

**County of Solano
Community Healthcare Board
Regular Meeting**

February 20, 2019
12:00 pm-2:00 pm
2101 Courage Drive, Fairfield, CA 94533
Multi-Purpose Room

Agenda

- 1) CALL TO ORDER – 12:00 PM**
 - a) Welcome
 - b) Roll Call
- 2) APPROVAL OF THE AGENDA**
- 3) APPROVAL OF THE JANUARY 16, 2019 MEETING MINUTES**
- 4) CLOSED SESSION**
 - a) Bylaw review and development
- 5) ITEMS FROM THE PUBLIC**

This is your opportunity to address the Board on a matter not listed on the Agenda, but it must be within the subject matter jurisdiction of the Board. Please submit a Speaker Card before the first speaker is called and limit your comments to three minutes.
- 6) EXECUTIVE DIRECTOR’S REPORT**
- 7) STAFF COMMITTEE REPORTS**
 - a) Physician Advisory, Finance, Quality Performance, HRSA OSV
- 8) UNFINISHED BUSINESS**
 - a) Board member conflict of interest
- 9) NEW BUSINESS**
 - a) Review and consider for approval Articles IV through IX of the bylaws
 - b) Review and consider for approval Family Health Services Policies:
 - i) #100.01 – Insurance Eligibility
 - ii) #100.02 – Cash Handling
 - iii) #100.03 – Sliding Fee Scale Discount Program
 - c) Review and consider for approval Community Healthcare Board Calendar 2019
 - d) Review and consider for approval key management staff and organization charts of Family Health Services Health Centers
 - e) Review and consider for approval Family Health Services Health Centers locations and hours of operation
- 10) BOARD MEMBER COMMENTS**
- 11) CONSIDERATIONS FOR FUTURE AGENDA ITEMS**

**County of Solano
Community Healthcare Board
Regular Meeting**

12) ADJOURN:

To the Community Healthcare Board Regular Meeting of
March 20, 2019 at 12:00PM,
Multipurpose Room, 2101 Courage Drive, Fairfield, CA 94533

The County of Solano Community Healthcare Board does not discriminate against persons with disabilities and is an accessible facility. If you wish to attend this meeting and you will require assistance in order to participate, please call the Solano County Family Health Services at 707-784-4444 at least 24 hours in advance of the event to make reasonable arrangements to ensure accessibility to this meeting.

If you wish to address any item listed on the Agenda, or Closed Session, please submit a Speaker Card to the Board Clerk before the Board considers the specific item. Cards are available at the entrance to the Board chambers. Please limit your comments to three minutes.

Community Healthcare Council (CHC) Governing Board Regular Meeting Minutes

Date: January 16, 2019 **Time:** 12:00pm-2:00pm **Location:** Multi-Purpose Room, 2101 Courage Drive, Fairfield, CA 94533

Board Members:

Mike Brown – Present
 Ruth Forney – Present
 Anthony Lofton – Present
 Tracee Stacy – Present
 Sandra Whaley – Present
 Charlotte Webb – Present
 Brandon Wirth – Present
 Eva Yra-Bernardes – Present

Staff:

Cheryl Esters
 Ciara Gonsalves
 Daniel Yolangco
 Andrew Obando
 Noelle Soto
 Shelli Cannon-Dekreek
 Bela Matyas
 Santos Vera
 Michael Stacey, Medical Services Deputy Director
 Santos Vera
 Thy Robles
 Patrick Stasio
 Amanda Meadows
 Sneha Innes

Topic / Subject	Discussion	Recommendation / Action	Responsible	Due Date
Introductions:	Round table introductions. Quorum present.			
Approval of Agenda	Tracee Stacy motioned to approve the agenda. Brandon Wirth to second the motion. Upon vote being taken, vote was: Aye: 8 Nay: 0.	Add Parking Lot Items or Unfinished business to agenda		
Approval of December 2018 Minutes	Brandon Wirth motioned to approve the December 2018 minutes. Ruth Forney to second the motion. Upon vote being taken, vote was: Aye: 8 Nay: 0.			

Topic / Subject	Discussion	Recommendation / Action	Responsible	Due Date
Items from the Public	None.			
<p data-bbox="92 315 420 423">Review & Approval of Articles I, II, & III of the bylaws</p> <p data-bbox="92 461 449 570">Review & Approval of temporary suspension of mobile clinic operations</p> <p data-bbox="92 862 317 894">Closed Session</p> <p data-bbox="92 935 312 1008">Bylaw review & development</p>	<p data-bbox="506 315 1199 423">Ruth Forney Motion to approve articles I, II, & III. Mike Brown seconded the motion. Upon vote being taken, vote was: Aye: 8 Nay: 0.</p> <p data-bbox="506 461 1192 824">Staff presented mobile service data to board. Due to down slop as the year progressed, it was recommended to board the suspension of mobile service until more research is presented. Board motion to approve staff permission to use mobile service for special events during the temporary suspension of mobile service. Tracee Stacy motioned to approve. Sandra Whaley to second the motion. Upon voting being taken, vote was: Aye: 8 Nay: 0.</p> <p data-bbox="506 862 1161 971">Review & updated bylaw up to section IX. Will continue review & development of bylaws at February meeting starting at section X.</p>	<p data-bbox="1226 461 1598 534">Continue to review data. Present findings to board.</p>	<p data-bbox="1642 461 1717 493">Staff</p>	<p data-bbox="1869 461 1944 534">April 2019</p>

Topic / Subject	Discussion	Recommendation / Action	Responsible	Due Date
Board Member Comments	<p>Would like unfinished business added to the agenda.</p> <p>Bylaws added to the next agenda.</p> <p>Recruitments for board meetings.</p> <p>Request of HRSA calendar.</p> <p>Brown Act Training needed for board members for month of February.</p>	<p>Add website to Public Health portal for advertising of meetings.</p> <p>Training be completed in person at next meeting.</p>	<p>Staff</p> <p>Board</p>	
Adjourn	<p>Tracee Stacey motioned to adjourn the meeting. Mike Brown seconded the motion. Upon vote being taken, vote was: Aye: 8 Nay: 0.</p> <p>February 20, 2019 12:00 – 2:00pm Multi-Purpose Room 2101 Courage Drive Fairfield, CA 94533</p>			

Handouts:

December 2018 Meeting Minutes
CHC Bylaws

Board Attendance

**County of Solano
Community Healthcare Board
Regular Meeting**

February 20, 2019
12:00 pm-2:00 pm
2101 Courage Drive, Fairfield, CA 94533
Multi-Purpose Room

**Agenda Item 6
Executive Director's Report
Handouts**

- Board or Directors Responsibility & Accountability
- FQHC Policy Development
- Common Questions

Board of Directors Responsibility & Accountability

The Board of Directors will most likely meet with 3-4 surveyors and often the Project Officer (PO) while the team is onsite for your Operational Site Visit (OSV). They will ask to meet with you generally over lunch and want to get to know you as a Board. This is usually an informal meeting and they will try to make you feel as comfortable as possible.

They know that many Board members are professionals in other fields and do this work as a volunteer. However, they want to know that you know your responsibilities, are carrying out those responsibilities, and are ensuring the health centers and the mobile units are, 1) providing **access** to as many patients as possible, 2) providing the highest **quality** of care achievable, and 3) being good **stewards** of the government's funds that have been entrusted to you.

The surveyors may ask you about any number of things.

The Board is Responsible for (Execute):

- CEO selection, evaluation, termination/dismissal - Informed due to the co-applicant agreement
- Board Self-Evaluation (BP*)
- Set P/P for frequency of CEO evaluation - Informed due to the co-applicant agreement
- Ensure Board members are not an employee or have a close relative who is an employee (Conflict of Interest)
- Strategic Planning, priorities, 3-yr financial management & capital expenditure plan - Informal due to co-applicant agreement
- Assess Project Objectives (Activities, QI, efficiency, service utilization patterns, productivity, patient satisfaction, surveys, audits, etc.)
- Maintains authority for oversight
- Develop bylaws
- Hold monthly meetings (with quorum)
- Record minutes, attendance, key actions, decisions
- Input on development of committees and collaboration on committees, etc.
- Determine quorum
- Maintain 9-25 Board members
- Maintain 51% patient Board and use one service in last 24 months
- Maintain representative board
- Ensure expertise on Board
- Ensure no more than 50% of non-patient Board derives more than 10% of annual income from health care

The Board is Accountable For (Review and Approve):

- Credentialing/Privileging P/P(BP*)
- All general operational Policies
- General Personnel P/Ps (selection/dismissal/retirement, salary and benefit scales, employee grievance, EEO) as directed by co-applicant agreement
- Annual Financial Audit/Follow-Up
- Sliding Fee Discount Program (SFDP) Policies
- Billing P/P for Waiving Fees
- Billing P/P: Distinguishes Refusal/Inability to Pay
- Financial Audit P/Ps
- Partial Payment P/Ps
- Billing Policies for Waiving Fees
- Annual Project Budget
- Scope: Additional Health Services
- P/Ps: Services, service site locations and hours of operation
- Patient Grievance Process
- QI/QA Program Policies
- QI Audit P/Ps
- Assure center is in compliance with Federal, State, and local laws and regulations

The Board Should be Consulted on (Discuss):

- Input on affordability of nominal fee
- Auditor Selection (BP*)
- Financial Report Type/Freq (BP*)
- Review of Financial Reports
- Consider meeting with subrecipient's Board (BP*)
- Overall Strategy, Plan, Goals, and Implementation
- Utilize special population input in decisions including health services, setting hours of op, defining budget priorities, evaluation of goals, patient satisfaction

The Board Should Be Informed on (Be Notified):

- Key Management Changes (BP*)
- Conflict of Interest
- Input on the accessibility of sites (BP*)
- Evaluate contractor performance
- Data-based reports: Patient service utilization, trends and patterns in patient population, overall CHC performance
- Review QI/QA reports
- Review annual Risk Management reports from staff

LEGEND

*BP: Best practice, not a requirement.

P/Ps to be reviewed and approved every 2 years.

FQHC Policy Development

Policies should be reviewed at a Committee level. All policies are to be approved by the Board of Directors (BoD). Operational procedures/protocols should accompany policies when appropriate to provide operational detail consistent with implementing policies. Operational procedures /protocols do not require Board approval and are developed and implemented by the Operations team.

NOTE 1: Policy review dates should be at least every 2 years unless a more stringent timeframe is required based on state and/or Federal regulations.

NOTE 2: This is only a suggested list. All policies will not apply to your scope of services. There may be services not included in this list (e.g., mental health, substance abuse, Pharmacy (340b)).

The following policies and documents MUST be approved by the BoD.

