

# HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)

Co-Applicant Board Meeting Agenda  
 Life Moves || 181 Constitution Drive Menlo Park  
 January 10, 2019, 9:00 - 11:00am

AGENDA	SPEAKER(S)	TAB	TIME
<b>A. CALL TO ORDER</b>	Brian Greenberg		9:00am
<b>B. CHANGES TO ORDER OF AGENDA</b>			9:05am
<b>C. PUBLIC COMMENT</b> Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.			9:07am
<b>D. CONSUMER INPUT/GUEST SPEAKER</b>			9:10am
<b>E. BOARD ORIENTATION</b>	HCH/FH Staff		9:20am
<b>F. CLOSED SESSION-</b> There is no closed session at this meeting.			
<b>G. MEETING MINUTES</b>			
1. Meeting minutes from December 13, 2018	Linda Nguyen	<b>Tab 1</b>	9:55am
<b>H. BUSINESS AGENDA</b>			
1. Public Health Planning & Policy Contracts <i>a. Action Item – Request to amend PHPP contracts</i>		<b>Tab 2</b>	9:57am
2. Ravenswood Sliding fee scale discount policy <i>a. Action Item – Request to approve SFS policy</i>	Jim Beaumont	<b>Tab 3</b>	10:05am
3. Travel Request <i>a. Action Item – Request to approve travel request</i>	Linda/Jim	<b>Tab 4</b>	10:10am
The following item will be available for review at meeting w/ time for review prior to consideration/action by Board.			
4. El Centro Contract <i>a. Action Item – Request to amend contract</i>	Jim Beaumont		10:15am
<b>G. REPORTING AGENDA</b>			
1. Grant conditions update	Jim Beaumont		10:25am
2. Annual Report discussion	Jim Beaumont		10:30am
3. Board sub-committee oral reports	Irene/Danielle/Linda		10:35am
4. HCH/FH Program QI Report	Frank Trinh	<b>Tab 5</b>	10:40am
5. HCH/FH Program Director’s Report	Jim Beaumont	<b>Tab 6</b>	10:50am
6. HCH/FH Program Budget/Finance Report	Jim Beaumont	<b>Tab 7</b>	10:55am
<b>H. BOARD COMMUNICATIONS AND ANNOUNCEMENTS</b> Communications and Announcements are brief items from members of the Board regarding upcoming events in the community and correspondence that they have received. They are informational in nature and no action will be taken on these items at this meeting. A total of five minutes is allotted to this item. If there are additional communications and announcements, the Chairperson may choose to defer them to a second agenda item added at the end of the Board Meeting.			
1. Future meetings – every 2 <sup>nd</sup> Thursday of the month (unless otherwise stated) a. Next Regular Meeting February 7, 2019; 9:00AM – 11:00AM at Ravenswood    East Palo Alto			
<b>I. ADJOURNMENT</b>			11:00am

**TAB 1**  
**Meeting Minutes**

**Request to Approve**

**Healthcare for the Homeless/Farmworker Health Program (Program)  
Co-Applicant Board Meeting Minutes (Dec 13, 2018)  
Mission Hospice – San Mateo**

Co-Applicant Board Members Present

Christian Hansen  
Dwight Wilson  
Kathryn Barrientos (last mtg)  
Robert Anderson- Vice Chair  
Steven Kraft  
Mother Champion  
Steve Carey  
Tayischa Deldridge  
Adonica Shaw  
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Linda Nguyen, Program Coordinator  
Frank Trinh, Medical Director  
Danielle, Hull, Clinical Coordinator  
Andrea Donahue, County Counsel's Office  
Irene Pasma, Program Implementation Coordinator

Members of the Public

Francine Serafin-Dickson – Hospital consortium of San Mateo county  
Rafael Porter- WiliLine Networks

Absent:., Gary Campanile. Brian Greenberg

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Anderson called the meeting to order at <u>  9  </u> A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting.  Kat Barrientos resigned as Board member, this was her last Board meeting.	
Consumer Input-  Hospital consortium          <b>Homeless Memorial Day- One Day Count</b>	Guest Francine Serafin-Dickson from the Hospital Consortium discussed her role and the role of the Consortium. The Hospital Consortium started 35 years ago, Hospitals (CEOs serve on Board) formed partnership to work together to better serve the community (Seton, Mills, Sequoia, SMMC, Kaiser RWD City). The Consortium is currently looking at post-acute care needs and placement of homeless pts. Discussion re post-acute care needs and placement of homeless pts. started about one year ago. The Consortium conducted a study on homeless pts with post-acute care needs; results showed that there are 15-24 patients on any given day who are cleared for discharge but have no placement. The Consortium convened a meeting with stakeholders to share what's going on now, and have recently met with HCH/FH staff on this effort and discussed HCH/FH leading this endeavor. The Consortium along with the Health Dept and the local hospitals conduct a triennial Community Health Needs Assessment to identify health indicators requiring attention and resources.  Discussion on Homeless Persons' Memorial Day (12.21.18) as well as the upcoming SMC Homeless One Day Count (1/31/19). The National Health Care for the Homeless Council, our National Consumer Advisory Board, and the National Coalition for the Homeless call on our constituents to organize or take part in Homeless Persons' Memorial Day (HPMD) events on or around December 21st, <i>Please refer to TAB 1 on the Board meeting packet</i>	
No Closed session		

