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

Meeting Agenda[1]

March 15, 2024 / 9:30 AM to 11:00 AM

Meeting Location

Community Room 2020 at 4600 Broadway / Sacramento, CA

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

Public comment will be taken after each agenda item (but before any vote is taken) and at the end of the meeting.

Topic
Opening Remarks and Introductions – *Suhmer Fryer, Chair* • Roll Call and Welcome • *Review and Approval of 02/14/24 CAB meeting minutes
Brief Announcements – *All* • Michelle Besse, Health Program Manager, has started • CAB member computer support update
HRSA Project Director Update – *Dr. Mendonsa*
HRSA Medical Director Report – *Dr. Mishra*
*Review and Approval of the 2024 SCHC Quality Improvement Plan – *Sharon Hutchins*

CAB Governance
• Committees Updates to CAB – Committee Chairs
  ○ Clinical Operations Committee – *Vince Gallo*
  ▪ *Review of Policies and Procedures
  ➢ *02-05: Variance Reporting*
  ➢ *03-03: Incident Reporting*
  ➢ *03-05: After Hours Services*
  ➢ *04-25: Request to Change Provider*
  ➢ *11-01: Sliding Fee Discount*
  ○ Finance Committee – *Laurine Bohamera*
  ▪ Revised End of the Year (2022-2023) Financial Status Report - Summary
  ▪ January Financial Status Report
  ▪ Update on grants
  ○ *Governance Committee – *Jan Winbigler*
  ▪ Reminder for all members to complete Conflict of Interest and Ethnics training
  ▪ *Review of *2024 Co-Applicant Board Member Recruitment Plan*
  ▪ Bylaws revision proposal – first reading
  ▪ Preparation for HRSA Operational Site Visit

March Monthly Meeting Items – *All* • HRSA Project Director Report

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

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

- HRSA Medical Director Report
- Committee Updates
  - *Policy and Procedure Review:
    - *TBD*
  - February Financial Status Report
  - *Review and vote on proposed Bylaws revisions
  - Preparation for HRSA Operational Site Visit
  - Recruitment and Training Updates

Public Comment Period – *Laurine Bohamera, Vice-Chair*

Closing Remarks and Adjourn – *Suhmer Fryer, Chair*

Next Meeting: Friday, April 19, 2024 / 9:30-11:00 AM
[1]Brown Act training will be conducted for CAB members from 11-12 on 3/15 following the meeting.

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

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

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

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

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

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

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

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

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

Meeting Attendees
CAB Members: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Nicole Miller
Members Excused: Jan Winbigler
SCHC Leadership: Sharon Hutchins, Andrew Mendonsa, Sumi Mishra, Noel Vargas
SCHC Staff: Robyn Alongi, Rachel Callen, Stephanie Hofer, Adam Prekeges, Robert Rushing, Bahir Mohammad Zahiri
Community Members: None

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

Topic

Opening Remarks and Introductions – *Suhmer Fryer, Chair*
• Roll Call and Welcome
  ○ *Chair Suhmer Fryer welcomed attendees and took roll.*
  ○ *Staff introduced themselves.*
• *Review and Approval of 01/19/24 CAB meeting minutes
  ○ *Vince Gallo made a motion to approve the January 19, 2024, minutes as written. Areta Guthrey seconded the motion.*
  ○ *A roll-call vote was taken.*
  ➢ *Yes votes:* Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Nicole Miller
  ➢ *No votes: None*
  ➢ *The motion passed.*

Brief Announcements – *All* • *Bahir Zahiri is returning to the Refugee program.* • *Brown Act Training will take place from 11 – 12 pm after the March CAB meeting.*

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 meet.*
  ○ *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 with a satellite site.*
  ○ *When the contract is finalized contract, it will be presented to CAB.*

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

- HRSA and Medi-Cal Audits / Facility Site Reviews
  - *The Health Center preparing for the HRSA site visit and Medi-Cal audit expected to occur this spring.*
- Healthy Partners, Medi-Cal Expansion, and Medicare Updates
  - *About 900 patients remain enrolled in the Healthy Partners Program. 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.*
  - *Referrals for Medicare patients are a concern, and we need to ensure we can process them in a timely manner.*
- 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.*
  - *The Health Center has been working to increase access to care and we are seeing results. For example, our call center wait time has significantly decreased and is under five minutes.*
- Referral Department Improvements
  - *Referrals remain a focus for the management team. Dr. Mishra and Debbie Burrow are leading the improvements. Dr. Mishra will provide updates in her report.*
- 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. You can complete the survey here:* https://forms.office.com/g/SfDQUqvjf0*.*
    - *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.*
- CAB Laptops
  - *Pursuing CAB laptops remains an active project. We should be able to use existing laptops and add a standalone Microsoft Office package and license. Staff is exploring camera options, and speaker and microphone options for laptops without built-in options.*

HRSA Medical Director Report – *Dr. Mishra*

- 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 27.*
  - *Staff for the pilot have been hired.*
  - *Recruitment for a Referral Nurse Supervisor continues.*

- *When the pilot is implemented, Dr. Mishra and Debbie Burow will transition out and the consultants will take over.*

- Referral Scanning
  - *The new workflow has staff prioritizing scanning of abnormal image reports to ensure providers act on the results quickly.*
  - *Referrals scanning processes have been improved and they are caught up.*
- 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.*
- 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: The County will reopen the list of candidates due to the low response during the first round of recruitment.*
    - *Noel Vargas said that the Health Center is competing for NPs with Adult Correctional Health for work at jails. The County added differentials into the salaries for Corrections, so the pay is more competitive. We are considering an increase in salary for Health Center NPs. We need to look at student loan forgiveness options. We are researching a HRSA program that pays off student loans in two to five years.*

*Final FFY 2024-2025 Budget Review and Approval – *Rachel Callan and Stephanie Hofer*

- Growth
  - *Stephanie Hofer shared the updated growth request document and went over each requested position. We will have final information in June 2024.*
  - *Limited term positions are funded with ARPA funding. The funding ends December 2024. These positions will be terminated when the funding ends. Staff can move to open positions, or they will be laid off. We will continue to encourage staff to apply for open permanent positions.*
  - *If the fiscal landscape is different in June, we will reevaluate positions.*
- The Budget Documents
  - *The budget documents were presented.*
  - *Costs have increased and the changes are reflected in the budget comments. Increases include allocated cost increases, cost of living allocations (COLA), salary costs, and contracted rates.*
    - *Services and Supplies are contract costs (UCD, SCOE, janitorial, Quest Lab, consultants) for things we need to operate.*
  - *There is a $2.9M increase over last year.*
- Reimbursements
  - *These are funds from another County department, division, or program.*
  - *There is an approximately $1M decrease over last year due to the decrease in Healthy Partners patients and things like radiology.*
- Revenue

- *$22M for 2023-24. We are expecting $24M in 2024-25.*
- General Fund
  - *General funds are mostly used to cover our unavoidable cost increases such as COLAs and allocated cost increases from other departments. We do not have control over these costs. FY 23-24 was $3.9M. There is an increase of $1.2M for 2024-25.*
- *Review and Approval of Budget
  - *Elise Bluemel made a motion to approve the 2024-25 budget. Laurine Bohamera seconded the motion.*
  - *A roll-call vote was taken.*
    - *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Nicole Miller*
    - *No votes: None*
    - *The motion passed.*

*Review and Approval of Submission of 2023 Uniform Data Systems (UDS) Report to HRSA – *Sharon Hutchins and Adam Prekeges*

- Annual Uniform Data System
  - *Staff presented the data and went over the data in detail.*
  - *Tables were redacted where there was a value of 10 or less.*
  - *HRSA now requires us to break down ethnicity into smaller categories. If you choose not to disclose your race, you will automatically be included in not-Hispanic.*
  - *We had an increase of 1,300 patients over the previous year.*
- Financial Data
  - *Staff presented UDS financial data and explained the data and how the information is derived.*
- Approval of Submission of 2023 UDS Report
  - *Vince Gallo made a motion to approve submission of the 2023 UDS report. Nicole Miller seconded the motion.*
    - *A roll-call vote was taken.*
      - *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Nicole Miller*
      - *No votes: None*
      - *The motion passed.*
  - *Elise Bluemel made a motion to extend the meeting for 30 mins to complete CAB business. Laurine Bohamera seconded the motion.*
    - *A roll-call vote was taken.*
      - *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Nicole Miller*
      - *No votes: None*
      - *The motion passed.*

*Review and Approval of the 2024 SCHC Quality Improvement Plan – *Sharon Hutchins*

- Staff presented the 2024 SCHC Quality Improvement Plan and highlighted the changes.

- *A member would like the QI Plan to include patient access measures. For example, vending machines that people with disabilities can use, accessible bathrooms, and access to the tables upstairs.*
- *The 2024 SCHC QI Plan will be returned to the Clinical Ops Committee for discussion and brought back to a future CAB meeting.*

CAB Governance

- Committees Updates to CAB – Committee Chairs
  - *Clinical Operations Committee – Vince Gallo*
    - **Review of Policies and Procedures*
      - *03-01: Telephone Protocol*
      - *Minor revisions were made to the protocol including phone numbers and adding information about access to MyChart.*
      - *Vince Gallo made a motion to approve the 03-01: Telephone Protocol. Elise Bluemel seconded the motion.*
      - *A roll-call vote was taken.*
        - ✓ *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey*
        - ✓ *No votes: None*
        - ✓ *The motion passed.*
    - *04-01: Patient Satisfaction Survey*
      - *Revisions included identifying the different sites and adding sites where the survey will be implemented.*
        - ✓ *Members made changes to the staff script. Language was added to have the staff offer to place the survey into the collection box.*
        - ✓ *A member would like to have demographic data included in the survey.*
        - ✓ *CAB would like staff to research other survey vendors.*
        - ✓ *Members support the idea of smaller, more direct patient surveys throughout the year.*
      - *Vince Gallo made a motion to approve 04-01: Patient Satisfaction Survey with the changes to the staff script. Elise Bluemel seconded the motion.*
      - *A roll-call vote was taken.*
        - ✓ *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey*
        - ✓ *No votes: None*
        - ✓ *The motion passed.*
    - *07-05: Credentialing and Privileging*
      - *Laurine Bohamera made a motion to approve 07-05: Credentialing and Privileging. Areta Guthrey seconded the motion.*
      - *A roll-call vote was taken.*
        - ✓ *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey*
        - ✓ *No votes: None*
        - ✓ *The motion passed.*
    - *08-20: Registration of Patient Deaths*
      - *Vince Gallo made a motion to approve 08-20: Registration of Patient Deaths. Elise Bluemel seconded the motion.*
      - *A roll-call vote was taken.*
        - ✓ *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey.*

- ✓ *No votes: None*
- ✓ *The motion passed.*

- *Finance Committee – Laurine Bohamera*
  - *End of the Year (2022-2023) Financial Status Report – not discussed*
  - *December (Mid-Year) Financial Status Report – not discussed*
  - *Update on grants – not discussed*
  - **Review of Policies and Procedures*
    - *11-03-Budget-Development-and-Procurement-Compliance*
    - *Changes included incorporating language to state the policy is in compliance with HRSA and other federal requirements. Language was added regarding expansion of specific uses or prohibited use of federal funds.*
    - *Elise Bluemel made a motion to approve 11-03: Budget Development and Procurement Compliance policy. Laurine Bohamera seconded the motion.*
    - *A roll-call vote was taken.*
      - ✓ *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey*
      - ✓ *No votes: None*
      - ✓ *The motion passed.*
- *Governance Committee – *Jan Winbigler* – Not discussed
  - Recruitment Update
  - Bylaws revision proposal
  - Preparation for HRSA Operational Site Visit

March Monthly Meeting Items – *All*

- Brown Act Training
- HRSA Project Director Report
- HRSA Medical Director Report
- *Review of *2024 SCHC Quality Improvement Plan*
- Committee Updates
  - *Policy and Procedure Review:
    - *P&P 11-01: Sliding Fee Discount*
    - *TBD*
  - December (Mid-Year) Financial Status Report
  - Recruitment and Training Updates
  - Final Evaluation of the *2020-2023 Strategic Plan*
  - Review of *2024-2026 Strategic Plan* baselines for metrics
  - Preparation for HRSA Operational Site Visit

Public Comment Period – *Laurine Bohamera, Vice-Chair*

- No public comment was made.

Closing Remarks and Adjourn – *Suhmer Fryer, Chair*
The meeting was adjourned at 1:46 pm

Next Meeting: Friday, March 15, 2024 / 9:30-11:00 AM

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

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

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

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

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

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

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

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

HRSA Project Director Updates

March 15, 2024 CAB Meeting

---

1. **Health Resources and Services Administration (HRSA) / Sacramento County Office of Education (SCOE) School Based Mental Health Updates**
    - A revised version of the contract/agreement has been drafted and submitted to HRSA for their valuable feedback. Our next strategic initiative is initiating Memoranda of Understanding between Sacramento County and school districts that house satellite sites. Additionally, we are actively engaging with other Federally Qualified Health Centers to formalize referral relationships that will enhance collaborative healthcare services.

2. **HRSA and Medi-Cal Audits / Facility Site Reviews**
    - The Health Center is actively preparing for multiple imminent audits scheduled in the coming months. In March, we are set to undergo a comprehensive Medi-Cal audit, followed by a federal government HRSA audit in May. Our pharmacy 340b program will be audited in the Spring. Our diligent preparations underscore our commitment to ensuring transparency, regulatory compliance, and the seamless delivery of high quality healthcare services.

3. **Healthy Partner, Medi-Cal Expansion, and Medicare Updates**
    - Enrollment in the Healthy Partners Program continues to decrease with the expansion of Medi-Cal. Approximately 850 clients remain in Healthy Partners. These clients likely have Medi-Cal but have not tried to access services since 1/1/2024. They will be disenrolled from the Healthy Partners Program once coverage is verified.
    - We have decided to postpone Medicare exploration until after priority projects are completed.

4. **Improved Access**
    - Our dedicated efforts at the Health Center persist as we actively collaborate with an external consultant to enhance specialty access. MGR is deeply engaged in working alongside our staff, meticulously analyzing data to formulate comprehensive recommendations. The culmination of this diligent process is expected to yield a detailed report and a set of impactful recommendations, anticipated to be ready for presentation by the summer. Leadership remains committed to achieving significant strides in our pursuit of improved healthcare access.

5. **Referral Department Improvements**
    - The process to streamline the Referrals Department to meet timely access requirements continues to be a focus of the management team. Consultants are onsite to take over day to day management of the program and to support staff. Dr. Mishra will share updates and insights in her report reflecting the substantial efforts underway to drive improvements.

6. **Health Center Growth / Staffing**

    We await our Growth Request to go through the approval process and have no further updates at this time.

7. **General Updates**
    - The Health Center's Street Medicine program was highlighted in a recent UC Davis news feature. It can be viewed at: https://health.ucdavis.edu/news/features/street-medicine-team-improves-lives-of-unhoused-patients/2024/02. The Health Center's Street Medicine program is dedicated to delivering

primary care services to the homeless population, as it directly addresses the unique healthcare challenges faced by this vulnerable group. By bringing medical professionals to the streets, this initiative not only ensures accessibility to essential healthcare but also fosters trust and builds relationships, contributing to a more holistic and compassionate approach to healthcare for individuals experiencing homelessness. The program plays a pivotal role in improving health outcomes, promoting dignity, and breaking down barriers to healthcare access for those living on the streets.

- We are delighted to announce the addition of Dr. Michelle Besse, LMFT, to our esteemed senior management team in the capacity of Health Program Manager. Dr. Besse brings a wealth of expertise, having dedicated nearly a decade to the Sacramento County Behavioral Health Services Division before seamlessly transitioning to lead initiatives within the Primary Health Division. Particularly noteworthy is Dr. Besse's distinguished doctorate in healthcare administration, underscoring her commitment to advancing healthcare leadership and contributing to the strategic growth of our organization. With the addition of Dr. Besse to the Health Program Manager team, Health Center leadership has started to rebalance the programs and service lines to ensure span of control equity.

- The Administration Team is elated to celebrate the recent promotion of Adam Prekeges to the position of Administrative Service Officer II (ASO-II). This significant milestone not only recognizes Adam's individual achievements but also underscores his invaluable contribution to the team's collective success. Adam's elevation to this role signifies a pivotal moment for our team as we look forward to harnessing his wealth of skillsets and experience to enhance our overall effectiveness. Adam's ascension to the ASO-II position is a testament to his exemplary teamwork and the ability to collaborate seamlessly with colleagues. His collaborative spirit has been a driving force behind the success of numerous projects within the Health Center. By fostering a culture of teamwork, Adam has demonstrated an unwavering commitment to the shared goals and objectives of the Administration Team. Adam Prekeges' promotion symbolizes not only an individual achievement but also a collective stride towards innovation, teamwork, and adept handling of competing priorities within the Administration Team.

- The Department of Health Services (DHS) is actively collaborating with the Clarity Research Group to initiate comprehensive workforce climate surveys involving all staff members. The primary objective of these surveys is to gather invaluable insights that will serve as a foundation for enhancing our Health Center's work environment as well as across the department. By assessing employee morale and satisfaction, these surveys aim to provide a platform for staff members to express their concerns and perspectives openly. The results of these surveys will play a pivotal role in informing department, division, and Health Center leadership about specific areas that require improvement, contributing to the overall enhancement of our organizational culture. This strategic initiative aligns seamlessly with the objectives outlined in our Strategic Plan, reflecting our commitment to fostering a positive and supportive work environment. The survey outcomes will guide targeted actions within our division and o influence broader departmental strategies aimed at cultivating a conducive and inclusive workforce culture. This research comes at an opportune moment, as it directly addresses a key focus area highlighted in our Strategic Plan, reinforcing our dedication to proactive and data-driven decision-making. I look forward to sharing the comprehensive findings from these surveys with CAB. They will undoubtedly serve as a valuable resource for shaping our ongoing efforts to promote employee well-being and organizational excellence.

Sacramento County Health Center
Co-Applicant Board

Medical Director Report to CAB
March 15, 2024

State Medi-Cal Audit

- The Medi-Cal audit is expected to take place sometime between 3/18-3/28.
- The audit includes a Facility Site Review and Medical Record Review
- Sumi pulling 30 charts (10 for Adult Medicine, 10 for Pediatrics, and 10 OB charts) and reviewing to ensure they meet Medi-Cal documentation requirements.

Staff Recruitment

- Supervising Radiology Technician - continued challenge with recruiting so we are in the process of hiring a Radiology Technician (limited scope).
- Nurse Practitioner - the County list needs to be reviewed to see if there are any new candidates.
- Supervising RN for Referrals - There is interest from internal and external registered nurses. Interviews are happening.
- Office Assistants and Medical Assistants for the Referral Team to process the backlog and the new care team model - we continue to fill vacancies and to grow the program.
- Public Health Aide - hiring is in process. This position will divide time between the Street Medicine team, providing health education and medication access assistance, and the HIV grant.
- Physician maternity leave - the selected candidate to provide coverage backed out so we have restarted the recruitment process.

