



## San Joaquin County Clinics (SJCC)

### Minutes of October 27, 2020 Board of Directors Meeting

### San Joaquin County Clinics Web Conference Call

**BOARD MEMBERS PRESENT:** Rod Place (Chairman); Alicia Yonemoto (Vice-Chair); Ismael Cortez (Secretary); Brian Heck (Board Member); Esgardo Medina (Board Member); Mary Mills (Board Member); Christopher Scoz (new Board Member); Melanie Toutai (Board Member)

**BOARD MEMBERS ABSENT:** Mike Baskett (Board Member); Luz Maria Sandoval (Treasurer)

**BOARD MEMBERS EXCUSED:** Alvin Maldonado (Board Member);

**SJCC STAFF PRESENT:** Dr. Farhan Fadoo (SJCC CEO); Betty Jo Riendel (SJCC Nursing Dept Manager); Rajat Simhan (SJCC Program Manager – Compliance); Kristopher Zuniga (SJCC CFO); Adelé Gribble (SJCC ACS OTC)

**GUESTS:** Carlos Jimenez (Wipfli Consultant); Susan Thorner (Fiscal Solutions Consultant)

AGENDA ITEM	ATTACHMENTS	ACTION
<p><b>1. <u>Introduction &amp; Establish Quorum (Rod Place, Board Chair)</u></b></p> <p>a. Call to Order &amp; Establish Quorum Rod Place called the meeting to order at 5:05 p.m.</p> <p>b. SJCC Board of Director's Attendance Record (Jan 2020 through September 2020) Board Members were accounted for by roll call and a quorum was established for today's meeting. Rod Place noted the Board Treasurer, Luz Maria Sandoval has not attended the last five Board meetings. He advised the board will need to vote in a new treasurer as Luz Maria has been unable to fulfill her duties at this time. The board will vote on this item next month.</p> <p>c. Introductions Ismael Cortez introduced his guest, Dr. Galina to the Committee. Dr. Galina is a physician relocating to California in the San Joaquin Valley from Mexico. She is interested in potentially becoming a board member. Adelé Gribble will send an application to Ismael to forward to Dr. Galina. Dr. Galina was not able to attend the meeting today and exited after her introduction.</p> <p>d. Vote for new Board Applicants We had received two applications for Board membership for evaluation and vote by the Board. Dr. Anjani Thakur withdrew his application and today the board will vote on Chris Scoz' application. Esgardo Medina made a motion to approve Chris' application as the newest board member, Alicia Yonemoto seconded the motion and the board unanimously approved his application.</p> <p>e. Board Self Evaluation Rod Place encouraged the members to return them to her as soon as possible. A few members have already mailed them out but Adelé has not yet received any returned self-evaluations. The board will review the results next month once all evaluations have been received.</p>	<p>SJCC Board of Directors Attendance Record through September 2020</p> <p>New Board Member Application – Christopher Scoz</p>	<p>New Treasurer replacing Luz Maria Sandoval to be voted upon at November meeting</p> <p>Esgardo Medina motioned to approve Christopher Scoz' application as SJCC Board Member, Alicia Yonemoto seconded the motion and the board unanimously approved his application</p>

