Public Meeting

April 2024

community health center board

Multnomah County

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AGENDA

community health center board

Multnomah County

Public Meeting Agenda
April 8, 2024
6:00-8:00 PM (In Person Gladys McCoy 8th Floor, Room 850)

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

CHCB Board Members Present:

Tamia Deary – Chair
Darrell Wade- Treasurer
Kerry Hoeschen – Secretary
Brandi Velasquez – Member-at-Large
Susana Mendoza- Member-at-Large
Alina Stircu – Board Member
Harold Odhiambo - Board Member

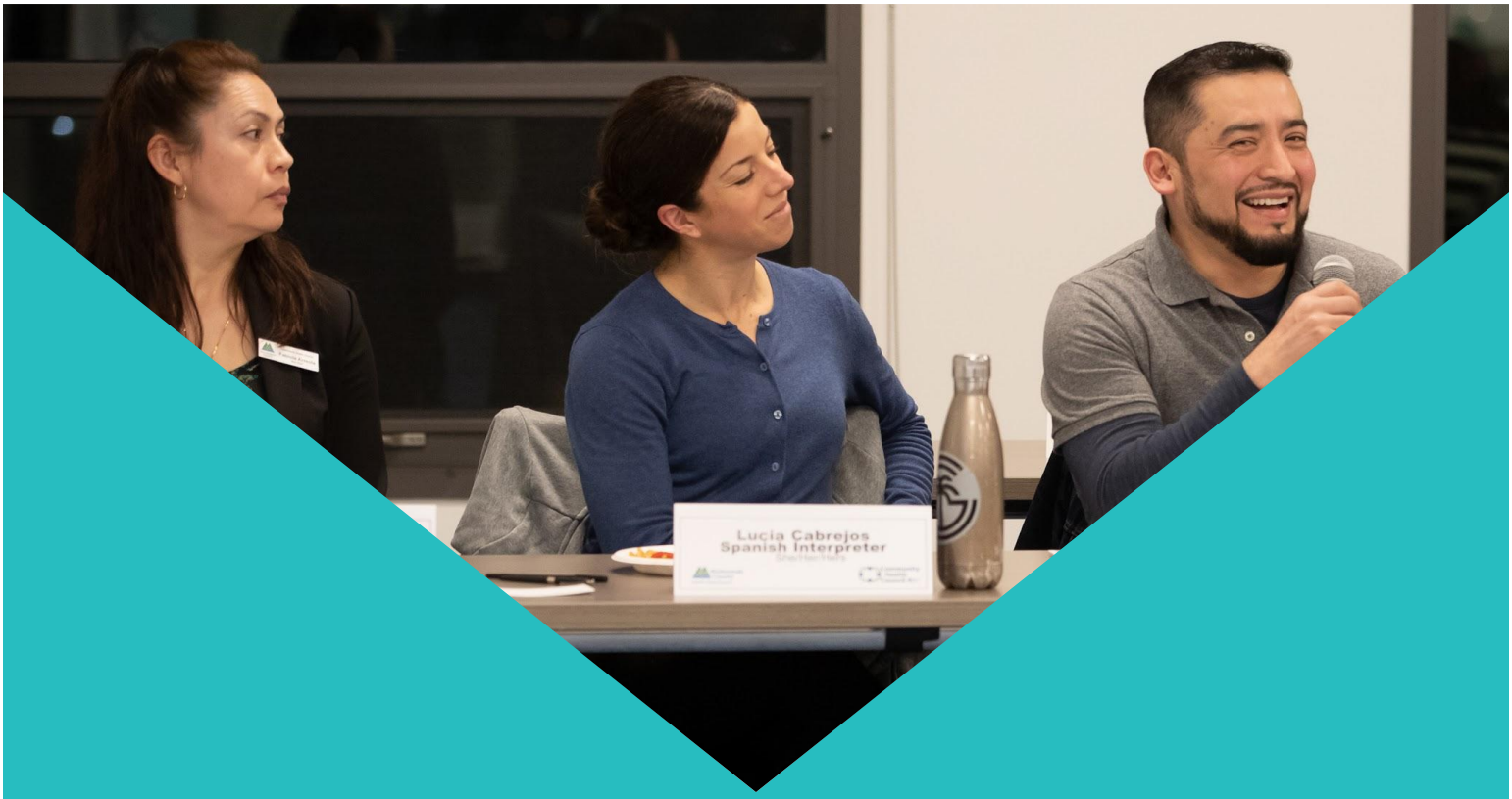
Jenna Green - Interim Executive Director (Ex Officio)

- Meetings are open to the public
- Guests are welcome to observe/listen
- There is no public comment period
- All guests will be muted upon entering the Zoom

*Please email questions/comments to **the CHCB Liaison at CHCB.Liaison@multco.us**. Responses will be addressed within 48 hours after the meeting*

Time	Topic/Presenter	Process/Desired Outcome
6:00-6:10 (10 min)	**Call to Order / Welcome** Tamia Deary, CHCB Chair	
6:10-6:15 (5 min)	**Minutes Review** - **VOTE REQUIRED** March 11, 2024 Public Meeting Minutes March 14, 2024 Special Public Meeting Minutes March 21, 2024 Special Public Meeting Minutes	Board reviews and votes
(6:15-6:20) (5 min)	**Ryan White Part D Funds Renewal** - **VOTE REQUIRED** Nick Tipton, Regional Manager Senior	Board reviews and votes
(6:20-6:25) (5 min)	**HRSA School Based Services Expansion (SBSE) Renewal** - **VOTE REQUIRED** Katie Strawn, SHC Site Medical Director Ryely Wilpone, SHC Behavioral Health Supervisor	Board reviews and votes
(6:25-6:30) (5 min)	**ADM.01.04 ICS: Vision, Mission and Values** - **VOTE REQUIRED** Adrienne Daniels, Strategy & Policy Director	Board reviews and votes
(6:30-6:35) (5 min)	**ICS.04.08 Patient No-Show Policy** - **VOTE REQUIRED** Debbie Powers, Deputy Director Clinical Operations and Integration	Board reviews and votes
(6:35-6:45) (10 min)	**Budget Modifications (ARPA/Seeding Justice)** - **VOTE REQUIRED** Charlene Maxwell, Medical Director Adrienne Daniels, Strategy & Policy Director	Board reviews and votes
(6:45-6:55) (10 min)	**Finance Policy Reviews ICS 12.01-ICS 12.12** - **VOTE REQUIRED** Jenna Green, Interim Executive Director	Board reviews and votes
(6:55-7:05) (10 min)	**School Based Health Center Update** Alexandra Lowell, Program Manager, Student Health Centers	Board receives update
7:05-7:15	**10 Minute Break**	

(7:15-7:25) (10 min)	**Joint Commission Debrief** Tamia Deary, CHCB Chair	Board receives update
(7:25-7:50) (25 min)	**HRSA OSV Updates** Brieshon D'Agostini, Quality and Compliance Officer	Board receives update
(7:50-7:55) 5 min	**Board Succession Planning vote--** **VOTE REQUIRED** Tamia Deary, CHCB Chair	Board reviews and votes
7:55-8:05 (10 min)	**Monthly Financial Reporting Package** Jenna Green, Interim Executive Director	Board receives update
8:05	**Meeting Adjourns**	Thank you for your participation



PUBLIC MEETING MINUTES

community health center board

Multnomah County

CHCB Public Meeting Minutes
March 11, 2024
6:00-8:00 PM (Via Zoom)

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

Board Members:

Tamia Deary – Chair
Darrell Wade- Treasurer
Kerry Hoeschen – Secretary

Brandi Velasquez – Member-at-Large
Susana Mendoza- Member-at-Large

Alina Stircu – Board Member
Harold Odhiambo - Board Member

Darnell "DJ" Rhodes - Executive Director (Ex Officio)

Board Members Excused/Absent:

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Tamia Deary, CHCB Chair	Meeting begins at 6:07 PM We do have a quorum with **6** members present. Harold arrived at 6:17pm At this point in the meeting all **7** members were present.			
Minutes Review - VOTE REQUIRED February 12, 2024 Public Meeting Minutes	Tamia requested the following edits: On page 1 under review of the minutes, it says the board meeting took place in person twice. Remove duplication On page 3 at the end of the question that Susana asked, it said our vacancy rate was good at 6% but I think it should say vacant rate	***Motion to approve Kerry Public meeting minutes as amended: Second: Kerry*** Yays: 6 Nays: 0 Abstain: 0 **Decision:** **Approved**	CHCB Liaison to review previous minutes and make corrections	
AGN.10.03 ICS Fee Policy - VOTE REQUIRED	CHC Services Fee Policy	***Motion to approve***		

Brieshon D'Agostini Quality and Compliance Officer	Establishes the sliding fee discount program for the Health Center and maintains HRSA compliance Outlines our entire programming on how we administer our HRSA mandate sliding fee discounts including how it is applied. It does not outline our base fee schedule which is part of our finance system We will be doing a broader review later this year. These are minor changes - including approver and contact names and titles, updating/clarifying language to align with other policies, aligning COVID vaccines charges with flu vaccine charges, removed reference to out of scope program These changes were reviewed last month at the CHCB Quality Committee meeting prior to being brought here tonight Questions/Comments: ● What does the acronym MCFH stand for (Suzy) ○ Maternal Child and Family Health ● What does it mean that there is a change in the language? Can you give us an example (Suzy) ○ To clarify, when we say the language being changed, we are talking about the wording of the policy. For example, change 'Integrated Clinical Services' to 'Multnomah County Health Center' ● What changes to language for Ryan White fees are changing (Bee) ○ There are redline changes in the board book	***AGN.10.03 ICS Fee Policy As Presented: Suzy Second: Bee*** Yays: 7 Nays: 0 Abstain: 0 **Decision:** **Approved**		
Q4 Pt Experience Surveys	Review of overall trends took place ● Overall satisfaction is improving over time ● Overall satisfaction by service line shows all our service lines			

Linda Niksich, Program Specialist Senior, Quality Team	right around the benchmarks ● Appointment wait by service line shows just below the national benchmark across service lines (the time between requesting appointment and date of the appointment) ● Improvements and upward trends over time took place ● We have seen some disparities amongst our Cantonese and Russian speakers but some improvements of 10% or more in Q4 from Q3 Questions/Comments: ● What is it that we need in order to meet the national benchmarks (Suzy) ○ We are actively working on strategies to improve our scores ● Can you clarify more on what the national benchmark is (Suzy) ○ Crossroads does our surveys as well as many other FQHC's surveys. They use the results to compare our scores with other FQHCs and to determine the national benchmark ● How are these questions determined? How are we determining that Russian speakers are less satisfied with provider time spent (Harold) ○ Everyone that gets asked these questions get asked the same questions regardless of demographic ○ Linda looks at responses and compares how different demographics answer each question			
Q4 Incidents & Complaints	Review of patient incidents and complaints took place			

Kimmy Hicks, Project Manager	Incidents: ● Total of 38 incidents that primarily happened in Primary Care ● Types of incidents - leading 3 ○ Clinical care continues to be the leading category for these types of incidents ○ Near miss ○ Suicide attempts Patients complaints: ● Total of 48 ● Type of complaints - top 3 ○ Scheduling appts ○ Customer service ○ Appointment cancellation Questions/Comments: ● Have we gone away from providing context for the number of complaints based on how many patients are being seen at each location? (Tamia) ○ We can add in how many patients are seen at each location moving forward			
BREAK	**10 minute break from 6:58 pm to 7:08 pm**			
FY25 Health Center/ICS Budget Approval - VOTE REQUIRED Jeff Perry, Chief Financial Officer	Agenda: ● Budget process/timeline overview ● FQHC Total Budget ● Budgets by Program ● Q&A	***Motion to approve FY25 Health Center/ICS Budget As Presented: Darrell Second: Kerry***		

	We did not make any big changes from FY 24 to FY 25 except for a bigger emphasis on value based care Primary Care FY25 Budget 68.1 million ● Primary Care Key Performance Indicators (high level metrics) ○ FTE 307.9 ○ Visits 161,587 ○ Visit/Day 15 Dental FY25 Budget 32.6 million ● Dental Key Performance Indicators ○ FTE 120.1 ○ Visits 75,-59 ○ Dentists 19 ○ Hygienists 12.8 Questions/Comments: ● Where is the growth in revenue coming from (Tamia) ○ Growth is from visit counts ● How is our revenue increasing if our FTE is still about the same (Tamia) ○ We have been working on improving the utilization of the dental schedule to fill it to 100%. Due to performance improvement, we are now filling at above 100%. Still have a high no show rate but have a drive for improved efficiency. We also moved our	Yays: 7 Nays: 0 Abstain: 0 **Decision:** **Approved**		

	dentists to 2 chairs every day which came out of the recent dentist labor agreement Pharmacy FY25 Budget 43.7 million ● Growth driven by prescription value ○ FTE 62.7 ○ RX 410,00 ○ Capture Rate 58% (related to how many of our own internal patients come through and use Primary Care services and pharmacies too) Student Health Centers FY25 Budget 9.3 million ● FTE 32.8 ● Visits 16,339 Administrative & Support FY25 Budget 28.7 million Quality & Compliance FY25 Budget 5.3 million HIV Clinic FY25 Budget 8.5 million Lab Services FY25 Budget 2.5 ● The dip from FY23- FY24 is due to outsourcing our invoicing			
Monthly Financial Reporting Package Jeff Perry, Chief Financial Officer	As of right now: ● Dental still shows a loss for the year ● Pharmacy is showing a gain ● Primary Care is showing a gain			

	● Student Health Centers is breaking even ● HIV remains the same and breaking even for the year Questions/Comments: ● Harold expressed concern about billable visits. The one for Primary Care - concerned about the target billable and what is actually there. Not even getting to half of the target visits. What is happening that we are not getting close to the target? ○ Jeff stated as we look at the targets they were based on budgets. We wanted to get to a number that the org was able to obtain. We are not actually losing revenue though - as the APM rosters grow our revenue will also grow. Patients are still coming in and getting service ● Harold- is that an annual target? ○ Yes it is an annual target and the targets will be lower next year			
Committee Updates Finance Committee: Darrell Wade, Finance Chair Quality Committee: Tamia Deary, Quality Chair Executive Committee: Tamia Deary, Board Chair	Finance Per Darrell, the Finance committee met this month and Jeff gave monthly updates on the FY25 budget. Currently preparing for the budget presentation to the county commissioners - May 15th or 16th is the tentative date. We will confirm and follow back up with the date and time Quality/Exec Committee Per Tamia, the UDS report was turned in late. Met with staff and got a thorough explanation on what went wrong and how we can avoid this in the future. Next year we will work on better systems to make sure this doesn't happen again such as having a practice report. Also talked about the upcoming OSV on March 26th to 28th. The board is scheduled to interview on March 27th at 12pm. If board	Provide the full copy of the OSV agenda to Tamia once it is available Send board members date and time of budget presentation for Board of County Commissioners	Brieshon/Jacqueline/Alex CHCB Liaison	

	members have questions please reach out to Tamia or DJ Tamia requested a full copy of the OSV agenda when it is available Note: Executive director updates will take place in the closed Executive session Executive session began at 8:08pm	***Motion to go into executive session: Susana Second: Darrell*** Yays: 7 Nays: 0 Abstain: 0 **Decision:** **Approved**		
Executive Director's Strategic Updates Darnell "DJ" Rhodes Executive Director	Executive director updates took place in the closed Executive session			
Meeting Adjourns	Meeting adjourns 9:20 PM			Next public meeting scheduled on April 8, 2024

