
 - ✓ *The motion passed.*
 - End of the Year (2022-2023) Financial Status Report
 - ❖ *The Health Center is down in our reimbursements, but had more income from Medi-Cal, Medicare, and grants.*
 - ❖ *Staff vacancies saved funds.*
 - ❖ *We have not paid SCOE invoices because we don't have authority to pay.*
 - ❖ *\$1.2 M in savings was returned to the County General Fund*
 - ❖ *\$3.8 M is drawn from the General Fund each year. When a deficit cycle happens at the State, County General Funding becomes limited. SCHC prefers to come in under budget.*
 - Update on grants
 - ❖ *A detailed document of the grants budget was included in the meeting materials. The Federal government has a different fiscal year than the County so it can get confusing.*
 - ❖ *It appears we claimed most of the funding available to us except with the HIV grant. We have submitted a request to carry HIV funds over to 2024.*
 - End of FY 2022-2023
 - ❖ *The Finance Committee has reviewed the year-end financials. Staff will prepare the documents to present at the February meeting.*
- *Governance Committee – Jan Winbigler
 - Preparation for HRSA Operational Site Visit
 - ❖ *The site visit officials will meet with CAB members. They want to ensure that the Health Center has a fully functioning board. They will ask CAB members about their responsibilities to ensure they are informed. Jan Winbigler suggested that CAB members review the Health Center Program Site Visit Guide and especially the checklist; a link was included on the Governance Report to CAB and Sharon Hutchins will send the documents to members.*
 - ❖ *We should receive at least a month's notice of the schedule of site visit events. CAB is welcome to attend any of the scheduled meetings.*

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- ❖ Staff will add the HRSA titles to the County Health Center Org chart and send it to CAB after the new Health Program Manager starts and the org chart is revised. Staff will also ensure CAB is included in the org chart.
- *Review of 2024 CAB Member Recruitment Plan
 - ❖ Deferred to February.
- Recruitment Update
 - ❖ No new applications have been submitted. We have not heard back from the person who expressed interest in December.
- Training Update: Brown Act Training today 11 AM-12 PM – Cancelled.

February Monthly Meeting Items – All

- HRSA Project Director Report
- HRSA Medical Director Report
- Committee Updates
 - *Policy and Procedure Review:
 - P&P 11-03: Budget Development, Procurement, and Compliance
 - December Financial Status Report
 - Recruitment and Training Updates
- Brown Act Training update on date.
- HRSA site visit update

Public Comment Period – Laurine Bohamera, Vice-Chair

- No public comments were made.
- Areta Guthry said she will research what is posted at the bottom of meeting agendas stating persons with disabilities can request interpreting services, assistive listening devices or other considerations: the request should be submitted no later than five working days prior to the meeting. The agenda must be posted 72 hours before the meeting. The public may not know what is on the agenda and if they want to attend the meeting five days ahead of the meeting.
- Sharon Hutchins will send all of information below each agenda to Director's office for direction and revisions as needed.

Closing Remarks and Adjourn – Suhmer Fryer, Chair

Lorraine Bohamera adjourned the meeting at 10:56 am

Next Meeting: Friday, February 14, 2024 / 9:30-11:00 AM

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Commented [R1]: Areta will research this and get back to us. s

Commented [R2]: Send to directors office for revisions as needed

HRSA Project Director Report to CAB February 14, 2024

1. Health Resources and Services Administration (HRSA) / Sacramento County Office of Education (SCOE) School Based Mental Health Updates

- The Health Center, County leadership, and SCOE continue to be in discussions to revise our contract and operations of the school-based Health Center program and implement feedback from HRSA and our legal teams.
- A draft updated contract/agreement has been created and sent to HRSA for feedback. We will begin pursuing memorandums of understanding between Sacramento County and the school districts that have a satellite site.

2. HRSA and Medi-Cal Audits / Facility Site Reviews

- The Health Center continues preparation for site visits and audits expected to occur this spring. Dr. Hutchins has formed ongoing workgroups to tackle various subject areas.

3. Healthy Partners, Medi-Cal Expansion, and Medicare Updates

- The number of patients in the Healthy Partners Program continues to decline (down a net of 1,119 during the month of January). We expect continued decline as Medi-Cal expansion continues.
- We received notification that some patients who are Medi-Medi (Medi-Cal and Medicare coverages) will have the option to move to a provider who is contracted with a new Medicare program. We have decided to postpone exploring expanded Medicare contracting until after priority projects are completed.

4. Improved Access

- The Health Center continues to work to increase specialty access with an outside consultant. MGR is working with staff and analyzing data to develop recommendations. We anticipate a report and recommendation by summer.

5. Referral Department Improvements

- Remains a focus for the management team. Dr. Mishra and Debbie Burrow are leading the improvements. Dr. Mishra will provide updates in her report.

6. Health Center Growth / Staffing

- No updates at this time. We await our Growth Request to go through the County approval process.

7. General Updates

- Health Center staff and providers have started a two-session training series on Gender Affirming Care. The training aims to educate staff, provide resources, and share tools and best practices.

- Sacramento County Department of Health Services is in the process of redesigning the website. The redesign process includes soliciting input from users, community members, staff and Board members. If you have not already completed the survey, go to <https://forms.office.com/g/SfDQUqvjf0>. Please do not disclose personal health information.
 - We are aware that the existing website has accessibility issues. The redesign team has contacted County IT to ensure they are tracking the issue as part of the new design/features.
- Pursuing CAB laptops remains an active project. We should be able to use existing laptops and simply add a standalone Microsoft Office package and license. Julian is also exploring camera options, speaker and microphone options should the laptop not have built-in options.

Medical Director Report to CAB February 14, 2024

1. Programs

- Referral Processing
 - We continue to fine tune the workflow to decrease the processing time.
 - The go live date for the Care Team Model pilot is February 13.
 - Staff for the pilot have been hired.
 - Recruitment for a Referral Nurse Supervisor continues.
- Referral Scanning
 - The new workflow has staff prioritizing scanning of abnormal image reports to ensure providers act on the results quickly.

2. Audits – State and Federal

- Facility and Medical Record Review
 - The Medical Director is meeting with all clinical program leads including Adult Medicine, Pediatrics, Obstetrics, school-based sites, and the Homeless program to discuss the audit requirements, how to display our compliance, and to identify gaps.

3. Staffing

- Radiology technician (X-ray tech): We are interviewing candidates to assist the current X-ray tech and to give us time to recruit a permanent Sr. Radiology Technician.
- Nurse Practitioner: We requested the County reopen the list of candidates due to the low response during the first round of recruitment.



**Sacramento County Health Center
Quality Improvement Plan
2024**

Department of Health Services
Primary Health Division
Approved by CAB on

OVERVIEW

Sacramento County Health Center (SCHC) has a systematic approach to quality measurement and quality improvement. The Quality Improvement (QI) Plan outlines the process that includes methods to monitor performance and implement changes in practice when necessary, with follow up measurement to determine whether new practices positively affected performance.

Review of data is essential to the QI process. Data can include but is not limited to performance indicators, satisfaction surveys, member concerns (complaints, grievances), service utilization, medication errors, chart review, etc. Compliance and risk management are also integral to quality management. The Health Center is a public entity and has separate units or departments for Compliance (HIPAA), risk management, contracts, fiscal, safety, information management, and legal counsel.

Health Center Vision

- To be an exceptional health care center valued by the communities we serve and our team.

Health Center Mission

- To provide high quality, patient-focused, equitable healthcare for the underserved in Sacramento County, while providing training for the next generation of local health care providers.

Values

- Accountability
- Diversity
- Excellence
- Respect
- Compassion
- Equity
- Education

Quadruple Aim

- Patients feel that the SCHC cares about and works to improve their well-being, safety, and experience in a respectful way;
- Reducing health inequities and assisting patients in achieving better health outcomes through best practice and/or evidenced based guidelines;
- Responsible management of funds to ensure economic sustainability of health center; and
- Care Team members understand and believe in their role and are supported to carry it out in a positive environment.

Guiding Principles for Service Provision

- Access to care for routine, same day, and new member appointments;
- Respect, sensitivity, and competency for populations served;
- A safe and attractive environment for clients, visitors, and staff;
- A work culture that acknowledges all team members provide essential high-quality services;
- Effective communication and information sharing;
- Effective and efficient use of resources to sustain the mission;
- Implementation of data-informed practices; and
- Continuous improvement.

PROGRAM STRUCTURE

Quality Improvement Committee (QIC)

1. The QIC provides operational leadership and accountability for clinical continuous quality improvement activities.
2. QIC meets at least monthly or not less than ten (10) times per year.
3. The QIC members represent different disciplines and service areas within the Health Center, and include the Division Manager, Medical Director, Pharmacy Director, QI Director, program supervisors, designated Administrative Services Officer, physicians, and other clinical staff.
4. QIC responsibilities include:
 - a. Develop the annual QI Plan that includes a specific approach to Continuous Quality Improvement (CQI) based on the Quadruple Aim and present it to the Co-Applicant Board (CAB) for adoption.
 - b. Establish measurable objectives and indicators of quality based upon identified priorities.
 - c. Oversee quality improvement teams working on projects
 - d. Monitor data indicating progress toward clinical goals related to Patient Experience and Population Health Outcomes.
 - e. For clinical indicators out of target range, develop actions and strategies for Health Center Management Team implementation.
 - f. Report to the CAB on clinical quality improvement activities and outcomes at least quarterly.
5. Management Team responsibilities include:
 - a. Implement strategies and provide education to staff on clinical quality standards and metrics.
 - b. Monitor data indicating progress toward the goals related to Reducing Costs and Care Team Well-Being.
 - c. For economic and personnel indicators out of target range, develop actions and strategies for Health Center Management Team implementation.
 - d. Report to the CAB on non-clinical quality improvement activities on a regular basis.
 - e. Report back to the QIC.
6. Health Center Co-Applicant Board (CAB) role includes:
 - a. Execute authorities outlined in Clinic Services *PP 01-02: Co-Applicant Board Authority*.
 - b. Delegate authority and responsibility for the QI Program to the QIC.
 - c. Review, evaluate, and approve the Quality Improvement Plan annually and receive quarterly reports on identified quality indicators.

PERFORMANCE INDICATORS & ANALYSIS

Performance Indicators are identified and measured as part of the quality improvement initiatives.

They:

- Have defined data elements;
- Usually have a numerator (who/what was changed) and denominator (of what eligible group) available for measurement; and
- Can detect changes in performance over time and allow for a comparison over time.

Outcomes / Process Measurements are those that:

- Identify measurable indicators to monitor the process or outcome;

- Collect data for specified time period, or ongoing;
- Are compared to a performance threshold or target; and
- Evaluate the effectiveness of defined action(s).

Data Analysis establishes:

- Priorities for improvement;
- Actions necessary for improvement;
- Whether process changes resulted in improvement; and
- Performance of existing key processes.

Continuous Quality Improvement (CQI) – Clinic Services frequently utilizes the Plan–Do–Study–Act (PDSA) method for focused intervention.

PLAN	Identify area target not met. Identify most likely cause(s) through data review. Identify potential solution(s) and data needed for evaluation.
DO	Implement solution(s) and collect data needed to evaluate the solution(s).
STUDY	Analyze the data and develop conclusions.
ACT	Recommend further study or action. May need to abort, adapt, or adopt. This decision depends upon the results of the analysis. If the proposed solution was effective, decisions are made regarding broader implementation including the development of a communication plan, etc. If the solution was not effective, QI team returns to planning step.

COMMUNICATION AND COORDINATION

Communication

Problems may be identified from data, staff or management experience, concerns, audits, or agency feedback. Managers are responsible for:

1. Sharing the plan including indicators and targets with staff at all levels;
2. Including multidisciplinary staff from all areas of operations in problem identification; developing strategies, implementing interventions via QI team projects, and review of data analysis;
3. Providing information alerts or policy and procedure guidance; and
4. Imbedding key priorities into Health Center policies, training, and other core materials.

CONFIDENTIALITY AND PRIVACY OF PERSONAL HEALTH INFORMATION

All data and recommendations associated with quality management activities are solely for the improvement of patient experience, patient care, economic sustainability, or the well-being of the care team. All material related to patient care is confidential and accessible only to those parties responsible for assessing quality of care and service. All proceedings, records, data, reports, information, and any other material used in the clinical quality management process which involves peer review shall be held in strictest confidence and considered peer review protected.

The Health Center will minimize use of identifiable protected health information for quality measurement to protect it from inappropriate disclosure. Reports for committee review regarding data analysis and trending shall not disclose a client's protected health information. Use of aggregate data or reports will be maintained in the CAB meeting minutes.

Personal health information obtained because of a client complaint or appeal is kept in a secure area and is only made available to those who have a need to know. Computer access to personal health information about a client's complaint or appeal is password protected and only accessible to those who need access.

Clinic Services Policies & Procedures Manual and the County Office of Compliance have extensive policies and procedures for health information management and protected health information.

2024 QUALITY IMPROVEMENT GOALS AND OBJECTIVES

Annually, the Health Center selects Quality Improvement goals and objectives for each part of the Quadruple Aim. The Quality Improvement Committee (QIC) is responsible for oversight of two of the Aims: Patient Experience and Population Health Outcomes. The Management Team is responsible for Reducing Costs and Care Team Well-Being.

AIM: Patient Experience: Patients feel that the SCHC cares about and works to improve their well-being, safety, and experience in a respectful way.

- **Goal 1: Improve Access to Care**
 - **Objective 1-1: Improve Access by Telephone During and After Hours**
 - Reduce the amount of time patients spend on the phone by:
 - Reduce the Longest Queue time by at least 5 minutes under the 2023 baseline.
 - Develop Daily Targets and Performance Dashboard using above metrics.
 - **Objective 1-2: Reduce No Shows**
 - Reduce No Shows by 5% for each program.
 - Develop PCP and department level OCHIN dashboards displaying provider utilization, schedule utilization, average lead time, no-show rate, and time lost.
 - Track appointment reminders to see how many are completed (i.e. patient responds by confirming or cancelling the appointment).

- Objective 1-3: Increase Appointment Access
 - Increase availability of appointments after regular business hours by conducting a minimum of 12 after hours (Saturdays and/or evening) clinics.
 - Increase access to clinical resources for Gap Closure activities.
 - Develop PCP and department level OCHIN dashboards displaying provider utilization, schedule utilization, average lead time, no-show rate, and time lost.
 - Track the percentage of new members who get new member appointments within 120 days of being assigned to SCHC and how many of these are completed (e.g. have all components including SHA).
- Objective 1-4: Reduce Time from Referral/Order to Appointment
 - Ensure at least 25% of referrals are processed within the DHCS timely access requirements.
 - Develop Referral OCHIN dashboard displaying key metrics including but not limited to the time from order to sending to IPA for prior authorization, to authorization decision, to schedule, and then to visit completion.
- Goal 2: Improve Customer Service
 - Objective 2-1: Improve Continuity of Care
 - Validate OCHIN provider dashboards for empaneled patients.
 - Develop training tools for PCP level quality activities, including how to utilize the provider dashboard.
 - Track the number of non-urgent appointments that are with the patient's PCP as a measure of continuity of care.
 - Objective 2-2: Improve Pre-Visit Planning
 - Develop pre-visit planning workflows for patient registration in Family Medicine, Adult Medicine, Behavioral Health, and Pediatrics utilizing OCHIN tools for Health Maintenance.
 - Track pre-visit quality activities (i.e., checks of health maintenance section prior to patient visits).
 - Develop daily targets & performance dashboard using above metrics.
- Goal 3: Improve Patient Engagement
 - Objective 3-1: Improve Patient Outreach
 - Increase the percentage of active adult patients with activated My Chart from 31% to 35% by December 31, 2024.
 - Ensure contact by visit or outreach (call/letter/text) with all empaneled patients at least once per calendar year.
 - Develop OCHIN dashboard tools for tracking patient engagement.
 - Objective 3-2: Improve Supports for Health Literacy and Patient Education
 - Track access to and time to engage interpreter services.
 - Increase access to Pharmacy supported education services for patients with diabetes by 10% over 2023.
 - Expand access to patient education materials available in languages other than English.

Aim: Population Health Outcomes: Reducing health inequities and assisting patients in achieving better health outcomes through best practices, innovation, and/or evidence-based guidelines.

Care Coordination

- Goal 4: Prepare To Apply For NCQA PCMH Accreditation or Similar Program For Enhanced Care Team Approaches.
 - Objective 4-1: Staff Training For Project Leaders
 - Objective 4-2: Self-Assessment
- Goal 5: Improve Care Coordination of Patients with High Service Utilization or Who Require Services Across Systems
 - Objective 5-1: Increase Percentage of Patients Receiving Follow Up (within seven days) of ED Visit or Hospitalization.
 - FUA
 - FUI
 - FUM
 - Objective 5-2: Increase Utilization Of Non-PCP Resources For Care Gap Closure.
 - Pharmacy Services
 - RN/MA Resources
 - Objective 5-3: Increase the Number of Multi-Visit Patients Participating In Complex Care Coordination (CCC) and Care Management.
 - Telephone coordination
 - Plan-provided and ECM services

Clinical Performance Measures

- Goal 5: Achieve Minimum Performance Level (MPL) on Select Uniform Data System (UDS) and Healthcare Effectiveness Data and Information Set (HEDIS) Quality Measures Focused on a Healthy Start in Life.
 - Objectives:
 - Prenatal/Postpartum care
 - Lead Screening
 - Childhood Immunizations at Age 2 (CIS)
 - Adolescent Immunizations (IMA)
 - Well-child visits for children 15 to 30 months of age (WCV-30)
 - Well-child visits for children and youth 3-21 years of age (WCV 3-21)
- Goal 6a: Achieve MPL on Select UDS and HEDIS Quality Measures Focused on Primary or Secondary Prevention of Health Issues Prevalent among SCHC Patients.
 - Objectives:
 - Breast Cancer Screening (BCS)
 - Cervical Cancer Screening (CCS)
 - Colorectal Cancer Screening (CRCS)

- Influenza Immunizations
 - Tobacco Screening
- Goal 6b: Achieve High Performance Level (HPL) for HEDIS Quality Measures Focused on Primary Prevention of Health Issues Prevalent Among SCHC Patients.
 - Objectives:
 - Chlamydia Screening
 - Hypertension Management: Blood pressure Control
- Goal 7: Achieve MPL on Select UDS and HEDIS Quality Measures Focused on Care Coordination and Treatment for Chronic Conditions Prevalent among SCHC Patients.
 - Objectives:
 - Diabetes Management: A1c Testing and Control
 - Diabetes Management: Retinopathy screening
 - Diabetes Management: Kidney Care
 - Diabetes Management: Neuropathy
 - Cardiovascular Disease: Statin Therapy
 - HIV Care: Viral Suppression
- Goal 8: Improve Performance on Select UDS and HEDIS Quality Measures Focused on Diagnosis and Treatment of Mental, Behavioral Health and Substance Use Related Conditions among SCHC Patients.
 - Objectives:
 - Depression Screening and Follow Up
 - Depression Response and Remission at 12-Months
- Goal 9: Improve QI Support and Infrastructure.
 - Objective 9-1: Track Staff Effort and Financial Impact of QI Projects to Help Build the QI Program.
 - Objective 9-2: Develop OCHIN Standard Reporting Tools for Quality Performance.
 - Review and validate available measures within OCHIN for each patient experience, care coordination, and clinical quality metric.
 - Develop functional QI dashboards for the following areas:
 - Leadership/Administration
 - Adult Medicine, Family Medicine, Pediatrics, Integrated Behavioral Health, SCOE, Refugee
 - QI (Population Health), Care Management, Referrals
 - Front Desk, Registration, Call Center
 - Provider/Clinician
- Goal 10: Address Racial and Ethnic Disparities Identified in Select UDS and HEDIS Quality Measures.
 - Objective 10-1: Reduce Racial and Ethnic Health Disparities in The Control Of Diabetes and Hypertension.