- Current clinical standards of care
- Provider credentials and privileges
- Risk management procedures and/or Risk Management Plan
- Hours of Operation/Locations
- General Administrative/Clinical Operations
- Sliding Fee Policy/Scale
- Patient grievance procedures
- Incident management
- Confidentiality of patient records
- Quality Assurance/Quality Improvement Plan
- Accounting/Financial Services Policies
- Human Resource Policies

Major Policy and Protocol Categories: (ADD NUMBERING CONVENTION TO EACH CATEGORY)

- Administrative/Governance (AG)
- Facilities Management (FM)
- Financial Services (FS)
- Human Resources (HR)
- Infection Control (IC)
- Information Management (IM)
- Leadership (LD)
- Laboratory Services (LS)
- Medication Management (MM)
- Medical Services (MS)
- Quality/Risk Management (QRM)
- Rights and Responsibilities (RR)

Suggested Table of Contents

Administrative/Governance (AG)

- Hours of Operation
- Policy Management
- Contracts Management
- Customer Service
- Telephone Responsiveness
- Emergency Closing
- Patient Valuables
- Required Reporting to the Police
- Parking

Facilities Management (FM)

- Safety Management Plan
- Security Management Plan
- Hazard Surveillance
- Hazardous Materials and Waste Management Plan
- Bio-Hazardous Waste
- Radiation Safety, as applicable
- Emergency Preparedness Plan
- Specific Emergency Procedures
- Emergency Codes
- Evacuation Procedures
- Life Safety Management Plan Interim
- Life Safety Management Plan
- Medical Equipment Management Plan
- Utility Systems Management Plan
- Temporary Privileges during Disasters
- Medical Gas and Vacuum Systems, as applicable

Financial Services (FS)

- General Ledger Maintenance and Chart of Accounts
- Record Retention
- Requisition, Purchasing and Receiving
- Accounts Payable and Cash Disbursements (including Petty Cash)
- Debarment and Procurement (contracting)
- Patient Revenue (including charge master maintenance)
- Claims Processing
- Statement Processing
- Adjustment to Fees
- Sliding Fee Policy
- Bad Debt Management
- Monthly Contractual Allowance Calculation Extended Payment Plans, if applicable
- Cash Receipts
- Fixed Assets and Deprecation (including capitalization threshold and federal funded asset requirements)
- Federal Cost Principles to Federal Grant Funds
- Pay Type Code Assignment
- Appointment Scheduling
- Missed Appointment
- Open Access Scheduling
- Cash management and investment Policy
- Month end close and interim financial statement preparation
- Budget development and processing
- Grant management including draw down requirements and reporting requirements
- Payroll Process
- Inventory

Human Resources (HR)

- General Employment Practices
- Smoke-Free / Drug Free Workplace
- Moral – Ethical Conflict
- Employing Relatives
- Worker’s Compensation
- Sexual and Other Harassment
- Employee Grievance Process
- Personnel Records
- Hiring Practices
- Promotions and Demotions
- Work Hours
- Fringe Benefits
- Moonlighting
- Performance Appraisals and Merit Increases
- Overtime and Compensatory Time
- Paid Time Off
- Meal and Break Periods
- Leaves of Absence
- Dress Code
- Compensation
- Employee Lounge
- Continuing Education (CME)
- Time Stamping
- Staff Orientation
- Probationary Period
- Tardiness, Absenteeism, and Attendance
- Employee Lounge & Lockers – personal items
- Employee Termination
- Disciplinary Action
- Identification Badges
- Code of Conduct
- Inquiries and References
- Gifts and Rebates
- Solicitation
- Death of Employee
- Personal Status Changes
- Unemployment Compensation
- Immigration Law Compliance
- Inspection and Searches
- Americans with Disabilities Act
- Temporary and Per Diem Employees
- Competency Testing
- Employee Assistance Program
- Tuition Assistance / Career Development
- Educational Time Off

Infection Control (IC)

- Scope of Infection Prevention and Control Program
- Surveillance and Reporting of Infections
- Transmission of Organisms
- Standard Precautions
- Transmission Based Precautions
- Airborne Transmission Precautions
- Droplet Transmission Precautions
- Contact Transmission Precautions
- Prevention of the Development of Airborne Resistant Organisms
- Patient Protocol Following Significant Exposure to Blood
- Health Care Workers- Health Maintenance
- Employee Immunizations
- Tuberculin Skin Test
- The Health Care Worker Acquiring Disease
- The Infected Health Care Worker
- Blood Borne Infections
- Job Classification to Exposure to Blood Borne Infections
- Protocol Following Significant Exposure to Blood
- General Housekeeping of the Health Center
- Materials and Practices
- Spot Cleaning of Body Fluid Spills
- Equipment and Material Maintenance Practices
- General and Biomedical Waste
- Cleaning, Disinfection of Medical Instruments
- Sterilization and Disinfection

Associated Documents:

OSHA Manual

Information Management (IM)

- Information Management Overview
- HITECH (Omnibus Act) Compliance Policies
- Use of Abbreviations
- Medical Record Documentation Standards
- Medical Record Documentation Timeliness Standards
- Medical Record Storage and Tracking System
- Medical Record Retention and Destruction
- Protected Health Information
- Disclosure of Protected Health Information
- Emergency Requests for Protected Health Information
- Privacy Protection for Personal Information
- Transfer of Patient Records
- Subpoenas and Court Orders
- Charges for Medical Record Copies
- Fax Communications
- Data Management
- IT Inventory
- IT Security Plan (Disaster Recovery Plan)
- IT Contingency Plan
- Disposal of IT Equipment
- Computer Viruses
- Copyrights and License Agreements

Leadership (LD)

- Mission and Vision Statement
- Organizational Chart
- Medical Staff By-laws
- By-laws for the Corporation
- Governing Board Self-Evaluation
- Format for Board of Directors Minutes

Laboratory Services (LS)

- Laboratory Scope of Services
- Conducting Lab Quality Control and Maintenance
- Specimen Collection and Handling
- Reporting Panic Values (Timeliness)
- Reporting Lab Errors/Incidents

Medication Management (MM)

- Medication Storage and Disposal
- Recalled, Returned or Discontinued Medications
- Use of Investigational Medications
- Medication Reconciliation
- Look-alike/Sound-alike Medications
- Prescribing Medications-Pharmacy Access
- Dispensing Medications-Safe and Effective Administration
- Medication Orders
- High Alert and Hazardous Medications
- Monitoring (surveillance) of vaccines and other medications/injectables
- Emergency Medication Management
- Preparing Medications (labeling)
- Medication Errors-Adverse Event Monitoring
- Medication Lists
- Sliding fee- Pharmacy
- Prescription Assistance Program Management, if applicable
- Formulary Management
- 340B Program Management
- Sample Medication Management, in applicable
- Medication Counseling

Medical Services (MS)

- Scope of Medical Services
- Appointment System/Scheduling
- Patient Screenings, Assessments and Reassessments
- Abuse and Domestic Violence
- Pain Assessment and Management
- Depression Screening and Management
- After-hours Accessibility
- Clinical Supervision and Back-Up of Clinical Staff
- Verbal Orders
- Use of Standing Orders
- Leaving the Center against Medical Advice
- Nutrition Management
- Missed Appointment Follow-Up
- Abnormal Lab Follow-Up
- Patient Triage (Walk-in and Telephone)
- Patient Plan of Care
- HIV Pre and Post Test Counseling
- Care Transitioning
- Administering Sedation/Anesthesia
- Performing Surgical, High Risk or Complex Office Procedures
- Translation Services
- Family Planning Policy
- Pre-Natal Care Plan
- Medical Personnel Health File
- Medical Personnel Fitness to Perform
- Disruptive Patient Management
- Patient Involuntary Discharge from Care
- Health Education and Health Promotion
- Chronic Condition Management
- CPR/ACLS/PALS Staff Requirements
- Referral Management-Coordination of Care (includes all types of referrals i.e. hospitalization, ED, Specialist, diagnostics)
- Chaperone Policy
- Patient Identification Process for Procedures (if applicable to the center)
- Life-Threatening Emergencies – Patient Management
- Non-Life-Threatening Emergencies – Patient Management
- Maintenance and Inspection of Emergency Crash Cart

Quality/Risk Management (QRM)

- Quality Management Program Description
- QM Key Performance Indicator Work Plan
- Patient Safety and Risk Management Plan
- Peer Review Process
- Provider Improvement
- Incident Management
- Patient Complaints
- Assessing Satisfaction
- Credentialing and Privileging
- Medical Record Reviews
- Use of Clinical Practice Guidelines/Protocols
- Provider Appeal Process

Rights and Responsibilities (RR)

- Patient Rights Policy
- Protecting Patients from Abuse, Neglect, and Exploitation
- Communication of Patient Rights and Responsibilities
- Provision of Culturally/Linguistically Competent Care
- Advance Directives
- Informed Consent
- Confidentiality

Associated Documents:

Patients' Bill of Rights

Confidentiality Statement/Employee Confidentiality Agreement

DENTAL SERVICES (DS)

Administration (AD)

- Dental Program Policies and Procedures
- Organizational Chart
- Dental Program Summary
- New Employee Orientation
- Privileging/Credentialing (if not addressed in organization credentialing/privileging policy)
- Dental Record Documentation
- Pain Documentation
- Staff Assignments and Duties
- Sliding Fee Discounts
- Staff Training Competency Assessment
- Students, Trainees, and Volunteers
- Dress Code (if not addressed in a similar policy in HR)
- Assessing Patient Satisfaction
- Leave

Clinical Services (CS)

- Appointment Scheduling
- Guidelines for Prenatal Oral Health
- Ordering/Requisitioning Supplies
- Intoxicated Persons
- Informed Consent
- Emergency Dental Care and Triage
- Medical Emergencies in the Dental Clinic
- Standing Orders for Dental Auxiliary Staff
- Obtaining a Medical History
- Schedule of Services
- Referral Management
- Dental Laboratory
- Protective Stabilization
- Radiography
- Informed Consent
- Pharmacy/Prescriptions
- Hypertension Screening and Treatment Guidelines
- Premedication
- Reporting Domestic Violence
- Use of Nitrous Oxide
- Oral Disease Prevention/Health Promotion
- Conscious Sedation

Environment of Care (EC)

- Radiological Protection
- Equipment Maintenance and Product Recalls
- Nitrous Oxide Safety
- Fire Plan
- Monitoring Water Quality in Dental Unit Lines
- Mercury Hygiene
- Precious Metal Recovery
- Hazardous Materials Management

Quality Management (QM)

These policies generally apply across an organization and do not require specific policies addressing dental.

Infection Control (IC)

These policies generally apply across an organization and do not require specific policies addressing dental.

Some Common Questions Asked by the Auditors in recent Operational Site Visit (OSV)

- 1) “Many of you are not clinically trained. Do you feel you are provided the data you need to evaluate the clinical quality of the organization?”
- 2) “Many of you are not financially trained. Do you feel you are provided the data you need to evaluate the financial health of the organization?”
- 3) “What are your biggest concerns (threats) for the health center in the coming year, 5 years, or 10 years?”
- 4) “How are you preparing for your CEO’s succession?”
- 5) “Tell us about how your Board is representative of the community you serve.”
- 6) “Tell us about your strategic goals for your health center.”

“Describe how you determine whether nominal fees are affordable to those you serve.”

**County of Solano
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2101 Courage Drive, Fairfield, CA 94533
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Agenda Item 9a

Revised Bylaws - Redline

BYLAWS OF
THE COUNTY OF SOLANO
COMMUNITY HEALTHCARE BOARD

2201 Courage Drive, Fairfield, CA 94533

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DRAFT

Introduction

This body shall be known as the County of Solano Community Healthcare Board, and shall be thereafter referred to as the “Board”. The Board is also known as “Board” under Health Resources and Services Administration (HRSA). The Board shall serve as the independent local co-applicant governing board of the Solano County Family Health Services Health Centers pursuant to the Public Health Services Act and its implementing regulations. The County of Solano, a public entity and political subdivision of the State of California, shall act as co-applicant with the Board.

DRAFT

Article I: Purpose

The Board is the patient/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 network of federally-qualified health centers ("FQHCs").

The Board shall work cooperatively with the County of Solano Board of Supervisors acting in its role as co-applicant, to support and guide the Solano County Family Health Services Health Centers ("FHS") in its mission to provide comprehensive health care that is quality-driven, affordable and culturally competent to the people of Solano County.

DRAFT

Article II: Responsibilities

The Board has specific responsibilities to meet the governance expectations of HRSA, while day-to-day operational and management authority reside with FHS staff.

The Board's responsibilities include providing advice, leadership and guidance in support of FHS's mission.

The Board shall work with FHS's management and community leaders to actively engage in long-term strategic planning to position FHS now and into the future.

The Board will be knowledgeable about marketplace trends and shall have the responsibility for assisting and advising FHS to ensure that FHS remains viable in its marketplace while it pursues its mission.

