

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

May 15, 2019  
12:00 pm-2:00 pm  
2101 Courage Drive, Fairfield, CA 94533  
Multi-Purpose Room

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Agenda

- 1) CALL TO ORDER – 12:00 PM**
  - a) Welcome
  - b) Roll Call
  
- 2) APPROVAL OF THE AGENDA**
  
- 3) APPROVAL OF THE APRIL 17, 2019 MEETING MINUTES**
  
- 4) ITEMS FROM THE PUBLIC**

This is your opportunity to address the Board on a matter not listed on the Agenda, but it must be within the subject matter jurisdiction of the Board. Please submit a Speaker Card before the first speaker is called and limit your comments to three minutes.
  
- 5) EXECUTIVE DIRECTOR’S REPORT**
  
- 6) OPERATIONS COMMITTEES’ REPORTS**
  - a) Provider Advisory, Finance, Quality Performance, HRSA OSV
  
- 7) UNFINISHED BUSINESS**
  - a) Provide an update to Family Health Services’ Mission, Vision, and Values
  
- 8) NEW BUSINESS**
  - a) Discuss and consider for approval Board member travel and attendance to the 2019 Community Health Institute & EXPO in Chicago, IL scheduled August 18-20, 2019
  - b) Review and consider for approval Family Health Services Policies:
    - i) #100.13 – Dental Appliances
    - ii) #100.14 – Bad Debt Write Off
    - iii) #200.02 – Language Access and Interpretation
  - c) Review and adopt financial management policies as approved and retained by the Solano County Board of Supervisors, Solano County Auditor-Controller’s Office and/or Solano County Administrator’s Office
  - d) Review County of Solano Single Audit Report for the Fiscal Year Ended June 30, 2018 as accepted by the Solano County Board of Supervisors
  - e) Discuss and consider nominations for Board Chair and Vice Chair, and consider term of appointment
  
- 9) BOARD MEMBER COMMENTS**
  
- 10) CONSIDERATIONS FOR FUTURE AGENDA ITEMS**

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

**11) ADJOURN:**

To the Community Healthcare Board Regular Meeting of  
June 19, 2019 at 12:00PM  
2101 Courage Drive, Fairfield, CA 94533, Multipurpose Room

The County of Solano Community Healthcare Board does not discriminate against persons with disabilities and is an accessible facility. If you wish to attend this meeting and you will require assistance in order to participate, please call Solano County Family Health Services at 707-784-4444 at least 24 hours in advance of the event to make reasonable arrangements to ensure accessibility to this meeting.

If you wish to address any item listed on the Agenda, or Closed Session, please submit a Speaker Card to the Board Clerk before the Board considers the specific item. Cards are available at the entrance to the Board chambers. Please limit your comments to three minutes.

**County of Solano**  
**Community Healthcare Board**

**REGULAR GOVERNING BOARD MEETING MINUTES**

April 17, 2019

2101 Courage Drive, Fairfield, Ca 94533, Multipurpose Room

**Members Present:**

Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton

**Members Absent:**

Sandra Whaley, Brandon Wirth

**Staff Present:**

Bela Matyas, Michael Stacey, Janine Harris, Andrew Obando, Amanda Meadows, Daniel Yolangco, Shelli Cannon-Dekreek, Alicia Jones, Patrick Stasio, Thurman Robbison, Carol Cronin, Thy Robles, Jaron West, Connie Pettersen

**Guest:**

John Diaz, Jim Jones, Carl Holmes, Patricia Callaghan

**1) CALL TO ORDER- 12:00PM**

- a) Welcome
- b) Roll Call

**2) APPROVAL OF THE AGENDA**

Move to approve the agenda with no changes.

Motion by Mike Brown, second by Anthony Lofton

Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton

Nay: 0

Motion Carries

**3) APPROVAL OF MARCH 20, 2019 MEETING MINUTES**

Move to approve the March 20, 2019 meeting minutes with no changes.

Motion by Tracee Stacey, second by Mike Brown

Aye: Mike Brown, Ruth Forney, Tracee Stacy, Sandra Whaley, Brandon Wirth

Nay: 0

Motion Carries

**4) ITEMS FROM THE PUBLIC**

No Public Comment

## 5) Executive Director's Report

Santos Vera highlighted the following:

- a. Credentialing
  - i. FHS associates from credentialing were unable to attend the meeting and provide an update on the credentialing component. Also, the report is not completed. Santos Vera ask to move forward to the next item.
  
- b. Board Elections
  - i. At the last board meeting there was a suggestion to hold board elections this year. Andrew Obando commented on the fact that on the calendar states elections are tentative to be held in November or December. At the time of this discussion board members did not have a quorum. One member showed up to the meeting late, therefor a quorum was now formed. Members asked to wait for new board members to be elected so the new members can have a voice in the voting process. Board elections have been postponed.
  