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<p><b>2. <u>Approval of Minutes of 09/29/20 (Rod Place, Board Chair)</u></b></p> <p>Alicia Yonemoto made a motion to approve the minutes from the Board meeting on September 29, 2020. Mary Mills seconded the motion and the board unanimously approved the minutes.</p>	BOD Meeting Minutes from 09/29/2020	Alicia Yonemoto motioned to approve minutes from 09/29/20, Mary Mills seconded the motion & the board unanimously approved the minutes.
<p><b>3. <u>Public Comment (General Public)</u></b></p> <p>There was no public comment at this meeting.</p>	No Attachments	No Action Required
<p><b>4. <u>Credentialing Report (Betty Jo Riendel)</u></b></p> <p>Betty Jo Riendel requested a vote for the resignations reported for September 2020: Dr. Ramona Bahnam and Dr. Rahul Paryani. Mary Mills made a motion to approve the Credentialing Report for September 2020, Brian Heck seconded the motion and the board unanimously approved the September 2020 Credentialing Report.</p> <p>For the month of October, Betty Jo advised there are three initial appointments that we are requesting temporary privileges for: Dr. Neeta Shroff in Pediatrics; Mindy Brown-Lechner, CNM in OB/GYN; and Toni Amundsen, CNM in OB/GYN.</p> <p>We have three reappointments to report for the month of October: Dr. Ala Elayyan in Pediatrics; Dr. Shabneet Hira-Brar (psychiatrist embedded in Family Medicine and Primary Medicine Clinics) and Maureen Abaray, NP in Family Medicine Clinic.</p> <p>We have one advancement: Dr. Sabhrup Biring in Family Medicine who has met all her proctoring.</p> <p>For the month of October, Betty Jo advised we have three resignations: Dr. Spencer Wong, Lorena Behrman, NP and Tamira Zarza, CNM. Mary Mills made a motion to approve the October Credentialing Report, Esgardo Medina seconded the motion and the board unanimously approved the October Credentialing Report.</p>	Attachment 4 (Credentialing Reports for September and October)	<p>Mary Mills motioned to approve the September Credentialing Report, Brian Heck seconded the motion and the Board unanimously approved the September Credentialing Report.</p> <p>Mary Mills motioned to approve the October Credentialing Report, Esgardo Medina seconded the motion and the Board unanimously approved the October Credentialing Report.</p>
<p><b>5. <u>Audit Committee Report (Brian Heck)</u></b></p> <p>5a. Auditor Selection Vote</p> <p>Brian Heck advised the Audit Committee has met twice now. We are scheduled to meet monthly for the time being to assist with the separation with the San Joaquin County Clinics and the San Joaquin General Hospital. At the last meeting, on September 29<sup>th</sup>, Kris Zuniga shared some proposals from two audit firms (SJCC needs to hire an audit firm); BKD and Eide Bailly.</p> <p>Pros and Cons for each firm were discussed.</p>	Attachment 5 (Audit Committee Agenda and Minutes with attachments)	Alicia Yonemoto motioned to approve attaining the services of BKD, Mary Mills seconded the motion and the Board unanimously approved hiring BKD as the SJCC auditor

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<p>We received a report of Pros &amp; Cons and the audit committee is recommending that we hire BKD because their services would be cost-effective and also very tailored to our specific needs.</p> <p>Brian advised, in order to keep on with the project plan, the project plan for the separation goes hopefully through March 2021, to move forward with that, the Board would need to make a vote on the independent auditor choice.</p> <p>Alicia Yonemoto made a motion to approve the funding for the services of BKD to assist us with the audit and the separation from San Joaquin General Hospital. Mary Mills seconded the motion and the board unanimously approved the motion to attain the services of BKD.</p>		
<p><b>6. <u>Finance Committee Report (Kris Zuniga)</u></b></p> <p>Kris Zuniga advised last month we had a Net Billable Visits in excess of 11K resulting in Net Income of \$464K. This month we dropped down a little bit but our Net Patient Revenue is higher. The reason for that is 94% of our business is MediCal Managed Care, specifically MediCal Managed Care which is reimbursed utilized what is known as the Code 18 Wrap Rate through MediCal. These rates have gone up so what we now find is fewer visits may equate to greater Net Patient Revenues in that regard. This month we had 9,600 billable visits which equated to \$1.5M.</p> <p>Also included in this is a \$100K accrual for PPS reconciliation, our annual filing we do with the State. For this Fiscal Year we will accrue \$50K per month. The amount accrued in August is the \$50K for July and \$50K for August.</p> <p>Total Net Revenues inclusive of Capitation is \$1.9M. On the expense side, we have Salaries and Benefits equating to \$1.3M. The reason for this is we had a couple of months of provider incentives hit in the month of August (over \$200K).</p> <p>While Operating Expenses remain relatively flat, there was an increase for Purchased Services associated with EMMI billing. Our Net Income for the month before Overhead and Supplemental is \$290,680. For Supplemental Revenues we are accruing \$614,083 in QIP revenues each month, which is a conservative estimate for the year's revenues. We had Overhead Allocation of \$561,367 which is representative of 33% of our total direct expenses of \$1.7M. All inclusive, it equated to a Net Income of \$343,396. Kris stated we are off to a good start for this Fiscal year and we hope to continue this trend in September.</p> <p>For the Accounts Receivable report (see below), this totals \$5.1M (both EMMI and PWPM). On a Net Basis that \$5.1M is equated to about \$2M in Net Collectable Revenues.</p> <p>Kris stated our average collection time that EMMI is realizing is approximately 53 days on paid accounts. HRSA requires that we send our claims out within 14 business days of the date of service. We are averaging about 8.62 days and we have an average claim date to payment date of about 45 days which gives us a total of 53 days.</p> <p>Below is the PFS Accounts Receivable Aging Analysis for SJCC for the Month of August 2020</p>	<p>Attachment 6 (Finance Committee Agenda and Minutes with attachments)</p>	<p>No Action Required</p>