Signed:_____ Date:_____
Kerry Hoeschen, Secretary

Signed:_____ Date:_____
Tamia Deary, Board Chair

Scribe:
Name: Shawna Williams // Email: shawna.williams@multco.us

CHCB Special Public Meeting Minutes
March 14, 2024
6:00-7:00 PM (Via Zoom)

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

Board Members:4

Tamia Deary – Chair
Darrell Wade- Treasurer
Kerry Hoeschen – Secretary
Brandi Velasquez – Member-at-Large
Susana Mendoza- Member-at-Large
Alina Stircu – Board Member
Harold Odhiambo - Board Member

Darnell "DJ" Rhodes - Executive Director (Ex Officio)

Board Members Excused/Absent: Kerry Hoeschen, DJ Rhodes

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Tamia Deary, CHCB Chair	Meeting begins 6:05 PM We do have a quorum with 5 members present. Spanish Interpreters: Luz M. Romero Montaño and Marianna (Zoom)			
Succession Planning ***(Closed Session)*** ***Confidentiality of Executive Session Discussions*** ***Conflicts of Interest*** ***Succession planning*** ***CHCB Board Members to discuss in a confidential separate Zoom***	The Board voted to move into Executive Session and moved to the confidential session at 6: 11PM Bee joined the meeting at 6:30 PM and moved into Executive Session	***Motion for CHCB member to go into Closed Session:*** **Alina** ***Second:*** **Darrell** **Yays: 5** **Nays:** **Abstain:** **Decision:** **Approved**		
Succession Planning- **VOTE REQUIRED** Tamia Deary, CHCB Chair	The Board returned to the Public meeting at 6:49 PM Board members moved to appoint Jenna Green as the Interim Executive Director	***Motion to approve Interim Executive***		

		Director Selection: Susana Second: Bee Yays: 6 Nays: 0 Abstain: 0 **Decision:** **Approved**		
Meeting Adjourns	Meeting adjourns 6:52PM			Next public meeting scheduled on April 8, 2024

Signed:_____ Date:_____
Kerry Hoeschen, Secretary

Signed:_____ Date:_____
Tamia Deary, Board Chair

Scribe:
Name: Crystal Cook// Crystal.cook@multco.us

CHCB Special Public Meeting Minutes
March 21, 2024
6:00-6:30 PM (Via Zoom)

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

Board Members:4

Tamia Deary – Chair
Darrell Wade- Treasurer
Kerry Hoeschen – Secretary
Brandi Velasquez – Member-at-Large
Susana Mendoza- Member-at-Large
Alina Stircu – Board Member
Harold Odhiambo - Board Member

Jenna Green - Interim Executive Director (Ex Officio)
Board Members Excused/Absent: Alina

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Tamia Deary, CHCB Chair	Board Chair opened the meeting at 603pm Quorum is met with 6 members present			
HRSA CEO Change Notification Jenna Green - Interim Executive Director	Jenna shared information regarding the CEO change that HRSA requested. HRSA requested clarifying information on our structure. They clarified steps to notify HRSA on changes. Those documents were submitted today to HRSA. Tamia commented that we used our succession plan and that we let HRSA know this and had this documented. It was a great opportunity to ask questions. We have a new contact for questions as well. Tamia thanked members for joining the Joint Commission meeting yesterday			
Closed Executive Session ***(Closed Session)***		***Motion for CHCB member to go into Closed Session: Susana***		

CHCB Board Members to discuss confidential matters in a closed session.		***Second:*** **Kerry** **Yays: 6** **Nays: 0** **Abstain: 0** **Decision:** **Approved**		
Reconvene as Public Meeting - VOTE REQUIRED Tamia Deary, CHCB Chair	Motion from Kerry to leave the breakout session, second from the rest of the board. Motion to dismiss DJ Rhodes as Executive Director- Kerry first, Susana second Motion approved to remove DJ Rhodes as Executive Director Jenna Green will remain interim Executive Director Tamia thanked all for their hard work and dedication	***Motion to approve: Kerry*** ***Second: Susana*** Yays: 6 Nays: 0 Abstain: 0 **Decision:** **Approved**		
Meeting Adjourns	635pm meeting adjourned			Next public meeting scheduled on April 8, 2024

Signed:_____ Date:_____
Kerry Hoeschen, Secretary

Signed:_____ Date:_____
Tamia Deary, Board Chair

Scribe:
Name: Anna Johnston // Anna.Johnston@multco.us

SUMMARIES

community health center board

Multnomah County

community health center board
Multnomah County

Grant Approval Request Summary

Community Health Center Board (CHCB) Authority and Responsibility
As the governing board of the Multnomah County Health Center, the CHCB is responsible for revising and approving changes in the health centers scope; availability of services, site locations, and hours of operations; and operating budget. Reviewing and approving the submission of continuation, supplemental, and competitive grant applications is part of this review and approval process.

An approval to submit a grant application will allow for budget revisions during the application development process within and between approved budget categories up to 25 percent without CHCB approval. All budget revisions that exceed the cumulative 25% budget revision cap will be presented to the CHCB for a vote prior to grant submission. Upon Notice of Award, the budget approved by the funder will be presented to the CHCB for a final approval.

Please type or copy/paste your content in the white spaces below. When complete, please return/share the document with **Board Liaison, CHCB.Liaison@multco.us**

Grant Title	Ryan White Part D – Services for Women and Youth		
This funding will support: *Please add an **"X"** in the category that applies.*			
Current Operations	**Expanded Services or Capacity**	**New Services**	
X			
Date of Presentation:	**4/8/24**	**Program / Area:**	HIV Health Services Center
Presenters:	Nick Tipton,		
Project Title and Brief Description:			

Ryan White Part D – Services for Women and Youth

- The purpose of the RWHAP Part D Women, Infants, Children and Youth (WICY) program is to provide family-centered health care services in an outpatient or ambulatory care setting for low income WICY with HIV. Under this announcement, applicants must propose to provide family-centered care in outpatient or ambulatory care settings to low income women (25 years and older) with HIV, infants (up to two years of age) exposed to or with HIV, children (ages two to 12) with HIV, and youth (ages 13 to 24) with HIV. HHSC serves

women and youth (age 18 -25) and works to connect pediatric cases/exposed infants to OHSU.

What need is this addressing?:

- The number of low-income WICY Living with HIV (LWH) with complex medical and psychosocial needs has continued to increase, accompanied by an increase in the cost of care for these individuals and a decrease in insurance reimbursement. This has put an increased burden on the HHSC to provide more services with less funding. Part D funds complement other funds (e.g. Parts A, C, revenue, etc.) and are an essential part of the funding model to ensure that low-income WICY LWH, especially those who are uninsured and underinsured, have access to comprehensive, quality medical care.

What is the expected impact of this project? *(#of patients, visits, staff, health outcomes, etc.)*

HHSC is committed to ensuring services are accessible to marginalized and hard-to-reach populations. HHSC's primary focus is on serving People living with HIV (PLWH) who are uninsured, underinsured, and low income, and as a result, slightly over one-fifth of these clients are homeless or unstably housed. MCHD conducts outreach and provides ancillary services, such as transportation assistance, to facilitate engagement in care. Case managers support engagement and retention in care, especially for patients dually or multiply diagnosed with mental illness and/or substance abuse disorders.

Over the past several years, the number of low-income PLWH with complex medical and psychosocial needs has continued to increase, accompanied by an increase in the cost of care for these individuals and a decrease in insurance reimbursement. This has put an increased burden on the HHSC to provide more services with less funding. Ryan White funds are essential to ensure that low-income PLWH, especially those who are uninsured and underinsured, have access to comprehensive, quality medical care. These funds have been instrumental in helping the HHSC create a unique primary care medical home focused on the needs of PLWH. This model of care helps HHSC achieve high rates of retention in care that help improve health outcomes for PLWH and help them to achieve viral load suppression, thus preventing new infections. HHSC serves approximately 1,600 patients/year, 285 (18%) of which are WICY.

What is the total amount requested: $

The original (competitive) application for this round of funding was submitted to HRSA in January 2022 to provide funding for up to $374,930/ year for 4 years. This non-competing continuation application will secure the third year of funding from this funding stream. *Please see attached (projected) budget*
Expected Award Date and project/funding period:
The funding period is from 8/1/2022 -7/31/2026. This NCC (renewal) application supports activities from 8/1/2024-7/31/2025
Briefly describe the outcome of a "YES" vote by the Board: *(Please be sure to also note any financial outcomes)*
A "yes" vote means MCHD will submit the Ryan White Part D Non-Competing Continuation application that will support HHSC efforts to provide care to WICY LWH in the region.
Briefly describe the outcome of a "NO" vote or inaction by the Board: *(Please be sure to also note any financial outcomes)*
A "no" vote means HHSC will not receive years three or four funding from this funding stream, which means that clinical services for WICY LWH (18% of the clinic population) will not continue at current capacity.
Related Change in Scopes Requests: *(only applicable in cases in which project will represent a change in the scope of health center services, sites, hours or target population)*
N/A

Proposed Budget (when applicable)

Project Name:	**Start/End Date:**

	Budgeted Amount	**Comments** (Note any supplemental or matching funds)	**Total Budget**
A. Personnel, Salaries and Fringe			

Position Title: Regional Clinic Manager, Nicholas Tipton (in-kind)	N/A		N/A
Position Description Supervises project staff, ensures integration of funded activities in clinic operations. Coordinates with Divisional and Department leadership to ensure on-going support for sustainability.			
Position Title: Project Director/ Quality Project Manager, Marcee Kerr (in-kind)	N/A		N/A
Position Description Coordinates grant application processes, reporting cycles, and is the liaison with federal program officers; coordinates data quality improvement activities. Coordinates with community partners. Supervises medical case managers and patient navigators Description			
Position Title: Nurse Practitioner, Lori-Ann Lima	$32,376		See budget amount
Position Description : Provides medical care and treatment to persons with HIV disease. Duties emphasize direct diagnosis, treatment and medical management of the physical and emotional problems of HIV disease, referral to other internal and external health services, and leading the daily team huddles.			
Position Title: Physician Assistant, Mary Tegger	$33,927		See budgeted amount
Position Description: Provides medical care and treatment to persons with HIV disease. Duties emphasize direct diagnosis, treatment and medical management of the physical and emotional problems of HIV disease, referral to other internal and external health services, and leading the daily team huddles.			
Position Title: Physician, Virginia Weeks	$11,095		See budgeted amount

Position Description: Provides medical care and treatment to persons with HIV disease. Duties emphasize direct diagnosis, treatment and medical management of the physical and emotional problems of HIV disease, referral to other internal and external health services, and leading the daily team huddles.			
Position Title: Clinic Medical Assistants (5 positions)			See budgeted amount
Position Description: Assists medical providers in delivering primary care services. Qualifications: We are in the process of recruiting staff to fill permanent vacancies for these positions. MA responsibilities are currently filled with MAs provided by a staffing agency. This includes 0.10 FTE across 5 positions with an average salary of $63,032	$31,516		
Position Title: Behavioral Health/Medical Case Manager, David Zambrano	$8,953		See budgeted amount
Position Description: Performs advanced, comprehensive behavioral and psychosocial services involving assessment and analysis of complex factors and coordination of specific case plans, mental health and substance abuse counseling, crisis intervention services, and support to provider teams.			
Position Title: Behavioral Health/Medical Case Manager, Emily Burchell	$9,176		See budgeted amount
Position Description: Performs advanced, comprehensive behavioral and psychosocial services involving assessment and analysis of complex factors and coordination of specific case plans, mental health and substance abuse counseling, crisis intervention services, and support to provider team			
Position Title: Behavioral Health/Medical Case Manager, Sarah Albukhair	$8,932		See budgeted amount
Position Description: Performs advanced, comprehensive behavioral and psychosocial services involving assessment and analysis of complex factors and coordination of specific case plans, mental health and substance abuse counseling, crisis intervention services, and support to provider team			
Position Title: Behavioral Health/Medical Case Manager, Claudia Schroeder	$9.937		See budgeted amount

Position Description: Performs advanced, comprehensive behavioral and psychosocial services involving assessment and analysis of complex factors and coordination of specific case plans, mental health and substance abuse counseling, crisis intervention services, and support to provider team			
Position Title: Behavioral Health/Medical Case Manager, Shane Wilson	$8,483		See budgeted amount
Position Description Performs advanced, comprehensive behavioral and psychosocial services involving assessment and analysis of complex factors and coordination of specific case plans, mental health and substance abuse counseling, crisis intervention services, and support to provider team			
Position Title: Lead Community Health Specialist/Navigator, Michele Foley	$5,968		See budgeted amount
Position Description: Provides intensive navigation and care coordination as a member of the primary care team to WICY with multiple vulnerabilities and WICY who are newly diagnosed.			
Position Title: Community Health Specialist/Navigator, Ieisha Bolian	$5,838		See budgeted amount
Position Description: Provides intensive navigation and care coordination as a member of the primary care team to WICY with multiple vulnerabilities and WICY who are newly diagnosed.			
Position Title: Community Health Specialist/Navigator, Josh Pericas	$6,694		See budgeted amount
Position Description: Provides intensive navigation and care coordination as a member of the primary care team to WICY with multiple vulnerabilities and WICY who are newly diagnosed.			
Position Title: Clinical Psychologist, Renata Ackerman	$5,850		See budgeted amount
Position Description: *:* Provides mental health therapy to patients, clinical supervision to medical case managers/behavioral health staff, and training to clinic staff			
Position Title: Psychiatric Nurse Practitioner, On-Call	$8,246		See budgeted amount