- c. Contracts i.e. Greg Facktor & Associates (GFA)
  - i. GFA, a consulting firm based out of Los Angeles County, was hired to provide help and guidance to Family Health Services (FHS) with the HRSA audit site visit scheduled for September 10-12, 2019. GFA & FHS are working closely together on finishing the contract. GFA is accountable in making sure FHS has everything in order. Some areas of guidance include helping and/or developing Policies & Procedures (P&P) for FHS and reviewing contract between the Board of Supervisors & Co Applicant Board Members. Another component for GFA will be review other categories already in place. Such as governance, administration, clinical, and fiscal. Santos Vera is scheduled to have a meeting with GFA on April 18, 2019 to make sure they have all the assets they need to put the contract in play. Santos Vera hopes they can start within the month.

## 6) OPERATIONS COMMITTEES' REPORTS

The chairs of each committee provided an updated report to the board members:

- a. Dr. Stacey presented the Provider Advisory Committee report. This committee meets once a month. Changes are occurring with scheduling as they want key providers to be able to attend the meetings. FHS has a contract with Touro University to provided facility providers to FHS clinics. It's important to have Touro present in the physician advisory meeting. Dr. Stacey continues his updates with stating the supervisor physicians are working on Phase II of the operational assessment of the clinics. Phase II will help streamline to make workflows more efficient.
  - i. Board members have been invited to these meetings. Some concerns were all the updates of the meetings and they are hard to keep track of when and where they are held. Unfortunately, with key staff members needed to attend these meetings, updates are inevitable. Board members were advised by staff to click accept and their calendar will update with the correct information. They were also advised to assign different board member to attend one committee meeting and to provide the rest of the members with updates. Mike Brown ask to have a break down of each committee meetings to have a better understanding of each committee will discuss at these meetings.

**ACTION: Andrew Obando to provide the list of the committee meetings to the board members.**

- b. Janine Harris presented the Finance Committee (FC) report. First meeting was held on March 28, 2019, next meeting is scheduled for May 1<sup>st</sup>. Moving forward these meeting will occur the last Wednesday of each month. Topics discussed at the meeting included: ground rules for accountability and what is responsible of the finance committee, a way to collaborate with finance and operations. Key performance indicators and revenue are some of the highlighted topics discussed during the meetings. As well as all policies and procedures (P&Ps) go through FC before moving forward. Santos Vera brought to the board members attention, once P&Ps are approved they are implemented right away.
- c. Santos Vera presented Quality Performance Committee report. Recently had second meeting, the committee is working on getting people from different sites. Currently recruiting for a coordinator and one medical assistant. Santos Vera is the committee's chair, while Dr. Leary & Dr. Shinder serve as co-chairs. Moving forward with this committee, one goal is to look for patients who have gaps in care that need to be address. This is a collaboration between Partnership Healthcare and FHS. Working together to find the patients and bring them in to identify the gaps and close them while meeting standards set forth by HRSA and Partnership.
- d. Andrew Obando presented the HRSA OSV report. HRSA OSV meet 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup> Wednesday of the month. A meeting was held prior to the board meeting. The meeting was an overview of where they were at with the committee assignments. HSRA OSV is made largely of employees that are in leadership roles throughout the clinics. All required tasks have been assigned to the appropriate people. Currently these tasks are completed or in progress. There is emphasis on the time frame for the site visit, only 100 business days left. A large component of the site visit is the health centers have P&Ps in place to address the requirements set by HRSA. All P&Ps completed by staff will be brought to the board for approval by July meeting, this will allow training for staff. Andrew advises that it is vital the board members are attending the meetings, so a quorum is formed to vote and approve the P&Ps.

**ACTION: All P&P completed by staff and present to the board by July meeting**

## **7) UNFINISHED BUSINESS**

- a. Review and consider for approval key management staff and organization charts of FHS health centers
  - i. Santos has stated staff is skipping this and moving it down.
- b. Provide an update to FHS ' Mission, Vision, & Values(MVV)
  - i. The was a disconnect on what was expected from the board members on this topic. Currently FHS has borrowed from Health & Social Services MVV. Santos Vera has also provided the board members HRSA's MVV. Staff has asked the board to review and formulated a new MVV for FHS. Board members were advised to get together to only review and brainstorm new ideas which will allow them to have a good starting point for the next board meeting in May. If no decision is made during this reviewing meeting they will not violate the Brown Act.

