

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

February 17, 2021

12:00 pm-2:00 pm

Conference Call Microsoft Teams

MS Teams Dial-in number: 1-323-457-3408 and Conference ID: 299 423 65#

Due to COVID-19 social distancing requirements, the Community Health Board meetings will be held via teleconference. To join in for audio only, please use the dial in number and Conference ID above.

The County of Solano Community Health Board does not discriminate against persons with disabilities. If you wish to participate in the meeting and you require assistance to do so, please call Solano County Family Health Services at 707-784-8775 at least 24 hours in advance of the event to make reasonable arrangements to ensure accessibility to the meeting.

Public Comment: To submit public comment, please see the options below.

Mail:

If you wish to address any items listed on the Agenda by written comment, please submit comments in writing to FHS Community Healthcare Board Clerk by U.S. Mail. Written comments must be received no later than 8:30 A.M. on the day of the meeting. The mailing address is: Solano County H&SS, ATTN: FHS CHB Clerk (MS 5-240), P. O. Box 4090, Fairfield, CA 94533. Copies of comments received will be provided to the Board and will become part of the official record but will not be read aloud at the meeting.

Phone:

To submit comments verbally from your phone during the meeting, you may do so by dialing 1-323-457-3408, and Conference ID: 299 423 65#. No attendee ID number is required. Once entered in the meeting, you will be able to hear the meeting and will be called upon to speak during the public speaking period.

Non-confidential materials related to an item on this Agenda, submitted to the Board after posting of the agenda at: [https://www.solanocounty.com/depts/ph/bureaus/fhs/community healthcare board/](https://www.solanocounty.com/depts/ph/bureaus/fhs/community_healthcare_board/) and Family Health Service clinics located at 1119 E. Monte Vista, Vacaville, CA; 2101 Courage Drive, Fairfield, CA; 2201 Courage Drive, Fairfield, CA; and 365 Tuolumne Drive, Vallejo, CA., will be updated at [https://www.solanocounty.com/depts/ph/bureaus/fhs/community healthcare board/](https://www.solanocounty.com/depts/ph/bureaus/fhs/community_healthcare_board/) and emailed upon request. You may request materials by contacting the Clerk at 707-784-8775.

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AGENDA

1) CALL TO ORDER – 12:00 PM

- a) Welcome
- b) Roll Call

2) APPROVAL OF THE AGENDA

3) APPROVAL OF THE JANUARY 20, 2021 MEETING MINUTES

4) PUBLIC COMMENT

This is the opportunity for the Public to address the Board on a matter not listed on the Agenda, but it must be within the subject matter jurisdiction of the Board. Due to COVID-19, the public can join as audio only. If you would like to make a comment, please announce your name and the topic you wish to comment and limit comments to three (3) minutes.

5) PROJECT DIRECTOR/CHIEF EXECUTIVE OFFICER REPORT

- a) COVID-19 Health Center Impact Update
- b) Health Center Operations Update
- c) Staffing Update

6) CO-APPLICANT AGREEMENT UPDATE BY DEPUTY COUNTY COUNSEL

7) OPERATIONS COMMITTEE UPDATES REPORTS

- a) Grants Summary: Presented by Noelle Soto
- b) Uniform Data Systems (UDS) Reporting, Progress, and Submission in March: Presented by Noelle Soto
- c) FHS 2020 Quality Measures PDSA Summary: Presented by Dr. Leary
- d) County Medical Services Program (CMSP) Grant Program: Presented by Matt Green
- e) Project Roomkey: Presented by Matt Green

**County of Solano
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8) UNFINISHED BUSINESS

- a) At the January 20, 2021 meeting, a proposal was made to make a change to the Community Healthcare Board 2021 Calendar. The proposal made, was to move the “Review and Approve the QI/QA Plan” agenda item, to the month of June, every year. The Board will discuss this proposal and vote to approve the change, at Agenda Item 10) Action Items.

9) DISCUSSION

- a) Process of Project Director/CEO Performance Appraisal, by Board Members
- b) Community Healthcare Board 2021 Calendar – To vote to make a change to the 2021 Calendar and move the “Review and Approve the QI/QA Plan” agenda item to the month of June, every year.

10) ACTION ITEMS

- a) Community Healthcare Board 2021 Calendar – The Board will vote to approve a change to the 2021 Calendar. The change is to schedule the “Review and Approve the QI/QA Plan” agenda item to the month of June, every year, instead of January, annually.
- b) Review and Approve: Sliding Fee Scale Policy
- c) ~~Review and Approve: Billing and Collections Policy~~

11) BOARD MEMBER COMMENTS

12) PARKING LOT (These items are postponed, until further notice.)

- a) Finance: Fiscal Report
- b) Compliance Training and Robert’s Rules Review
- c) Health Center Marketing Campaign & Website Design
- d) The IHI Quadruple Aim Initiative * Health Center Practices*

13) CLOSED SESSION

14) NEXT COMMUNITY HEALTHCARE BOARD MEETING

DATE: March 17, 2021
TIME: 12:00 PM
TO JOIN: Telephone Conference Call
Dial: +1-323-457-3408, Conference ID: 299 423 65#

15) ADJOURN

County of Solano
Community Healthcare Board

REGULAR GOVERNING BOARD MEETING MINUTES

January 20, 2020

Telephone Conference Call

Members Present:

Ruth Forney, Michael Brown, Tracee Stacy, Brandon Wirth, Anthony Lofton, Katrina Morrow, Robert Wieda, Miriam Johnson, Gerald Hase, Jim Jones, Sandra Whaley

Members Absent:

None.

Staff Present:

Dr. Bela Matyas, Gerald Huber, Debbie Vaughn, Tess Lapira, Toya Adams, Anna Mae Gonzales-Smith, Janine Harris, Dr. Rebekah Kim, Dr. Sneha Innes, Dr. Michele Leary, Jack Nasser, Noelle Soto, Cheryl Esters, Clarisa Sudarma, Laura Hernandez, Nina Delmendo, Patricia Zuniga

1) Call to Order- 12:00 PM

- a) Welcome
- b) Roll Call

2) Approval of January 20, 2020, Agenda

Move motion to approve January 20, 2020, Agenda

Motion by Miriam Johnson, seconded by Mike Brown.