Position Description: Provides mental health assessment, treatment, and medication management			
TOTAL Fringe	**$152,761**	Fringe benefit costs include percentage-based and flat rate fringe benefits; the projected costs are driven by standard County benefit plans, which vary slightly by union bargaining unit and employment status (full-time, part-time, on-call, etc.). Percentage-based rates include FICA (7.65%, up to the first $147,000 of salary and 14.5% for wages there after), Tri-Met tax (0.80%), State Family Leave (0.20%),Workers Compensation (0.70%), liability insurance (0.85%), unemployment insurance (0.25%), retirement (32.98% - 38.77%).42% avg), health benefits administration (1.10%), County Attorney (1.60%), LTD/STD/Life Insurance (0.75%), retiree medical (2.00%), and VEBA (1.00% for management staff only). Flat rate benefits, which include medical and dental insurance, are charged at $18,918 for a full-time employee.	See budgeted amount
Total Salaries, Wages and Fringe	**$339,750**		**$339,750**
B. Supplies			
General Office Supplies	$1,324		See budgeted amount
Total Supplies			
C. Contract Costs			
Contract description	$ 0		$ 0

Total Contractual			
D. Other Costs			
Description of training and other costs	$ 0		$ 0
Total Other	**$ 0**		**$ 0**
Total Direct Costs (A+B+C+D)			
Indirect Costs			
The FY24 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 13.97% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 3.58% for Central Services and 10.39% for Departmental. Ryan White grants have an indirect cost rate cap of 10%.			
Total Indirect Costs (13.97 of A)	**$33,856**		**$33,856**
Total Project Costs (Direct + Indirect)	**$374,930**		**$374,93**

	Revenue	**Comments** (Note any special conditions)	**Total Revenue**
E. Direct Care Services and Visits			
Medicare	N/A	N/A	N/A
Description of service, # of visits	N/A		
Medicaid		N/A	N/A
Description of service, # of visits	N/A		
Self Pay		N/A	N/A
Description of service, # of visits	N/A		
Other Third Party Payments		N/A	N/A
Description of Service, # of visits	N/A		
Total Direct Care Revenue		N/A	N/A
F. Indirect and Incentive Awards			
Description of special funding awards, quality payments or related indirect revenue sources	N/A		N/A

Description of special funding awards, quality payments or related indirect revenue sources			
Total Indirect Care and Incentive Revenue	N/A		N/A
Total Anticipated Project Revenue (E+F)			

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Grant Approval Request Summary

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Grant Title	HRSA School Based Services Expansion (SBSE) Renewal

This funding will support: *Please add an **"X"** in the category that applies.*

Current Operations	Expanded Services or Capacity	New Services
x		

Date of Presentation:	4/8/24	**Program / Area:**	Health Center Program/Student Health Centers
Presenters:	Katie Strawn, Student Health Center Site Medical Director Ryely Wilpone, Student Health Center Behavioral Health Supervisor		

Project Title and Brief Description:

Health Resources & Services Administration Health Center Program School-Based Service Expansion

- The Health Center Program Student Health Center Program (SHC) currently provides behavioral health services through on-site Behavioral Health Providers (BHPs). BHPs improve population health outcomes by ensuring that primary care patients 5-18 years of age have access to behavioral health expertise as a usual part of primary care. They function as a clinical member of the primary care home team. BHPs may address mental health and substance abuse conditions, health

behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.

- The Student Health Center program operates 9 SHCs in coordination with five school districts: David Douglas, Parkrose, Centennial, Reynolds, and Portland Public Schools. BHP services are provided at all SHC sites.
- This upcoming grant application will be a non-competitive continuation of the grant and is required by the funder to continue receiving the award. The services and budget will be similar to last year's application. Grant funds enabled the SHC Program to hire one culturally specific BHP to provide direct clinic services 4 days per week and one BH program supervisor to provide leadership infrastructure and supervision for the fast growing BH services within SHCs and direct clinic services 2 days per week. These positions increased capacity at the following sites: David Douglas, Reynolds, and Roosevelt. The grant also funds materials/supplies and training.

Describe the current situation:

Mental health and substance abuse conditions, health-impacting behaviors, life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization have always been a major factor in adolescent health and wellbeing. Additionally, these factors were exacerbated by the COVID-19 pandemic and BIPOC youth can be even more impacted by them. BHPs can provide critical, culturally specific support to improve health and wellbeing for adolescents at an important developmental stage in their lives.

What is the expected impact of this project? *(#of patients, visits, staff, health outcomes, etc.)*

Grant funds will retain one BHP to provide clinic services 4 days/week and one BH program supervisor to provide leadership, supervision, direct clinic services 2 days/week. These staff will serve a total of 360 clients with 975 visits over a 12 month period. BHPs will improve health outcomes related to mental health, substance use, health care utilization, and overall physical health.

What is the total amount requested: $
Please see attached budget

$250,000 for year two of a two year grant. A 12 month budget is included.

Expected Award Date and project/funding period:

The funding period is from September 1, 2023 - August 31, 2025.

Briefly describe the outcome of a "YES" vote by the Board:
(Please be sure to also note any financial outcomes)

A "yes" vote means the SHC program submits the non-competing continuation application to receive the grant's second year of funding to retain one new BHP and one BH Program Supervisor.
Briefly describe the outcome of a "NO" vote or inaction by the Board: *(Please be sure to also note any financial outcomes)*
A "no" vote means the SHC program will not submit the non-competing application. This would mean that HRSA would not provide the second year of the grant's funding, and the SHC program would lose funding for the behavioral health capacity it added in the first year of the grant.
Related Change in Scopes Requests: *(only applicable in cases in which project will represent a change in the scope of health center services, sites, hours or target population)*
Not applicable.

Proposed Budget (when applicable) - The Program Manager has not approved the final budget, but it should not differ greatly from last year and what is presented. The only difference is accounting for FY25 actual salaries of new hires, fringe benefit changes, and Mult Co. indirect rate.

Project Name: HRSA School-Based Service Expansion			**Start/End Date: 9/1/24 – 8/31/25**
	Budgeted Amount	**Comments** (Note any supplemental or matching funds)	**Total Budget**
A. Personnel, Salaries and Fringe			
Behavioral Health Providers (BHP)			
0.75 FTE total (2 days each per week, during school year operations) across 3 providers	$50,051		$50.051
Behavioral Health Program Supervisor			
.60 FTE: .30 FTE to provide supervision and program leadership, .30 FTE to provide direct service	$63,512		$63,512
Fringe Benefits			
County percentage-based and flat-rate fringe benefits.	$86,473		$86,473
Total Salaries, Wages and Fringe	**$212,825**		**$212,825**

B. Supplies			
Education, outreach, and clinical supplies	$1,187		$1,187
Total Supplies	**$1,187**		**$1,187**
C. Contract Costs			
Contract description			
Total Contractual			
D. Other Costs			
Training for staff			
Total Other			
Total Direct Costs (A+B+C+D)	**$214,012**		**$214,012**
Indirect Costs			
The FY25 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 16.91% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 4.11% for Central Services and 12.80% for Departmental. The Cost Allocation Plan is federally-approved.			
Total Indirect Costs (16.91% of A)	**$35,989**		**$35,989**
Total Project Costs (Direct + Indirect)	**$250,000**		**$250,000**

	Revenue	**Comments** (Note any special conditions)	**Total Revenue**
E. Direct Care Services and Visits			
Medicare			
Description of service, # of visits			
Medicaid			
Description of service, # of visits			
Self Pay			
Description of service, # of visits			
Other Third Party Payments			

Description of Service, # of visits			
Total Direct Care Revenue			
F. Indirect and Incentive Awards			
Description of special funding awards, quality payments or related indirect revenue sources			
Description of special funding awards, quality payments or related indirect revenue sources			
Total Indirect Care and Incentive Revenue			
Total Anticipated Project Revenue (E+F)			

community health center board
Multnomah County

Board Presentation Summary

Presentation Title	**ICS.04.08 Primary Care & Dental Client No-Show and Late Arrival**

Type of Presentation: Please add an "X" in the categories that apply.

Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote
				x

Date of Presentation:	04/08/2024	**Program / Area:**	Health Center/Operations
Presenters:	Debbie Powers, Clinical Operations and Integration Deputy Director		

Project Title and Brief Description:

This presentation is to review updates and edits to ICS.04.08 Primary Care & Dental Client No-Show and Late Arrival policy.

Overall changes include the following:

- *Removal of procedural content that tends to change based on improvement practices.*
- *Defined late as arrival after the appointment time however not to include being checked in late due to waiting in line. Arriving 15 minutes late for most appointments, and especially a 15 minute appointment, adversely impacts clients scheduled after.*
- *Adjusted purpose to include the objective of providing consistent patient centered approach when patients arrive late or no-show for client appointments, while also taking into consideration the operations and flow of the clinic.*
- *Procedures focus on what can be done to assist clients that have not checked in on time in an attempt to be proactive early into the scheduled appointment time.*

Describe the current situation:

Currently the policy defines late as 15 minutes after the scheduled appointment time. Additionally Primary Care Medical includes content indicating that on the client's third "no show," the client may not schedule in advance and is only able to schedule same day and telemedicine appointments with the exception of a short list of visit types. This content is being removed in Primary Care Medical.

Separately, procedural language is being added to encourage reaching out to clients shortly after it is noticed that the client has not arrived on time so that options such as converting in person appointments to telemedicating with the remainder of the time may be presented to the client as an option.

Why is this project, process, system being implemented now?

The process is beginning to be implemented now as a part of the work to improve client access. When appointments are scheduled but not utilized by the client, there are adverse financial and operational implications including decreasing access for clients wanting to be seen.

Briefly describe the history of the project so far *(Please indicate any actions taken to address needs and cultures of diverse clients or steps taken to ensure fair representation in review and planning):*

The practice of defining late as 15 minutes past the appointment time and waiting until this time to take action causes delays to the visits that follow. Proactively outreaching to clients is more client centered as it provides options and helps make better use of the remaining appointment time.

Previously clients who "no showed" but were scheduled for Behavioral Health appointments, prenatal visits, or are pediatric clients or identified as houseless were excluded from the portion of the policy in Primary Care Medical that referenced transitioning to same day appointment scheduling only. This portion of the policy will be removed and therefore would not be implemented in Primary Care Medical at all given the change in strategy to proactively outreach to clients.

Doing what we can to remain timely is important to operations given that Health Center clients often times have transportation provided which frequently have strict guidelines including not waiting for clients who are not ready at their pick up time. Clients must sometimes choose to be seen late or leave so that they are not left without transportation.

List any limits or parameters for the Board's scope of influence and decision-making:

The Board votes on the policy. There are a variety of related operational procedures that are not included in the policy vote.

Briefly describe the outcome of a "YES" vote by the Board
(Please be sure to also note any financial outcomes):

The policy will go into effect and Health Center staff will be trained on the new policy.
Briefly describe the outcome of a "NO" vote or inaction by the Board ***(Please be sure to also note any financial outcomes):***
The current policy will remain in place and Health Center Leadership will continue to work on areas of concern to bring back at a later date. The policy is due for review May 10th and would then be delayed
Which specific stakeholders or representative groups have been involved so far?
Clinical and Operational Management and staff
Who are the area or subject matter experts for this project? ***(Please provide a brief description of qualifications)***
Tony Gaines, Access and Engagement Director as well as Debbie Powers and Bernadette Thomas as leaders of the Client Access Project. Azma Ahmed the Dental Director and the Dental Leadership team remain involved in reviewing the portions of the policy that pertain specifically to Dental appointments.
What have been the recommendations so far?
To keep the policy brief and have procedures more flexible so that they can more easily be adjusted based on improvement work over time.
How was this material, project, process, or system selected from all the possible options?
NA

Board Notes:

community health center board
Multnomah County

Budget Modification Approval Request Summary

Community Health Center Board (CHCB) Authority and Responsibility
As the governing board of the Multnomah County Health Center, the CHCB is responsible for revising and approving changes in the health centers scope; availability of services, site locations, and hours of operations; and operating budget. Reviewing and approving the submission of continuation, supplemental, and competitive grant applications is part of this review and approval process.

An approval to submit a grant application will allow for budget revisions during the application development process within and between approved budget categories up to 25 percent without CHCB approval. All budget revisions that exceed the cumulative 25% budget revision cap will be presented to the CHCB for a vote prior to grant submission. Upon Notice of Award, the budget approved by the funder will be presented to the CHCB for a final approval.

Please type or copy/paste your content in the white spaces below. When complete, please return/share the document with **Board Liaison, CHCB.Liaison@multco.us**

Grant Title	Seeding Justice - Reproductive Health Equity Fund of Oregon		
This funding will support: *Please add an **"X"** in the category that applies.*			
Current Operations	**Expanded Services or Capacity**	**New Services**	
	X		
Date of Presentation:	**4/8/2024**	**Program / Area:**	**ICS - Medical Director**
Presenters:	Charlene Maxwell		
Project Title and Brief Description:			

Seeding Justice - Reproductive Health Equity Fund Rapid Response Grant addresses urgent short-term and immediate needs related to barriers to reproductive healthcare, including to ease the burden on Oregon healthcare providers. The grant has two parts:

1) Advanced Practice Clinician Fellowship - $250,000
2) Equipment Expenses - $249,242

The grant application was approved by the CHCB on 4/10/23.

What need is this addressing?:
High provider turnover and need to update exam equipment to better serve clients.
What is the expected impact of this project? *(#of patients, visits, staff, health outcomes, etc.)*
Sustainable provider retention, workforce development and improved patient experience
What is the total amount requested: $ *Please see attached budget*
$499,242
Expected Award Date and project/funding period:
7/1/2023 - 12/31/2023
Briefly describe the outcome of a "YES" vote by the Board: *(Please be sure to also note any financial outcomes)*
The FY24 Health Center Budget reflects the seeding justice grant funds, which was used to replace exam tables and pap lights to support more patient centered exams, and also fund APC Fellowship.
Briefly describe the outcome of a "NO" vote or inaction by the Board: *(Please be sure to also note any financial outcomes)*
The Health Center would owe the amount back to the grantor, health center dollars would need to cover the cost of Fellowship program and exam tables that the Grant covers.
Related Change in Scopes Requests: *(only applicable in cases in which project will represent a change in the scope of health center services, sites, hours or target population)*

Proposed Budget (when applicable)

Project Name:			**Start/End Date:**
	Budgeted Amount	**Comments**	**Total Budget**

		(Note any supplemental or matching funds)	
A. Personnel, Salaries and Fringe			
Position Title: 4 APC Fellow positions	$219,356		$219,356
Position Description			
Position Title			
Position Description			
Total Salaries, Wages and Fringe	**$219,356**		**$219,356**
B. Supplies			
Replacing 39 exam tables and 14 pap lights	$249,242		$249,242
Total Supplies	**$249,242**		**$249,242**
C. Contract Costs			
Contract description			
Total Contractual			
D. Other Costs			
Description of training and other costs			
Total Other			
Total Direct Costs (A+B+C+D)	**$468,598**		**$468,598**
Indirect Costs			
The FY24 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 13.97% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 3.58% for Central Services and 10.39% for Departmental. The Cost Allocation Plan is federally-approved.			
Total Indirect Costs (13.97% of A)	**$30,644**		**$30,644**
Total Project Costs (Direct + Indirect)	**$499,242**		**$499,242**

	Revenue	**Comments**	**Total Revenue**

		(Note any special conditions)	
E. Direct Care Services and Visits			
Medicare			
Description of service, # of visits			
Medicaid			
Description of service, # of visits			
Self Pay			
Description of service, # of visits			
Other Third Party Payments			
Description of Service, # of visits			
Total Direct Care Revenue			
F. Indirect and Incentive Awards			
Description of special funding awards, quality payments or related indirect revenue sources			
Description of special funding awards, quality payments or related indirect revenue sources			
Total Indirect Care and Incentive Revenue			
Total Anticipated Project Revenue (E+F)			

community health center board
Multnomah County

Budget Modification Approval Request Summary

Community Health Center Board (CHCB) Authority and Responsibility
As the governing board of the Multnomah County Health Center, the CHCB is responsible for revising and approving changes in the health centers scope; availability of services, site locations, and hours of operations; and operating budget. Reviewing and approving the submission of continuation, supplemental, and competitive grant applications is part of this review and approval process.