**ACTION: Santos Vera will have Andrew Obando send the board members Mission, Vision, & Values for review. Board members are to brainstorm and discuss FHS new Mission, Vision, & Values statement by May board meeting.**

**8) NEW BUSINESS**

- a. Receive a presentation on the Mobile Clinics' redeployment and consider for approval proposed redeployment plan.
  - i. Jaron West, Physician Assistant from FHS' Vacaville location, to present a presentation on mobile units with consideration and approval of a launch date for the mobile units for May 12, 2019. His focus on this presentation was to point out key locations throughout Solano County that will benefit the population's need. Jaron also emphasized on finding the right partners that we can collaborative with marketing our mobile units, i.e. churches.

Move to postpone the redeployment plan to launch the mobile units after May 12, 2019. To provide FHS clinics with enough staff support and allow for marketing and outreach to take place in preparation for a summer launch date.

Motion by Tracee Stacy, second by Anthony Lofton  
Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton  
Nay: 0  
Motion Carries

- b. Review and consider for approval Family Health Services Policies:
  - i. #100.01 -Claims Processing
  - ii. #100.08 - Fee Waiver & Payment Plan
  - iii. #100.10 – Patient Registration
  - iv. #100.12 – Fee schedule
  - v. #200.01 – Supervision of Minor Child
  - vi. # 200.02 – Patient Grievance/Complaint Process
  - vii. #300.01- After Hours Coverage
  - viii. #900.01 – Use of funding from the Health Resources and Services Administration

Move to approve Family Health Services Policies provided with the signatures of the chair & co chair: #100.01, #100.08, #100.10, #100.12, #200.01, #200.02, #300.01, #900.01

Motion by Tracee Stacy, second by Mike Brown  
Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton  
Nay: 0  
Motion Carries

- c. Receive and consider recommended nominees for board membership.

Move to approve the acceptance of Carl Holmes, John Diaz, & Jim Jones as new board members.

Motion by Tracee Stacy, second by Mike Brown  
Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton  
Nay: 0  
Motion Carries

- d. Discuss and consider for approval of rotation of the regular meeting locations to accommodate patient attendance.

Board members decided not to move forward on the vote. They have suggest this topic be postponed to another meeting discussion for approval and consideration.

#### **9) BOARD MEMBER COMMENTS**

No board member comments.

#### **10) CONSIDERATIONS FOR FUTURE AGENDA ITEMS**

No considerations for future agenda items.

#### **11) ADJOURMENT**

##### **HANDOUTS:**

- **March 19, 2019 meeting minutes**
- **Family Health Services Policies:**
  - **#100.01 -Claims Processing**
  - **#100.08 - Fee Waiver & Payment Plan**
  - **#100.10 – Patient Registration**
  - **#100.12 – Fee schedule**
  - **#200.01 – Supervision of Minor Child**
  - **# 200.02 – Patient Grievance/Complaint Process**
  - **#300.01- After Hours Coverage**
  - **#900.01 – Use of funding from the Health Resources and Services Administration**
- **Board Members Applications**
  - **Carol Holmes**
  - **John Diaz**
  - **Jim Jones**



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# 2019 Community Health Institute & EXPO

Hyatt Regency Chicago  
Chicago, IL

August 18-20, 2019  
Committee Meetings: August 16-17, 2019

**Registration for the 2019 CHI will open in June.**

The NACHC Community Health Institute (CHI) and EXPO is the largest annual gathering of health center clinicians, executives, consumer board members, along with State/Regional Primary Care Associations and Health Center Controlled Networks. The conference (August 18-20, 2019) is scheduled to kick off in Chicago, IL, at a time when health centers are charting a new course in a rapidly changing health environment and being called upon to assume a larger role in the nation's health care system. Health centers now confront a time when change must be viewed within the context of opportunity. They must find new ways to deliver care more effectively and efficiently. The pathway to sustainability and competition calls for training in new disciplines, collaboration, workforce development, technology and pursuing innovative models of care that target both the social determinants of health and address the emerging public health issues and challenges of our day.

At the NACHC CHI health centers can take advantage of multiple opportunities to gain perspectives from thought and industry leaders, hear about cutting edge ideas and partnerships to improve financial sustainability, network, share ideas and best practices to stay vibrant and viable in the health care marketplace.

*NACHC is a nonpartisan and noncommercial organization. Conference speaker presentations may not necessarily reflect the views of NACHC and the presence of vendors, exhibitors and sponsors does not constitute endorsement of their respective products or services.*

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## About Us

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.

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# Conference Schedule *(as of April 10, 2019 and is subject to change)*

NOTE: The official dates of the CHI & EXPO are August 18-20, 2019. The CHI serves as the official Annual Meeting of NACHC and therefore has certain committee meeting obligations prior to the Board of Directors and House of Delegates Meetings on the days leading up to the official start of the CHI.

