

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

February 16, 2022

12:00 pm-2:00 pm

Conference Call Microsoft Teams

MS Teams Dial-in number: 1-323-457-3408 and Conference ID: 446 778 066#

Due to the Board's AB 361 findings on 1/19/2022, and 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: 446 778 066#. 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/ 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/ and emailed upon request. You may request materials by contacting the Clerk at 707-784-8775.

**County of Solano
Community Healthcare Board
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AGENDA

1) CALL TO ORDER – 12:00 PM

- a) Welcome
- b) Roll Call

2) UPDATE BY DEPUTY COUNTY COUNSEL

At the January 19, 2022, meeting, a majority of the Board voted to make AB 361 findings to allow teleconferencing without compliance with the requirements of Government Code section 54953(b)(3). The prior findings expire the earlier of February 19, 2022, or such time the Board makes subsequent AB 361 findings.

County Counsel recommends the Board consider making AB 361 findings before each meeting.

ACTION ITEM: Consider making the findings that:

- i) Pursuant to Government Code section 8625, Governor Gavin Newsom declared a State of Emergency in the State of California on March 4, 2020, as a result of the threat of the Coronavirus (COVID-19) pandemic; and the proclaimed State of Emergency remains in effect; and,
- ii) As of the date of this Meeting, neither the Governor nor the state Legislature have exercised their respective powers pursuant to Government Code section 8629 to lift the state of emergency either by proclamation or by concurrent resolution the state Legislature; and,
- iii) The California Department of Industrial Relations has issued regulations related to COVID-19 Prevention for employees and places of employment. Title 8 of the California Code of Regulations (CCR), Section 3205(5)(D) specifically recommends physical (social) distancing as one of the measures to decrease the spread of COVID-19 based on the fact that particles containing the virus can travel more than six feet, especially indoors; and,
- iv) Based on the California Department of Industrial Relations' issuance of regulations related to COVID-19 Prevention through Title 8 of the California Code of Regulations, Section 3205(c)(5)(D), the Board finds that state or local officials have

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

- imposed or recommended measures to promote social distancing; and,
- v) California Department of Public Health (“CDPH”) and the federal Centers for Disease Control and Prevention (“CDC”) caution that the Delta variant of COVID-19, currently the dominant strain of COVID-19 in the country, is more transmissible than prior variants of the virus, may cause more severe illness, and that even fully vaccinated individuals can spread the virus to others resulting in rapid and alarming rates of COVID-19 cases and hospitalizations (<https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html>); and
 - vi) Board members and members of the public interested in the issues brought before the Board are predominantly involved with a frontline community healthcare clinic, which has been shown to be particularly risky setting for COVID-19 transmission, requiring increased Occupational Safety and Health Administration (OSHA) safety standards; and,
 - vii) As a result, the Board hereby proclaims that state officials have imposed or recommended measures to promote social (physical) distancing based on the California Department of Industrial Relations’ issuance of regulations related to COVID-19 Prevention through Title 8 of the California Code of Regulations, Section 3205(c)(5)(D) and holding meetings in person would present imminent risks to the health or safety of attendees; and,
 - viii) The Board will conduct open and public remote teleconferencing meetings in accordance with AB 361 immediately upon making these findings until the earlier of (1) March 19, 2022, or (2) such time that the Board makes subsequent findings in accordance with Government Code section 54953(e)(3) to extend the time during which the Board may continue to teleconference without compliance with Government Code section 54953(b)(3).

3) APPROVAL OF THE AGENDA

4) APPROVAL OF THE JANUARY 19, 2022, MINUTES

5) 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.