- Objective 10-2: Reduce Racial and Ethnic Health Disparities in Access To Prenatal and Postpartum Care.
- Objective 10-3: Reduce Racial and Ethnic Health Disparities in Complex Care Management.
 - Develop OCHIN dashboard reports that show racial and ethnic breakdowns for key performance measures.
 - Use the results to direct focus of quality improvement to health outcomes and groups with the greatest disparities and health burden.
 - Work with UC Davis experts on the effective measurement of health inequities and effective strategies to reduce them.

Aim: Reducing Costs: Responsible management of funds to ensure economic sustainability of health center.

Goal 1: Develop a Dashboard of Indicators to Monitor the Relative Costs and Revenues Associated with Specific Programs and Practices.

- Objective 1: At Least Semi-Annually, Produce Calculations of the Number of Visits and Total Revenue per:
 - Clinical department/program (Adult Medicine, Behavioral Health Services, Dental Services, Family Medicine, Homeless Services, Mobile Services, Pediatrics, Refugee, School-Based Mental Health, Specialty Services)
 - Provider type
 - Provider FTE
 - Medium (i.e. video, phone, and in person appointments)

Goal 2: Revise Provider Productivity Target and Optimal Patient Empanelment Numbers.

Aim: Care Team Well-Being: Staff members understand and believe in their role and are supported to carry it out in a positive environment.

Goal 1: Increase Recognition of the Quality of SCHC Services and Delivery Models.

- Objective 1: Earn more HRSA Badges.
- Objective 2: Prepare for Nationwide Accreditation for Patient-Centered Care Coordination (e.g., PCMH).

Goal 2: Improve Morale and Retention of the Care Team.

- Objective 1: Develop and Conduct Internal Personnel survey by July 2024.
- Objective 2: Identify One to Three Areas for Action from the Personnel Survey Findings to Improve Care-Team Well-Being by December 2024.
- Objective 3: Review Personnel Survey Findings and Institutional Policies and Practices to Determine if Changes Can Be Made to Improve Retention.

Goal 3: Develop Structure for Multi-Level Staff Engagement and Communication.

- Objective 1: Develop and/or Review Individual Position Duty Statements; Revise if needed.

- Objective 2: Develop Expectations for 1:1 Supervisory Meetings with Staff.
- Objective 3: Schedule at least Quarterly Meetings for Supervisors and Managers to Meet with Staff to Promote Communication and Standardization.

2024 QUALITY IMPROVEMENT PROJECTS FOCUSED ON PATIENT EXPERIENCE AND PATIENT HEALTH OUTCOMES

For several years, SCHC has been working on projects to address specific key measures. For 2024, we will continue working on increasing performance on key measures, with an additional concentrated focus on ensuring that Management has the tools needed, included OCHIN, to establish a culture of quality at the health center.

1. The first category of projects is those that affect all or most clinical programs at SCHC and to which most programs can and should contribute. The clinical programs are Adult Medicine, Family Medicine, Integrated Behavioral Health, Pediatric Preventive Dental Services, Pediatrics, Radiology, Refugee Health Assessment, and School-Based Mental Health.
2. The second category of projects is those that all or most clinical programs at SCHC and will be led by staff from clinical support programs. Administration, Quality Improvement, Registration, Member Services, and Referrals are examples of clinical support programs.
3. The third category of projects is those that affect more than one clinical program area, but which will be led by a single clinical program.
4. The fourth category of projects is those that are specific to and led by a single program area, whether clinical or non-clinical.

When appropriate, projects will incorporate strategies to improve other related measures (e.g., W-30 project will work on CIS and lead screening measures, and Diabetes A1c Control project will also work on kidney health and eye exam measures.)

Additional projects may be proposed to or by the QIC as the need arises, such as not being on course to achieve the objectives (see previous section) or converting tracking objectives to targeted objectives. QI projects may be proposed to QIC using the standard form and process by any provider or program representative. QIC will evaluate proposals and incorporate approved projects into overall QI plan and schedule.

Category 1A Projects: Clinic-Wide Projects that Impact all Programs.

2024 Projects

Review and validate patient OCHIN registries and key performance measures

Design and develop OCHIN dashboards

Design and develop OCHIN training standards.

Lead: OCHIN Steering Committee & QIC

Category 1B Projects: Clinic-Wide Projects to Which Most Programs Contribute

2023 Projects Continuing in 2024

Reduce No Shows/Increase Provider Utilization

Lead: QIC

Category 2 Projects: Clinic-Wide Projects Led by Support Programs

2023 Projects Continuing in 2024

Increase New Patient Outreach and the Percentage Who Receive an Initial Health Assessment

Lead: Member Services

Reduce Wait Times in the Call Center

Lead: Call Center

Conduct Pre-Visit Planning to Eliminate Missed Opportunities for Health Maintenance

Lead: Registration

Reduce Processing Time for Non-Urgent Referrals

Lead: Referrals

Increase the Number of Patients That Receive a Depression Screening and Follow Up

Lead: Integrated Behavioral Health Team

Category 3 Projects: Affecting More than One Clinical Program Led by one Clinical Program

2023 Projects Continuing in 2024

Increase the Number of Patients That Receive a Cervical Cancer Screening

Lead: Family and Adult Medicine

Increase the Number of Patients That Receive Follow Up After ED Visit or Hospitalization for Mental Health or Substance Use

Lead: Integrated Behavioral Health

Increase Well-Child Visits 0-30 Months (including required immunizations)

Lead: Pediatrics

Increase the Percentage of Diabetic Patients with Controlled Blood Sugar

Lead: Adult Medicine/Diabetes Team

Increase the Number of Patients That Receive a Breast Cancer Screening

Lead: QI Team

Increase the Number of Patients That Receive a Colorectal Cancer Screening

Lead: QI Team

Category 4 Projects: Affecting a Single Clinical Program Led by that Clinical Program

2023 Projects Continuing in 2024

Increase the Number of Pregnant Patients That Receive a Prenatal Screening

Lead: Family Medicine and Adult Medicine

Increase the Number of Post-Partum Patients That Receive a Post-Partum Visit

Lead: Family Medicine and QI Team



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

Policy Issuer (Unit/Program)	Clinic Services
Policy Number	03-01
Effective Date	09-30-10
Revision Date	01-31-2402-08- 24

Title: **Telephone Protocol**

Functional Area: **Clinic Operations**

Approved By: Andrew Mendonsa, Psy.D., MBA, Division Manager

Policy:

The Sacramento County Health Center is committed to excellent customer service by assisting individuals by phone promptly, respectfully, and sensitively.

Procedures:

- A. General guidelines for staff assigned to phones
 1. Answer the phone in a professional and courteous manner and identify yourself. e.g., "Thank you for calling the Sacramento County Health Center. This is NAME. How may I help you today?"
 2. Update the patient contact information at every encounter (address, phone numbers, and emergency contact) in the Electronic Health Record (EHR).
 3. [Verify eligibility](#) while assisting the patient.
 4. Refer to Policy and Procedure [03-08 Appointment Scheduling](#) if scheduling an appointment.
 5. If the caller is upset, respond in a calm, understanding, and professional manner. Request assistance from a colleague or supervisor as needed.
 6. Before placing a caller on hold, ask the caller "May I place you on a brief hold?" Allow the caller to respond before placing them on hold.
 7. For non-English speaking and hearing impaired callers, ask the caller to hold for an interpreter (refer to Interpretation Services Guide). Document primary language and the need for an interpreter in the EHR.
 - a. From the main toolbar open the registration tab.
 - b. Select the "Additional Pat Info" radio button on the left side.
 - c. Document the patients language needs. e.g., Female Dari interpreter needed.
- B. Management and direction of calls:
 1. If the caller wants to make, change, or get information about an appointment, proceed with the call per PP 03-08 Appointment Scheduling.
 2. All other requests:

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Commented [A2R1]: Is there an opportunity somewhere to inform patients that MyChart is available in the future? Do we have a tutorial to start using MyChart?

- a. Give the caller the correct departments phone number and other pertinent information, then transfer the call and provide a warm handoff. e.g., I have Patient Name on the line and he needs to...
- b. Let the caller know if they can use MyChart to address their concern or answer their question if they are a MyChart user.

Commented [A3]: Discuss this with Clerical Supervisors to ensure that people are trained on this and we know what MyChart can and cannot do. OK to approve policy - but note this for staff training.

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Department	Phone	Reason to Transfer Call
Behavioral Health Clinician of the Day	916-268-1931 (916) 536-8340 Urgent	<ul style="list-style-type: none"> • Urgent: Suicide and homicide ideation (urgent) <ul style="list-style-type: none"> ○ Keep the caller on the line and have a colleague call the Behavioral Health Clinician for assistance
	(916) 875-0573 Non-urgent	<ul style="list-style-type: none"> • Request for a new patient appointment
Family Medicine	(916) 876-3342	<ul style="list-style-type: none"> • Make, change, and reschedule appointments
Pediatric	(916) 876-5437	<ul style="list-style-type: none"> • Make, change, and reschedule appointments
Pharmacy	Fax (916) 854-9327	<ul style="list-style-type: none"> • Do not transfer any calls to Pharmacy • Patient requesting refill prescriptions <ul style="list-style-type: none"> ○ Ask the patient if they have contacted their pharmacy. If not, have them call their pharmacy. ○ If the patient has already contacted their pharmacy and there has not been resolution, send Refill Medication Encounter to SA174 Pharmacy Resource Pool using the “.SA174REFILLREQUEST” template. Be specific with which pharmacy and which medications are being requested. Delete the rest. <ul style="list-style-type: none"> ▪ If the patient is unable to name the medications, but can give other identifying information, such as what the medication is for, then add that information to the encounter instead of the medication name. ▪ If a request is open for the same medication(s), then add an addendum to that request instead of starting a new one. ▪ Inform patient that the request will be reviewed within 72 hours by the medical team. ▪ Include the days' supply remaining in the request. If request needs response within 48 hours or if this is the 3rd request for the same medication, mark as "High" priority. <p>Refer to PP 05-01 Pharmacy Refill Procedure</p>

		<p>and Refill Request Workflow for full procedures.</p> <ul style="list-style-type: none"> • Patient requesting prescriptions to be sent to another pharmacy <ul style="list-style-type: none"> ○ Inform the patient to contact the preferred pharmacy and have them request a transfer from the original pharmacy. ○ Inform the patient that if it is a controlled medication that not all controlled medications can be transferred. ○ Send a Telephone Encounter to the Primary Care Provider using the “.SA174 TransferRx” template. • Calls from an outside pharmacy <ul style="list-style-type: none"> ○ Ask the pharmacy to fax a request to 916-854-9327. ○ If the pharmacy is not able to fax or is not receiving a response to their fax, initiate a Telephone Encounter using the “.SA174 PharmCall” Template. <ul style="list-style-type: none"> ▪ Gather the information in the template: name of pharmacy, name of pharmacist, call back number, and fax number. ▪ Determine what the pharmacy is requesting and list the specific medication(s) next to the category of the request. ▪ If there are faxing instructions for the category, relay the information to the caller. ▪ Delete the other categories, so that only the applicable one is showing. ▪ Route the encounter to SA174 Pharmacy Resource Pool for all categories, except route to provider’s MA for ICD-10 calls.
Referrals Team	(916) 874-9334	<ul style="list-style-type: none"> • Referral questions • Any calls with referral and specialist questions • Healthy Partners (HP) Diagnostic Questions
Registered Nurse		
-Adult Medicine	Send Telephone Encounter To: AM Advice/Triage MyChart RN Pool	<ul style="list-style-type: none"> • Callers report an urgent medical problem • Medical questions • Medication reaction

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-Family Medicine	Send Telephone Encounter To: FM Advice/Triage	<ul style="list-style-type: none"> • Patient requesting an urgent appointment, and no appts. are available within 48 hours • Providers & other professionals • Hospital discharge and no available appointments within 10 days • Quest (or other professional) calling with critical labs
-Pediatrics	Send Telephone Encounter To: Peds Advice/Triage	
Other Requests		Send a telephone encounter for <ul style="list-style-type: none"> • Checking on forms/letters • Medical question regarding visits • Lab results • Checking on will-call and forms/letters that can't be located • Patient requesting sooner (not urgent) appt. • Non-medical questions or concerns
Department Routing Guide		
Medical Records Request	(916) 874-9298	
Member Services Team/Healthy Partners	(916) 874-1805	
Refugee Health Assessment Program	(916) 874-9227	
Pediatric Clinic	(916) 876-5437	
Radiology Appointment or Questions	(916) 874-9522	
Employment Verification for DHS Staff	DHS, Human Resources (916) 875-1300	
Department of Human Assistance	800-560-0976	

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C. Creating and sending a telephone encounter message from the callers EHR:

1. Messages must be professionally written, accurate, complete, and prompt. Slang is unacceptable.
2. If a patient indicates an urgent medical problem send a telephone encounter to the triage nurse pool for the department (AM Advice/Triage; FM Advice/Triage; Peds Advice/Triage).
3. For non-Medical issues that patient self identifies as urgent or time sensitive (-within 72 hours), send a telephone encounter and flag message as high priority.
4. Review "Patient Encounter Selection" if there is a recent encounter regarding the same issue. Select the encounter. Edit the note per the patient's request. Save and route the encounter.

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If the patient calls with a new concern, request, or question:

- a. Click "New Encounter" to create a telephone encounter.
- b. Select the date
- c. Enter the PCP
- d. Click accept (this action will open a new encounter)
- e. Complete the following section:
 - i. Contact Section: Incoming call, outgoing, other
 - ii. Reason for call (select from the drop-down menu)

- iii. Routing (see the department Message Routing Guide)
 - iv. My Note: type the message per the caller's request
 - v. On the left side, "Close the Workspace"
 - vi. Select "Accept" below the note to save the information
5. The designated medical staff will respond or consult the provider and respond to the message within two working days.
6. Per provider directive, the designated medical staff (medical assistant, registered nurse, or pharmacist) will contact the caller and document the action taken utilizing the same encounter.
- a. The designated staff can **edit the note** to document what actions were taken or they can create a **new note** in the same encounter.
 - b. To save the documentation, click the radio buttons, "**Close the Workspace**" and "**Accept.**"

References:

- [Interpreter Services Guide](#)
- [02-02 Interpreter for Patient Care](#)
- [03-08 Appointment Scheduling](#)
- [04-01 Urgent Services](#)
- [05-01 Pharmacy Refill Procedure](#)
- [Call Center Call Routing – Primary Care Workflow](#)
- [How to Verify Eligibility](#)

Contact: Health Program Manager for Operations


Co-Applicant Board Approval:

Date

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 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Primary Health Policy and Procedure</p>	Policy Issuer (Unit/Program)	Clinic Services
	Policy Number	04-12
	Effective Date	05-07-15
	Revision Date	06-19-2002 0180-24
Title: Patient Satisfaction Survey		Functional Area: Clinic Services
Approved By: Sharon Hutchins, Health Program Manager		

Policy:

~~Sacramento County Health Center (SCHC)~~ ~~Sacramento County Health Center (SCHC) Clinic Services~~ has a standardized approach to obtain and review information about a patient's overall satisfaction and perceived quality of care. Surveys are used for self-assessment and as part of the periodic assessment of the quality of service provided by ~~the Health Center~~ SCHC in compliance ~~with the~~ Health Resources & Services Administration (~~HRSA~~) quality improvement/assurance requirements.

Procedures:

A. Survey Tool

1. SCHC surveys ~~its~~ patients receiving three types of services

- a. Primary care medical services
- b. Preventive dental services
- c. Integrated behavioral health services

1-2. A validated survey tool is used ~~to be able to compare SCHC's results to those of similar clinics regarding performance on the following~~ to assess the following key topics ~~for all three types of services:~~

- a. Access to care
- b. Customer service
- c. Facility condition
- d. Clinical care received
- e. Overall visit experience

2-3. The survey is offered in English and Spanish ~~to ensure ease of completion.~~ Additional languages ~~may be considered~~ are not offered by the vendor, ~~h-~~ However, the survey can be sight translated by staff for patients who accept this help (see Section D below).

3-4. The survey is on a two-sided scantron form that is ordered through the vendor. Scantron forms are machine-readable, multiple-choice answer sheets.

B. Survey Period

a-1. ~~A survey period~~ The survey is distributed ~~is completed~~ every six months, ~~usually in~~ May and October, barring unusual events like a Public Health Emergency).

b-2. A survey period is ~~to be two full weeks an entire month.~~ Do not select a two

Commented [R1]: Can it be electronic?

Commented [ag2]: How many questions is the survey?

Commented [SH3]: Discussion about using the current vendor, a new vendor, or creating/administering/analyzing surveys at SCHC. CAB will need to decide.