Discussion: None

Aye: Ruth Forney, Michael Brown, Tracee Stacy, Brandon Wirth, Katrina Morrow, Robert Wieda, Miriam Johnson, Gerald Hase, Jim Jones, Sandra Whale

Nay: None

Abstain: None

Motion Carries

3) Approval of December 16, 2020, Meeting Minutes

Move motion to approve October 21, 2020, Meeting Minutes

Motion by Tracee Stacy, seconded by Miriam Johnson

Discussion: None

Aye: Ruth Forney, Michael Brown, Tracee Stacy, Brandon Wirth, Katrina Morrow, Robert Wieda, Miriam Johnson, Gerald Hase, Jim Jones

Nay: None

Abstain: Sandra Whaley

Motion Carries

4) Public Comment

None. No cards available, due to the meeting in the venue of MS Teams, online. If the public calls in, they are asked to introduce themselves on the phone, if they would like to make a comment.

5) Project Director/Chief Executive Officer Report

- a) COVID-19 Health Center Impact Update: Presented by Dr. Bela Matyas
 - i. It was noted that there are signs that the number of COVID-19 cases are potentially showing signs of turning the corner. The number of positive cases is decreasing. In the past weekend, there was a decrease in positive case rates and about 10-15 fewer patients being hospitalized and a decrease in beds used. The hope is to sustain the decrease in numbers.
 - ii. The goal is to continue vaccinating those in healthcare and in congregate facilities first, then offer the vaccine to those 75 years of age and older hopefully in the next couple of weeks. There was news that one of the lots was pulled, because there were a high number of those who experienced allergic reactions to the vaccine, in San Diego, and is under investigation. This eliminated some of the supply. Family Health Services (FHS), health centers received the vaccine and close to 50% of the clinic staff received their first of two doses.
 - iii. The impact of COVID-19 on clinic operations is less and there are increased number of encounters and providers are returning to the clinics. With the alternatives of appointments, offered to the patients, for example, phone appointments, and telehealth there is an increase of encounters. The hope is to offer video telehealth to patients and there are still a few providers out on leave, so there is a limit of patients that can be seen.
 - iv. With the Chief Operations Officer (COO), position, recruiting for this position has not started yet. There is a plan to work in tandem with the recruiter, working for NorthBay, to recruit the COO for Family Health Services, but has yet to be determined.
 - v. With the Chief Medical Officer (CMO) position, there were steps between the Union and the County, that had to take place, which have been accomplished, so the next step is for the Board of Supervisors to approve the Union side letter, then Dr. Michele Leary will be appointed as CMO.
 - vi. The FHS Clinics are struggling with staff shortages, but we are in a recession and vacancies are frozen. The clinics are doing the best they can with limited staffing.
 - vii. It was asked, from the board, if hair stylists are allowed to cut hair, in Solano County, and the answer was no. The Governor has issued a Stay-at-Home order and hair salons and beauty shops should remain closed, until the order is lifted.
 - viii. It was asked, by a board member, how patients, 75 and older, be notified to get vaccinated, and it was noted that lists of those patients were pulled composed for 75 and older and 65 to 74. There are about 700-800 patients in the 75 and older list, but they hope to roll out the vaccine with those who have called in asking about the vaccination, then call those on the list. These patients will be contacted by the clinic and appointments made, when a supply of the vaccine is available, in a couple weeks. It was noted that the challenge with the vaccine is it comes in a vial, with 10 doses, so there must be patients that show up and lined up to get vaccinated. The goal is to prevent waste of the vaccine.
 - ix. It was asked, by a board member, if someone gets the first dose of the vaccine, then they become positive, do they get a second dose, or do they need a second dose and it was mentioned that anyone who is ill, can't get a vaccine.
 - x. It was asked by a board member, if there were any bad reactions to the vaccine, and it was mentioned that there are none at this time.

- xi. It was asked by a board member, when Johnson and Johnson will come out with a proposed 1 dose vaccine, and it was noted that it is in the trials stages and not FDA approved.
- xii. It was stated by a board member that a few people initially declined the vaccine, then after not seeing fellow workers getting side effects, then decided to get it after all.
- xiii. It was asked by a board member if someone dies and had COVID-19, and had other health issues, how is the cause of death determined and it was noted that if the person tested positive for COVID-19 or had symptoms related to COVID-19, then it is due to COVID-19. The Physician will state the cause of death and it was noted that all people admitted to a hospital gets tested for COVID-19 and the coroner is asked to test also.

b) **Health Center Operations Update: Presented by Jack Nasser**

- i. It was noted that all FHS staff, who worked within the walls of the clinics, were offered the COVID-19 vaccine and it went well.
- ii. It was mentioned that in clinic staff administering the vaccine, it served as a good experience as a test pilot, in preparing to administer vaccines to patients in the future.
- iii. It was mentioned that Dr. Leary and Jack are working on a process and a protocol, for effectively administering vaccinations for our patients in the future

c) **Staffing Update: Presented by Jack Nasser**

- i. No change since the December meeting and a staffing freeze is still in effect. No new staff.

6. Co-Applicant Agreement Update by Deputy County Counsel

- a) The Chair, Ruth Forney, stated that that JoAnn sent her an update to present at the meeting. In her statement, JoAnn advised the board that a response was received from Health Resources Services Administration (HRSA), Technical Advisor and that the County and the Executive Committee are considering the ramifications going forward and that JoAnn will meet with management this afternoon, and the Clinic Organization and Co-applicant Agreement will be discussed. Clarissa stated she received the same information and had nothing further to add.

7. Operations Committee Updates and Reports

- a) **COVID-19 Grant Summary: Presented by Noelle Soto**
No handouts to share. She mentioned she submitted the third budget progress reports for the three COVID-19 grants, on January 13, 2021 to HRSA. Also, the weekly COVID-19 grant survey is submitted every Tuesday. She is working with the Ryan-White HIV Team, in preparation for the Ryan-White Services Report due on February 1, 2021. As mentioned in the last meeting Noelle and her team are working on the annual Uniform Data System (UDS), Report, with the first deadline on February 15, 2021. A portal opened on January 1, and weekly meetings have resumed, in preparation of the UDS initial submission deadline. After the initial deadline on the March 15th, feedback will be received from the HRSA Project Officer and other reviewers and the official submission deadline is March 29, 2021.
- b) **Review and Approve the QI/QA Plan: Presented by Dr. Michele Leary**
Although this item is scheduled for January, it was not available at this time. Dr. Leary mentioned this was discussed last year. This report is not possible to be presented in

January, and it is more appropriate to present mid-year. It was noted that both UDS and Partnership HealthPlan, do not release their final guidelines until April or later in the year. Dr. Leary made a proposal to the Board, to move this item to June, annually. This item will be added to the February 17, 2021 Agenda, under #8 Unfinished Business, and take a vote on it then to change the 2021 Calendar.

