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**SJCC BOARD OF DIRECTORS ATTENDANCE RECORD 2020**

2020 Meeting Dates

Member Name	Patient? Yes / No	Joined Board	1/8/20 Board Training	1/28/20	2/25/20	3/31/20	4/28/20	5/26/20	6/30/20	7/28/20	8/25/20	9/29/20	10/27/20	11/24/20	12/29/20
Baskett, Mike	No	2018	AE	P	P	P	P								
Cortez, Ismael	Yes	2011	P	AE	P	P	P								
Heck, Brian	No	2019	P	P	P	P	P								
Maldonado, Alvin	Yes	2011	AE	AE	AE	P	P								
Medina, Esgardo	Yes	2018	P	P	P	AE	P								
Mills, Mary	No	2010	P	P	AE	P	P								
Place, Rod	No	2010	AE	P	P	P	P								
Sandoval, Luz Maria	Yes	2013	P	P	P	P	P								
Toutai, Melanie	No	2019	P	P	P	AE	P								
Yonemoto, Alicia	Yes	2014	AE	P	AE	P	P								

CODE P = Present

Code AE = Absence Excused

CODE AU = Absence Unexcused

INITIAL APPOINTMENTS  
MAY 2020

The following practitioners have applied for membership and privileges at San Joaquin General Hospital. The following summary includes factors that determine membership: licensure, DEA, professional liability insurance, required certifications (if applicable), etc. Factors that determine competency include medical/professional education, internship/residencies/fellowships, board certification (if applicable), current and previous hospital and other institutional affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. The applicants meet the requirements for membership unless noted below.

Membership Request	Name	Specialty/ Assigned Div/Dept	Competency / Privilege Review	Proctoring Required	Proctor	Rec Status/Term	Recommend
Initial	*Jacqueline Henrich, CNM	OB/GYN	University of San Francisco: 2011	Yes	Lim	AHP	CRED: 05/05/2020 MEC: 05/19/2020 Board: 06/09/2020

\* temporary privileges

REAPPOINTMENTS  
MAY 2020

The following practitioners have applied for reappointment to the Medical Staff of San Joaquin General Hospital. This summary includes factors that determine membership: licensure, DEA, professional liability insurance, hospital affiliations, etc. Qualitative/quantitative factors include ongoing performance evaluation which includes data from peer review, quality performance, clinical activity, privileges, competence, technical skill, behavior, health status, medical records, blood review, medication usage, litigation history, utilization and continuity of care. affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. All the applicants privilege request commensurate with training, experience and current competence unless noted below.

Membership Request	Name	Specialty/ Assigned Div/Dept	Quantitative/Qualitative Factors Request for Privileges and/or Privilege Change	Action Taken/Rec. Exceptions for Cause	Rec. Staff Category/ Reappoint Period	Recommend
Reappointment	Alfred Troncales, MD	Pediatrics Pediatrics	Requirements for AHP staff met.	None	07/2020 to 07/2022	CRED: 05/05/2020 MEC: 05/19/2020 Board: 06/09/2020
Reappointment	Craig Bobson, MD	Family Medicine Family Medicine	Requirements for AHP staff met. <i>*Late Reappointment</i>	None	Courtesy 06/2020 to 06/2022	CRED: 05/05/2020 MEC: 05/19/2020 Board: 06/09/2020

ADVANCEMENTS

MAY 2020


The following practitioners are being advanced to their requested staff status to the Medical Staff of San Joaquin General Hospital. This summary includes factors that determine membership: licensure, DEA, professional liability insurance, hospital affiliations, etc. Qualitative/quantitative factors include ongoing performance evaluation which includes data from peer review, quality performance, clinical activity, privileges, competence, technical skill, behavior, health status, medical records, blood review, medication usage, litigation history, utilization and continuity of care.

Name	Specialty/Assigned Div/Dept	Current Category of Membership	Recommended Category	Reason	Recommend
Rajdeep Sahota, DPM	Podiatry Primary Medicine	Provisional	Active	Proctoring Complete	Dept: 05/05/2020 Cred: 05/19/2020 MEC: 06/09/2020
Sara Kelly, CNM	Nurse Midwife/OB/GYN Primary Medicine	Provisional	Allied Heath Professional	Proctoring Complete	CRED: 05/05/2020 MEC: 05/19/2020 Board: 06/09/2020

**RESIGNATIONS  
MAY 2020**

<b>Name</b>	<b>Reason for Resignation:</b>	<b>Effective Date of Resignation</b>
Ashian Mahajan, MD	Resignation Received	May-20
Asma Jafri, MD	Resignation Received	May-20

San Joaquin County Community Clinics Board  
Training



**FISCAL SOLUTIONS LLC**

Susan Thorner, MHSA  
May 26, 2020

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## SJCC Board Training Agenda

Today we're going to review 3 HRSA requirements:

- ▶ Key Management Staff
- ▶ Coverage for Medical Emergencies During & After-Hours
- ▶ Continuity of Care & Hospital Admitting

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## Key Management Staff Requirement

BPHC's Compliance Manual requires the following:

- ▶ The health center must have position descriptions for key management staff that define the training, experience & qualifications necessary to carry out the activities of the health center.
- ▶ The health center must maintain sufficient key personnel to carry out the health center activities.
  - ▶ The health center has a process for filling vacant key management staff positions.