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~~week period that includes a site closure (i.e. holidays).~~

C. Preparation

1. Prior to the survey period, the ~~Clerical Supervisor~~ Compliance Officer or designee shall:
 - a. Notify all ~~Health Center~~ SCHC staff of the upcoming survey period.
 - ~~b. Send the vendor an updated list of payor types and providers.~~
 - ~~e.b. Order a sufficient number of surveys in (English and Spanish) from the vendor and send the vendor an updated list of payor types, sites, and service codes. SCHC does not collect individual provider-level data.~~
 - c. Distribute surveys to the designated site coordinator for each site as designated by the Compliance Officer.
 - d. The site coordinator will:
 - i. Set up locked collection boxes in each clinic site marked "Completed Patient Surveys."
 - ii. Prepare sufficient boxes of #2 pencils for patient use.
 - iii. Ensure hard surfaces, (table, or clipboards) are available for patients to complete fill out the survey.
 - iv. Review the scantron completion instructions and approved survey script with all registration staff.
2. Send the surveys all to the registration staff in-at all the SCHC Health Center (all sites at which the three services are provided (See section A1)).

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Commented [ag4]: Boxes are often empty

Not enough clipboards. The only table downstairs has a tablecloth on it so the pencil goes through the paper.

- a. ~~Set up locked collection boxes in each clinic with an opening marked "Completed Patient Surveys".~~
- b. ~~Prepare two boxes of #2 pencils for patient use.~~
- c. ~~Ensure hard surfaces (table or clipboards) are available for patients to fill out the survey.~~
- d. ~~Review the scantron completion instructions and approved script with all registration staff.~~

D. Administering the Survey

1. Registration staff shall:

- a. Write and bubble in the site location and provider number/service type code at the top right side of the survey with a #2 pencil or black or blue pen. Do not use pens with ink that soaks through the paper such as a (i.e. Sharpie).
- b. Ask the patient if s/he/they needs help in completing the survey. Provide assistance as needed, especially to those patients with visual impairment, or literacy challenges, or who speak a language other than English or Spanish as needed (refer to Policy 02-02 or ask your supervisor how to do so).
- c. Provide each patient with a survey and a #2 pencil during patient registration and encourage them to complete and submit the survey immediately following their service.
- d. Provide the following instructions/information to each patient or patient/guardian/parent of a patient:
 - 1. Please complete the survey to help us improve the quality of our services.
 - ~~2.~~ Use the provided #2 pencil. Black or blue ink pens are also acceptable. Colored pencils, pens, or markers of any kind will not work.
 - ~~3.~~ Fill in the circles completely. Do not make a check mark or line through your choice. ~~Make~~ Do not make any ~~no~~ stray marks on the form.
 - ~~4.~~ Do not fold or bend the form.
 - ~~3-5.~~ Place the completed form into the locked survey box.
 - ~~4-6.~~ Completion of the survey is voluntary and will not affect the care you receive in our clinic.
 - ~~7.~~ The survey is ~~anonymous~~ anonymous, and all responses will be kept confidential.
 - ~~5-1.~~ Please complete the survey to help us improve the quality of our services.
- 2. The Clerical Supervisor (Adult Medicine, Family Medicine, Pediatrics) Senior Health Program Coordinator (for school sites SCOE) or Supervising RN (for mobile van and Loaves & Fishes) for the program area will designate a specific staff member (e.g., ~~a~~ an Office Assistant or Public Health Assistant HA) daily to assist with translation by a vendor via video.
- ~~2-3.~~ Patients who choose not to complete the surveys are not to be treated differently from ~~by~~ than patients who choose to do so.

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~~3.4.~~ A collection box is available in each ~~clinic lobby~~ ~~health center~~ ~~SCHC site.~~ (Suite 1100, 2100, 2200, 2600, school-based sites, mobile van, and SCHC ~~SCHC-Loaves & Fishes site.~~) in a high visibility location on the exit route for patients.

~~4.5.~~ If a staff member receives a survey from a patient, ~~s/he should~~ place the survey in a collection box immediately, without reading the contents.

E. Data Collection

~~1.~~ The ~~Clerical Supervisor~~ ~~site designee~~ collects completed ~~Patient Satisfaction~~ ~~Surveys~~ periodically throughout the sampling period and reviews ~~them~~ for completion errors.

a.

~~a-b. If a survey is not completed correctly, are incorrectly filled out by staff or by patients, the Clerical Supervisor site coordinator will review go over the scantron completion instructions and approved script with all registration staff again.~~

2. ~~The Clerical Supervisor~~ Each site coordinator submits completed sends submitted surveys to the designated Senior Office Assistant (SOA) for Quality Improvement and Compliance.
3. The designated ~~Senior Office Assistant~~ SOA shall:
 - a. Review all ~~completed submitted~~ surveys to ensure the site location and ~~service type code provider number~~ is written and bubbled in.
 - b. Contact the vendor prior to sending in ~~completed submitted~~ surveys to provide additional data separation instructions as needed (i.e. separate "Uninsured" comments from "Medi-Ceal" comments).
 - c. Mail all ~~completed submitted~~ surveys to the vendor for scanning. All sSurveys are to be packed in ~~a the same~~ box and shipped with a tracking number.
 - d. Draft reports for review once results are received from vendor.
 - e. Send the completed reports to the Health Program Manager ~~for review with the Deputy Director for Quality and Compliance.~~

Commented [ag5]: Agree with Sharon

F. Review and Recommendations:

1. ~~There are~~ several bodies ~~that~~ review the survey reports ~~once completed. This~~ including the Health Center Management Team, the Quality Improvement Committee (QIC), and the treatment teams. Each group may recommend actions based on the findings or trends.
2. If actions are indicated, the Health Center Management Team will document actions, resolution, and provide feedback to the QIC.
3. The reports will be shared at the Co-Applicant Board (CAB) ~~m~~Meeting ~~during staff report~~. Modifications in service delivery and operations may be implemented based on data trends and CAB recommendations and requests.

References:

N/A

Attachments:

Attachment A: Patient Satisfaction Survey - Staff Script

Contact:

~~Sandra Johnson, Senior Public Health Program Coordinator~~ Health Program Manager for Quality and Compliance

Co-Applicant Board Approval Date:

04-12-5

06/19/2020

04-12-6

**Appendix A: Patient Satisfaction Survey
Staff Script**

Note: If the patient speaks a language other than English or Spanish, an interpreter will be needed to administer the survey. For patients who have visual impairment, a staff member will need to read the survey to the patient.

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"We want to know how you feel about the care you get at our health center. We invite you to complete this feedback survey and then return it to one of the locked boxes marked *Completed Patient Surveys*. Completion of the survey is voluntary and anonymous. Your feedback will help us improve the quality of our services."

"Are you interested in providing feedback to us today?"

If the patient answers no,

"We understand that your time is valuable. Perhaps another time."

If the patient answers yes,

"Would you like to fill out the written version of the survey yourself? If not, we would be happy to help you complete the survey once your appointment is over."

Patient wishes to complete the survey on their own,

Hand them the survey form and a #2 pencil.

"You may start the survey as soon as you get it and complete it once your appointment is finished. Please read the survey and fill in the circles for your answer choices completely with the provided pencil. Please do not make a line through your answer choice. Fill in the entire bubble. You may start the survey ahead of

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Commented [ag7]: We often have long waits, so patients can do the survey at any point.

Please do not fold or bend the form. When you are done, please put the finished survey in the locked box marked *Completed Patient Surveys*" add location information -and put the pencil in the *Used Pencils* jar."

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Patient would like help to complete the survey,

We would be happy to help. Once your appointment is finished, please let your Medical Assistant know that you would like help in filling out the survey and a staff member will come assist you."

Patient Satisfaction Survey Registration Staff Script

We want to know how you feel about the care you get at our health center. Please take a few minutes to complete this survey and then return it to one of the locked boxes marked *Completed Patient Surveys*."

Please fill in the circles completely with the provided pencil. Please do not make a line through your choice or fold or bend the form. Completion of the survey is voluntary and anonymous. Your feedback will help us improve the quality of our services.

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Primary Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	Clinic Services
	Policy Number	07-05
	Effective Date	01-31-12
	Revision Date	01-26-2102- 018-234
Title: Credentialing and Privileges		Functional Area: Personnel
Approved By: Susmita Mishra, MD, Medical Director		

Policy

Credentialing and privileges policies and procedures ~~shall~~ address the process for appointments and reappointments of ~~m~~Medical ~~S~~staff and licensed contracted staff for Primary Health Clinical Services at the Sacramento County Health Center (SCHC).

Credentialing standards and criteria are established commensurate with those of the National Council for Quality. Credentialing and privileging is completed in compliance with state and ~~and~~ federal laws and regulations and in alignment with the Sacramento County Policy 601: Discrimination, Harassment, and Retaliation. SCHC does not exclude, deny benefits to, or otherwise discriminate against any person based on protected characteristics which include race, color, national origin, religion, age, disability, gender identity, gender expression, sex, sexual orientation, political affiliation, genetic information, medical or mental health condition.

The University of California, Davis (UCD), per contractual agreement, credentials licensed providers working under contract with SCHC from the following UCD departments:

- Department of Internal Medicine
- Department of Psychiatry
- Department of Pediatrics
- Department of Family Medicine
- Department of Radiology
- School of Medicine
- School of Nursing
- Department of Psychology

The Co-Applicant Board has delegated the responsibility of credentialing and privileging to the SCHC Clinic Services Medical Director. In turn, the Medical Director has delegated responsibility for some credentialing to other entities, with final approval of the SCHC Medical Director and subject to CAB oversight.

- Academic institutions, (including but not limited to UC-Davis, Sutter Family Medicine Residency, and Walden University,) who place licensed or unlicensed trainees at SCHC via a contract or agreement, utilize their own procedures to credential trainees.
- Each temporary medical staffing ("registry") agency credentials the clinical staff they provide to work at SCHC.
- The Sacramento Physicians' Initiative to Reach out, Innovate and Teach (SPIRIT) project and the SCHC jointly credential volunteer providers via agreement with the SPIRIT program.
- SCHC directly credentials other volunteers.
- SCHC directly credentials County employees.

The Medical Director of SCHC privileges all clinical staff.

All County employees, acting within the scope of their licensure and employment, are insured, protected, and defended for their actions by the County.

~~A.~~

~~B.A.~~ Purpose

~~Credentialing and privileging are processes of verification of education, training, and experience as well as and formal recognition and attestation that licensed independent practitioners, or other licensed or certified staff practitioners (OCLP), and other clinical staff, and volunteers are both qualified and competent to carry out their role at the Health CenterSCHC. Privileging provides permission for licensed an independent licensed practitioner's (LIP), or other licensed or certified OCLPs practitioner's scope of practice, in other words, to provide the clinical services within their scope of practice he or she may provide at the Sacramento County Health CenterSCHC.~~

~~C.~~

B. Definitions:

Sacramento County Health Center uses the following terms as defined by HRSA in Policy Information Notice PIN-2002-22 for numbers 1 – 6 below. The language below is verbatim from that source. For details of what is in scope for each Licensed Independent Practitioners category, refer to their respective board (See Attachment A).

1. Credentialing: The process of assessing and confirming the qualifications of a licensed or certified health care practitioner.
2. Privileging/Competency: The process of authorizing a licensed or certified health care practitioner's specific scope and content of patient care services. This is performed in conjunction with an evaluation of an individual's clinical qualifications and/or performance.
3. ~~A.~~ Licensed or Certified Health Care Practitioner Licensed Independent Practitioner (LIP): an individual required to be licensed, registered, or certified by the State, commonwealth or territory in which a Health Center is located. These individuals include, but are not limited to, physicians, dentists, registered nurses, and others required to be licensed, registered, or certified (e.g., laboratory technicians, social workers, medical assistants, licensed practical nurses, dental hygienists, nutritionists). "Licensed or certified health care practitioners" can be divided into two categories: a) licensed independent practitioners (LIPs) and b) other licensed or certified practitioners. An individual permitted by law to provide patient care without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges. This category includes physicians, psychologists, nurse practitioners (NP), clinical fellows, physician assistants (PA), registered dental hygienists in alternative practice (RDHAP), licensed clinical social workers (LCSW) and licensed marriage and family therapists (LMFT). For details of what is in scope for each LIP category, refer to their board (See Attachment A). Care and Services v Patient Care. Definition in regs? Refer to regs? See assessment form below page 43
- 4.4. Licensed Independent Practitioners (LIP): physician, dentist, nurse practitioner, and nurse midwife or any other "individual permitted by law and the organization

Commented [SH1]: Refer to specific regulations. Refer to specific policies.

Commented [R2R1]: Maybe we can say, "refer to each LIP's licensing board for a list of duties they can provide without direction or supervision." Instead of doing all of this research and potentially including it in the policy. What each "provider" is allowed to do is beyond the scope of this policy (in my opinion)

to provide care and services without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges" (from Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) 2002-2003 Comprehensive Accreditation Manual for Ambulatory Care). It is the Health Center that should determine which individuals (including staff that may not be covered under Federal Tort Claims Act such as volunteers, certain part-time contractors, medical residents, and locum tenens) meet this definition based on law and the organization's policy.

CA: Sharon looking RDHAP—Robyn will provide (placed in the folder); California Medical Board—Robyn; Psychologists Psychologists = ???; Psychiatry, LMFT, LCSW, NP—we have document Nurse Practitioner Standards or some such.... If not CA med Board—individual MD (internal, family, peds, psychiatry), DO.

2. ~~B. Other Licensed or Certified Practitioners (OLCP): An individual who is licensed, registered, or certified but is not permitted by law to provide patient care services without direction or supervision. Examples include, but are not limited to, laboratory technicians, social workers, medical assistants, licensed practical nurses, dental hygienists. An individual who is licensed, registered, or certified by an accredited academic institution or a board recognized by the State of California, but who is not permitted by law to provide patient care services without direction or supervision. This category includes but is not limited to nurses (regulation), radiology technologists (regulations). For details of what is in scope for each OLCP category, refer to their board (See Attachment A).~~

5.

3. ~~C. Licensed Independent Practitioner (LIP): An individual permitted by law to provide care and services without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges. This category includes physicians, nurse practitioners, clinical fellows, physician assistants, and Registered Dental Hygienists in Alternative Practice (RDHAPs).~~

~~Other Licensed or Certified Practitioners (OLCP): An individual who is licensed, registered, or certified but is not permitted by law to provide patient care services without direction or supervision. This category includes nurses, licensed clinical social workers, and licensed marriage and family therapists.~~

~~Other Clinical Staff (OCS): An individual who is not licensed or registered but is permitted per clinical policy to provide patient care services within their professional scope of work (under direct supervision of a licensed professional. This category includes but is not limited to medical assistants (MA), dental assistants, associate clinical social workers, and associate marriage family therapists. What is patient care if they are not licensed?~~

6.

7. Volunteers and Trainees: There are three types of volunteers at the SCHC.

- a. An individual permitted by law to provide care and services without direction or supervision, within the scope of the individual's license, and consistent with individually granted clinical privileges, and as listed in the contract. i.e., SPIRIT volunteers.
- b. An individual who is not licensed, registered, or certified but is permitted by clinical policy to provide patient support services (e.g., register patients, check eligibility for health insurance, link patients to external services)

under the direction of the SCHC clinical staff (e.g., Volunteer Office Assistants). How do support services vary from care and services?

- c. An individual participating in a recognized academic program with which SCHC has a formal relationship, may provide direct clinical services as a learner under the supervision of SCHC clinical staff and their preceptor within a scope of duties defined by contract. These learners include medical residents, medical students, nursing students, nurse practitioner students, physician assistant students, and MA candidates, and associate mental health clinicians, and OCS.

- 4. Volunteers and Trainees: There are three types of volunteers at the SCHC Sacramento County Health Center.

An individual permitted by law to provide care and services without direct direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges and as listed in the contract, i.e., SPIRIT Volunteers.

An individual who is not licensed, registered, or certified but is permitted by Clinical policy to provide patient support services under the direction of the SCHC Clinical Staff, i.e., Volunteer Medical Assistants through the County Volunteer Office.

- e) An individual participating in a recognized academic program with which SCHC has a formal relationship, may provide direct clinical services as a learner under the supervision of SCHC clinical staff and their preceptor within a specifically defined scope of duties. These learners include medical residents, medical students, nursing students, nurse practitioner students, physician assistant students, and MA candidates and OCS, and OCS (OSCs), among others.

E. An individual participating in a recognized academic program with which SCHC has a formal relationship, may provide direct clinical services as a learner under the supervision of SCHC clinical staff and their preceptor within a specifically defined scope of duties. These learners include medical residents, medical students, nursing students, nurse practitioner students, physician assistant students, and MA candidates (OSCs), among others.

- 8. Primary Source Verification (PSV): -Verification by the original source of a specific credential to determine the accuracy of a qualification reported by an individual health care practitioner. PSV is completed, at a minimum, for the following (see Attachment A for details by position classification): Are all of these things on breeze? Different sources? This isn't part of the definitions.

a.

a. Current licensure;

b. Relevant education, training, or experience as pertaining to the classification or licensing boards

c. Current competence; and

d. Health fitness

- 9. F- Secondary Source Verification (SSV): Uses M methods to verify credentials when PSV is not required. SSV not defined. When it is done is not part of the definition. SSV is completed for the following:

a. Government issued picture identification;

- b. Drug Enforcement Administration (DEA) (as applicable);
- c. Hospital Admitting Privileges (as applicable);
- d. Immunization such as current flu shot, ~~and Hepatitis B and COVID-19~~ vaccine status;
- e. Tuberculosis clearance;
- f. Life Support Training (as applicable); and
- g. National Practitioner Data Bank Query (NPDB) (as applicable).

Procedures:

~~Credentiaing verification occurs by obtaining primary source or secondary source verification in accordance with accepted national verification sites and standards. Credentiaing documents for verification requiring verification and the verification sites for licensed staff (physicians, dentists, NPs, p~~

~~Psychologists, registered nurses (RN), licensed vocational nurses (LVN), PAs, LCSWs, LMFTs, registered radiology technologists, and RDHAPs are included in the Attachment A: labeled "Credentiaing Verification Instructions." How it occurs isn't a procedure. The procedure would be 1. Verify credentials. 2. ...~~

~~Standards must include California state standards. Esp if they vary.~~

~~Prefer to have the positions spelled out. Too many acronyms~~

~~Credentiaing verification occurs by obtaining Primary source or Secondary source verification in accordance with accepted national verification sites and standards. Credentiaing documents requiring verification and the verification sites for licensed staff (Physicians, Dentists, Nurse Practitioners, Registered Nurses, Licensed Vocational Nurses, Physician Assistants, Licensed Clinical Social Workers, Marriage and Family Therapists, Registered Radiology Technologists, and Registered Dental Hygienist in Alternate Practice) are included in the attachment labeled "Credentiaing Verification Instructions."~~

Commented [SH3]: All is state controlled EXCEPT 1) radiology technicians and 2) physican specialties (Boards).