Referrals Program

- Care Team model went live on 2/27/24 for diagnostics in Adult Medicine and all referrals in Pediatrics. We will assess efficiency and success in a month after referral staffing is stable.
- Consultants have stepped in to oversee the program while recruitment for a supervisor continues. They have done an excellent job in providing leadership by identifying and problem solving, engaging, and communicating with the referrals team, creating productivity and accountability, and improving morale.

Programs and Services

- UCD proposal to add Hepatitis C clinics - A meeting will occur at the end of March to review the budget in the UCD contract.
- Radiologist contract - amendments have been made with radiologist to stay within budget.
- Refugee Health - the requirement for in person health assessments was reinstated last October. We have recruited two temporary Nurse Practitioners from UCD to increase capacity for in person health assessments. This will help us keep up with the large number of incoming refugees and allow the program to develop a workflow for in-person visits.

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 disclosure 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.
- Objective 1-5: Improve Accessibility of Services and Health Center Buildings.
  - Create maps and directory information in braille and the languages (other than English) spoken by at least 3,000 English-limited residents of Sacramento County and the threshold languages identified by the Department of Health Care Services (Cantonese, Dari, Farsi, Hmong, Mandarin, Pashto, Spanish, Russian, Ukrainian, Vietnamese) as well as large print.
  - Ensure waiting room access for those in wheelchairs by marking defined spaces.

- 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.
    - Increase the number of languages in which standard text messages are sent.

- 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 and in large print.

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.
    - Objective 10-4: Reduce Disparities in Health Outcomes among Individuals with Disabilities.
        - Develop OCHIN dashboard reports that show breakdowns for key performance measures by disability status.

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 Services** **Policy and Procedure**	Policy Issuer (Unit/Program)	**Clinic Services**
		Policy Number	**11-01**
		Effective Date	**02-01-12**
		Revision Date	~~02-2003-05~~11-~~-~~ **24**
Title: **Sliding Fee Discount Program**		Functional Area: **Fiscal Services**	
Approved By: Andrew Mendonsa, PsyD~~, MBA~~, / ~~/~~ Division Manager			

Policy:

A. Background and Purpose

The Health Resources and Services Administration (HRSA) has designated the Sacramento County Health Center (SCHC) as a Federally Qualified Health Center (FQHC). As an FQHC, the SCHC is required to abide by regulations regarding service provision to low income patients. Section 330 of the Public Health Service Act contains these regulations.

The purpose of this policy is to ensure that no patient is denied health care services due to inability to pay for such services and to ensure that any fees or payments charged by the SCHC for such services will be reduced or waived if a patient is eligible for the Sliding Fee Discount Program (SFDP), as outlined by HRSA.

B. Definitions

Sliding Fee Discount Program (SFDP): A set of tiered discounts based on the Federal Poverty Level Guidelines for HRSA-required and additional services:

- Applicable to all individuals and families with annual income at or below 200 percent of the Federal Poverty Level (FPL) Guidelines;
- Providing a full discount for individuals or families with annual incomes at or below 100 percent of the FPL;
- Providing an adjustment of fees based on family size and income for individuals and families with income above 100 and at or below 200 percent of the FPL; and
- Providing no sliding fee discounts for individuals and families with annual income above 200 percent of the FPL.

See *Attachment A*: *SCHC Sliding Fee Tables* for the most current SFDP tiers and nominal charges per service category.

Federal Poverty Level (FPL): The annual income level below which a person (or family) is considered to be living in poverty, depending on family size, that is set in January each year by US Department of Health and Human Services (DHHS) and published in the Federal Register (see https://aspe.hhs.gov/poverty-guidelines). The SCHC sliding fee discount program is based on current FPL levels and is updated annually.

Family: For the purposes of assessing the federal poverty level, a “family” consists of those members supported by the reported income—typically the individuals reported on the federal tax return.

HRSA Required and Additional Services: The set of services that any FQHC is required to

provide (directly or indirectly by agreement with another provider) to patients under federal regulations and additional services that an FQHC adds to its official scope of work with approval by HRSA. See *Attachment B: SCHC Scope of Services* for the most current list of services covered by the SFDP.

Nominal Charge: A small, flat fee that is "nominal" from the patient's perspective and is unrelated to the actual cost of the service provided. The purpose of the charge is to enhance the perceived value of health care services received without creating an economic barrier to receiving care.

C. Applicability of the Sliding Fee Discount Program (SFDP)

Sacramento County Health Center (SCHC) maintains a standard set of procedures for its SFDP. These procedures apply to all patients regardless of health coverage or immigration status. Sliding fee discounts (SFDs) are available to patients with income at or below 200% of the FPL. Patients living below 100% of the FPL are assessed a nominal charge per visit as allowed by HRSA and approved by the Co-Applicant Board (see *Attachment A*: *SCHC Sliding Fee Tables)*.

The SFDP applies to HRSA's required and additional services for SCHC, which constitute all services within SCHC's Scope of Services and all HRSA required services provided by non-SCHC providers through an agreement between SCHC and another party. *Attachment B: SCHC Scope of Services* contains the list of services for which patients may be eligible to receive a sliding fee discount. The SFDP does not cover visits outside of SCHC's Scope of Services (i.e., other than the HRSA required and additional services). For example, if a patient covered by a Managed Medi-Cal plan is approved by that health plan for cosmetic plastic surgery (which is outside of SCHC's Scope of Services) but is subject to a co-pay for that service, the patient may not receive a SFD from SCHC for that co-pay.

Any patient seeking a HRSA ~~-~~required or additional service from SCHC who meets the SFDP eligibility requirements may receive a SFD. For such patients with health insurance, the SFDP~~s~~ applies~~y~~ to non-covered services, co-payments, deductibles, and coinsurance, as well for services (i.e., sensitive services) for which a patient does not wish to use their insurance coverage. Patients with coverage that cannot be used to pay for services at SCHC (i.e., 3rd party pay or self-pay patients) are also covered by the SFDP.

B. Establishing and Reviewing the Sliding Fee Schedule and Nominal Charge

The SFD Schedule and any nominal charge are set annually after ~~Congress~~ DHHS publishes the federal poverty guidelines in the Federal Register (typically in January). Staff reviews discounts offered by similar entities (e.g. FQHCs, Community Health Centers) in the area and takes costs into account. Staff also reviews the nominal charge for continued appropriateness, comparing fees charged by similar entities in the area. SCHC leadership may engage a consultant to assist with this review. Staff may recommend no change or propose a modification to the discount schedule to the SCHC Co-Applicant Board (CAB). Recommendations are presented to the CAB for review and approval no later than the April meeting each year, except under extraordinary circumstances.

Procedure~~s~~:

Sacramento County Health Center personnel and contractors follow a standard set of procedures for

- Informing patients and patient guardians or conservators about the SFDP;

- Assessing patients' eligibility for the SFDP;
- Assisting patients to apply for the SFDP and verifying application documentation;
- Providing and billing for services at discounted prices for those in the SFDP;
- Reviewing SFDP patients' continued SFDP eligibility at least annually; and
-
- Monitoring and evaluating the impact of the SFDP.

A. Communication about the SFDP to Patients

Signage posted at each primary care delivery site and on the SCHC's website informs patients of the SFDP. In addition, the new patient packet contains information on the SFDP, including eligibility requirements and the process to apply. Finally, information about the SFDP is communicated to patients when staff conducts new patient outreach, schedules a new patient appointment, or when revised income or family size information provided by an existing patient alters eligibility.

Assessing Patients' Eligibility for SFDP

1. New Patients
    a. Upon enrollment with SCHC, a Patient Service Representative (PSR) determines whether a patient has healthcare coverage by checking Medi-Cal, Medicare, and healthcare portals. This information is recorded, or updated, if necessary, in the Electronic Medical Record (EMR) system—OCHIN EPIC ("OCHIN").
        i. Patients without health care coverage are encouraged, but not required, to apply for coverage, because it is a valuable asset that can improve a patient's health trajectory and assist them to establish and maintain a medical home.
            1) The PSR informs the patient about possible sources of health coverage, including:
                a) Medi-Cal;
                b) Medicare;
                c) Healthy Partners (Sacramento County's program for undocumented individuals aged 27-49 years); and
                d) Other public and/or private health insurance and/or discount programs available for which the patient may qualify, including prescription drug assistance from pharmaceutical companies.
            2) The PSR asks the patient if they would like a referral to a health care navigator to assist them in understanding what coverage options may be available as well as assistance with insurance enrollment. If the patient agrees, the PSR will refer the patient to either Member Services (for Sacramento County's Healthy Partners) or Sacramento Covered (for the other programs).
            3) Inform patients <200% FPL that we have a SFDP and ask if they may be interested in applying. If the patient says yes, explain how to apply, including giving them an application.

ii. Patients with health care coverage

1) If the patient's health care coverage is not accepted for payment by SCHC (i.e. is provided by an organization with which SCHC does not have a contract, agreement or other arrangement to provide payment)

a. The PSR informs the patient of this fact and that they will be responsible for paying for the services on their own. PSR ~~and~~ offers the patient assistance to identify their assigned medical home or to identify a provider that may accept the coverage or to apply for the Sliding Fee Discount Program. If the patient would still like to receive services from SCHC, the PSR informs the patient that they will be financially responsible for their services ~~need to pay for services out of pocket~~. If such a self-pay patient meets eligibility requirements, they can receive a SFD for SCHC health care services.

2) If the patient's coverage is accepted for payment by SCHC but coverage requires patient financial responsibility for a portion of charges incurred~~the coverage is not comprehensive of all charges~~ (e.g. ~~has a~~ co-pay, deductible, or coinsurance) or for all HRSA required and additional services, the patient can receive a SFD for SCHC health care services if they meet SFDP eligibility requirements.

b. Prior to enrollment, the PSR asks the patient to provide their family (see *Definitions* section) income and family size (among other demographic information) and records this information in OCHIN. OCHIN calculates the FPL automatically and flags the eligibility of the patient for the SFDP.

c. If the patient is eligible for the SFDP, the PSR explains the program to the patient and asks if the patient would like to apply. Please see *Section C: Application Process for SFDP* below for next steps.

2. Existing Patients

a. Prior to each appointment, a Member Services PSR verifies whether an existing patient has healthcare coverage by checking ~~Medi-Cal, Medicaid, and healthcare portals~~relevant eligibility portal(s). The PSR records or updates, as appropriate, this information in OCHIN.

b. During check in for each appointment, the registration PSR obtains (or updates) the patient's income, family size and residential address (among other demographics) and records it in OCHIN.

i. If a change to an existing patient's income, family size, and/or residency makes them eligible for the SFDP, the registration PSR explains the program to the patient, provides them with the SCHC Sliding Fee Information Sheet (see *Attachment C*) either in person or via a mutually acceptable electronic method, and asks if the patient would like to apply. Please see *Section C: Application Process for SFDP* below for next steps.

ii. If a change to an existing patient's income, family size, and/or residency changes the SFDP Tier for which the patient is eligible or makes them

Commented [1]: suggest not using the word "comprehensive". That's most frequently seen in medical billing and coverage documents in discussions of breadth of services covered. I suggest something like, if coverage requires patient financial responsibility for a portion of charges incurred.

ineligible for the SFDP, the PSR explains this fact to the patient and lets them know that SCHC will bill (using the new status) for services provided. ~~after this assessment.~~

Commented [2]: Need to clarify when patients can decline to use their insurance and try to use SFDP.

B. Assisting Patients to Apply for SFDP

1. When a patient indicates interest in applying for the SFDP, the PSR asks the patient to complete the Sliding Fee Application (see *Attachment D*) and refers the patient to Member Services for assistance in completing the application and identifying appropriate documentation.

~~2.~~ The Member Services PSR meets with the patient (by phone or in person) to explain the type of documentation required to show their income, family size, and residency in Sacramento County (see table ~~on the next page~~below).

Income	
Income includes:	Verification (one of the following):
Wages before deductions (federal gross income)	• Paycheck stub (most recent pay period) • Current tax return (required if self-employed) • Letter from employer on letterhead • Affiliated agency income verification documentation
Other income such as pension, retirement, social security, worker's compensation, unemployment, public assistance, alimony, etc.	• Award letter • Paycheck stub
If no income	• Self-Attestation of Income form
Family Size	
Family: those members supported by the reported income—typically the individuals reported on the federal tax return	Patient attestations are used for verification.
People to include in family size:	• The applicant • Applicant's spouse or registered domestic partner • Applicant's children • Any individuals related to and living with the applicant counted as dependents • Any individuals not related to but living with the applicant counted as dependents
People not to include:	• Individuals who do not live with the applicant, unless economically dependent on the applicant • Individuals who are temporarily living with the applicant • Roommates/housemates living with applicant who reside in group quarters or housing
County Residency	

Residency is defined as living in Sacramento County, or intent to live in Sacramento County.	Verification by a reoccurring bill with an address within Sacramento County. e.g. a utility bill or a rental agreement with the head of household's name and an address within Sacramento County.

~~3.~~2. Patients who refuse to complete the SFDP application or to provide required documentation are not granted a sliding fee discount and will be assessed full charges for the services (or portion for which they are financially responsible under any health care coverage).

~~4.~~3. If a patient learns about the SFDP just before a scheduled visit, the PSR informs them that SCHC will provide presumptive SFDP eligibility for the visit if they bring in the required documentation before their next visit. Patients who fail to provide required documentation are not granted the SFD and will retroactively be billed full undiscounted charges for the visit with presumptive eligibility.

~~5.~~4. The Registration PSR scans all documentation provided into the FDS Consent to Bill module in the patient's OCHIN chart. The patient is eligible for a SFD when all documentation is received and FPL criteria for a discount are met.

~~6.~~5. Using the attached sliding fee schedule (see *Attachment A*), the Member Services PSR determines the specific amount of discount for which the patient is eligible.

~~7.~~6. While a patient is awaiting their determination of eligibility from Medi-Cal, Medicare, or Healthy Partners, they will be offered a SFD for services based on their self-reported income, if all other required documentation is provided. If health care coverage is subsequently retroactively granted to the date of service, SCHC will refund any SFD payments accepted.

~~8.~~7. SFDP eligibility remains in effect for 12 months once SFDP eligibility is established.

~~9.~~8. Patients granted SFDP enrollment are notified of their responsibility to inform SCHC of any change in income, family size, or residency during this 12-month period.

C. Billing for SFDP

For the purposes of determining the amount owed by a patient under the SFDP, each visit to SCHC is considered to be separate regardless of the day of service. For example, if a patient has a primary care visit at SCHC on the same day that they receive x-ray services and see the cardiologist at SCHC, each is considered a separate visit and the appropriate SFD (if any) will be applied to each visit separately. Visits to external providers (including Quest Laboratory) contracted by and/or paid by SCHC are also considered separate visits.

SCHC does not collect payment at the time of visit (see *Clinic Services Policy 11-02 Billing and Collections)*. Patients are informed that they are expected to pay and will receive a bill. Discounts for each tier of the SFDP and the nominal charge are published in tables easily accessible by patients (see *Attachment A: SCHC Sliding Fee Tables*). As detailed in *Clinic Services Policy 11-02 Billing and Collections*, SCHC leadership may grant a waiver of charges accrued by a participant in the SFDP due to economic hardship.

D. Reviewing Continued Eligibility for SFDP

Patients are required to be re-qualified for the SFDP annually by providing new/updated documentation of income, family size, and residency. Prior to each visit, a Member Services PSR checks whether existing patients are enrolled in the SFDP. If they are, the PSR checks the annual review date. If that review date is within 6 weeks of the appointment date, the PSR informs the patient and requests the patient provide updated documentation of income,

family size and residency.

E. Monitoring Adherence to SFDP policies

1. Each month, the supervisor of Member Services examines data to monitor adherence to this SFDP policy and procedure, including reviewing:
    a. 10% of the charts of patients flagged for eligibility for SFD by OCHIN to determine if the appropriate SFD was offered to the patient; and
    b. 10% of current SFDP patient charts per month to ensure that required documentation was obtained and scanned and that patients' status was reviewed annually.
    ~~c.~~ If they find deviations from this policy and procedure, the Member Services supervisor
    ~~d.~~c. Reviews the error and proper procedure with the staff member who made each error. Repeated errors may result in disciplinary action.
    ~~e.~~d. If a pattern of errors is found for multiple individuals, all PSRs are retrained on the policy and procedure.
2. The Member Services supervisor reports on the findings of the compliance monitoring monthly at the Compliance Team meeting. Findings of systemic deviations may also result in a quality improvement project being implemented and overseen by the Quality Improvement Committee.

F. Evaluating Effect of the SFDP on Patient Usage of Health Services

At least once every three years, SCHC evaluates its SFDP by:

1. Collecting utilization data that allows assessment of the rate at which patients within each of its discount pay tiers, and those at or below 100% of the FPL, are accessing services;
2. Utilizing this and, if applicable, other data (for example, results of patient satisfaction surveys or focus groups, surveys of patients at various income levels) to evaluate the effectiveness of its SFDP in reducing financial barriers to care; and
3. Identifying and implementing changes as needed.

References:
HRSA Compliance Manual, Chapter 9: Sliding Fee Discount Program
PP-CS-11-02 Billing and Collections
PP-CS-01-01 Quality Improvement

Attachments:
Attachment A: SCHC Sliding Fee Tables
Attachment B: SCHC Scope of Services
Attachment C: Sliding Fee Information Sheet
Attachment D: SCHC Sliding Fee Application
Attachment E: Self-Attestation of Income Form

Formatted: Indent: Left: 0.06"

Contact:
~~John Dizon,~~ HPM for HRSA Issues (for Policy questions)
Sandra Johnson (for Procedure questions)

Approval by the Co-Applicant Board:

Attachment A: Sliding Fee Discount Schedule Tables 2024

Sacramento County
Health Center

~~04/21/23~~

~~Sacra~~

~~Attachment A: Sliding Fee Discount Schedule Tables 2024~~

Sacram SACRAMENTO COUNTY

2023 Schedule of Sliding Fee Discounts Based on Income and Family Size for Preventive Dental Care

Persons in Family	Nominal Fee	Tier A	Tier B	Tier C	Tier D	Full Price
	≤100%	>100% and ≤138%	>138% and ≤150%	>150% and ≤175%	>175% and ≤200%	>200%
1	≤$14,580	$14,581 – $20,120	$20,121 – $21,870	$21,871 – $25,515	$25,516 – $29,160	≥$29,161
2	≤$19,720	$19,721 – $27,214	$27,215 – $29,580	$29,581 – $34,510	$34,511 – $39,440	≥$39,441
3	≤$24,860	$24,861 – $34,307	$34,307 – $37,290	$37,291 – $43,505	$43,506 – $49,720	≥$49,721
4	≤$30,000	$30,001 – $41,400	$41,401 – $45,000	$45,001 – $52,500	$52,501 – $60,000	≥$60,001
5	≤$35,140	$35,141 – $48,493	$48,494 – $52,710	$52,711 – $61,495	$61,496 – $70,280	≥$70,281
6	≤$40,280	$40,281 – $55,586	$55,587 – $60,420	$60,421 – $70,490	$70,491 – $80,560	≥$80,561
7	≤$45,420	$45,421 – $62,680	$62,681 – $68,130	$68,130 – $79,485	$79,486 – $90,840	≥$90,841
8	≤$50,560	$50,561 – $69,773	$69,774 – $75,840	$75,841 – $88,480	$88,481 – $101,120	≥$101,121
9	≤$55,700	$55,701 – $76,866	$76,866 – $83,550	$83,551 – $97,475	$97,476 – $111,400	≥$111,401
10	≤$60,840	$60,841 – $83,959	$83,959 – $91,260	$91,261 – $106,470	$106,471 – $121,680	≥$121,681
11	≤$65,980	$65,981 – $91,052	$91,052 – $98,970	$98,971 – $115,465	$115,466 – $131,960	≥$131,961
12	≤$71,120	$71,121 – $98,146	$98,146 – $106,680	$106,681 – $124,460	$124,461 – $142,240	≥$142,241
13	≤$76,260	$76,261 – $105,239	$105,240 – $114,390	$114,391– $133,455	$133,456 – $152,520	≥$152,521
14	≤$81,400	$81,401 – $112,332	$112,333 – $122,100	$122,101 – $142,450	$142,451 – $162,800	≥$162,801
Fee/Discount*	$20	75% discount	65% discount	55% discount	45% discount	NO DISCOUNT

*Per visit

Formatted: Heading 4, Indent: Left: 0", First line: 0", Right: 0", Space Before: 5.9 pt, Line spacing: single, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted: Heading 4, Left, Indent: Left: 0", Space Before: 5.9 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted: Heading 4, Left, Indent: Left: 0", Space Before: 5.9 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted: Heading 4, Left, Indent: Left: 0", Space Before: 5.9 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted: Heading 4, Left, Indent: Left: 0", Space Before: 5.9 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted: Heading 4, Left, Indent: Left: 0", Space Before: 5.9 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted ...