The Board shall have the following responsibilities:

- Hold regular meetings and maintain a record of all official actions;
- Identification and consultation about the services to be delivered and the hours of operation;
- Review and approve financial priorities and recommend approval of the FQHC clinic budget and Health Center Program project budget in accordance with financial management policies retained by the Board of Supervisors;
- Monitoring the financial status of the health center, including reviewing financial status reports and results of the annual audit, and recommending appropriate follow-up actions are taken;
- Adoption of policies necessary and proper for the efficient and effective operation of the FQHC clinics;
- Periodic evaluation of the effectiveness of the FQHC clinics in making services accessible to County residents;
- Review and approval of a procedure for hearing and resolving patient grievances;
- Approval of the implementation and ongoing operation of the FQHC clinics;
- Adoption of a quality of care audit procedure;
- Compliance with federal, state, and local laws and regulations;
- Adoption of bylaws;
- Approve the selection, performance evaluation, retention, and dismissal of the health center's Executive Director;
- Approve any clinic fees and discount program;
- Long-term strategic planning, which would include regular updating of the health center's mission, goals, and plans, as appropriate;
- Evaluating the health center's progress in meeting its annual and long-term goals; and
- Approving applications related to the health center project including grants/designation application and other HRSA requests regarding scope of project.
- Delegate approval of credentialing and privileging of providers to the Chief Medical Officer – Medical Services Division Director

Article III: Limitations of Authority

The Board of Supervisors shall maintain the authority to set general policy on fiscal and personnel matters pertaining to the FQHC clinics, including financial management practices, charging and rate setting, labor relations and conditions of employment. The Board 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.

DRAFT

Article IV: Members

Section I – Membership

There shall be ~~at least nine (9) and no more than nineteen~~ eleven (11) at large voting members of the ~~Council Board~~ and one ex-officio non-voting member.

1. Membership categories:

A. ~~Six (6)~~ Patient Members selected from patients or qualified elected representatives of patients of the Solano County FQHCs ("Patient Members"). ~~There shall be at least one Patient Member from each Supervisorial District and one Patient Member selected at large;~~

B. ~~Five (5)~~ Community Members ("Community Members") from differing segments of the County with expertise in community affairs, finance, legal affairs, or business or other commercial concerns; and

C. The FQHC Executive Director, who shall serve as an ex-officio non-voting member of the ~~Council Board~~.

~~2. Establishment of Council. The FQHC Executive Director shall prepare and submit a list of nominees to the existing Healthcare for the Homeless Board. The Director shall ensure that each nominee meets the requirements discussed in Article IV. The existing Healthcare for the Homeless Board shall appoint the members from the list of nominees by a majority vote.~~

~~3.2.~~ Following the establishment of the ~~Council Board~~ and the seating of its initial members, the appointment of any member and the filling of any vacancy shall be made by the ~~Council Board~~ by a majority vote. The FQHC Executive Director shall submit a recommended a list of nominees to the ~~Council Board~~. The Director shall ensure that each nominee meets the requirements discussed in Article IV.

Section II – Membership Qualifications.

1. No more than one-half of the Community ~~m~~Members may receive more than ten percent (10%) of his or her annual income from the health care industry.

2. All members must either be living or working in Solano County, or other demonstrable connection to the community. No member of the ~~Council Board~~ shall be an employee or an immediate family member of an employee of the County of Solano. No member shall have a financial interest, which would constitute a conflict of interest.

3. A majority of members of the board (at least 51 percent) must be individuals who are served by the health center.

4. Patient board members must be a current registered patient of the health center and must have accessed the health center in the past 24 months to receive at least one or more in-scope service(s) that generated a health center visit.

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5. As a group, patient members of the board must reasonably represent the individuals who are served by the health center in terms of race, ethnicity, and gender. Health centers are also encouraged to consider patient members' representation in terms of other factors such as socioeconomic status, age, and other relevant demographic factors.

6. 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.

7. As a recipient of section 330(h) grant funds (Healthcare for the Homeless), at least one member of the board shall represent the homeless population served by the health center. This board member shall either be a Patient or Community member as defined in Section I of this Article. Representation could include advocates for the homeless population, someone who currently is or has experienced homelessness, or has expertise about, or works closely with the homeless population.

Section III - Responsibilities and Rights of Members

1. All members must:

A. Attend all ~~Council~~Board meetings subject to the requirements of Article VI-

B. Serve without compensation from the FQHC; however mileage and meal expenses may be allowable in accordance with the reimbursement policies of the County of Solano.

C. Be subject to the conflict of interest rules applicable to the Board of Supervisors of the County of Solano and the laws of the State of California.

2. Members shall be entitled to receive agendas, minutes, and all other materials related to the ~~Council~~Board, may vote at meetings of the ~~Council~~Board, and may hold office and may Chair ~~Council~~Board committees.

Article V: Term of Office

The term of office for CouncilBoard members shall be for four (4) years. A member shall be limited to no more than three (3) consecutive terms of membership. The effective date of membership corresponds to the date of appointment.

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Article VI: Removal

Any member may be removed whenever the best interests of FHS or the CouncilBoard 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 CouncilBoard. 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 CouncilBoard. ~~A member may also be removed by the County Board of Supervisors consistent with the Co-applicant Agreement.~~

Continuous and frequent absences from the CouncilBoard 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 CouncilBoard meetings or from four (4) meetings within a period of ~~sixsix~~ (66) months, the CouncilBoard shall automatically give consideration to the removal of such person from the CouncilBoard in accordance with the procedures outlined in this Article.

The CouncilBoard will accept a verbal resignation of a CouncilBoard member as long as it is properly documented. The CouncilBoard will send an email or letter to the CouncilBoard member confirming the resignation. Following seven days (7) of receipt of the letter by the CouncilBoard, the resignation is accepted.

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Article VII: Conflict of Interest

A conflict of interest is a transaction with FHS in which a CouncilBoard member has a direct or indirect economic or financial interest. Conflict of interest or the appearance of conflict of interest by CouncilBoard members, employees, consultants and those who furnish goods or services to FHS must be declared. CouncilBoard members are required to declare any potential conflicts of interest by completing a conflict of interest declaration form (see Appendix "A").

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 CouncilBoard shall vote in a situation where a personal conflict of interest exists for that member.

No member of the CouncilBoard shall be an employee or an immediate family member of an employee of the Solano County FQHCs, provided however that a member may otherwise be an employee of the County.

In addition to the requirements imposed by these bylaws, CouncilBoard members shall also be subject to all applicable state and federal conflict of interest laws.

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Article VIII: Compensation

Members of the CouncilBoard shall serve without compensation from the FQHC. Travel, lodging, and meal expenses when traveling for out of CouncilBoard business shall be approved in advance by the CouncilBoard.

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Article IX: Meetings

Section I - Regular Meetings

The CouncilBoard shall meet at least monthly and maintain records/minutes that verify and document the board's 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 II - Conduct of Meeting

The meeting shall be conducted in accordance with the most recent edition of *Robert's Rules of Order* unless otherwise specified by these bylaws.

Section III - 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 IV - Notice, Agenda and Supportive Materials

- A. Written notice of each regular meeting of the CouncilBoard, 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 FQHC Executive Director, or his or her designee.
- B. The agenda of each regular meeting shall be posted in each FQHC clinic location and on the clinic's website ~~or any other websites~~.
- 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 CouncilBoard vote is established by the Chair of the CouncilBoard, 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.

E. To hold a special meeting, advance notice of such meeting shall be given.

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Section V – Special Meetings

~~To hold a special meeting, advance notice of such meeting shall be given.~~

Section VI - Quorum and Voting Requirements

- A. A quorum is necessary to conduct business and make recommendations. A quorum shall be constituted by the presence of a majority of the appointed members of the CouncilBoard.
- B. A majority vote of those CouncilBoard members present and voting is required to take any action.
- C. Each member shall be entitled to one vote. Voting must be in person or telephonically; no proxy votes will be accepted.
- D. Teleconferencing may be used as a method for conducting meetings whereby members of the legislative body may be counted towards a quorum and participate in the meeting from remote locations. The following requirements apply:
1. The remote locations may be connected to the meeting location by telephone, video or both;
 2. The notice and agenda of the meeting must identify the remote locations;
 3. The remote locations must be posted and accessible to the public;
 4. All votes must be by roll call; and
5. The meeting must comply with the Brown Act, including participation by members of the public present in remote locations. A quorum of the legislative body must participate from locations within the jurisdiction, but other members may participate from outside the jurisdiction.
- ~~D.E.~~ CouncilBoard member attendance at all meetings shall be recorded on a sign-in sheet. Members are responsible for signing the attendance sheet. 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.
- ~~E.F.~~ The FQHC Executive Director shall have direct administrative responsibility for the operation of the FQHCs and shall attend, or assign a delegate in his/her absence to all meetings of the CouncilBoard, but shall not be entitled to vote.

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Article X: Officers

The Chair and Vice-Chair shall be chosen from among the members of the [CouncilBoard](#).

Section 1: Nomination & Election

Nominees for officers shall be selected from the [CouncilBoard](#) membership. Nominations for officers shall be made at the regular November meeting. A nominee may decline nomination.

Officers shall be elected annually by a majority vote of these members present and voting, as the first order of business at the December meeting of the [CouncilBoard](#).

Initial selection of officers upon creation of the [CouncilBoard](#) will transpire at the same [CouncilBoard](#) meeting following the adoption of these bylaws.

Section 2: Appointment of Chair/Vice Chair

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 membership. A term of office for an officer shall start January 1, and shall terminate December 31, of the same year, or shall serve until a successor is elected.

Section 3: Vacancies

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

Section 4: 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 [CouncilBoard](#).

1. Chair

The Chair shall preside over meetings of the [CouncilBoard](#), 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 [CouncilBoard](#).

2. 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 [CouncilBoard](#).

Article XI: Executive Committee

Section 1: Meetings

The Executive Committee shall meet on an as needed basis and at such time and place as it may designate and shall keep a record of all its proceedings and actions.

Special meetings of the Executive Committee may be called on one (1) day's notice by the Chair.

Section 2: Membership

The Executive Committee shall consist of the Chair, Vice-Chair, and one (1) member of the [Council Board](#) elected as a member-at-large. Patient members shall be strongly encouraged to serve on the Executive Committee.

Section 3: Election

Officers shall be elected annually by a majority vote of these members present and voting, as the first order of business at the December meeting of the [Council Board](#), in accordance with Article X.

Section 4: Powers

The Executive Committee shall coordinate the activities of all committees; and shall perform such other duties as prescribed by the [Council Board](#).

Section 5: Voting

The Executive Committee shall act by majority vote of those present at a meeting having a quorum. Two (2) members of the Executive Committee shall constitute a quorum.

Section 6: Vacancies

Vacancies on the Executive Committee shall be filled by special election at a regular or special meeting of the [Council Board](#), in accordance with Article X.

Article XII: Committees

In addition to Executive Committees pursuant to Article XI. The Council Board may designate one or more committees as the Council Board sees as appropriate to carry out its responsibilities. The designation shall be adopted at a meeting of the Council Board at which a quorum is present. Each standing committee shall be subject to the requirements of the Ralph M. Brown Act.

Each committee shall consist of two (2) or more Council Board members, at least one (1) of who is a patient member. Committees may also consist of additional persons from the community chosen for their knowledge and concern about a specific issue or field or endeavor who are not members of the Council Board.

The designation of such committees and the delegation thereto of authority shall not operate to relieve the Council Board of its responsibility. Any actions or recommendations of a committee must be approved by the Council Board.

Section 1: Committee Appointments

A. Chair

The Chair of the Council Board shall appoint the Committee Chair from the members of the committee.

B. Members

Committee members shall be appointed by the Chair of the Council Board and are subject to the review of the Council Board.

C. Term of Office

The Chair of a committee shall hold office for a maximum on one (1) year or until a successor is appointed and approved. All members of each committee shall hold office for one (1) year. A person shall be limited to no more than four (4) consecutive terms of membership.

D. Vacancies

The Chair, with the approval of the Council Board, shall have the power to fill any vacancies that occur on the committee.

Section 2: Meetings

All meetings of the committees shall meet at such time and place as designated by the Chair of the committee and as often as necessary to accomplish their duties.

Section 3: Minutes

All committees shall maintain written minutes of all meetings, which shall be available to the Council Board. They shall report in writing to the Council Board as necessary, in the form of reports or recommendations.