8. Unfinished Business

- a) None.

9. Discussion

- a) Process of Project Officer/CEO Evaluation Review, by Board Members
 - i. A suggestion was made to discuss a process how these forms could be completed, since the meetings are virtual. It was suggested to send the evaluations via email and USPS mail, then after each member completed them, the board members can discuss the results in a virtual closed session.
 - ii. A suggestion was made that the Board Clerk work with Tracee and Jim to see if MS Teams has a polling option, with chat.
- b) Board Member Requirement to Sign Annual Bylaws, Appendix A Conflict of Interest form
 - i. It was confirmed that the form was emailed and mailed via USPS to all board members on January 8, 2021. The envelope, sent to each Board Member's home address, included a self-addressed stamped envelope, so each board member could return it to the clerk.
 - ii. It was noted that four (4) of the forms were not received from Tracee, Brandon, Anthony, and Jim. Updates were given as follows: Tracee hasn't had a chance to complete it; Brandon dropped off his paperwork; Anthony didn't receive it in the mail, so Mike will assist him in getting it turned in; and Jim mailed it in. The clerk should receive the remaining four (4), soon.

10. Action Items

At the Chair's discretion, the process of elections, in 10 a., b., and c., were turned over to the Clerk to guide the board members in the voting process.

The Clerk stated the steps as follows: Because the voting process was held virtually, the appointment and the nominees were stated. Then each nominee was allowed to make a statement. Then each Board Member was called upon and stated their vote, with the clerk keeping track of the votes. The tally of the votes and the winner of each appointment was announced. After all the appointments were decided, a motion was made to approve all those appointed.

- a) Board Elections – To vote for nominees: Ruth Forney and Brandon Wirth for Chair and appoint one person to this position. To vote for nominees: Brandon Wirth and Jim Jones for Vice Chair and appoint one person to this position.
For the Chair Position, the nominees were Ruth Forney and Brandon Wirth:
 - i. There were nine (9) votes for Ruth Forney and two (2) votes for Brandon Wirth. Congratulations to Ruth Forney!For the Vice Chair Position, the nominees were Brandon Wirth and Jim Jones:
 - ii. There were two (2) votes for Brandon Wirth and nine (9) votes for Jim Jones. Congratulations to Jim Jones!
- b) Executive Committee Elections – To vote for nominees: Katrina Morrow and Tracee Stacy for Member at Large and appoint one person to this position.
For the Member at Large Position, the nominees were Katrina Morrow and Tracee Stacy:
 - i. Tracee announced that she would prefer, that a patient be included on the committee and decided to not run for this position. By default, since Katrina Morrow was the only nominee, she was voted the Member at Large position, on the Executive Committee. Congratulations to Katrina Morrow!

With all the appointments voted and decided, a motion was made.

Move to approve all those offices elected: The Board Chair is Ruth Forney, the Vice Chair is Jim Jones and the Member at Large on the Executive Committee, is Katrina Morrow.

Motion by Brandon Wirth, seconded by Tracee Stacy
Discussion: None

Aye: Ruth Forney, Michael Brown, Tracee Stacy, Brandon Wirth, Anthony Lofton, Katrina Morrow, Robert Wieda, Miriam Johnson, Gerald Hase, Jim Jones, Sandra Whaley

Abstain: None

Nay: None

Motion

Caries

- c) Consider for approval – Amendment to the Bylaws Article XI: Executive Committee Section 2: Membership.
- i. The notice of the Bylaws Committee Meeting on 12/28/2020 and the proposal to revise the Bylaws membership was emailed to all board members and mailed via USPS on 12/31/2020.
 - ii. The Chair, Ruth Forney read the proposed language of the Executive Committee membership. It proposed to add the outgoing Chair, who will be encouraged to participate as an ex-officer on the Executive Committee.

Move motion to approve the recommendation to add a new line to the section of membership, of the Executive Committee and add, "The outgoing chair is encouraged to participate as an ex-officio member".

Motion by Tracee Stacy, seconded by Brandon Wirth
Discussion: None

Aye: Ruth Forney, Michael Brown, Tracee Stacy, Brandon Wirth, Anthony Lofton, Katrina Morrow, Robert Wieda, Miriam Johnson, Gerald Hase, Jim Jones, Sandra Whaley

Abstain: None

Nay: None

Motion

Caries

11. Board Member Comments

- a) Ruth mentioned that she appreciated the confidence in the Board to serve as Chair and congratulated all other appointed to positions. She also mentioned that the 2021 Calendar was included in the packet, because there was a typo that was corrected, so it was updated and shared with everyone.
- b) Ruth also mentioned that the Board received an application, a month ago, and apologized for taking so long. She contacted the applicant and after conversation, it was revealed that the applicant wanted to apply for the Mental Health Board. The applicant was not considered for the Community Healthcare Board.
- c) Miriam offered congratulations to Ruth, Jim and Katrina and mentioned that both nominees for the Chair position made good statements.
- d) Katrina congratulated Ruth and Jim and she appreciated the appointment on the Executive Committee. She mentioned that we are all going through a rough time in our world and we need to be focused on helping each other and not being against each other and pull together to come up with greater ideas on how we can make everything move smoothly for the community. She stated she loves serving people and this is a good opportunity for her to show what she can do.

- e) Jim congratulated and thanked Katrina for her beautiful comments.
- f) Ruth asked the Board to think about working with the County to have a Budget Workshop, not to control how the budget is done, but to give the board members a better understanding about the process and have the administration meet with the Board.
- g) Jim encouraged the board members to participate.
- h) Jack mentioned that last week he met with Fiscal last week and they are in the works in planning a meaningful way to present the budget process and break down the process in small increments. He thought it was also a good opportunity to County staff as well.
- i) Ruth mentioned to feel free to contact Ruth with any questions they may have and don't hesitate to call her.