Formatted ...

Formatted ...

Formatted ...

Formatted ...

Formatted ...

Formatted ...

Formatted ...

Formatted ...

Formatted ...

Sacram SACRAMENTO COUNTY

2024 Schedule of Sliding Fee Discounts Based on Income and Family Size for Diagnostic Laboratory Services (through Quest Diagnostics)

Persons in Family	Nominal Fee	Tier A	Tier B	Tier C	Tier D	Full Price
-	<100%	>100% and ≤138%	138% and150%	150% and 175%	175% and 200%	>200%
1	$15,060	$15,061 - $20,782	$20,783 - $22,590	$22,591 - $26,355	$26,356 - $30,120	$30,121
2	$20,440	$20,441 - $28,207	$28,208 - $30,660	$30,661 - $35,770	$35,771 - $40,880	$40,881
3	$25,820	$25,821 - $35,631	$35,632 - $38,730	$38,731 - $45,185	$45,186 - $51,640	$51,641
4	$31,200	$31,201 - $43,056	$43,057 - $46,800	$46,801 - $54,600	$54,601 - $62,400	$62,401
5	$36,580	$36,581 - $50,480	$50,481 - $54,870	$54,871 - $64,015	$64,016 - $73,160	$73,161
6	$41,960	$41,961 - 57,904	$57,905 - $62,940	$62,941 - $73,430	$73,431 - $83,920	$83,921
7	$47,340	$47,341 - $65,329	$65,330 - $71,010	$71,011 - $82,845	$82,846 - $94,680	$94,681
8	$52,720	$52,721 - $72,753	$72,753 - $79,080	$79,081 - $92,260	$92,260 - $105,440	$105,441
9	$58,100	$58,101 - $80,178	$80,179 - $87,150	$87,151 - $101,675	$101,676 - $116,200	$116,201
10	$63,480	$68,481 - $87,602	$87,603 - $95,220	$95,221 - $111,090	$111,091 - $126,960	$126,961
11	$68,860	$68,861 - $95,026	$95,027 - $103,290	$103,291 - $120,505	$120,506 - $137,720	$137,721
12	$74,240	$74,241 - $102,541	$102,542 - $111,360	$111,361 - $129,920	$129,921 - $148,480	$148,481
13	$79,620	$79,621 - $109,875	$109,876 -	$119,431 - $139,335	$139,336 -	$159,241

Formatted: Heading 4, Space Before: 5.9 pt

Formatted: Heading 4, Space Before: 5.9 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted: Heading 4, Left, Space Before: 5.9 pt

Formatted: Heading 4, Left, Space Before: 5.9 pt

Formatted: Heading 4, Left, Space Before: 5.9 pt

Formatted: Heading 4, Left, Space Before: 5.9 pt

Formatted: Heading 4, Left, Space Before: 5.9 pt

Formatted: Heading 4, Left, Space Before: 5.9 pt

Formatted: Heading 4, Left, Space Before: 5.9 pt

Formatted: Heading 4, Left, Space Before: 5.9 pt

Formatted: Heading 4, Left, Space Before: 5.9 pt

Formatted: Heading 4, Left, Space Before: 5.9 pt

Formatted: Heading 4, Left, Space Before: 5.9 pt

Formatted: Heading 4, Left, Space Before: 5.9 pt

			$119,430		$159,240	
14	$85,000	$85,001 - $117,300	$117,301 - $127,500	$127,501 - $148,750	$148,751 - $170,000	$170,001
Fee/Discount *	100%	75%	65%	55%	25%	NO DISCOUNT

*Per test/service

[1]Percentage of Federal Poverty Level

Sacram

2023 Schedule of Sliding Fee Discounts Based on Income and Family Size for All Other In-Scope SCHC Services (per visit)

Persons in Family	Nominal Fee	Tier A	Tier B	Tier C	Tier D	Full Price
	≤100%	>100% and ≤138%	>138% and ≤150%	>150% and ≤175%	>175% and ≤200%	>200%
1	$15,060	$15,061 - $20,782	$20,783 - $22,590	$22,591 - $26,355	$26,356 - $30,120	$30,121
2	$20,440	$20,441 - $28,207	$28,208 - $30,660	$30,661 - $35,770	$35,771 - $40,880	$40,881
3	$25,820	$25,821 - $35,631	$35,632 - $38,730	$38,731 - $45,185	$45,186 - $51,640	$51,641
4	$31,200	$31,201 - $43,056	$43,057 - $46,800	$46,801 - $54,600	$54,601 - $62,400	$62,401
5	$36,580	$36,581 - $50,480	$50,481 - $54,870	$54,871 - $64,015	$64,016 - $73,160	$73,161
6	$41,960	$41,961 - 57,904	$57,905 - $62,940	$62,941 - $73,430	$73,431 - $83,920	$83,921
7	$47,340	$47,341 - $65,329	$65,330 - $71,010	$71,011 - $82,845	$82,846 - $94,680	$94,681
8	$52,720	$52,721 - $72,753	$72,753 - $79,080	$79,081 - $92,260	$92,260 - $105,440	$105,441
9	$58,100	$58,101 - $80,178	$80,179 - $87,150	$87,151 - $101,675	$101,676 - $116,200	$116,201
10	$63,480	$68,481 - $87,602	$87,603 - $95,220	$95,221 - $111,090	$111,091 - $126,960	$126,961

Formatted: Heading 4, Left, Space Before: 5.9 pt

Formatted: Heading 4, Left, Space Before: 5.9 pt

Formatted: Heading 4, Space Before: 5.9 pt

Formatted: Heading 4, Space Before: 5.9 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted: Heading 4, Left, Indent: Left: 0", Space Before: 5.9 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted: Heading 4, Left, Indent: Left: 0", Space Before: 5.9 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted: Heading 4, Left, Indent: Left: 0", Space Before: 5.9 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted: Heading 4, Left, Indent: Left: 0", Space Before: 5.9 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted: Heading 4, Left, Indent: Left: 0", Space Before: 5.9 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted: Heading 4, Left, Indent: Left: 0", Space Before: 5.9 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted ...

Formatted ...

Formatted ...

Formatted ...

~~11~~	~~$68,860~~	~~$68,861 - $95,026~~	~~$95,027 - $103,290~~	~~$103,291 - $120,505~~	~~$120,506 - $137,720~~	~~$137,721~~
~~12~~	~~$74,240~~	~~$74,241 - $102,541~~	~~$102,542 - $111,360~~	~~$111,361 - $129,920~~	~~$129,921 - $148,480~~	~~$148,481~~
~~13~~	~~$79,620~~	~~$79,621 - $109,875~~	~~$109,876 - $119,430~~	~~$119,431 - $139,335~~	~~$139,336 - $159,240~~	~~$159,241~~
~~14~~	~~$85,000~~	~~$85,001 - $117,300~~	~~$117,301 - $127,500~~	~~$127,501 - $148,750~~	~~$148,751 - $170,000~~	~~$170,001~~
~~Fee*~~	~~$20~~	~~$25~~	~~$35~~	~~$45~~	~~$55~~	~~NO DISCOUNT~~

2024 Schedule of Sliding Fee Discounts Based on Income and Family Size for Preventive Dental Care

TBD

Formatted: Heading 4, Left, Indent: Left: 0", Right: 0", Space Before: 5.9 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted: Heading 4, Left, Indent: Left: 0", Right: 0", Space Before: 5.9 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted: Heading 4, Left, Indent: Left: 0", Right: 0", Space Before: 5.9 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted: Heading 4, Left, Indent: Left: 0", Right: 0", Space Before: 5.9 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted: Heading 4, Left, Indent: Left: 0", Right: 0", Space Before: 5.9 pt, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Sacramento County Health Center

2024 Schedule of Sliding Fee Discounts Based on Income and Family Size for Diagnostic Laboratory Services (through Quest Diagnostics)

Persons in Family	Tier A ≤100%[1]	Tier B >100% to ≤133%[1]	Tier C >133% to ≤167%[1]	Tier D >167% to ≤200%[1]	Full Price >200%[1]
1	≤$14,580	$14,581.00 -$19,391.40	$19,391.41-$24,348.60	$24,348.61-$29,160.00	$29,161
2	≤$19,720	$19,721.00 - $26,227.60	$26,227.61-$32,932.40	$32,932.41-$39,440.00	$39,441
3	≤$24,860	$24,861.00 - $33,063.80	$33,063.81-$41,516.20	$41,516.21-$49,720.00	$49,721
4	≤$30,000	$30,001.00 - $39,900.00	$39,901.00-$50,100.00	$50,100.01-$60,000.00	$60,001
5	≤$35,140	$35,141.00 - $46,736.20	$46,736.21-$58,683.80	$58,683.81-$70,280.00	$70,281
6	≤$40,280	$40,281.00 - $53,572.40	$53,572.41-$67,267.60	$67,267.61-$80,560.00	$80,561
7	≤$45,420	$45,421.00 - $60,408.60	$60,408.61-$75,851.40	$75,851.41-$90,840.00	$90,841
8	≤$50,560	$50,561.00 - $67,244.80	$67,244.81-$84,435.20	$84,435.21-$101,120.00	$101,121
9	≤$55,700	$55,701.00 - $74,081.00	$74,081.01-$93,019.00	$93,019.01-$111,400.00	$111,401
10	≤$60,840	$60,841.00 - $80,917.20	$80,917.21-$101,602.80	$101,602.81-$121,680.00	$121,681
11	≤$65,980	$65,981.00 - $87,753.40	$87,753.41-$110,186.60	$110,186.61-$131,960.00	$131,961
12	≤$71,120	$71,121.00 - $94,589.60	$94,589.61-$118,770.40	$118,770.41-$142,240.00	$142,241
13	≤$76,260	$76,261.00 - $101,425.80	$101,425.81-$127,354.20	$127,354.21-$152,520.00	$152,521
14	≤$81,400	$81,401.00 - $108,262.00	$108,262.01-$135,938.00	$135,938.01-$162,800.00	$162,801
Discount*	**100%**	**75%**	**50%**	**25%**	**NO DISCOUNT**

**Per test/service*

[1]Percentage of Federal Poverty Level

Sacramento County Health Center

2024 Schedule of Sliding Fee Discounts Based on Income and Family Size for All Other In-Scope SCHC Services (per visit)

Persons in Family	Nominal Fee	Tier A	Tier B	Tier C	Tier D	Full Price
	≤100%[1]	>100% and ≤138%[1]	>138% and ≤150%[1]	>150% and ≤175%[1]	>175% and ≤200%[1]	>200%[1]
1	$15,060	$15,060.01–$20,782.80	$20,782.81 – $22,590	$22,590.01– $26,355	$26,355.01–$30,120	≥$30,120.01
2	$20,440	$20,440.01–$28,207.20	$28,207.21 – $30,660	$30,660.01– $35,770	$35,770.01–$40,880	≥$40,880.01
3	$25,820	$25,820.01–$35,631.60	$35,631.61– $38,730	$38,730.01– $45,185	$45,185.01–$51,640	≥$51,640.01
4	$31,200	$31,200.01–$43,056.00	$43,056.01– $46,800	$46,800.01– $54,600	$54,600.01–$62,400	≥$62,400.01
5	$36,580	$36,580.01–$50,480.40	$50,480.41– $54,870.	$54,870.01– $64,015	$64,015.01–$73,160	≥$73,160.01
6	$41,960	$41,960.01–$57,904.80	$57,904.81 – $62,940	$62,940.01– $73,430	$73,430.01–$83,920	≥$83,920.01
7	$47,340	$47,340.01– $65,329.20	$65,329.21– $71,010	$71,010.01– $82,845	$82,845.01–$94,680	≥$94,680.01
8	$52,720	$52,720.01– $72,753.60	$72,753.61– $79,080	$79,080.01– $92,260	$92,260.01–$105,440	≥$105,440.01
9	$58,100	$58,100.01–$80,178.00	$80,178.01– $87,150	$87,150.01– $101,675	$101,675.01–$116,200	≥$116,200.01
10	$63,480	$63,480.01–$87,602.40	$87,602.41– $95,220	$95,220.01– $111,090	$111,090.01–$126,960	≥$126,960.01
11	$68,860	$68,860.01–$95,026.80	$95,026.81– $103,290	$103,290.01– $120,505	$120,505.01–$137,720	≥$137,720.01
12	$74,240	$74,240.01–$102,451.20	$102,451.21– $111,360	$111,360.01– $129,920	$129,920.01–$148,480	≥$148,480.01
13	$79,620	$79,620.01 –$109,875.60	$109,875.61– $119,430	$119,430.01– $139,335	$139,335.01–$159,240	≥$159,240.01
14	$85,000	$85,000.01–$117,300.00	$117,300.01– $127,500	$127,500.01– $148,750	$148,750.01–$170,000	≥$170,000.01
Fee*	**$20**	**$25**	**$35**	**$45**	**$55**	**NO DISCOUNT**

**Per visit charge*
[1]Percentage of Federal Poverty Level

~~**Per visit charge*~~

Attachment B: SCHC Scope of Services

HRSA Required Services

General primary medical care
Diagnostic laboratory services *(NOTE: SEPARATE SLIDING FEE SCHEDULE)*
Diagnostic radiology
Screenings
Coverage for emergencies during and after hours
Voluntary family planning
Immunizations
Well child services
Gynecological care
Obstetrical Care
- Prenatal care
- Intrapartum care (labor and delivery)
- Postpartum care

Preventive dental services *(NOTE: SEPARATE SLIDING FEE SCHEDULE)*
Pharmaceutical services
Substance Use Disorder services
Case management
Eligibility assistance
Health education
Outreach
Transportation
Translation

HRSA Additional Services

Mental health services

SCHC Additional Services

Cardiology
Neurology

Appendix C
Sacramento County Health Center Sliding Fee Information Sheet

The health center wants to ensure that all patients get the care they need as quickly as possible. To assist patients who cannot get insurance or other coverage, there is a sliding fee schedule that you may qualify for to reduce the cost of the care you receive here. The following guidelines apply:

- The sliding fee program is based on income and family size.
- Complete the application and re-apply every year or earlier if your income changes.
- You are required to provide documents in order to assess your discount. *See below and application for more information.*

SCHC offers a sliding fee discount that covers preventive dental services received at SCHC or at the Sacramento Native American Health Center. In partnership with Quest, SCHC offers a sliding fee discount that covers diagnostic laboratory services provided by Quest. Finally, SCHC offers a sliding fee discount that covers primary care office visits with the County Health Center providers, visits with cardiology and neurology providers at SCHC's main site on Broadway, and prescriptions filled at the County Pharmacy located at 4600

Begin the process by applying for Medi-Cal and other available health coverage programs. If you have already done this, please include a copy of your card with other required materials. If you are told you do not qualify, or only qualify for partial services, bring your letter to us with other required materials.

Materials to Bring

1. Sliding Fee Application: completed
2. Identification: California Driver License, State of California Identification Card, or Passport
3. Letter from Medi-Cal or Medi-Care: indicating eligibility for public benefits.
4. Proof of Income: most recent pay check stub dated within 60 days of application OR most recent income tax return. Include documentation of any other income such as pension, retirement, social security, public assistance, workers compensation, unemployment, alimony, etc.
5. Proof of Family Size: means a statement of the household living under one roof including spouse, children, and dependent adults. (Birth or Marriage certificates may be requested)
6. Proof of Residence: a utility bill or rental agreement with your name and a local county address

Application Process

- Bring documents to Suite 2200 at the County Health Center. Staff will review your materials and let you know about your eligibility and fees for services.
- If eligible, your coverage is for a one-year period. You must re-apply immediately if you have a change in income, family size, or residency.

Frequently Asked Questions

Q: Can I obtain the sliding discount if I do not provide the information requested?
A: *No. This is a voluntary program. You will be responsible for full charges.*

Q: How often do I need to apply?
A: *Every year, OR you must reapply immediately if you have a change in income, residency, or family size.*

Q: Who is considered a member of the household residence?

Sacramento County Health Center
Sliding Fee Information Sheet

The health center wants to ensure that all patients get the care they need as quickly as possible. To assist patients who cannot get insurance or other coverage or have a large share of cost or co-pay, we have a sliding fee discount program that you may qualify for to reduce the cost of the care you receive here. The following guidelines apply:

- The sliding fee program is based on income and family size.
- Complete the application and re-apply every year or earlier if your income changes.
- You are required to provide documents in order to assess your discount. *See below and application for more information.*

SCHC offers a sliding fee discount that covers preventive dental services received at SCHC or at the Sacramento Native American Health Center. In partnership with Quest, SCHC offers a sliding fee discount that covers diagnostic laboratory services provided by Quest. Finally, SCHC offers a sliding fee discount that covers primary care office visits with the County Health Center providers, visits with cardiology providers at SCHC's main site on Broadway, and prescriptions filled at the County Pharmacy located at 4600 Broadway.

We recommend that you begin the process by applying for Medi-Cal and other available health coverage programs. If you have already done this, please include a copy of your card with other required materials. If you are told you do not qualify, or only qualify for partial services, bring your letter to us with other required materials.