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

6) PROJECT DIRECTOR / CLINIC OPERATIONS OFFICER REPORT

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

7) OPERATIONS COMMITTEE UPDATE REPORTS

- a) 2019-2022 Strategic Plan Update – Dona Weissenfels
- b) Hiring Credentialing Update – Niccore Tyler/Elise Lenox
- c) UDS Reporting, Progress, and Submission in March –Noelle Soto
- d) Grant Updates – Noelle Soto
- e) Review Sliding Fee Scale Program Analysis – Janine Harris
- f) Review Sliding Fee Scale Policy – Janine Harris

8) UNFINISHED BUSINESS

- a) Credentialing Privileging Policy and Procedure – This item will be presented to the Board for approval, pending completion of policy review by Compliance
- b) Annual Confidentiality Form – This form will be presented to the Board, pending completion of the form by Compliance.

9) DISCUSSION

None.

10) ACTION ITEMS

- a) Consider approval of the Sliding Fee Scale Program Analysis
- b) Consider approval of the Sliding Fee Scale Policy Number 100.03

11) BOARD MEMBER COMMENTS

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

- a. Compliance Training and Robert's Rules Review
- b. Health Center Marketing Campaign & Website Design
- c. The IHI Quadruple Aim Initiative * Health Center Practices*

13) NEXT COMMUNITY HEALTHCARE BOARD MEETING

DATE: March 16, 2022
TIME: 12:00 PM
TO JOIN: Telephone Conference Call
Dial: +1-323-457-3408, Conference ID: 446 778 066#

14) ADJOURN



**County of Solano
Community Healthcare Board
DRAFT**

REGULAR GOVERNING BOARD MEETING MINUTES

Wednesday, January 19, 2022
Video and Telephone Conference Call

Members Present:

At Roll Call: Ruth Forney, Mike Brown, Gerald Hase, Anthony Lofton, Tracee Stacy, and Brandon Wirth

Members Absent: Katrina Morrow and Sandra Whaley.

Staff Present:

Gerald Huber, Dr. Michele Leary, Dona Weissenfels, Toya Adams, Noelle Soto, Clarisa Sudarma, Nina Delmendo, Janine Harris, Cheryl Esters, Jannett Alberg, Thomas West, Florentina Certuche, Anna Mae Gonzales-Smith, Niccore Tyler, Julie Barga, Danielle Seguerre-Seymour

1) Call to Order – 12:05 p.m.

- a) Welcome
- b) Roll Call

2) Update by Deputy County Counsel

- a) At the January 19, 2022, meeting, a majority of the Board voted to make AB 361 findings to allow teleconferencing without compliance with the requirements of Government Code section 54953(b)(3). The prior findings expire the earlier of February 16, 2022, or such time the Board makes subsequent AB 361 findings.

County Counsel recommends the Board consider making AB 361 findings before each meeting.

- i) **ACTION ITEM:** The Board will consider making the findings as noted in Agenda item 2) a) i), ii), iii), iv), v), vi), vii), and viii), due to the COVID-19 Pandemic, whether it may pose imminent danger, to the Board Members to meet in person, and if the Board makes subsequent findings to pose imminent danger, thus Board may continue to meet virtual.

Motion: To accept and approve the findings of the Governor's Bill AB 361 and move forward to meet via teleconference.

Motion by: Mike Brown and seconded by Gerald Hase

Discussion: None.

Ayes: Ruth Forney, Mike Brown, Anthony Lofton, Brandon Wirth, and Gerald Hase

Nays: Tracee Stacy

Abstain: None.

Motion Carried – The Board moved forward with a virtual meeting.



County of Solano
Community Healthcare Board
DRAFT

3) Approval of January 19, 2022, Agenda

Motion: To approve the January 19, 2022, Agenda

Motion by: Tracee Stacy and seconded by Mike Brown

Discussion: None

Ayes: Ruth Forney, Mike Brown, Anthony Lofton, Brandon Wirth, Gerald Hase, and Tracee Stacy

Nays: None

Abstain: None

Motion Carried

4) Public Comment

None.