12. Parking Lot Items

- a) Finance: Fiscal Report from Health & Social Services Administration
- b) Compliance Training and Robert's Rules Review
- c) Health Center Marketing Campaign and Website Design
- d) The IHI Quadruple Aim Initiative "Health Center Practices

13. NEXT COMMUNITY HEALTHCARE BOARD MEETING

DATE: February 17, 2021
 TIME: 12:00pm

TO JOIN : Telephone Conference Call
 Dial : +1 (323) 457-3408
 Conference ID: 299 423 65#

14. Adjourn

Move motion to Adjourn Meeting
 Motion by Jim Jones, Seconded by Robert Wieda
 Discussion: None

Aye: Ruth Forney, Michael Brown, Tracee Stacy, Brandon Wirth, Anthony Lofton, Katrina Morrow, Robert Wieda, Miriam Johnson, Gerald Hase, Jim Jones, Sandra Whaley
 Nay:None
 Motion Carries

HANDOUTS:

- CHB January 20, 2021 Agenda
- CHB December 16, 2020 Meeting Minutes
- Community Healthcare Bylaws, Appendix A Conflict of Interest
- CHB 2021 Calendar

2020 SCFHS UDS REPORT HIGHLIGHTS

SERVICE AREA

- Includes the 16 county zip codes
- Additional 50+ out of county zip codes

- Report on Healthcare Information Technology (HIT), Other Data Elements (ODE), and Workforce Training

OTHER

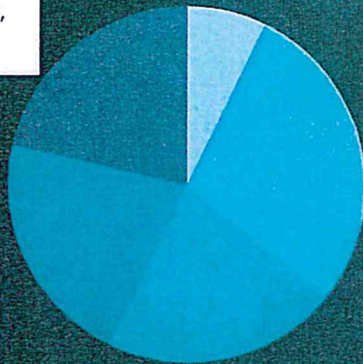
FINANCIAL

FHS Revenue:

- Patient Related Revenue: \$18,446,131
- Other Revenue: \$9,884,257

FHS Financial Costs

- \$28,035,601



CLINICAL

Table 6a:

- Infectious and Parasitic Diseases,
- Diseases of the Respiratory System,
- Other Medical Conditions,
- Childhood Conditions (ages 0-17),
- Mental Health Conditions, Substance Use Disorders, and Exploitations,
- Diagnostic Tests/Screening/Preventive Services,
- Dental Services

Table 6b: Patients were reported on quality care measures in the following categories:

- Prenatal Care – Demographic Characteristics, Early Entry into Prenatal Care
- Childhood Immunization Status
- Cervical and Breast Cancer Screening
- Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents
- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
 - Tobacco Use: Screening and Cessation Intervention
- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
- Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet
- Colorectal Cancer Screening
- HIV Measures
- Depression Measures
- Dental Sealants for Children between 6-9 years)

Table 7: Health Outcomes and Disparities

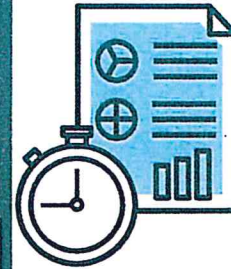
PATIENT PROFILE

- 19,569 Unduplicated Patients
- 10,056 Homeless Patients
 - 3,204 served in another language
 - 10,270 patients live below the 100% Federal Poverty Guideline
 - 82% have Medi-Cal as primary insurance

Patients by service:

- 15,953 Medical
- 5,701 Dental
- 992 Mental Health
- 1,624 Substance Use Disorder
- 143.18 Full Time Equivalents (FTEs)
 - Includes contracted providers who provide services

STAFFING & UTILIZATION



2020 UDS REPORT FACTS

01

The data submitted through the Uniform Data System (UDS) is vital to the expansion of healthcare access, addressing health disparities, improving healthcare quality, and reducing healthcare costs.

02

The Health Resources and Services Administration (HRSA) for the 2020 UDS report required Solano County Family Health Services (SCFHS) to submit 14 data sets within 6 categories for universal and homeless population.

03

Why is UDS data important to Community Health Board (CHB)?

UDS data allows the SCFHS to set 2021 benchmarks for the 2021 strategic goals.

The 2020 UDS data is the report card of SCFHS in comparison with other FQHCs. HRSA uses UDS data to determine future grant funding for SCFHS on future grant applications.



2020 Quality Measures PDSA Summary

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Controlling High Blood Pressure (HBP)	5
Diabetes HbA1C Good Control.....	6
Colorectal Cancer Screening	7
Well Child Checks First 15 Months of Life (WCC)	8

PDSA Wheel

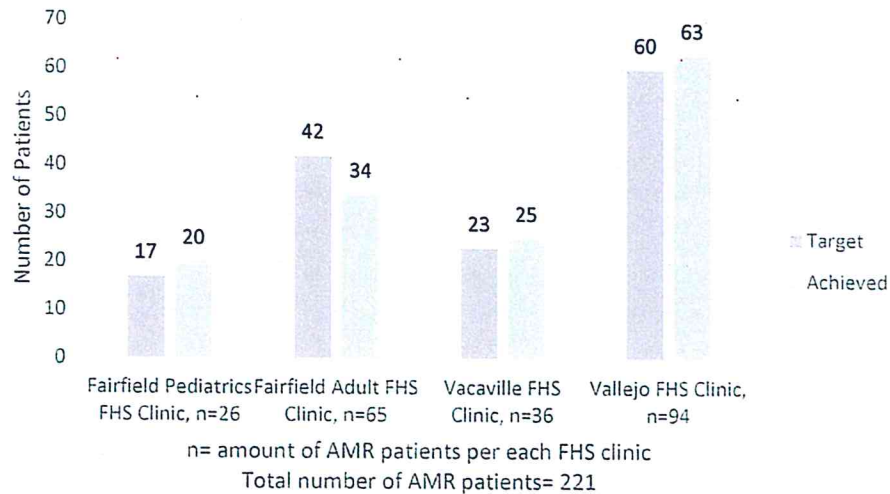
Act - Adopt the change, abandon it or run through the cycle again.

Plan - A change or test aimed at improvement.

Study - Examine the results. What did you learn? What went wrong?

Do - Carry out the change or test.