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<table><tr><th colspan="9">PFS Accounts Receivable Aging Analysis For SJCC For the Month of August 2020</th></tr><tr><th>Aging Category</th><th>MediCare</th><th>MediCal</th><th>Commercial</th><th>Self Pay</th><th>Total Aging This Month</th><th>Total Aging Last Month</th><th>\$ Increase (Decrease)</th><th>% Increase (Decrease)</th></tr><tr><td>Accrued Receivables</td><td></td><td></td><td></td><td></td><td>-</td><td>0</td><td>0</td><td>0.00%</td></tr><tr><td>1-30 Days</td><td>52,826</td><td>1,493,629</td><td>73,270</td><td>176</td><td>1,619,901</td><td>1,421,720</td><td>198,180</td><td>13.94%</td></tr><tr><td>31-60 Days</td><td>55,237</td><td>85,114</td><td>99,965</td><td>1,494</td><td>241,810</td><td>400,900</td><td>(159,090)</td><td>-39.68%</td></tr><tr><td>61-90 Days</td><td>123,650</td><td>110,300</td><td>118,263</td><td>684</td><td>352,897</td><td>318,462</td><td>34,435</td><td>10.81%</td></tr><tr><td>91-120 Days</td><td>113,627</td><td>61,812</td><td>115,531</td><td>112</td><td>291,083</td><td>228,854</td><td>62,229</td><td>27.19%</td></tr><tr><td>121-180 Days</td><td>70,270</td><td>225,659</td><td>108,278</td><td>0</td><td>404,207</td><td>537,272</td><td>(133,065)</td><td>-24.77%</td></tr><tr><td>181-240 Days</td><td>176,439</td><td>368,094</td><td>79,174</td><td>(17,032)</td><td>606,675</td><td>668,110</td><td>(61,434)</td><td>-9.20%</td></tr><tr><td>241-270 Days</td><td>50,296</td><td>228,589</td><td>18,565</td><td>22,856</td><td>320,306</td><td>1,133,487</td><td>(813,182)</td><td>-71.74%</td></tr><tr><td>271-365 Days</td><td>190,924</td><td>842,958</td><td>69,021</td><td>53,292</td><td>1,156,195</td><td>423,283</td><td>732,912</td><td>173.15%</td></tr><tr><td>366 Days &amp; Over</td><td>46,596</td><td>(100,847)</td><td>56,409</td><td>135,032</td><td>137,190</td><td>155,780</td><td>(18,590)</td><td>-11.93%</td></tr><tr><td>Total FC This Month</td><td>26%</td><td>64%</td><td>8%</td><td>2%</td><td></td><td></td><td></td><td></td></tr><tr><td></td><td>879,866</td><td>3,315,307</td><td>738,475</td><td>196,613</td><td>5,130,262</td><td>5,287,868</td><td>(157,606)</td><td>-2.98%</td></tr><tr><td>Total FC Last Month</td><td>985,749</td><td>3,401,587</td><td>714,295</td><td>186,237</td><td>5,287,868</td><td></td><td></td><td></td></tr><tr><td>\$ Increase (Decrease)</td><td>(105,882)</td><td>(86,280)</td><td>24,180</td><td>10,376</td><td>(157,606)</td><td></td><td></td><td></td></tr><tr><td>% Increase (Decrease)</td><td>-10.74%</td><td>-2.54%</td><td>3.39%</td><td>5.57%</td><td>-2.98%</td><td></td><td></td><td></td></tr><tr><td colspan="9">Monthly Management Summary</td></tr><tr><td>August Activity</td><td>Beginning</td><td>Gross</td><td>Payments</td><td>Adjustments</td><td>Ending Gross</td><td></td><td></td><td></td></tr><tr><td></td><td>5,287,868</td><td>2,370,881</td><td>(1,651,545)</td><td>(876,941)</td><td>5,130,262</td><td></td><td></td><td></td></tr><tr><td colspan="9">PFS Key Performance Indicators for SJCC</td></tr><tr><td></td><td>August</td><td>July</td><td>June</td><td>May</td><td>April</td><td>March</td><td>February</td><td>Increase (Decrease)</td></tr><tr><td>Gross A/R Days</td><td>72</td><td>79</td><td>101</td><td>104</td><td>130</td><td>92</td><td>106</td><td>(6)</td></tr><tr><td>Net A/R</td><td>1,979,634</td><td>2,220,764</td><td>2,502,157</td><td>2,297,224</td><td>2,773,469</td><td>2,418,439</td><td>5,121,559</td><td>(241,130)</td></tr><tr><td>Net A/R Days</td><td>55</td><td>66</td><td>77</td><td>74</td><td>92</td><td>63</td><td>88</td><td>(11)</td></tr></table>									PFS Accounts Receivable Aging Analysis For SJCC For the Month of August 2020									Aging Category	MediCare	MediCal	Commercial	Self Pay	Total Aging This Month	Total Aging Last Month	\$ Increase (Decrease)	% Increase (Decrease)	Accrued Receivables					-	0	0	0.00%	1-30 Days	52,826	1,493,629	73,270	176	1,619,901	1,421,720	198,180	13.94%	31-60 Days	55,237	85,114	99,965	1,494	241,810	400,900	(159,090)	-39.68%	61-90 Days	123,650	110,300	118,263	684	352,897	318,462	34,435	10.81%	91-120 Days	113,627	61,812	115,531	112	291,083	228,854	62,229	27.19%	121-180 Days	70,270	225,659	108,278	0	404,207	537,272	(133,065)	-24.77%	181-240 Days	176,439	368,094	79,174	(17,032)	606,675	668,110	(61,434)	-9.20%	241-270 Days	50,296	228,589	18,565	22,856	320,306	1,133,487	(813,182)	-71.74%	271-365 Days	190,924	842,958	69,021	53,292	1,156,195	423,283	732,912	173.15%	366 Days & Over	46,596	(100,847)	56,409	135,032	137,190	155,780	(18,590)	-11.93%	Total FC This Month	26%	64%	8%	2%						879,866	3,315,307	738,475	196,613	5,130,262	5,287,868	(157,606)	-2.98%	Total FC Last Month	985,749	3,401,587	714,295	186,237	5,287,868				\$ Increase (Decrease)	(105,882)	(86,280)	24,180	10,376	(157,606)				% Increase (Decrease)	-10.74%	-2.54%	3.39%	5.57%	-2.98%				Monthly Management Summary									August Activity	Beginning	Gross	Payments	Adjustments	Ending Gross					5,287,868	2,370,881	(1,651,545)	(876,941)	5,130,262				PFS Key Performance Indicators for SJCC										August	July	June	May	April	March	February	Increase (Decrease)	Gross A/R Days	72	79	101	104	130	92	106	(6)	Net A/R	1,979,634	2,220,764	2,502,157	2,297,224	2,773,469	2,418,439	5,121,559	(241,130)	Net A/R Days	55	66	77	74	92	63	88	(11)	Attachment 6a (EPSI Budget)	Mary Mills motioned to approve the annual EPSI budget as presented, Brian Heck seconded the motion and the Board unanimously approved the budget
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<p>6a. Budget Approval</p> <p>Last month Kris Zuniga presented the Budget in our Budgeting system known as EPSI (see below) for the board to review and approve during this month's meeting.</p>																																																																																																																																																																																																																																											