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Article XIII: Amendments and Dissolution

Amendments: The bylaws may be repealed or amended, or new Bylaws may be adopted at any meeting of the CouncilBoard 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 CouncilBoard and County Board of Supervisors.

Dissolution: Dissolution of the CouncilBoard shall only be by affirmative vote of the CouncilBoard and County Board of Supervisors at duly scheduled meetings. The causes for dissolution may include changes in laws, regulations, or external environments, circumstances that dictate dissolution such as the identification of an environment that would constitute a threat to patient, employee, or public safety, clinical care, or inappropriateness, or any other circumstance that would constitute a violation of the County Law, or laws and regulations governing FQHC programs, or threaten credentialing, accreditation, or certifications that permit the delivery of services to patients. In considering dissolution, the CouncilBoard and County Board shall take into consideration the importance of FHS services to the community, and only exercise such authority as a last resort or remedy.

CERTIFICATION

These bylaws were approved at a meeting of the board by a two thirds majority vote on

_____, 2019.

Chair Date

Vice Chair Date

APPENDIX “A” Conflict of Interest

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. CouncilBoard members be faithful to the organization and can never use information obtained in his/her position as a CouncilBoard member for personal gain.

Responsibilities of CouncilBoard Members

1. A CouncilBoard member must declare and explain any potential conflicts of interest related to:
 - Using her/his CouncilBoard appointment in any way to obtain financial gain for the member’s household or family, or for any business with which the CouncilBoard member or a CouncilBoard member’s household or family is associated; and
 - Taking any action on behalf of the CouncilBoard, the effect of which would be to the member’s household or family’s, private financial gain or loss.
2. No member of the CouncilBoard shall vote in a situation where a personal conflict of interest exists for that member.
3. No member of the CouncilBoard shall be an employee or an immediate family member of an employee of the FQHC clinics; however, a member may otherwise be an employee of the county.
4. No CouncilBoard member shall be an employee of an FQHC or an immediate family member of an employee.
5. Any member may challenge any other member(s) as having a conflict of interest by the procedures outlined in the CouncilBoard’s Bylaws, Article IX.

As a CouncilBoard member, my signature below acknowledges that I have received, read and had an opportunity to ask clarifying questions regarding these conflict of interest requirements. I understand that any violation of these requirements may be grounds for removal from CouncilBoard 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.

CouncilBoard Member’s name (please print):

CouncilBoard Member’s signature:

_____ Date: _____

**County of Solano
Community Healthcare Board
Regular Meeting**

February 20, 2019
12:00 pm-2:00 pm
2101 Courage Drive, Fairfield, CA 94533
Multi-Purpose Room

Agenda Item 9a

Revised Bylaws - Clean

BYLAWS OF
THE COUNTY OF SOLANO
COMMUNITY HEALTHCARE BOARD

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Introduction

This body shall be known as the County of Solano Community Healthcare Board, and shall be thereafter referred to as the “Board”. The Board is also known as “Board” under Health Resources and Services Administration (HRSA). The Board shall serve as the independent local co-applicant governing board of the Solano County Family Health Services Health Centers pursuant to the Public Health Services Act and its implementing regulations. The County of Solano, a public entity and political subdivision of the State of California, shall act as co-applicant with the Board.

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Article I: Purpose

The Board is the patient/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 network of federally-qualified health centers ("FQHCs").

The Board shall work cooperatively with the County of Solano Board of Supervisors acting in its role as co-applicant, to support and guide the Solano County Family Health Services Health Centers ("FHS") in its mission to provide comprehensive health care that is quality-driven, affordable and culturally competent to the people of Solano County.

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Article II: Responsibilities

The Board has specific responsibilities to meet the governance expectations of HRSA, while day-to-day operational and management authority reside with FHS staff.

The Board's responsibilities include providing advice, leadership and guidance in support of FHS's mission.

The Board shall work with FHS's management and community leaders to actively engage in long-term strategic planning to position FHS now and into the future.

The Board will be knowledgeable about marketplace trends and shall have the responsibility for assisting and advising FHS to ensure that FHS remains viable in its marketplace while it pursues its mission.

The Board shall have the following responsibilities:

- Hold regular meetings and maintain a record of all official actions;
- Identification and consultation about the services to be delivered and the hours of operation;
- Review and approve financial priorities and recommend approval of the FQHC clinic budget and Health Center Program project budget in accordance with financial management policies retained by the Board of Supervisors;
- Monitoring the financial status of the health center, including reviewing financial status reports and results of the annual audit, and recommending appropriate follow-up actions are taken;
- Adoption of policies necessary and proper for the efficient and effective operation of the FQHC clinics;
- Periodic evaluation of the effectiveness of the FQHC clinics in making services accessible to County residents;
- Review and approval of a procedure for hearing and resolving patient grievances;
- Approval of the implementation and ongoing operation of the FQHC clinics;
- Adoption of a quality of care audit procedure;
- Compliance with federal, state, and local laws and regulations;
- Adoption of bylaws;
- Approve the selection, performance evaluation, retention, and dismissal of the health center's Executive Director;
- Approve any clinic fees and discount program;
- Long-term strategic planning, which would include regular updating of the health center's mission, goals, and plans, as appropriate;
- Evaluating the health center's progress in meeting its annual and long-term goals; and
- Approving applications related to the health center project including grants/designation application and other HRSA requests regarding scope of project.
- Delegate approval of credentialing and privileging of providers to the Chief Medical Officer – Medical Services Division Director

Article III: Limitations of Authority

The Board of Supervisors shall maintain the authority to set general policy on fiscal and personnel matters pertaining to the FQHC clinics, including financial management practices, charging and rate setting, labor relations and conditions of employment. The Board 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.

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Article IV: Members

Section I – Membership

There shall be at least nine (9) and no more than nineteen (19) at large voting members of the Board and one ex-officio non-voting member.

1. Membership categories:

A. Patient Members selected from patients or qualified elected representatives of patients of the Solano County FQHCs ("Patient Members").

B. Community Members ("Community Members") from differing segments of the County with expertise in community affairs, finance, legal affairs, or business or other commercial concerns; and

C. The FQHC Executive Director, who shall serve as an ex-officio non-voting member of the Board.

2. Following the establishment of the Board and the seating of its initial members, the appointment of any member and the filling of any vacancy shall be made by the Board by a majority vote. The FQHC Executive Director shall submit a recommended a list of nominees to the Board. The Director shall ensure that each nominee meets the requirements discussed in Article IV.

Section II – Membership Qualifications.

1. No more than one-half of the Community Members may receive more than ten percent (10%) of his or her annual income from the health care industry.

2. All members must either be living or working in Solano County, or other demonstrable connection to the community. No member of the Board shall be an employee or an immediate family member of an employee of the County of Solano. No member shall have a financial interest, which would constitute a conflict of interest.

3. A majority of members of the board (at least 51 percent) must be individuals who are served by the health center.

4. Patient board members must be a current registered patient of the health center and must have accessed the health center in the past 24 months to receive at least one or more in-scope service(s) that generated a health center visit.

5. As a group, patient members of the board must reasonably represent the individuals who are served by the health center in terms of race, ethnicity, and gender. Health centers are also encouraged to consider patient members' representation in terms of other factors such as socioeconomic status, age, and other relevant demographic factors.

6. 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.

7. As a recipient of section 330(h) grant funds (Healthcare for the Homeless), at least one member of the board shall represent the homeless population served by the health center. This board member shall either be a Patient or Community member as define in Section I of this Article. Representation could include advocates for the homeless population, someone who currently is or has experienced homelessness, or has expertise about, or works closely with the homeless population.

Section III - Responsibilities and Rights of Members

1. All members must:

A. Attend all Board meetings subject to the requirements of Article VI

B. Serve without compensation from the FQHC; however mileage and meal expenses may be allowable in accordance with the reimbursement policies of the County of Solano.

C. Be subject to the conflict of interest rules applicable to the Board of Supervisors of the County of Solano and the laws of the State of California.

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

Article V: Term of Office

The term of office for Board members shall be for four (4) years. A member shall be limited to no more than three (3) consecutive terms of membership. The effective date of membership corresponds to the date of appointment.

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Any member may be removed whenever the best interests of FHS or the Board 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 Board. 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 Board.

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

The Board will accept a verbal resignation of a Board member as long as it is properly documented. The Board will send an email or letter to the Board member confirming the resignation. Following seven days (7) of receipt of the letter by the Board, the resignation is accepted.

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Article VII: Conflict of Interest

A conflict of interest is a transaction with FHS in which a Board member has a direct or indirect economic or financial interest. Conflict of interest or the appearance of conflict of interest by Board members, employees, consultants and those who furnish goods or services to FHS must be declared. Board members are required to declare any potential conflicts of interest by completing a conflict of interest declaration form (see Appendix "A").

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 Board shall vote in a situation where a personal conflict of interest exists for that member.

No member of the Board shall be an employee or an immediate family member of an employee of the Solano County FQHCs, provided however that a member may otherwise be an employee of the County.

In addition to the requirements imposed by these bylaws, Board members shall also be subject to all applicable state and federal conflict of interest laws.

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- B. The agenda of each regular meeting shall be posted in each FQHC clinic location and on the clinic's website or any other websites
- 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 Board vote is established by the Chair of the Board, 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.
- E. To hold a special meeting, advance notice of such meeting shall be given.

Section V - Quorum and Voting Requirements

- A. A quorum is necessary to conduct business and make recommendations. A quorum shall be constituted by the presence of a majority of the appointed members of the Board.
- B. A majority vote of those Board members present and voting is required to take any action.
- C. Each member shall be entitled to one vote. Voting must be in person or telephonically; no proxy votes will be accepted.
- D. Teleconferencing may be used as a method for conducting meetings whereby members of the legislative body may be counted towards a quorum and participate in the meeting from remote locations. The following requirements apply:
 - 1. The remote locations may be connected to the meeting location by telephone, video or both;
 - 2. The notice and agenda of the meeting must identify the remote locations;
 - 3. The remote locations must be posted and accessible to the public;
 - 4. All votes must be by roll call; and
 - 5. The meeting must comply with the Brown Act, including participation by members of the public present in remote locations. A quorum of the legislative body must participate from locations within the jurisdiction, but other members may participate from outside the jurisdiction.
- E. Board member attendance at all meetings shall be recorded on a sign-in sheet. Members are responsible for signing the attendance sheet. 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.
- F. The FQHC Executive Director shall have direct administrative responsibility for the operation of the FQHCs and shall attend, or assign a delegate in his/her absence to all meetings of the Board, but shall not be entitled to vote.

Article X: Officers

The Chair and Vice-Chair shall be chosen from among the members of the Board.

Section 1: Nomination & Election

Nominees for officers shall be selected from the Board membership. Nominations for officers shall be made at the regular November meeting. A nominee may decline nomination.

Officers shall be elected annually by a majority vote of these members present and voting, as the first order of business at the December meeting of the Board.

Initial selection of officers upon creation of the Board will transpire at the same Board meeting following the adoption of these bylaws.

Section 2: Appointment of Chair/Vice Chair

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 membership. A term of office for an officer shall start January 1, and shall terminate December 31, of the same year, or shall serve until a successor is elected.

Section 3: Vacancies

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

Section 4: 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 Board.

1. Chair

The Chair shall preside over meetings of the Board, 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 Board.

2. 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 Board.

Article XI: Executive Committee

Section 1: Meetings

The Executive Committee shall meet on an as needed basis and at such time and place as it may designate and shall keep a record of all its proceedings and actions.

Special meetings of the Executive Committee may be called on one (1) day's notice by the Chair.

Section 2: Membership

The Executive Committee shall consist of the Chair, Vice-Chair, and one (1) member of the Board elected as a member-at-large. Patient members shall be strongly encouraged to serve on the Executive Committee.

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Officers shall be elected annually by a majority vote of these members present and voting, as the first order of business at the December meeting of the Board, in accordance with Article X.

Section 4: Powers

The Executive Committee shall coordinate the activities of all committees; and shall perform such other duties as prescribed by the Board.