Materials to Bring

1. Sliding Fee Application: completed *(Recommended: completed Quest financial assistance form)*
2. Identification: California Driver License, State of California Identification Card, or Passport
3. Letter from Medi-Cal or Medi-Care: indicating eligibility for public benefits.
4. Proof of Income: most recent pay check stub dated within 60 days of application OR most recent income tax return. Include documentation of any other income such as pension, retirement, social security, public assistance, workers compensation, unemployment, alimony, etc.
5. Proof of Family Size: means a statement of the household living under one roof including spouse, children, and dependent adults. (Birth or Marriage certificates may be requested)
6. Proof of Residence: a utility bill or rental agreement with your name and a local county address

Application Process

- Bring documents to Suite 2200 at the County Health Center. Staff will review your materials and let you know about your eligibility and fees for services.
- If eligible, your coverage is for a one-year period. You must re-apply immediately if you have a change in income, family size, or residency.

Frequently Asked Questions

Q: Can I obtain the sliding discount if I do not provide the information requested?
A: *No. This is a voluntary program. You will be responsible for full charges.*

Q: How often do I need to apply?
A: *Every year, OR you must reapply immediately if you have a change in income, residency, or family size.*

Q: Who is considered a member of the household residence/family?

Commented [3]: above when discussing residency, it mentions living within Sacramento County. But this talks about a local county address. So these need to be the same language?

Commented [SH4R3]: How is that different?

SACRAMENTO COUNTY

SACRAMENTO

SLIDING FEE SCALE APPLICATION

Patient Information		**Today's Date:** / /		
First Name:	Middle:	Other names:		
Home Address:	City:		State:	Zip:
Mailing Address:	City:		State:	Zip:
Home Phone #:			Mobile Phone #:	
Date of Birth:	Social Security #:		Do you have Health Insurance?	
Marital Status:	Single In a relationship Married Divorced Separated Widowed			

Family Size		
Name	**Date of Birth**	**Social Security Number**

Family Income			
Name	**Amount**	**Frequency (circle one):**	**Employer:**
You	$	Weekly Monthly Yearly	
Partner	$	Weekly Monthly Yearly	
Child	$	Weekly Monthly Yearly	
Child	$	Weekly Monthly Yearly	
Other	$	Weekly Monthly Yearly	
Total	$	Weekly Monthly Yearly	

Other Income						
Other Income	You:	Spouse/Partner	Child	Child	Other	Subtotal
Social Security						
Retirement Pension						
Child Support						
Alimony						
Other						
					Total	$

SACRAMENTO COUNTY

SACRAMENTO COUNTY

Section to be completed by Applicant:

The date the application is submitted will be the date any eligible discounts will apply to your services. In the event an application is submitted without the required documentation, you will be notified and given 14 days from notification to submit the documentation without moving the submission date forward. If you do not submit the required documentation within the required 14-day time period, the application will be denied and you will be required to re-submit the application.

Please attach at least one item from each applicable section on the previous page to complete your application. Incomplete applications will not be considered for discount

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee program and will subject me to penalties under Federal Laws, which may include fines and imprisonment. I further agree to inform Sacramento County Health Center if there is a significant change in my income within thirty (30) days. If acceptance to the sliding fee program is obtained under this application, I will comply with all rules and regulations of Innovative Health Care. I understand that the information I have provided is subject to verification by Sacramento County Health Center. I hereby acknowledge that I read the foregoing disclosure and understand it.

I will be billed for the sliding fee payment.

.

Name

Signature

Date

Commented [5]: should this read Sliding Fee Discount Program?

Commented [SH6R5]: Good question! I have no idea what Innovative Health Care is!

Dear Patient,

Thank you for your interest in our Patient Financial Assistance Program. So that we can determine your eligibility, please complete the attached application form and return it to the correspondence address listed on your invoice, along with one or more of the required documents listed below:

- A copy of last year's W2 form
- A copy of last year's income tax return
- A copy of your most recent pay stub (s)
- A proof source indicating that you are eligible for local, state, or federal assistance programs.

Once we receive your completed application and documentation, we will determine if you meet the established criteria. Please allow approximately two weeks for your application to be processed. Do not make any payments until you receive notification regarding the status of your request. Applying for acceptance into our Financial Assistance Program does not guarantee reduced charges.

If you have any additional questions or concerns, please do not hesitate to contact us.
Thank you for using Quest Diagnostics. We look forward to serving you in the future.

Sincerely,

Patient Billing Customer Service

Commented [7]: should this read official documentation

Commented [SH8R7]: It's Quest's form, so I don't think we can edit it.

Patient Financial Assistance Form

Patient Name: _____ **Telephone Number:** _____
Address: _____ **Patient Date of Birth:** _____
City: _____ **State:** _____ **Zip Code:** _____
Invoice Number(s): _____ **Lab Code:** _____

Please complete all information accurately. The signature of the patient or patient's guardian is required.

Please make sure to attach the required supporting documentation.

1. Does the patient have sufficient resources to pay for the testing and/or the deductible and coinsurance?
   - □ Yes If answer is "Yes", you are financially responsible for payment.
   - □ No If answer is "No", complete form below.
2. Is any source, other than the patient, legally responsible for the patient's medical bills (**e.g.**, Medicaid, local welfare agency, guardian or other insurance program)?
   - □ Yes □ No If answer is "Yes" list:

   Insurance Company Name: _____
   Address: _____
   Member I.D.: _____
   Other Source: _____
3. Patient/legal guardian's monthly household resources:

Salary	$_____
Social Security	$_____
Cash/Welfare Payment	$_____
Family Contribution	$_____
Income from Savings Accounts, CDs, etc.	$_____
Other	$_____
Total $	_____

4. Number of family members in household: _____

I hereby acknowledge that the above information is true and correct according to the best of my knowledge. I also authorize the release of any and all financial records necessary to verify the above information. I understand that if I do not qualify, I will be notified and Quest Diagnostics will bill me. I hereby acknowledge that I am neither related to nor employed by the physician who ordered the testing.

Patient Name (Print): _____ Name (Print): Guardian
Patient Name (Print): Responsible Party Signature _____
Date: _____

For Official Use Only:

Bill Number	Amount $	Approved	Denied
Date Received:			
PCS Rep:			

SACRAMENTO COUNTY

SACRAMENTO COUNTY HEALTH CENTER

Section to be completed by Primary Health Center Staff:

Patient Name: DOB:

Verification Checklist Attach copies of each item checked below	**Yes**	**No**
***Identification/Address (Submit one of the following):** • Driver's license, or • Birth certificate, or • Social Security Card, or • Other: _____	☐	☐
***Income (Submit one of the following):** • Prior year tax return (required if self-employed), or • Single most recent pay stub, or • W-2 or 1099, Form 4506-T, or • Other: _____	☐	☐
Insurance (if applicable): • Insurance card(s)	☐	☐
Medi-Cal (if applicable): • Medi-Cal card or evidence of rejection ***You may be eligible for Medicaid benefits. Please let our office staff know and we may be able to help you with this process.***	☐	☐
Medicare (if applicable): • Medicare card	☐	☐

Commented [9]: I think this is the form you file to request a copy of old tax returns. I'm not aware of how it proves income.

☐ Client is not eligible for Sliding Fee Discount Program based on income verification provided.

☐ Client is eligible for ~~-~~sliding fee discount in _____ **Tier:** _____ ~~.and will be charged $~~

☐ Proof of income verified or Attestation of no income

☐ ~~verified~~ Verification completed by (print): _____

_____ _____

Signature Date

Sacramento County Health Center

Attestation of No Income

I hereby attest that I am not employed and do not have other income (*such as alimony, prices and awards, gambling winnings including from the lottery, jury duty pay, capital gains from stock or property sales, nonbusiness credit card debt cancellation*).

FIRST NAME MIDDLE INITIAL LAST NAME

SIGNATURE DATE

Formatted: Indent: First line: 0.04"

Sacramento County Health Center

Attestation of Sacramento County Residence

I hereby attest that I live in Sacramento County but am unhoused and do not have proof of my residence in Sacramento County.

First Name Middle Initial Last Name

Signature Date

	County of Sacramento **Department of Health Services** **Division of Primary Health Services** **Policy and Procedure**	Policy Issuer (Unit/Program)	**Clinic Services**
		Policy Number	**04-25**
		Effective Date	**03-15-24**
		Revision Date	**02-20-24**
Title: **Request to Change Provider**		Functional Area: **Clinic Operations**	
Approved By: Susmita Mishra, MD, Medical Director			

Policy

Sacramento County Health Center (SCHC) is dedicated to providing high quality patient care. When a patient is interested in changing providers for any reason, SCHC will accommodate the request when possible, to ensure optimal patient care and satisfaction. The California Department of Health Services grants Medi-Cal patients the right to chose their ~~medical~~ Health P~~p~~lan, and then a doctor or clinic (including a health center) that participate~~s~~d with that ~~medical~~ Health P~~p~~lan. Research (Forrest et al., 2002) has shown that patient choice of PCP can improve satisfaction with the care received. P~~In addition, p~~atient choice of PCP is a basic principle of patient-centered care.

Procedures

A. Distribution of Form

1. Copies of the Request to Change Primary Care Provider will be provided at the registration desk in each clinical program.
2. Medical a~~A~~ssistants will also have copies of the form to provide to patients upon request and direct them to turn in the completed form to the registration desk (check-in window).
3. Registration staff will review the completed form to ensure that it is legible and fully filled out and then place it in the basket.

B. Routing of Form

1. The HPM over each clinical program will designate a Sr. Office Assistant (SOA) to collect all *Request to Change Primary Care Provider* forms at least once per week.
2. The SOA will sort the forms and separate the requests related to attending providers from those related to resident providers.
3. The SOA will deliver the forms to the Program Leads each week ~~after they are collected~~.

~~2.~~

C. Decision

1. Decisions will be made within 14 calendar days of receiving the requests from the SOA/HPM.
2. All requests to change away from or to a resident provider will go to the UCD Program Lead for approval to ensure that their panels meet residency requirements. The UCD Program Lead will ~~make a~~ decide~~sion~~ whether the request can be honored. If requests cross programs, the Leads will confer with the other Program Lead on ~~and make~~ a decision.

Formatted: Font: Not Italic, No underline

Formatted: Left

Formatted: Left, Indent: Left: 1.01", No bullets or numbering

Formatted: Left

~~3.~~a. The HPM of the clinical program will review requests related to attending providers and sort them into clinical (e.g., doctor does not listen or respect me; want a provider who knows about depression) and non-clinical reasons (language, gender, want to see a provider I know or can see more often).

~~i.~~b. The HPM will send the requests due to clinical reasons to the SCHC Medical Director.

~~ii.~~c. The Medical Director will consult with the provider(s) involved and ~~make a~~decide ~~decision whether~~ if ~~to honor~~ the request can be honored.

~~iii.~~d. The HPM will review the non-clinical requests and ~~make a decision whether~~decide if the request can be honored.

~~4.~~3. The HPMs, Medical Director, and Program Leads will consult at least annually to ensure that they are applying the same criteria.

D. Panel Change

1. The Medical Director and HPMs will send approved requests to the designated SOA to make the change in OCHIN.

E. Follow up with Patient

1. For approved requests, the designated SOA will call ~~let~~ the patient to let them know the decision before the end of the 30-day period. Document the phone encounter.
2. For denied requests, the HPM will ~~arrange to contact~~call the patient to let them know the decision and the reason before the end of the 30-day period. Document the phone encounter.

F. Record Keeping

1. Request to change provider f~~F~~orms will be sent to the DHS PRI PHS-COMPLIANCE fax/email box to record in case of audit or grievance.
2. The HPM for Compliance will summarize the request reasons and providers involved for review by Management Team at least twice a year so that patterns can be reviewed and addressed as needed.

~~F. Record Keeping~~

~~1. Forms will be sent to the DHS-PHS-Fax-Compliance email box to record in case of audit or grievance.~~

~~2. The HPM for Compliance will summarize the request reasons and providers involved for review by Management Team at least twice a year so that patterns can be reviewed and addressed if needed.~~

Formatted: Left, Indent: Left: 1.13", Right: 0.19", Space Before: 6.1 pt, Numbered + Level: 1 + Numbering Style: a, b, c, … + Start at: 1 + Alignment: Left + Aligned at: 0.73" + Indent at: 0.98", Tab stops: Not at 1.01"

~~:~~**References:**

CB Forrest, L Shi, S von Schrader & j Ng (April 17, 2002). *Managed care, primary care, and the patient-practitioner relationship*. Journal of General Internal medicine, 17(4): 270-277.

Request to Change Primary Care Provider

Contact:

~~Ainur Sapargaliyeva, RN, Supervising Registered Nurse~~
~~Robin Skalsky,~~ Health Program Manager for Operations

Co-Applicant Board Approval:

Formatted: Font color: Red

County of Sacramento **Department of Health Services** **Division of Primary Health Services** **Policy and Procedure**	Policy Issued (Unit/Program)	~~Organization~~**Clinic Services**
	Policy Number	**02-05**
	Effective Date	**11-06-20**
	Revision Date	~~11-28-23~~**032-0125-24**
Title: ~~Variance Reporting~~ **Reporting and Investigation of Complaiiants and Grievances**	Functional Area: ~~Clinic Services~~**Member Services**	
Approved By: ~~Susmita Mishra, MD, Medical Director~~**Andrew Mendonsa, Psy.D., Division Manager/HRSA Project Director**		

Policy

When Sacramento County Health Cente~~S~~r (SCHC) ~~Patient variances~~**R**receives a report~~s~~ of a problem~~s~~ with services ~~to patients~~, including direct complaints from a patient, (or guardian ~~or~~, care taker, or family member) ~~as well as~~and grievances sent by an Independent Provider Association (IPA) or health plan, such reports ~~will , which include complaints and formal grievances, will be~~are ~~collected,~~ investigated, discussed, resolved, and tracked to ensure patients receive quality and timely care in a respectful and culturally competent manner. ~~Variances~~ Complaints and grievances will be categorized according to their nature and possible consequences into three levels.

Category	**Description**	**Examples**
Level I	Access challenges	Complaints about call center wait times; difficulty making an appointment, physical access, communication issues.
Level II	Delay in care, disrespectful behavior, -or failure to follow clinical, operational, or fiscal P&P	Delayed prescription refill~~s~~; patient billed in error; unprofessional or disrespectful treatment of patients
Level III	Issues impacting patient safety, or violating privacy or security laws, or involving possible litigation	Medication error; needle stick/exposure; severe allergic reaction; HIPAA breach; severe bodily harm

All ~~variance such reports~~complaints and grievances will be reported, investigated, and addressed ~~will be completed~~ in a timely fashion, with ~~the following guidelines~~specific timelines outlined ~~in the Procedures section~~ below, depending on the type of and implications of the ~~compliant~~complaint or grievance. The Health Program Manager (HPM) for Quality and Compliance will present a summary of patterns and trends in complaints and grievances to the Management Team and the Co-Applicant Board at least semi-~~semi-~~annually.

~~• All individuals directly receiving a complaint from a patient (or patient representative) will fill out a Complaint Form (if the patient does not do so) and send it to their supervisor on the same day of receipt.~~

~~The supervisor will send all Complaint Forms and an accompanying Incident Report within 48 hours to the Grievance email box: XXX.~~
~~For Level III (most serious): Report to the Senior Office Assistant for Quality and Compliance (SOA-QI&C) within the same day so that variances, members of the Health and Safety Committee (the Medical Director, HRSA Project Director/Director of Quality, Health Program Manager for Operations, Director of Pharmacy, HRSA Chief Financial Officer, Senior Health Program Coordinatior and relevant supervising nurse[s]) will can be notified immediately.~~
~~All variance reports Level I and II: will be submitted to the Variance Coordinator Report to the SOA-QI&C within 72 hours of incident.~~
~~All open reports will be reviewed monthly by the Variance Committee.~~

~~The HRSA Project Officer Health Program Manager for Quality and Compliance will present a summary of patterns and trends in variances to the Quality Improvement Committee and the Co-Applicant Board at least semi-annually.~~

Procedure~~s~~:

A. Complaints directly from patients, ~~(or~~ patient guardian, care~~-~~taker, or family member, ~~(aka~~ "representative")~~)~~

1. Receipt of Complaint

Any staff member who receives a complaint ~~from a patient (or patient guardian or family member, aka "representative)~~ listens to the patient ~~(~~or representative ~~or guardian)~~ and follows these steps~~:~~ ~~detailed below.~~

a. Stops other activities to listen to the complainant.~~Attends to the issue immediately.;~~

b. Thanks~~s~~ the individual(s) for bringing the issue to him/her and tells the ~~complainant~~person that the complaint is important.~~, so the staff member will take notes;~~

c. Listens to the details of the complaint and~~,~~ takes~~ing~~ notes.~~;~~

d. Validates emotions of the individual (e.g., "that must be frustrating").~~;~~

~~b.~~e. Suggests the patient ~~(or representative)~~or representative complete the Clinic Service Comment Form.~~, aka *Clinic Service Comment Form*;~~

f. If the patient ~~(or representative)~~or representative agrees to complete the Clinic Service Comment Form, staff: ~~Complaint Form,~~

i. G~~Staff g~~ives patient ~~(or representative)~~or representative the Clinic Service Comment Form ~~Complaint Form.~~; and

ii. R~~Staff r~~eads the Clinic Service Comment Form ~~Complaint Form~~ after the patient ~~(or representative)~~or representative is done.

~~c.~~ If the patient ~~(or representative)~~or representative does not want to complete the Clinic Service Comment Form~~Complaint Form~~, the staff member explains that s/he will complete it as accurately~~best~~ as possible from the verbal description and send it to the supervisor.~~Listens to the details of the complaint;~~

~~d. Validates emotions of the individual (e.g. "that must be frustrating");~~

Formatted: No underline

g.

i. Confirms and states back what the staff member understands to be the complaint.;

i.

a. Verbally sets expectations of issue resolution by stating a (manager will contact patient with a proposed resolution within twofour business days.steps, time, closing the loop)

ii.

b. Assesses patient for understanding and reports any communication barriers to the manager.

iii.

c. Thank the individual(s) again and indicates that will send the Clinic Service Comment FormComplaint Form will be sent to the supervisor today. (hangs up if on the phone);

iv.

v. Writes the information down on a Clinic Service Comment Form.Complaint Form:

vi. Sends the Clinic Service Comment Form Complaint Form along with a completed Incident Report Form it to their supervisor on the same day of receipt.

All individuals directly receiving a complaint from a patient (or patient representative) will fill out a Complaint Form (if the patient does not do so) and send it to their supervisor on the same day of receipt.

If the staff person taking the complaint works in the Call Center, they will place themselves in X"busy after call work" status while completing the Clinic Service Comment FormComplaint . and, if needed, the Incident Reportnd Incident Report Forms. An Incident Report is required if…

Commented [A1]: Still called Clinic Service Comment Form - change it?

Commented [A2]: Kim or Sandra, what is the name of this status again? Holding off from receiving the next call while you are finishing documenting?