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FISCAL YEAR ENDED 6/30/2021	(#7080) Children's Health Services	(#7092) Family Medicine	(#7093) Family Practice - Ca	(#7096) Primary Medicine	(#7182) Healthy Beginnings - Ca	(#7183) Healthy Beginnings - French Camp	(#7184) SJCC - Hazelton	(#7185) SJCC - Manteca	(#7071) FQ Admin	Total		
	19,440	29,520	7,200	28,080	11,380	14,260				109,880		
Billable Visits	5.40	8.20	2.00	7.80	3.30	4.10				30.80		
Productive FTEs (Provider)	12.50	14.75	5.25	15.00	7.05	5.75			5.04	65.34		
Productive FTEs (Non-Provider)	17.90	22.95	7.25	22.80	10.35	9.85			5.04	96.14		
Total FTEs												
Net Patient Revenue	2,226,698	4,092,515	824,703	3,892,880	1,303,489	1,976,940				14,317,225		
Physician Capitation- PMPM	941,508	1,429,693	348,706	1,359,952	551,149	690,631				5,321,639		
PPS Recon Liability Accrual	(106,152)	(161,194)	(39,316)	(153,331)	(62,141)	(77,867)				(600,000)		
Grant Revenue	38,893	59,059	14,405	56,178	22,767	28,529				219,832		
Pharmacy Revenue	44,534	81,850	16,494	77,858	26,070	39,539				286,345		
Total Operating Revenue	3,145,481	5,501,024	1,164,092	5,233,537	1,841,334	2,657,772	-	-	-	19,545,041		
Expenses										-		
Salaries	1,160,305	1,275,994	536,710	2,243,361	595,230	224,771	339,028	635,366	721,946	7,732,712		
Benefits	820,865	834,074	554,037	1,193,352	665,713	311,916	307,047	611,944	766,048	6,064,996		
Professional Fees/Registration	75,000	235,320	56,611	275,000	-	112,125			261,591	1,015,647		
Supplies	78,707	264,606	38,380	285,062	106,208	85,651			57,733	916,347		
Purchased Services	231,871	361,036	98,172	313,087	137,620	191,545			328,041	1,661,372		
Depreciation	7,700	24,586	1,803	1,709	13,511	28,550		243,557	40,740	362,156		
Other Expense	61,565	22,522	46,404	21,777	53,298	8,013		11,320	20,928	245,827		
Total Expenses	2,436,013	3,018,138	1,332,117	4,333,348	1,571,580	962,571	646,075	1,502,187	2,197,027	17,999,056		
Allocation of Direct Admin Exp (Totl Exp %)	338,690	419,625	185,210	602,485	218,504	133,831	89,827	208,856	(2,197,027)	-		
Total Expenses excl Hosp OH	2,774,703	3,437,763	1,517,328	4,935,832	1,790,084	1,096,402	735,902	1,711,043	-	17,999,056		
Profit/(Loss) before Hosp OH	370,778	2,064,161	(352,336)	297,705	51,250	1,561,370	(735,902)	(1,711,043)	-	1,545,985		