5) Project Director/Clinic Operations Officer Report

a) Health Center Operations Update – Dona Weissenfels

- i) Dona wished everyone a “Happy New Year” and that the first couple weeks of the new year have been bumpy, with COVID-19.
- ii) Dona mentioned big news that she met with Kathleen Ruck in late December about the upcoming Health Resources Services Administration (HRSA) Operations Site Visit (OSV), scheduled every three (3) years, and the next one was in September 2022. The OSV has been delayed until November 2023, so everyone will be allowed time to prepare.
- iii) Dona explained a change of timeline of projects:
 - ♦ Needs Assessment and Strategic Plan – More thought can be given to spot assessments. On the 340B Program, there was a request for information prepared a year ago that the only thing missing was the “Utilization” part, which will be added and Family Health Services, will need to get some bids for the 340B program. The 340B Program provides discounts to pharmaceutical prescriptions.
- iv) Dona mentioned that she is looking into applying for the Federal Tort Claims Act (FTCA), which is malpractice insurance for HRSA-Supported health centers. She is working with Health and Social Services Administration, in a draft form. Credentialing and Risk Management are key core components of the FTCA application.
- v) Dona mentioned the County did an audit, of the FHS call centers and scheduling in 2020-2021, which she was unaware of, since she just started in September 2021. She received feedback from the audit. There is a baseline to begin improvement, and the hope is 1) standardization with all call centers; 2) Ensure monitoring of the call centers that they are providing correct information; and 3) optimizing the clinic schedules. Dona has formed an Operational Performance Improvement Team and hoping that within 6 months, the call centers will be more standardized, and there will be improvement in scheduling appointments.
- vi) Dona announced that Toya Adams is the new FHS Health Services Manager, Senior, (HSM, Sr.), A Big Congratulations to Toya, who has been doing the job for a long time and she deserves the promotion!



County of Solano
Community Healthcare Board
DRAFT

- b) Staffing Update – Toya Adams
 - i) Toya mentioned there are 32 positions open for recruitment and 14 candidates in background.
 - ii) Toya mentioned a new HSM at Vacaville and two Accounting Clerk II employees are expected to begin at the end of January, and a Physician Assistant (PA) also started at Vallejo. A Clinic Supervising Physician, three mid-level providers and one Clinic Registered Nurse (RN) are expected to start in February.
 - iii) Toya also mentioned that there are two RNs in background and there are upcoming interviews for Office Assistant, Bilingual for Fairfield Dental and Vallejo Medical, MAs and Lead MA, so FHS is moving along with hiring.
 - iv) Dona mentioned that Dr. Leary has been very active in hiring providers and that the hiring of providers is going well.
 - v) Board Member Gerald Hase asked the number of call center staff and currently there are eight (8).
 - vi) Chair Ruth Forney, asked if all staff that are vaccinated can get their booster at the clinics. It was noted that the clinics are not giving boosters to staff, but they go to their primary care provider, for example, Kaiser.

6) Operations Committee Update Reports

- a) 2019-2022 Strategic Plan Update – Dona Weissenfels
 - i) Dona mentioned with the delay of the next OSV, the Strategic plan can be delayed. She will discuss further at the next CHB Executive Committee with the members, to figure out how to move forward.
- b) Quarterly Financial Report – Nina Delmendo
 - i) Refer to handout: *County of Solano, Expenditure and Revenue Report, Dept: 7580 Family Health Services, December 31, 2021*. Nina reviewed the report with the Board Members and participants at the meeting.
- c) Hiring Credentialing update – Niccore Tyler

Niccore mentioned that she will report out each month, at this meeting, and Elise will serve as a backup, if she is unable to attend.