2. Supervisor Review of Complaint

a. As soon as the staff member finishes talking with the patient and finishing written notes, s/he contacts his/her supervisor to explain the situation and provides them with the written notes.

b.

a. The supervisor reviews the information and initially classifies the complaint by Level.

b. Then the supervisor either accepts responsibility for the investigation or informs the supervisor of the area most implicated in the complaint and sends them the Clinic Service Comment Form Complaint Form and, if neededcompleted, the Incident Report.

c. TThis person becomes the Supervisor in Charge (SIC).

either accepts responsibility for the investigation or informs the supervisor of the area most implicated in the complaint and sends him/her the written notes. This person becomes the Supervisor in Charge.

2.3. Investigation of Complaint

The SICupervisor in Charge investigates the complaint, following these steps:

a. For Level III Ceomplaints.

i. Conducts an accelerated investigation, interviewing as many witnesses as possible and the complainant (if possible,) within 24 business hours.;

i.

ii. Completes the Supervisor Report of Complaint and sends it, with the original Compliant Clinic Service Comment Form Complaint Form to the DHS PRI PHS-COMPLIANCE email box.Complaints email box.; and (See Section 4 below for details)

ii.

If more than 24 business hours is needed to complete the investigation,

iii. Ccontinues to investigate and sends an amended Supervisor Report of Complaint if needed.Supervisor Report of

iii.

b. For Level I and II Ceomplaints.

i. Conducts an investigation, interviewing all witnesses and the complainant within 48 business hours2 days.

ii. If an outside department's input is needed, contacts them to assist.

iii. Double-check basic facts of the complaint (e.g., time of appointment and time checked in; Rx history) and record as much detail about the incident as possible.

iv. Completes the Supervisor Report of Complaint and sends it, with the original Clinic Service Comment Form to the DHS PRI PHS-COMPLIANCE email box within 72 business hours. (See Section 4 below).

Interviews all witnesses to the incidentcomplaint.;

Compiles as much detail about the incident as possible

i. Interviews the person who lodged the complaint (within two business days); and1

ii. Double-checks basic facts of the complaint (e.g., time of appointment and time checked in; Rx history) and compiles as much detail about the incident as possible;If an accident, assesses the scene of the event (e.g. water on floor after slip)

Formatted: No underline

Commented [A3]: Also within 24 hours?

Formatted: No underline

Formatted: No underline

~~ii. Double-checks basic facts of the incident (e.g. reason for visit, Rx history)~~

~~iii. If an outside department's input is needed, contacts them to assist~~

~~a) Compiles as much detail about the incident as possible~~

Formatted: Right

~~3.~~4. Documentation of Complaint

The ~~Supervisor in Charge~~SIC documents the details of the complaint, filling in the ~~Variance Report~~Supervisor Report of Complaint, following these steps ~~outlined below.~~:

~~a.~~

~~b.~~a. Incident reports are not part of or attached to the patient's or complainant's medical record.

~~c.~~b. As a medical best practice, any facts pertaining to the ~~patients'~~ health and well-being of the patient involved in the incident should be added ~~in~~ to the patient's medical record.

~~d.~~c. Fill~~s~~ in all requisite fields, including date of incident, persons involved, ~~type of incident,~~ etc.~~;~~

~~e.~~d. Summarize~~s~~ findings of the investigation ~~in variance form~~, ~~writing using~~~~in~~ succinct, clear, and objective language.~~.;~~

~~f.~~e. Write~~s~~ in a third person narrative (do not use "I"), using the full names and titles of all persons included.~~.;~~

~~g.~~f. Present~~s~~ the issue in chronological order from when the incident occurred~~,~~ and include~~s~~ all subsequent action.~~.;~~

~~b) Starts a new paragraph for each person's actions.~~

~~h.~~g. Answer~~s~~ the who, what, when, where~~,~~ (and possibly why) of what occurred.~~.;~~

~~i.~~h. Include~~s~~ an accurate description of supervisor's own role~~.;~~

i. Proofread~~s~~ the report for accurate facts, grammatical mistakes, understanding and comprehensiveness~~, and understanding;~~.

~~a)~~ Email~~s~~ the Supervisor Report of Complaint and the original Complaint Form ~~filled out by staff~~ to DHS PRI PHS-COMPLIANCE ~~the Complaints email box~~ within 72 business hours of the complaint.~~;~~ ~~and~~

Commented [A4]: Is this the same form that was sent at 24 or 48 hours? Is it called something else? An Amendment or follow up report?

j.

k. If the incident relates to health of patient, document~~s~~ the relevant information ~~the patient's compliantcomplaint and resolution~~ in the patient's chart ~~under~~using a telephone encounter message.~~;~~

~~Saves document as a Word document on shared drive under W:\Primary Health\Clinic Services\MEDICAL HOME FOLDER\Variances\Complaints using the naming convention:~~

~~Level_complaint_date of receipt_consecutive number if more than one complaint of the same level was received on the same day~~

~~Examples~~

~~I_complaint_091020.doc~~

~~II_complaint I_073120_1.doc~~

~~III_complaint _123119.doc~~

~~Enters basic information into the Complaint Tracker Excel spreadsheet in the same shared drive file.~~

~~4. Communication with Patient~~

~~The Supervisor in Charge informs the Variance Coordinator of the results of the investigation and then~~

~~a) Updates patient within 5 business days of status of variance;~~
~~b)a) If the incident relates to health of patient, documents in chart under telephone message;~~
~~b) Documents all communication in variance report;~~
~~c) Fills in the information in the Complaint Tracker.~~

~~5.~~

~~6.~~5. ~~Report Submission~~Tracking of and Evaluation of Complaint

a. The ~~Variance Coordinator~~Senior Office Assistant for Quality and Compliance (SOA-Q&C):

~~i. a) Rr~~eviews the email and attachments to ensure they are complete.~~;~~

i.

~~a. b) If the , the SOA-Q&C Cc~~alls the Supervisor in Charge to ask for a prompt completion of ~~the~~ any missing ~~-~~information.~~ missing. IfThe SOA-Q&C; and~~

ii.

iii. Assesses the complaint level assigned, ~~(~~consulting with the HPM for Quality and Compliance if needed,~~)~~ and re-assigns ~~it~~the level if needed.

b.

The ~~Variance Coordinator~~ HPM for Quality and Compliance ~~then sends~~ makes the final report of the investigation available to the correct~~-~~ parties, as detailed below.

i. Level III

a. Upload to shared drive: W:\Primary-Health\Clinic-Services\Compliance\Variances\Complaints\[YEAR].

Sends email, attaching final report, to all members of the Health and Safety Committee.

- ✓ Marks as High Priority
- ✓ Subject: "Level III_complaint_[Date received]"

b. Emails the SOA-Q&C to complete the Complaint Tracker.

~~i. a) If~~ Level I or II~~: uploads to shared drive~~

ii.

~~a.~~ Uploads to shared drive: W:\Primary-Health\Clinic-Services\Compliance\Variances\Complaints\[YEAR]

a.

b. Emails the SOA-Q&C to complete the complaint tracker.

~~b) If Level III, sends report by:~~

~~a. Uploads to shared drive: W:\Primary-Health\Clinic-Services\Compliance\Variances\Complaints\[YEAR].~~

~~Sends email, Emails, attaching report as an attachment, to all members of the Health and Safety Committee.~~

Commented [A5]: Type of report?

Formatted: Normal, Indent: Left: 1.75", No bullets or numbering

~~Marks as High Priority~~

~~Subject: "Level III complaint [Date received]"~~

~~b. Emails the SOA-Q&C to complete the cComplaint tTracker.~~

~~7. Mark as High Priority~~

~~8. Subject in email: " Variance Level III complaint [Date received][~~

~~9.~~ 6. ~~3.~~ Completion of Investigation and Complaint Response

~~The Variance Coordinator submits the report to Correct Party~~

~~Level I or II: uploads to shared drive~~

~~Level III: emails to members of the Health and Safety Committee.~~

~~The Variance Coordinator saves the report on the shared drive under W:\Primary-Health\Clinic Services\MEDICAL HOME FOLDER\Variances\Complaints.~~

~~**Variance Completion**~~

The ~~Variance Coordinator~~ HPM for Quality and Compliance works with the ~~supervisor~~SIC~~upervisor in Charge~~ to:

a. Make sure that all steps have been taken to resolve the issue.

b. Follow the ~~variance~~ complaint through closure~~,~~ and document any continued action with ~~-~~dates.

c. Call the patient to inform them of actions, decisions, resolutions, findings, etc~~"Close the Loop~~loop~~"~~ with ~~patient~~.

Commented [A6]: Patients without phones? Ask them to check back within 24 or 48 hours? Ask for a phone number for rep or alternate at the beginning of process for unhoused? Contact patient in preferred manner of communication? (eg text-based for the deaf)

~~c.~~d. Document the call in the Tracker ~~in the patient record~~but do not include details in the patient's medical record unless the information is relevant to the patient's continued care. ~~(yes/no???)~~

7. Final Review and Closure

The ~~Variance Coordinator~~ HPM for Quality and Compliance ~~reviews the variance report and~~ follows these steps~~: below.~~

~~a. a) If Level III, emails the complaint information to Health and Safety Committee members within 72 hours and prepares a summary to present at the next meeting.~~

~~a) Presents a summary of Level I and II grievances at the Variance Committee meeting.~~

~~b) Facilitates discussions of the need for corrective action or further escalation at Variance and Health and Safety Committee meetings.~~

~~10.~~ Facilitate~~s~~ discussion at Health and Safety Committee meetings ~~(~~for Level III complaints~~)~~ as to whether each ~~variance~~ complaint report can be closed. A report is closed when communication has been closed with ~~issuer of complaintant~~complainant ~~or grievance~~, when no further action around the incident is merited by SCHC, or when no legal liability or risk is evident.

a.

~~c) b) Ensures that the final complaint information is appropriately recorded in the Complaint Tracker.~~

~~d) Archives closed complaint reports in a separate file on the shared drive under W:\Primary-Health\Clinic-Services\MEDICAL HOME FOLDER\Variances\Complaints\Closed.~~

b. Review~~s~~ the ~~grievance~~ Complaint T~~t~~racker at least once a month and prepare~~s~~ a summary of patterns and trends to present at least semi-annually to the Management Team, the Quality Improvement Committee, and the Co-Applicant Board.

B. Grievances from IPAs and Health Plans

1. Receipt of Grievance

a. ~~a)~~ Most grievances ~~should be~~are received via the fax/email box DHS PRI PHS-COMPLIANCE ~~DHS PRI PHS-COMPLIANCE dhspriphs-compliance@saccounty.gov DHS PHS-COMPLIANCE~~ to which the HPM for Quality and Compliance, the SOA-Q&C, the HPMs for Operations, the Medical Director, the Senior Health Program Coordinators, the Supervising Nurses, and the Clerical Supervisors have access.

i. The SOA-Q&C or back-up continually scans the email throughout the business day.

ii. ~~i.~~ The SOA-Q&C will create an entry in the ~~Grievace~~Grievance Tracker upon receiving the grievance and will create a new folder within W:\Primary-Health\Clinic-Services\Compliance\Variances\Grievances\[YEAR] for the grievance.

iii. The folder will be labeled with the grievance number provided by the IPA or Health Plan, not PHI (e.g., MSHPCA-# or PCPC-#).

Formatted: Indent: Hanging: 0.31"

Formatted: No underline

iv. The SOA-Q&C will fill in the top portion of the Grievance Response Template with the appropriate information, and save the document as SCHC Grievance Response_[grievance #] in the new folder.

v. ii. The HPM for Quality and Compliance will look up the patient and assign one or more Supervisors in Charge to investigate and formulate a draft response to the grievance. The HPM will email the original grievance and the draft SCHC Grievance Response to the Supervisor(s) in Charge along with the deadline for the draft response to be sent back to the HPM.

vi. The HPM for Quality and Compliance will also assign the grievance level and communicate that information to the SOA-Q&C.

Category	Description	Examples
Level I	Access challenges	Grievances concerning access obstacles
Level II	Disrespectful behavior or failure to follow clinical, operational or fiscal P&P	Delayed prescription refills; patient billed in error; unprofessional or disrespectful treatment of patients
Level III	Issues impacting patient safety, or violating privacy or security laws, or involving possible litigation	Medication error; Needle stick/exposure; severe allergic reaction; HIPAA breach; severe bodily harm

d)b.) -If a grievance is received other than by fax or email, another wayvia another means, wWhoever receives a grievance the recipient from a health plan or IPA reviews it and looks the patient up in OCHIN to find outsendsforwards it to the fax/email box DHS PRI PHS-COMPLIANCE where it is handled in accordance with A.1.(a) above. .

i. MRN

ii. PCP or doctor most recently seen

Clinic area (e.g. Adult/Peds/FM) where patient is normally seen

2. Investigation

2.

a) The person who received the grievance. The Supervisor(s) in Charge (SIC)

a. Sends the original grievance communication received to

b. The supervising nurse of the clinic area where the patient is normally seen (if this person is not at work, notifies their manager also);

c. The supervisor of any other areas mentioned in the grievance (e.g. referrals, call center, member services); and

d. The Variance CoordinatorHPM for Quality & Compliance.

e. Puts "Grievance with due date DD/MM/YY" as the subject of the email and classifies the email as "high importance."

f. Supervising nurse

g. Upon receiving the grievance email, the supervising nurse of the clinic reviews the grievance to understand it and looks up the patient's medical record.; .

Formatted: No underline

Commented [A7]: Who does this if not the nurse and how does that person know there is something pending?

a.

h. Within 48 business hours, ~~the supervising nurse then~~ interview~~s~~ any providers, staff and contractors involved to get more information on what ~~may have~~ happened to contribute to the grievance.~~ ;~~

b.

i. Within the same 48 hour period,~~-~~ examine~~s~~ relevant records, such as medications prescribed, referrals notes, and phone call records.~~ ;~~

c.

j. Consult~~s~~ with any other SICs to coordinate the grievance response. ~~;Consults with the Variance Coordinator~~ HPM for Quality and Compliance~~to assign the risk level of the grievance.~~

d. By the deadline provided by the HPM for Quality and Compliance, place~~s~~ the final draft grievance response (in Word form) and any requested or relevant medical records (in .pdf form) in the shared drive folder created by the SOA.

i. W:\Primary-Health\Clinic-Services\Compliance\Variances\Grievances\[YEAR]

ii. The folder will be labeled with the grievance number provided by the IPA or Health Plan (e.g., MSHPCA-# or PCPC-#).

~~k. , and~~

~~l. vi.~~ Email~~s~~ the HPM and SOA-Q&C that s/he has completed the investigation and draft response.

Commented [A8]: Fill in person responsible

Commented [A9]: Who?

~~Other supervisors~~

~~Upon receiving the grievance email, the other supervisors whose programs were mentioned in the grievance review the grievance to understand it.~~

~~Then these supervisors interview their staff to get more information on what may have happened.~~

~~If needed, these supervisors examine relevant records.~~

~~Within 24 hours of receipt of the grievance information, these supervisors email or discuss their findings with the supervising nurse.~~

~~m.~~c.

3. Response to the IPA or Health Plan

The ~~b)~~ HPM for Quality and Compliance ~~Variance Coordinator.~~

a. Upon receipt of the ~~grievance~~ email~~, the Variance Coordinator~~ HPM for Quality and Compliance ~~reviews the information and preliminarily assigns a level to the grievance.~~ from the SIC(s) that the investigation is complete and the draft response and medical records are in the shared drive folder, review~~s~~ these materials.~~ ;~~

b. Edit~~s~~ and finalize~~s~~ the response.~~ ;~~

c. Combines the response and medical records into a single .pdf document.;

a. Securely emails the response to the IPA or health plan from which the grievance was originated by tlly received;. yping [secure] into the subject line of the email.

d.

i. Send a secure email by typing [secure] in the subject line.Level I: A complaint or issue that can be resolved immediately.

ii. Level II: An issue that requires deeper investigation or assistance from another department or outside party.

iii. Level III: Potentially litigious in nature.

iv.

b.

c. Sends the supervising nurse the risk level assignedEmails the SOA-Q&C that the Grievance Tracker entry can be completed.

d. Sends the report to the correct parties, as detailed below.

e. If Level III, sends report

f. By email, as an attachment

g. Classifies as "high importance"

h. Enters "SCHC_Variance_lll_Date_Patient MRNGrievance_MSHPCA # due XX/XX in the subject line.

i. To the Health and Safety Committee members

j.e.

3.4. Documentation

The person who received the grievance enters basic information in to the grievance tracker located at W:\Primary Health\Clinic Services\MEDICAL HOME FOLDER\Variances\ Grievances.SOA-Q&C completes the Grievance Tracker.

The supervising nurse (or other supervisor) who investigated the complaint,

1) Fills out the rest of the grievance tracker,
2) Informs the Variance Coordinator of that fact.
3) Summarizes findings in written form using the *Supervisor Report of Complaint*..

The supervisor who conducted the investigation

1) Writes a written response to the grievance, addressing each of the points mentioned in the grievance and the relevant facts discovered in the investigation.
2) Saves document as a Word document on shared drive under W:\Primary-Health\Clinic-Services\MEDICAL HOME FOLDER\Variances using the naming convention:

- [Level]_[health plan abbreviation[1]]_[date of receipt]_[consecutive number if more than one grievance of the same level was received from the same health plan on the same day
- Examples
  - I_AnBC_091020.doc
  - II_Mol_073120_1.doc
  - III_HN_01219.doc

3) Enter into the Variance Tracking Excel Spreadsheet.

4. Submission of report to IPA or Health Plan

Once the final report is agreed upon with the Variance Coordinator, the Supervisor in Charge informs the IPA or Health Plan that sent the report by the due date by secure email.

5. Final Review and Closure

The Variance Coordinator HPM for Quality and Compliance follows these steps below.:

a. If Level III grievance, emails the complaint informationreport to Health and Safety Committee members within 72 business hours and prepares a summary to present at the next meeting.

b. Brings a summary of Level I and II variances to ad hoc Variance Committee meetings.

c. Facilitates discussions of the need for corrective action or further escalation at Health and Safety Committee meetings.

b.

d. Facilitates discussion at Health and Safety Committee meetings as to whether each variance can be closed. A report is closed when communication has been closed with issuer of complaint or grievance, when no further action around the incident is merited by SCHC, or when no legal liability or risk is evident.

e. Enters the final information about the variance once closed into the complaint or grievance tracker.

f. Archives closed reports will be achieved in separate file on the shared drive W:\Primary Health\Clinic Services\MEDICAL HOME FOLDER\Variances\Grievances\Closed.

g. Reviews the grievance Grievance tracker Tracker at least once a month and prepares a summary of patterns and trends to present at least semi-annually to the Management Team, Quality Improvement Committee, and the Co-Applicant Board.

c.

AttachmentsReferences:

Clinic Service Comment Form

Formatted: No underline

[1] Standard abbreviations for health plans and IPAs can be found in the IPA_Health Plan Grievance Tracker (see Drop down worksheet) in this folder.