Commented [SH4]: It will be too bulky to spell out all positions in each place and it is not needed for the users of the P&P.

~~The Primary Health Services Medical Director is responsible for credentialing and privileging all licensed and credentialed medical staff. The Primary Health Services Medical Director is responsible for credentialing other clinical staff, and volunteers not affiliated with a program with which SCHC has a formal agreement.~~ The Medical Director designates an administrative services officer (ASO) who collects and verifies credentials under the supervision of the Medical Director. The ~~assistant~~ASO ~~assistant~~ implements and maintains the clinic's specific database for the Credentialing and Privileging g

program and compiles data for the Medical Director to review. Academic programs are responsible for ~~credential~~ the verification ~~of the credentials~~ for learners; the specific process ~~are is~~ detailed in the contract between the program and SCHC. ~~The Medical Director has the final say and will not approve unless verification is provided and indemnity is guaranteed as per the contract between The Regents of the University of California and Sacramento County.~~

1. Temporary medical staffing ("registry") service ~~agencies~~ are responsible for ~~the credential~~ verification ~~of the credentials of~~ the clinical staff they provide to SCHC. ~~Clinical staff needs to be defined and applied specifically to certain providers.~~

2. Applicants, County ~~employees~~, volunteers, and contracted staff ~~have the burden of~~ must produce the information listed below ~~ing information in a timely manner~~ (at least 90 days prior to start date) for an adequate evaluation of the qualifications and suitability of clinical privileges. The applicant's failure to ~~sustain the burden do so~~ shall be grounds for denial or termination of privileges. Secondary Source Verification: ~~is used for OCS (MA)????~~ ~~The employee provides a copy of their:~~

- a. ~~MA certificate (if applicable)~~
- ~~—CPR or BLS/ACLS as applicable certificate~~
- b. ~~_____~~
- c. ~~Vaccine status for Influenza, Hepatitis B, and COVID-19~~
- ~~—Flu vaccination~~
- a. ~~Purified protein derivative (PPD)PD documentation aka TB test~~
- d. ~~_____~~
- b. ~~Health assessment statement~~
- e. ~~_____~~
- ~~—Photo ID~~
- ~~—Photo ID~~
- f. ~~_____~~

3. Competence

- a. Supervisors perform evaluation of core competencies for staff in their respective programs. The data is provided to the designated credentialing staff. See PP 04-23 Peer Review Health Clinicians and PP 04-09 Peer Review Behavioral Health Clinicians.
- b. UCD Program Leads and faculty are responsible for review of medical residents delivering medical care under the supervision of the faculty

Commented [6]: Who is this referring to? Is "assistant" the ASO?

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Commented [ag7]: Why isn't this referred to Attach A

team.

~~e.~~ Every resident clinical encounter is reviewed and co-signed by SCHC supervising faculty.

~~c.~~

d. SCHC supervising faculty submit quarterly clinical competency evaluations to UC-Davis Internal Medicine Residency.

e. Residents participate in a ~~f~~File ~~R~~review twice a year with ~~the~~ Associate Program Director or Program Director to review evaluations.

f. If any corrective actions are implemented regarding a resident's clinical care of primary care patients, the Program Director will communicate with the SCHC Medical Director.

~~4.~~ The Peer Review Committee (PRC) ~~and the~~ ~~which includes the~~ Medical Director ~~and are responsible for at least one licensed physician,~~ assesses clinical competency for licensed health care providers ~~(LIPs and OLCPs),~~ according to ~~PP 04-23 Peer Review Health Clinicians. the Peer Review Policy.~~

~~5.4.~~

~~E.D.~~ Approval Process for Initial Hire

Once employed, ~~each practitioners (LIP, OLCP, Associate Mental Health Clinicians)~~ must submit an ~~"Application for Clinical Privileges" (Attachment B)~~ to request Core and Special Request Privileges. ~~The Medical Director will review the "Application for Clinical Privileges", all supporting documentation of education, training, current experience and demonstrated performance, and may consult with Supervisors, Leads, or Managers of respective programs before granting or denying privileges.~~

~~4.~~

~~No more than~~ ~~Within~~ 90 days following their start date, ~~the~~ Medical Director assesses clinical competency to determine whether to maintain the approved privileges.

~~F.E.~~ Adverse Determination Process

1. The process for reviewing clinical competency, ethics, and professionalism of providers and consequences of failure to demonstrate such competency is outlined in [PP 04-23: Peer Review Policy Clinicians](#).
2. For other personnel, the supervisor the County of Sacramento Department of Health Services (DHS) [Human Resources Discipline Manual](#) or the contractual requirements for contracted staff are used to determine whether .
3. Personnel actions for County staff may be appealed per applicable County Human Resources guidelines and applicable represented labor groups approved contracts.

~~G.F.~~ Re-Credentialing and [Re-Privileging](#)

1. Medical Director reviews credentials and privileges of LIPs, OLCs, [Associate Mental Health Clinicians](#) at least every two years.
2. The Medical Director renews privileges of practitioners based on maintenance of credentials and ~~PRC Peer Review Committee~~ recommendations.
3. **Supervising nurses review the competency of MAs and nurses OCS by completing the Skill Check List every year. See Attachment F: RN Skills Checklist Attachment F and Attachment G: MA Skills Checklist Attachment G. Supervising nurses review the competency of OCSs by completing the Skill Check List every year. We don't have dental assistants which is listed in OCS. If we want to keep in, then who is reviewing competency?**

Commented [DB8]: End Sentence after Checklist for Attachment G.

3. _____

~~H. Adverse Determination Process: Re-Credentialing and Privileging~~

~~I. Based on Medical Director recommendations for LIPs and OLCs, a 60-day corrective action plan is given when a licensed or credentialed provider has not met performance measures.~~

~~J. _____~~

~~K. If there is not sufficient improvement within 60 days, the Medical Director will consult with the Health Program Manager for Operations and follow the County of Sacramento Department of Health Services (DHS) [Human Resources Discipline Manual](#) or the contractual requirements for contracted staff.~~

~~L. _____~~

~~M. Personnel actions for county staff may be appealed per applicable County Human Resources guidelines and applicable represented labor groups approved contracts.~~

~~N.G. Confidentiality~~

~~All credentialing and privileging proceedings, deliberation, records, related activities, and information shall be confidential, and not subject to discovery, to the fullest extent permitted by law. Disclosure of such proceedings and records shall be made only as required by law, or as needed to fulfill the credentialing activities within the scope of the policy.~~

Attachments:

[Attachment A: Credentialing Verification Instructions](#)

[Attachment B: Application for Clinical Privileges - Providers](#)

[Attachment C: Application for Clinical Privileges - Radiology Technologists](#)

[Attachment D: Application for Clinical Privileges - Dental Hygienists](#)
[Attachment DDE: Application for Clinical privileges - Behavioral Health Clinicians](#)
[Attachment FEE: Registered Nurses Skills Checklist](#)
[Attachment C: Application for Clinical Privileges-Radiology Technologists](#)
[Attachment D: Application for Clinical Privileges-Dental Hygienists](#)
[Attachment E: Application for Clinical Privileges-Registered Nurse](#)
[Attachment F: Registered Nurses Skills Checklist](#)
[Attachment GE: Medical Assistant Health Assessment](#)
[Form Attachment G: Medical Assistant Health Attestation](#)
[Form](#)
[Attachment HGH:](#)
[Medical Assistant Skills Check List](#)

07-05-10

References:

[Health Resources and Services Administration \(April 2023\). Center Program Site Visit Protocol: Examples of Credentialing and Privileging Documentation. ~~See~~Link to document <https://bphc.hrsa.gov/compliance/site-visits/site-visit-protocol/credentialing-privileging>.](#)

[Health Resources and Services Administration \(\). Policy Information Notice PIN-2002-22: Clarification of Bureau of Primary Health Care Credentialing and Privileging Policy outlined in Policy Information Notice 2001-16. \[Link to document\]\(#\) ~~See link.~~](#)

[PP 04-09 Peer Review Behavioral Health Clinicians](#)

[PP 04-23: Peer Review Policy Clinicians](#)

[Sacramento Department of Health Services \(DHS\)'s *Human Resources Discipline Manual*](#)

Contract between The Regents of the University of California and Sacramento County

Contact:

Diana Barney, ASO I

Co-Applicant Board Approval Date: ~~02/19/2024~~

Credentiaing Verification Instructions			Attachment A
Credentiaing Activity	Practitioner Type	Verification Type	Verification Source
Verification of licensure, registration or certification	All practitioner types	Primary Source	Perform "license search" on-line directly with licensing board (example: enter license search DDS CA) MD/DO/DPM/DDS: State of CA Consumer Affairs MD: Medical Board of California Psychologists: Psychology Board of California NP: State of CA Board of Registered Nurses; CA registered nurse license, Nurse Practitioner number issued by the BRN. RN: State of CA Board of Registered Nurses LVN: State of CA Board of Vocational Nursing and Psychiatric Technicians RT: State of CA Department of Public Health Radiologic Health Branch LCSW/LMFT/MH Counselor: State of CA Board of Behavioral Sciences RDHAP: Dental Hygiene Board of California PA: Physician Assistant Board of California
Curriculum Vitae	Physicians Podiatrists Psychologists		Submitted to Medical Director
Board Certification	Physicians Podiatrists RDHAP Psychologists	Primary Source	Perform on-line query by specialty at American Board of Medical Specialties
Education	Physicians Podiatrists Nurse Practitioners Physician Assistants Psychologists	Primary Source	State Licensing Board
	Nurses Mental Health Workers Radiologic Technologists RDHAP Medical Assistants	Secondary Source	State Licensing Board Medical Assistant Training without Certification: per Title 16 of the California Code of Regulations section 1366.3 (a)(1) and (a)(2) and Medical Assistant Training with Certification: per Title 16 of the California Code of Regulations section 1366.3 (c)(1)(2)(3)

Training	Physicians Podiatrists Nurse Practitioners Physician Assistants Psychologists	Primary Source	State Licensing Board
	Nurses Mental Health Workers Radiologic Technologists Registered Dental Hygienist in Alternative Practice (RDHAP)	Secondary Source	State Licensing Board Medical Assistant Training without Certification: per Title 16 of the California Code of Regulations section 1366.3 (a)(1) and (a)(2) and Medical Assistant Training with Certification: per Title 16 of the California Code of Regulations section 1366.3 (c)(1)(2)(3)
CME Documentation	Nurse Practitioners	Primary Source	Certificate of completion of all courses taken within the last two years.
	Non-Board Certified Physicians Nurses Mental Health Workers Radiologic Technologists	Secondary Source	State Licensing Board or certificate of completion.

Credentialing Verification Instructions			
Credentialing Activity	Practitioner Type	Verification Type	Verification
DEA	Physicians Nurse Practitioners Physician Assistants	Secondary Source	Verification of current DEA certificate. Perform on-line query with Department of Justice-Conversion Control
NPDB Query	All licensed practitioner types	Required, if reportable	National Practitioner Data Base-Examination of malpractice payments and/or adverse actions taken against a practitioner
ACLS/CPR	Physicians Nurse Practitioners Physician Assistants Nurses Medical Assistants	Secondary Source	Certification Card
Health Fitness	All clinical staff	Secondary Source	Tuberculosis questionnaire and skin test and DHHS Clinical Privilege Application.
Immunization	All clinical staff	Secondary Source	Immunization log, per Employee Health Department Copy of Flu shot record
Government Issue Photo ID	All clinical staff	Secondary Source	Government issued photo ID (i.e. Driver's License or Passport photo ID)
Current Competence	Physicians Nurse Practitioners Physician Assistants Psychologist Psychiatrist	Primary Source	Peer review group.
	All other clinical staff	Secondary source	Supervisor evaluation.
Malpractice insurance verification.	Physicians Nurse Practitioners Physician Assistants Nurses Psychologists Licensed Clinical Social workers (LCSWs) Licensed Marriage and Family Therapists (LMFTs) Mental Health Counselors (MHC)	Primary Source	County self-insurance certification letter. UC Davis Medical Center certificate of professional liability insurance Registry certificate of professional liability insurance Sacramento County Board of Education certificate of professional liability insurance

Application for Clinical Privileges - Providers

- Physician
- Psychiatrist
- FNP (Nurse Practitioner)
- PA (Physician Assistant)
- Psychologist
- LCSW (Licensed Clinical Social Worker)
- LMFT (Licensed Marriage & Family Therapist)
- Registered Nurse
- Licensed Vocational Nurse
- Physical Therapist

Qualifications

To be eligible to apply for clinical core privileges in primary care, mental health, specialty, or sub-specialty care initially the applicant must **have a current active licensure to practice in the State of California**

Required previous experience

Applicants for initial appointment must be able to demonstrate current competence and provision of care reflective of the scope of privileges requested.

Reappointment requirements

To be eligible to renew core privileges, the applicant must have current demonstrated competency and quality reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform requested privileges is required of all applicants for renewal of privileges.

Directions

Applicant

For each privilege requested, check the applicable core privilege box (es). Applicants have the burden of producing information deemed adequate by Sacramento County Health Center for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Medical Director

Check the appropriate box for recommendation on the last page of this form. If not recommended or recommended with conditions, provide condition or explanation on the last page of this form.

Other Requirements

Note: Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, staff, and other support required to provide the services defined in this document. Site- specific services will be defined by the Sacramento County Health Center.

While this document defines qualifications related to competency to exercise clinical privileges, the applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the Sacramento County Health Center is obligated to meet.

Request for Clinical Privileges

Applicant Name: _____

Privilege Requested:

Initial Appointment

Reappointment

OFFICE USE ONLY	
Effective from:	____/____/____
Effective to:	____/____/____

Core Privileges

Adult Primary Care Core Privileges Requested

Evaluate, diagnose, treat, and **provide health education and screening** to adolescent and adult patients with acute illnesses, chronic diseases, and functional disorders of all organ systems. Provider will assess, stabilize, and determine disposition of patients with emergent conditions consistent with policy regarding emergencies. The core privileges in this specialty include the procedures on the procedure list and such other procedures that are extensions of the same techniques and skills.

Behavioral Health Core Privileges Requested

Evaluate, diagnose, treat, and provide health education and screening to patients presenting with behavioral health symptoms, history, or current provisional diagnosis of mental illness and/or substance abuse. Provider will assess, stabilize, and determine disposition of patients with emergent behavioral health conditions consistent with the Sacramento Health Center policy regarding emergencies. The core privileges in this specialty may include services on the Primary Care Services list and/or Behavioral Health Services and other services that are extensions of the same techniques and skills. This may also include behavioral health services for Medication Assisted Treatment

Pediatric/Adolescent Medicine Core Privileges Requested

Evaluate, diagnose, treat, and provide health education and screening to pediatric patients up to the age of 18 with common illnesses, injuries, or disorders. This includes the care of the normal newborn as well as the uncomplicated premature infant equal to or greater than 36 weeks gestation. Provider will assess, stabilize, and determine disposition of patients with emergent conditions consistent with policy regarding emergencies. The core privileges in this specialty include the procedures on the Pediatric procedure list and such other procedures that are extensions of the same techniques and skills.

Sacramento County Health Center

Obstetrics Privileges Requested

Evaluate, diagnose, perform history and physical examinations, and manage patients at any stage of pregnancy including providing comprehensive obstetrical care. Admit for hospitalization or L&D assessment. The core privileges in this specialty include the procedures on the Women’s Health & Obstetrics procedure list and such other procedures that are extensions of the same techniques and skills.

Other: Core Privileges Requested

I request Privileging in:

- Specialty Care or Sub-Specialty Care
- Registered Nursing
- Licensed Vocational Nursing
- Physical Therapy
- Radiology
- Physician Assistant
- Other

List procedures or other specialized services you wish to provide for Health Center patients.

***You may attach separate sheet if more space is required.**

****Verification of competency required.**

1. _____
2. _____
3. _____
4. _____

The “Core Procedure Lists” below are a sampling of procedures included in the respective cores. The lists are not intended to be all-encompassing lists but rather reflective of the categories/types of procedures included in the cores.