Mary Mills made a motion to approve the annual EPSI Budget as presented, Brian Heck seconded the motion and the board unanimously approved the EPSI budget.

| **7. Clinic Holiday Hours (Alice Souligne)**  Dr. Farhan Fadoo presented the SJCC holiday schedule in Alice Souligne’s absence tonight. There is a plan for clinic closures and modified clinic hours for Thanksgiving, Christmas and the New Year. This year we will be open on Saturday, November 28<sup>th</sup> so that we are not closed three days in a row. The same would be true for the Saturdays following Christmas Day and New Years Day.  **HOLIDAY SCHEDULE**   |                   |  | |-------------------|--| | November 26, 2020 | Thanksgiving Day (CLOSED)  | | November 27, 2020 | Day After Thanksgiving (CLOSED)  | | December 24, 2020 | Family Medicine (Walk-In Clinic only, 8am—1pm)<br>Children’s Health Services (Walk-In Clinic only, 8am—12pm)<br>ACS Call Center & ACS Administration (8am – 1pm) | | December 25, 2020 | Christmas Day (CLOSED)   | | December 31, 2020 | Family Medicine (Walk-In Clinic only, 8am—1pm)<br>Children’s Health Services (Walk-In Clinic only, 8am—12pm)<br>ACS Call Center & ACS Administration (8am – 1pm) | | January 1, 2021   | New Year’s Day (CLOSED)  |   Adelé Gribble advised the above holiday schedule does not mention Veterans Day but that Alice had discussed that we will need the Board’s approval to be closed on that day as well.  Alicia Yonemoto made a motion to approve the holiday schedule as presented, including Veterans Day, Mary Mills seconded the motion and the board unanimously approved the Holiday Schedule. | | | | | | | | | | | Attachment 7 (Holiday Schedule) | Alicia Yonemoto made a motion to approve the holiday schedule as presented, including Veterans Day, Mary Mills seconded the motion and the board unanimously approved the Holiday Schedule |