<p>Regular Agenda Consent Agenda</p>	<p>All items on Consent Agenda (meeting minutes from Nov 8, 2018) were approved.</p> <p>Please refer to TAB 2 on the Board meeting packet</p>	<p>Consent Agenda was <u>MOVED</u> by Kat <u>SECONDED</u> by Steve K., and APPROVED by all Board members present.</p>
<p>Contract Approval</p> <p><b>Action Item- Request to amend Ravenswood Contract</b></p>	<p>Discussion and summary of grant conditions regarding Ravenswood (RFHC) contracts and efforts on getting into compliance. Data on past performance was shared. Plan is to renegotiate RFHC contracts (n=3) by amending/revising and change forms 5A and 5B on scope and locations of services provided. Discussion from Board members to make RFHC contracts whole on funding, if there is a need to eliminate any contracts. Suggestion to have RFHC staff discuss the services that they provide at future meeting. February meeting will be hosted at RFHC, so we can invite staff to speak then and place discussion on February's agenda.</p>	<p><b>Request to change form 5A and 5B</b> <u>MOVED</u> by Mother Champion <u>SECONDED</u> by Adonica, and APPROVED by all Board members present Tay- <u>recused herself from discussion.</u> RFHC contract discussion will be rescheduled for February Board mtg agenda.</p>
<p>Discussion on Public Health Planning and Policy contracts</p>	<p>Current budget and proposed budget by PHPP staff was passed out to those present at meeting. Discussion on PHPP's request to increase their contract because of increased costs as their contracts end this calendar year. Request to present budget numbers at January Board meeting, showing obligated funds, and budget for 2019 to continue discussion on PHPP contracts (n=2). Suggestion and motion to extend current contracts for 60 days, so there is no interruption on services.</p>	<p><b>Request to amend/extend PHPPs contracts (2) for 60 days</b> <u>MOVED</u> by Dwight <u>SECONDED</u> by Steve C., and APPROVED by all Board members present</p>
<p>Grant Conditions and fiscal policies</p> <p><b>Action Item- Request to amend fiscal policies – Sliding Fee scale and Agreement policies</b></p>	<p>As directed by the HCH/FH Sliding Fee Discount Program (SFDP) Policy, and as required by HRSA, we review the SFDP at least once every three (3) years to ensure that it does not create barriers to care for our patients/clients and is meeting their needs. Program reviewed the utilization of the SFDP over the past three (3) years (2015-2017). Over this period, fewer than two dozen patients utilized the SFDP. Because the utilization rate is so low, there is an insufficient sample size on which to make actual determinations on the effectiveness of the program and whether it creates any barriers to care for our patients. We have concluded from our evaluation that the SFDP is acceptable as it is currently structured.</p> <p>One of the findings of the most recent HRSA Operational Site Visit (OSV) of the Program was that there were not sufficient assurances that entities providing services for the Program under agreements had appropriate Sliding Fee Discount Programs. Attached is an updated SFDP Policy that specifically references the requirement for such SFDPs to be HRSA compliant, and tasking Program with the review and determination that they are compliant. Future contract language will</p>	<p><b>Request to approve Sliding fee scale evaluation</b> <u>MOVED</u> by Dwight <u>SECONDED</u> by Steve C., and APPROVED by all Board members present</p> <p><b>Request to approve updated Sliding fee scale discount policy</b> <u>MOVED</u> by Dwight <u>SECONDED</u> by Adonica,</p>

	<p>also reflect these changes.</p> <p>Attached to this request is a draft Agreement Policy. The policy defines the standards and processes for the establishment of agreements and for the purchase or procurement of services, supplies, equipment or other items. Very specifically, this policy calls for the Board to make a determination, on review of a Program recommendation, on whether service agreements are contracts or sub-recipient agreements and creates a specific form for completion with the approval of every service agreement. It also calls for staff review of all purchase and procurement efforts to ensure compliance with all Federal and County requirements.</p> <p><i>Please refer to tab 3 on the Board meeting packet</i></p>	<p>and APPROVED by all Board members present</p> <p><b>Request to approve Agreement policy</b>  <u>MOVED</u> by Dwight  <u>SECONDED</u> by Steve K.,  and APPROVED by all Board members present</p>
Travel request	<p>The HCH/FH Program (Program) Co-Applicant Board (Board) approved policy regarding travel reimbursement for Board members who may travel for Board and/or Health Care for the Homeless/Farmworker Health Program (Program) business. The Board also approved a policy for the selection process of how Board members are selected for approved travel for reimbursement (March 13, 2014).</p> <p>So far the program has received a request from one Board member for the upcoming 2019 Migrant Conference in Portland, Oregon (February 20-22); by Steve Carey for \$1,564.40.</p> <p><i>Please refer to tab 4 on the Board meeting packet</i></p>	<p><b>Request to approve travel request- Steve Carey</b>  <u>MOVED</u> by Steve K.  <u>SECONDED</u> by Kat,  and APPROVED by all Board members present</p>
Request to change February Board meeting to Feb 7 <sup>th</sup>	<p>Since the first UDS (annual report- uniform data system) submission is on February 15<sup>th</sup>, staff is requesting that we move the next Board meeting in February a week early to ensure enough time to prepare for Board meeting (February 7<sup>th</sup>).</p>	<p><b>Request to move February Board meeting from 2/14 to 2/7</b>  <u>MOVED</u> by Steve C.  <u>SECONDED</u> by Tay,  and APPROVED by all Board members present</p>
Grant conditions update	<p>Discussion and summary of grant conditions. Accounting and fiscal policies are on the agenda for approval. Regarding clinical staffing grant conditions, staff is working with HR and Medical staffing offices to address. On schedule to address conditions</p>	
Subcommittee reports	<p>No updates</p>	
Program progress updates	<p>Staff updates from Irene and Danielle included their activities from the first few months of their employment from working on the Diabetes Action Plan and QI to efforts on Strategic Plan and Substance Abuse Needs Assessment.</p> <p>Discussion on bill SB 1152 discharge policy of hospitals of homeless patients (effective July).</p>	
Regular Agenda: HCH/FH Program <b>QI Report</b>	<p>Clinical Director reported on updates:  <u>Diabetes Action Plan</u>- HCH/FH Program staff has met with Brighton Ncube, Deputy Director of Ambulatory Services, Sumita Kalra, Department Chair of Primary Care, Ann Marie</p>	