If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

Sacramento County Health Center

Core ADULT Primary Care Procedure List

1. Arthrocentesis and joint injection
2. Burns, superficial and partial thickness
3. I & D abscess
4. Local anesthetic techniques
5. Manage uncomplicated minor closed fractures and uncomplicated dislocations
6. Perform history and physical exam
7. Perform simple skin biopsy or excision
8. Remove non-penetrating foreign body from the eye, nose, or ear
9. Suture uncomplicated lacerations
10. Blood Glucose Point of Care Testing
11. Hemoglobin A1c Point of Care Testing
12. Influenza Point of Care Testing
13. Mononucleosis Point of Care Testing
14. Pregnancy Point of Care Testing
15. RSV Point of Care Testing
16. Strep A Point of Care Testing
17. Urinalysis Point of Care Testing
18. Fecal Occult Blood Point of Care Testing
19. Pertussis Point of Care Testing

Core CHILDRENS'S Primary Care Procedure List

1. I & D abscess
2. Manage uncomplicated minor closed fractures and uncomplicated dislocations
3. Perform history and physical exam
4. Perform simple skin biopsy or excision
5. Remove non-penetrating corneal foreign body
6. Suture uncomplicated lacerations
7. Blood Glucose Point of Care Testing
8. Hemoglobin A1c Point of Care Testing
9. Influenza Point of Care Testing
10. Mononucleosis Point of Care Testing
11. Pregnancy Point of Care Testing
12. RSV Point of Care Testing
13. Strep A Point of Care Testing
14. Urinalysis Point of Care Testing
15. Fecal Occult Blood Point of Care Testing
16. Pertussis Point of Care Testing

Sacramento County Health Center

Core Women’s Health and Obstetrics Procedure List

1. Breast mass and cyst aspiration
2. Diaphragm fitting
3. Endometrial biopsy
4. Intrauterine device insertion and removal
5. Contraceptive implant insertion and removal
6. Colposcopy
7. Cervical biopsy
8. Cervical cryotherapy
9. Episiotomy
10. Local anesthesia
11. Amniotomy
12. Repair of obstetrical lacerations
13. Uncomplicated cephalic vaginal delivery
14. Routine operative obstetrics

Core Behavioral Health Services List

Provider may be granted privileges to perform brief, focused, and targeted therapeutic services included in the following modalities:

1. Provide Individual, Group, and Family Interventions or therapy for treatment of focus
2. Provide Care Coordination in the Clinic or with other agencies
3. Provide linkages to appropriate support services
4. Provide behavioral health education to patients, family members, and other agencies
5. Provide Substance abuse use assessment, individual therapy, and referrals to group therapy

Core Registered Nursing Services List

1. Perform history and physical exam
2. Maintain airway and/or trach care
3. Recognize unstable patients, initiate and participate in basic life support
4. Administer/titrate oxygen
5. Perform pulse oximetry
6. Measure temperature/obtain accurate vital signs (including demonstrating knowledge of pediatric norms)
7. Recognize and address abnormalities
8. Prepare and administer medications
9. Calculate safe pediatric dose of medication
10. Obtain specimens on children
11. Assess and address immunologic status, including immunization status
12. Assess and address pain and pain management
13. Assess and address specific developmental needs of infants and children

Sacramento County Health Center

Core Licensed Vocational Nursing Services List

1. Assist primary care (including Internal Medicine, Family Medicine, Nurse Practitioners, Pediatrics), specialty care, and Refugee Health providers with the following procedures
 - a. History and physical exam
 - b. Blood Glucose Point of Care Testing
 - c. Influenza Point of Care Testing
 - d. Mononucleosis Point of Care Testing
 - e. Pregnancy Point of Care Testing
 - f. RSV Point of Care Testing
 - g. Strep A Point of Care Testing
 - h. Fecal Occult Blood Point of Care Testing
 - i. Pertussis Point of Care Testing
 - j. Perform simple skin biopsy and excision
 - k. Remove non-penetrating foreign body from eye, nose, or ear
 - l. Suture uncomplicated lacerations
 - m. Joint injections
 - n. I & D abscess
 - o. Breast mass and cyst aspiration
 - p. ~~Diaphram~~Diaphragm fitting
 - q. Endometrial biopsy
 - r. Intrauterine device insertion and removal
 - s. Contraceptive implant insertion and remove
 - t. Colposcopy
 - u. Cervical biopsy
 - v. Local anesthesia
 - w. Repair of obstetrical lacerations
 - x. Start and maintain an IV
 - y. Withdraw blood
 - z. Maintain airway and/or trach care
 - aa. Administer/titrate oxygen
 - bb. Calculate safe pediatric dose of medication
 - cc. Assess and address immunologic status, including immunization status
 - dd. Other procedures for which the provider requests help

Sacramento County Health Center

2. Perform the following procedures under the guidance of RN and/or provider

- a. Measure temperature/obtain accurate vital signs
- b. Take an initial patient history
- c. Complete Refugee Health Assessment 1st visit protocol
- d. Prepare and administer immunizations
- e. Prepare and administer medications, under provider orders
- f. Perform pulse oximetry
- g. Recognize unstable patients , initiate and participate in basic life support
- h. Other duties assigned within scope of practice

Core Physical Therapist Procedure List

1. Physical Treatment

- a. Cervical, Thoracic, and lumbar sprains/strains
- b. Lumbar and Cervical radiculopathy
- c. Sacroiliac pain
- d. Scoliosis, lordosis, and kyphosis
- e. Work related injuries
- f. Neck pain
- g. Greater trochanteric bursitis
- h. Hip labral tears
- i. Iliotibial band syndrome
- j. Muscular headaches
- k. Restricted mobility
- l. Whiplash injury
- m. Vertigo
- n. Plantar fasciitis
- o. Acute and chronic ankle sprains
- p. Achilles tendonitis
- q. Balance deficits
- r. Tendonitis (tennis and golfer's elbow)
- s. Hand, elbow, and wrist fractures
- t. Carpal tunnel syndrome

2. Myofascial release

3. Core stabilization

4. Therapeutic exercise

5. Active Therapeutic Motion Technique

6. Biofeedback

7. Kinesio taping method

8. Temporomandibular joint dysfunction (TMJ)

Acknowledgement of Practitioner

I have requested only those privileges by which education, training, current experience, and

Application for Clinical Privileges

11/18/2019

Page 7

Sacramento County Health Center

demonstrated performance I am qualified to perform and that I wish to exercise at designated Sacramento County Health Center sites.

I understand that in exercising any clinical privileges granted, I am constrained by Sacramento County Health Center policies and rules applicable generally and any applicable to the particular situation.

Any restriction on the clinical privileges granted to me is waived in an emergency situation. In such situations, my actions are governed by the applicable section of the appropriate policies or related documents.

By signing below, I hereby attest that I have completed pre-employment clearance requirements and have no physical or mental conditions that may affect my ability to perform (within the accepted standards of professional performance with or without reasonable accommodations) the essential functions of my position and/or the privileges I have requested.

I agree, as evidenced by my signature, that the information provided is true and complete to the best of my knowledge and that omission and falsification of information may be cause for termination or my privileges and/or employment from the Sacramento County Health Center.

Provider Signature

Date

Sacramento County Health Center

Medical Director Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and have made the following recommendation(s):

- Recommend all requested privileges
- Recommend requested privileges with the changes as noted below

The following privilege(s) is/are granted with conditions and/or modifications:

Privilege	Condition/Modification/Not granted

Medical Director Signature

Date

Application for Clinical Privileges
Radiology Technologist

Qualifications

To be eligible to apply to provide patient care with only indirect supervision in primary care, initially the applicant **must have current California State Radiology Technologist License issued by the Board of Public Health Radiologic Health Branch.**

Required previous experience

Applicants for initial appointment must be able to demonstrate current competence and provision of care, reflective of the scope of privileges requested.

Reappointment requirements

To be eligible to renew privileges in primary care, the applicant must have current demonstrated competency and quality, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform requested privileges is required of all applicants for renewal of privileges.

Directions

Applicant

Check the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by Sacramento County Health Center for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Medical Director

Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, staff, and other support required to provide the services defined in this document. Site- specific services may be defined in Sacramento County Health Center.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the health center is obligated to meet.

Application for Clinical Privileges
Radiology Technologist

Request for Privileges
Radiology Technologist

Applicant Name: _____

Privileges Requested for

Initial Appointment

Reappointment

OFFICE USE ONLY

Effective from: _____/_____/_____

Effective to: _____/_____/_____

Core Privileges

- Radiology Technologist Core Privileges Requested - ADULT**
- Radiology Technologist Core Privileges Requested - PEDIATRIC/ADOLESCENT**
- Radiology Technologist Core Privileges Requested - OTHER**

Please list other activities or specialized services you wish to provide for Health Center patients. * Verification of competency required.

I request Privileging in:

1. _____
2. _____
3. _____

Application for Clinical Privileges Radiology Technologist

Core Procedure List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather, reflective of the categories/types of procedures included in the core. If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial and date.

General and Pediatrics

1. Set technical factors to produce diagnostic images and adhere to ALARA
2. Select continuous or pulsed fluoroscopy
3. Determine appropriate exposure factors using the following:
 - Fixed kVp technique chart
 - Variable kVp technique chart
 - Calipers (to determine patient thickness for exposure)
4. Select radiographic exposure factors:
 - Automatic Exposure Control (AEC)
 - kVp and mAs (manual)
5. Operate radiographic unit and accessories
6. Operate fluoroscopic unit and accessories
7. Operate electronic imaging devices
8. Perform post-processing on digital images in preparation for interpretation
9. Use radiopaque anatomical side markers at the time of image acquisition
10. Add electronic annotations on digital images to indicate position or other relevant information
11. Select equipment and accessories for the examination requested
12. Explain breathing instructions prior to making the exposure
13. Position patient to demonstrate the desired anatomy using anatomical landmarks
14. Modify exposure factors for circumstances such as involuntary motion, casts and splint, pathological conditions, contrast agent, or patient's inability to cooperate
15. Evaluate images for diagnostic quality
16. Respond appropriately to digital exposure indicator values
17. Determine corrective measures if image is not of diagnostic quality and take appropriate action
18. Identify image artifacts and make appropriate corrections as needed
19. Adapt radiographic and fluoroscopic procedures for patient condition and location
20. Select appropriate geometric factors (e.g., SID, OID, focal spot size, tube angle)

Application for Clinical Privileges
Radiology Technologist

Acknowledgement of Practitioner

I have requested only those privileges which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at designated Sacramento County Health Center sites.

I understand that in exercising any clinical privileges granted, I am constrained by Sacramento County Health Center policies and rules applicable generally and any applicable to the particular situation.

Any restriction on the clinical privileges granted to me is waived in emergency situations and in such situations my actions are governed by the applicable section of the appropriate policies or related documents.

Health Attestation/Fitness for Duty

By signing below, I hereby attest that I have completed pre-employment clearance requirements and have no physical or mental conditions that may affect my ability to perform (within the accepted standards of professional performance with or without reasonable accommodations) the essential functions of my position and/or the privileges I have requested.

I agree, as evidenced by my signature, that the information provided is true and complete to the best of my knowledge and that omission and falsification of information may be cause for termination or my privileges and/or employment from the Sacramento County Health Center.

Radiology Technologist Signature

Date

Medical Director Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges
- Recommend requested privileges with the changes as noted below

The following privilege(s) are granted with conditions and/or modifications:

Privilege	Condition/Modification/ <u>Not</u> granted

Medical Director Signature

Date

Application for Clinical Privileges

Registered Dental Hygienist in Alternative Practice

Qualifications

To be eligible to apply to provide patient care with only indirect supervision, the applicant **must be licensed as a Registered Dental Hygienist in Alternative Practice (RDHAP) by the CA Dental Board.**

Required previous experience

Applicants for initial appointment must be able to demonstrate current competence and provision of care, reflective of the scope of privileges requested.

Reappointment requirements

To be eligible to renew privileges in patient care, the applicant must have current demonstrated competency and quality, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform requested privileges is required of all applicants for renewal of privileges.

Directions

Applicant

Check the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by Sacramento County Health Center for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Medical Director

Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in Sacramento County Health Center.

This document focuses on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the health center is obligated to meet.

Request for Privileges
Dental Hygienist

Applicant Name: _____

Privileges Requested for

Initial Appointment

Reappointment

OFFICE USE ONLY
Effective from: _____/_____/_____
_____ Effective

Core Privileges

- Registered Dental Hygienist in Alternative Practice: Core Privileges Requested – ADULT**

- Registered Dental Hygienist in Alternative Practice: Core Privileges Requested - PEDIATRIC/ADOLESCENT**

Core Procedure List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather, reflective of the categories/types of procedures included in the core. If you wish to exclude any procedures, **please strike through those procedures that you do not wish to request, initial and date.**

Dental Hygienist-General and Pediatric

1. Perform mouth mirror inspection of the oral cavity to include charting of obvious lesions, existing restorations, and missing teeth
2. Phone in prescriptions at the direction of the dentist
3. Receive and prepare patients for treatment, including seating, positioning of the chair, and placing napkin
4. Complete Laboratory authorization forms
5. Perform routine maintenance of dental equipment
6. Perform sterilization and disinfection procedures
7. Monitor and respond to post-surgical bleeding
8. Polish coronal surfaces of teeth
9. Transfer dental instruments
10. Place amalgam for condensation by the dentist
11. Remove sutures
12. Dry canals
13. Tie in archwires
14. Apply topical fluoride
15. Select and manipulate gypsums and waxes
16. Place and remove dental dam
17. Perform supragingival scaling
18. Apply topical, therapeutic, and subgingival agents for the control of caries and periodontal disease
19. Apply effective communication techniques with a variety of patients
20. Provide patient preventive education and oral hygiene instruction
21. Provide pre- and post-operative instructions
22. Demonstrate knowledge of ethics/jurisprudence/patient confidentiality
23. Demonstrate understanding of the Centers for Disease Control and Prevention Guidelines
24. Identify features of rotary instruments
25. Operate dental radiography equipment for the purpose of oral radiography
26. Take Preliminary impressions
27. Take and record Vital signs
28. Monitor vital signs
29. Maintain Emergency Kit
30. Recognize and respond to basic medical emergencies
31. Recognize and respond to basic dental emergencies
32. Refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan

Sacramento County Health Center

Acknowledgement of Practitioner

I have requested only those privileges which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at designated Sacramento County Health Center sites.

I understand that in exercising any clinical privileges granted, I am constrained by Sacramento County Health Center policies and rules applicable generally and any applicable to the particular situation.

Any restriction on the clinical privileges granted to me is waived in emergencies, and in such situations; my actions are governed by the applicable section of the appropriate policies or related documents.

Health Attestation/Fitness for Duty

By signing below, I hereby attest that I have completed pre-employment clearance requirements and have no physical or mental conditions that may affect my ability to perform (within the accepted standards of professional performance with or without reasonable accommodations) the essential functions of my position and/or the privileges I have requested.

I agree, as evidenced by my signature, that the information provided is true and complete to the best of my knowledge and that omission and falsification of information may be cause for termination or my privileges and/or employment from the Sacramento County Health Center.

Dental Hygienist/Assistant Signature

Date

Medical Director Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend requested privileges with the changes as noted below.

The following privilege(s) are granted with conditions and/or modifications:

Privilege	Condition/Modification/ <u>Not</u> granted

Medical Director Signature

Date

Attachment E Application for Clinical Privileges – Behavioral Health

- Licensed Clinical Social Worker
 - Associate Clinical Social Worker
 - Licensed Marriage and Family Therapist
 - Associate Marriage and Family Therapist
-

Qualifications

Licensed Clinical Social Worker (LCSW)

To be eligible to apply to provide patient care with only indirect supervision in behavioral health. The applicant must have current California State LCSW License issued by the Board of Behavioral Sciences.

Associate Clinical Social Worker (ACSW)

To be eligible to apply to provide patient care with direct supervision by a licensed behavioral health practitioner. The applicant must have current California State ACSW registered number issued by the Board of Behavioral Sciences.

Licensed Marriage and Family Therapist (LMFT)

To be eligible to apply to provide patient care with only indirect supervision in behavioral health. The applicant must have current California State LMFT License issued by the Board of Behavioral Sciences.

Associate Marriage and Family Therapist (AMFT)

To be eligible to apply to provide patient care with direct supervision by a licensed behavioral health practitioner. The applicant must have current California State AMFT registered number issued by the Board of Behavioral Sciences.

Required previous experience

Applicants for initial appointment must be able to demonstrate current competence and provision of care, reflective of the scope of privileges requested.

Reappointment requirements

To be eligible to renew privileges in primary care, the applicant must have current demonstrated competency and quality, reflective of the scope of privileges requested, for the past 12 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform requested privileges is required of all applicants for renewal of privileges.

Directions

Applicant

Check the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by Sacramento County Health Center for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Medical Director

Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

Note: that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, staff, and other support required to provide the services defined in this document. Site-specific services will be defined by the Sacramento County Health Center.

While this document defines qualifications related to competency to exercise clinical privileges, the applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the Sacramento County Health Center is obligated to meet.

Request for Privileges

Applicant Name: _____

Privileges Requested:

Initial Appointment

Reappointment

OFFICE USE ONLY

Effective from: ____/____/____

Effective to: ____/____/____

Core Privileges

Licensed Clinical Social Worker/Marriage and Family Therapist Core Privileges Requested - ADULT

Evaluate, diagnose, treat, and provide consultation to adult patients with symptoms of mental illness and/or substance use. Assess, stabilize, and determine disposition of patients with emergent behavioral health conditions. The core privileges in this specialty include the services on the Behavioral Health Services list and such other services that are extensions of the same techniques and skills. This includes behavioral health services for Medication Assisted Treatment.

Licensed Clinical Social Worker/Marriage and Family Therapist Core Privileges Requested - PEDIATRIC/ADOLESCENT (Health Center based clinicians)

Evaluate, diagnose, treat, and provide consultation to child and adolescent patients with symptoms of mental illness and/or substance use. Assess, stabilize, and determine disposition of child and adolescent patients with emergent behavioral health conditions. The core privileges in this specialty include the services on the Behavioral Health Services list and such other services that are extensions of the same techniques and skills. This includes behavioral health services for Medication Assisted Treatment.

Licensed Clinical Social Worker/Marriage and Family Therapist Core Privileges Requested - PEDIATRIC/ADOLESCENT (School based clinicians)

Provide direct mental health services including counseling, consultation, mental health evaluations, treatment, mental health assessments and collateral case management for students, parents, and families; identify mental health and behavioral needs of students; provide clinical assessments, observation diagnosis, and develop treatment plans for students with emotional or behavioral needs.
Serve as a member of the school team and integrate within the school-wide culture and system; Provide behavioral health support within a multi-tiered intervention framework and engage in prevention and intervention activities; Provide mental health and wellness related support services to district staff and educational teams, including case consultation and advice concerning student status, diagnosis, and treatment; Develop and maintain collaborative and effective working relationships with students, families, district, and County Office staff, and community partners.
The core privileges in this specialty include the services on the Behavioral Health Services list and such other services that are extensions of the same techniques and skills. This includes behavioral health services for Medication Assisted Treatment.

☐ **Associate Clinical Social Worker/Associate Marriage and Family Therapist Core Privileges Requested - PEDIATRIC/ADOLESCENT-(School Based Clinicians)**

Under the direct supervision of a Licensed Clinical Social Worker or Licensed Marriage and Family Therapist, provide outpatient mental health therapy as part of a school-based mental health and wellness team within Sacramento County's continuum of care, while completing supervised clinical fieldwork requirement; Provide comprehensive, strength based, culturally competent, trauma informed, flexible, effective mental health services and support to eligible at-risk children, youth, and families; Assist in the development and delivery of school-wide mental health and wellness interventions, programs, and trainings; Work closely with care teams at all sites, including but not limited to, graduate clinical interns and peer specialists. Provide task supervision to some interns as assigned.

☐ **Licensed Clinical Social Worker/Marriage and Family Therapist/Associate Clinical Social Workers/Associate Marriage and Family Therapist Core Privileges Requested - OTHER**

Please list other activities or specialized services you wish to provide for Health Center patients/School Based patients.

* **Verification of competency required.**

I request Privileging in:

1. _____
2. _____
3. _____

The “Core Procedure Lists” below are a sampling of procedures included in the respective cores. The lists are not intended to be all-encompassing lists but rather reflective of the categories/types of procedures included in the cores.