An approval to submit a grant application will allow for budget revisions during the application development process within and between approved budget categories up to 25 percent without CHCB approval. All budget revisions that exceed the cumulative 25% budget revision cap will be presented to the CHCB for a vote prior to grant submission. Upon Notice of Award, the budget approved by the funder will be presented to the CHCB for a final approval.

Please type or copy/paste your content in the white spaces below. When complete, please return/share the document with **Board Liaison, CHCB.Liaison@multco.us**

Grant Title	ARPA HHS COVID Response - H8F41450		
This funding will support: *Please add an **"X"** in the category that applies.*			
Current Operations	**Expanded Services or Capacity**	**New Services**	
	X		
Date of Presentation:	**4/8/2024**	**Program / Area:**	**ICS**
Presenters:	Adrienne Daniels		
Project Title and Brief Description:			
ARPA HHS COVID Response: Multnomah County Federally Qualified Health Center (FQHC) was awarded $10,996,250 in CY 2021 to help with staffing recruitment, outreach activities, technology, medical and dental supplies, Mobile Medical Van, staff training, and some remodeling to accommodate COVID 19 services needs. The initial grant project period was April 1, 2021 through March 31, 2023. A no-cost extension request was approved by the CHCB on 3/13/23. On May 3, 2023 HRSA approved our request and extended the deadline to 12/31/2023. This bud-mod request is to authorize adding $1,254,706 to FY24 budget to reflect this change.			

What need is this addressing?:
This bud-mod appropriated unspent grant funds in FY23 to FY24 budget.
What is the expected impact of this project? *(#of patients, visits, staff, health outcomes, etc.)*
This project is to wrap up authorized services and material to address COVID 19 needs.
What is the total amount requested: $ *Please see attached budget*
$1,254,706
Expected Award Date and project/funding period:
12/31/2023
Briefly describe the outcome of a "YES" vote by the Board: *(Please be sure to also note any financial outcomes)*
The FY24 Health Center Budget reflects the COVID 19 grant funds through HRSA authorized extension, which was utilized to achieve the goals of the grant.
Briefly describe the outcome of a "NO" vote or inaction by the Board: *(Please be sure to also note any financial outcomes)*
The Health Center would owe the amount back to the grantor (HRSA), health center dollars would need to cover the cost of COVID related activities that the Grant covers.
Related Change in Scopes Requests: *(only applicable in cases in which project will represent a change in the scope of health center services, sites, hours or target population)*
N/A.

Proposed Budget (when applicable)

Project Name:			**Start/End Date:**
	Budgeted Amount	**Comments**	**Total Budget**

		(Note any supplemental or matching funds)	
A. Personnel, Salaries and Fringe			
Position Title: Project Manager, Program Specialists, Finance Support, Purchasing Specialist, etc.	$298,887		$298,887
Position Description			
Position Title			
Position Description			
Total Salaries, Wages and Fringe	**$298,887**		**$298,887**
B. Supplies			
Description of supplies: Medical and Dental Supplies	$51,375		$51,375
Total Supplies	**$51,375**		**$51,375**
C. Contract Costs			
Contract description: Covers staffing agencies (Cell Staffing, Maxim Healthcare Staffing, etc.), language services, and data and software services.	$672,733		$672,733
Total Contractual	**$672,733**		**$672,733**
D. Other Costs			
Description of training and other costs: Local travel, software purchases, and Facilities & Service requests	$170,605		$170,605
Total Other	**$170,605**		**$170,605**
Total Direct Costs (A+B+C+D)	**$1,119,600**		**$1,119,600**
Indirect Costs			
The FY24 Multnomah County Cost Allocation Plan has set the Health Department's indirect rate at 13.97% of Personnel Expenses (Salary and Fringe Benefits). The rate includes 3.58% for Central Services and 10.39% for Departmental. The Cost Allocation Plan is federally-approved.			
Total Indirect Costs (13.97% of A)	**$61,106**		**$61,106**
Total Project Costs (Direct + Indirect)	**$1,254,706**		**$1,254,106**

	Revenue	Comments (Note any special conditions)	Total Revenue
E. Direct Care Services and Visits			
Medicare			
Description of service, # of visits			
Medicaid			
Description of service, # of visits			
Self Pay			
Description of service, # of visits			
Other Third Party Payments			
Description of Service, # of visits			
Total Direct Care Revenue			
F. Indirect and Incentive Awards			
Description of special funding awards, quality payments or related indirect revenue sources			
Description of special funding awards, quality payments or related indirect revenue sources			
Total Indirect Care and Incentive Revenue			
Total Anticipated Project Revenue (E+F)			

SUPPORTING DOCUMENTS

community health center board

Multnomah County

Title:	**Integrated Clinical Services: Vision, Mission and Values**		
Policy #:	**ADM.01.04**		
Section:	Integrated Clinical Services	Chapter:	Mission Statements and Philosophies
Approval Date:	4/8/2023	Approved by:	Jenna Green, Interim ICS Director
Approval Date:	4/8/2023	Approved by:	Tamia Deary, Chair Community Health Center Board
Related Procedure(s):	Not applicable		
Related Standing Order(s):	Not applicable		
Applies to:	Health Center Program (FQHC)		

PURPOSE

This policy defines the mission, vision and values for the Health Center Program (administered by the Health Department's Integrated Clinical Services (ICS) Division).

DEFINITIONS

Term	Definition
ICS	Integrated Clinical Services, a division within the Multnomah County Health Department

POLICY STATEMENT

ICS Vision:

Integrated. Compassionate. Whole person health.

ICS Mission:

Providing services that improve health and wellness for individuals, families, and our communities, to advance health equity and eliminate health disparities.

ICS Strategic Values:

- Equitable Care that assures all people receive high quality, safe, and meaningful care
- Patient and Community Determined: Leveraging the voice of the people we serve
- Supporting Fiscally Sound and Accountable practices which advance health equity and center on racial equity
- Engaged, Expert, Diverse Workforce which reflects the community we serve

REFERENCES AND STANDARDS

References: Health Center Program's Strategic Plan

HRSA Compliance Manual: Board Governance

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name	Location
None	N/A

POLICY REVIEW INFORMATION

Required Approval level:	Division Director, Community Health Council Chair
Regulatory Organizations:	Health Resources and Services Administration
Reviewers:	ICS Director
Inform:	Community Health Center Board Liaison
Point of Contact:	Adrienne Daniels, Strategy and Policy Director
Renewal Term:	3 years
Next Review Date:	4/8/2026
Supersedes:	Not applicable

Primary Care & Dental Client No-Show and Late Arrival Policy				
ICS.04.08				
Key changes:Procedural Content moved out of the policy and either removed or moved to procedures and toolkits. This is necessary so that procedures may be adjusted with quality improvement efforts.				
List of Policy Changes	**Kept or added to policy**	**Moved to procedure**	**Removed from both policies and procedures**	**Notes**
Changed policy statement to focus on creating a consistent client-centered approach when clients arrive late or no-show and acknowledges the efforts clients make to attend appointments while also acknowledging barriers experienced by clients. Acknowledges that related procedures provide options that staff are empowered and expected to exercise to accommodate the client while addressing the operational impacts.	**x**			
Late definition changed from ‘15 minutes past the appointment start time’ to ‘arrival past the appointment time’.			**x**	Expectation and options to provide clients that arrive late moved to procedures. The Medical Patient Access Team is working on improvement efforts leveraging proactive

				workflows made available due to telemedicine and an expanded care team.
Description of how reminder calls are completed moved from policy to procedures and toolkits.		**x**		
Dental:Clients who have missed 3 appointments in a 12 month period of time moved to “standby” scheduling only.		**x**		
Medical:Clients who have missed 3 office visits in a 6 month period of time moved to “same day” scheduling until they have successfully attended 3 visits in a row.			**x**	Same day appointments need to be reserved for clients that need to be seen promptly.
Medical: Pediatric clients, prenatal, and clients experiencing homelessness will not be moved to same day status.			**x**	No longer necessary due to the removal of this workflow in Medical.
Note: ICS will work with ICS Communications to message changes that impact clients in a variety of ways including the call center hold line, signage, and new client welcome materials. The messaging will be positive and client centered.				

Title:	**Primary Care & Dental Client No-Show and Late Arrival Policy**		
Policy #:	**ICS.04.08**		
Section:	Integrated Clinical Services	Chapter:	Primary Care
Approval Date:	XX/XX/2023	Approved by:	Jenna Green, Health Centers Operations Officer Tamia Deary, Community Health Center Board
Related Procedure(s):	ICS .09.47P Primary Care RN Triage Protocol, Dental Program Scheduling Toolkit~~Attached~~		
Related Standing Order(s):	Attached		
Applies to:	ICS Primary Care and Dental Clinics		

PURPOSE

This policy provides a guideline on how to respond to clients who miss their primary care or dental appointments.

DEFINITIONS

Term	Definition
No Show	Client did not attend appointment and did not call to cancel four hours in advance, or arrived too late to be seen (see attached Procedure).
Late Cancellation	Appointment canceled less than four hours prior to appointment.
Late Arrival	Client arrives or notifies staff that they will be arriving after an appointment start time. This does not include clients who are checked in late due to a wait at the front desk. ~~more than 5 minutes late for a 15 minutes appointment; more than 15 minutes late for a 30 minute appointment~~late (Primary Care) or 10 minutes late (Dental) for appointment.
~~Same Day Appointment (SDA) Primary Care and Dental~~	~~Client requests an appointment on the day they want to be seen, and if an appointment is available, staff will offer it.~~

~~Standby Appointment (Dental)~~	~~Dental clients may sit and wait at the clinic, and will be seen if the schedule allows.~~
~~Telehealth Appointment~~	~~A visit which takes place over the telephone, video or other remote platform.~~

POLICY STATEMENT

This policy affirms the Health Center's commitment to providing quality client care and promoting client access through compassion, and respect if a client arrives late or does not show for an appointment.

The purpose of this policy is to ensure a reasonable and consistent client centered approach when clients arrive late or no-show for appointments, while also taking into consideration the operations and flow of the Health Center. Client access is addressed by providing personalized and compassionate care through a policy and related procedures that acknowledges the efforts that clients make to attend an appointment. This requires recognition of the barriers experienced by clients.

For this reason, related procedures outline options staff are empowered with and expected to exercise in an attempt to both accommodate clients that arrive late and address the operational and personal impact of on appointment no-show or late arrival.

~~Providing timely and equitable care for all clients is an important goal in promoting positive health outcomes. Informing clients of attendance expectations creates the opportunity for the clients and staff to identify barriers to care and to improve success.~~ ¶

~~No-show appointments negatively impact access to care for all community members, delays care and treatment plans, and~~ s ~~who miss appointments negatively affect access to care for all community members, impact the time in which it takes to complete individual treatment plans, disrupt client flow, and adversely affects~~affect the overall financial stability of the Health Center ~~as well as appointment access~~s.¶

¶

~~The Health Center will conduct automatic telephone appointment reminders 7 days before an appointment, if the appointment is not confirmed, clients will receive additional reminder calls 2 days or 1 day before the scheduled appointment and. And online via the "MyChart portal if the client has an active account.~~

~~**Dental:** ¶~~
~~Clients who have missed 3 appointments in a rolling 12 months will no longer be able to schedule a dental appointment. Instead, clients will be on same day appointment status for one year. While on this status, they can call the same day they would like care and/or come in as a "standby." There is no guarantee they will be seen that day. ¶~~

~~**Primary Care (Excludes pediatrics, prenatal, and clients experiencing homelessness):**¶~~

~~Clients who have missed 3 office visit short appointments in 6 months may be placed on a "same day/telemedicine only" status until the client has successfully completed 3 scheduled visits in a row.~~

~~**EXCEPTIONS:**¶~~

- ~~Clients who miss 3 BH/MH appointments must only complete 1 visit to be removed from same day/telemedicine appointment only scheduling.¶~~
- ~~Missed Clinical Pharmacist appointments do not apply toward limiting clients to SDA only scheduling. For clients who have missed their Clinical Pharmacist appointment, a warm hand off to the Clinical Pharmacist should be attempted when the client is in the clinic with the provider.¶~~

~~Pediatric clients, prenatal clients, and clients experiencing homelessness cannot be placed on same day/telemedicine appointment only status. Providers should discuss the importance of attending appointments with client/parent/caregiver.~~

REFERENCES AND STANDARDS

JOINT COMMISSION STANDARD LD.04.01.07 The organization has policies and procedures that guide and support patient care, treatment, or services.

PROCEDURES AND STANDING ORDERS

See attached procedure.

RELATED DOCUMENTS

Name	
Attachment A - Epic Patient Letter Templates	
Attachment B - Patient Telephone Scripts	

ICS.04.08.P1 No Show Procedure
ICS.01.29 Client Dismissal from Health Center Services

POLICY REVIEW INFORMATION

Point of Contact:	Debbie Powers, Deputy Director, Clinical Operations and Integration~~Brieshon D'Agostini, Strategy and Innovation Manager~~¶ ~~Christine Palermo, Dental Operations Manager~~
Supersedes:	Not applicable

Title:	**Primary Care & Dental Client No-Show and Late Arrival Policy**		
Policy #:	**ICS.04.08**		
Section:	Integrated Clinical Services	Chapter:	Primary Care
Approval Date:	XX/XX/2023	Approved by:	Jenna Green, Health Centers Operations Officer Tamia Deary, Community Health Center Board
Related Procedure(s):	ICS.09.47P Primary Care RN Triage Protocol		
Related Standing Order(s):	Attached		
Applies to:	ICS Primary Care and Dental Clinics		

PURPOSE

This policy provides a guideline on how to respond to clients who miss their primary care or dental appointments.