	<p>Silvestri, Dental Director, and Primary Care QI to inform management of multiple sectors and gather input on how implementation of the plan should proceed. Staff will work with multiple sectors to put together workgroup for planning and protocol development.</p> <p><u>Patient registration accuracy-</u> HCH/FH Program staff met with Brighton Ncube, Deputy Director of Ambulatory Services, to discuss how to improve homeless/farmworker designation during patient registration. Hospital LEAP support to be brought in to support workgroup effort to pilot a registration improvement event.</p> <p><i>Please refer to TAB 5 on the Board meeting packet</i></p>	
<p>Regular Agenda: HCH/FH Program <b>Directors report</b></p>	<p>Directors updates: Grant conditions- no updates, there is a more thorough discussion/report in this agenda. <u>Management Analyst Position</u> Program requested Human Resources to extend the position announcement for the Management Analyst position. Since the last report to the Board we have received five (5) applications and four (4) interviews were conducted on Friday, December 7, 2018. <u>7 day update-</u> MA update, offered position and waiting to have discussion with interviewee.</p> <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p>	
<p>Regular Agenda: HCH/FH Program <b>Budget &amp; Financial Report</b></p>	<p>Preliminary grant expenditures through November 30, 2018, total an estimated \$2,188,293. This will increase slightly as the County processes month-end transactions, but we have included known contractual expenditures (even if they are not yet reflected as an expenditure by the county), and an estimate of routine County monthly charges.</p> <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p>	
<p>Quarter 3- contractors update review</p>	<p>The Program has contracts with five community-based providers, plus two County-based programs for the 2018 grant year. Contracts are for primary care services, dental care services, and enabling services such as care coordination and eligibility assistance. As required, Board members discussed service utilization of contractors and their performance.</p> <p><i>Please refer to TAB 8 on the Board meeting packet.</i></p>	
<p>Adjournment</p>	<p>Time <u> 11:01 am</u></p>	<p>Robert Anderson</p>

## HealthCare for the Homeless 2019 Calendar Year Public Health Proposal

Due to union negotiations (particularly the recent California Nurses Association 4% salary increase and estimated 3% salary increase for other personnel), Annual Step Increases, and Health System 5% budget reduction, our operational costs have increased for calendar year 2019.

### Mobile and Expanded Services Proposal

Overall, there is a **\$79,954 impact** to our program in Calendar Year 2019 with the below operational costs and funding changes:

- Our total operational costs have increased by **\$29,954** from \$532,250 in 2018 to \$562,204 in 2019 as a result of union negotiations and step increases (Based on FY 18-19 updated SHERPA report).
- The 2018 Data Proposal and Progress Report deliverables if discontinued would reduce funding by **\$50,000**. This incentive-based funding covered part of our original RFP Requested funding for ongoing personnel and non-personnel costs.

**Our proposal to account for this \$79,954 impact is a mix of increasing unduplicated client rates and retaining \$25,000 in data incentives;** different models are provided below for reference. Utilizing our updated FY18-19 SHERPA Snapshot, 4% nurse markup, and 3% non-nurse markup, we calculated the \$79,954 estimate reflecting a more accurate operational cost which is addressed in Model #1 and #2. Regarding the programmatic reasoning for retaining data incentives, the Data deliverable has been a large endeavor; we have been working with the Business Intelligence (BI) team closely throughout the year to produce better data capability. Including a third progress report and resulting data output to conclude this endeavor will allow BI more time to fine-tune the remaining ticket items that we set out to accomplish.