If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

Core ADULT Behavioral Health Services List

A LCSW/LMFT may be granted privileges to perform brief, focused, and targeted therapeutic services included in the following modalities:

1. Evaluate, diagnose, treat, and provide consultation to adult patients with symptoms of mental illness and/or substance use
2. Assess, stabilize, and determine disposition of patients with symptoms of emergent behavioral health conditions
3. Arrange adult individual, group, and family interventions or therapy for treatment of focus
4. Provide care coordination within the health center and with other agencies
5. Provide substance use assessment, individual therapy, and referrals to structured group therapy
6. Coordinate Behavioral Health Services for Medication Assisted Treatment
7. Provide linkages to appropriate support services
8. Consult with Primary Care Services medical staff
9. Provide behavioral health education to patients, family members, and other agencies

Core PEDIATRIC/ADOLESCENT Behavioral Health Services List (Health Center Based)

A LCSW/LMFT may be granted privileges to perform brief, focused, and targeted therapeutic services included in the following modalities:

1. Evaluate, diagnose, treat, and provide consultation to child and adolescent patients with symptoms of mental illness and/or substance use
2. Assess, stabilize, and determine disposition of child and adolescent patients with symptoms of emergent behavioral health conditions
3. Arrange child and adolescent individual, group, and family interventions or therapy for treatment of focus
4. Provide care coordination within the health center and with other agencies
5. Provide substance use assessment, individual therapy, and referrals to structured group therapy
6. Coordinate Behavioral Health Services for Medication Assisted Treatment
7. Provide linkages to appropriate support services
8. Consult with Primary Care Services medical staff
9. Provide behavioral health education to patients, family members, and other agencies

Core PEDIATRIC/ADOLESCENT Behavioral Health Services List (School Based)

A LCSW/LMFT may be granted privileges to perform brief, focused, and targeted therapeutic services included in the following modalities:

1. Evaluate, diagnose, treat, and provide consultation to child and adolescent patients with symptoms of mental illness and/or substance use
2. Assess, stabilize, and determine disposition of child and adolescent patients with symptoms of emergent behavioral health conditions
3. Provide child and adolescent individual, group, and family interventions or therapy for treatment of focus
4. Provide mental health and wellness related support services to district staff and educational teams
5. Provide substance use assessment, individual therapy, and referrals to structured group therapy
6. Coordinate Behavioral Health Services for Medication Assisted Treatment
7. Provide linkages to appropriate support services
8. Serve as connector between the County Office of Education, County Office of Health Services, district, school and community organizations
9. Provide behavioral health education to patients, family members, and other agencies
10. Serve as a resource to school site staff regarding mental health services
11. Attend and participate in assigned meetings, committees, conferences, in-services, and special events
12. Collect data and prepare a variety of reports, including data entry and retrieval related to grant deliverables and evaluation
13. Assess the need and deliver training to members of the educational team, parents, guardians, caregivers, and community agencies as appropriate

Acknowledgement of Practitioner

I have requested only those privileges which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at designated Sacramento County Health Center sites.

I understand that in exercising any clinical privileges granted, I am constrained by Sacramento County Health Center policies and rules applicable generally and any applicable to the particular situation.

Any restriction on the clinical privileges granted to me is waived in an emergency. In an emergency, my actions are governed by the applicable section of the appropriate policies or related documents.

Health Attestation/Fitness for Duty

By signing below, I hereby attest that I have completed pre-employment clearance requirements and have no physical or mental conditions that may affect my ability to perform (within the accepted standards of professional performance with or without reasonable accommodations) the essential functions of my position and/or the privileges I have requested.

I agree, as evidenced by my signature, that the information provided is true and complete to the best of my knowledge and that omission and falsification of information may be cause for termination or my privileges and/or employment from the Sacramento County Health Center.

Provider Signature

Date

Medical Director Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and have made the following recommendation(s):

- Recommend all requested privileges
- Recommend requested privileges with the changes as noted below

The following privilege(s) are granted with conditions and/or modifications:

<u>Privilege</u>	<u>Condition/Modification/Not granted</u>

Medical Director Signature

Date

PP 07-05 Credentialing and Privileges: Appendix E

Application for Clinical Privileges

Registered Nurse

Qualifications

To be eligible to apply for clinical core privileges in primary care the initial applicant **must have a valid and current Registered Nurse license issued by the State of California Board of Registered Nursing and current Life Support Training Certificate (CPR)**.

~~Required previous experience~~

~~Applicants for initial appointment must be able to demonstrate current competence and provision of care, reflective of the scope of privileges requested.~~

~~Reappointment requirements~~

~~To be eligible to renew core privileges in primary care, the applicant must have demonstrated competency and quality for the past 24 months, reflective of the scope of privileges requested which is based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform the privileges requested is required of all applicants for renewal of privileges.~~

Directions

Applicant

For each privilege requested, check the applicable Core Privilege box(es). Applicants have the burden of producing information deemed adequate by Sacramento County Health Center for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Nurse Supervisor

Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, staff, and other support required to provide the services defined in this document. Site specific services may be defined in Sacramento County Health Center.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the health center is obligated to meet.

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and wish to exercise at designated Sacramento County Health Center sites.

I understand that in exercising any clinical privileges granted, I am constrained by Sacramento County Health Center policies and rules applicable generally and any applicable to the particular situation.

Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the appropriate policies or related documents.

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Application for Clinical Privileges

Registered Nurse

Request for Privileges

Registered Nurse

Applicant Name: _____

Privileges Requested for Initial Appointment Reappointment
Core Privileges

OFFICE USE ONLY

_____ Primary Care Core Privileges
Under the guidance of supervising nurse, evaluate, treat, and provide consultation for acute and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, and genitourinary systems. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with policy regarding emergencies. The core privileges in this specialty include the procedures on the procedure list and such other procedures that are extensions of the same techniques and skills.
Effective from: ____/____/____
Effective to: ____/____/____

_____ Med/Psych Core Privileges Requested
As noted above for Primary Care AND
Under the guidance of supervising nurse, evaluate, treat, and provide consultation to adolescent and adult patients with psychiatric disorders. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with policy regarding emergencies.

_____ Pediatric/Adolescent Medicine Core Privileges Requested
Under the guidance of supervising nurse, evaluate, and treat pediatric patients up to the age of 18 with common illnesses, injuries, or disorders. This includes the care of the normal newborn as well as the uncomplicated premature infant equal to or greater than 36 weeks gestation. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with policy regarding emergencies. The core privileges in this specialty include the procedures on the procedure list and such other procedures that are extensions of the same techniques and skills.

_____ Registered Nurse Core Privileges Requested - OTHER
Please list other activities or specialized procedures you wish to provide for Health Center patients. * Verification of competency required.
I request Privileging in:

1. _____
2. _____
3. _____

Application for Clinical Privileges

Registered Nurse Core Procedure List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core. If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial and date.

General

1. _____ Perform history and physical exam
2. _____ Maintain airway and/or trach care
3. _____ Recognize unstable patient, initiate and participate in Basic Life Support
4. _____ Administer/titrate oxygen
5. _____ Perform pulse oximetry
6. _____ Measure temperature, obtain accurate vital signs
7. _____ Recognize and address abnormalities
8. _____ Prepare and administer medications
9. _____ Assess and address physical status and needs
10. _____ Assess and address immunologic status, including immunization status
11. _____ Assess and address pain and pain management

Pediatrics

1. _____ Perform history and physical exam
2. _____ Maintain airway and/or trach care
3. _____ Recognize unstable pediatric client, initiate and participate in Basic Life

Support

4. _____ Administer/titrate oxygen
5. _____ Perform pulse oximetry
6. _____ Measure temperature, obtain accurate vital signs and demonstrate knowledge of pediatric norms
7. _____ Obtain specimens on child
8. _____ Calculate safe pediatric dose of medication
9. _____ Prepare and administer medications
10. _____ Assess and address age specific developmental needs of infants and children
11. _____ Assess and address physical status and needs
12. _____ Assess and address immunologic status, including immunization status
13. _____ Assess and address pain and pain management

Application for Clinical Privileges

Registered Nurse

Acknowledgement of Practitioner

~~I have requested only those privileges which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at designated Sacramento County Health Center sites.~~

~~I understand that in exercising any clinical privileges granted, I am constrained by Sacramento County Health Center policies and rules applicable generally and any applicable to the particular situation.~~

~~Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the appropriate policies or related documents.~~

Fitness for Duty/Health Attestation

By signing below, I hereby attest that I have completed pre-employment clearance requirements and have no physical or mental conditions that may affect my ability to perform (within the accepted standards of professional performance with or without reasonable accommodations) the essential functions of my position and/or the privileges I have requested.

I agree, as evidenced by my signature, that the information provided is true and complete to the best of my knowledge and that omission and falsification of information may be cause for termination or my privileges and/or employment from the Sacramento County Health Center.

Provider Signature _____ Date

Medical Director Recommendation

~~I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and make the following recommendation(s):~~

- ~~Recommend all requested privileges~~
- ~~Recommend requested privileges with the changes as noted below~~

~~The following privilege(s) are granted with conditions and/or modifications:~~

Privilege	Condition/Modification/ <u>Not granted</u>

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Sacramento County Health Center
Primary Care Services

Application for Clinical Privileges

Medical Director Signature _____

Date _____

**Sacramento County Health Center
Nursing Staff Clinical Competence Summary
PP 07-05 Credentialing and Privileges: Attachment**

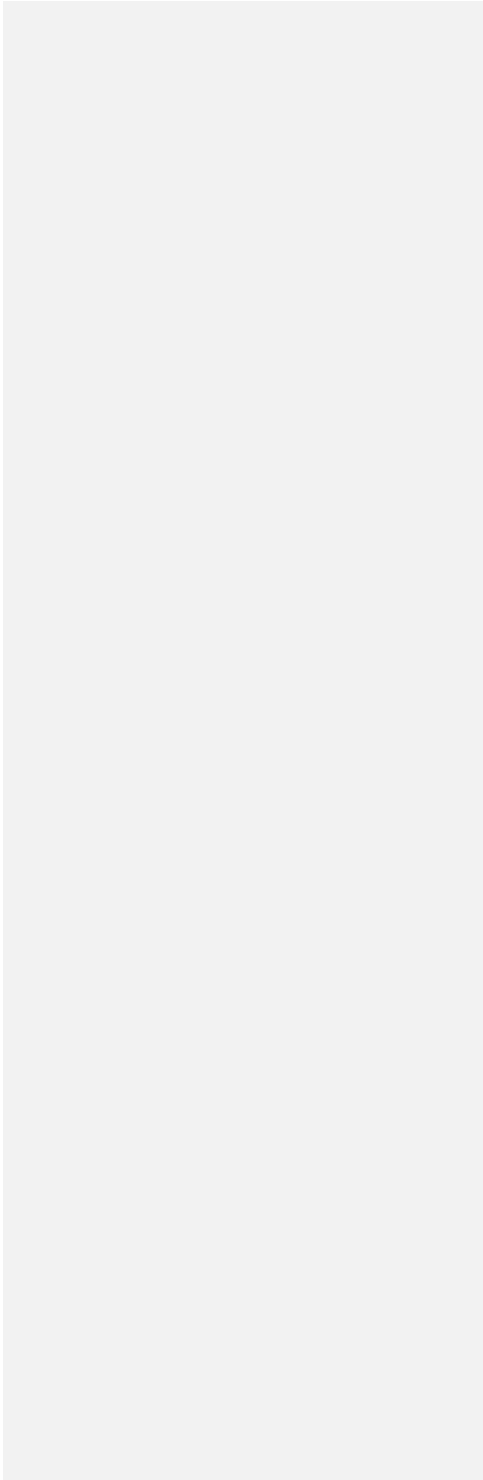
Provider Name: _____ License: _____ Eval. MM/YY (2 yr. period): _

Instructions: Provide an evaluation of the practitioner in each of the areas below and check boxes in the left hand column to indicate which information sources were used to make the assessment.

	Improvement Needed*	Meets Expectations
I. Patient Care: Compassionate, appropriate and effective <input type="checkbox"/> Direct Observation of Care <input type="checkbox"/> Assist with Care <input type="checkbox"/> Transfer of Service or Care <input type="checkbox"/> Call coverage <input type="checkbox"/> Use of consultations <input type="checkbox"/> Student/Resident Evaluations <input type="checkbox"/> Satisfaction Data <input type="checkbox"/> Morbidity/Mortality/CQI Reviews	<input type="checkbox"/> Comments: _____ _____ _____	<input type="checkbox"/>
II. Medical/Clinical Knowledge: Demonstrates knowledge of established and evolving sciences and applies it to and education of others. <input type="checkbox"/> Malpractice History <input type="checkbox"/> Blood Utilization <input type="checkbox"/> Infection Control <input type="checkbox"/> Invasive Procedures Review <input type="checkbox"/> Clinical Activity Report <input type="checkbox"/> Utilization Management <input type="checkbox"/> Complications <input type="checkbox"/> Teaching Conferences <input type="checkbox"/> Board Recertification <input type="checkbox"/> Drug Utilization <input type="checkbox"/> Grand Rounds/CME Presentations Given <input type="checkbox"/> Prospective/Concurrent Case Management Discussions	<input type="checkbox"/> Comments: _____ _____ _____ _____	<input type="checkbox"/>
III. Practice-Based Learning and Improvement: Uses scientific evidence and methods to investigate, evaluate, improve care <input type="checkbox"/> Teaching Conferences <input type="checkbox"/> Participation in performance improvement activities <input type="checkbox"/> CME Attended	<input type="checkbox"/> Comments: _____ _____	<input type="checkbox"/>
IV. Interpersonal and Communication Skills: Establishes and maintains professional relationships with patients, families and peers. <input type="checkbox"/> Patient complaints <input type="checkbox"/> Direct Observation of Care <input type="checkbox"/> Satisfaction Data <input type="checkbox"/> Transfer of Service or Care	<input type="checkbox"/> Comments: _____ _____	<input type="checkbox"/>
V. Systems-Based Practice: Understand the contexts and systems in which care is provided and applies this knowledge <input type="checkbox"/> CME Attended <input type="checkbox"/> Medical Record Documentations <input type="checkbox"/> Attendance at Provider and/or Staff Meetings	<input type="checkbox"/> Comments: _____ _____	<input type="checkbox"/>
VI. Professionalism: Demonstrates a commitment to professional development, ethical practice, diversity and responsibility to patients, profession and society	<input type="checkbox"/> Incident Reports <input type="checkbox"/> Continuing Education Relevant to <input type="checkbox"/> Clinical Publications Practice	

**Sacramento County Health Center
Nursing Staff Clinical Competence Summary
PP 07-05 Credentialing and Privileges: Attachment**

Comments:



PP 07-05 Credentialing and Privileges: Attachment



**County of Sacramento
Department of Health Services
Primary Health Division
Sacramento County Health Center**

HEALTH ATTESTATION STATEMENT

By signing below, I hereby attest that I have completed pre-employment clearance requirements and have no physical or mental conditions that may affect my ability to perform (within the accepted standards of professional performance with or without reasonable accommodations) the essential functions of my position.

I agree, as evidenced by my signature, that the information provided is true and complete to the best of my knowledge.

Employee Name: _____

Employee Signature: _____

Date: _____

County of Sacramento DHHS

PHS/Clinic Services

MA Skills Checklist

Employee Name:

Program:

Skills Assessment Performed By:

Date:

	Independent	Requires Supervision	Has Not Performed	Does Not Pertain to Level of Certification	Comment
Lab Tests					
Vision testing/Snellen					
Pregnancy testing					
Urinalysis:					
Collection tubes					
Patient Instruction					
Pap Smear, processing of smear samples					
Throat swab					
Venipuncture					
Capillary blood collection					
Guaic stool collection					
Wound swabs					
Collection tubes					
Sputum collection					
Specimen preservation					
Labeling of specimens					
Lab maintenance					
General Duties					
Vital Signs					
Accurate body positioning for blood pressure					
Manual blood pressure check					
Pulse oximetry					
Stethoscope					
Orderly vital station					
ECG machine					
Lead placement					
Scale					
Breathing treatment/nebulizer					
Glucose check, proper administration					
Intramuscular Injections, proper administration					
Intradermal Injections, proper adminisitation administration					
Subcutaneous Injections, proper administration					

County of Sacramento DHHS

PHS/Clinic Services

MA Skills Checklist

Employee Name:

Program:

Skills Assessment Performed By:

Date:

	Independent	Requires Supervision	Has Not Performed	Does Not Pertain to Level of Certification	Comment
Tuberculin skin test, proper placement					
Wheelchairs					
Sterilization/Autoclave					
Hemoglobin					
Stretchers					
INR finger stick					
Patient education as instructed					
Exam Rooms:					
Cleanliness					
Paper change					
Disinfect					
Stocked with supplies					
Use of oxygen tank					
Routine level check					
Sharps container					
Standard blood and body fluid precautions					
Sterile technique					
Prepare sterile tray					
Pap smear set up					
Assist with Pap					
Specimen collection					
Assist with surgeries/biopsies					
Wound care and dressing changes					
Documentation					
Assist with suture/staple removal					
Documentation					
Proper Technique for ear lavage					
Pharmacy refill requests					
Hearing screening					
EMR					

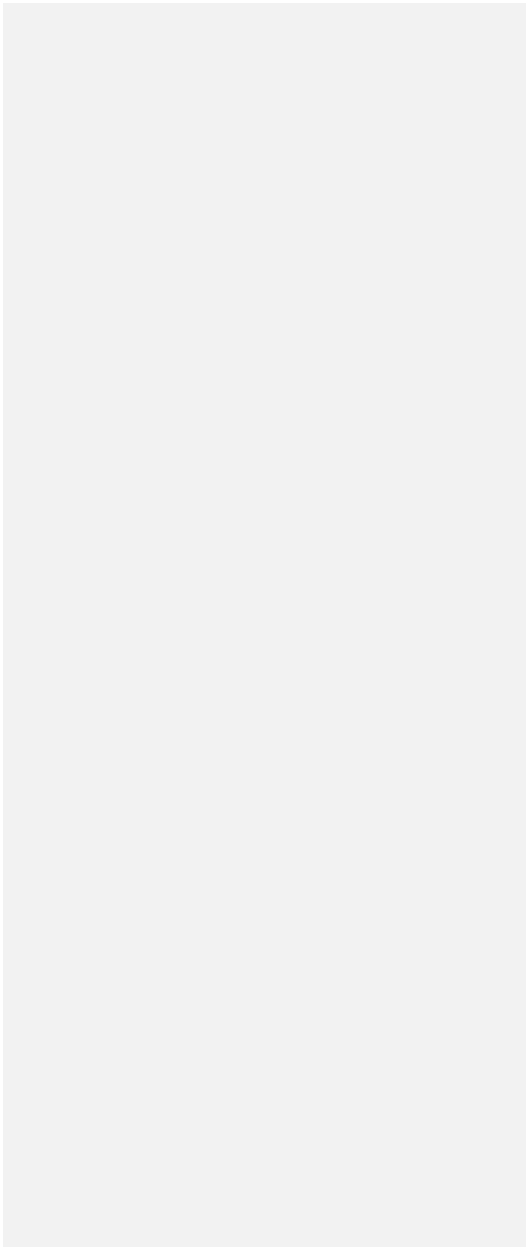
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County of Sacramento DHHS
PHS/Clinic Services
MA Skills Checklist

Employee Name:
Program:
Skills Assessment Performed By:
Date:

	Independent	Requires Supervision	Has Not Performed	Does Not Pertain to Level of Certification	Comment
Enter Vitals					
Height/Weight in lbs					
Documentation of all services					
MA Note					
Scheduling					
Health history					
LMP					
Tobacco use					
Pain scale					
Scheduling					
Emergencies					
Assist with fractures					
Assist with control of bleeding					
Assist with burns					
Initiate and assist with Cardiac/Respiratory Arrest					
Assist with choking					
Assist with codes					
Security Desk Phone Number					
Poison Control Phone Number					
Certification					
Current CPR					
Audiometry					
Phlebotomy					
HIPAA					
Compliant with HIPAA regulations					
Referrals					
Case Management					
SPIRIT					
Interagency					
Fax cover sheet					
Referral handbook					

Other Duties as Assigned					
--------------------------	--	--	--	--	--



County of Sacramento DHHS

PHS/Clinic Services

MA Skills Checklist


Employee Name:

Program:

Skills Assessment Performed By:

Date:

	Independent	Requires Supervision	Has Not Performed	Does Not Pertain to Level of Certification	Comment
Order supplies					
Answer phones and direct calls					
Filing					
Organizing medical records					
Computer skills/E-mail					
Organized work-station					
Med Room maintenance					

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Primary Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	Clinic Services
	Policy Number	08-20
	Effective Date	12-05-2023
	Revision Date	02-08-2024
Title: Registration of Patient Deaths		Functional Area: Health Information Management
Approved By: Susmita Mishra, MD, Medical Director		

Policy:

It is the policy of the Sacramento County Health Center that the primary care provider completes the death certificate for his/her/their patients when requested by a funeral home or the coroner's office. Likewise, all deaths of patients are recorded in the electronic medical record, including the official death certificate. The entire process should be completed within two business days of receiving the request.