DEFINITIONS

Term	Definition
No Show	Client did not attend the appointment and did not call to cancel four hours in advance, or arrived too late to be seen (see attached Procedure).
Late Cancellation	Appointment canceled less than four hours prior to the appointment.
Late Arrival	Client arrives or notifies staff that they will be arriving after an appointment start time. This does not include clients who are checked in late due to a wait at the front desk.

POLICY STATEMENT

This policy affirms the Health Center commitment to providing quality client care and promoting client access through compassion and respect if a client arrives late or does not show for an appointment.

The purpose of this policy is to ensure a reasonable and consistent client centered approach when clients arrive late or no-show for appointments, while also taking into consideration the operations and clinic flow. Client access is addressed by providing personalized and compassionate care through policy and related procedures that acknowledges the efforts that clients make to attend an appointment. This requires recognition of the barriers experienced by clients.

For this reason, related procedures outline options staff are empowered with and expected to exercise in an attempt to both accommodate clients that arrive late and address the operational and personal impact of an appointment no-show or late arrival.

REFERENCES AND STANDARDS

Joint Commission Standard LD.04.01.07 The organization has policies and procedures that guide and support patient care, treatment, or services.

PROCEDURES AND STANDING ORDERS

See attached procedure.

RELATED DOCUMENTS

Name	
Dental Provider Scheduling Toolkit & Expectations Regarding Patient Management	
ICS .09.47P Primary Care RN Triage Protocol	
ICS.04.08.P1 No Show Procedure	
ICS.01.29 Client Dismissal from Health Center Services	

POLICY REVIEW INFORMATION

Point of Contact:	Debbie Powers, Deputy Director, Clinical Operations and Integration
Supersedes:	Not applicable

Title:	**Health Center Budget and Performance Monitoring**		
Policy #:	**ICS.12.01**		
Section:	Integrated Clinical Services	Chapter:	ICS Fiscal
Approval Date:	04/22/2021	Approved by:	~~Tasha Wheatt Delancy~~ /s/ Health Center Chief Executive ~~Harold Odhiambo /s/~~ Chair, Community Health Council
Related Procedure(s):	Not applicable		
Related Standing Order(s):	Not applicable		
Applies to:	Integrated Clinical Services		

PURPOSE

To meet Health Center Program requirements that the Health Center produces data-based reports on: patient service utilization and patterns in the patient population; and the overall health center performance, as necessary to inform and support internal decision-making, budgeting, and oversight by the Health Center's Health Center Executive Director, Health Center Financial Officer and/or designee(s) and by the Community Health Center Board.

DEFINITIONS

Term	Definition
Health Center	All activities related to the HRSA-funded Health Center Program. For Multnomah County, the health center is encompassed in Integrated Care Services (ICS).
HRSA	Health Resources and Services Administration; federal agency in charge of the Health Center Program.

POLICY STATEMENT

Health Center obtains from Business Intelligence (BI), Finance and Business Management (FBM) or other appropriate sources data-based reports on: patient service utilization and patterns in the patient population; and the overall health center performance, as necessary to inform and support internal decision-making and oversight by the health center's key management staff and by the governing board.

Health Center Executive Director (or designee) and Community Health Center Board have access to data required to monitor the fiscal, operational, and clinical performance of the health center program. To assure strong oversight and appropriate budget monitoring of the Health Center Program, the Health Center Financial Officer or designee receives from BI, FBM, Central Finance or other appropriate sources monthly statements of budget vs actual costs of the health center program, detailed as needed to support performance monitoring. Upon request, the Health Center Financial Officer is granted access to budget systems and all accounts of the Health Center Program costs and revenues.

REFERENCES AND STANDARDS

HRSA BPHC Health Center Program Compliance Manual, Chapter 18: Program Monitoring and Data Reporting Systems.

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name
Attachment A - HRSA BPHC Health Center Program Compliance Manual

POLICY REVIEW INFORMATION

Point of Contact:	~~Jeff Perry~~, ICS Finance Manager
Supersedes:	Not applicable

Title:	**Health Center Budget Compliance**		
Policy #:	**ICS.12.02**		
Section:	Integrated Clinical Services	Chapter:	ICS Fiscal
Approval Date:	04/22/2021	Approved by:	~~Tasha Wheatt-Delancy~~ /s/ Health Center Chief Executive ~~Harold Odhiambo~~ /s/ Chair, Community Health Council
Related Procedure(s):	Not applicable		
Related Standing Order(s):	Not applicable		
Applies to:	Integrated Clinical Services		

PURPOSE

To ensure that health center expenditures are consistent with the HRSA-approved budget and with any additional applicable HRSA approvals that have been requested and received.

DEFINITIONS

Term	Definition
Health Center	All activities related to the HRSA-funded Health Center Program. For Multnomah County, the health center is encompassed in Integrated Care Services (ICS).
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POLICY STATEMENT

Health Center Financial Director reviews all expenditures to ensure that they are consistent with the HRSA-approved total budget and with any additional applicable HRSA approvals that have been requested and received. Health Center Executive Director and Health Center Finance Officer must pre-approve all expenditures to ensure they are in alignment with HRSA approved budget

Multnomah County

HEALTH DEPARTMENT **EFFECTIVE DATE: 04/22/2021**

REFERENCES AND STANDARDS

HRSA BPHC Health Center Program Compliance Manual, Chapter 15: Financial Management and Accounting Systems.

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name
Attachment A - HRSA BPHC Health Center Program Compliance Manual
Attachment B - Subrecipient vs. Contractor Analysis Worksheet

POLICY REVIEW INFORMATION

Point of Contact:	~~Jeff Perry~~, ICS Finance Manager
Supersedes:	Not applicable

Title:	**Health Center Budget Development and Approval**		
Policy #:	**ICS.12.03**		
Section:	Integrated Clinical Services	Chapter:	ICS Fiscal
Approval Date:	04/22/2021	Approved by:	~~Tasha Wheatt Delancy~~ /s/ Health Center Chief Executive ~~Harold Odhiambo~~ /s/ Chair, Community Health Council
Related Procedure(s):	Not applicable		
Related Standing Order(s):	Not applicable		
Applies to:	Integrated Clinical Services		

PURPOSE

The purpose of this policy is to assure that the Health Center develops a budget in alignment with the HRSA-approved scope of project and to assure that the Community Health Center Board is provided with regular information to fully inform and approve the budget process. And to clarify development and oversight of the budget related to the Health Center Program project

This policy defines the activities and obligations of the Community Health Center Board (CHCB) in assuring approval of the annual Health Center budget.

CHCB's minutes and other relevant documents confirm that the Board exercises, without restriction its authorities and functions that include: approving the annual budget, which outlines the proposed uses of both Health Center Program award and non-Federal resources and revenue.

DEFINITIONS

Term	Definition
Health Center	All activities related to the HRSA-funded Health Center Program. For Multnomah County, the health center is encompassed in Integrated Care Services (ICS).

HRSA	Health Resources and Services Administration; federal agency in charge of the Health Center Program.

POLICY STATEMENT

Budget Development:

a) The Health Center develops an annual budget that reflects projected costs necessary to carry out the Health Center's HRSA-approved scope of project.

b) Health Center Financial Officer or designee oversees budget development for all activities under the Health Center.

c) The annual budget includes:

   a. The Health Center Program award;

   b. All other projected revenues sources that will support the Health Center Program project, including fees, premiums, and third party reimbursements and payments that are generated from the delivery of services; c. Incentive payments under value-based payment contracts;

   d. Revenues from state, local, and other Federal grants; private support and income generated from contributions;

   e. County general fund appropriations; and

   f. Other funding expected to be received for purposes of supporting the Health Center program project.

d) Health Center budget includes project costs needed to conduct all activities under the Health Center scope of services, including allocations from the Health Department and County. The Health Center's annual budget identifies the portion of projected costs to be supported by the Health Center Program award. The health center's annual budget will ensure that proposed costs supported by the Federal award are consistent with the Federal Cost Principles (45 CFR Part 75 Subpart E: Cost Principles) and the terms and conditions of the award.

e) Health Center's annual budget does not include activities that are not part of the HRSA-approved scope of project.

f) Health Center Financial Officer receives detailed accounting of County and Health Department costs that are allocated to the Health Center. The indirect cost allocation is in sufficient detail for the Health Center Financial Officer to fully understand what costs

are allocated to the Health Center and the basis for allocation, and is traceable to the County's approved indirect cost allocation plan.

g) Health Center Financial Officer is notified within 7 days of increases in indirect cost allocations occurring during the fiscal year or HRSA budget year that are greater than 10% and the basis for such changes.

h) Health Center Financial Officer is provided with direct cost allocations for staff, supplies, etc. from other departments that are charged to the health center program and other programs that are included in scope of services. Information provided is in sufficient detail for the Health Center Financial Officer to fully understand the costs supported by the health center program, including but not limited to staff names, position, location, FTE allocated to the health center program, etc.

Budget Approval

The Community Health Center Board (CHCB) reviews and approves the annual budget for the Health Center activities. The CHCB reviews and approves any budget modifications. The total operating budget includes all revenues that support the Health Center, all costs to operate the program, and the appropriation from the County General Fund.

The Community Health Center Board reviews monthly budget data and may request additional information related to the costs and revenues of the Health Center program to assure that the budget is executed as approved.

REFERENCES AND STANDARDS

HRSA BPHC Health Center Program Compliance Manual, Chapter 17: Budget .

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name
Attachment A - HRSA BPHC Health Center Program Compliance Manual

POLICY REVIEW INFORMATION

Point of Contact: ~~Jeff Perry~~, ICS Finance Manager

Supersedes: Not applicable

Title:	**Health Center's Contracts Review and Compliance**		
Policy #:	**ICS.12.04**		
Section:	Integrated Clinical Services	Chapter:	ICS Fiscal
Approval Date:	04/22/2021	Approved by:	~~Tasha Wheatt Delancy~~ /s/ Health Center Chief Executive ~~Harold Odhiambo~~ /s/ Chair, Community Health Council
Related Procedure(s):	Not applicable		
Related Standing Order(s):	Not applicable		
Applies to:	Integrated Clinical Services		

PURPOSE

This policy serves to:

1) Define the review process of the Health Center Program (administered by the Health Department's Integrated Clinical Services (ICS) Division) subcontracts and subrecipient arrangements, and details additional standard terms and conditions necessary to ensure all such vendors comply with Health Center Program regulations.

2) Ensure that the Health Center has written procedures that comply with Federal procurement, including a process for ensuring that all procurement costs directly attributable to the Federal award are allowable, consistent with Federal Cost Principles (45 CFR 75 Subpart E: Cost Principles).

3) Ensure that the Health Center's contracts that support the HRSA-approved scope of project include provisions that address: the specific activities or services to be performed or good to be provided; mechanisms for the health center to monitor contract performance; and requirements applicable to Federal financial and programmatic reporting requirements, as well as provisions addressing record retention and access, audit and property management.

DEFINITIONS

Term	Definition

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HRSA	Health Resources and Services Administration; federal agency in charge of the Health Center Program.

POLICY STATEMENT

It is the policy of the Health Center to assure that all external entities providing the Health Center with in-scope services and/or paid in part or in whole using Health Center Program funds comply with all relevant regulations of the HRSA Health Center Program.

Contracts are reviewed and approved by the Health Center Executive Director for HRSA compliance including scope of services to be performed or goods to be provided, mechanisms for monitoring contract compliance, and reporting/record retention requirements.

All contracts to provide in-scope services, and/or be paid for in part or in full using Health Center Funds shall be written in alignment with HRSA Chapter 12 requirements for Contracts and Subawards. All contracts for in-scope services or paid for using health center funds must be approved by the Community Health Center Executive Director. This includes:

1) Agreements related to Health Center activities will be reviewed to determine whether an individual agreement that will result in disbursement of Federal funds will be carried out through a contract or subaward and structure the agreement accordingly. Review will be conducted in accordance with written guidelines for contract review to determine if a contract qualifies as a subrecipient and will draft contract amendment for those deemed to be subrecipients.

2) The Community Health Center Board will determine the scope and availability of services to be provided within the Health Center Program project, including decisions to subaward or contract for a substantial portion of the services.

3) The Health Center will request and receive documented approval from HRSA to contract for substantive programmatic work under its Health Center Program award.

4) The health center's subaward(s) will include provisions that address:

    a) Specific portion of the HRSA-approved scope of project to be performed by the subrecipient;

    b) Applicability of all Health Center Program requirements to the subrecipient;

    c) Applicability of the subrecipient of any distinct statutory, regulatory, and policy requirements of other Federal programs associated with the HRSA-approved scope of project;

d) Mechanisms for the health center to monitor subrecipient compliance and performance;

e) Requirements for the subrecipient to provide data necessary to meet the health center's applicable Federal financial and programmatic reporting requirements, as well as addressing record retention and access, audit, and property management; and

f) Requirements that all costs paid for by the Federal subaward are allowable consistent with Federal Cost Principles.

In addition, all contracts to provide in-scope services, and/or be paid for in part or in full using Health Center Funds must include the following additional terms:

Health Center Additional Terms and Conditions

In addition to the Standard Terms and Conditions of this Contract, Contractors are required to adhere to the following additional or expanded terms and conditions as applicable:

a. **General Requirements**

1. Contract Services must be available to clients residing in any part of Multnomah County.
2. CONTRACTOR must submit a copy of any subcontract with another agency which has been hired to provide services to meet part or all of the obligations of this contract. The document must be submitted to County within thirty (30) days of execution of the subcontract.
3. County will allocate funds for the identified services to CONTRACTOR, as the administrative agent responsible for service delivery.

a. County and CONTRACTOR agree that this Contract is subject to the availability of federal funds.

b. According to federal grant requirements, unspent funds at the end of the grant year will be considered unobligated and may not be available for future expenditure.

4. CONTRACTOR shall screen clients for access to a primary medical care provider and to health insurance. Where indicated, CONTRACTOR shall link clients with an appropriate service provider or system to facilitate access to medical care.

b. **Sliding Fee Discount**

Contractor shall provide services described in this contract in accordance with PIN 2014-02 from the Health Resources and Services Administration (HRSA). This includes establishing a schedule of fees and a corresponding schedule of discounts for eligible patients that is adjusted based on the patient's ability to pay.