#### Itemized Personnel Tally Utilizing Updated FY 18-19 SHERPA Snapshot with 4% Nurse and Estimated 3% Non-Nurse Markup

##### MOBILE AND EXPANDED 2019 MODEL #1

2019 Cost of Living Adjustment	2019 Rate and Deliverable Changes				
Program	Clients	Original Rate <sup>1</sup>	New 2019 rate	% Rate Increase	Total 2019 Funding Change
Expanded	210	725	853	17.66%	\$ 26,880.00
Mobile	1000	330	385	16.67%	\$ 55,000.00
Data Plan, Progress Report I, and Progress Report II		\$ 50,000.00	\$ (2,000.00)		\$ (52,000.00)
<b>Sum</b>	<b>1210</b>				<b>\$ 29,880.00</b>

<sup>1</sup>Data Plan removed

##### MOBILE AND EXPANDED 2019 MODEL #2

2019 Cost of Living Adjustment Increase	2019 Rate and Deliverable Changes				
Program	Clients	Original Rate <sup>2</sup>	New 2019 rate	% Rate Increase	Total 2019 Funding Change
Expanded	210	725	805	11.03%	\$ 16,800.00
Mobile	1000	330	370	12.12%	\$ 40,000.00
Progress Report III and Data Output		\$ 52,000.00	\$ 25,000.00		\$ (27,000.00)
<b>Sum</b>	<b>1210</b>				<b>\$ 29,800.00</b>

<sup>2</sup>Reduced Data Plan Retained

## Street Medicine Proposal

Overall there is a **\$225,689.69 impact** to our program in Calendar Year 2019 with the below operational costs:

- Our current operational costs have increased by **\$41,835** from \$249,750 in 2018 to \$291,585 in 2019 due to Step Increases and Union negotiations. The current FY18-19 SHERPA Budget Report provided significant changes in staff step increases, benefits, etc. compared to the previous FY 18-19 Budget Projection Report utilized for the 2018 HCH Calendar Year Grant.
- Our newly acquired Public Health Nurse has a total salary and benefits cost of **\$183,854.69**.

**Our proposal requests additional funding ranging from \$51,000 to \$91,000 via increasing the rate, increasing target unduplicated clients, and including data deliverables** to match current operational cost increases (\$41,835) and the Pescadero Public Health Nurse (\$9,165 to \$49,165). Targeted Case Management and Net County Cost funding will offset a small fraction of our nurse costs, but PHPP will largely pay the majority of this nurse position as a result without Street Medicine Funding. Different models paying for various portions of the Nurse FTE and data incentives are included for reference.

Our Public Health Nurse duties include direct patient medical care, screening for women's health, patient outreach, health education/promotion, and patient triage at Pescadero for farmworkers in the area and women in the women's health clinic; we predict an increase in clients as a result of nurse check-up visits. She will provide much needed support to the Nurse Practitioners who are only able to visit Pescadero once a week.

Examples of direct patient care the Public Health Nurse will provide include wound care, medication reconciliation, glucose checks/glucometer teaching/insulin titration/vaccinations, BP checks, follow on lab results, lab draws, medication refills, medication administration (DOT, depo, etc.), TB screenings, diabetic foot exams, and ear lavages.

Patient outreach will focus on the following:

- (1) Identify individuals in the community in need of medical or mental health care, refer as appropriate to field medicine, NPCC, Access line, therapy at Puente, etc.
- (2) Identify individuals who might qualify for medical benefits, i.e. ACE or medical, and connect with Puente to for application
- (3) Identify women in the community in need of women health services and refer to women's health clinic.

Health Education/Promotion consists of providing chronic disease management (DM, HTN, HLD, Asthma/COPD, Cardiac Diseases) and Reproductive health information.

Triage will occur for patients by phone or with direct contact who are referred to the public health nurse from Puente or other; patients will be communicated a plan for follow-up care and referred as appropriate.

Additional equipment needed to provide these services include centrifuge, glucometer, lab draw kit, wound care supplies, otoscope, ear lavage supplies, etc. that are paid for by Public Health, Policy and Planning Division (PHPP).



**Itemized Personnel Tally Utilizing New FY 18-19 SHERPA Snapshot: Different Models to Pay .05/.16/.27 FTE of New Nurse Position**

The Models below offer different levels of funding starting with Model #1 base funding for the operational cost increase and .05FTE of the additional Public Health Nurse. Please note, 150 target clients are the upper limits of what we are able to ensure for a funded Public Health Nurse who works 5 days a week serving the Coastside population. In the event that the count exceeds the 150 threshold, additional funding is an option we want to consider. Model #2 and #3 include data deliverables along with the Public Health Nurse FTE funding increase. In Model #2, the Fiscal team will analyze BI's Women's Health raw data and produce a Dashboard Metric Report Deliverable that accompanies invoices. Model #3 allows additional capacity to track Women's Health demographic and service trends and understand this population's needs. There will be a more in-depth population analysis report and program narrative that provides both a quantitative and qualitative evaluation of this population and the impact of our Street Medicine interventions.

**STREET MEDICINE 2019 MODEL #1: 8% Rate Increase**

2019 Cost of Living Adjustment Increase	2019 Rate and Deliverable Changes						Total Requested 2019 Funding ↑
Program ↑ with .05 FTE Funded Nurse (\$9,165)	Original Client Target	New Client Target	Client Increase	Original Rate	New 2019 rate	Rate % Increase	
Street Medicine	135	150	11.11%	1850	2005	8.38%	\$ 51,000.00

Cost increase is \$225,689 for 2019. PHPP absorbs \$174,689 in costs.