Procedures:

A. Filling out the Death Certificate Request for Information Form (DCRIF)

1. Typically, requests for a PCP to fill out a death certificate are received via a Death Certificate Request for Information Form (DCRIF) from the funeral home in the main (aka IBH) X-Medius box (916-854-9214).
2. OA receiving the electronic fax:
 - a. Forwards the message with DCRIF to the MA assigned to the patient's PCP via County email.
 - b. Also sends a staff message to the MA via OCHIN.
3. MA updates the patient's chart to note patient is deceased.
 - a. Demographics tab: Employer and Identification column: Patient status change from alive to deceased.
4. MA prints the form and places it in PCP paper inbox.
5. MA opens a telephone encounter in the patient's chart noting that the DCRIF is in the PCP's inbox.
6. Then the MA routes the telephone encounter to PCP and triage nurse (AM Advice/Triage; FM Advice/Triage; Peds: Peds Advice/Triage). PCP may ask for worksheet to be emailed to them via secure UCD Outlook.
 - a. If PCP is a resident, assigned staff also routes telephone encounter to their Firm Attending (for Family Medicine, the doc of the week).
7. PCP completes the DCRIF.

B. Returning the DCRIF

1. PCP (or Supervising Physician for an unlicensed resident or a Nurse Practitioner) enters their licensing information.

2. PCP gives the DCRIF to the MA, either in person or by email, to FAX it back to funeral home.
 - a. If the DCRIF is not completed in 1 business day, Triage RN will help contact PCP
3. Upon receipt of completed DCRIF, the funeral home prepares the Official death certificate and sends it to the IBH X-Medius box or mails it.

C. Signing and Returning the Signed Death Certificate

1. If death certificate is received by fax or mail, follow steps A.1-6 above.
2. PCP signs the death certificate or completes phone attestation.
3. PCP gives the signed/attested death certificate to MA (either in person or by email) to FAX back to funeral home.
 - a. If not completed in one business day, Triage RN will contact PCP.
4. Upon receipt of completed death certificate, the funeral home registers the final death certificate.

D. Uploading the Death Certificate to the Patient Medical Record

1. MA routes signed official death certificate or the Physician Attestation copy to Medical Records/Scanning to scan it into the patient's chart.

Contact:

Medical Director
Health Program Manager for Operations

Co-Applicant Board Approval:

Period
Current Month
Percentage of Year

6
December
50%


CAB Financial Report

Line Item	Budget	Current Month	Year to date	Encumbrance	Total (YTD+Encumbrance)	YTD Percentage (Total/Budget)	Notes
Revenue							
Inter/Intrafund Reimbursements ** REIMBURSEMENT ACCOUNTS	\$ 12,284,581	\$ 809,100	\$ 4,111,299	\$ 811,707	\$ 4,923,006	40%	Typically a lag due to Fiscal processes
Intergovernmental Revenue * 95 - INTERGOVERNMENTAL REV	\$ 21,712,340	\$ 2,871,821	\$ 13,603,187	\$ -	\$ 13,603,187	63%	Medi-Cal/Medicare revenue, HRSA, Refugee & ARPA grants
Charges for Services * 96 - CHARGES FOR SERVICES	\$ 18,000	\$ 772	\$ 6,004	\$ -	\$ 6,004	33%	CMISP old pre-2014 service charges and Medical Record Fees
Miscellaneous Revenue * 97 - MISCELLANEOUS REVENUE	\$ -	\$ -	\$ 63	\$ -	\$ 63		Currently Prior Year Revenue
Total Revenue	\$ 34,014,921	\$ 3,681,694	\$ 17,720,553	\$ 811,707	\$ 18,532,260	54%	

Expenses							
Personnel * 10 - SALARIES AND EMPLOYEE	\$ 15,782,496	\$ 1,038,349	\$ 7,604,358	\$ -	\$ 7,604,358	48%	Low due to vacancies (currently 27.0 FTE)
Services & Supplies * 20 - SERVICES AND SUPPLIES	\$ 19,071,205	\$ 708,791	\$ 5,601,048	\$ 6,731,204	\$ 12,332,252	65%	Multiple FY 23-24 Contracts were recently executed and costs have not been realized yet, but we are slowing getting caught up. SCOE invoices have not yet been paid
Other Charges * 30 - OTHER CHARGES	\$ 1,060,633	\$ 76,361	\$ 532,190	\$ 470,150	\$ 1,002,339	95%	FY 22-23 Accruals have all now been paid.
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -		No Equipment Charges in FY 23-24 as of now
Intrafund Charges (Allocation costs) * 60 - INTRAFUND CHARGES	\$ 3,007,297	\$ 125,087	\$ 1,361,390	\$ 14,577	\$ 1,375,967	46%	
Total Expenses	\$ 38,921,631	\$ 1,948,588	\$ 15,098,985	\$ 7,215,931	\$ 22,314,916	57%	

GRAND TOTAL (Net County Cost) \$ 4,906,710 \$ (1,733,106) \$ (2,621,568) \$ 6,404,224 \$ 3,782,655 77% Currently slated to come in ~23% (1.1m) below budget

GRANT SUMMARY				Available to Claim	YTD Claimed	Remaining	Notes
HRSA	Grant Year Start	Grand Year End	Total Grant	7/1/23-6/30/24			
HRSA Homeless (Main)	3/1/2023	2/29/2024	\$ 1,386,602	\$ 750,051	\$ 750,051	\$ -	Spending on track
HRSA ARP CAP	9/15/2021	9/14/2024	\$ 619,603	\$ -	\$ -	\$ -	Construction timeline not yet determined
HRSA HIV	9/1/2022	8/31/2025	\$ 975,000	\$ 437,631	\$ 84,102	\$ 353,529	\$112k have been carried over from previous funding period
HRSA Bridge Funding	9/1/2023	12/31/2024	\$ 41,886	\$ 41,886	\$ -	\$ 41,886	Funds allocated to vaccines, Board approval was just given to spend. Will be drawing down next quarter
Refugee							
RHAP FY 22-23	10/1/2022	9/30/2023	\$ 1,789,062	\$ 1,789,062	\$ 1,789,062	\$ -	Revised claim was submitted for Q4. Grant funds spent
RHAP FY 23-24	10/1/2023	9/30/2024	\$ 1,428,600	\$ 1,428,600	\$ -	\$ 1,428,600	\$115.00 for a comprehensive (fully completed) health assessment & \$1,428,600 for administrative costs
RHPP FY 22-23	10/1/2022	9/30/2023	\$ 82,014	\$ 82,014	\$ 54,471	\$ 27,543	
RHPP FY 23-24	10/1/2023	9/30/2024	\$ 139,994	\$ 139,994	\$ -	\$ 139,994	Waiting for BOS approval
RHPP Multi-Year 22-23	10/1/2022	9/30/2023	\$ 153,000	\$ 153,000	\$ 24,626	\$ 128,374	Spending was slow due to vacancies -2 HSA vacant, 1 MA vacant
RHPP UHP 23-24	10/1/2023	9/30/2024	\$ 99,934	\$ 99,934	\$ -	\$ 99,934	Waiting for BOS approval
RHPP AHP 22-23	10/1/2022	9/30/2023	\$ 200,000	\$ 200,000	\$ 22,327	\$ 177,673	Spending slow due to vacancies - 1 OA vacant
RHPP AHP 23-24	10/1/2023	9/30/2024	\$ 199,602	\$ 199,602	\$ -	\$ 199,602	Waiting for BOS approval
Miscellaneous							
County ARPA - 1 (H4)	1/1/2022	12/31/2024	\$ 2,701,919	\$ 2,701,919	\$ 1,208,458	\$ 1,493,461	Spending on track, increased April 2023 when HRSA ARPA expired
County ARPA - 2 (H18)	1/1/2022	12/31/2024	\$ 135,000	\$ 135,000	\$ 16,042	\$ 118,958	Telehealth Equipment Award. Reallocated \$250k to H4 and offered another \$150k back
County ARPA - 2 (H19)	7/1/2022	12/31/2024	\$ 319,000	\$ 319,000	\$ 62,123	\$ 256,877	New award, spending slow to start. Have added staff to expend the grant funds

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Primary Health Policy and Procedure</p>	Policy Issuer (Unit/Program)	Clinic Services
	Policy Number	11-03
	Effective Date	08-30-18
	Revision Date	02/09/2021-10-2410-23
Title: Budget Development, Procurement, and Compliance (General)		Functional Area: Administration
Approved By: John Dizon, Sr. Administrative Analyst Andrew Mendonsa, Psy.D. Division Manager/HRSA Project Director		

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Policy:

Fiscal activity in the Sacramento County Health Center (Health Center) must be conducted in compliance with multiple sets of regulations and guidelines. -Sacramento County Clinic Services operates under guidance from the ~~F~~federal Health Resources and Services Administration (HRSA) and the California State Department of Health Services, Medi-Cal Managed Care.

~~SCHC p~~Policy and procedures [documents 11-03 and 11-04 \(Grant Management\)](#) were reviewed by James D. Lothrop, Auditor and Program Integrity Analyst for the U.S. Department of Health and Human Services, HRSA ~~on 10/03/18~~in [October 2018](#), and then Frank Ausby and David Fleurquin from HRSA's Division of Financial Integrity in September 2019 [and found to be compliant with HRSA and other federal requirements.](#)

[SCHC monitors changes to federal policy by reviewing policy information notices \(PINs\) and Program Assistance Letters \(PALs\). When necessary, this document is revised to be compliant with the regulatory changes.](#)

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Procedures:

A. Budget Development:

1. County Budget
 - a. The Clinic Budget Administrative Services Officer (ASO ~~II~~) will consult with the Project Director and the Primary Health Division Sr. Admin Analyst when planning and developing the County budget, in accordance with the Sacramento County Office of Budget and Debt Management instructions. [The proposed Sacramento County Health Center budget must be reviewed and approved by its Co-Applicant Board before submission. In addition, The proposed Sacramento County Health Center budget County budget](#) must be approved by the Deputy Director [for Primary Health](#) before being submitted to the Department.
 - b. Planning activities for ~~a new~~the new Fiscal Year budget shall commence no later than December 1 of each year.
 - c. The Clinic Budget ASO II must ensure that the Health Center's budget, in addition to the County guidelines, remains in compliance with all HRSA guidelines and regulations, including, but not limited to [HRSA's current Grants Policy-2018-04](#).

d. Specific to the Health Center budget and HRSA grant number H80CS00045, as stated in HRSA's Grants Policy Bulletin-2018-04, staff shall comply with all State and Federal regulations regarding staff salaries. -Individual salaries will not be paid through the grant or other extramural mechanism, at a rate in excess of Executive Level II. -The Executive Level II salary was ~~last~~ set at ~~\$497,300~~212,100 ~~on in May~~January 1, 2023.

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2. HRSA Grant Budget

- a. The assigned Clinic Services Budget ASO II will develop the grant budget in consultation with the Clinic Services Budget ASO, the Clinic Human Services Program Planner HRSA Project Manager, the Division Manager/HRSA Project Director, and the Primary Health Division Sr. Administrative Analyst as needed. -The HRSA grant budget must be reflected in the County budget with respect to accurately reflecting expenditure and revenue authority required to accomplish the grant program's objectives.
- b. The HRSA grant budget will also be compliant with all applicable State and Federal requirements.

B. Procurement:

1. Staff shall refer to the Primary Health Administration policy on Purchasing Guidelines and Procedures when planning and making purchases. Consult with the Clinic Budget ASO II and/or the Primary Health Senior Administrative Analyst as needed.
2. In addition to the County and Department guidelines, the Health Center must adhere to all federal and state guidelines, including, but not limited to HRSA's current Grants Policy 2018-04.
3. HRSA/federal funds shall not be used to purchase sterile needles for illegal drug injection such as for use with a syringe exchange or syringe services program.
4. In accordance with HRSA guidelines, *when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal-federal money, the Health Center shall clearly state:*
 - i. ~~(1)~~ *The percentage of the total costs of the program or project which will be financed with Federal-federal money;*
 - ii. ~~(2)~~ *The dollar amount of Federal-federal funds for the project or program;*
and
 - iii. ~~(3)~~ *The percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.*
- 4.5. When entering into agreements, staff shall ensure that *"none of the federal funds appropriated or otherwise made available from HRSA are made available for "a contract, grant, or cooperative agreement with an entity that requires employees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal-federal department or agency authorized to receive such information."*

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This limitation shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a ~~Federal~~ federal department or agency governing the nondisclosure of classified information.

C. Compliance with Federal and State Guidelines:

1. All staff shall comply with HRSA guidelines and regulations. None of the funds received from HRSA may be used for any of the following activities. While this is not a wholly comprehensive list, all ~~of~~ the following are **explicitly forbidden** and being emphasized here per HRSA:

a. ~~Abortion~~ Provision of abortion services or expended for health benefits coverage that includes coverage of abortion.

The limitations established in the preceding section shall not apply to an abortion:

- i. ~~(1)~~ If the pregnancy is the result of an act of rape or incest; or
 - ii. ~~(2)~~ In the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.
- b. Human Embryo Research.
- c. Distribution of needles or syringes for the hypodermic injection of any illegal drug.
- d. Lobbying.
- e. Gun control advocacy.
- f. Promoting the legalization of any drug or other substance included in schedule I of the schedules of controlled substances, This limitation shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.
- g. Paying for, promoting or participating in Association of Community Organizations for Reform Now (ACORN) services or donating to ACORN or any of its affiliates, subsidiaries, allied organizations, or successors.
- h. Viewing, downloading, or exchanging pornography.

No clinic staff may engage in any of these activities while employed at the while on work time for the Health Center or using Health Center equipment. In addition, Sacramento County maintains a network that blocks the viewing, downloading and exchanging pornography as required by federal law.

2. Administration staff will monitor ~~for~~ all the activity addressed in this policy monthly during the review of the Health Center's expenditures and general ledger accounts, and on an ad-hoc basis as directed by clinic management. -Violations will be reported to the appropriate clinic managers for corrective measures.

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Commented [SH1]: Check specific wording of regulations and make it clear which activities are restricted to staff vs. about funding.

Need to specifically put in whether referrals to outside services are OK.

Commented [SH2R1]: The language does not forbid referring to services elsewhere or providing them at SCHC with other funds. It just forbids paying for abortion services except in the cases listed. The language also says it does not restrict the ability of a state or locality to contract with a health plan that provides abortion coverage as part of its services.

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Attachments:

None

References:

[HRSA Grants Policy Bulletin 2023-02](#)

[PP-AS-06-01 General Purchasing Policy](#)

Contacts:

Sharon Hutchins, HRSA Project Manager

Co-Applicant Board Approval:

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**Sacramento County Health Center
Co-Applicant Board**

BOARD BYLAWS

Revision Date: November 17, 2023

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Introduction

This body shall be known as the Sacramento County Health Center Co-Applicant Board, and shall be hereafter referred to as "CAB". The CAB is also known as "Board" under Health Resources and Services Administration (HRSA). The CAB shall serve as the independent local co-applicant governing board pursuant to the Public Health Services Act and its implementing regulations. The County of Sacramento, a public entity and political subdivision of the State of California, shall act as co-applicant with the CAB.

Article I: Purpose

The CAB is the community-based governing board mandated by the Health Resources Services Administration's ("HRSA") Bureau of Primary Health Care ("BPHC") to set health center policy and provide oversight of the County's Federally Qualified Health Center ("FQHC"), which shall be hereafter referred to as "Health Center."

The CAB shall work cooperatively with the County of Sacramento acting in its role as co-applicant, to support and guide the Health Center in its mission:

Vision:

To be an exceptional health care center valued by the communities we serve and our team.

Mission:

To provide high quality, patient-focused, equitable healthcare for the underserved in Sacramento County, while providing training for the next generation of local health care providers.

Values:

Accountability • Compassion • Diversity • Equity • Excellence • Education • Respect

Article II: Responsibilities

The CAB has specific responsibilities to meet the governance expectations of HRSA, while day-to-day operational and management authority reside with Sacramento County, Department of Health Services (DHS), Primary Health Services Division staff.

The CAB's responsibilities include providing advice, leadership, and governance in support of the Health Center's mission. .