The discounts must include the following elements:

1. Applicability to all individuals and families with annual incomes at or below 200 percent of the Federal Poverty Guidelines (FPG);

2. Full discount for individuals and families with annual incomes at or below 100 percent of the FPG, or allowance for nominal charge only;

3. Adjustment of fees (partial sliding fee discount) based on family size and income for individuals and families with incomes above 100 percent and up to 200 percent of the FPG; and

4. No sliding fee discount for individuals and families with annual incomes above 200 percent of the FPG.

The contractor must ensure that for services described in this contract, no patient is denied services due to inability to pay.

Contractor must inform patients of the availability of the sliding fee discount for services described in this contract. Information should be available in the language and literacy level appropriate for the patient. Contractor shall have an operating procedure for and record of assessing patients' income and family size to determine eligibility for the sliding fee discount for services described in this contract. Eligibility for discounts must be based only on income and family size.

Contractor shall submit within 30 days of award of this contract a schedule of fees and a schedule of fee discounts that meet the above requirements.

c. **Non-Discrimination and Cultural Competence.**

Contractor agrees to maintain and update annually a written Cultural Competency Plan. This plan must contain measurable objectives, timelines, and persons responsible for all elements. The plan will outline policies and activities that promote culturally competent services and must address, at a minimum, the following topics:

1. Non-discrimination in Service Delivery
2. Accessibility to Services
3 Training
4. Culturally Specific Programs and Services
5. Community Outreach
6. Plan Evaluation

The contractor agrees to comply with applicable Federal and State civil rights laws, including Title VI of the Civil Rights Act of 1964, and does not discriminate, exclude, or treat differently on the basis of race, color, national origin, age, disability, gender identity, sex, sexual orientation, or religion. Contractor agrees to:

1. Provide free aids and services to people with disabilities to communicate effectively (such as qualified sign language interpreters and written information in other formats such as large print, audio, or electronic formats)

2. Provide free language services to people whose primary language is not English (such as qualified interpreters or information written in other languages)

d. **Staffing and Credentialing**

Contractor shall be responsible for ensuring sufficient staffing and qualifications of staff for the services provided under this contract. Contractor must ensure that for the services described in this contract, the Contractor's staffing and credentialing policies comply with the standards set by HRSA for Federally Qualified Health Centers:

1. Contractor's staffing plan ensures that clinical and related support staff are in place to carry out the defined services within this contract;

2. The Contractor has operating procedures for the initial and recurring verification of credentials for all clinical staff members who provide services defined within this contract. When applicable, the credentialing procedures include primary source verification of:

a. Current licensure, registration, or certification;

b. Education and training for initial credentialing, including primary source verification for independent practitioners when indicated;

c. Completion of a query through the National Practitioner Databank (NPDB);

d. Clinical staff member's identity for initial credentialing using a government issued picture identification;

e. Drug Enforcement Administration Registration (if applicable); and

f. Current documentation of basic life support skills

3. The Contractor has operating procedures for the initial granting and renewal of privileges for clinical staff to carry out the defined services within this contract, including:

a. Verification of health and fitness, including physical and mental health status, immunization, and communicable disease status, and any impairments that may interfere with safe and effective provision of care permitted under the requested clinical privileges;

b. Verification of current clinical competence via reference reviews, training, and methods for renewal of privileges; and

c. Criteria and processes for modifying or removing privileges based on the outcome of the clinical competence assessments.

4. The Contractor maintains files and documentation for clinical staff that contain documentation of licensure, credentialing verification, and recording of privileges, consistent with operating procedures. Contractor shall provide these files and documents to the County upon request.

e. **Patient Plan of Care and Hospital Admitting Privileges**

For care services described in this contract, which are delivered in a non-Multnomah County Health Center setting, Contractor assumes responsibility for ensuring admitting privileges for staff.

Contractor agrees to provide documentation and notification to The County when a patient is provided with care services described in this contract delivered in a non-Multnomah County health center setting (such as a hospital, in-patient, out-patient, or emergency, setting), including:

1. Services provided;
2. Discharge follow-up and patient plan-of-care instructions; and
3. Evidence of follow-up actions taken by Contractor staff based upon information received, when appropriate.

f. **Unallowable Projects/Activities**

The following projects and activities are NOT allowable under this Agreement, if funded by federal sources:

1. epidemiological projects,
2. research studies,
3. capital projects (excluding supplies and equipment totaling less than $5,000)
4. purchasing or improving land, or the purchasing, constructing or permanent improvement of any building or facility, cash payments to service recipients,
5. non-targeted marketing promotions, advertising about services that target the general public or broad-scope awareness activities that have services that target the general public,
6. entertainment costs, including the cost of amusements, solely social activities and related incidental costs,
7. foreign travel,
8. fundraising expenses, and

9. lobbying expenses.

g. **Early Termination.**

1. Notwithstanding paragraph 5.c. in Standard Terms and Conditions, County may terminate this Contract immediately by written notice to Contractor if any of the following occur:

a. Contractor has endangered or is endangering the health and safety of clients/residents, staff, or the public.

b. Contractor's financial instability jeopardizes levels or quality of services required by this Contract.

c. Contractor improperly or illegally uses funds provided under this Contract.

d. Contractor is suspended, debarred, proposed for disbarment, declared ineligible, or voluntarily excluded from participating in agreement or contract with any federal agency.

e. County fails to obtain funding from federal, state, or other sources of funding is withdrawn, reduced, or limited.

2. Contractor in its sole discretion may terminate this Contract for any reason on 90 days written notice to the County.

3. Notwithstanding the termination of this contract, for any reason, Contractor shall continue, at County's election under the terms of this Contract to provide covered services and shall be reimbursed in accordance with the terms of this Contract, with respect to any Consumers admitted prior to date of termination, until such consumers can safely be transferred or discharged.

h. **Resolution of Audit Findings.**

Contractor shall establish and maintain systematic written methods to assure timely and appropriate resolution of review/audit findings and recommendations. If audit resolution

guidance is not referenced for the scope of service or if guidance cannot be found in the statutes, then County shall allow Contractor to negotiate a timeline appropriate to the findings.

i. **Partial Termination.**

During the term of this Contract, in addition to its right to terminate the Contract under paragraph 5 of the Standard Terms and Conditions, County shall, in its sole discretion and upon thirty (30) days written notice, have the option to terminate any of the services described in any Contract Exhibit 1, Section A. "Statement of Work". If County terminates one or more but not all of the services described in any Contract Exhibit 1, the Contract shall continue in full force and effect as to any remaining services. If County terminates a service under this paragraph, County shall be liable only to pay for terminated services that are rendered before the effective date of termination.

j. **Mandatory Reporting of Abuse and or Neglect.**

Contractor shall comply with child abuse (ORS 419B.005 – 419B.050), mentally ill and developmentally disabled abuse (ORS 430.731 – 430.768) and elder abuse reporting laws (ORS 124.050 – 124.095) as if Contractor were a mandatory abuse reporter. If Contractor is not a mandatory reporter by statute, these reporting requirements shall apply during work hours only. Contractor shall immediately report to the proper State or law enforcement agency circumstances (and provide such other documentation as may be relevant) supporting reasonable cause to believe that any person has abused a child, a mentally ill or developmentally disabled adult or an elderly person, or that any such person has been abused.

k. **Cost Shifting.**

Contractor shall not transfer Contract funds from one service category to another without a Contract amendment or written County approval.

l. **Fiscal, Administrative, and Audit Requirements.**

1. Contractor agrees to use, document, and maintain accounting policies, practices and procedures, and cost allocations, and to maintain fiscal, clinical, and other records pertinent to this Contract consistent with Generally Accepted Accounting Principles (GAAP), Office of Management and Budget (OMB) Uniform Administration Requirements, Oregon Administrative Rules, County financial procedures as contained in the Countywide Contractor's Fiscal Policies & Procedures Manual located at: http://web.multco.us/finance/fiscal-compliance, and applicable federal rules and regulations, including the Single Audit Act Amendment of 1996 (Public Law 104-156); other records shall be maintained to the extent necessary to clearly reflect any actions taken. Accounting records shall be up-to-date and shall accurately reflect all revenue by source, all expenses by object of expense and all assets, liabilities and equities consistent with Generally Accepted Accounting Principles, Oregon Administrative Rules, and County procedures. Reports and fiscal data generated by the Contractor under this Contract shall be accessible to County upon request.

2. Contractor represents that prices and costs established for each service under this Contract are reasonable and equitable. County shall have the right, at reasonable times during this Contract, to conduct site visits and reviews of all Contractor's books, documents, papers, and records necessary to establish that such charges to County are reasonable in relation to costs incurred by Contractor in providing such services under this Contract. Contractor further agrees to provide access to all books, documents, papers, and records of Contractor which are pertinent to this Contract, including all centralized systems and records, and further, to allow the making of audits, examinations, excerpts, and transcripts. Such access shall be freely allowed to state, federal, and County personnel and their duly authorized agents. Contract costs disallowed as a result of such audits, reviews, or site visits shall be the sole responsibility of the Contractor. If a Contract cost is disallowed after reimbursement has occurred, the Contractor shall make prompt repayment of such cost.

3. Contractor shall be subject to a County administrative review to monitor compliance with the County 's administrative qualifications requirements. The review shall be conducted generally no more than once every two years, unless warranted by administrative changes by Contractor or deficiencies in results of a prior review.

4. Contractor shall be subject to a County fiscal compliance review to monitor compliance with the County's financial reporting and accounting requirements. The review shall be

conducted periodically, as described in the Countywide Contractor's Fiscal Policies & Procedures Manual. If Contractor's corporate headquarters are out of state, Contractor agrees to pay travel costs incurred by County to conduct fiscal review. These costs include, but are not limited to, transportation to corporate headquarters, lodging, and meals.

5. Contractor shall be subject to Audit Requirements pursuant to the Countywide Contractor's Fiscal Policies & Procedures Manual ("Manual"). Audits must meet the criteria outlined in the Manual.

6. Contractor agrees that audits must be conducted by Certified Public Accountants who satisfy the independence requirements outlined in the rules of the American Institute of Certified Public Accountants (Rule 101 of the AICPA Code of Professional Conduct, and related interpretation and rulings), the Oregon State Board of Accountancy, the independence rules contained within Government Auditing Standards (2003 Revision), and rules promulgated by other federal, state and local government agencies with jurisdiction over Contractor. Those rules require that the Certified Public Accountant be independent in thought and action with respect to organizations who engage them to express an opinion on Financial Statements or to perform other services that require independence.

7. Contractor, if it is a state, local government or non-profit organization and a sub-recipient of federal funds, shall meet the audit requirements of OMB 2 CFR 200, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards" which implements the federal Single Audit Act Amendment of 1996, Public Law 104-156.

8. Limited Scope and Full Audits, including the Management Letter associated with the audit if issued, and all specifications identified in the Manual shall be submitted to the County within thirty (30) days from the date of the report, but in no case later than eight (9) months after the end of the Contractor 's fiscal year. If Contractor 's fiscal year ends during the term of this Contract, the audit may cover the Contractor 's fiscal year. Failure to submit required audits and Management Letter by specified deadlines shall be cause for withholding of Contract payments until audits are submitted.

m. **Grievances.** Contractor must establish a system of written procedures through which a client or family member may present grievances about the operation of Contractor 's services.

Contractor shall provide these written procedures to the County upon request and shall make them readily accessible and available to clients, such as through the posting or distribution of the procedures and any applicable grievance forms in areas frequented by clients. Contractor shall, upon request, provide advice to such persons as to the grievance procedure.

n. **Monitoring and Enforcement.** Contractor shall permit inspection of program, facilities, clinical, and fiscal records by authorized agents of County, State, or federal governments. Contractor shall also provide for program and facility reviews, including meetings with consumers, review of service and fiscal records, policies, and procedures, staffing patterns, job descriptions, and meetings with any staff directly or indirectly involved in the performance of this Contract, when requested to do so by County for purpose of Contract monitoring or audit performance. In cases of suspected fraud by applicants, employees, subcontractors, or vendors, Contractor shall cooperate with all appropriate investigative agencies and shall assist in recovering misappropriated funds.

o. **Operating Hours.** Contractor shall notify County in writing, 90 days in advance of any change in operating hours, temporary (three (3) months or less) closure of admissions to any service funded through this Contract, or temporary closure for any reason other than Contractor's standard holidays. Contractor shall immediately notify County in the case of unanticipated closures. Notification shall be made to:

Community Health Center Program Executive Director, Integrated Clinical Services

Multnomah County Health Department

619 NW 6th Ave

Portland, Oregon

p. **Program Reporting Requirements**. Contractor shall prepare and furnish such plans, data, reports, and descriptive information as may be requested by County. Contractor grants the County the right to reproduce, use, and disclose all or part of these plans, reports, data, and technical information. For contracted services covered by the Uniform Data System (UDS) requirements or including UDS countable visits:

1. CONTRACTOR shall provide the County with unduplicated client level data in the format specified by the COUNTY. Aggregated client information will be included in the COUNTY's annual UDS report submitted to the Bureau of Primary Health Care.

2. CONTRACTOR shall submit a quarterly narrative report of services provided. CONTRACTOR shall submit this report to the County by June 10, September 9, January 6, and March 10, for services provided during the previous quarter. All reports shall be submitted in the format provided by the County.

3. CONTRACTOR shall meet all the data collection requirements for the federally required Uniform Data System report for the period January 1 through December 31. CONTRACTOR shall submit UDS data to the COUNTY by January 13 for the previous calendar year.

4. The CONTRACTOR will regularly assess data completeness and CONTRACTOR shall take action to improve quality of reporting and ensure data completeness.

5. CONTRACTOR shall have a documented continuous quality improvement system to assess the quality of care provided and to ensure that deficiencies are identified and addressed. CONTRACTOR shall submit a quality management plan within 90 days of award of contract.

6. CONTRACTOR shall assist with all other County and Federal program evaluation, quality assurance, quality improvement, service utilization and financial reporting initiatives. These may include, but are not limited to client satisfaction surveys, peer provider surveys, focus groups and site visits from County staff.

7. Clinical Quality Outcomes

a. Clinical quality outcomes are established by the COUNTY. Measures are based on the Uniform Data System (UDS) and measures identified in the grant proposal.

b. If outcomes thresholds are not met, the CONTRACTOR must establish a performance improvement plan to improve the outcome and carry out quality improvement activities.

8. Contractor shall use the service definitions and the standardized forms provided by the County for recording and reporting purposes.

Program reports shall be completed accurately in conformance with the guidelines and monitoring directions provided by the County. Program reports which are not received by the time specified or are substantially incorrect may result in delayed payment.