 - i) Health Plan enrollment – no report.
 - ii) Office of Inspector General’s (OIG) Sanction List – With the help of Dona and Dr. Leary, in updating the comprehensive listing of FHS staffing, the report was run in December 2021 and there are 111 FHS Staff and there were zero (0) exclusions found and doing Great! This month, they will include to test Touro Providers and will report out, an update on OIG and exclusions list for Touro at the next meeting,
 - ♦ Board Member Gerald asked the number of Touro Providers at FHS and was told there are about ten (10).
 - iii) Board License Check – Credentialing – Niccore mentioned they are working on three (3) new provider applications and three (3) provider re-credentialing applications to remain in compliance. The three new applicants include, a PA submitted to Partnership and two (2)



County of Solano
Community Healthcare Board
DRAFT

Clinic Physician Supervisors. The recredentialed applicants include, one (1) submitted to Partnership, and two (2) pending and applications due to Partnership on February 13, 2022.

d) Family Health Services Compliance Update – Cheryl Esters

- i) Dona mentioned that compliance is very important, and she works directly with Cheryl and there are a lot of topics. It is important that Cheryl gives a “Compliance” monthly update, and it will be added as a standing agenda item, moving forward.
- ii) Cheryl mentioned Compliance tracks all incidents in FHS, in the Compliance Comply, Track and Reporting System. She reported for the months of November and December 2021, there were 2 lost badges, one breach of confidentiality, which is under investigation, one emergency call to 911, for a patient that went into distress, 2 safety issues and 2 thefts, one laptop and one cell phone stolen.
- iii) Cheryl mentioned she meets with Dona weekly, and they are looking at changes in regulations and what needs to be done in the clinics, to remain in compliance.

e) Grant Updates – Noelle Soto

Noelle mentioned there are several grants, and all are in different stages and there will be a Grants Updates Agenda Item each month. The updates are as follows and there was no handout.

- i) The base grant H8E, that was made in April 2021, and she is working with Fiscal to draw down funds and a report was sent to HRSA.
- ii) The Ryan White HIV/AIDS Grant is for the period of April 1, 2022, through March 31, 2023.
- iii) Noelle stated she will present the budget review for H8E Health Centers Program and the H8F, the American Rescue Plan Act at the next meeting on February 16, 2022.
- iv) The quarterly progress reports for the H8F ARPA testing and expanded capacity Act Grant, carry over from last year were submitted and the Expanded Capacity Act Grant will be closing out in April 2022.
- v) C8E, Capital Improvements Grant, for equipment purchases – Internal staff and fiscal are working on the purchases for the timeline. Funds will be optimized.
- vi) Both the Data Submissions for the Uniform Data Systems (UDS) and the H8E Grant are being worked on with the Internal Team and DoIT, who have met regularly to retrieve and collect appropriate NextGen data and will submit them. The deadline is February 15, 2022, and the internal deadline is February 7, 2022.
- vii) The Ryan White services report is due March 7, 2022, and the Internal deadline is February 24, 2022. They are working with fiscal to submit by the deadline.

7) Unfinished Business

- a) Credentialing Privileging Policy and Procedure – This item will be presented to the Board for approval, pending completion of policy review by Compliance.
 - i) It was mentioned that this item is not ready for discussion and when it is completed, it will be presented to the Board for review and approval.

8) Discussion

- a) Project Officer/CEO Evaluation Review
 - i) Chair, Ruth Forney, mentioned that usually this is done in January, but because Dona has only been on the job for three (3) months, the Board will vote to postpone the evaluation until January 2023, so at which time she will have been involved for more than a year.



County of Solano
Community Healthcare Board
DRAFT

- b) Annual Bylaws Appendix A – “Conflict of Interest”
 - i) Chair, Ruth Forney mentioned the Conflict of Interest form was mailed via USPS to all Board members and asked that they complete the form and return them soon.
- c) Annual Confidentiality Form
 - i) She mentioned that the form was not ready in January, and Compliance and Dona hope to finalize the form soon and send it to the Board members next month.

9) Action Items

- a) Postpone Project Officer/CEO Evaluation Review

Motion: To postpone the Project Officer/CEO Evaluation to the January 2022 meeting.

Motion by: Mike Brown and seconded by Gerald Hase

Discussion: None

Ayes: Ruth Forney, Mike Brown, Anthony Lofton, Brandon Wirth, Gerald Hase, and Tracee Stacy

Nays: None

Abstain: None

Motion Carried

- b) The Board will consider to apply for the Fiscal Year 2022 Ryan White HIV/AIDS Program Part C Capacity Development Grant – This grant was alerted in December 2021, and it has been offered for over six (6) years, and the categories and activities have evolved.