AGENDA ITEM	ATTACHMENTS	ACTION
<p><b>8. <u>SJCC Board Training (Susan Thorner – Fiscal Solutions)</u></b></p> <p>Susan Thorner advised today's training will focus on understanding the Bureau of Public Healthcare's (BPHC) requirements around the required and additional services; understanding the significance of Form 5A; understanding how the services may be provided; and understanding what is considered a required service, an additional service and a specialty service. Attachment 8 can be reviewed for further information on the training provided today.</p> <p>The Health Center must provide all the required primary health services as defined by HRSA. If we were to receive funding for healthcare for the homeless then we will also be required to provide substance use disorder services. If we are not receiving funding, or not receiving funding for healthcare for the homeless, then that is considered an additional service. The Health Center can still provide it, but you are not required to. The Health Center is allowed to provide any additional or supplemental services that meet the needs of our population. This is subject to review and approval by HRSA. All of the required and additional services can be provided in one or more service delivery method(s): directly by us, through our providers in our health centers; it may be provided through written contracts and/or cooperative arrangements (which may include formal referrals)(referred to another organization).</p> <p>Because we do have several members of our population who may have limited English speaking skills, we are required to have interpretation and translation services available (includes hearing impaired clients). We are also required to provide any training, resources, guidance to staff providing culturally competent services bridging those linguistic and cultural differences.</p> <p>Susan advised the way we would demonstrate compliance with these requirements is outlined in Form 5A which is included in the packet. Rajat Simhan advised the Board reviewed Form 5A during last month's board meeting.</p> <p>➤ <b>A health center would demonstrate compliance with these requirements by fulfilling <u>ALL</u> of the following:</b></p> <ol style="list-style-type: none"> <li>1. The Health Center provides access to all services included in its HRSA-approved scope of projects (Form 5A: Services Provided) through one or more service delivery methods, as described below: <ol style="list-style-type: none"> <li>1. <b>Direct:</b> If a required or additional service is provided directly by health center employees or volunteers, this service is accurately recorded in <b>Column I on Form 5A: Services Provided</b>, reflecting that the Health Center pays for and bills for direct care.</li> <li>2. <b>Formal Written Contract/Agreement:</b> If a required or additional service is provided on behalf of the health center via a formal contract/agreement between the Health Center and a third party (including a subrecipient), this service is accurately recorded in <b>Column II on Form 5A: Services Provided</b>, reflecting that the health center pays for the care provided by the third party via the agreement. In addition, the Health Center ensures that such contractual agreements for services include: <ul style="list-style-type: none"> <li>• How the service will be documented in the patient's Health Center Record; and</li> <li>• How the service will be documented in the patient's Health Center Record; and</li> </ul> </li> <li>3. <b>Formal Written Referral Arrangement:</b> If access to a required or additional service is provided and billed for by a third party with which the Health Center has a formal referral arrangement, this service is accurately recorded in <b>Column III on Form 5A: Services Provided</b>, reflecting that the Health Center is responsible for the act of referral for Health Center patients and any follow-up care for these patients provided by the Health Center subsequent to the referral. In addition, the Health Center ensure that such formal referral arrangements for services, at a minimum, address:</li> </ol> </li> </ol>	<p>Attachment 8 (Fiscal Solutions SJCC Board Training)</p>	<p>No Action Required.</p>