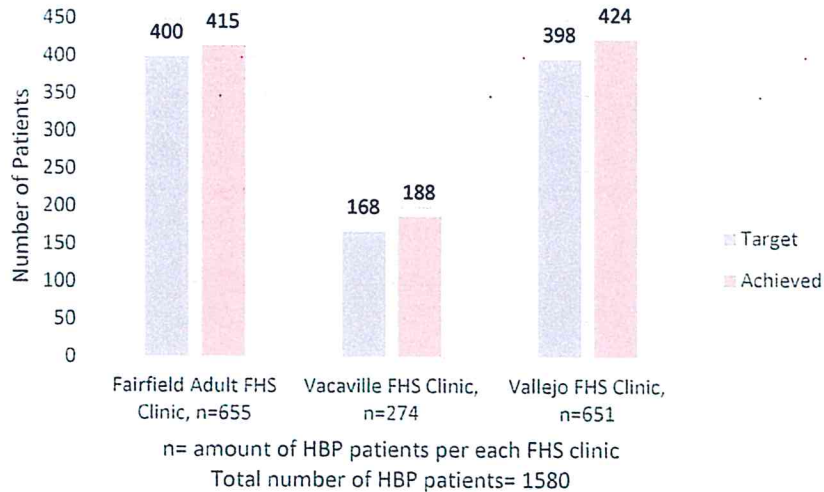
Asthma Medication Ratio (AMR)



PDSA Summary

- Plan:** Increase the Asthma Medication Ratio (AMR) for patients diagnosed with persistent asthma. **Do:** Outreach appointments to Medi-Cal members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications less than 0.50 for the measurement year. **Study:** Asthma medications were not adequately prescribed. **Act:** AMR provider informative meeting provided by Partnership Healthplan California (PHC).
- Plan:** Inform clinical staff the proper controller medications that need be prescribed for proper Asthma Medication Ratio. **Do:** Continue outreach to patients who do not have their AMR controlled, while monitoring the prescribing of controller medications. **Study:** Providers were prescribing correct controller medications to patients with persistent asthma. **Act:** Continuously monitor patients whose total asthma medications are less than 0.50 ratio.
- Plan:** Outreach to patients who were still below the 0.50 medication ratio. **Do:** Make patient reminder cards to remind patients the importance of picking up their asthma medications. **Study:** Patients who did not have persistent asthma did not pick up their asthma medication. **Act:** Place reminder calls to patients, reminding them the importance of asthma medication controller medications.
- Plan:** Ensure patients who were taking their asthma controller medication actively take their medication and check if they need refills. **Do:** Call patients whom medication was dispensed/refilled to remind them to pick up their medication. **Study:** Patients were informed of their medication refills and actively took control of their asthma. **Act:** Outreach patients who with lowest AMR ratio as a priority to target a 0.50 medication ratio for the 2021 calendar year.

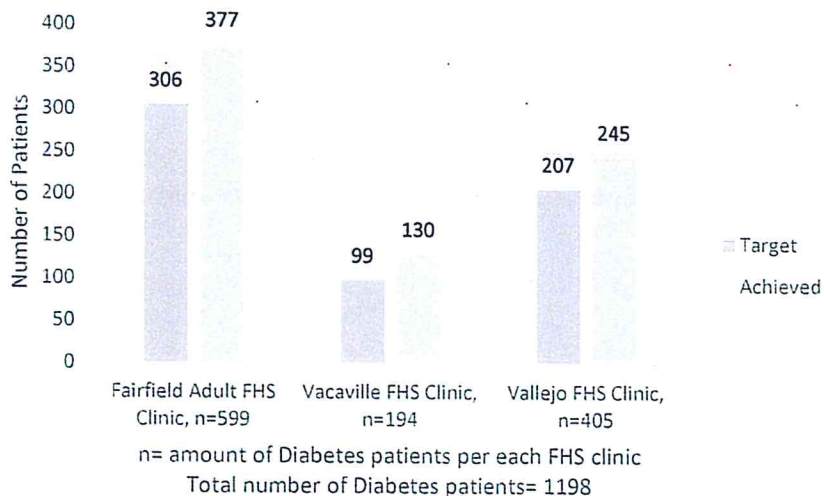
Controlling High Blood Pressure (HBP)



PDSA Summary

- Plan:** Increase the number of members 18-85 years of age whose most recent blood pressure (BP) reading taken is <140/90 mm Hg during the measurement year. **Do:** Outreach appointments for members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was not adequately controlled ($\geq 140/90$ mm Hg) during the measurement year. **Study:** Lack of appointment/staff availability. **Act:** Open RN/MA schedule for BP appointments.
- Plan:** Utilize RN/MA slots for BP reading appointments, followed up with provider telehealth appointments to address the BP reading. **Do:** Continue outreach to patients whose BP is not controlled. **Study:** Several patients who were on the BP initiative were also on the Diabetes HbA1C Good Control Initiative. **Act:** Patients diagnosed with HTN and Diabetes will be addressed at the same time to efficiently fill appointment slots.
- Plan:** Adequately fill appointments slots while monitoring BP readings. **Do:** Search patients charts to ensure BP appointments were successful and within range. **Study:** Some BP readings were not within range. **Act:** Send out upcoming appointment reminders to MA/Provider pairs to remind them to recheck patients BP if not within range.
- Plan:** Increase the number of patients whose BP is within range. **Do:** Continue outreach for patients whose most recent BP is not within range, utilizing telehealth providers for follow-up appointments. **Study:** When voicemails were left during patient outreach, the call center scheduled normal appointments instead of RN/MA visits for BP reading. **Act:** Create an appointment guide to ensure all clinical staff are informed of the quality improvement scheduling process.
- Plan:** Create appointment guide matching each initiative with the correct type of appointment that should be created. **Do:** Receive feedback/input from Call Center, MA, Providers and RNs regarding QIP Appointment Guide. **Study:** Clinical staff were more informed of the QI outreach and appointments were better created. **Act:** Manually upload patients whose BP were within range to Partnership Healthplan of California (PHC).