Noelle mentioned a correction in the time frame and that it is from 9/1/2022 through 8/31/2023. She mentioned that after a meeting with the FHS Internal HIV/AIDS Team and HRSA, it would be beneficial to apply for this one time grant, specifically for the category of “HIV Care Innovation” and the activity of “Integration of HIV primary care with oral health and/or behavioral health”. It was selected by the Team, because we already have an onsite Dental Clinic and Licensed Clinical Social Workers (LCSWs), so it’s a perfect opportunity.

Motion: To apply for the Fiscal Year 2022 Ryan White HIV/AIDS Program Part C Capacity Development Grant

Motion by: Anthony Lofton and seconded by Brandon Wirth

Discussion: Noelle mentioned a correction in the time frame and that it is from 9/1/2022 through 8/31/2023.

- i) Board Member Brandon Wirth stated the grant sounded exciting and an exciting program and a unique niche to serve that population but was concerned how to sustain it, due to a short term grant. Noelle mentioned that because FHS currently refers patients to our dental program and to LCSWs. Dona mentioned this is a way to get additional funding, for these existing services and activities we have at FHS.
- ii) Vice Chair, Mike Brown, asked if the HIV/AIDS patients were asked what works for them, rather than make the decisions for the patients and Noelle responded that due to the short deadline it wasn’t possible this time. She added that was a great



**County of Solano
Community Healthcare Board
DRAFT**

suggestion and with a longer preparation time, they could survey the patients with a future grant!

Ayes: Ruth Forney, Mike Brown, Anthony Lofton, Brandon Wirth, Gerald Hase, and Tracee Stacy

Nays: None

Abstain: None

Motion Carried

10) Board Member Comments

- a) Chair, Ruth Forney, notified the Board Members about an online program, to request four (4) free in home COVID test kits from the Federal Government. They could apply online, at COVID Test.gov and USPS will send the kits to their home.
- b) Chair, Ruth Forney shared comments from a virtual seminar presented by the National Association of Community Health Centers, 50 years of progress and hopes for the future. It was founded in 1971-2021, celebrating 50 years.
- c) Dona gave an update about recruiting patients as potential Board Members and she received ten (10) names from FHS staff. Ruth has also reached out as well.
- d) Ruth mentioned the Parking Lot item 11a) Compliance Training and Robert's Rules Review, and that they may look at training, when the Board brings on new members.

11) Parking Lot (These items are postponed, until further notice.)

- a) Compliance Training and Robert's Rules Review
- b) Health Center Marketing Campaign & Website Design
- c) The IHI Quadruple Aim Initiative *Health Center Practices*

12) Next Community Healthcare Board Meeting

DATE: February 16, 2022

TIME: 12:00 p.m.

TO JOIN: Telephone Conference Call

Dial: 1-323-457-3408, Conference ID: 446 778 066#

13) Adjourn

Meeting was adjourned at 1:15 p.m.

Handouts:

- County of Solano, Expenditure and Revenue Report, Dept: 7580 Family Health Services, December 31, 2021.
- Conflict of Interest
- Fiscal Year 2022 Ryan White HIV/AIDS Program Part C Capacity Development Grant, 9/1/2022 through 8/31/2022 (1 year)

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DEPARTMENT OF HEALTH & SOCIAL SERVICES



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MEMORANDUM

To: Community Healthcare Board
From: Janine Harris, Revenue Cycle Manager/Policy & Financial Analyst
Date: February 16, 2022
Subject: Analysis of Sliding Fee Discount Program (SFDP)

Per HRSA's Health Center Program Compliance Manual and Family Health Services (FHS) Sliding Fee Discount Program (SFDP) Policy, FHS must do the following:

- (1) Evaluate, at least once every three years, its sliding fee scale discount program. At a minimum, the health center:
 - Collects 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 percent of the FPG, are accessing health center services;
 - Utilizes this and, if applicable, other data to evaluate the effectiveness of its sliding fee discount program in reducing financial barriers to care; and
 - Identifies and implements changes as needed.