~~Variance ReportComplaint FormClinic Services Comment Issue Form~~

Supervisor Report of Complaint

Grievance Response Template

Contact:

~~Sharon Hutchins, Ph.D., MPH,~~ Health Program Manager for Quality ~~Improvement~~ and Compliance

~~Date of CAB~~Co=-Applicant Board Approval:

Formatted: No underline

County of Sacramento DHS
Primary Health Division

CLINIC SERVICES
Service Comment Form

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

Place Patient Label Here
or Print Patient Information Legibly.

Patient Name: _____ Date: _____

Representative Name _____ Date: _____

Program: _____ Patient DOB: _____

Call back phone number or other way to reach you: _____

Describe your comments/concerns:

_____

_____

_____

_____

_____

_____

What would you like to see happen to resolve this concern? Do you have any suggestions?

_____

_____

_____

_____

_____

_____

_____ Signature: _____

County of Sacramento DHS
Primary Health Division

Today's Date: _____ _____

[FOR INTERNAL USE ONLY]

Actions Taken: Date: ___/___/_____

_____

_____

_____

_____

_____

_____

_____

Clinic Program:

☐ Adult Medicine	☐ Call Center	☐ Family Medicine	☐ Intgr.Behavioral Health
☐ Loaves & Fishes	☐ Medical Records	☐ Member Services	☐ Mobile (Van) Services
☐ Pediatrics	☐ Radiology	☐ Referrals	☐ Refugee
☐ Registration	☐ School-Based MH	☐ Other: _____	

_____ _____

STAFF PRINTED NAME STAFF SIGNATURE

Place form in the designated basket at MA station

Supervisor Report of Complaint

Complete this form with as much detail as possible, creating a narrative in chronological order. For Level I & II complaints, document completely, resolve issue, send to dhspriphs-compliance@saccounty.gov within three business days. For Levels Ill complaints, email to dhspriphs-compliance@saccounty.gov within 24 hours. Also attach the original Complaint Form(s) and SCHC Incident Report Forms to the email.

_____ _____ ___/___/___
SUPERVISOR IN CHARGE *TITLE* *DATE*

Select:

☐ Level I: Complaint about access challenges (e.g., call center wait times, difficulty getting a timely appointment)

☐ Level II: Complaint about disrespectful behavior or failure to follow clinical, operational, or fiscal P&P.

☐ Level Ill: Compliant about situation that can impact patient safety, violate privacy or security laws, or involve possible litigation.

****

List Individuals Involved:

_____ _____ ___/___/___ (___) -_____
PATIENT NAME *MRN* *DOB* *PHONE*

_____ _____ (___) -_____
GUARDIAN / REPRESENTATIVE *RELATIONSHIP* *PHONE*

/

/

_____ _____
PCP NAME *CATEGORY (E.G., FACULTY, RESIDENT)*

_____ _____
PERSONNEL WHO TOOK COMPLAINT *TITLE*

_____ _____
WITNESS 1 *TITLE*

WITNESS 2 *TITLE*

OVER →

Incident Description:

____/___/_____ _____*AM / PM* _____
INCIDENT DATE *TIME* *LOCATION*

___/___/_____
DATE OF RESOLUTION

Tracking:

Received by Senior OA for Quality and Compliance: _____ ___/___/_____
INITIALS *DATE*

☐ Complete ☐ Needs Follow Up ☐ Corrected/Completed

☐ Complete report emailed to HMP for Compliance & Quality: ___/___/_____

☐ Information entered into the Tracker: ___/___/_____

Reviewed by HMP for Quality and Compliance: _____ ___/___/_____
INITIALS *DATE*

☐ Concur with Level assignment ☐ Change Level assignment to: ____

☐ Level III, emailed to members of the Health & Safety Committee: ___/___/_____

Add ultimate resolution and date

County of Sacramento, Primary Health Center
4600 Broadway, Suite 2500
Sacramento, CA 95820
Phone: 916-875-0183 Fax/Email: dhspriphs-compliance@saccounty.gov

GRIEVANCE RESPONSE FORM

☐ Aetna ☐ Anthem ☐ Health Net ☐ Molina ☐ Nivano ☐ River City ☐ UC Davis

TO:		**FROM: Sacramento County Health Ctr**	
Attention:		**Name:**	
Email:		**Email:**	
Telephone:		**Telephone:**	
Fax:		**Fax:**	
Date:			

MEMBER INFORMATION:

Member Name	
Date of Birth	
CIN Number	
Response Due Date	

Member's Concern from grievance

Response

Medical Records

	County of Sacramento **Department of Health Services** **Division of Primary Health** **Policy and Procedure**	Policy Issuer (Unit/Program)	**Clinic Services**
		Policy Number	**03-03**
		Effective Date	**02-02-12**
		Revision Date	**03-~~05~~11-24**
Title: **Incident Reporting**		Functional Area: **Clinic Operations**	
Approved By: Susmita Mishra, MD, Medical Director			

Policy:

Timely and accurate identification and reporting of incidents facilitates early investigation, evaluation, and corrective action, if indicated. ~~-~~When an incident occurs, Sacramento County Health Center (SCHC) staff members are required to ~~thoroughly~~ complete each step of the reporting process as soon as possible.

Procedures:

A. Definitions

1. ~~Definition of Incident: "~~Incident~~"~~ for purposes of this policy is defined as any occurrence that is not consistent with routine clinic operations and/or that potentially may or did affect the quality of patient care or~~f~~ presents a safety risk or liability. Reportable incidents are included in the following major categories (see Attachment A: ~~*see Attachment A:*~~ Incident Categories and Relevant Reporting Workflows and Attachment B: Designated Personnel to Report Incidents, by Category):

   a. ~~Variance Incident – an incident variance may be a patient C~~complaint~~s~~ made by or on behalf of a patient ~~(~~directly to ~~to~~ SCHC.~~)~~

   b. Grievance, which is a ~~or a~~A ~~c~~complaint made by or on behalf of a patient to the Independent Physician/Provider Association (IPA) or health plan and forwarded to the SCHC for investigation and response. ~~is called a grievance.~~

      i. Complaints and grievances are classified into ~~(through health plan or IPA) and can be~~ one of three levels.

         a) Level I – Access challenges

         ~~a)~~b) Level~~or~~ II ~~–~~ – Delay in care, disrespectful behavior, or failu~~i~~re to follow organizational policies and procedures~~such as long waiting time, disrespectful treatment, or~~

         ~~b)~~c) Level III – ~~-~~ Issues impacting patient safety, or violating privacy or security laws, or involving possible litigation; examples include ~~patient or staff health threat possibly caused by SCHC action, such as~~ wrong medication given, adverse drug reaction, needle-stick.~~:~~

   ~~b.~~c. Acute health emergency of patient, visitor, or staff, during SCHC operations, such as a fall, fainting, heart attack.

Formatted: Underline

Formatted: Underline

Formatted: Underline

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

~~c.~~d. Clinical equipment failure~~,~~ such as inoperable autoclave, temperature probe malfunction.

~~d.~~e. Non-~~-~~clinical equipment malfunction or failure~~,~~ such as power loss, elevator malfunction.

~~e.~~f. Unexpected security incident or disaster~~,~~ such as a threatening patient, broken window, building fire.

~~f.~~g. Natural disaster with warning~~,~~ such as flash flood warning or spreading epidemic.

h. HIPAA violation~~,~~ such as sending personal health information (PHI) in a non-secured email; failing to cover PHI documents when leaving workstation~~; or other occurrences deemed reportable by policy~~.

Not all possible types of incidents are identified in the above categories.

~~Should~~ If an employee ~~be~~ is ~~uncertain~~ unsure~~as to~~ whether to ~~or not to~~ report an incident after reviewing this document, ~~s/~~they should consult with ~~her/his~~the immediate supervisor ~~(or manager of the day)~~ or the supervisor's backup as soon as possible.

B. Reporting Process

1. Verbal Report

a. Staff: Incidents shall be reported verbally immediately to the supervisor or~~,~~ if the supervisor is not available, the manager of the day.

Supervisor: The supervisor (or manager of the day) will ensure a report, written or verbal as appropriate for the incident category, is submitted to the proper designee within the specified time limit (s~~. S~~ee Incident Categories and Relevant Reporting Workflows)~~: Incident Categories and Relevant Reporting Workflows shows to whom and when to report each type of incident~~.

b. Designee: The designee follows the protocol for the incident category involved, including reporting it to the appropriate committee or person~~.~~ (S~~S~~ee Designated Personnel to Report Incidents, by Category). ~~*Appendix A: Incident Categories and Relevant Reporting Workflows* shows to whom and when to report each type of incident.~~

2. Written Report

Any employee directly involved in or witness to an incident is required to cooperate with the s~~S~~upervisor or d~~D~~esignee to carry out an investigation and complete a written report, if appropriate. The specific form to use is explained in Attachment A: Incident Categories and Relevant Reporting Workflows.

~~a. Variances~~~~*Supervisor in Charge*~~Complaints and Grievances

a.

The procedure for reporting, investigating, and responding to complaints and grievances is detailed in a separate document, PP-02-05: Complaints and Grievances. Complaints are reported on the Clinic Services Comment Form. ~~Clinic Services Comment Report~~.

Formatted: Underline

Formatted: Underline

Formatted: Underline

Formatted: Underline

Formatted: Underline

Commented [ag1]: Agree with Robyn. There is a lot of information left out here that should be spelled out in another document and incorporated here, or included in the definitions above.

Formatted: Not Highlight

Formatted: Indent: Left: 1.25", First line: 0"

Formatted: No underline

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

~~There is a specific policy and procedure for reporting variances. See . After the supervisor (or manager of the day) receives the staff member or contractor provides the initial verbal or written report who received the variance provides a verbal report and written notes initial verbal or written reportto the supervisor (or manager of the day), that individual supervisor or manager of the day identifies the clinical area most directly involved in the variance incident and sends the information to the supervisor of that area. That supervisor then becomes the Supervisor in Charge. The Supervisor in Charge investigates and reports the variance incident to the Variance Coordinator using the Variance Report.~~

~~i.~~ Acute Health Emergency

b.

~~There is a specific policy and procedure for reporting variances. See~~ PP ~~-~~03-04 Emergency Medical Team Response~~.~~ outlines how SCHC responds to medical emergencies in the building. Once the incident is over, the registered nurse who responded to the emergency fills out the Clinic Services Incident Report.

The supervisor ~~also~~ completes a Supervisor Report of Illness/Injury and Worker's Compensation forms in the event of illness or injury to a staff member~~in the event of an employee injury~~.

~~b.~~c. Clinical Equipment Failure

The supervising nurse of the affected area ~~will~~ reports the issue verbally to the Health Program Manager for Operations ~~and~~who ~~to the SCHC Facilities Liaison, if appropriate. The SCHC Facilities Liaison~~ will complete (or send to a designee who will complete) the Maintenance Form from OneNote and email it ~~to DHS-Facilities@saccounty.net~~as set up through the OneNote dashboard.

~~c.~~d. Non-Clinical Equipment Malfunction or Failure

If the situation is dangerous, the person who discovers the problem reports it immediately by phone to the Security Desk (916-874-2575). Otherwise, staff informs t~~T~~he area supervisor, who will ~~reports the issue verbally or by email to the SCHC Facilities Liaison. I, and if the situation is dangerous, report it immediately by phone to the Security Desk (916-874-2575). The supervisor and/or the SCHC Facilities Liaison~~ complete~~s~~ the *Safety Issue Form* from OneNote, and email~~s~~ it to DHS-Safety@saccounty.gov~~net~~. Once this process is complete, the supervisor will also submit ~~and follows it up with~~ a written *Clinical Services Incident Report* to the party identified in *Attachment A*.

~~d.~~e. Unexpected Security Incident

Any staff member or contractor who ~~notices or identifies~~sees a potential security incident contacts a nearby Security Officer or~~f~~ calls the Security Desk immediately at 916-874-2575. ~~-~~This number is written on the back of every permanent building badge. ~~Afterwards~~Then~~,~~ the staff member or contractor informs the supervisor and the SCHC Facilities Liaison.

Commented [R2]: Link. I see Incident Report on the Intranet but not Variance Report

Commented [SH3]: I would not keep this, as this really does relate only to variances, not other types of incidents.

Formatted: No underline

Formatted: No underline

Formatted: No underline

Formatted: Hyperlink, Font: (Default) Calibri, No underline, Font color: Auto

Formatted: Underline

Field Code Changed

Formatted: Font: Not Italic

Formatted: Font: Not Italic

Formatted: No underline

Formatted: No underline

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

When time permits, staff involved ~~should~~ helps the supervisor and Facilities Liaison complete the *Clinical Services Incident Report* and follow the procedure in *Attachment A*.

~~e.~~f. Natural Disaster

Any staff member or contractor who learns about an existing or pending natural disaster that may impede the ability of SCHC to fully function ~~fully~~ notifies the SCHC ~~Emergency Preparedness Coordinator~~Health Program Manager for Quality and Compliance ~~as well as the OCHIN EMR Supervisor~~ as soon as possible~~, but no later than the next business day~~. There is no specific form to use for this report.

~~f.~~g. HIPAA Incident

~~There is a specific policy and procedure for reporting variances. See~~ PP 08-12 Security Violations and Reporting outlines how to report a HIPAA incident. Patient allegations of a HIPAA violation are reported via the HIPAA Privacy Complaint – Form 3009.

Incidents are reported to the SCHC HIPAA Compliance Officer and Deputy Compliance Officer by e-mailing or~~f~~ faxing DHS PRI PHS-COMPLIANCE. ~~,s,~~The SCHC HIPAA Compliance Officer and Deputy Compliance Officer ~~who~~ work with the supervisor to investigate the potential incident and report to the County HIPAA Officers via the First Report of HIPAA Incident form.

~~g.~~h. Other Incidents not Defined in this Policy

Staff:

Any employee or contractor directly involved in or witness to an incident is required to cooperate with the supervisor in charge or designee to carry out an investigation and complete a written ~~*report form*~~*SCHC Clinic Services Incident Report*~~, if appropriate~~. In all instances, the following guidelines apply:

i. The form must be completed in its entirety.

ii. Handwriting must be legible.

iii. The date and time of the occurrence must be recorded as accurately as possible.

iv. First and last names should be used for all individuals involved.

v. Only fact~~ual inforsmation~~ should be documented. ~~-~~Opinions and feelings regarding the incident are not appropriate.

vi. Collateral documentation necessary to substantiate or investigate the incident should be attached.

vii. The reporter must sign and record the date and time the incident report was completed.

viii. References to the incident report should not be ~~contained~~ entered in the medical record.

ix. Incident reports should not be copied. Submit t~~T~~he original form ~~is submitted~~ directly to the supervisor or designee within the appropriate time frame, depending on the incident category.

Formatted: Font: Not Italic

Commented [ag4]: not comfortable giving them until the next business day to report a natural disaster. Is there an emergency person who responds to turn off the gas in the event of an earthquake? Should we describe this process here or refer to another policy?

Formatted: No underline

Formatted: No underline

Formatted: No underline

Formatted: No underline

Formatted: Font: Italic

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Supervisor:

The supervisor reviews the written or verbal report and investigates, if appropriate, before completing any required report form and giving it to the designee.

The supervisor also completes a Supervisor Report of Illness/Injury and Worker's Compensation forms in the event of an employee injury.

Designee:

The designee reviews the written report ~~or verbal report~~ and investigates, if appropriate, before completing any required reporting form and giving it to the oversight body. The designee is responsible for keeping records that contain the date of an incident, relevant findings, the names of individuals involved, and the outcome.

The designee also reviews the Supervisor Report of Illness/Injury and Worker's Compensation forms before ~~it is~~they are sent to Risk Management.

C. Routing and Maintenance of Incident Reports

1. Designee Duties: ~~The Designee~~
   a. Reviews~~s~~ all incident reports.
   b. Documents ~~s~~ his/her comments and any additional corrective action or follow up that may be indicated.
   c. Forwards ~~s~~ a copy of the original report and additional findings to designated oversight committee or individual (if one exists).
      i. Ensures ~~s~~ the report is sent to all appropriate individuals and committees and ensures that everyone ~~all~~ receiving a copy~~ies~~ of the report is~~are~~ identified in~~on~~ the report.
2. ~~2.~~ The Senior Office Assistant for Quality and Compliance ~~Ensure~~maintains ~~s the completion of the~~ tracking forms for all Clinic Service Comment Forms, SCHC Incident Reports and First Report of HIPAA Incident forms~~, including outcome,~~ and maintains the record for ~~the specified time frames~~ specified in Policy ~~.....~~ a minimum of five years.

D. Documentation

1. Incident reports are not ~~filed in~~part of or attached to the patient or representative's medical record.
2. ~~A~~s a medical best practice, any facts pertaining to a ~~the~~ patient's~~'~~ health and well-being~~g,~~ ~~aligning with medical practices~~ should be added to the patient's ~~in the~~ medical record and maintained for 10 years.
3. ~~3.~~2. The original report is to remain on file for a period of five (5) years at the clinic site where the incident happened.

E. ~~The Compliance Team members will review incident report tracking quarterly.~~ Review The Compliance Team will review incident report tracking at least quarterly.

Commented [ag5]: Section h indicates that a written report is always required?

Commented [ag6]: It says 5 years below in D.2. should we just put that here?

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

The Health Program Manager for Quality and Compliance will present trends in incident types and frequencies (using de-identified and aggregated data) to the Management Team and the Co-Applicant Board at least semi-annually for ~~CAB~~ review, discussion, and recommendations on strategies that may reduce the frequency of incidents.