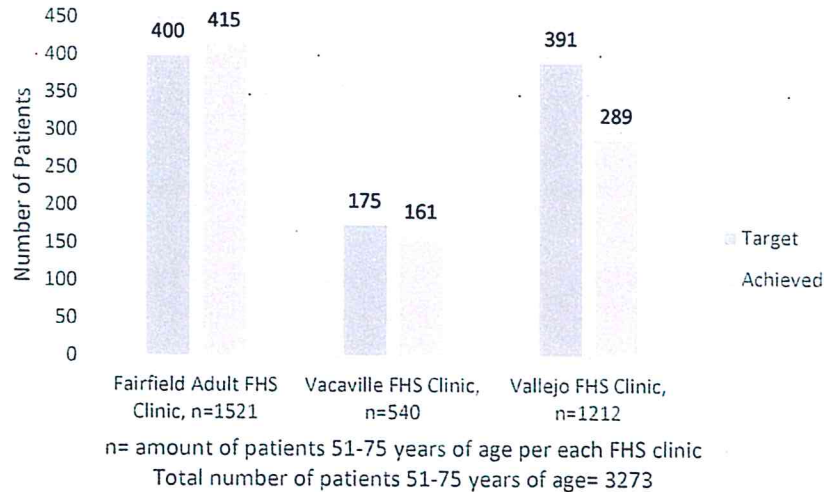
Diabetes HbA1C Good Control



PDSA Summary

- 1. Plan:** Increase the number of members 18-75 years of age who had a diagnosis of diabetes with evidence of HbA1c levels at or below $\leq 9.0\%$. **Do:** Outreach appointments for patients diagnosed with diabetes HbA1C levels $>9.0\%$. **Study:** There are a lot of patients who are no longer assigned to FHS. **Act:** Continue to verify patient eligibility to ensure patients are still assigned to Solano County Family Health Services (FHS).
- 2. Plan:** Check patients with HbA1C levels greater than 9.0% insurance eligibility to FHS. **Do:** Continue eligibility process for all patients. **Study:** A significant number of patients that are no longer eligible to be seen at FHS clinics were recorded. **Act:** Create a more efficient workflow to streamline outreach process.
- 3. Plan:** Create workflow to incorporate patient outreach with eligibility check to consolidate number of times patient chart is reviewed. **Do:** Manipulate initiative spreadsheet of patients that need outreach to include multi-step checks including appointment date, eligibility and reasons why appointment was not scheduled. **Study:** This process saved time and there were less eligibility discrepancies (*PHC updates eligibility each month*). **Act:** Continue patient outreach.
- 4. Plan:** Outreach patients with HbA1C levels $>9.0\%$. **Do:** Utilize RN/MA slots for HbA1C reading appointments, followed up with provider telehealth appointments to address the HbA1C reading. **Study:** Several patients who were on the HbA1c initiative were also on the controlling BP initiative. **Act:** Patients diagnosed with Diabetes and HTN will be addressed at the same time to efficiently fill appointment slots.
- 5. Plan:** Continue outreach for patients diagnosed with HTN and Diabetes. **Do:** Monitor the success of kept appointments and appointment availability. **Study:** Lack of appointment/staff availability for appointments. **Act:** Manually upload patients whose HbA1C were within range to Partnership Healthplan of California (PHC) and continue outreach for 2021 appointment slots.

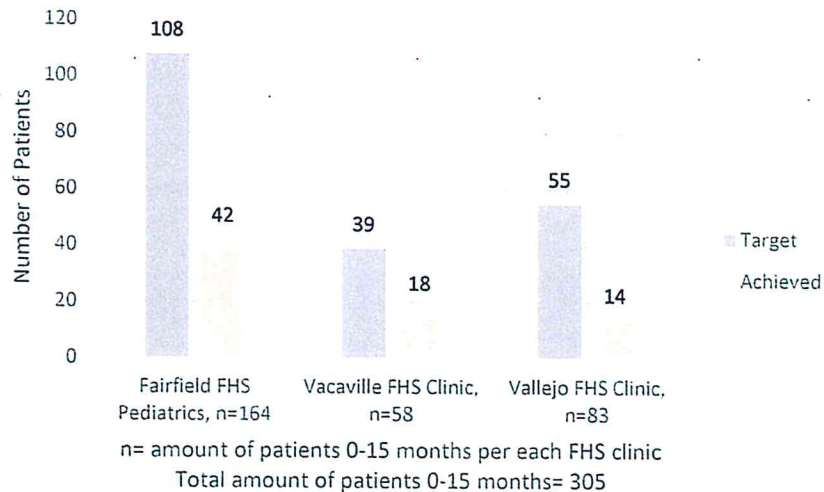
Colorectal Cancer Screening



PDSA Summary

- Plan:** Increase the number of members 51–75 years of age who had colorectal cancer screening per medical guidelines. **Do:** Create Exact Science-Cologuard account to monitor patients who received Cologuard screening kit. **Study:** Several patients received Cologuard kit but did not return kit for processing of sample. **Act:** Create pilot spreadsheet for MA staff to outreach patients for a courtesy reminder call to return kit to Cologuard Lab for final processing.
- Plan:** Fairfield Adult FHS clinic MAs will pilot a test of reminder calls to patients that need to return Cologuard kit to Exact Science for processing. **Do:** MAs will document patients that were called instructing them to return kit while also updating care guidelines with result and resolving incomplete statuses. **Study:** Care guidelines were updated with current Cologuard- Colorectal Cancer Screening results in patient’s electronic health record (EHR) and patients were alerted to send in their kits. **Act:** Incorporate reminder calls to all FHS clinics to remind patients to return Cologuard Kit.
- Plan:** Outreach to patients who are 51-75 years of age and have not had one or more colorectal cancer screenings in the calendar year. **Do:** Two Call Center staff members will review patients charts and task provider with a referral for patient. **Study:** A workflow needs to be created to address quality improvement processes. **Act:** Create workflow/ Quality Improvement (QI) Appointment Guide to ensure all staff members are current on QI processes.
- Plan:** Team will create workflows and appointments template for all staff. **Do:** Provide clinical staff with draft documents to ensure process accuracy. **Study:** The team processes are more streamlined and concise. **Act:** Work to continue outreach for Colorectal Cancer Screenings and process improvement.

Well Child Checks First 15 Months of Life (WCC)



- 1. Plan:** Increase the number of children in the eligible population with at least six (6) well-child visits with a PCP by the date of age 15 months. **Do:** Outreach appointments for patients less than 15 months of age to complete their 6 visits. **Study:** Due to COVID-19 there is low appointment availability. **Act:** Strategize patient appointments based upon age and number of visits.
- 2. Plan:** Compile priority appointments based upon age and 6th visit. **Do:** Begin outreach to patients that are closer to turning 15 months age. **Study:** Patients are declining appointments due to the pandemic. **Act:** Shift focus to childhood immunization appointments and combine as a physical appointment.