(Health Center Program Compliance Manual, page 41)

An analysis of patients eligible for SFDP from January–December 2021 shows the following:

Nominal Charge:

Solano County FHS provides a full 100 percent discount and does not use a nominal charge for patients at or below 100% FPG.

Utilization:

- Patients on the SFDP accessed medical services at an average rate of 2.47 visits per patient. This utilization rate is lower than the overall utilization of the health center of 2.59 medical visits per patient. The difference in utilization is minimal. This suggests that being on the SFDP is not a barrier to accessing care at FHS.
- Patients on the SFDP accessed dental services at an average rate of 3.37 visits per patient. This utilization rate is higher than the overall utilization of the health center of 3.27 dental visits per patient. This suggests that being on the SFDP is not a barrier to accessing care at FHS.
- Patients on the SFDP accessed mental health services at an average rate of 2.00 visits per patient. This utilization rate is lower than the overall utilization of the health center of 3.74 mental health visits per patient. We will continue to monitor Mental Health visits to ensure being on the SFDP is not a barrier to accessing care at FHS.

RECOMMENDATION:

Utilization data suggests that being on the SFDP is not a barrier to accessing care at FHS for medical and dental services. FHS will continue to monitor Mental Health visits to ensure being on the SFDP is not a barrier to accessing care. Due to overall underutilization of Mental Health services, FHS will continue to monitor and recommend improvements on how to increase utilization across the board.

In the 2019 patient satisfaction survey, 75% of patients who were assessed fees found that fees and explanation of fees were “good” or “very good”. Fees and explanation of fees will continue to be part of future patient satisfaction surveys and any significant findings will be presented to the board.

TABLE 1: JANUARY - DECEMBER 2021: SFDP PROGRAM ANALYSIS						
MEDICAL SERVICES						
SFDS Class	Discount Percentage	Total Encounters	Total Patients	Average Visits Per Patient	Average Payment	% Patients Paying 100% Fee
A	100%	1,312	526	2.49	\$0.00	N/A
B	80%	371	158	2.35	\$72.86	60%
C	60%	153	72	2.13	\$115.73	51%
D	50%	145	68	2.13	\$144.12	50%
E	FULL FEE	49	35	1.40	\$300.66	67%

TABLE 1: JANUARY - DECEMBER 2021: SFDP PROGRAM ANALYSIS						
DENTAL SERVICES						
SFDS Class	Discount Percentage	Total Encounters	Total Patients	Average Visits Per Patient	Average Payment	% Patients Paying 100% Fee
A	100%	478	160	2.99	\$0.00	N/A
B	80%	274	73	3.75	\$217.96	76%
C	60%	146	42	3.48	\$330.07	70%
D	50%	115	35	3.29	\$362.83	72%
E	FULL FEE	19	10	1.90	\$396.07	100%

TABLE 1: JANUARY - DECEMBER 2021: SFDP PROGRAM ANALYSIS						
MENTAL HEALTH SERVICES						
SFDS Class	Discount Percentage	Total Encounters	Total Patients	Average Visits Per Patient	Average Payment	% Patients Paying 100% Fee
A	100%	56	28	2.00	\$0.00	N/A
B	80%	8	5	1.60	\$26.47	50%
C	60%	4	2	2.00	\$158.19	100%
D	50%	2	2	1.00	\$147.37	100%
E	FULL FEE	0	0	0.00	\$0.00	N/A



Family Health Services

Sliding Fee Scale Discount Program

Policy Number: 100.03

Effective Date	March 1, 2022
Frequency of Review	Annual
Last Reviewed	February 7, 2022
Last Updated	February 7, 2022
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.