**STREET MEDICINE 2019 MODEL #2: 8% Rate Increase**

2019 Cost of Living Adjustment Increase	2019 Rate and Deliverable Changes						Total Requested 2019 Funding ↑
Program ↑ with a .16 FTE Funded Nurse (\$29,165) and Women's Health Services Report included with Invoices	Original Client Target	New Client Target	Client Increase	Original Rate	New 2019 rate	Rate % Increase	
Street Medicine	135	150	11.11%	\$ 1,850.00	2005	8.38%	\$ 51,000.00
Women's Health Services Report				\$ -	\$ 20,000.00		\$ 20,000.00
<b>Total</b>							<b>\$ 71,000.00</b>

Cost increase is \$225,689 for 2019. PHPP absorbs \$154,689.69 in costs.

**STREET MEDICINE 2019 MODEL #3: 8% Rate Increase**

2019 Cost of Living Adjustment Increase	2019 Rate and Deliverable Changes						Total Requested 2019 Funding ↑
Program ↑ with a .27 FTE Funded Nurse (\$49,165) and Women's Health Services Report with Narrative	Original Client Target	New Client Target	Client Increase	Original Rate	New 2019 rate	Rate % Increase	
Street Medicine	135	150	11.11%	\$ 1,850.00	2005	8.38%	\$ 51,000.00
Women's Health Services Report				0	\$ 20,000.00		\$ 20,000.00
In-Depth Analysis and Narrative					\$ 20,000.00		\$ 20,000.00
<b>Total</b>							<b>\$ 91,000.00</b>

Cost increase is \$225,689 for 2019. PHPP absorbs \$134,689 in costs.

**TAB 2**  
**Request to**  
**amend**  
**PHPP**  
**contracts**



DATE: January 10, 2018

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health Program

FROM: Jim Beaumont, Director  
Health Care for the Homeless/Farmworker Health Program

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE AN AMENDMENT TO THE PUBLIC HEALTH POLICY & PLANNING MOUS TO EXTEND THEM FOR SIX (6) MONTHS

The HCH/FH Program has two (2) MOU Agreements with Public Health Policy & Planning (PHPP) for delivery of services: the Mobile Van & Expanded Services Agreement and the Street Medicine Agreement. Both Agreements expired on December 31, 2018. In order to continue delivery of the agreed upon services, the Agreements need to be amended to extend their term.

In discussion on amending the agreements to extend the terms, PHPP requested various increases in reimbursement for their services. Currently, there is not sufficient available grant revenue to fund the requested increases in the agreements. While Program staff and the Board work on the overall Program budget strategy, action still needs to be taken to ensure the continued delivery of services provided under the expired Agreements. Program is recommending the Board approve an extension of both Agreements under the current terms, exclusive of the objectives and payments for improved data reporting, for six (6) months. We believe this will allow the Board the appropriate time to review the PHPP requests in the context of the ongoing budget strategy.

Because unduplicated patient counts are highest in the beginning months of a reporting period, we are recommending that for the Mobile Van & Expanded Services Agreement, the six (6) month extension cover up to 600 unduplicated individuals for Primary Care Services on the mobile van, and up to 156 unduplicated individuals for Expanded Services (126 at Service Connect and 30 at Maple Street Shelter) at the current rates for a total increase of \$311,100. For the Street Medicine Agreement, we are recommending the six (6) month extension cover up to 81 unduplicated individuals at the current rate for an increase of \$149,850.

**This request is for the Board to approve Amendments to the Mobile Van & Expanded Services Agreement and the Street Medicine Agreement with PHPP to extend the Agreements for six (6) months at the current rates for the numbers of unduplicated individuals specified above from January 1, 2019- June 30, 2019. It requires a majority vote of the Board members present to approve this action.**



**TAB 3**  
**Request to**  
**approve**  
**SFS policy**



SAN MATEO COUNTY HEALTH  
**SAN MATEO  
MEDICAL CENTER**

San Mateo Medical Center  
222 W 39th Avenue  
San Mateo, CA 94403  
650-573-2222 T  
[smchealth.org/smmc](http://smchealth.org/smmc)

DATE: January 10, 2018

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health Program

FROM: Jim Beaumont, Director  
Health Care for the Homeless/Farmworker Health Program

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE RAVENSWOOD FAMILY HEALTH CENTER'S SLIDING FEE DISCOUNT PROGRAM


As part of the HCH/FH Program and Co-Applicant Board's Policy on the Sliding Fee Discount Program (SFDP), the Board is required to approve the SFDPs for those entities with Agreements for service delivery that charge fees for their services, as appropriate.

As required by Policy, Program staff have reviewed the attached SFDP for Ravenswood Family Health Center (RFHC) and find it to be compliant with Health Resources and Services Administration (HRSA) requirements for Health Centers. The HCH/FH Program is recommending the Board approve the RFHC SFDP.