AGENDA ITEM	ATTACHMENTS	ACTION
<ul style="list-style-type: none"> <li>• <i>The manner by which referrals will be made and managed; and</i></li> <li>• <i>The process for tracking and referring patients back to the health center for appropriate follow-up care (for example, exchange of patient record information, receipt of lab results).</i></li> </ul> <p>2. Health Center patients with limited English proficiency are provided with interpretation and translation (for example, through bilingual providers, on-site interpreters, high quality video or telephone remote interpreting services) that enable them to have reasonable access to health center services.</p> <p>3. The Health Center makes arrangements and/or provides resources (for example, training) that enable its staff to deliver services in a manner that is culturally sensitive and bridges linguistic and cultural differences.</p> <p>Susan advised the Board is responsible for determining which, if any, additional services are needed in order to meet our population (such as telehealth or telemedicine or providing mobile testing in homeless encampments etc.). The other thing the Health Center needs to do is determine how do you ensure services are accessible to our population. The Health Center can determine a level or intensity of required or additional services. This generally is a determination made less by the Board and more by staff in consultation with the Board.</p> <p>Form 5A together with Form 5B (location and hours of operations) and Form 5C (other activities and locations) constitute the Scope of Service for the Health Center, which must be reviewed and approved by HRSA. You can't change the Scope of Service unless it comes back to the Board, such as the locations at Hazelton and Manteca needing to be closed. This gets approved by the board and submitted to HRSA.</p> <p>The required services are: General Primary Medical Care; Diagnostic Laboratory; Diagnostic Radiology (CT, MRI, diagnostic mammograms, advanced ultrasound are considered specialty services); Screenings including cancer, communicable diseases, cholesterol, lead and parasitic infections in MSFWs; Coverage for Emergencies During and After Hours; Voluntary Family Planning; Immunizations; Well Child Services; Gynecological Care; Obstetrical Care including prenatal, labor &amp; delivery and postpartum care; Preventive Dental Care including dental screening, oral hygiene instruction, oral prophylaxis, fluoride applications, screening for periodontal disease, use of dental x-rays; Pharmaceutical Services; Substance Use Disorder Services (Health Care for the Homeless only) including screening, diagnosis and treatment of alcohol, tobacco and prescription drugs (may include MAT); Case Management; Eligibility Assistance; Health Education; Outreach; Transportation; Translation.</p> <p>Additional Services include: Additional Dental Services such as fillings, crowns, extractions, periodontal therapies, bridges or dentures; Mental Health Services such as the prevention, assessment, diagnosis and treatment of depression, anxiety, attention deficit, etc., not including psychiatry; Substance Use Disorder Services (same definition as above but for non-HCH programs); Optometry; Recuperative Care Program Services such as short-term care and case management for individuals recovering from an acute illness or injury; Environmental Health Services to prevent, detect and mitigate unhealthy environments; Occupational Therapy; Physical Therapy; Speech-Language Pathology Therapy; Nutrition; Complementary and Alternative Medicine; Additional Enabling/Supportive Services such as facilitating access to child care, food banks, legal counseling, employment counseling, etc.</p> <p>Specialty Services include: Psychiatry; Oral surgery, orthodontics surgical endodontics; Perinatology (maternal-fetal medicine); Gynecological oncology, reproductive endocrinology and infertility; CT, MRI, diagnostic mammograms, advanced</p>		



AGENDA ITEM	ATTACHMENTS	ACTION
<p>ultrasound.</p> <p>Susan advised included in the packet is also Form 5A and the Service Descriptors for the Board's information and perusal.</p>		
<p><b>9. <u>Forms 5A &amp; 5B Review (Rajat Simhan / Jeff Slater)</u></b></p> <p>Rajat Simham advised Form 5A and Form 5B are consent items requiring the Board's vote of approval tonight. Dr. Fadoo advised it is on our perpetual calendar to appear on a board agenda, so that we do not lose track of keeping Forms 5A and 5B current. There is no change compared to when the board reviewed them last month.</p> <p>Alicia Yonemoto made a motion to accept Form 5A and Form 5B as it stands. Mary Mills seconded the motion and the board unanimously approved to accept Form 5A and Form 5B.</p>	<p>Attachment 9 (Forms 5A &amp; 5B)</p>	<p>Alicia Yonemoto made a motion to accept Form 5A and Form 5B as it stands, Mary Mills seconded the motion and the board unanimously approved.</p>
<p><b>10. <u>Legislative Update (Jeff Slater)</u></b></p> <p>Dr. Farhan Fadoo presented in Jeff Slater's absence tonight. He advised this is the first time we have included the Legislative Update as an agenda item on the board calendar. It will become a standing agenda item on a monthly basis. There are a couple of items related to scope of practice issues with respect to nurse practitioners and midwives. Both have been signed into law, there are some timelines further down the road. There are a couple of items vetoed by the Governor with respect to telemedicine. Most of that it related to being able to evaluate the longer-term reimbursement rules around telehealth. The pandemic has created a huge paradigm shift with respect to telemedicine and reimbursement for telehealth. These bills that were fairly narrow in their scope have been vetoed, waiting for more global assessment. The board may read in more detail in the attachment provided.</p> <p>Dr. Fadoo stated they thought it would be helpful for the board to have this visibility on a monthly basis to know what types of policy items are potentially impacting our business going forward. Jeff Slater will be presenting this monthly</p> <p>The third item has to do with Look-Alike Advocacy. This group is performing some advocacy work at the Federal Level to fold the LALs into some of those benefits that the 330 Grantees receive. The only path towards getting the 330 Grant Funding is through the New Access Point (NAP) Grant Program. That process is subject to Federal Funding appropriations. For the foreseeable future, we don't know when that opportunity will present itself.</p> <p>Dr. Fadoo stated our plan is to join that effort with the Look-Alike Advocacy Group. He wanted to bring this to the boards' attention that we will be engaging with that group to see if we can raise awareness in Washington D.C. about LALs and that we need more resources.</p>	<p>Attachment 10 (Legislative Update)</p>	<p>No Action Required</p>
<p><b>11. <u>CEO Report (Dr. Farhan Fadoo)</u></b></p> <p>Dr. Fadoo presented the CEO report for the previous thirty days as noted below:</p>	<p>Attachment 11 (CEO Report)</p>	<p>No Action Required.</p>