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## Key Management Staff Requirement

- ▶ The health center *must* request prior approval from HRSA for a change in the key person specified in the Health Center Program award or Health Center Program look-alike designation.
- ▶ The health center must directly employ its CEO.
  - ▶ The CEO must report directly to the health center board.
  - ▶ The CEO oversees other key management staff in carrying out the day-to-day activities of the health center project.

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## Coverage for Medical Emergencies During & After-Hours Requirement

To assure continuity of the required primary health services of the center, the health center must have:

- ▶ Provisions for promptly responding to patient emergencies during the health center's regularly scheduled hours &
- ▶ Clearly defined arrangements for promptly responding to patient emergencies after hours.
- ▶ "Medical Emergencies" includes behavioral & oral health, if the health center provides those services.

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## Coverage for Medical Emergencies During & After-Hours Requirement

A health center would demonstrate compliance with these requirements by fulfilling all of the following:

- ▶ The health center has at least one staff member trained & certified in basic life support present at each HRSA-approved service site (see Form 5B) during the health center's regularly scheduled hours of operation.
- ▶ The health center has & follows its operating procedures when responding to patient medical emergencies during regularly scheduled hours of operation.

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## Coverage for Medical Emergencies During & After-Hours Requirement

- ▶ The health center has after-hours procedures, which may include formal arrangements with non-health center providers/entities, that ensure:
  - ▶ Coverage is provided via telephone or face-to-face by an individual with the qualification & training necessary to exercise professional judgment in assessing a patient's need for emergency medical care;
  - ▶ Coverage includes the ability to refer patients either to a licensed independent practitioner for further consultation or to locations such as emergency rooms for further assessment/immediate care as needed; &

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## Coverage for Medical Emergencies During & After-Hours Requirement

- ▶ Patients, including those with limited English proficiency, are informed of & are able to access after-hours coverage, based on receiving after-hours coverage information & instructions in the language(s), literacy levels & formats appropriate to the health center's patient population needs.
- ▶ The health center has documentation of after-hours calls & any necessary follow-up resulting from such calls.
- ▶ The health center determines how to make patients aware of the availability of, & procedures for, accessing professional coverage after hours.

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## Continuity of Care & Hospital Admitting Requirement

BPHC's Compliance Manual requires the following:

- ▶ The health center must provide the required primary health services promptly & in a manner which will assure continuity of service to patients within the center's service area.
- ▶ The health center must develop an ongoing referral relationship with one or more hospitals.
  - ▶ The health center has documentation of health center provider hospital admitting privileges at one or more hospitals); and/or
  - ▶ Formal arrangements between the health center & one or more hospitals or entities (for example, hospitalists, obstetrics hospitalist practices) for the purposes of hospital admission of health center patients.

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## Continuity of Care & Hospital Admitting Requirement

- ▶ The health center has internal operating procedures and, if applicable, related provisions in its formal arrangements with non-health center provider(s) or entity(ies) that address the following areas for patients who are hospitalized as inpatients or who visit a hospital's emergency department (ED):
  - ▶ Receipt and recording of medical information related to the hospital or ED visit, such as discharge follow-up instructions and laboratory, radiology, or other results; and
  - ▶ Follow-up actions by health center staff, when appropriate.

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## Continuity of Care & Hospital Admitting Requirement

- ▶ The health center follows its operating procedures & formal arrangements as documented by:
  - ▶ Receipt and recording of medical information related to the hospital or ED visit, such as discharge follow-up instructions & laboratory, radiology, or other results; and
  - ▶ Evidence of follow-up actions taken by health center staff based on the information received, when appropriate.

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## Continuity of Care & Hospital Admitting Requirement

- ▶ The health center determines the number & type(s) of hospitals with which its providers will have admitting arrangements based on the services included in the HRSA-approved scope of project (Form 5A), the patient population served & the service area.

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## Resources

- ▶ BPHC Compliance Manual  
<https://bphc.hrsa.gov/programrequirements/compliance/manual/index.html>
- ▶ BPHC Operational Site Visit Protocol Last updated: February 27, 2020  
<https://bphc.hrsa.gov/programrequirements/svprotocol.html>
- ▶ Forms 5A & 5B

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## ▶ Questions?