Solano County H&SS

CMSP Program Project Roomkey

Community Health Board Meeting
2/17/2021



CMSP Program-Self Isolation Support

Funding: County Medical Services Program (CMSP) funded through COVID-19 Emergency Response Grant (CERG) for supportive quarantine services

Program Overview:

- Motel rooms & meals provided to eligible individuals (<200% FPL) unable to effectively self-isolate in their place of residence who have tested positive for COVID-19
- Program is available for up to 10 nights from positive test date or 7 nights from symptom onset (Self Isolation Period)
- Case navigators provide basic daily wellness checks, and link participants into services they may be eligible for



Healthy People – Healthy Community

CMSP Program Goals

- Participants provided supportive services /resources to effectively self-isolate (helping to limit intra-household spread)
- Participants linked to County & community services/resources:
 - CalWorks
 - CalFresh
 - MediCal
 - General Assistance
 - Mental Health Support



Healthy People – Healthy Community

CMSP Program Launch & Referrals

- Just soft-launched Program- served 5 clients
 - All reported positive experience & that they received the necessary support

Referrals & Launch Expansion

- Referrals currently coming from Contact Investigation/Tracing Team
- Referral information will be shared more widely



Healthy People - Healthy Community

Project Room Key Program

Program Overview: Collaborative partnership to secure temporary shelter (hotel and motel rooms) for vulnerable people experiencing homelessness

- Referral Agency: Resource Connect Solano (Coordinated Entry System through Caminar)
- Sites in Vallejo & Fairfield
- Meals provided
- Services provided: wellness checks, linkages to resources for public assistance, mental health, housing/job support (as feasible)



Healthy People - Healthy Community

Project Room Key Eligibility & Referral



Resources are limited, but people experiencing homelessness may be eligible for a motel room through Project Roomkey if they:

- Have tested positive for COVID-19 and do not require hospitalization OR have completed hospitalization but are still potentially infectious.
- Are under investigation for COVID-19 symptoms
- Are in a high-risk group, including: 60 or older AND/OR at high risk of medical complications from COVID-19 (preexisting lung disease, heart disease, cancer, diabetes, HIV or other major medical conditions).

If they meet the eligibility criteria above, they should contact:

**RCS@Caminar.org (Subject: Project Roomkey)
707-652-7311, www.resourceconnectsolano.org**



Healthy People – Healthy Community

Questions?



Healthy People - Healthy Community



Project Roomkey: Solano County's COVID-19 Response for People Experiencing Homelessness



Resources are limited, but people experiencing homelessness may be eligible for a motel room through Project Roomkey if they:

- Have tested positive for COVID-19 and do not require hospitalization OR have completed hospitalization but are still potentially infectious.
- Are under investigation for COVID-19 symptoms
- Are in a high-risk group, including: 60 or older AND/OR at high risk of medical complications from COVID-19 (preexisting lung disease, heart disease, cancer, diabetes, HIV or other major medical conditions).

If they meet the eligibility criteria above, they should contact:

RCS@Caminar.org (Subject: Project Roomkey)
707-652-7311, www.resourceconnectsolano.org

Motel rooms are available in the following jurisdictions:

- For people in a high risk group: Vallejo, Benicia, Fairfield and Vacaville
- For COVID+ and Symptomatic: Vallejo

Symptoms of COVID-19 May Include:

- A new cough, fever, difficulty breathing or shortness of breath, new chills or muscle aches, diarrhea, new loss of smell or taste, or a change in taste.
- For local updates from Solano County Public Health regarding testing, please [click here](#) or call 707-784-8988.

COVID-19 Prevention:

- Wash hands often with soap or hand sanitizer
- Avoid touching your face with unwashed hands
- Wear a mask if you have one
- Try not to share or hang out in tents unless you share the space with your partner
- Try not to hang out in large groups and try to keep 6'-12' between tents when possible.

For information on hygiene station locations and other resources, please contact:

707-652-7311, RCS@Caminar.org
www.resourceconnectsolano.org

DEPARTMENT OF HEALTH & SOCIAL SERVICES



SOLANO COUNTY

Family Health Services Community Healthcare Board 2021 Annual Calendar

Month	Required Annual Review	Comments/Training
January 20, 2021	<ul style="list-style-type: none"> Project Officer/CEO Evaluation Review Sign Annual Bylaws Appendix A Conflict of Interest Review and Approve the QI/QA Plan 	<ul style="list-style-type: none"> Compliance Training Robert's Rules Review (as needed)
February 17, 2021	<ul style="list-style-type: none"> UDS Reporting, Progress, and Submission in March Review and Approve: Sliding Fee Scale Policy, Billing and Collections Policies 	<ul style="list-style-type: none"> Annual Data Report due to HRSA by 3/31/2021
March 17, 2021	<ul style="list-style-type: none"> Quarterly Quality Improvement Report Quarterly Financial Report 	
April 21, 2021	<ul style="list-style-type: none"> Board Self-Assessment 	
May 19, 2021	<ul style="list-style-type: none"> Update Community Needs Assessment 	
June 16, 2021	<ul style="list-style-type: none"> Strategic Planning (3-year Cycle) Quarterly Quality Improvement Report Quarterly Financial Report 	
July 21, 2021	<ul style="list-style-type: none"> Review and Approve Credentialing and Privileging Policy and Procedures FY 22/23 Budget Development 	
August 18, 2021	<ul style="list-style-type: none"> FY 22/23 Budget Development (Continue) 	
September 15, 2021	<ul style="list-style-type: none"> Quarterly Quality Improvement Report Quarterly Financial Report 	
October 20, 2021	<ul style="list-style-type: none"> Review and Approve Service Area Competition (SAC) Application 	
November 17, 2021	<ul style="list-style-type: none"> Board Nominations Review and Approve Annual Board Calendar Review and Approve Strategic Plan (3-year Cycle) 	
December 15, 2021	<ul style="list-style-type: none"> Board Elections Quarterly Quality Improvement Report Quarterly Financial Report 	

***Additional Items that can be added to Agenda for Board Approval at any given time:**

- Review and Update Health Center Policies, Procedures and Services
- Contracts Review
- Brown Act Annual Training

Revised 1/8/2021

DEPARTMENT OF HEALTH & SOCIAL SERVICES



SOLANO COUNTY

Proposed

Family Health Services Community Healthcare Board
2021 Annual Calendar

Month	Required Annual Review	Comments/Training
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- Review and Update Health Center Policies, Procedures and Services
- Contracts Review
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Revised 2/9/2021



Family Health Services

Sliding Fee Scale Discount Program

Policy Number: 100.03

Effective Date	March 1, 2021
Frequency of Review	Annual
Last Reviewed	February 5, 2021
Last Updated	February 5, 2021
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.