Attachments:
Attachment A: Incident Categories and Relevant Reporting Workflows
Attachment B: Designated Personnel to Report Incidents, by Category

References:
PP 03-04 Emergency Medical Team Response
PP 02-05: ~~Variance~~ Reporting and Investigation of Complaints and Grievances ~~Complaints and Grievances~~~~Reporting~~
PP 08-12 Security Violations and Reporting
Supervisor Report of Illness/Injury
Worker's Compensation ~~Report~~Claim Form
~~Incident Categories and Relevant Reporting Workflows~~
~~Designated Personnel to Report Incidents, by Category~~
~~Variance Report~~
SCHC~~Clinic Services~~ Incident Report
HIPAA Privacy Complaint – Form 3009
Clinic Services Comment Form
First Report of HIPAA Incident
HIPAA Security Incident Management Process for PHI and EPHI

Attachments:
Attachment A: Incident Categories and Relevant Reporting Workflows
Attachment B: Designated Personnel to Report Incidents, by Category

Contact:
~~Sharon Hutchins,~~ Health Program Manager for Quality and Compliance

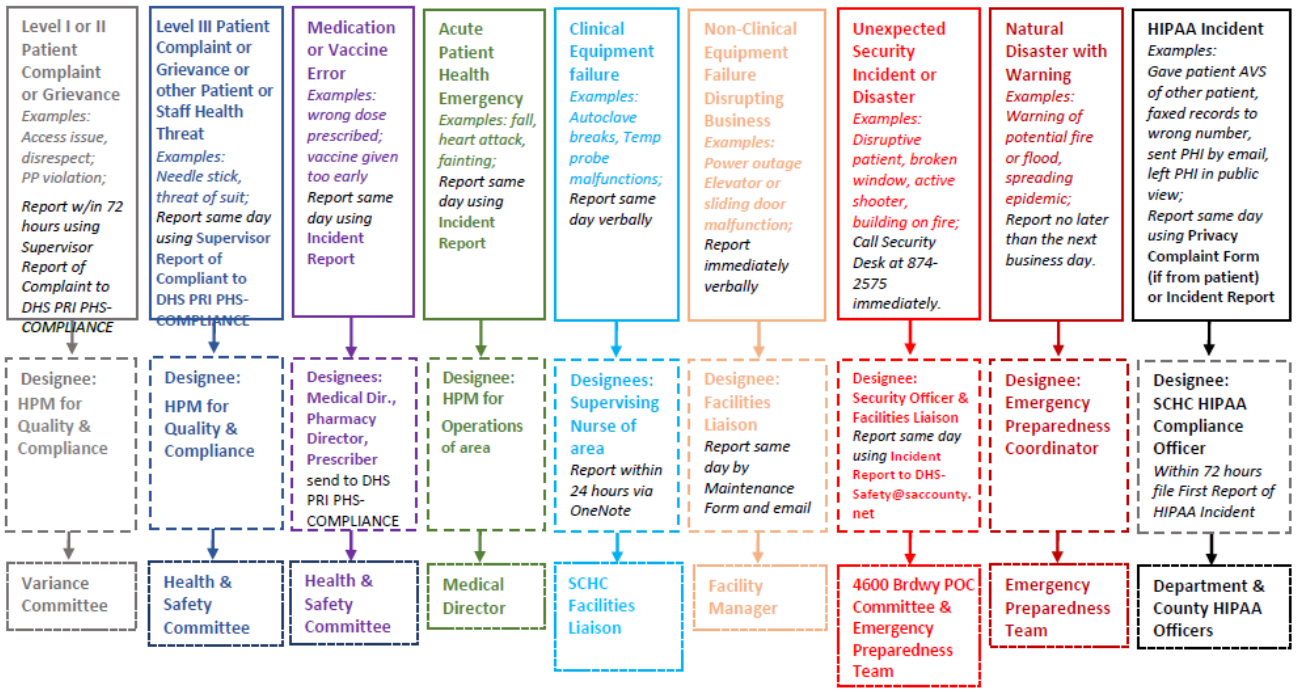
Co-Applicant Board Approval:
~~11/20/2020~~

Formatted: Font: (Default) Arial
Formatted: Font: (Default) Arial
Formatted: No underline
Formatted: Font: (Default) Arial
Formatted: No underline
Formatted: No underline
Commented [R7]: Post on the intranet and link here and in doc
Formatted: No underline
Formatted: Font: (Default) Arial
Field Code Changed
Formatted: No underline
Formatted: No underline
Formatted: Font: 10 pt
Formatted: Font: 10 pt
Formatted: Font: 10 pt

Attachment A: Incident Categories and Relevant Reporting Workflows

Incident Categories:

Report all incidents to your supervisor AND designated person in charge by incident category.
The designee may relay the information or investigative findings to another individual or a committee (as noted).



Formatted: Indent: Left: 0", Right: 0", Space After: 10 pt, Line spacing: Multiple 1.15 li, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted: Left: 1", Right: 1", Top: 1.06", Bottom: 0.81", Width: 11", Height: 8.5"

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Attachment B: Designated Personnel to Report Incidents, by Category

Incident Category	Designated Position	Person
Patient Complaint or Grievance or other Patient or Staff Health Threat	Health Program Manager (HPM) for Quality & Compliance	Sharon Hutchins
Acute Patient Health Emergency	HPM for Operations for program involved	Michelle Besse or Robin Skalsky
Medication or Immunization Error	Medical Director, Pharmacy Director, VFCVFA Coordinator, Prescribing provider	Sumi Mishra, Sara Lee, Muna Adhikari, provider
Clinical Equipment failure	Supervising Nurse for program(s) involved	Muna Adhikari or Ainur Sapargaliyeva
Non-Clinical Equipment Failure Disrupting Business	Facilities Liaison	Julian Mason
Unexpected Security Incident or Disaster	Security Officer	Multiple – security desk
Natural Disaster with Warning	Emergency Preparedness Coordinator	Sharon Hutchins
HIPAA Incident	SCHC HIPAA (Deputy) Compliance Officer	Sharon Hutchins / Sandra Johnson
Oversight Person or Committee	**Membership**	
Variance (i.e. Complaint of Grievance) Committee	Medical Director; HPMs for Operations; HPM for Quality & Compliance; Clerical Supervisors; Supervising Nurses, Senior HPCs	
Health & Safety Committee	Medical Director, HPMs for Operations; HPM for Quality & Compliance; Clerical Supervisors; Pharmacy Director, Senior Administrative Analyst, Sr. HPCs, Supervising Nurses	
Health Program Managers for Operations	Michelle Besse or Robin Skalsky	
Medical Director	Dr. Mishra	
Facility Manager	Kirsten Apaza (4600 Broadway) or Ainur Sapargaliyeva /Rebecca Naughton (Loaves & Fishes)	
4600 Broadway POC Committee	Representatives from each division & department in building	
Emergency Preparedness Team	Representatives from each suite at 4600 Broadway and other sites	
Department and County HIPAA Officers	Michelle Ross & Shelley Cooper	

Formatted: Left, Right: 0", Space After: 10 pt

Formatted: Left: 0.9", Right: 0.9", Top: 0.9", Bottom: 0.6", Width: 11", Height: 8.5"

Formatted: Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted: Font: 10 pt

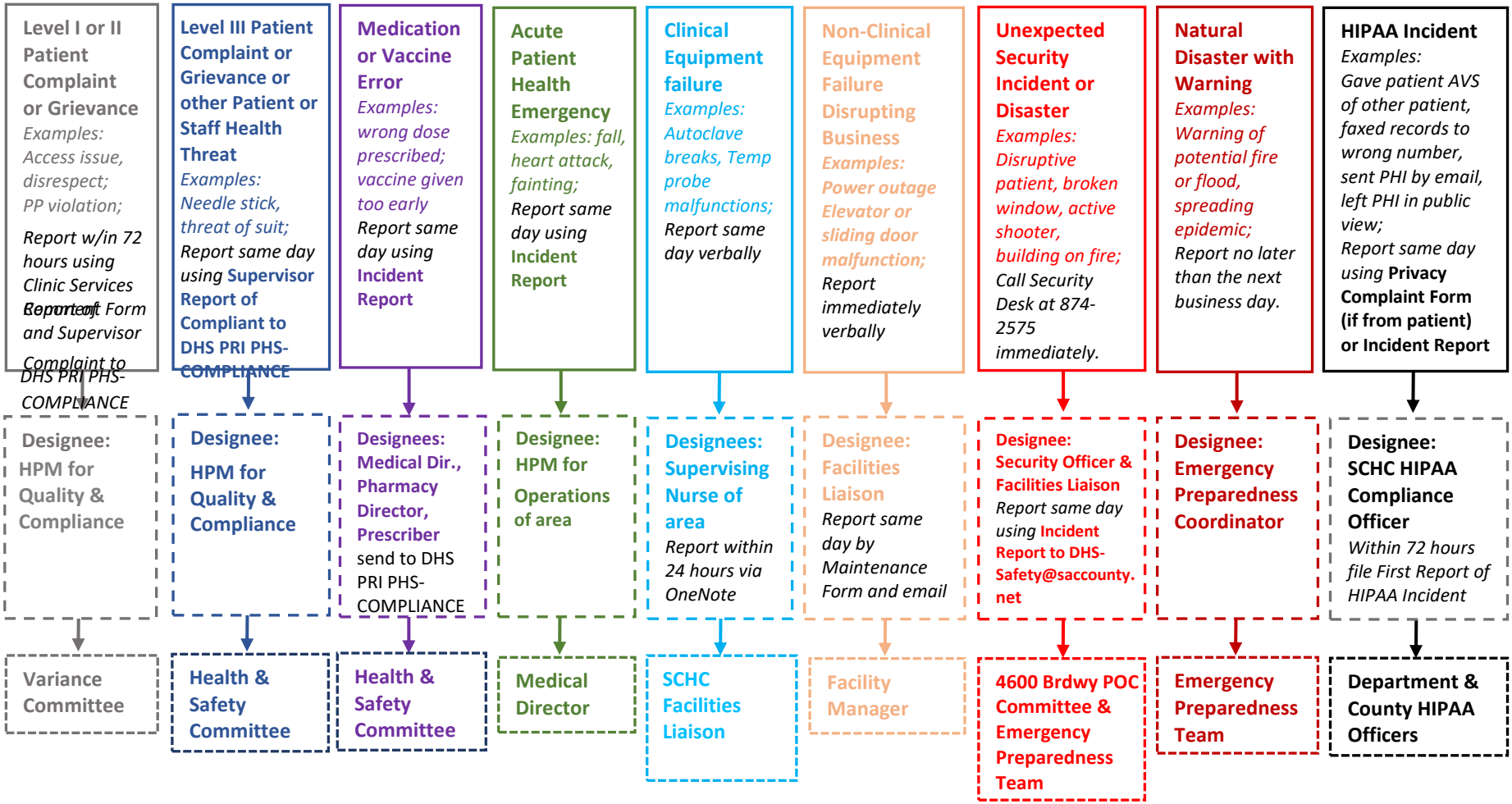
Formatted: Font: 10 pt

Formatted: Font: 10 pt

Appendix A: Incident Categories and Relevant Reporting Workflows

Incident Categories:

Report all incidents to your supervisor AND designated person in charge by incident category.
The designee may relay the information or investigative findings to another individual or a committee (as noted).



Rev. 02/25/2024

Appendix B: Designated Personnel to Report Incidents, by Category

Incident Category	Designated Position	Person
Patient Complaint or Grievance or other Patient or Staff Health Threat	Health Program Manager (HPM) for Quality & Compliance	Sharon Hutchins
Acute Patient Health Emergency	HPM for Operations for program involved	Michelle Besse or Robin Skalsky
Medication or Immunization Error	Medical Director, Pharmacy Director, VFCVFA Coordinator, Prescribing provider	Sumi Mishra, Sara Lee, Muna Adhikari, provider
Clinical Equipment failure	Supervising Nurse for program(s) involved	Muna Adhikari or Ainur Sapargaliyeva
Non-Clinical Equipment Failure Disrupting Business	Facilities Liaison	Julian Mason
Unexpected Security Incident or Disaster	Security Officer	Multiple – security desk
Natural Disaster with Warning	Emergency Preparedness Coordinator	Sharon Hutchins
HIPAA Incident	SCHC HIPAA (Deputy) Compliance Officer	Sharon Hutchins / Sandra Johnson

Oversight Person or Committee	Membership
Variance (i.e. Complaint of Grievance) Committee	Medical Director; HPMs for Operations; HPM for Quality & Compliance; Clerical Supervisors; Supervising Nurses, Senior HPCs
Health & Safety Committee	Medical Director, HPMs for Operations; HPM for Quality & Compliance; Clerical Supervisors; Pharmacy Director, Senior Administrative Analyst, Sr. HPCs, Supervising Nurses
Health Program Managers for Operations	Michelle Besse or Robin Skalsky
Medical Director	Dr. Mishra
Facility Manager	Kirsten Apaza (4600 Broadway) or Ainur Sapargaliyeva /Rebecca Naughton (Loaves & Fishes)
4600 Broadway POC Committee	Representatives from each division & department in building
Emergency Preparedness Team	Representatives from each suite at 4600 Broadway and other sites
Department and County HIPAA Officers	Michelle Ross & Shelley Cooper

Sacramento County Health Center
Incident Report

_____ _____

NAME OF PERSON COMPLETING REPORT SIGNATURE

_____ _____ AM / PM

DATE OF INCIDENT TIME OF INCIDENT

_____ _____ _____ AM / PM

NAME OF SUPERVISOR NOTIFIED DATE OF NOTIFICATION TIME OF NOTIFICATION

Site of Incident:

☐ Broadway Site

- ☐ Adult Services
- ☐ PH Lab
- ☐ Radiology
- ☐ Chest Clinic
- ☐ Pharmacy
- ☐ Refugee
- ☐ Pediatrics
- ☐ Quest Draw Station
- ☐ Sexual Health Clinic
- ☐ Other:_____

☐ Loaves and Fishes Site

☐ Mobile Medical Center Van / Street Medicine / Location: _____

☐ School-Based Health Center site / Location

Type of Incident:

- ☐ Medical treatment/medication error
- ☐ HIPAA violation
- ☐ Emergency Medical Response Team*
- ☐ Patient, visitor, or staff injury
- ☐ Violence or threat of violence
- ☐ Diagnostic testing error/problem
- ☐ Equipment malfunction or failure
- ☐ Adverse drug reaction
- ☐ Patient transport via first responders
- ☐ Property damage or loss
- ☐ Threat of a claim
- ☐ Other: _____

If EMRT involved:

EMRT member names: _____

_____

Patient MRN: _____ Patient name: _____

Visitor name (if any): _____

Collateral documentation attached: ☐ YES ☐ NO

Describe Incident**:** (Facts only. Who, What, When, Where, How):

Immediate action taken

This section to be completed by supervisor or manager

Supervisor/Manager assessment and corrective action

Copies distributed to:

☐ Medical Director ☐ HPM for Operations ☐ dhspriphs-compliance@saccounty.gov

☐Other:_____

	County of Sacramento **Department of Health Services** **Division of Primary Health Services** **Policy and Procedure**	Policy Issuer (Unit/Program)	**Clinic Services**
		Policy Number	**03-06**
		Effective Date	**09-18-13**
		Revision Date	**03-~~08~~13-24**
Title: **Referral Management – Medical Home**		Functional Area: **Clinic Operations**	
Approved By: Susmita Mishra, Medical Director			

Policy:

Sacramento County Health Center (SCHC) is committed to providing a primary care medical home for assigned patients with active coverage and ensuring that patients receive the specialty services ordered by their provider as part of their covered services.

Procedures:

A. Documentation

1. SCHC Primary Care Providers (PCP) use the Order Entry section of the Electronic Health Record (EHR) to order referrals.
2. The PCP ensures pertinent clinical documentation is included in the "Notes" section for the specific referral from the referral tab. The PCP's narrative in the notes section is specific and not left blank, per PP 08-14 Documentation.
3. Referrals are ordered as either routine or urgent. Urgent referrals must include the reason for urgency. The timeframes are:
   a. Urgent referrals are processed by the Referral Team (RT) in three business days.
   b. Routine referrals are processed by the RT in five business days.
4. During all steps of referral processing, the provider may view the referral progress in the Referral tab of the EHR. RT communicates with the PCP via Referral In Basket (IB) messages for referrals requiring action. There are no future referrals.

B. Processing Referral

1. Throughout the workday, RT Coordinators assign referrals to themselves based on the rReferral tTeam aAssignment ~~sdocument~~.
2. The RT confirms eligibility and SCHC assignment, checks for referral completion, and reviews for completeness. Patients must be enrolled members in an active status and assigned to SCHC.
   a. If the patient does not have eligibility and/or SCHC assignment, RT notifies Member Services (~~MS~~MS) using a Referral IB Message to MS pool in OCHIN to facilitate eligibility or switch to SCHC.

      If the patient has eligibility, but is not in the health plan's portal, ~~the~~ MS will notify the IPA. ~~-~~RT closes referral and adds status reason of Denied – Ineligible for services.

      If patient reinstates eligibility or is reassigned to SCHC within 60 days from referral order date, MS notifies assigned RT Coordinator to reactivate the

Formatted: No underline

Formatted: No underline

Commented [ag1]: Why would an eligible patient be denied if an ineligible patient receives assistance in the preceding paragraph?

Commented [DB2R1]: Patients are not eligible to be seen if not assigned to us PLUS their coverage must be active.

referral. -If more than 60 days, provider will reorder referral if it is still necessary.

b. A complete referral includes:

- Aa signed progress note~~,~~
- A diagnosis code~~,~~
- Cclinical details in Notes sufficient for managed care~~, and~~
- Rrelevant lab/exam/imaging/Cures reports following the Referral Quick Reference document.

c. If an ordered referral is incomplete, the RT Coordinator updates the referral status reason to Incomplete Clinical Info and works with the provider to resolve issues to completing the referral. -Thatis may ~~can~~ involve:

i. Ddeferring the referral for 2 days to allow provider to complete encounter.

- If provider still has not completed encounter, referral is transferred to a RT RN for follow up.- Once complete, RT RN will submit packet to IPA via portal.
- If referral is still not complete, RT RN will change the status of referral to CLOSED and send Referral IB Message to provider.

ii. Ppending additional orders needed for authorization submission and notifying provider to sign order.

- RT Coordinator sends provider Referral IB Message to sign pended orders.
- Referral can be deferred for 30 calendar days to allow results processing.
- If results are not available after 30 calendar days, referral is transferred to a RT RN for follow up. Once complete, RT RN will submit packet to IPA via portal.
- If referral is still not complete, RT RN will change the status of referral to CLOSED and send Referral IB Message to provider.

-Note: it is expected that all patient encounters are in closed status within 24 hours for urgent referrals and two (2) business days for routine referrals.

3. Care Everywhere Referral Management (CERM)

Referrals that can be submitted through CERM, add the provider information for entity and change referral status to OPEN.

4. Requesting Authorization

a. Assigned RT Coordinator:

i. Prepares packet and sends to health plan/IPA/specialist and confirms receipt.

~~ii.~~ Filessall packets in designated folder at: W:\Primary-Health\Clinic-Services\MEDICAL HOME FOLDER\restore\Referral Files Cabinet~~.~~ as

~~iii.~~ii. using this naming convention: MRN_last name_first name_referral type

Commented [ag3]: I am confused by using the term CLOSED. When I call referrals for follow up, I have been told that closed means no further action will be taken. If I haven't heard from the IPA, how can I tell where the referral is hung up? Does closed just mean it went to the IPA? If that's so, then marking a referral closed when the dr. didn't follow through with orders means we can't tell where the referral went. What if it's bounced back for more infor? Is a new referral opened? If I'm told that it's closed, it could have gone to the IPA or back to the doctor where it is sitting in an inbox?

Commented [DB4R3]: A referral is closed when the referral coordinator no longer has a responsibility to follow up, such as the patient is not assigned to the SCHC, coverage is not active, or the provider has not completed necessary pieces (ie, signed the progress note, added a diagnosis code, added clinical details, sent the patient for relevant labs, exams, imaging, etc) in a timely manner. If the auth has been sent to the IPA and has not come back, staff will wait for a designated amount of time before transferring the referral to an RN to follow up. If the referral is denied by the IPA, please see item 5A. Providers are able to see the history on a referral to indicate where it is in the process. There will also be specific status and status reason used to indicate where the referral is in the referral process.

Commented [ag5]: Closed also means completed in OCHIN. How does provider know that the referral was canceled and the patient will not get treatment?

Commented [DB6R5]: Cancelled refers to when the referral is no longer needed and will not be processed.