**This request is for the Board to approve RFHC's SFDP. It requires a majority vote of the Board members present to approve this action.**

Attached:  
RFHC SFDP



<b>Reference #: 02.02</b>	<b>Title: Sliding Fee Scale Policy and Procedures</b>	
	<b>Document Owner: LaRae Garrigan, Director of Billing</b>	<b>Effective Date:</b> 10/12/13; Reviewed 2/18/14; 12/3/14, 2/21/2017, 4/18/17 approved { Date Approved }
	<b>Date of Last Board Approval:</b> 04/18/17; Previous 02/21/17	<b>Date Published:</b> 6/21/17

**Policy:** Ravenswood Family Health Center (RFHC) accepts all patients regardless of ability to pay and regardless of race, national origin, color, religion, sex, pregnancy, ancestry, age, marital status, physical handicap, sexual orientation, mental disability, or medical condition. RFHC makes available a Sliding Fee Scale (SFS) discount to patients whose income is 200% of poverty or less.

RFHC’s sliding fee policy provides discounts to patients who are low income. Discounts will be available for patients whose income according to their family size is under 200% of Federal Poverty Guidelines as updated annually. Everyone will be served regardless of ability to pay. All patients will receive information at service and enrollment locations for how to apply for a sliding fee scale discount that include general eligibility requirements. (See Appendix A for SFS information for patients)

**Purpose:** RFHC offers sliding fee scale to eligible patients in compliance with the Bureau of Primary Health Care (BPHC), Health Resources Services Administration (HRSA), health care program expectations for Federally Qualified Health Centers (FQHCs) that receive 330 Community Health Center (CHC) funding. BPHC, HRSA regulations require that FQHCs must provide discounts to patients whose total family income is below 200% of the federal poverty level (FPL) based on the number of people in the immediate family living in the household. The regulations require FQHCs to verify income for all primary care services.

**1. Eligibility:**

**1.1. Annual Screening of Patients**

Effective January 1, 2009, all patients must be screened annually by RFHC to qualify for a SFS discount. The application requires that a patient proof of income, name all family members with dates of birth.

Self reporting of income will only be accepted for patients who are self employed and who do not have any other proof of income. Patient must complete and sign an attestation of their self-reported income.

**1.2. Sliding Fee Scale Discounted Patient Fees for Medical Visits**

			* 10% discount if paid at time of visit
SFS	A – Pays a nominal fee of \$20 per visit	0% - 100% of poverty	\$18
SFS	B – Pays \$30 per visit	101% -133%	\$27
SFS	C – Pays \$40 per visit	134% - 166%	\$36

<b>Reference #: 02.02</b>	<b>Title: Sliding Fee Scale Policy and Procedures</b>
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SFS D – Pays \$50 per visit 167% - 200% \$45

Self-Pay – Pays 100% of RFHC fee schedule greater than 200% of FPL

**Note:** Sliding Fee Scale eligible patients 0% - 200% of FPL fees are inclusive of the following services provided in the clinic; provider visit, immunizations, in-house injections, dispensary medications and lab tests (both Quest and those performed in house)

\*10% discount provided if paid in full at the time of the visit applies to SFS for Medical and IBHS visits only.

- **Integrated Behavioral Health Services Sliding Fee Scale**
  - Social Services will not be charged to clients (social services include but are not limited to: Child Protective Services, referrals for housing, food, clothing, referrals for domestic violence, legal aid and similar services).
  - In alignment with RFHC efforts to remove all barriers to accessing short-term mental health counseling services, patients with incomes from 0% to 200% of poverty, receiving “Counseling Services” will be charged a once (1 time) per month fee to access IBHS services according to their Sliding Fee Scale (SFS) category:
    - i. SFS A – 0%-100% of Poverty - \$10
    - ii. SFS B - 101% - 133% - \$20
    - iii. SFS C - 134% - 167% - \$30
    - iv. SFS D – 168% - 200% - \$40

## 2. Dental Sliding Fee Scale Policy

SFS A – 0% - 100% of poverty level pays a nominal fee of \$40 per visit plus any dental lab fees at their acquisition cost rounded to the nearest dollar.

SFS B – 101% -133% Pays 40% of RFHC dental fee schedule plus any dental lab fees at their acquisition cost rounded to the nearest dollar

SFS C – 134% - 166% Pays 60% of RFHC dental fee schedule plus any dental lab fees at their acquisition cost rounded to the nearest dollar

SFS D – 167% - 200% Pays 80% of RFHC dental fee schedule plus any dental lab fees at their acquisition cost rounded to the nearest dollar

Greater than 200% of FPL Self-Pay – Pays 100% of RFHC Dental fee schedule

Uninsured homeless patient with an income has to apply for a sliding fee scale discount.

### 3. **340B Contract Pharmacy Services**

- **Sliding Fee Scale A, B, C, and D:** patients pay per number of medication day supply prescribed by provider as follows

#### Less than 30 Day Supply

- SFS A Patients \$5 per medication for  $\leq$  30 day supply
- SFS B \$10 per medication for  $\leq$  30 day medication supply
- SFS C \$15 per medication for  $\leq$  30 day supply
- SFS D \$20 per medication for  $\leq$  30 day supply

#### Greater than 30 Day Supply

- SFS A \$10 per medication for  $>$  30 day supply
- SFS B \$15 per medication for  $>$  30 day supply
- SFS C \$20 per medication for  $>$  30 day supply
- SFS D \$30 per medication for  $>$  30 day supply

- **ACE FEE Waiver:** \$0 co-pay per medication
- **ACE:** \$7 co-pay per medication
- **HCH no coverage:** \$0 co-pay per medication
- **Self pay:** patients will be required to pay 100% of medication cost.