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# CEO Report – Previous 30 Days

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- COVID19 response
  - April visits back to baseline productivity, May MTD projecting 11k visits
  - Target is 60:40 blend of in-person:virtual
  - Active screening measures in place for face-to-face visits
  - Flexed off PT staff for expense reduction to mitigate revenue hit
  - Drive-through testing with Verily Project Baseline topping 200 scheduled/day
  - Homeless testing – encampments/shelters
  - 8 Occupational testing MOUs in place
- Wipfli and DHCS finalizing 5 PPS rates by 5/29 – very favorable outcome of rate setting audit (discussed at 5/21 FinCom)
- SJCC/SJGH formal MOU – Fiscal Solutions working on revision #2
- Grant awards
  - Essential Health Access - Title X (\$300k)
  - Sunlight Giving x 2 (\$75k and \$35k)
  - HealthNet COVID telehealth (\$100k)
- HRSA funding opp – extended to LALs – potential for \$592k for SJCC to support COVID response efforts, app due 6/2
- PRIME DY15-MY report submitted 5/18; projecting 94% dollar capture for DY15 based on anticipated approved methodology (CAPH guidance)
- Request for extensions to current 1115 waiver have been submitted by DHCS to CMS (likely WPC will continue into 2021)
- CalAIM implementation delay official based on Governor’s May budget revision
- SJCC Management taking operational steps regarding Hazelton and Manteca closures
  - Staff layoffs occurring in June; new provider templates taking effect in June (rolling)
  - Working with County Counsel and County General Services Department on Manteca lease disposition

# Revised SJCC Perpetual Annual Activity and Reporting Calendar – May 20, 2020

<p><b>January</b></p> <ul style="list-style-type: none"> <li>• Annual 700 Forms/Annual Conflict of Interest</li> <li>• <b>Audit Findings &amp; Action Plan</b></li> <li>• <b>Authority to Submit UDS Report</b></li> <li>• Strategic Plan Update</li> <li>• Financial Reports</li> <li>• <b>Approval of Capital Budget</b></li> <li>• Training:             <ul style="list-style-type: none"> <li>○ Budget Requirement</li> <li>○ Review Conflict of Interest Concepts &amp; Requirements (Use scenarios/case studies)</li> </ul> </li> </ul>	<p><b>February</b></p> <ul style="list-style-type: none"> <li>• Financial Reports</li> <li>• <b>Approval of Draft Operational SJCC Budget</b></li> <li>• <b>Approval of Capital Budget</b></li> <li>• <b>Review Sliding Fee Discount based on the Updated Poverty Guidelines</b></li> <li>• Training:             <ul style="list-style-type: none"> <li>○ Board Authority re Financial Management</li> <li>○ Contracts &amp; Subawards Requirement (Discuss purchasing implications)</li> <li>○ How to Read &amp; Understand Our Financial Reports</li> </ul> </li> </ul>	<p><b>March</b></p> <ul style="list-style-type: none"> <li>• <b>Quarterly QA/QI Report including PSS Summary</b></li> <li>• <b>Review Applicant/Co-Applicant Agreement</b></li> <li>• Financial Reports</li> <li>• Training: Billing &amp; Collections             <ul style="list-style-type: none"> <li>○ What does timely mean in terms of HRSA?</li> <li>○ Evaluation of EMMI contract</li> </ul> </li> </ul>
<p><b>April</b></p> <ul style="list-style-type: none"> <li>• Review of UDS Report Data (Submittal by 2/15)</li> <li>• <b>Zip Code Reconciliation</b></li> <li>• <b>Review Forms 5A &amp; 5B (&amp; as needed)</b></li> <li>• Financial Reports</li> <li>• Training:             <ul style="list-style-type: none"> <li>○ Review of UDS Data – What does it really tell us?</li> <li>○ Service Area Review and Alignment - Why we need to need to do zip code reconciliation?</li> <li>○ How it ties into needs assessment, community outreach and strategic planning</li> <li>○ Program Monitoring &amp; Data Reporting Requirement</li> </ul> </li> </ul>	<p><b>May</b></p> <ul style="list-style-type: none"> <li>• <b>Finalize Executive Director Evaluation (Closed Session)</b></li> <li>• Financial Reports</li> <li>• Training:             <ul style="list-style-type: none"> <li>○ Key Management Staff Requirement</li> <li>○ Continuity of Care &amp; Hospital Admitting Requirement</li> <li>○ Coverage for Emergencies During &amp; After-Hours Requirement</li> </ul> </li> </ul>	<p><b>June</b></p> <ul style="list-style-type: none"> <li>• <b>Quarterly QA/QI Report including PSS summary</b></li> <li>• <b>Election of Officers</b></li> <li>• <b>Approve SJCC Board Member term renewals (if needed)</b></li> <li>• <b>Review Applicant/Co-Applicant Agreement</b></li> <li>• <b>Review Board Terms Expirations</b></li> <li>• Executive Committee begins to prepare slate of officers for following FY</li> <li>• Verify Patient Board Member Status (minimum 51%)</li> <li>• Verify Percentage of Community Board Members Who Derive &gt;10% of Their Annual Income from the Health Care Industry</li> <li>• Board Self Evaluation</li> <li>• Financial Reports</li> <li>• Training:             <ul style="list-style-type: none"> <li>○ Board Composition Requirement &amp; Goals</li> </ul> </li> </ul>