Commented [ag7]: ? There are required timelines and what if the referral is urgent?

Commented [DB8R7]: Please refer to item A.3.

Commented [ag9]: How does patient know that no one is working on the referral anymore? Closed means completed.

Commented [DB10R9]: Closed will be used as noted and only for select reasons as I've noted above. When a referral is closed because the patient is ineligible for services, MS should be contacting the patient to inquire regarding coverage and PCP assignment (item B.2.a.). If the referral is closed because it is not complete and provider/supervisor have been notified repeatedly, which should rarely happen, I believe it would be up to the PCP to notify the patient. The last time would be when the patient has been notified of the specialists' info.

Commented [ag11]: Formatting?

iv.iii. CDaily checks the portal daily for approval status and once approved, sends the status to specialist.

v.iv. If denied by specialist for lack of information, transfers to the RT RN to resolve. For aAny other denial, sends the packet to a different specialist.

vi.v. Upon acceptance by specialist, sends letter with specialist's contact information, and instructions, and documents in the referral communication section.

vii.vi. Make up to two attempts to reach patients by phone and note contacts in the referral communication section.

viii.vii. Follows up with the specialist to confirm patient's status with the referral and documents appointment date, time, and any relevant information.

ix.viii. Closes referral and mark complete. CERM referrals should remain open until some visits are completed and then changed to CLOSED.

5. IPA/Health Plan Denials

   a. If the referral is denied by the IPA/Health Plan, the RT RN contacts the IPA to determine the denial reason and works with provider to update documentation. RT RN resubmits packet through the IPA portal and transfers back to the RT Coordinator. The provider can choose to write a Letter of Appeal. If the provider chooses to write a Letter of Appeal, the RT RN leaves the referral in open status.

6. Referral CancelationClosures

   a. A referral may be CLOSED for the following reasons:

      i. 90 days elapsed and enrollee patient has not participated with specialist to set up an appointment.

      ii. Patient declines to see the specialist.

      iii. If the referral is not complete, the RT will message the ordering provider (or covering provider, for TEACH - site director) for required items to process the referral. If the provider does not respond timely, the referral is CLOSED for lack of completeness.

Commented [ag12]: Not clear. Are documents included in what's sent? Or is the letter documented? Send letter where? To patient? I don't get letters from SCHC. They come from the IPA. ?

Commented [DB13R12]: Packets of required documentation for the auth and specialist are sent to the IPA/Health Plan for auth and to the specialist. Once the specialist accepts the referral, a letter will be generated by SCHC that provides the patient with the specialist's contact information. We currently do this now.

Commented [ag14]: Closed and complete? Other types of closed distinguished?

Commented [BD15R14]: We will also have a status of Closed and status reason of Results Received when the results have been received by the Referral Team and given to the Scanning Team.

Commented [ag16]: How can we tell which one it is? Who tells the patient what's going on?

Commented [BD17R16]: PCP, PCP's MA, Referral Coordinator, Call Center. Unsure what is available in the portal. If it shows the referral status reason, then that would be another option.

7. RT ~~t~~Timeframes for R~~r~~eferral P~~p~~rocessing and C~~c~~ompletion~~:~~

Referral component	Timeframe for completion	Staff action if outside of timeframe
Authorization granted by health plan/IPA	10 business days from request	Notify supervisor
Specialty appointment made by RT	For managed care, 20 business days from day ordered or authorization received	Notify supervisor
Suspended for eligibility or pending labs	15 business days from referral	Cancel referral and notify PCP and supervisor
Internal Referrals	Per specialist availability	Monitor waitlist
Healthy Partners	Per specialist availability	Monitor waitlist

~~7.~~8. Internal Referrals to Specialists

a. Primary Care P~~p~~rovider:

i. Sends referral via order entry to RT, documenting pertinent clinical information in "Notes" section for the specific referral in the referral tab.

b. Specialist:

i. Documents the visit in the EHR and notifies the referring provider when visit is complete by blind/carbon copying ("cc'ing") PCP.

ii. May place lab orders, imaging and/or medications pertinent to diagnosis. PCP is carbon copied ("cc'd") for lab orders.

iii. Requests orders for opiates to be placed by PCP.

c. RT staff:

i. Keeps a referral on the waitlist for 120 days.

ii. Schedules a patient when appointment is available.

~~8.~~9. Medical Records Team (MRT) Review

a. Regular scheduled meetings are conducted to review the MRT Issue Tracker for referral status of ~~Health Center~~SCHC patients.

~~9.~~10. MRT Scanning Process

a. Once a report is received via fax or mail and forwarded to the MRT, MRT is responsible to ensure an efficient and prioritized process of getting the report

Commented [ag18]: Confused. How does this work with the timelines for processing referrals in 3-5 business days?

Commented [ag19]: Within the proper timelines

to the PCP. This process involves tracking each report.

b. ~~The~~ ~~S~~MRT ~~is responsible for s~~canning all reports generated by a specialist and diagnostic reports. ~~If the report is generated from a referral processed by the~~ MRT

c. ~~MRT.~~ If the report is generated from an outside referral (and not located in the referral tab in OCHIN), the report is “back office” scanned.

d. The MRT is responsible to create and maintain scanning workflows.

e. The MRT ensures this policy, workflows, and any changes to workflows, are communicated to all Health Center staff.

References:
P&P 08-14 Documentation
Referral Quick Reference document
~~Referral Quick Reference document~~
~~Referral Team Assignment document~~

Attachments:
Medi-Cal Timely Access Guidelines

Contact:
~~XX,~~Referrals Supervising RN

C~~o~~ A~~pplicant~~ B~~oard~~ Approval Date: ~~10/16/2020~~

Fiscal Year 2022-23 CAB Financial Report

Percentage of Year **100%**

Line Item	Budget	Year to date	*Encumbrance*	*Total* *(YTD+Encumbrance)*	YTD Percentage (Total/Budget)	Notes
Revenue						
Inter/Intrafund Reimbursements *** REIMBURSEMENT ACCOUNTS*	$ 12,194,362	$ 11,476,127	$ -	$ 11,476,127	94%	reimbursements from internal DHS divisions
Intergovernmental Revenue ** 95 - INTERGOVERNMENTAL REV*	$ 19,600,988	$ 21,172,596	$ -	$ 21,172,596	108%	Medi-Cal/Medicare revenue, HRSA, Refugee & ARPA grants
Charges for Services ** 96 - CHARGES FOR SERVICES*	$ 52,000	$ 41,782	$ -	$ 41,782	80%	CMISP old pre-2014 service charges and Medical Record Fees
Miscellaneous Revenue ** 97 - MISCELLANEOUS REVENUE*	$ -	$ 1,520	$ -	$ 1,520		Currently Prior Year Revenue
Total Revenue	**$ 31,847,350**	**$ 32,692,025**	**$ -**	**$ 32,692,025**	**103%**	
Expenses						
Personnel ** 10 - SALARIES AND EMPLOYEE*	$ 13,490,790	$ 12,328,150	$ -	$ 12,328,150	91%	year-end variance due to vacancies throughout fiscal year
Services & Supplies ** 20 - SERVICES AND SUPPLIES*	$ 17,562,009	$ 15,586,261	$ 37,442	$ 15,623,703	89%	variance mostly due to SCOE contract expenditures being lower than budgeted
Other Charges ** 30 - OTHER CHARGES*	$ 399,477	$ 813,060	$ 8	$ 813,068	204%	Costs for OCHIN, Fonemed, and HMA
Equipment	$ -	$ -	$ -	$ -		no equipment costs
Intrafund Charges (Allocation costs) ** 60 - INTRAFUND CHARGES*	$ 2,552,954	$ 2,710,590	$ -	$ 2,710,590	106%	some County allocations and Pharmacy pharmaceuticals/supplies came in higher than budgeted, offset in part by lower department and division overhead than budgeted
Total Expenses	**$ 34,005,230**	**$ 31,438,062**	**$ 37,450**	**$ 31,475,512**	**93%**	
GRAND TOTAL (Net County Cost)	**$ 2,157,880**	**$ (1,253,963)**		**$ (1,216,513)**	-56%	

GRANT SUMMARY

HRSA	Grant Year Start	Grand Year End	Total Grant Award	Total Claimed	Remaining Available to Claim	Notes
HRSA Homeless (Main)	3/1/2022	2/28/2023	$ 1,386,602	$ 1,386,430	$ 172	
HRSA ARPA & UDS+	4/1/2021	3/31/2023	$ 2,599,375	$ 2,248,511	$ 350,864	
HRSA ARP CIP	9/15/2021	9/14/2024	$ 619,603	$ -	$ 619,603	Contruction timeline not yet determined
HRSA HIV	9/1/2022	8/31/2023	$ 325,000	$ 212,369	$ 112,631	Spending slow to start
Refugee					$ -	
RHAP	10/1/2022	9/30/2023	$ 1,789,062	$ 1,322,496	$ 466,566	County order tracking - A19453 -- $466K to be drawn in 23-24
RHPP	10/1/2022	9/30/2023	$ 82,014	$ 14,268	$ 67,746	County order tracking - A19459 - $40K claimed in 23-24; $27K to be returned in 23-24
RHPP Multi-Year	10/1/2022	9/30/2023	$ 153,000	$ 24,626	$ 128,374	County order tracking - A19468 - $128K remains for future claims
RHPP AHP	10/1/2022	9/30/2023	$ 200,000	$ 13,400	$ 186,600	County order tracking - A19469 - $186K to be claimed in 23-24
Miscellaneous					$ -	
County ARPA - 1 (H4)	1/1/2022	12/31/2024	$ 2,701,919	$ 1,208,459	$ 1,493,460	remaining to be claimed in 23-24 and 24-25
County ARPA - 2 (H18)	7/1/2022	12/31/2024	$ 250,000	$ 16,042	$ 233,958	remaining to be claimed in 23-24 and 24-25
County ARPA - 2 (H19)	7/1/2022	12/31/2024	$ 319,000	$ 62,123	$ 256,877	remaining to be claimed in 23-24 and 24-25

Period	**7**
Current Month	**January**
Percentage of Year	**58%**

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	$ 45,442	$ 5,795,290	$ 992,943	$ 6,788,232	55%	Typically a lag due to Fiscal processes. Has been catching up!
Intergovernmental Revenue ** 95 - INTERGOVERNMENTAL REV*	$ 22,212,340	$ 1,254,324	$ 14,955,291	$ -	$ 14,955,291	67%	Medi-Cal/Medicare revenue, HRSA, Refugee & ARPA grants
Charges for Services ** 96 - CHARGES FOR SERVICES*	$ 18,000	$ 1,206	$ 6,491	$ 613	$ 7,104	39%	CMISP old pre-2014 service charges and Medical Record Fees
Miscellaneous Revenue ** 97 - MISCELLANEOUS REVENUE*	$ -	$ -	$ 63	$ -	$ 63		Currently Prior Year Revenue
Total Revenue	**$ 34,514,921**	**$ 1,300,971**	**$ 20,757,135**	**$ 993,556**	**$ 21,750,691**	**63%**	
Expenses							
Personnel ** 10 - SALARIES AND EMPLOYEE*	$ 15,782,496	$ 1,062,004	$ 8,685,151	$ 122	$ 8,685,273	55%	Low due to vacancies (currently 20.0 FTE)
Services & Supplies ** 20 - SERVICES AND SUPPLIES*	$ 18,843,205	$ 1,135,058	$ 6,378,377	$ 5,992,747	$ 12,371,124	66%	Multiple FY 23-24 Contracts were executed late in the FY and costs have been slowing getting caught up. SCOE invoices have not yet been paid
Other Charges ** 30 - OTHER CHARGES*	$ 1,060,633	$ 114,379	$ 667,763	$ 334,723	$ 1,002,486	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*	$ 3,735,297	$ 419,946	$ 1,570,377	$ -	$ 1,570,377	42%	
Total Expenses	**$ 39,421,631**	**$ 2,731,387**	**$ 17,301,667**	**$ 6,327,593**	**$ 23,629,260**	**60%**	
GRAND TOTAL (Net County Cost)	**$ 4,906,710**	**$ 1,430,416**	**$ (3,455,467)**	**$ 5,334,037**	**$ 1,878,570**	38%	

GRANT SUMMARY

HRSA	Grant Year Start	Grand Year End	Total Grant Award	Total Claimed	Remaining Available to Claim	Notes
HRSA Homeless (Main)	3/1/2023	2/29/2024	$ 1,386,602	$ 1,386,602	$ -	Spending on track
HRSA ARP CAP	9/15/2021	9/14/2024	$ 619,603	$ -	$ 619,603	Contruction timeline not yet determined
HRSA HIV	9/1/2023	8/31/2024	$ 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	Funds allocated to vaccines, Board approval was given to spend. Will be drawing down full amount soon
Refugee					$ -	
RHAP FY 22-23	*10/1/2022*	*9/30/2023*	*$ 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	$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*	*$ 54,471*	$ 27,543	
RHPP FY 23-24	10/1/2023	9/30/2024	$ 139,994	$ -	$ 139,994	Waiting for BOS approval
RHPP Multi-Year 22-23	*10/1/2022*	*9/30/2023*	*$ 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	Waiting for BOS approval
RHPP AHP 22-23	*10/1/2022*	*9/30/2023*	*$ 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	Waiting for BOS approval
Miscellaneous					$ -	
County ARPA - 1 (H4)	1/1/2022	12/31/2024	$ 2,701,919	$ 1,268,631	$ 1,433,288	Spending on track, increased April 2023 when HRSA ARPA expired
County ARPA - 2 (H18)	1/1/2022	12/31/2024	$ 135,000	$ 18,802	$ 116,198	Telehealth Equipment Award. Reallocated $250k to H4 and offered another $150k back
County ARPA - 2 (H19)	7/1/2022	12/31/2024	$ 319,000	$ 73,976	$ 245,024	New award, spending slow to start. Have added staff to expend the grant funds

~~2023~~ 2024 CAB Membership Recruitment Plan

Background
The number of CAB ~~board~~ members is governed by CAB bylaws, which permit between 9 and 13 at large voting members and one ex-officio, non-voting member (the HRSA Project Director). If CAB needs additional resources to accomplish its workload, this number can be increased by CAB action in amending the bylaws. HRSA requirements mean that the Board must have at least 51% consumer members. The current composition is 9 members, with 4 community members, 5 consumer members (one of whom does not regularly attend meetings ~~has never attended and should be removed; plus, an additional one elected by CAB but not yet ratified by the BOS~~).

Intention
It is the intention of ~~CAB Board~~ CAB to arrive at a membership of 11-13 members by the end of December ~~2023~~2024, with at least two new consumer members to maintain the mandated percentage.

Board Composition: Representativeness and Skills
Based on the unique demands placed upon the ~~CAB Board~~ CAB to ensure its committees have the skills and/or lived experiences helpful to fulfill the requirements of basic good government operations, (See "Health Center Program Governance Requirements Governing Board Responsibilities and How to Do Them"), we propose to recruit members with the following ~~particular~~ skills and characteristics ~~that should make especially effective members for 20232024. These preferred attributes are:~~

- Knowledge of and ability to represent (including, but not limited to, via lived experience) Health Center's client populations, focusing on those currently not/under-represented on the Board (e.g., ~~undocumented~~patients without legal documentation; ~~,~~ individuals who are not proficient in English; ~~non-English proficient,~~ individuals who identify as LGBTQIA+; ~~individuals, and/or~~ parents or guardians of patients obtaining school-based services).
- Business experience
- Experience in strategic planning
- Experience in providing health or human services to populations similar to those served by the Health Center

Method
The Governance Committee will reach possible applicants using the following means. The first priority is to ensure the required patient member percentage (51% minimum) to remain compliant with HRSA regulations.

Commented [SH1]: Can we change to consumer? Check HRSA regs

- Continue recruitment videos in building lobbies. Add closed captioning ~~and translation into major languages~~ to the existing video.

- Refresh recruitment posters within building posting those with the QR code.
- Provide a refreshed ~~flyer~~ document to Health Center providers detailing the attributes we need, so they can recruit among their patients. Finding the needed skills among the Health Center Client base is the preferred alternative.
- If sufficient patient members have been recruited, pPlace an ad in the Sacramento County volunteer newsletter for volunteers with lived experience or experience serving populations similar to those served by the Health Center but not or under-represented by the current CAB membership and approach partner agencies for assistance in recruitment.

Commented [SH2]: I don't think we did this last year.

Formatted: Font: Cambria

Evaluation of Applicants

As specified in the CAB Bylaws, the Governance Committee will manage the recruitment process for the current and future vacancies. The Committee will identify a contact person to welcome potential members, prepare and manage advertising, and follow up on recruitment efforts. Interested persons will be referred to the contact person by (other) Board Members, the Health Program Manager, or clinic staff. The contact person will answer questions, provide information about the responsibilities and opportunities for service on the board, provide examples of agendas and minutes for meetings, and invite the potential board member to attend an online or in person CAB meeting. If requested, the contact person will send the CAB Member Application. The candidate will also be offered the opportunity to speak with the CAB Chair ~~or Vice Chair~~. For ~~2023~~2024, the recruitment contact person will be the HRSA Health Program Manager.

The Governance Committee will review applications, giving special attention to the experiences, skills, and abilities the candidates would bring to the Board and identifying their commitment to the work of the Board committees who specifically request assistance, and forward those applications that they will support to the Health Program Manager to check references. The Health Program Manager will summarize the comments by references for the Governance Committee. If the references are positive, the Governance Committee will recommend that the CAB vote to elect the candidate as a member.

At the CAB meeting attended by the potential CAB member, the candidate will be asked to talk about his or her experience and interest in becoming a board member. If the applicant prefers, he or she may attend the first meeting, and at a following meeting address experience and interest with the Board.

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

References

- ~~2023~~ 2024 Health Center Co-Applicant Board Membership Roster

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

Sacramento County Health Center
Co-Applicant Board

BOARD BYLAWS

Revision Date: November 17, 2023

Table of Contents

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 Ill: 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, 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 an advocate who has 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 ~~sub-c~~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 ~~HRSA Project Director~~CAB. Staff verify that applicants meet CAB membership requirements. ~~The names of all applicants~~ 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. ~~who meet the membership requirements are presented to the Governance Committee.~~ Designated staff will also call the references …

Commented [SH1]: Start here next time.

d. The Governance Committee of the CAB reviews the membership applications and talks 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, unless excused by the Chair.
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 ~~informing the~~requesting permission from the ~~Chair~~ CAB's Point of Contact ~~of their participation~~ 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.

Commented [SH2]: Amend after Brown Act training.

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.

Formatted: Highlight

Signed copies available upon request,

_____ ~~November 17, 2023~~???/2024

~~Jan Winbigler~~Suhmer Fryer, CAB Chair 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,

____ *INITIALS* A Sacramento County Health Center employee; nor

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

- ____ *INITIALS* A Sacramento County Health Center employee; nor
- _____ *INITIALS* A Sacramento County Health Center Co-Applicant Board Officer.

_____ _____
PRINTED NAME *SEAT NUMBER*

_____ _____
SIGNATURE *DATE*