AGENDA ITEM	ATTACHMENTS	ACTION
<ul style="list-style-type: none"> <li>• COVID19 response <ul style="list-style-type: none"> <li>• Drive-through testing with Verily Project Baseline <ul style="list-style-type: none"> <li>• 250 scheduled/day, 5 days/week (volumes down to 50ish daily)</li> </ul> </li> <li>• Homeless and ag worker testing 7 days/week</li> <li>• Twindemic prevention – drive-through flu shots 6 days/week</li> </ul> </li> <li>• CNA strike – SJCC volumes were significantly downsized 10/7 – 10/9</li> <li>• SJCC/SJGH separation <ul style="list-style-type: none"> <li>• Working with SJC ACO, SJC CAO, and SJGH CFO</li> <li>• Detailed updates provided to SJCC Board Audit Committee</li> </ul> </li> <li>• National Binational Health Week – SJCC-led event was held 10/24 (drive-through format)</li> <li>• Grant activity <ul style="list-style-type: none"> <li>• HRSA ECT grant + CARES Act dollars = mobile clinic (7<sup>th</sup> clinic site); looking at purchase options</li> <li>• DHCS State Opioid Response 2 (continuation of Aegis CA Hub and Spoke grant) <ul style="list-style-type: none"> <li>• 9/30/20 – 9/29/22</li> <li>• Up to \$100,690</li> </ul> </li> </ul> </li> </ul> <p>Fadoo.10/27/20</p> <p style="text-align: right;"></p> <p>Dr. Fadoo stated there have been some rumors there will be another labor action by C.N.A next month in November. If that occurs, we may take a different approach in the clinics with respect to the strike so we can protect our revenues and access a bit more. What is being discussed is potentially even a longer labor action, instead of five days, perhaps up to ten days. Dr. Fadoo stated this is not official yet but we are keeping our eyes on this.</p> <p>Dr. Fadoo advised this past Saturday the clinics led the Binational Health Week. This was a drive-through format to ensure everything was done safely. Although it was not as big as in recent years due to COVID, we had about three hundred people participating. We gave approximately 111 COVID tests; 119 Flu Shots. This was a collaboration between our clinics, our Health Plan partners (both HPSJ and Health Net); El Concilio; Catholic Charities; The Housing for the Harvest Program; Work Net; Food Bank distributed food boxes. It was a fairly successful event even with the constraints of the pandemic. Dr. Fadoo advised we had a smaller event on Sunday in Lodi, similar types of services but a smaller turnout.</p> <p>Dr. Fadoo advised we are still working on looking at purchase procurement options for our Mobile Clinic. John Sisneroz (our Clinic Manager over the Whole Person Care initiative is looking at leading that work.</p> <p>The last update is we did receive an award continuing our Aegis Opioid Response Grant at the end of September. This extends through the end of September 2022. This is up to \$100K based on how much activity we have and the invoicing that we do.</p>		

AGENDA ITEM	ATTACHMENTS	ACTION
<b>12. <u>ADJOURNMENT</u></b>  There being no further topics of discussion, Rod Place adjourned the meeting at 6:33 p.m.	No Attachments	No Action Required

Signed by:

RESPECTFULLY SUBMITTED ON BEHALF OF SJCC BOARD BY:  
ADELÉ R. GRIBBLE, OFFICE TECHNICIAN COORDINATOR  
ACS ADMINISTRATION, SAN JOAQUIN COUNTY CLINICS

Date