### 4. **Chronic Care Medications with ingredients costing more than \$100 per prescription**

SFS patients with chronic care medications with an acquisition cost in excess of \$100 per prescription will be charged as follows provided that they apply to a Pharmacy Assistance Program (PAP- also known as RAP Ravenswood Assistance for Pharmaceuticals) for free medications if eligible within the first 30 days of receiving their medication.

\$20 for SFS A for a 90 day supply

\$30 for SFS B for a 90 day supply

\$40 for SFS C for a 90 day supply

\$50 for SFS D for a 90 day supply

#### **References:**

2. HRSA Guidelines on Sliding Fee Scale Discount
3. Census Bureau - <http://www.census.gov/hhes/www/poverty/methods/definitions.html>

Appendix A – Sliding Fee Scale Patient Information  
(See attached SFS fliers for medical, dental and pharmacy)



**TAB 4**  
**Travel request**

DATE: January 10, 2019

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Linda Nguyen, Program Coordinator HCH/FH Program and Jim Beaumont, Director HCH/FH Program

SUBJECT: NON-BOARD MEMBER /STAFF TRAVEL REQUESTS

The HCH/FH Program (Program) Co-Applicant Board (Board) approved policy regarding travel reimbursement for Non-Board members requesting funds to travel for conferences (March 10, 2016) and according to the policy:

It is understood that enhancing the knowledge and skills of those working with the homeless and farmworkers, and their families, for the maintenance and improvement of their health is a beneficial activity for the HCH/FH Program and the populations that it serves. Further, it is understood that the HCH/FH Program has a limited budget, and for training and skills development, the primary focus is on doing so for the Co-Applicant Board members, to enhance their capabilities in Board decision-making, and Program Staff, in enhancing their capabilities in program operations:

- For national or regional events outside of California, the Board may choose to consider the equivalent of full travel reimbursement of up to one (1) individual.

So far the program has received a request from one Non-Board member for the upcoming 2019 Migrant Conference in Portland, Oregon (February 20-22); by **Bonnie Jue from Sonrisas**.

Travel budget request below:

Thank you very much for the opportunity to submit a request for funding towards attendance of the Western Migrant and Community Health Forum in Portland, OR from Feb. 20-22, 2019 (arriving on the evening of Feb. 19, 2019). This conference will enhance my knowledge of working with migrant and farmworker populations, which will be beneficial for the participants of the current program in which Sonrisas Dental Health, Inc. is in collaboration with San Mateo County. Some conference sessions of particular interest are: Language Access Partnership: Healthcare Interpreters and Community Health Workers, Changing Community Conditions: The Heart of a Community-Centered Health Home, and Increasing Outreach Efforts in Your Community.

Name	position/role	benefit of attendance	request (ex: registration)	Request amount	org contribution
Bonnie Jue	Dental Director/CEO	Continuing Education and Training	registration	\$270	\$27
			flight	\$200	\$20
			hotel	530	\$53
				Agency contribution	\$53
			<b>HCH/FH request</b>	<b>\$1,000</b>	

**TAB 5**  
**QI Report**



DATE: December 31<sup>st</sup>, 2018

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Frank Trinh, Medical Director HCH/FH Program

SUBJECT: QI COMMITTEE REPORT

The San Mateo County HCH/FH Program QI Committee met on December 20<sup>th</sup>, 2018. The topics discussed were as follows:

- QI Annual Plan: The QI Committee met to discuss the annual plan for 2019. Last year, several measures were voted on and selected via Survey Monkey. In the past year, the program has obtained access to Power BI, which provides access to hospital quality data. Additionally, the program has begun to learn more about the hospital measures being used, such as PRIME and QIP. Alignment of program measures with hospital measures may allow for increased performance in UDS measures in the coming year. The Committee discussed key concerns for the populations served directly and will be incorporated in the QI Annual Plan draft. Staff will analyze data, such as the number of patients referred into primary care from case management, and present at the next QI meeting.
- The Committee will also vote on the key measures for focus in 2019, which may include:
  - a. Hypertension
  - b. Diabetes
  - c. Child Weight Assessment
  - d. Colorectal Cancer Screening
  - e. Cervical Cancer Screening
  - f. Depression Screening

The next HCH/FH QI Committee meeting will be on February 28<sup>th</sup>, 2019.

**TAB 6**  
**Director's**  
**Report**

DATE: January 10, 2019

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont Director, HCH/FH Program

SUBJECT: DIRECTOR'S REPORT & PROGRAM CALENDAR

Program activity update since the December 13, 2018 Co-Applicant Board meeting:

1. Grant Conditions/Operational Site Visit (OSV) Report

Program has had discussion with our Project Officer and are prepared to submit items on five (5) of the grant conditions. One (1) additional grant condition should be addressable following today's Board meeting. Two (2) grant conditions are still pending a discussion of our Project Officer with HRSA policy staff. The final three (3) grant conditions involve Credentialing & Privileging which were re-issued and now have a submission date in March 2019. We have been working with the Medical Staff Office and Human Resources on addressing the three (3) conditions.

2. Management Analyst Position

Program is happy to announce that we have selected a candidate for the Management Analyst position and she has accepted. Sofia Recalde comes to us after most recently working in a Program Administrator for the Public Health Institute. She is currently scheduled to join our team on Monday, January 14, 2019.