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The Executive Committee shall act by majority vote of those present at a meeting having a quorum. Two (2) members of the Executive Committee shall constitute a quorum.

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Vacancies on the Executive Committee shall be filled by special election at a regular or special meeting of the Board, in accordance with Article X.

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In addition to Executive Committees pursuant to Article XI. The Board may designate one or more committees as the Board sees as appropriate to carry out its responsibilities. The designation shall be adopted at a meeting of the Board at which a quorum is present. Each standing committee shall be subject to the requirements of the Ralph M. Brown Act.

Each committee shall consist of two (2) or more Board members, at least one (1) of who is a patient member. Committees may also consist of additional persons from the community chosen for their knowledge and concern about a specific issue or field or endeavor who are not members of the Board.

The designation of such committees and the delegation thereto of authority shall not operate to relieve the Board of its responsibility. Any actions or recommendations of a committee must be approved by the Board.

Section 1: Committee Appointments

A. Chair

The Chair of the Board shall appoint the Committee Chair from the members of the committee.

B. Members

Committee members shall be appointed by the Chair of the Board and are subject to the review of the Board.

C. Term of Office

The Chair of a committee shall hold office for a maximum on one (1) year or until a successor is appointed and approved. All members of each committee shall hold office for one (1) year. A person shall be limited to no more than four (4) consecutive terms of membership.

D. Vacancies

The Chair, with the approval of the Board, shall have the power to fill any vacancies that occur on the committee.

Section 2: Meetings

All meetings of the committees shall meet at such time and place as designated by the Chair of the committee and as often as necessary to accomplish their duties.

Section 3: Minutes

All committees shall maintain written minutes of all meetings, which shall be available to the Board. They shall report in writing to the Board as necessary, in the form of reports or recommendations.

DRAFT

Article XIII: Amendments and Dissolution

Amendments: The bylaws may be repealed or amended, or new Bylaws may be adopted at any meeting of the Board 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 Board and County Board of Supervisors.

Dissolution: Dissolution of the Board shall only be by affirmative vote of the Board and County Board of Supervisors at duly scheduled meetings. The causes for dissolution may include changes in laws, regulations, or external environments, circumstances that dictate dissolution such as the identification of an environment that would constitute a threat to patient, employee, or public safety, clinical care, or inappropriateness, or any other circumstance that would constitute a violation of the County Law, or laws and regulations governing FQHC programs, or threaten credentialing, accreditation, or certifications that permit the delivery of services to patients. In considering dissolution, the Board and County Board shall take into consideration the importance of FHS services to the community, and only exercise such authority as a last resort or remedy.

CERTIFICATION

These bylaws were approved at a meeting of the board by a two thirds majority vote on _____, 2019.

Chair

Date

Vice Chair

Date

APPENDIX “A” Conflict of Interest

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. Board members be faithful to the organization and can never use information obtained in his/her position as a Board member for personal gain.

Responsibilities of Board Members

1. A Board member must declare and explain any potential conflicts of interest related to:
 - Using her/his Board appointment in any way to obtain financial gain for the member’s household or family, or for any business with which the Board member or a Board member’s household or family is associated; and
 - Taking any action on behalf of the Board, the effect of which would be to the member’s household or family’s, private financial gain or loss.
2. No member of the Board shall vote in a situation where a personal conflict of interest exists for that member.
3. No member of the Board shall be an employee or an immediate family member of an employee of the FQHC clinics; however, a member may otherwise be an employee of the county.
4. No Board member shall be an employee of an FQHC or an immediate family member of an employee.
5. Any member may challenge any other member(s) as having a conflict of interest by the procedures outlined in the Board’s Bylaws, Article IX.

As a Board member, my signature below acknowledges that I have received, read and had an opportunity to ask clarifying questions regarding these conflict of interest requirements. I understand that any violation of these requirements may be grounds for removal from Board 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.

Board Member’s name (please print):

Board Member’s signature:

Date: _____

**County of Solano
Community Healthcare Board
Regular Meeting**

February 20, 2019
12:00 pm-2:00 pm
2101 Courage Drive, Fairfield, CA 94533
Multi-Purpose Room

**Agenda Item 9 – b
Family Health Services Policies**

#100.01 – Insurance Eligibility

#100.02 – Cash Handling

#100.03 – Sliding Fee Scale Discount Program



Family Health Services

Insurance Eligibility

Policy Number: 100.01

Effective Date	March 1, 2019
Frequency of Review	Annual
Last Reviewed	February 13, 2019
Last Updated	February 13, 2019
Author	Janine Harris
Responsible Department	Revenue Cycle Management

PURPOSE:

The purpose of this policy is to describe requirements for verifying insurance eligibility for Family Health Services (FHS) patients. FHS staff are expected to comply with this policy and procedure.

FHS will ensure access to health care services by families and individuals regardless of the patient's ability to pay. At no time will a patient be denied services because of an inability to pay. Refer to the Sliding Fee Scale Discount Program policy and procedure.

DEFINITIONS:

Other Health Coverage (OHC) - Private insurance, commercial insurance, Kaiser, Tri-Care, out-of-network managed Medi-Cal, Medicare Part C.

Share of Cost (SOC) – Monthly dollar amount defined by Medi-Cal that subscriber must pay or agree to pay towards medical expenses before Medi-Cal eligibility begins, similar to a private insurance co-payment or deductible.

BACKGROUND

It is the policy of Solano County Health and Social Services to uphold compliance with government regulations. FHS is a Federally Qualified Health Center (FQHC) and receives federal funding under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b) ("section 330"), as amended (including sections 330(e) and (h)). The program is administered by the federal Health Resources and Services Administration (HRSA).

POLICY:

FHS shall verify insurance eligibility for each patient upon scheduling an appointment, pre-registration, and check-in. Same-day appointments, next-day appointments, or walk-in appointments will be verified upon scheduling and check-in. FHS staff will notify patients if documentation is needed to complete verification of insurance eligibility. Some examples include: copy of insurance card, social security number, insurance policy number, etc.

If the patient is a candidate for FHS's Sliding Fee Scale Discount program, FHS staff will inform the patient of the necessary documentation to complete the application for the program. See the Sliding Fee Scale Discount program policy and procedure for further information on the program.



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FHS staff responsible for calling patients with appointment reminders will review the patient's insurance and request a pre-authorization from insurance companies, as required by a patient's insurance policy, during pre-registration. Pre-registration will be done two or three business days prior to the scheduled appointment. FHS staff will remind the patient to bring required documentation to the appointment, such as the insurance card or sliding fee scale application documentation.

Front office and call center staff will educate patients on insurance and, if applicable, related third-party coverage options available to them. If the patient has a balance due, front office or billing and collections staff will request applicable payments from patients, while ensuring that no patient is denied service based on inability to pay. If the patient qualifies for a fee waiver, as described in the Fee Waiver policy and procedure, front office or billing and collections staff will inform the patient as described in the Fee Waiver policy and procedure.

PROCEDURE:

1. Front office staff will provide methods for appropriate and sensitive evaluation of each patient's ability to pay for services rendered.
 - a. Financial screening of each patient shall not impact health care delivery.
 - b. Screening will include exploration of patient's possible qualifications for specialized payer programs. Staff will encourage patients to apply for appropriate funding programs and facilitate an application when appropriate.
 - c. Practice managers, Revenue Cycle Manager, and Executive Director are authorized to waive patient fees due to expressed financial hardship or disputes, as described in the fee waiver policy.
2. Payers
 - a. General Payers:
 - i. Medi-Cal: Most Medi-Cal patients are insured through Solano County's managed care provider, Partnership HealthPlan of California (PHC). PHC members must be:
 1. Assigned to FHS for their primary care; or
 2. Special members, which is typically due to being within the first 30 days of PHC membership and therefore not yet formally assigned to a primary care provider (PCP), or determined to have a specific health condition that needs special care; or
 3. Pre-authorized to be seen by an FHS provider.
 - ii. State Only Medi-Cal: Most State Only Medi-Cal patients have restricted benefits or are transitioning to the managed care program.
 - iii. Medicare (non-managed care type): Most patients qualify due to age and/or disability or may be a dependent of an aged and/or disabled person.
 - iv. OHC:
 1. FHS does not accept Kaiser patients.
 2. Other OHC's are not generally accepted, unless the OHC is in addition to PHC (for example, the patient has Blue Cross and is PHC Medi-Cal and assigned to FHS). Courtesy billing for OHC is available, however,



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- patient is responsible for any costs not covered by non-contracted insurance providers.
- b. Specialized Payers: the following payer types are government funded programs and require application screening to determine eligibility:
 - i. Family Planning, Access, Care and Treatment (FPACT) program: State program for family planning services. Covers sexually transmitted infection (STI) checks, birth control methods and emergency contraception.
 - ii. Every Woman Counts (EWC): Breast and cervical cancer screening and diagnostic services. Covers clinical breast exam, screening and diagnostic mammogram, pelvic exam and pap.
 - iii. Child Health and Disability Prevention (CHDP) Program (Gateway): Well care visits, including immunizations, for children who are uninsured/underinsured. The age limit is 18 years and 11 months. Grants 60 days of full Medi-Cal benefits while the family formally applies for on-going insurance.
 - iv. County Medical Services Program (CMSP): Provides limited-term health coverage for uninsured low-income, indigent adults who are not otherwise eligible for other publicly funded health care programs.
 - c. Self-Pay Payers
 - i. Uninsured patients, or patients with non-contracted insurance types, are responsible to pay for visit costs, including ancillary services. Uninsured patients are encouraged to apply for the Sliding Fee Scale Discount Program, as described in the Sliding Fee Scale Discount Program policy and procedure.
3. Verification of Eligibility and Benefits Determination by Payer
- a. Medi-Cal
 - i. Eligibility Verification: Verification of coverage, restrictions, and Share of Cost (SOC) must be obtained through the Medi-Cal website. Patients who may be eligible for Medi-Cal, but are not enrolled, will be encouraged to apply.
 - ii. Benefits Determination: Once the eligibility is verified, benefit type must be reviewed. There are several types of Medi-Cal benefits, ranging from full scope to restricted services. For additional information, the Medi-Cal provider manual can be referenced for benefit rulings. If coverage indicates that the patient is a member of PHC, then eligibility and assignment must be verified via the PHC provider web portal.
 - b. Partnership HealthPlan of California (PHC)
 - i. Eligibility Verification: Information regarding eligibility of coverage must be obtained through the PHC provider web portal.
 - ii. Benefits Determination: All Medi-Cal benefit rulings apply to PHC patients assigned to FHS; however, PHC may offer more benefits than State Medi-Cal (see PHC provider manual).
 - c. Medicare
 - i. Eligibility Verification: Information regarding eligibility of coverage must be obtained through the Noridian web portal. Some Medicare patients have



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- supplemental insurance coverage that may include commercial insurance or Medi-Cal coverage.
- ii. **Benefits Determination:** Medicare typically requires an annual deductible that must be met prior to accessing benefits; however, FHS's FQHC status allows waiver of the deductible.
- d. **Other Government Funded Programs**
- i. **Eligibility Verification:** Government funded programs have eligibility period limitations, ranging from one day to one year. Eligibility periods for FPACT, EWC, and CHDP/Gateway can be obtained through the Medi-Cal eligibility portal.
 - ii. **Benefits Determination:**
 - 1. **FPACT:** covers all birth control methods offered at the FHS health centers, STI screenings and treatments as part of the primary benefits. For secondary benefits, review FPACT Benefits Grid located on the Medi-Cal website.
 - 2. **EWC:** covers annual cervical and breast cancer screenings as part of the primary benefits. For secondary benefits, review the covered procedure list located on the Medi-Cal website.
 - 3. **CHDP/Gateway:** grants full scope Medi-Cal benefits on a temporary basis to allow application processing for Medi-Cal.
- e. **OHC**
- i. **Eligibility Verification:** Eligibility will be verified using the patient's insurance card. A copy of the insurance card will be taken and scanned into the practice management system.
 - ii. **Benefits Determination:** As insurance plan benefits vary significantly, it is the patient's responsibility to understand their insurance benefits prior to obtaining services. Since understanding health insurance benefits can be challenging, as a courtesy, FHS staff may assist the patients with obtaining coverage information.
4. **Enrollment: Other State Funded Programs**
- a. FHS is a qualified provider allowed to screen, verify, and enroll uninsured and underinsured patients in State funded programs using guidelines set forth by each of the following programs:
 - i. **FPACT:** Patients are residents of California that demonstrate a need for family planning services, but have no other source of family planning coverage, and qualify for the program based on family income. Medi-Cal patients with an unmet share of cost may also be eligible. In accordance with FPACT guidelines, eligibility determination and enrollment are conducted by FHS staff (patient completes an application) with point of service activation, granting the applicant up to one year of benefits for family planning and reproductive health services. Qualified applicants are given a membership card and informed about program benefits, state-wide access, as well as the renewal process.
 - ii. **EWC:** Provides free clinical breast exams, mammograms, pelvic exams, and pap tests to California's underserved women. The mission of the EWC



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program is to save lives by preventing and reducing the devastating effects of cancer for Californians through education, early detection, diagnosis and treatment, and integrated preventive services, with special emphasis on the underserved. Income qualification and age-related service information are available at the EWC website.