The CAB shall have the following responsibilities:

- A. Hold final authority on all areas assigned to the Health Center's HRSA scope of project, including services and supports provided through HRSA grant funds, program income, and all appropriated funds;
- B. Hold monthly meetings and maintain a record of all official actions;
- C. Approve the annual Health Center budget;
- D. Identification, consultation and selection of services beyond those required in law to be

provided, as well as the location, mode of delivery of those services and the hours of operation;

- E. Adopt policies necessary and proper for the efficient and effective operation of the Health Center;
- F. Periodic evaluation of the effectiveness of the Health Center in making services accessible to County residents, particularly those experiencing homelessness;
- G. Develop and implement a procedure for hearing and resolving patient grievances; Approve quality of care protocols and audits;
- H. Delegate credentialing and privileging of providers to the Medical Director of the Health Center, as referenced in the PP CS 07-05 Credentialing and Privileging;
- I. Ensure compliance with federal, state, and local laws and regulations;
- J. Adopt Bylaws;
- K. Approve the selection, performance evaluation, retention, and dismissal of the Health Center's Project Director;
- L. Approve Health Center Sliding Fee Discount policy;
- M. Long-term strategic planning, which would include regular updating of the Health Center's mission, goals, and plans, as appropriate;
- N. Approve HRSA applications related to the Health Center, including grants/designation application and other HRSA requests regarding scope of project;
- O. Ensure new board members are oriented and trained regarding the duties and responsibilities of being a board member of an organization subject to FQHC requirements and satisfying the educational and training needs of existing members; and
- P. Officially, accept the annual audit report and management letter performed by an independent auditor in accordance with federal audit requirements.

NOTE: No individual member shall act or speak for the CAB except as may be specifically authorized by the CAB. Members (other than the Health Center Chief Executive Officer/Project Director) shall refrain from giving personal advice or directives to any staff of the Health Center.

Article III: Limitations of Authority

The Board of Supervisors shall maintain the authority to set general policy on fiscal and personnel matters pertaining to the Health Center, including financial management practices, charges and rate setting, and labor relations and conditions of employment. The CAB may not adopt any policy or practice, or take any action, which is inconsistent with the County Code, or which alters the scope of any policy of the Board of Supervisors regarding fiscal or personnel issues. All policies and practices must adhere to California law, Brown Act requirements, and are subject to the Public Records Act.

The COUNTY through its DHS in consultation with the CAB, shall be solely responsible for the management of the financial affairs of the Health Center, including capital and operating borrowing; for the development and implementation of financial policies and controls related

to the Health Center; and receive, manage, allocate, and disburse, as applicable, revenues necessary for the operation of the Health Center.

Article IV: Members

Section 1: Membership

There shall be between nine (9) and thirteen (13) at large voting members of the CAB and one (1) ex-officio non-voting member.

A. Membership categories:

1. Board Members - Consumers:

- a. A majority of members of the board shall be individuals who are served by the Health Center. This means an individual who is a currently registered patient who has accessed Health Center services in the past 24 months and received at least one service.
- b. As a group, patient members of the board reasonably represent individuals who are served by the Health Center in terms of demographic factors such as race, ethnicity gender, socioeconomic status, disability status, and age.
- c. At least one representative on the board will be from each targeted population serviced by the Health Center including homelessness, as specifically defined under the section 330 grant.
- d. A legal guardian of a patient who is a dependent child or adult, or a legal sponsor of an immigrant, may also be considered a patient for purposes of board representation.

2. Board Members - Community Members:

- a. Members of the board have a broad range of skills, expertise and perspectives representing the community served by the Health Center.
- b. Members shall be individuals from differing segments of the County with expertise in community affairs, finance, legal affairs, business or other commercial concerns.
- c. Members may be advocates who have personally experienced being a member of, or represent, or have expertise in or work closely with the special population such as individuals experiencing homelessness.

3. The HRSA Project Director, or designee, shall serve as an ex-officio non-voting member of the CAB.

Section 2: Membership Qualifications

- A. No more than half of the Community members may receive more than ten percent (10%) of his or her annual income from the health care industry (health care industry is understood to mean any community clinic or hospital providing health services to low income residents of Sacramento).
- B. All members must work, reside in, or be associated with, Sacramento County. No member of the CAB shall be an employee or an immediate family member (i.e., spouse, child, parent, or sibling, [related by blood, adoption, or marriage]) to such an employee

of the Department of Health Services of the County of Sacramento, or CAB officer. No member shall have a financial interest, which would constitute a conflict of interest.

Section 3: Member Recruitment, Selection, and Ratification

A. Establishment of CAB

The initial voting members of the CAB were nominated and appointed by the Board of Supervisors.

B. Continuation of CAB

1. Member Recruitment

The CAB (or a Committee appointed for this purpose) develops a recruitment plan each year, to identify and recruit potential members that help fill existing and forecasted gaps in CAB membership including regarding

- a. Member classifications,
- b. Populations represented on the CAB,
- c. Member skills, experience and perspectives; and
- d. Segments of the community about which members have expertise.

The recruitment plan includes strategies designed to effectively reach targeted groups or classes of individuals.

Expiring Terms

- a. Terms end in January. Recruitment for soon to be expiring terms will begin in September so that candidate members can be considered and a new CAB member approved prior to the end of the term.

Vacancies during Terms

- a. The recruitment plan may designate a period during which membership applications will be accepted and reviewed

2. Application Review

The application for CAB membership and instructions for completing and submitting it—as well as information about the Health Center, the CAB, and its role, as well as open seats and deadlines for application—are made widely available to possible members, including on the Health Center website.

- a. Nominations for voting membership on the CAB may be submitted by anyone so long as the nominee meets the membership requirements of these Bylaws.
- b. Nominated individuals must submit an application to provide required information and to verify their interest and ability to serve as CAB members.
- c. Applications are submitted to Health Center staff designated by the CAB. Staff verify that applicants meet CAB membership requirements. All applications are sent to the Governance Committee, with a document indicating whether or not the applications indicate that the candidate

meets the membership requirements. Designated staff will also call the references and report the findings to the Governance Committee.

- d. The Governance Committee of the CAB reviews the membership applications and talk with possible candidates. The Governance Committee then brings forward candidates that they recommend for membership to the full CAB.

3. Approval of CAB members

The CAB (or a designated Committee or staff member) interviews prospective members that meet membership requirements and review their skills, experience, perspectives, and other possible contributions to the CAB. The CAB votes on prospective members.

4. Ratification of CAB members

- a. As outlined in the Co-Applicant Agreement between the CAB and the Sacramento County Board of Supervisors, Once approved by the CAB, Health Center staff provides the names of approved CAB members to the Clerk of the Board or designee.
- b. The Clerk of the Board, or designee, reviews materials and submits for ratification by the Board of Supervisors.
- c. The Clerk of the Board notifies the designated Health Center staff of BOS actions related to CAB members and sends a ratification letter to each new ratified CAB member.

B. Verification of Eligibility of Existing CAB members

1. By December 31st of each calendar year, Health Center staff will verify existing CAB member eligibility. Each CAB member will complete the Co-Applicant Board Member Secondary Attestation Form attesting to their eligibility (in October).

Section 4: Responsibilities and Rights of Members

A. All members must:

1. Attend all CAB meetings. If members are absent due to a reason in alignment with the Brown Act, their absence may be excused by the Chair (in advance or retroactively).
2. Be subject to the conflict of interest rules applicable to the Board of Supervisors of the County of Sacramento and the laws of the State of California.

B. Members shall be entitled to receive agendas, minutes, and all other materials related to the CAB, may vote at meetings of the CAB, and may hold office and may chair CAB committees.

Article V: Term of Office

The term of office for CAB members shall be for four (4) years. A member shall be limited to no more than four (4) consecutive terms of membership. The effective date of membership corresponds to the date of appointment.

Any elected member who has served four (4) consecutive, four (4) year terms shall not be eligible for re-election until one (1) year after the end of his or her fourth term. Election to fill a vacancy for less than three (3) years shall not be counted as service of a four (4) year term for this purpose. Unless terminated earlier in accordance with the Bylaws, members shall serve their designated term until their successors are elected and qualified.

Article VI: Removal

Any member may be removed whenever the best interests of the Health Center or the CAB will be served. The member whose removal is placed in issue shall be given prior notice of his/her proposed removal, and a reasonable opportunity to appear and be heard at a meeting of the CAB. A member may be removed pursuant to this section by a vote of two-thirds (2/3) of the total number of members then serving on the CAB.

Continuous and frequent absences from the CAB meetings, without reasonable excuse, shall be among the causes for removal. In the event that any member is, absent without acceptable excuse from three (3) consecutive CAB meetings or from four (4) meetings within a period of six (6) months, the CAB shall automatically consider the removal of such person from the CAB in accordance with the procedures outlined in this Article.

The CAB will accept a written or emailed resignation of a CAB member, or a verbal resignation if given during a full CAB meeting. The CAB Chair or designee will send an email or letter to the CAB member confirming the resignation. Following seven (7) days of receipt of the letter by the CAB, the resignation is accepted.

Article VII: Conflict of Interest

A conflict of interest is a transaction with the Health Center in which a CAB member has a direct or indirect actual or perceived interest by the member in an action, which results or has the appearance of resulting in personal, organizational, or professional gain. Conflict of interest or the appearance of conflict of interest by CAB members, employees, consultants and those who furnish goods or services to the Health Center must be declared. CAB members are required to declare any potential conflicts of interest by completing a Conflict of Interest: Disclosure and Attestation Statement per County of Sacramento policy for members appointed to boards and commissions (see Appendix A) as well as annually complete the Co-Applicant Board Conflict of Interest: Disclosure and Attestation Statement (see Appendix B), in which they attest that they are not,

- An employee of the Sacramento County Health Center; nor
- An immediate family member (i.e., spouses, children, parents, or siblings [through blood, adoption, or marriage]) of an employee or CAB officer.

In situations when a conflict of interest may exist for a member, the member shall declare and explain the conflict of interest. No member of the CAB shall engage in discussion about or vote on a topic where a conflict of interest exists for that member. In addition to the requirements imposed by these Bylaws, CAB members shall also be subject to all applicable state and federal conflict of interest laws.

Article VIII: Compensation

Members of the CAB shall serve without compensation from the Health Center. Travel and meal expenses when traveling out of Sacramento County for CAB business shall be approved in advance by the CAB.

Article IX: Meetings

Section 1: Regular Meetings

The CAB shall meet monthly and maintain records/minutes that verify and document the Board is functioning. Where geography or other circumstances make monthly, in-person participation in board meetings burdensome, monthly meetings may be conducted by telephone or other means of electronic communication where all parties can both listen and speak to all other parties.

Section 2: Conduct of Meeting

The meeting shall be conducted in accordance with the most recent edition of The Sturgis Standard Code of Parliamentary Procedure unless otherwise specified by these Bylaws.

Section 3: Open and Public

All meetings will be conducted in accordance with the provisions of the Ralph M. Brown Act, open public meeting law, as amended.

Section 4: Notice, Agenda and Supportive Materials

- A. Written notice of each regular meeting of the CAB, specifying the time, place and agenda items, shall be sent to each member not less than seventy-two (72) hours prior to the meeting except as permitted by the Ralph M. Brown Act. Preparation of the agenda shall be the responsibility of the Chair in conjunction with the Project Director, or his or her designee.
- B. The agenda of each regular meeting shall be posted at the Health Center and on the Health Center's website: <https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx>.
- C. Supportive materials for policy decisions to be voted upon shall be distributed to all members along with the agenda. If, on a rare occasion, such prior submission is precluded by time pressures, and if the urgency of a CAB vote is established by the Chair of the CAB, an item may be placed on the agenda although supporting materials are not available in time to be distributed. However, such material shall be available at the meeting.
- D. Items, which qualify as an emergency, can be added to the agenda pursuant to the Ralph M. Brown Act.

Section 5: Special Meetings

- A. To hold a special meeting, advance notice of such meeting shall be given.
- B. The CAB shall hold an annual meeting during November, at such time and place as is

established by the Board upon proper notice, for election of new members and officers, and for the transaction of such other businesses as may properly come before the CAB. The annual meeting shall serve as the regular meeting for that month. Notice of the annual meeting shall be given in writing by the Project Director or his or her designee to each member not less than thirty (30) nor more than sixty (60) days prior to the date of such meeting.

Section 6: Quorum and Voting Requirements

- A. A quorum is necessary to conduct business, make recommendations, or approve items. A quorum shall be constituted by the presence of a majority of the appointed members of the CAB.
- B. A majority vote of those CAB members present and voting is required to take any action.
- C. Each member shall be entitled to one (1) vote. Voting must be in person or telephonically; no proxy votes will be accepted.
- D. CAB member attendance at all meetings shall be recorded. Members are responsible for signing the attendance sheet or requesting permission from the CAB's Point of Contact to participate by telephone or teleconference software or other means allowed under the Brown Act. The names of members attending shall be recorded in the official minutes. Where geography or other circumstances make monthly, in-person participation in board meetings burdensome, monthly meetings may be conducted by telephone or other means of electronic communication where all parties can both listen and speak to all other parties, as long as these are in compliance with the Brown Act. Attendance will be recorded by the Project Director or his or her designee with a roll call and participation recorded in the official minutes.
- E. The Project Director shall have direct administrative responsibility for the operation of the Health Center and shall attend, or assign a delegate in his/her absence to all meetings of the CAB, but shall not be entitled to vote.

Article X: Officers

Section 1: Eligibility

The Chair and Vice-Chair shall be chosen from among the voting members of the CAB. Members of the CAB shall not be eligible for an officer position until they have served for at least six (6) months with the CAB as an active member. An active member is defined as a member who has attended all meetings, with the exception of up to two (2) excused absences, in the past six months.

Section 2: Nomination and Election

Initial selection of officers upon creation of the CAB transpired at the same CAB Board meeting following the adoption of these Bylaws.

Henceforth, nominations for officers shall be made at the regular October meeting. A nominee may decline nomination.

Officers shall be elected annually by a majority vote of those members present and voting, as the first order of business at the November meeting of the CAB.

Section 3: Appointment of Chair and Vice-Chair

Only members who have been an active member of the CAB for at least six (6) months are eligible to be appointed and serve as officers.

Officers shall be elected for a term of one (1) year, or any portion of an unexpired term thereof. A person shall be limited to no more than four (4) consecutive terms of office. Any elected officer who has served four (4) consecutive, one (1) year terms of office shall not be eligible for re-election until one (1) year after the end of his or her second term of office. This limitation of consecutive terms may be waived by a majority vote of the CAB (with the officer in question recusing him or herself from the vote) if no other CAB member is willing to serve in that office. A term of office for an officer shall start January 1, and shall terminate December 31, of the same year; however, an officer may serve after his or her term ends until a successor is elected.

Section 4: Vacancies

Vacancies created during the term of an officer shall be filled for the remaining portion of the term by special election by the CAB, at a regular or special meeting in accordance with this Article.

Section 5: Responsibilities

The officers shall have such powers and shall perform such duties as from time to time shall be specified in these Bylaws or other directives of the CAB.

A. Chair

The Chair shall preside over meetings of the CAB, shall serve as Chair of the Executive Committee, and shall perform the other specific duties prescribed by these Bylaws or that may from time to time be prescribed by the CAB.

B. Vice-Chair

The Vice-Chair shall perform the duties of the Chair in the latter's absence and shall provide additional duties that may from time to time be prescribed by the CAB.

Article XI: Amendments and Dissolution

A. Amendments

The Bylaws may be repealed or amended, or new Bylaws may be adopted at any meeting of the CAB at which a quorum is present, by two-thirds (2/3) of those present and voting. At least fourteen (14) days written notice must be given to each member of the intention as to alter, amend, repeal, or to adopt new Bylaws at such meetings, as well as the written alteration, amendment or substitution proposed. Any revisions and amendments must be approved by the CAB. County Board of Supervisors must approve any change that alters or conflicts with their action establishing CAB.

B. Dissolution

Dissolution of the CAB shall only be by affirmative vote of the CAB and County Board of Supervisors at duly scheduled meetings.

Certification

These Bylaws were approved at a meeting of the board by a two-thirds (2/3) majority vote on December 15, 2017.

These Bylaws were amended at a meeting of the board by a two-third (2/3) majority vote on **November 17, 2023.**

Signed copies available upon request,

Suhmer Fryer, CAB Chair

???/2024
Date

Appendix A

**Sacramento County Health Center Co-Applicant Board Conflict of Interest:
Disclosure and Attestation Statement**

Conflict of Interest: Defined as an actual or perceived interest by the member in an action, which results or has the appearance of resulting in personal, organizational, or professional gain.

Duty of Loyalty: CAB members shall be faithful to the organization and can never use information obtained in his/her position as a CAB member for personal gain.

Responsibilities of CAB Members:

- A. A CAB member must declare and explain any potential conflicts of interest related to:
 - 1. Using her/his CAB appointment in any way to obtain financial gain for the member's household or family, or for any business with which the CAB member or a CAB member's household or family is associated; and/or
 - 2. Taking any action on behalf of the CAB, the effect of which would be to the member's household or family's, private financial gain or loss.
- B. No member of the CAB shall vote in a situation where a personal conflict of interest exists for that member.
- C. No voting member of the CAB shall be an employee or an immediate family member of an employee of the Health Center; however, a member may otherwise be an employee of the County or Department of Health Services.
- D. No CAB member shall be an employee or an immediate family member of an employee of a Federally Qualified Health Center.
- E. Any member may challenge any other member(s) as having a conflict of interest by the procedures outlined in the CAB's Bylaws, Article IX.

As a CAB member, my signature below acknowledges that I have received, read, had an opportunity to ask clarifying questions regarding these conflict of interest requirements and the CAB Conflict of Interest Policy and that I understand the contents of this policy as it relates to my membership and responsibilities as a CAB member in capacity of officer, expert volunteer, advocate, consumer, or County staff member. I understand that any violation of these requirements may be grounds for removal from CAB membership. I further understand that I may be subject to all other applicable state and federal conflict of interest requirements in addition to the provisions set forth in these Bylaws.

I declare that the above statement is true and accurate to the best of my knowledge and hereby attest to the fact that I am not,

_____ A Sacramento County Health Center employee; nor
INITIALS

_____ An immediate family member (defined as a spouse, child, parent, or sibling [by
INITIALS blood, adoption, or marriage]) of

_____ A Sacramento County Health Center employee; nor
INITIALS

_____ A Sacramento County Health Center Co-Applicant Board Officer.
INITIALS

PRINTED NAME

SEAT NUMBER

SIGNATURE

DATE