3. Uniform Data System (UDS)

Beginning on January 1<sup>st</sup>, Program has started to prepare the UDS Report. This report is our mandatory federal report, covering all aspects of the program (demographic counts, services, outcomes, performance measures and financials). With a submission deadline of February 15<sup>th</sup>, all Program staff will be heavily involved in the report preparation over the next five (5) weeks.

4. Seven Day Update

ATTACHED:

- Program Calendar



**Health Care for the Homeless & Farmworker Health (HCH/FH) Program**  
**2019 Calendar (Revised January 2019)**

EVENT	DATE	NOTES
<ul style="list-style-type: none"> <li>Board Meeting (January 10, 2019 from 9:00 a.m. to 11:00 a.m.)</li> <li>Provider Collaborative meeting</li> <li>Homeless One Day Count January 31</li> </ul>	January	@ Life Moves in Menlo Park
<ul style="list-style-type: none"> <li>Board Meeting (February 7, 2019 from 9:00 a.m. to 11:00 a.m.)</li> <li>2019 Western Migrant Conference- Feb 20-22<sup>nd</sup> in Portland, OR</li> <li>UDS initial submission date – February 15<sup>th</sup></li> <li>QI Meeting</li> </ul>	February	@ RFHC in East Palo Alto
<ul style="list-style-type: none"> <li>Board Meeting (March 14, 2019 from 9:00 a.m. to 11:00 a.m.)</li> <li>UDS final deadline– March 31<sup>st</sup></li> </ul>	March	@ San Mateo Medical Center
<ul style="list-style-type: none"> <li>Board Meeting (April 12, 2019 from 9:00 a.m. to 11:00 a.m.)</li> <li>Review UDS submission on Board agenda</li> <li>QI Meeting</li> <li>SMMC annual audit review</li> <li>Provider Collaborative meeting</li> </ul>	April	
<ul style="list-style-type: none"> <li>Board Meeting (May 9, 2019 from 9:00 a.m. to 11:00 a.m.)</li> <li>2019 NHCHC conference in DC- May 22-25</li> </ul>	May	

BOARD ANNUAL CALENDAR	
<u>Project</u>	<u>Deadline</u>
UDS submission- Review	April
SMMC annual audit- approve	April/May
Forms 5A and 5B -Review	June/July
Strategic Plan/Tactical Plan-Review	June/July
Budget renewal-Approve	August/sept- Dec/Jan
Annual conflict of interest statement - members sign (also on appointment)	October
Annual QI Plan-Approve	Winter
Board Chair/Vice Chair Elections	Winter
Program Director annual review	Fall /Spring
Sliding Fee Scale (FPL)- review/approve	Spring

**TAB 7**  
**Budget &**  
**Finance Report**



DATE: January 10, 2018

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont  
Director, HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Preliminary grant expenditures through December 31, 2018, total an estimated \$2,438,640. This will increase slightly as the County processes month-end transactions, but we have included known contractual expenditures (even if they are not yet reflected as an expenditure by the county), and an estimate of routine county monthly charges.

This results in an unexpended balance of \$315,345.

This figure is primarily a result of the regular Contracts/MOUs being underspent by \$270,000.

Attachment:

- Preliminary GY 2018 Summary Report

GRANT YEAR 2018

Details for budget estimates	Budget [SF-424]	To Date (12/31/18)	Projection for GY	Projected for GY 2019
<u>Salaries</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	540,000	456,111	470,000	588,000
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	200,000	169,470	172,000	225,000
<u>Travel</u>				
National Conferences (2500*4)		5,213	5,500	15,000
Regional Conferences (1000*5)		3,135	3,250	5,000
Local Travel			1,500	1,000
Taxis		2,996	3,500	3,000
Van & vehicle usage		2,039	2,500	2,500
	25,000	13,383	16,250	26,500
<u>Supplies</u>				
Office Supplies, misc.	10,500	5,463	5,500	10,000
Small Funding Requests		73,507	50,000	20,000
	10,500	78,970	55,500	30,000
<u>Contractual</u>				
2017 Contracts		34,825	34,825	
2017 MOUs		14,900	14,900	
Current 2018 contracts	967,030	847,328	826,130	870,000
Current 2018 MOUs	872,000	720,550	757,000	820,000
---unallocated---/other contracts	118,073		20,000	200,000
	1,957,103	1,617,603	1,652,855	1,890,000
<u>Other</u>				
Consultants/grant writer	31,667	88,058	75,000	30,000
IT/Telcom	5,930	9,130	12,000	12,000
New Automation			0	-
Memberships	4,000	2,000	4,000	2,000
Training		1,230	3,250	3,000
Misc (food, etc.)	5,500	2,685	3,500	4,000
	47,097	103,103	97,750	51,000
TOTALS - Base Grant	2,779,700	2,438,640	2,464,355	2,810,500
HCH/FH PROGRAM TOTAL	2,779,700	2,438,640	2,464,355	2,810,500
<b>PROJECTED AVAILABLE</b>	<b>BASE GRANT</b>		<b>\$ 315,345.00</b>	11,932
				based on est. grant of \$2,822,432