**Yellow** = Requires action by Board  
**Grey** = Needs clarification

(May 2020)

# Revised SJCC Perpetual Annual Activity and Reporting Calendar – May 20, 2020

<p><b>July</b></p> <ul style="list-style-type: none"> <li>• Final SJCC Budget Approval</li> <li>• Annual Standards &amp; Compliance Report</li> <li>• Strategic Plan Update</li> <li>• Review Board Recruitment Strategy/Plan</li> <li>• Financial Reports</li> <li>• Training: Clinical Staffing -             <ul style="list-style-type: none"> <li>○ Credentialing &amp; Privileging – HRSA Requirement</li> <li>○ How does that differ from credentialing for third party payors?</li> <li>○ The impact of timely/delayed credentialing</li> </ul> </li> </ul>	<p><b>August</b></p> <ul style="list-style-type: none"> <li>• Annual Report from Executive Director, if available (due <i>no later</i> than 90 days after the end of the FY)</li> <li>• Authority to Submit Annual Certification</li> <li>• Financial Reports</li> <li>• Training:</li> <li>• What Did we Accomplish This Year?             <ul style="list-style-type: none"> <li>○ Interactive exercise such as newspaper headlines</li> </ul> </li> <li>• Promising Practices – Success Stories We Should Share</li> </ul>	<p><b>September</b></p> <ul style="list-style-type: none"> <li>• Quarterly QA/QI Report including PSS summary</li> <li>• Review Applicant/Co-Applicant Agreement</li> <li>• *Final Meeting to Present Annual Report from Executive Director</li> <li>• Annual Certification Due to HRSA (10/2 to be confirmed)</li> <li>• Need Assessment</li> <li>• Review Form 5C &amp; Outreach Plan</li> <li>• Financial Reports</li> <li>• Training:             <ul style="list-style-type: none"> <li>○ Why Needs Assessment is Important?</li> <li>○ Who’s not at the table? (Interactive exercise)</li> <li>○ Why Needs Assessment tie into strategic planning, community outreach Form 5C</li> <li>○ Review Collaborative Relationships Requirement - Who else should we be partnering with?</li> </ul> </li> </ul>
<p><b>October</b></p> <ul style="list-style-type: none"> <li>• Board Self- Evaluation</li> <li>• Review Forms 5A &amp; 5B</li> <li>• Financial Reports</li> <li>• Training:             <ul style="list-style-type: none"> <li>○ Required &amp; Additional Services</li> <li>○ Review of Board Authority</li> </ul> </li> </ul>	<p><b>November</b></p> <ul style="list-style-type: none"> <li>• *Statement of Information is to be filed with CA Secretary of State biennially. Next submission will be November 2020.</li> <li>• Establish SJCC Board Meeting Dates for the following year</li> <li>• Establish SJCC Board Training Calendar for the following year</li> <li>• Financial Reports</li> <li>• Training:             <ul style="list-style-type: none"> <li>○ Review of the Sliding Fee Discount Program Requirement – Purpose &amp; Why It’s a Cornerstone of the Federally Qualified Health Center Program</li> <li>○ How do we evaluate it?</li> </ul> </li> </ul>	<p><b>December</b></p> <ul style="list-style-type: none"> <li>• Quarterly QA/QI Report including PSS summary</li> <li>• Approve SJCC Board Member term renewals (if needed)</li> <li>• Review Applicant/Co-Applicant Agreement</li> <li>• Financial Reports</li> <li>• Training: Quality Improvement             <ul style="list-style-type: none"> <li>○ Patient Satisfaction – Why it’s important</li> <li>○ Include interactive exercise</li> <li>○ Review of key performance measures</li> </ul> </li> </ul>

**Yellow** = Requires action by Board  
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(May 2020)

# Revised SJCC Perpetual Annual Activity and Reporting Calendar – May 20, 2020

## Required a Minimum of Once Every Three Years

- Strategic Plan
- QI/PI Policies/Plan
- Personnel Policies
- Financial Management & Accounting Policies
- Billing and Collections Policies
- Sliding Fee Discount Policy
- Sliding Fee Discount Evaluation