Sliding Fee Scale Discount Program

Policy Number: 100.03

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



Family Health Services

Sliding Fee Scale Discount Program

Policy Number: 100.03

- 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 Clinic Operations Officer, 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 3/1/2022

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	To
1	\$0	\$13,590	\$13,591	\$18,754	\$18,755	\$23,103	\$23,104	\$27,180	\$27,181	\$33,975	\$33,976	\$40,770	\$40,771
2	\$0	\$18,310	\$18,311	\$25,268	\$25,269	\$31,127	\$31,128	\$36,620	\$36,621	\$45,775	\$45,776	\$54,930	\$54,931
3	\$0	\$23,030	\$23,031	\$31,781	\$31,782	\$39,151	\$39,152	\$46,060	\$46,061	\$57,575	\$57,576	\$69,090	\$69,091
4	\$0	\$27,750	\$27,751	\$38,295	\$38,296	\$47,175	\$47,176	\$55,500	\$55,501	\$69,375	\$69,376	\$83,250	\$83,251
5	\$0	\$32,470	\$32,471	\$44,809	\$44,810	\$55,199	\$55,200	\$64,940	\$64,941	\$81,175	\$81,176	\$97,410	\$97,411
6	\$0	\$37,190	\$37,191	\$51,322	\$51,323	\$63,223	\$63,224	\$74,380	\$74,381	\$92,975	\$92,976	\$111,570	\$111,571
7	\$0	\$41,910	\$41,911	\$57,836	\$57,837	\$71,247	\$71,248	\$83,820	\$83,821	\$104,775	\$104,776	\$125,730	\$125,731
8	\$0	\$46,630	\$46,631	\$64,349	\$64,350	\$79,271	\$79,272	\$93,260	\$93,261	\$116,575	\$116,576	\$139,890	\$139,891
For each additional person:		Add	Add	Add	Add	Add	Add	Add	Add	Add	Add	Add	Add
		\$4,720	\$6,514	\$8,024	\$9,440	\$11,800	\$14,160						

Patient Discount Percentages						
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 3/1/2022

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.	BASED ON MONTHLY INCOME													
	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	To	
1	\$0	\$1,133	\$1,134	\$1,563	\$1,564	\$1,925	\$1,926	\$2,285	\$2,286	\$2,831	\$2,832	\$3,398	\$3,399	
2	\$0	\$1,526	\$1,527	\$2,106	\$2,107	\$2,594	\$2,595	\$3,052	\$3,053	\$3,815	\$3,816	\$4,578	\$4,579	
3	\$0	\$1,919	\$1,920	\$2,648	\$2,649	\$3,263	\$3,264	\$3,838	\$3,839	\$4,798	\$4,799	\$5,758	\$5,759	
4	\$0	\$2,313	\$2,314	\$3,191	\$3,192	\$3,931	\$3,932	\$4,625	\$4,626	\$5,781	\$5,782	\$6,938	\$6,939	
5	\$0	\$2,706	\$2,707	\$3,734	\$3,735	\$4,600	\$4,601	\$5,412	\$5,413	\$6,765	\$6,766	\$8,118	\$8,119	
6	\$0	\$3,099	\$3,100	\$4,277	\$4,278	\$5,269	\$5,270	\$6,198	\$6,199	\$7,748	\$7,749	\$9,298	\$9,299	
7	\$0	\$3,493	\$3,494	\$4,820	\$4,821	\$5,937	\$5,938	\$6,985	\$6,986	\$8,731	\$8,732	\$10,478	\$10,479	
8	\$0	\$3,886	\$3,887	\$5,362	\$5,363	\$6,606	\$6,607	\$7,772	\$7,773	\$9,715	\$9,716	\$11,658	\$11,659	
For each additional person:		Add	Add	Add	Add	Add	Add	Add	Add	Add	Add	Add	Add	
		\$393	\$543	\$669	\$787	\$983	\$1,180							

Patient Discount Percentages						
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