1. FHS staff will screen patients for eligibility in accordance with program guidelines. The EWC application packet is completed by the patient, and the completed application is processed by FHS staff via the online portal. Patients are issued a paper membership card granting up to one year of benefits for breast and/or cervical services and given information regarding program benefits and the program renewal process. They are also instructed to present their membership card when obtaining services outside of FHS, such as a mammogram.
 - iii. CHDP/Gateway: Provides complete health assessments for the early detection and prevention of disease and disabilities for low-income children and youth. A health assessment consists of a health history, physical examination, developmental assessment, nutritional assessment, dental assessment, vision and hearing tests, a tuberculin test, laboratory tests, immunizations, health education/anticipatory guidance, and referral for any needed diagnosis and treatment.
 1. In accordance with current CHDP guidelines, FHS staff will pre-screen patients for program eligibility and provide a program application to eligible patients. Staff enters the completed application via the CHDP Gateway and prints two paper cards, with one card signed by the participant's parent or guardian, along with a verbal explanation from FHS staff that the child is fully covered by Medi-Cal until the expiration date printed on the card. It is the parent's responsibility to follow-up with the County's Employment and Eligibility division regarding further application requirements for ongoing Medi-Cal eligibility.
 - iv. Ryan White HIV/AIDS Program (RWHAP)
 1. For patients receiving Ryan White HIV/AIDS Program funded services, the annual cap on charges related to HIV care will be as described in the Ryan White Part C/North Bay AIDS Center Sliding Fee Scale and Billing Caps policy and procedure.
5. Patient Information Policy
- a. Exchange of Information
 - i. Patients are asked registration questions verbally upon scheduling an appointment, pre-registration, and/or check-in. Information is collected on all new patients and updated at least every 12 months. Patient address, phone number, date of birth, and gender must be confirmed at each visit. Necessary demographic information is collected for program and agency-wide reporting purposes.
 - b. Patient Scheduling



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- i. Appointment requests may be made in person or over the phone. At the time of an appointment request, staff will confirm the patient's name, date of birth, phone number, and insurance. The patient's reason for the appointment should be requested to determine appointment type and duration.
 - c. No Show and Late Cancels Defined
 - i. No show appointment: Patient does not arrive for a scheduled appointment.
 - ii. Late cancel appointment: Patient cancels appointment less than 24 hours prior.
 - d. Follow-up
 - i. If deemed necessary by the medical provider, FHS staff will follow up with patients unable to attend a previously scheduled appointment to schedule another appointment or determine if the health issue has been resolved.
6. Sliding Fee Scale (SFS) Discount Program
 - a. SFS is available to uninsured or underinsured patients who qualify according to family size and income [individuals/families living at or below 200% of the Federal Poverty Guidelines (FPG)]. Patients must first be screened for other public insurance eligibility.
 - b. Patients interested in applying for this program are required to complete an application and provide proof of household income and identification, as described in the Sliding Fee Scale Discount Program policy and procedure.
7. Patient Account Balances
 - a. Patients with account balances of \$5.00 or more are sent a monthly statement. FHS registration staff will review the patients account balance upon check-in and if the patient has a balance due, will ask the patient if they would like to make a payment on their account. The patient will be directed to the accounting window to make the payment. If the accounting clerk is not available, registration staff will accept the payment, as described in the FHS Cash Handling policy and procedure.
8. Collections
 - a. FHS staff will make every reasonable effort to collect reimbursement for services provided to patients. This includes collection at the time of service.

Knowledge of a violation or potential violation of this policy must be reported directly to the FHS Revenue Cycle Manager and the FHS Executive Director.

REFERENCED POLICIES	Sliding Fee Scale Discount Program Fee Waiver Ryan White Part C/North Bay AIDS Center Sliding Fee Scale and Billing Caps Cash Handling
REFERENCED FORMS	Child Health and Disability Prevention (CHDP/Gateway) Family Planning, Access, Care and Treatment (FPACT) Every Woman Counts (EWC)
REFERENCES	Health Center Program Compliance Manual



Family Health Services

Insurance Eligibility

Policy Number: 100.01

Chair - Community Healthcare Board

Date

Vice-Chair - Community Healthcare Board

Date



Family Health Services

Cash Handling Policy Number: 100.02

Effective Date	March 1, 2019
Frequency of Review	Annual
Last Reviewed	February 13, 2019
Last Updated	February 13, 2019
Author	Janine Harris
Responsible Department	Revenue Cycle Management

PURPOSE:

The purpose of this policy is to describe requirements for cash handling in Family Health Services (FHS). FHS staff are expected to comply with this policy and procedure.

DEFINITIONS:

Cash – Currency, coin, check, money order, traveler’s checks, credit card, or debit card.

Cash Collection Points – Designated area where cash is received. FHS cash collection points include: 1119 East Monte Vista Avenue, Vacaville; 2201 Courage Drive, Fairfield; 2101 Courage Drive, Fairfield; 365 Tuolumne Street, Vallejo.

BACKGROUND

It is the policy of Family Health Services to uphold compliance with the Department of Health and Social Services cash handling policy and procedure to ensure adequate safeguarding over the County’s cash collections.

POLICY:

It is the intent of FHS to follow the Department’s policy to establish internal controls over cash handling to ensure adequate safeguarding.

FHS staff shall abide by the Department’s policy, including depositing collections daily with the County Treasurer’s office and not using collections to make disbursements or refunds. Checks will be endorsed upon receipt of the check and receipts will be issues to patients for payments made.

Segregation of duties is essential. A supervisor or manager will verify each deposit to ensure all collections received to pay for services provided are posted to the Electronic Medical Record, NextGen. Collections received for medical record or copy fees shall be documented and tracked, as described in the Medical Records Copy Fees policy and procedure.

PROCEDURE:

1. Accepted Forms of Payment
 - a. Currency/Coins: Currency/coins are counted in front of the patient and a receipt is provided. Currency/coins are deposited daily using established County procedures.
 - b. Credit/Debit Cards: Credit/debit card is processed using the credit card terminal and a receipt is provided. Credit card transactions are documented on the credit card log and



Family Health Services

Cash Handling

Policy Number: 100.02

- submitted to the back-office billing and collections accounting supervisor at the end of each day.
- c. **Personal Checks:** Checks are verified with the patient's name, the back of the check is stamped with the Solano County bank account information for the deposit, and a receipt is provided. Checks are deposited daily using established County procedures.
 - d. **Money Orders/Traveler's Checks:** The back of the money order/traveler's check is stamped (endorsed) with the Solano County bank account information for the deposit and a receipt is provided. Money orders/traveler's checks are deposited daily using established County procedures.
2. **Posting Payments to Patient's Account**
- a. At the beginning of each day, front office accounting clerks will open a batch in NextGen. The naming convention will be the accounting clerk's initials followed by the date.
 - b. Collections are posted, upon receipt, in the NextGen batch to the patient's account by the front office accounting clerk, or other front office staff if the accounting clerk is absent.
 - c. Receipts are generated and printed from NextGen upon posting to the patient's account and given to the patient.
 - d. At the end of each day, collections and the NextGen batch are reconciled by the accounting clerk or front office staff who collected payments. The reconciliation is reviewed and signed by a supervisor or manager.
 - e. Credit/debit card transactions are logged on the credit card log and sent to the back-office billing and collections accounting supervisor at the end of each day. The back-office billing and collections accounting supervisor will use the credit card log to prepare the deposit permit when the payment is posted to the County's bank account.
 - f. The deposit bag, deposit ticket, and deposit permit for the collections are prepared at the end of each day, following the established Department procedures. The deposit bag is locked in the safe until the County Courier arrives the next morning to pick up the deposit bag and deliver it to the County Treasurer's office.
3. **Cut-off Time for Same Day Payment Posting**
- a. Payments received after 3:30 pm may be posted to the patient's account the following business day to allow the accounting clerk sufficient time to reconcile and prepare the daily deposit.
4. **Receipts for payment**
- a. Manual receipts are written in instances of NextGen system down time. A receipt is written from a pre-numbered receipt book assigned to the front office supervisor. The white copy of the receipt is given to the patient, the yellow copy is given to the front office accounting clerk or front office staff responsible for preparing the daily deposit along with the payment, and the pink copy will stay in the book.
 - i. Pre-numbered receipts shall be used in order and reconciled daily to ensure all receipts are accounted for and all payments are posted to NextGen.
 - b. Electronic receipts are generated and printed from NextGen and given to the patient upon collection of payment.
5. **Storage of Collections**



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- a. Upon receipt, collections are placed in the locked cash drawer or safe until the end of the day when the deposit is prepared.
 - b. After the deposit bag is prepared, it is stored in the safe until picked up by the courier.
6. Payment Arrangements
- a. Payment arrangements may be negotiated between the patient and front office billing and collections staff. Payment arrangements shall provide up to three payment installments for past due charges, or more if approved by the practice manager. Front office billing and collections staff will communicate all payment arrangements with the back-office billing and collections accounting supervisor to ensure patient statements are sent appropriately.
7. Refunds
- a. Refunds are requested by front office billing and collections staff by emailing the back-office billing and collections accounting supervisor. The back-office billing and collections accounting supervisor will review and approve, according to the established refund process in the back office.
8. Non-Sufficient Funds (NSF) Returned Checks
- a. NSF returned checks are received by the back-office billing and collections accounting supervisor. The back-office billing and collections accounting supervisor will reverse the payment in the County's accounting system, according to the established NSF process in the back office. The back-office billing and collections accounting supervisor will forward the information to the appropriate front office accounting clerk, who will reverse the payment and add the County approved NSF fee on the patient's account.
9. Void and Deleted Transactions
- a. All voided and deleted transactions shall be approved by a supervisor or manager, as described in the Voided and Deleted Payments policy & procedure.
10. Cash Drawer/Change Fund
- a. FHS staff will identify a custodian of records and backup custodian of records for each cash drawer/change fund, located at each cash collection point.
 - b. The custodian of record or backup will be responsible for counting the change fund at the start and end of each day. The custodian of records and backup shall abide by the policy and forms signed when designated as the custodian.

Knowledge of a violation or potential violation of this policy must be reported directly to the FHS Revenue Cycle Manager and the FHS Executive Director, or to the employee compliance hotline.

REFERENCED POLICIES	Health & Social Services Department Cash Handling Policy FHS Medical Records Copy Fees Policy & Procedure Voided and Deleted Payments Policy & Procedure
REFERENCED FORMS	
REFERENCES	



Family Health Services

Cash Handling

Policy Number: 100.02

Chair - Community Healthcare Board

Date

Vice-Chair - Community Healthcare Board

Date



Family Health Services

Sliding Fee Scale Discount Program

Policy Number: 100.03

Effective Date	March 1, 2019
Frequency of Review	Annual
Last Reviewed	February 13, 2019
Last Updated	February 13, 2019
Author	Janine Harris
Responsible Department	Revenue Cycle Management

PURPOSE:

The purpose of this policy is to reduce and/or eliminate financial barriers to patients who qualify for the program to ensure access to services regardless of the patient's ability to pay. At no time will a patient be denied services because of an inability to pay.