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, dental and mental health 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 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.

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.



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Sliding Fee Scale Discount Program

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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 the self-declaration form is approved.

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. Assessing Income and Family Size
 - a. All patients will self-report income and family size on the Health Center Patient Welcome Packet form.
 - b. Patients applying for the SFSDP will also self-report income and family size on the SFSDP Application.
 - c. All patients are re-assessed if income or family size changes, as self-reported by the patient, or when the SFSDP eligibility period expires and a new application is received.
3. 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 90 days of retro eligibility. Retro eligibility beyond the 90 days may be reviewed and approved by the Revenue Cycle Manager.
4. 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.
5. Applicability to Patients with Third Party Coverage



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- a. Patients who are covered by a Qualifying Health Plan with which FHS is contracted, but with “out of pocket” costs (i.e. co-insurance, co-pays, share of cost) may apply for the SFDP, if it is not prohibited by the Qualifying Health Plan.
 - b. Staff will screen patient for eligibility for the SFDP by asking the patient to complete the SFDP Application and provide proof of income.
 - c. Once sliding fee level for the patient is assessed, the patient may pay the lesser of the charge discounted to the patient’s sliding fee level OR the patient’s out of pocket costs.
6. 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 Area 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).
7. Collections
- 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 and Fee Waiver & Payment Plans, #100.08. 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.
8. Refusal to Pay
- a. Refusal to pay is defined as a patient who has the ability to pay but is unwilling to pay the amount owed, as expressed verbally by the patient or if the patient does not make an effort to pay upon receipt of monthly statements from FHS. All patients qualify to apply for the SFSDP, payment plans, and fee waivers.
 - b. Patients who refuse to pay will still be eligible for services. Patients will not be turned away because of a refusal to pay.
 - c. If a patient refuses to pay the amount owed, FHS abides by the Health and Social Services collection policy and Bad Debt Write Off policy, #100.14, which places the patient’s account as delinquent without payment made within the last 120 days and may refer the patient to a collections agency.
9. Request for Waiver of Fees
- a. Patients may request a fee waiver, or a fee waiver may be requested on their behalf as described in the Fee Waiver & Payment Plans policy #100.08.
10. 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.
11. 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:



Family Health Services

Sliding Fee Scale Discount Program

Policy Number: 100.03

- 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.
12. 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 3/1/2021

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>

Category % Federal Poverty Guidelines (FPG)	A		B		C		D		E		F	
	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	\$12,880	\$12,881	\$17,774	\$17,775	\$21,896	\$21,897	\$25,760	\$25,761	\$32,200	\$32,201	\$38,640
2	\$0	\$17,420	\$17,421	\$24,040	\$24,041	\$29,614	\$29,615	\$34,840	\$34,841	\$43,550	\$43,551	\$52,260
3	\$0	\$21,960	\$21,961	\$30,305	\$30,306	\$37,332	\$37,333	\$43,920	\$43,921	\$54,900	\$54,901	\$65,880
4	\$0	\$26,500	\$26,501	\$36,570	\$36,571	\$45,050	\$45,051	\$53,000	\$53,001	\$66,250	\$66,251	\$79,500
5	\$0	\$31,040	\$31,041	\$42,835	\$42,836	\$52,768	\$52,769	\$62,080	\$62,081	\$77,600	\$77,601	\$93,120
6	\$0	\$35,580	\$35,581	\$49,100	\$49,101	\$60,486	\$60,487	\$71,160	\$71,161	\$88,950	\$88,951	\$106,740
7	\$0	\$40,120	\$40,121	\$55,366	\$55,367	\$68,204	\$68,205	\$80,240	\$80,241	\$100,300	\$100,301	\$120,360
8	\$0	\$44,660	\$44,661	\$61,631	\$61,632	\$75,922	\$75,923	\$89,320	\$89,321	\$111,650	\$111,651	\$133,980
For each additional person:		Add	Add	Add	Add	Add	Add	Add	Add	Add	Add	Add
		\$4,540	\$6,265	\$7,718	\$9,060	\$11,350	\$13,620					

Category	A	B	C	D	E	F
Medical/Dental/Mental Health	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 3/1/2021

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Category % Federal Poverty Guidelines (FPG)	A		B		C		D		E		F	
	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	\$1,073	\$1,074	\$1,481	\$1,482	\$1,825	\$1,826	\$2,147	\$2,148	\$2,683	\$2,684	\$3,220
2	\$0	\$1,452	\$1,453	\$2,003	\$2,004	\$2,468	\$2,469	\$2,903	\$2,904	\$3,629	\$3,630	\$4,355
3	\$0	\$1,830	\$1,831	\$2,525	\$2,526	\$3,111	\$3,112	\$3,660	\$3,661	\$4,575	\$4,576	\$5,490
4	\$0	\$2,208	\$2,209	\$3,048	\$3,049	\$3,754	\$3,755	\$4,417	\$4,418	\$5,521	\$5,522	\$6,625
5	\$0	\$2,587	\$2,588	\$3,570	\$3,571	\$4,397	\$4,398	\$5,173	\$5,174	\$6,467	\$6,468	\$7,760
6	\$0	\$2,965	\$2,966	\$4,092	\$4,093	\$5,041	\$5,042	\$5,930	\$5,931	\$7,413	\$7,414	\$8,895
7	\$0	\$3,343	\$3,344	\$4,614	\$4,615	\$5,684	\$5,685	\$6,687	\$6,688	\$8,358	\$8,359	\$10,030
8	\$0	\$3,722	\$3,723	\$5,136	\$5,137	\$6,327	\$6,328	\$7,443	\$7,444	\$9,304	\$9,305	\$11,165
For each additional person:		Add	Add	Add	Add	Add	Add	Add	Add	Add	Add	Add
		\$378	\$522	\$643	\$757	\$946	\$1,135					

Category	A	B	C	D	E	F
Medical/Dental/Mental Health	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• Policy #100.08: Fee Waiver & Payment Plan• Policy #100.14: Bad Debt Write Off• 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)• Health Center Patient Welcome Packet
REFERENCES	

Chair - Community Healthcare Board

Date

Vice-Chair - Community Healthcare Board

Date