9. All final program reports shall be submitted to the County by the thirtieth (30th) calendar day following the end of the effective period for that program.

q. **Record Retention.** In addition to Section 8 of the Standard Terms and Conditions of this Contract, access to records, all books, documents, papers, or other records, including but not limited to client records, income documentation, statistical records, and supporting documents pertinent to this Contract shall be retained for three (3) years from the date of expiration or termination of Contract, unless otherwise specified in Attachment C. Program General Conditions or as follows:

1. If any audit questions remain unresolved at the end of this three (3) year period, all records shall be retained until resolution.

2. Records involving matters in litigation shall be kept no less than one (1) year after resolution of all litigation, including appeals.

3. The retention period for real property and equipment records starts from the date of the disposition, replacement, or transfer at the direction of the federal government.

4. Records for any displaced person shall be retained for three (3) years after such person has received final payment.

5. Records pertaining to each real property acquisition shall be retained for three (3) years after settlement of the acquisition or until disposition of the applicable relocation records, in accordance with paragraph “d” above, whichever is later.

6. Records required to be maintained for periods longer than three (3) years as required by statutes, regulations, State or federal codes.

r. **Transition of Services.** In the event that a Request for Proposal conducted during the fiscal year results in the award of the Contract to a different provider or County terminates or decides not to renew the Contract for any reason, Contractor agrees to make every reasonable effort to assure a smooth transition. Contractor shall take steps to assure that necessary copies of the original case files are transferred to the new Contractor, pursuant to federal/state regulations on confidentiality.

s. **Reporting and Investigation of Suspected Fraud and Embezzlement.** Contractor will report in writing the details of any cases of suspected fraud and embezzlement involving its employees or the employees of its subcontractors to the County not later than one (1) working day after the date the alleged activity comes to Contractor's attention. The report will describe the incidents and action being taken to resolve the problem. The report will be sent to:

Community Health Center Program Executive Director, Integrated Clinical Services

Multnomah County Health Department

619 NW 6th Ave

Portland, Oregon

In cases of suspected fraud and embezzlement involving County's funds and resources, Contractor will be responsible for investigating cases involving its employees or employees of subcontractors. Contractor is responsible for referral to the proper legal authorities. County may assume control of any case not handled to the County's satisfaction.

In cases of suspected fraud and embezzlement which do not involve funds and resources of the County, Contractor will seek resolution of the problem. County may intervene in cases involving resources of clients served by Contractor. County will review all cases of suspected fraud or embezzlement whether or not County resources appear to be at risk. Contractor will adopt and follow any internal control procedures, which the County decides are needed. Failure of the Contractor to adopt or follow such procedures will be considered a breach of this Contract and will be dealt with according to provisions in the Standard Terms and Conditions, Section 5.c.

REFERENCES AND STANDARDS

HRSA Bureau of Primary Health Care Health Center Program Compliance Manual, last updated August 20, 2018.

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name
Attachment A - HRSA BPHC Health Center Program Compliance Manual
Attachment B - Subrecipient vs. Contractor Analysis Worksheet

POLICY REVIEW INFORMATION

Point of Contact:	~~Tasha Wheatt-Delancy~~, ~~ICS Director~~
Supersedes:	Not applicable

Title:	**Health Center Financial Accounting Systems and Controls**		
Policy #:	**ICS.12.05**		
Section:	Integrated Clinical Services	Chapter:	ICS Fiscal
Approval Date:	04/22/2021	Approved by:	~~Tasha Wheatt Delancy~~ /s/ Health Center Chief Executive ~~Harold Odhiambo~~ /s/ Chair, Community Health Council
Related Procedure(s):	Not applicable		
Related Standing Order(s):	Not applicable		
Applies to:	Integrated Clinical Services		

PURPOSE

Provide guidance to ensure compliance with Health Center requirements related to financial management and controls.

DEFINITIONS

Term	Definition
Health Center	All activities related to the HRSA-funded Health Center Program. For Multnomah County, the health center is encompassed in Integrated Care Services (ICS).
HRSA	Health Resources and Services Administration; federal agency in charge of the Health Center Program.

POLICY STATEMENT

The Health Center has and utilizes a financial management and internal control system that reflects Government Accounting Standards Board (GASB) principles for public health agency health centers and ensures at a minimum:

1. Health Center expenditures are consistent with the HRSA-approved total budget and with any additional applicable HRSA approvals that have been requested and received;
2. Effective control over, and accountability for, all funds, property, and other assets associated with the Health Center Program project;

3. The safeguarding of all assets to assure they are used solely for authorized purposes in accordance with the terms and conditions of the Health Center Program award/designation; and
4. The capacity to track the financial performance of the Health Center, including identification of trends or conditions that may warrant action by the organization to maintain financial sustainability.

Health Center Executive Director, Health Center Financial Officer and/or designee(s)has access to any and all journal entries that impact health center program revenue centers, cost centers, funds, or subfunds. The journal entries are reviewed by the Health Center Financial Officer (and/or designee) , Health Center Operating Officer and approved by the Executive Director and submitted to the Health Center Board of Directors for approval when such journal entries affect a transfer of resources.

REFERENCES AND STANDARDS

HRSA BPHC Health Center Program Compliance Manual, Chapter 15: Financial Management and Accounting Systems.

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name
Attachment A - HRSA BPHC Health Center Program Compliance Manual

POLICY REVIEW INFORMATION

Point of Contact:	~~Jeff Perry,~~ ICS Finance Manager
Supersedes:	Not applicable

Title:	**Health Center Financial Accounts Access**		
Policy #:	**ICS.12.06**		
Section:	Integrated Clinical Services	Chapter:	ICS Fiscal
Approval Date:	04/22/2021	Approved by:	~~Tasha Wheatt-Delancy~~ /s/ Health Center Chief Executive ~~Harold Odhiambo~~ /s/ Chair, Community Health Council
Related Procedure(s):	Not applicable		
Related Standing Order(s):	Not applicable		
Applies to:	Integrated Clinical Services		

PURPOSE

To provide guidance to ensure compliance with Health Center Program requirements related to maintaining effective control over, and accountability for, all funds, property and other assets within the HRSA-approved scope of the Health Center Program project, and for the safeguarding of all assets to assure they are used solely for authorized purposes in accordance with the terms and conditions of the Health Center Program award/designation.

DEFINITIONS

Term	Definition
Health Center	All activities related to the HRSA-funded Health Center Program. For Multnomah County, the health center is encompassed in Integrated Care Services (ICS).
HRSA	Health Resources and Services Administration; federal agency in charge of the Health Center Program.

POLICY STATEMENT

Health Center Executive Director , Health Center Financial Officer or designee will receive from the County/Health Department a list of all revenue centers, costs centers, funds, subfunds, and other balance sheet accounts that are used to account for Health Center Program Project activities. The Health Center Financial Officer will have full access to these accounts and to all

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related transactions, including allocation of County and Health Department indirect costs, month-end and year-end close adjustments, and audit adjustments.

REFERENCES AND STANDARDS

HRSA BPHC Health Center Program Compliance Manual, Chapter 15: Financial Management and Accounting Systems.

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name
Attachment A - HRSA BPHC Health Center Program Compliance Manual

POLICY REVIEW INFORMATION

Point of Contact:	~~Jeff Perry,~~ ICS Finance Manager
Supersedes:	Not applicable

Title:	**Health Center Financial Management and Reporting**		
Policy #:	**ICS.12.07**		
Section:	Integrated Clinical Services	Chapter:	ICS Fiscal
Approval Date:	04/22/2021	Approved by:	~~Tasha Wheatt Delancy~~ /s/ Health Center Chief Executive ~~Harold Odhiambo~~ /s/ Chair, Community Health Council
Related Procedure(s):	Not applicable		
Related Standing Order(s):	Not applicable		
Applies to:	Integrated Clinical Services		

PURPOSE

To provide guidance to ensure compliance for Health Center activities related to Financial Management and Reporting.

DEFINITIONS

Term	Definition
Health Center	All activities related to the HRSA-funded Health Center Program. For Multnomah County, the health center is encompassed in Integrated Care Services (ICS).
HRSA	Health Resources and Services Administration; federal agency in charge of the Health Center Program.

POLICY STATEMENT

Health Center Executive Director, Health Center Financial Officer and/or designee(s) has full access to the health center financial information including revenues and expenses, cash receipts and expenditures, accruals, amortization and depreciations, which allows preparation for a full set of financial statements including: trial balance, statement of revenues and expenses, modified balance sheet (non-accrual), balance sheet (full accrual), statement of changes in cash position, and statements of changes in fund balance.

In collaboration with the Executive Director, the Health Center Financial Officer (or designee(s) develops and provides to the Community Health Center Board /Finance Committee a financial reporting package that includes but not limited to: operating revenues and expenses, cash on hand, patient encounters, 3rd next available appointment or other access measure, collection percentage, performance on value based contracts, and capital expenditures. The report will include actual vs. budget or target and trends. The Community Health Center Board or the Finance Committee may request additional information about financial performance or financial data.

REFERENCES AND STANDARDS

HRSA BPHC Health Center Program Compliance Manual, Chapter 15: Financial Management and Accounting Systems; Chapter 19: Board Authority; and Chapter 18: Program Monitoring and Data Reporting Systems.

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name
Attachment A - HRSA BPHC Health Center Program Compliance Manual

POLICY REVIEW INFORMATION

Point of Contact:	~~Jeff Perry,~~ ICS Finance Manager
Supersedes:	Not applicable

Title:	**Health Center Financial Performance Reporting**		
Policy #:	**ICS.12.08**		
Section:	Integrated Clinical Services	Chapter:	ICS Fiscal
Approval Date:	04/22/2021	Approved by:	~~Tasha Wheatt-Delancy~~ /s/ Health Center Chief Executive ~~Harold Odhiambo~~ /s/ Chair, Community Health Council
Related Procedure(s):	Not applicable		
Related Standing Order(s):	Not applicable		
Applies to:	Integrated Clinical Services		

PURPOSE

The purpose of this policy is to provide guidance on using data and reporting to support meeting requirements for financial oversight.

DEFINITIONS

Term	Definition
Health Center	All activities related to the HRSA-funded Health Center Program. For Multnomah County, the health center is encompassed in Integrated Care Services (ICS).
HRSA	Health Resources and Services Administration; federal agency in charge of the Health Center Program.

POLICY STATEMENT

Health Center Financial Officer receives from ICS Business Intelligence (ICS BI), Finance and Business Management (FBM) or other appropriate source the following reports:

a) Monthly reports of cash receipts related to health center program activities, including grant receipts, payments from third party payors, payments from patients, etc. The report includes the fund and revenue center to which the cash is being credited.

b) Monthly reports of cash payments related to health center program activities.

c) Monthly cash position report for the health center program.

d) Monthly patient accounts receivable reconciliation report to include charges, contractual adjustments/sliding fee discounts, cash receipts, and ending balances.

e) Weekly report of patient encounters detailed by site, by service line, or other categories required by the health center program to evaluate patient access, operational efficiency, and productivity.

f) Daily or no less than weekly report of patients seen detailed by site, by service line, or other categories required by the health center program to evaluate patient access and provider patient load.

g) Report of attributed members under alternative payment arrangements with contracted insurance partners, including Coordinated Care Organizations. Report provided monthly or as provided by insurance partners, and delivered within 5 days of receipt.

REFERENCES AND STANDARDS

HRSA BPHC Health Center Program Compliance Manual, Chapter Program Monitoring and Data Reporting Systems.

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name
Attachment A - HRSA BPHC Health Center Program Compliance Manual
Attachment B - Subrecipient vs. Contractor Analysis Worksheet

POLICY REVIEW INFORMATION

Point of Contact:	Jeff Perry, ICS Finance Manager
Supersedes:	Not applicable

Title:	**Health Center Patient Collections and Write-offs**		
Policy #:	**ICS.12.09**		
Section:	Integrated Clinical Services	Chapter:	ICS Fiscal
Approval Date:	04/22/2021	Approved by:	~~Tasha Wheatt Delancy~~ /s/ Health Center Chief Executive ~~Harold Odhiambo~~ /s/ Chair, Community Health Council
Related Procedure(s):	Not applicable		
Related Standing Order(s):	Not applicable		
Applies to:	Integrated Clinical Services		

PURPOSE

To provide guidance to ensure compliance with Health Center activities related to write-offs and patient fee collection.

DEFINITIONS

Term	Definition
Health Center	All activities related to the HRSA-funded Health Center Program. For Multnomah County, the health center is encompassed in Integrated Care Services (ICS).
HRSA	Health Resources and Services Administration; federal agency in charge of the Health Center Program.

POLICY STATEMENT

a) Health Center Financial Officer or designee and Health Center Director receive periodic reports, but not less than quarterly, patient accounts that are being recommended for write-off as uncollectible.

b) The Health Center Director or designee approves recommended patient accounts for write-offs and the associated dollar amount.

c) The Health Center is responsible for and must approve communications to Health Center patients related to billing and collections. This includes communication about insurance coverage.

d) Health Center utilizes Community Health Center Board-approved policies, as well as operating procedures, that include the specific circumstances when the health center will waive or reduce fees or payments required by the center due to any patient's ability to pay.

The Health Center has and applies policies and procedures ensuring that no patient is denied service based on inability to pay.

REFERENCES AND STANDARDS

HRSA BPHC Health Center Program Compliance Manual, Chapter 16: Billing and Collections.

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name
Attachment A - HRSA BPHC Health Center Program Compliance Manual

POLICY REVIEW INFORMATION

Point of Contact:	~~Tasha Wheatt-Delancy, Health Center Chief Executive~~
Supersedes:	Not applicable

Title:	**Health Center Program Monitoring**		
Policy #:	**ICS.12.10**		
Section:	Integrated Clinical Services	Chapter:	ICS Fiscal
Approval Date:	04/22/2021	Approved by:	~~Tasha Wheatt-Delancy~~ /s/ Health Center Chief Executive ~~Harold Odhiambo~~ /s/ Chair, Community Health Council
Related Procedure(s):	Not applicable		
Related Standing Order(s):	Not applicable		
Applies to:	Integrated Clinical Services		

PURPOSE

The purpose of this policy is to provide guidance for oversight of operations of all activities within the HRSA-approved scope of the Health Center project to ensure compliance with applicable Federal requirements and for monitoring project performance.

The Health Center has a system in place for overseeing the operations of the Federal-award supported activities to ensure compliance with applicable Federal requirements and for monitoring program performance.

DEFINITIONS

Term	Definition
Health Center	All activities related to the HRSA-funded Health Center Program. For Multnomah County, the health center is encompassed in Integrated Care Services (ICS).
HRSA	Health Resources and Services Administration; federal agency in charge of the Health Center Program.