DEFINITIONS:

Income – Earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, alimony, child support, or any other sources that typically become available. Noncash benefits, such as food stamps and housing subsidies, do not count.

Family – A group of two or more people who share a common residence, are related by blood, marriage, adoption or otherwise present themselves as related, and share the costs and responsibilities of the support and livelihood of the group.

Proof of Income – Any of the following documentation of gross income shall be accepted as proof of income. Two current pay stubs, most recent federal tax return, award or benefit letter from affiliated agency, income verification documentation from affiliated agency, letter from employer on letterhead, another generally accepted proof of income, or the approved self-declaration form. The self-declaration form may only be used in special circumstances for patients who are otherwise unable to provide proof of income. Use of the self-declaration form must be approved by the front office accounting clerk, a supervisor or a manager. Self-declared patients will be responsible for 100% of their charges until appropriate approval is received.

BACKGROUND

It is the policy of Solano County Health and Social Services to uphold compliance with government regulations. Family Health Services (FHS) is a Federally Qualified Health Center (FQHC) and receives federal funding under the Health Center Program authorized by section 330 of the Public Health Services (PHS) Act (42 U.S.C. 254b) ("section 330"), as amended (including sections 330(e) and (h)). The program is administered by the federal Health Resources and Services Administration (HRSA).

POLICY:

Family Health Services shall provide medical and dental services regardless of a patient's ability to pay. The Sliding Fee Scale Discount Program is available for all patients to apply for. FHS will base program eligibility only on income and family size. A full discount is provided for



Sliding Fee Scale Discount Program

Policy Number: 100.03

individuals and families with annual incomes at or below 100% of the current Federal Poverty Guidelines (FPG); partial discounts are provided for individuals and families with incomes above 100% of the current FPG and at or below 200% of the current FPG; no discounts are provided to individuals and families with annual incomes above 200% of the current FPG. Sliding Fee Scale Discount levels are described in Attachment 1.

Exception: All Ryan White patients may be eligible for sliding fee discounts as described in the Ryan White Part C / North Bay AIDS Center Sliding Fee Scale and Billing Caps Policy.

PROCEDURE:

1. Notification of Sliding Fee Scale Discount Program (SFSDP)
 - a. FHS will notify patients of the SFSDP by:
 - i. Posting notification in the health center waiting area.
 - ii. Verbal notification upon registration
2. Completion of Application for the SFSDP
 - a. The patient or responsible party must complete the Sliding Fee Scale Discount Program application and provide proof of income.
 - b. Incomplete applications will not be processed, and discounts will not be applied until the application is complete.
 - c. FHS front office accounting clerks or a supervisor or manager will review applications for completeness and accuracy.
 - d. Information from the application is input into the practice management system, NextGen. The application and proof of income is scanned into NextGen.
 - e. In instances where the patient is applying for retro eligibility for the program, front office accounting clerks may approve up to 30 days of retro eligibility. Retro eligibility beyond the 30 days may be reviewed and approved by the Revenue Cycle Manager.
3. Eligibility for the SFSDP
 - a. Eligibility is based on income and family size only.
 - b. All patients are eligible to apply for the program.
 - c. Eligibility will be honored for 12 months.
 - i. Upon registration for each subsequent encounter, the patient will be asked if family size or income has changed. If family size or income has changed, the patient will be reassessed for program eligibility by completing a new application and providing updated proof of income.
4. Services, supplies, and equipment
 - a. The SFSDP shall apply to all services listed in the Form 5A: Services Provided (Required Services) on the Health Resources and Services Administration (HRSA) Service Rea Compete (SAC) Application.
 - b. The same methodology will apply to supplies or equipment that are related to, but not included in, the service itself as part of prevailing standards of care (for example, dentures).
5. Collections



Family Health Services

Sliding Fee Scale Discount Program

Policy Number: 100.03

- a. FHS front office staff will review the patient's account upon check-in. If the patient has a balance due, front office staff will request applicable payments from the patient, according to the FHS Insurance Eligibility policy, #100.01.
- b. Payment plans are available upon request, according to the FHS Cash Handling policy, #100.02. The Payment Plan Agreement form is completed by the patient and approved by the front office accounting clerk or office supervisor or manager. The agreement is scanned into NextGen.
6. Refusal to Pay
 - a. If a patient refuses to pay the amount owed, FHS abides by the Health and Social Services collection policy, which places the patient's account as delinquent without payment made within the last 120 days.
7. Record Keeping
 - a. All documentation received from the patient related to the SFSDP application and payment plan agreements are scanned and filed electronically in NextGen.
8. When a patient needs referred care services not provided by FHS, the patient will be referred to a facility which has an agreement for services with FHS. The referred facility must have a sliding fee scale discount program if they charge patients for services rendered under the agreement. Fees for these services must be discounted such that:
 - a. Individuals and families with incomes above 100% of the current FPG and at or below 200% of the FPG receive an equal or greater discount for these services than if FHS SFSDP were applied to the referral provider's fee schedule; and
 - b. Individuals and families at or below 100% of the FPG receive a full discount or a nominal charge for these services.
9. FHS will annually assess SFSDP activity and present findings to the Community Healthcare Board that ensure the SFSDP does not create a barrier for patients access to care. At a minimum, FHS will:
 - a. Collect utilization data that allows it to assess the rate at which patients within each of its discount pay classes, as well as those at or below 100% of the FPG, are accessing health center services;
 - b. Utilize 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 sliding fee scale discount program in reducing financial barriers to care; and
 - c. Identify and implement changes as needed.

Knowledge of a violation or potential violation of this policy must be reported directly to the FHS Revenue Cycle Manager and the FHS Executive Director, or to the employee compliance hotline.



Family Health Services

Sliding Fee Scale Discount Program

Policy Number: 100.03

Attachment 1: Sliding Fee Scale Discount Program Guidelines

Annual Gross Income

SOLANO COUNTY HEALTH AND SOCIAL SERVICES DEPARTMENT FAMILY HEALTH SERVICES													
SLIDING FEE DISCOUNT PROGRAM SUMMARY - Effective Starting Date of Service 3/1/2019													
Patients must complete a sliding fee discount application and submit supporting documents to determine eligibility for participation in the program. Eligibility is re-certified every year. Participating members receive discounts on services, as summarized below. https://aspe.hhs.gov/prior-hhs-poverty-guidelines-and-federal-register-references													
Each applicant household is assigned a category based on annual income and number of people.	Category	A		B		C		D		E		F	
	% Federal Poverty Guidelines (FPG)	100% and under		101-138%		139-170%		171-200%		201-250%		251-300%	
	Income Range for Each Category by Family Size												
Family Size	From	To	From	To	From	To	From	To	From	To	From	To	
1	\$0	\$12,490	\$12,491	\$17,236	\$17,237	\$21,233	\$21,234	\$24,980	\$24,981	\$31,225	\$31,226	\$37,470	
2	\$0	\$16,910	\$16,911	\$23,336	\$23,337	\$28,747	\$28,748	\$33,820	\$33,821	\$42,275	\$42,276	\$50,730	
3	\$0	\$21,330	\$21,331	\$29,436	\$29,437	\$36,261	\$36,262	\$42,660	\$42,661	\$53,325	\$53,326	\$63,990	
4	\$0	\$25,750	\$25,751	\$35,536	\$35,537	\$43,775	\$43,776	\$51,500	\$51,501	\$64,375	\$64,376	\$77,250	
5	\$0	\$30,170	\$30,171	\$41,636	\$41,637	\$51,289	\$51,290	\$60,340	\$60,341	\$75,425	\$75,426	\$90,510	
6	\$0	\$34,590	\$34,591	\$47,736	\$47,737	\$58,803	\$58,804	\$69,180	\$69,181	\$86,475	\$86,476	\$103,770	
7	\$0	\$39,010	\$39,011	\$53,836	\$53,837	\$66,317	\$66,318	\$78,020	\$78,021	\$97,525	\$97,526	\$117,030	
8	\$0	\$43,430	\$43,431	\$59,936	\$59,937	\$73,831	\$73,832	\$86,860	\$86,861	\$108,575	\$108,576	\$130,290	
For each additional person		Add \$4,420		Add \$6,100		Add \$7,514		Add \$8,840		Add \$11,050		Add \$13,260	
				\$6,100		\$7,514		\$8,840		\$11,050		\$13,260	
Patient Discount Percentages													
Category	A		B		C		D		E		F		
Medical/Dental	100%		80%		60%		50%		Full Fee Based on Schedule of Charges				
Exceptions: *Ryan White services may be provided at no charge for patients at 300% or below FPG. See Ryan White Program Policies.													

Monthly Gross Income

SOLANO COUNTY HEALTH AND SOCIAL SERVICES DEPARTMENT FAMILY HEALTH SERVICES													
SLIDING FEE DISCOUNT PROGRAM SUMMARY - Effective Starting Date of Service 3/1/2019													
Patients must complete a sliding fee discount application and submit supporting documents to determine eligibility for participation in the program. Eligibility is re-certified every year. Participating members receive discounts on services, as summarized below. https://aspe.hhs.gov/prior-hhs-poverty-guidelines-and-federal-register-references													
Each applicant household is assigned a category based on monthly income and number of people.	Category	A		B		C		D		E		F	
	% Federal Poverty Guidelines (FPG)	100% and under		101-138%		139-170%		171-200%		201-250%		251-300%	
	BASED ON MONTHLY INCOME Income Range for Each Category by Family Size												
Family Size	From	To	From	To	From	To	From	To	From	To	From	To	
1	\$0	\$1,041	\$1,042	\$1,436	\$1,437	\$1,769	\$1,770	\$2,082	\$2,083	\$2,602	\$2,603	\$3,123	
2	\$0	\$1,409	\$1,410	\$1,945	\$1,946	\$2,396	\$2,397	\$2,818	\$2,819	\$3,523	\$3,524	\$4,228	
3	\$0	\$1,778	\$1,779	\$2,453	\$2,454	\$3,022	\$3,023	\$3,555	\$3,556	\$4,444	\$4,445	\$5,333	
4	\$0	\$2,146	\$2,147	\$2,961	\$2,962	\$3,648	\$3,649	\$4,292	\$4,293	\$5,365	\$5,366	\$6,438	
5	\$0	\$2,514	\$2,515	\$3,470	\$3,471	\$4,274	\$4,275	\$5,028	\$5,029	\$6,285	\$6,286	\$7,543	
6	\$0	\$2,883	\$2,884	\$3,978	\$3,979	\$4,900	\$4,901	\$5,765	\$5,766	\$7,206	\$7,207	\$8,648	
7	\$0	\$3,251	\$3,252	\$4,486	\$4,487	\$5,526	\$5,527	\$6,502	\$6,503	\$8,127	\$8,128	\$9,753	
8	\$0	\$3,619	\$3,620	\$4,995	\$4,996	\$6,153	\$6,154	\$7,238	\$7,239	\$9,048	\$9,049	\$10,858	
For each additional person		Add \$368		Add \$508		Add \$626		Add \$736		Add \$920		Add \$1,104	
				\$508		\$626		\$736		\$920		\$1,104	
Patient Discount Percentages													
Category	A		B		C		D		E		F		
Medical/Dental	100%		80%		60%		50%		Full Fee Based on Schedule of Charges				
Exceptions: *Ryan White services may be provided at no charge for patients at 300% or below FPG. See Ryan White Program Policies.													



Family Health Services

Sliding Fee Scale Discount Program

Policy Number: 100.03

REFERENCED POLICIES	<ul style="list-style-type: none">• Ryan White Part C / North Bay AIDS Center Sliding Fee Scale and Billing Caps• Policy #100.01: Insurance Eligibility• Policy #100.02: Cash Handling• Health & Social Services Collection Policy: Board of Supervisor Agenda Item #20, Board Meeting Dated January 11, 1994, Subject: Report on Primary Care Clinic Addressing Fiscal Issues, Controls, Adding Staff and New Operating Policies
REFERENCED FORMS	<ul style="list-style-type: none">• Self-Declaration Form (English)• Self-Declaration Form (Spanish)• Sliding Fee Scale Discount Program Application (English)• Sliding Fee Scale Discount Program Application (Spanish)• Payment Plan Agreement (English)• Payment Plan Agreement (Spanish)
REFERENCES	

Chair - Community Healthcare Board

Date

Vice-Chair - Community Healthcare Board

Date

**County of Solano
Community Healthcare Board
Regular Meeting**

February 20, 2019
12:00 pm-2:00 pm
2101 Courage Drive, Fairfield, CA 94533
Multi-Purpose Room

Agenda Item 9c

**Proposed Community Healthcare Board Calendar
2019**

GERALD HUBER
Director
(707) 784-8400

TONYA NOWAKOWSKI
Assistant Director
(707) 784-8401

DEPARTMENT OF HEALTH & SOCIAL SERVICES



**SOLANO
COUNTY**

BELA MATYAS, MD, MPH
Deputy Director, Public Health
Services/Health Officer

MICHAEL STACEY, MD, MPH
Deputy Director Medical Services/
Deputy Health Officer-TB Controller
275 Beck Avenue, MS 5-240
Fairfield, CA 94533
(707) 784-8600
Fax (707) 421-6618

**Community Healthcare Board
2019 Annual Calendar**

Month	Required Annual Review	Comments/Training
January 16, 2019	<ul style="list-style-type: none"> Review UDS/Evaluate Progress and Approve UDS Submission 	Annual data report, always due to HRSA by February 15 th .
February 20, 2019	<ul style="list-style-type: none"> Review and Approve: Sliding Fee Scale Policy, Billing & Collections Policies 	
March 20, 2019	<ul style="list-style-type: none"> Board Nominations Sign annual conflict of interest code Brown Act Training Contract Renewals – Review and Approve, <i>as needed</i> 	
April 17, 2019	<ul style="list-style-type: none"> Board Elections Contract Renewals – Review and Approve, <i>as needed</i> Compliance Training 	
May 15, 2019	<ul style="list-style-type: none"> QI/QA Plan Review and Approval 	
June 19, 2019	<ul style="list-style-type: none"> Review/Update Clinic policies, e.g. hours, locations, and services Board Self-Assessment 	
July 17, 2019	<ul style="list-style-type: none"> Review & Approve: Credentialing & Privileging policy and procedure 	
August 21, 2019	<ul style="list-style-type: none"> Strategic Planning 	
September 18, 2019	<ul style="list-style-type: none"> Update Needs Assessment 	
October 16, 2019	<ul style="list-style-type: none"> Review and Approve Application and Budget 	Pending HRSA schedule, release of applications, and deadlines
November 13, 2019*	<ul style="list-style-type: none"> Review/Approve annual board calendar 	*2 nd Wednesday of month
December 19, 2019*	<ul style="list-style-type: none"> Executive Director Evaluation Review/Update 	*3 rd Thursday of month

Notes: Does not include regular monthly agenda items such as approval of minutes, executive director report, financial report, QI report, contract approvals, or changes in scope approvals.

Key Policies and Approvals:

- | | |
|---|---|
| 1. QA/QI Program | 6. Review of Annual Budget |
| 2. Credentialing and Privileging | 7. Approval of grant applications and/or changes in scope |
| 3. Sliding Fee Discount Program | 8. Review/Evaluation of Program's Executive Director |
| 4. Billing & Collections Policies | |
| 5. Approval of hours, locations, and services | |

**County of Solano
Community Healthcare Board
Regular Meeting**

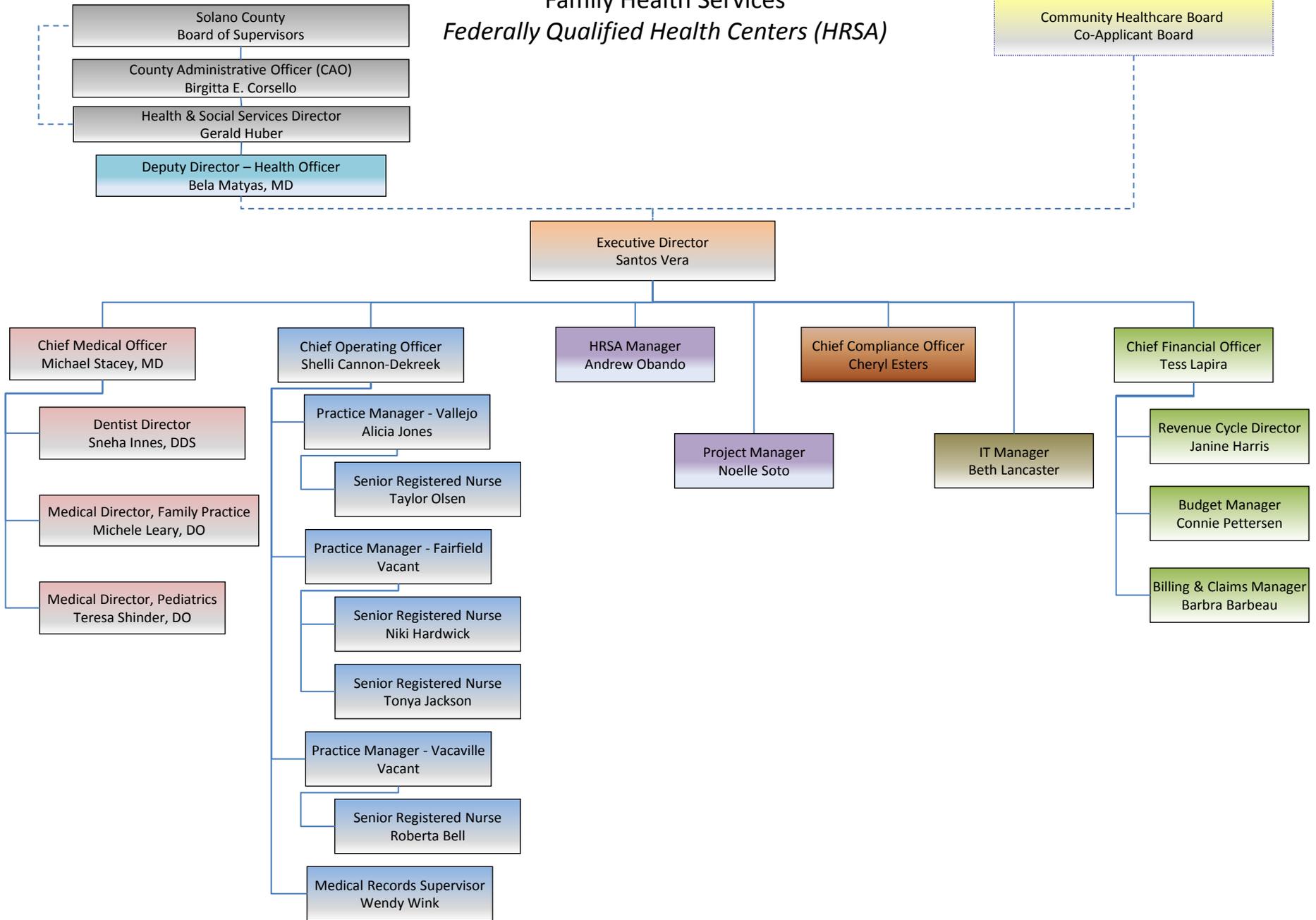
February 20, 2019
12:00 pm-2:00 pm
2101 Courage Drive, Fairfield, CA 94533
Multi-Purpose Room

Agenda Item 9d

Proposed Key Management Staff Org Chart

Solano County Family Health Services *Federally Qualified Health Centers (HRSA)*

Community Healthcare Board
Co-Applicant Board



**County of Solano
Community Healthcare Board
Regular Meeting**

February 20, 2019
12:00 pm-2:00 pm
2101 Courage Drive, Fairfield, CA 94533
Multi-Purpose Room

Agenda Item 9e

Proposed Health Center Hours & Locations

GERALD HUBER
 Director
 grhuber@solanocounty.com
 (707) 784-8400

TONYA NOWAKOWSKI
 Assistant Director
 trnowakowski@solanocounty.com
 (707) 784-8401

DEPARTMENT OF HEALTH & SOCIAL SERVICES

Medical Services Division



**SOLANO
 COUNTY**

MICHAEL W. STACEY, MD, MPH
 Deputy Director Medical Services
 mwstacey@solanocounty.com

275 Beck Avenue, MS 5-240
 Fairfield, CA 94533
 (707) 784-8600
 Fax (707) 421-6618

www.solanocounty.com

Health Center Locations and Hours
 Proposal to CHB on 2/20/2019

<p>2201 Courage Drive Fairfield, CA 94533</p> <p>Adult Primary Care Services</p> <p>Monday 8:00am-5:00pm Tuesday 8:00am-5:00pm Wednesday 8:00am-5:00pm Thursday 8:00am-5:00pm Friday 8:00am-5:00pm Saturday 8:00am-5:00pm</p>	<p>2101 Courage Drive Fairfield, CA 94533</p> <p>Dental Care Services</p> <p>Monday 7:30am-6:30pm Tuesday 7:30am-6:30pm Wednesday 7:30am-6:30pm Thursday 7:30am-6:30pm Friday 7:30am-6:30pm</p> <p>*Closed for lunch 12:30-1:30pm</p>	<p>2101 Courage Drive Fairfield, CA 94533</p> <p>Pediatric Primary Care Services</p> <p>Monday 8:00am-5:00pm Tuesday 8:00am-5:00pm Wednesday 8:00am-5:00pm Thursday 8:00am-5:00pm Friday 8:00am-5:00pm</p>
<p>365 Tuolumne Street Vallejo, CA 94590</p> <p>Adult and Pediatrics Primary Care Services</p> <p>Monday 8:00am-7:00pm Tuesday 8:00am-7:00pm Wednesday 8:00am-7:00pm Thursday 8:00am-7:00pm Friday 8:00am-5:00pm</p>	<p>365 Tuolumne Street Vallejo, CA 94590</p> <p>Dental Care Services</p> <p>Monday 7:30am-6:30pm Tuesday 7:30am-6:30pm Wednesday 7:30am-6:30pm Thursday 7:30am-6:30pm Friday 7:30am-6:30pm</p> <p>*Closed for lunch 12:30-1:30pm</p>	<p>355 Tuolumne Street Vallejo, CA 94590</p> <p>Integrated Care Services</p> <p>Monday 8:00am-5:00pm Tuesday 8:00am-5:00pm Wednesday 8:00am-5:00pm Thursday 8:00am-5:00pm Friday 8:00am-5:00pm</p>
<p>1119 East Monte Vista Ave Vacaville, CA 95688</p> <p>Adult and Pediatrics Primary Care Services</p> <p>Monday 8:00am-7:00pm Tuesday 8:00am-7:00pm Wednesday 8:00am-7:00pm Thursday 8:00am-7:00pm Friday 8:00am-5:00pm</p>	<p>1119 East Monte Vista Ave Vacaville, CA 95688</p> <p>Dental Care Services</p> <p>Monday 7:30am-6:30pm Tuesday 7:30am-6:30pm Wednesday 7:30am-6:30pm Thursday 7:30am-6:30pm Friday 7:30am-6:30pm</p> <p>*Closed for lunch 12:30-1:30pm</p>	<p>1055 Azuar Ave Vallejo, CA 94592</p> <p>Adult Primary Care Services</p> <p>Thursday 9:00am-3:00pm Global Center for Success</p>
<p>Mobile Medical Clinic</p> <p>Under review through April 2019</p>	<p>Mobile Dental Clinic</p> <p>Under review through April 2019</p>	