POLICY STATEMENT

Scope of Services and Staff Allocation:

It is the policy of the Health Center to assure that staff time and resources are aligned and implemented within the scope of the Health Center project. Staff and project resources that are supported by Health Center revenues, (which includes Medicaid, Medicare, State incentive payments, pharmacy revenue, directly allocated County General Funds, and State wrap around funds) must provide the equivalent amount of time on in-scope activities.

The Health Center Executive Director is responsible for overseeing key management staff and has the ability to hire and supervise staff that perform key functions for the health center.

The Health Center leadership evaluates shared forecasted staff time every three months to assure that it continues to align with in-scope services and the budgeted resources. The evaluation may include:

- Time studies on hourly activities
- Review of specific tasks, service requests, or project hours
- Upcoming project or program obligations, such as capital, technology, or quality requirements

In addition, the Health Center leadership reviews annual projected support for out-of-scope Electronic Health Records, HIPAA, Record Requests and Credentialing resources so that non Health Center programs may proactively allocate resources to these activities.

Staffing requests for Health Center staff to support out-of-scope activities must be approved by the Health Center Executive Director with confirmed and re-allocated revenue, which is not a part of the Health Center project. Requests for support of less than 40 hours in a year may be approved and implemented using specific non-Health Center cost center accounts to assure separate funds. The allocations for staff by staffing role/program area including Electronic Health Records, HIPAA and Records Management, Credentialing, Quality Support, and other relevant Health Center areas to the Health Center, Corrections Health Program, Public Health Program and other out-of-scope programs/activities will be provided in a chart for each fiscal year and monitoring routinely throughout the fiscal year.

Changes in Health Center Support:

a) The County/Health Department notifies and seeks approval from the Health Center Executive Director and Financial Officer of any changes to staff support, facilities or other changes that would result in a change in services provided through the health center program and the associated costs. The County/Health Department works with the Health Center Executive Director and Financial Officer to develop a plan to mitigate the impact on the Health Center's ability to provide HRSA-required health care and

related services. Any resulting changes to the budget or hours of operation would require Health Center Board approval.

b) The County/Health Department will prepare a detailed itemized report summarizing internal and indirect services costs, including FTE, formulary for these costs etc. in alignment with HRSA requirements (It is not allowable for the Health Center to pay direct and indirect costs for the same service)

c) Health Center Executive Director will have oversight and will determine direct or shared supervision over all health center program positions that are included in the Health Center project budget.

d) Staff whose time is charged 100% to the Health Center project will be supervised by appropriate Health Center leadership and will support only services in the HRSAapproved scope of services.

REFERENCES AND STANDARDS

HRSA BPHC Health Center Program Compliance Manual, Chapter 18: Program Monitoring and Data Systems.

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name
Attachment A - HRSA BPHC Health Center Program Compliance Manual
Attachment B - Baseline Staff Support Allocations

POLICY REVIEW INFORMATION

Point of Contact:	~~Tasha Wheatt-Delancy, Health Center Chief Executive~~
Supersedes:	Not applicable

Title:	**Health Center Program Patient Accounts Management**		
Policy #:	**ICS.12.11**		
Section:	Integrated Clinical Services	Chapter:	ICS Fiscal
Approval Date:	04/22/2021	Approved by:	~~Tasha Wheatt Delancy~~ /s/ Health Center Chief Executive ~~Harold Odhiambo~~ /s/ Chair, Community Health Council
Related Procedure(s):	Not applicable		
Related Standing Order(s):	Not applicable		
Applies to:	Integrated Clinical Services		

PURPOSE

To provide guidance to ensure compliance with requirements for oversight of Health Center activities related to billing and collections.

DEFINITIONS

Term	Definition
Health Center	All activities related to the HRSA-funded Health Center Program. For Multnomah County, the health center is encompassed in Integrated Care Services (ICS).
HRSA	Health Resources and Services Administration; federal agency in charge of the Health Center Program.

POLICY STATEMENT

Health Center has billing records that show claims are submitted in a timely and accurate manner to the third party payor sources with which it participates (Medicaid, CHIP, Medicare, and other public and private insurance) in order to collect reimbursement for its costs in providing health services consistent with the terms of such contracts and other arrangements.

Health Center Financial Officer or designee receives from ICS Business Intelligence (ICS BI), Finance and Business Management (FBM) or other appropriate source a monthly report of aged patient accounts receivable balance by major payor / payor type. Reports are provided on a

monthly basis within 30 days of the month end close. The report will include but not be limited to the following by payor; gross charges, contractual adjustments and sliding fee discounts, receipts, and ending balance, plus average days of net revenues in receivables.

REFERENCES AND STANDARDS

HRSA BPHC Health Center Program Compliance Manual, Chapter 15: Financial Management and Accounting Systems; Chapter 16: Billing and Collections

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name
Attachment A - HRSA BPHC Health Center Program Compliance Manual

POLICY REVIEW INFORMATION

Point of Contact:	~~Jeff Perry,~~ ICS Finance Manager
Supersedes:	Not applicable

Title:	**Health Center Surplus and Reserves**		
Policy #:	**ICS.12**		
Section:	Integrated Clinical Services	Chapter:	ICS Fiscal
Approval Date:	04/22/2021	Approved by:	~~Tasha Wheatt-Delancy~~ /s/ Health Center Chief Executive ~~Harold Odhiambo~~ /s/ Chair, Community Health Council
Related Procedure(s):	Not applicable		
Related Standing Order(s):	Not applicable		
Applies to:	Integrated Clinical Services		

PURPOSE

To ensure compliance with requirements that any non-grant funds generated from Health Center Program project activities, in excess of what is necessary to support the HRSA-approved total Health Center Program project budget, are utilized to further the objectives of the project by benefiting the current or proposed patient population and are not utilized for purposes that are specifically prohibited by the Health Center Program.

DEFINITIONS

Term	Definition
Health Center	All activities related to the HRSA-funded Health Center Program. For Multnomah County, the health center is encompassed in Integrated Care Services (ICS).
HRSA	Health Resources and Services Administration; federal agency in charge of the Health Center Program.

POLICY STATEMENT

Surpluses generated from Health Center activities are retained in a fund under the direct control of the Health Center and thereby under the scope and oversight of the Community Health Center Board(CHCB).

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CHCB receives from the Health Center Financial Director monthly reports and financial information which contribute to the forecasting of a budget surplus or deficit.

CHCB provides approval as to the use of any surplus of revenue generated under the Health Center Program and related activities. The CHCB elects to carry any surplus funds over to a future budget cycle or utilize the surpluses to further the purpose of the health center program or benefit the patient population. Surpluses will not be used for activities prohibited by the HRSA Health Center Program.

REFERENCES AND STANDARDS

HRSA BPHC Health Center Program Compliance Manual, Chapter 15: Financial Management and Accounting Systems; Chapter 19: Board Authority.

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name
Attachment A - HRSA BPHC Health Center Program Compliance Manual
Attachment B - Subrecipient vs. Contractor Analysis Worksheet

POLICY REVIEW INFORMATION

Point of Contact:	~~Tasha Wheatt-Delancy, Health Center Chief Executive~~
Supersedes:	Not applicable

CHCB Memos

- Interim Executive Director Strategic Updates
- Executive Committee Updates
- Quality Committee Updates
- Nominating Committee Updates

community health center board

Multnomah County

CHCB Memo - Interim Executive Director Strategic Updates

Mobile Unit:

- The Mobile Clinic has been in operation for two (2) full months offering comprehensive medical care, lab testing, specialty referrals, community health worker support, and eligibility verification and enrollment.
- We have expanded our team to include a full time Family Nurse Practitioner and a second full time Medical Assistant. With hiring this provider, we have been able to expand to see patients of all ages.
- As of 4/1/24, we have completed 172 visits and also received multiple anecdotal compliments of services provided including a bouquet of flowers from a patient!
- On 4/3/24, we successfully saw our first dental patient!
- Our current locations are spread geographically across Multnomah County and can be seen on our Mobile Clinic webpage

Generators Projects:

Mid County Health Center:

- Bids for this project are out with multiple General Contractors and are due April 4, 2024. Construction is anticipated to start in early June, if not sooner.

Northeast Health Center/Walnut Park:

- This project is also currently out to bid after our Facilities Project Manager was able to resolve permitting issues. This resolution allows us to proceed with the originally scoped project. Construction is planned to begin in early June.

PCC Expansion/La Clinica Health Center:

- We are excited to announce the news that we will be renaming the health center currently known as La Clinica to **Fernhill Health Center** when it is relocated and expanded to its new location at 42nd and Killingsworth in 2025.
- Why **Fernhill Health Center**? The new location is directly across the street from Fernhill Park, and the name aligns with the names of our other health centers, which are named based on the neighborhood where they are located.
- The name was chosen after a thorough engagement process with current staff, patients, and community partners. We collected input in several ways, including in-person staff meetings, comment cards, and a poster displayed in the lobby area where patients were invited to share their thoughts on several different name options.
- We will be sharing this news with our entire Health Center staff this week and informing community partners, stakeholders, and clients in the coming weeks and months.

CHCB Memo - Interim Executive Director Strategic Updates

03-25-24 CHCB Executive Committee Update

The CHCB Executive Committee met on March 25th. Highlights from the meeting are below. The proposed agenda items for April's meeting came to nearly three hours (175 minutes), so Chair Deary requested that the full board be provided with the documents requiring votes right away, so that the board would have additional time to review them and ask questions prior to the meeting. At the end of the meeting, there was a short closed executive session.

Amanda Hurley (Program & Grant Strategist) and Alison Frye (Strategy & Grant Development) presented the **Grant Approval Process**:

- Presentation of the Grant Approval Request Summary (with Proposed Budget where applicable) to the Executive Committee
    - EC asks questions and sometimes requests edits or more information
    - EC places grant request on the agenda for the next public meeting or pushes request to a future meeting while awaiting follow-up information or due to agenda time constraints
- Full board hears presentation and approves grant proposals
- Approved grants with ongoing renewals present yearly Request Summaries

Amanda, Alison, and the EC members discussed possible changes to make the process more efficient:

- Some grant applications have short timelines that make it difficult or impossible to present to the full board for approval before submission
- Regularly recurring grants (340 Grant and Ryan White Grant for example) may not vary significantly from year to year
- A one-page grant report that addresses goals met since the last approval or renewal and notes any specific changes to the goals and/or budget for the renewal period could be presented for approval instead of grant renewals having to complete the entire process
- The Grants team will work with the CHCB support team to create a template to address quick approval and renewal requests. They will return and we will review template at a future meeting

ICS 04.08 Primary Care & Dental Client No-Show & Late Arrival Policy

- The updated policy will define late as "arrival after the appointment time" however will not consider a client late for being checked in late due to waiting in line
- The adjusted purpose will include the objective of providing a consistent patient-centered approach when patients arrive late or no-show for client appointments, while also taking into consideration the operations and flow of the clinic
- Procedures focus on what can be done to assist clients that have not checked in on time in an attempt to be proactive early into the scheduled appointment time.
- <u>The updated policy removes the language that defines late as arriving 15 minutes after the scheduled appointment time</u>

Tamia expressed concerns that some patients benefit from clearly defined guidelines and may not benefit from these changes especially if front desk staff is not well trained to address clients arriving late with trauma-informed support. Debbie will take this feedback into consideration and look at ways to increase and/or improve opportunities for clients to be supported throughout the process.

Quality Committee Meeting, Mar 19, 2024

Tamia would like staff to demonstrate to the CHCB that although visit numbers are forecast to decrease by 30 thousand in FY25, we are still serving all patients well. Tamia requests that more information be brought to the board regarding quality of care and not just increased revenue. This connects to a financial forecast with a larger number of clients, stagnant CHC full-time equivalent (FTE), and a significant increase in revenue. Our clients need to see improvements in their health and feel seen and cared for. CHC staff can demonstrate that "value-based care" is working by showing improvements in our clients' Social Determinants of Health.

Brieshon states that Bernadette can come back to talk about quality metrics specific to disparities at an upcoming meeting. There are a number of assessments happening right now about Social Determinants of Health with more information to come soon.

FY 2025 Quality Plan (QP)

- The document gives an overview of the organization, the general approach to quality (as a system), and outlines the various tools we have to deliver high quality, equitable, and safe patient care.
- These tools help make sure that we have the right systems and people in place to provide quality care.
- The CHC completes audits and monitoring in Health center clinics to ensure that all our reporting and care address these goals.
- The Quality Committee reviewed each section including leadership and governance structure.
- The QP provides measurements of Key Performance Indicators (KPI) and outlines the key areas that the Health Center should focus on. The categories these indicators track:
    - Safety and Compliance
    - Client Experience
    - Clinical Quality
    - Quality Improvement (QI)
- The last part of the document is the Quality Work Plan (QWP):
    - The list of projects that are completed throughout the year relating to all of the quality metrics
    - Areas that need adjustment for FY25
    - Areas that don't need adjustment in the plan, but that we want to report on differently or improve the way we demonstrate that we are meeting an objective

Brieshon states that the Health Center Equity Manager is currently out for recruitment, but has not been hired yet. The ED is working on this hiring effort.

Susana asked what QA and QI covers. QA is quality assurance and QI is quality improvement. QA measures quality and makes sure the quality is at the level we want (reviewing reports, doing audits, and making sure metrics are where we want them). QI is looking at these measures and finding opportunities to make them better.

Tamia and Susana will provide suggested edits, comments, and questions. Anna will follow up to ensure that the Spanish comments and suggestions are translated and added to the English document. We will review at the next meeting.

04-02-24 Nominating Committee Update

Per the CHCB Bylaws, “vacancies created during the term of an officer of the Council shall be filled for the remaining portion of the term by following the Executive Committee succession plan.” Treasurer Darrell Wade has agreed to fill the Vice Chair position through December 2024 pending board approval. Chair Deary reached out to Secretary Kerry Hoeschen to ask if she is willing to move into the Treasurer role.

Increase board member outreach:

1. Meet with Alexandria to discuss outreach to Student Health Centers
2. Create a recruitment video. All Nominating Committee members are willing to participate. Either Margot or Sean will attend the next NC meeting to plan.
3. Create flyer and/or one-pager to use at tabling events.
4. Identify tabling events
5. Get updated name tags for board members

Feedback for updating bylaws and/or improving board member application process:

1. Reduce attendance requirement for prospective board members to one (1) meeting immediately to meet minimum requirements
2. Once the board has nine members again, consider a 2-3 meeting requirement based on full board feedback.
3. Reintroduce informal coffee meeting for potential board members
4. Make the second interview shorter and less formal
5. Make the overall process less intimidating and “grueling”
6. Add a “resting period” before previous County employees can join the board

The next meeting is scheduled for Tuesday, May 7th, at 10:00 am, but committee members have agreed to meet earlier if board member applications are available to consider sooner.