## NACHC COMMITTEE MEETINGS AND SPECIAL PRE-CONFERENCE EVENTS

### Thursday, August 15, 2019

7:00pm – 8:00pm      Credentials Committee

### Friday, August 16, 2019

8:00am – 1:00pm      PCA and HCCN General Session **(Invitation Only; Special Registration Required)**

8:30am – 10:30am      LGBT Health Task Force

9:00am – 10:00am      Conference for Agricultural Worker Health Planning Committee

10:30am – 12:30pm      Committee on Health Center Excellence and Training

10:30am – 12:30pm      Health Care for the Homeless Committee

10:30am – 12:30pm      Rural Health Committee

10:30am – 12:30pm      Subcommittee on Health Center Financing

10:30am – 12:30pm      Subcommittee on Elderly Issues

11:00am – 12:00pm      Nominating Committee

11:00am – 1:00pm      Health Professions Education in Health Centers Task Force

1:30pm – 3:30pm      Health Center Controlled Networks Task Force

1:30pm – 3:30pm      Committee for Agricultural Worker Health

1:30pm – 3:30pm      Health Care in Public Housing Task Force

1:30pm – 3:30pm      Committee on Service Integration for Behavioral Health and HIV

1:30pm – 3:30pm      Membership Committee

1:30pm – 3:30pm      PCA Emergency Management Advisory Coalition Meeting

#### **2:00pm – 6:00pm      Registration and Credentialing**

2:00pm – 6:00pm      Speaker/Exhibitor Check-In

4:00pm – 6:00pm      Health Policy Committee

### Saturday, August 17, 2019

#### **7:30am – 4:00pm      Registration and Credentialing**

7:30am – 4:00pm      Speaker/Exhibitor Check-In

8:00am – 10:00am      Finance Committee

8:00am – 10:00am      Clinical Practice Committee

#### **8:00am – 2:45pm      NACHC Board Member Boot Camp\***

10:30am – 12:30pm      Legislative Committee

10:30am – 12:30pm      Consumer/Board Member Committee

12:30pm – 2:00pm      NACHC User Group

12:30pm – 2:30pm      State Legislative Coordinators

3:00pm – 5:30pm      NACHC Board of Directors Meeting

**\*Board Member Boot Camp: This is the ONLY training included in the CHI conference registration fee. It is also available as a stand-alone training. Registration is REQUIRED for all Boot Camp participants. You can also attend Boot Camp virtually via live streaming.**

**#NACHC19CHI**

# COMMUNITY HEALTH INSTITUTE (CHI) & EXPO

## Sunday, August 18, 2019

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<b>8:00am – 10:00am</b>	<b>Credentialing</b>
<b>8:00am – 4:00pm</b>	<b>Registration</b>
8:00am – 4:00pm	Speaker/Exhibitor Check-In
8:30am – 10:00am	NACHC User Group
8:30am – 10:00am	Orientation for New Members and First-Time Attendees
<b>10:00am – 12:00pm</b>	<b>NACHC House of Delegates Annual Meeting (doors open at 9:30am)</b>
<b>12:00pm – 6:30pm</b>	<b>EXPO Hall Open</b>
12:30pm – 2:00pm	NACHC User Group
1:00pm – 2:00pm	Advocacy Task Force
<b>3:00pm – 5:00pm</b>	<b>Opening General Session</b>
<b>5:00pm – 6:30pm</b>	<b>EXPO Opening Reception</b>
<b>5:00pm – 6:30pm</b>	<b>Poster Presentations</b>
6:30pm – 7:30pm	Speed Networking Reception <b>(Invitation Only)</b>
6:30pm – 7:30pm	National LGBT Primary Care Alliance Reception
6:30pm – 8:30pm	Young Professional Leadership Exchange Reception

## Monday, August 19, 2019

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7:30am – 8:30am	Continental Breakfast in the EXPO Hall
<b>7:30am – 3:30pm</b>	<b>EXPO Hall Open</b>
<b>7:30am – 4:00pm</b>	<b>Registration</b>
7:30am – 4:00pm	Speaker/Exhibitor Check-In
8:00am – 10:00am	Education Sessions
10:00am – 10:30am	Dedicated EXPO Time and Refreshment Break in the EXPO Hall
<b>10:30am – 12:30pm</b>	<b>General Session</b>
<b>12:30pm – 1:30pm</b>	<b>Poster Presentations (continued)</b>
12:30pm – 1:30pm	Dedicated EXPO Time and Refreshment Break in the EXPO Hall (lunch on your own)
1:30pm – 3:00pm	Education Sessions
3:00pm – 3:30pm	Refreshment Break in the EXPO Hall
3:30pm – 5:00pm	Education Sessions
<b>6:00pm – 10:00pm</b>	<b>CHI Conference Reception</b>

## Tuesday, August 20, 2019

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7:30am – 8:30am	Continental Breakfast in the EXPO Hall
<b>7:30am – 10:30am</b>	<b>EXPO Hall Open</b>
<b>7:30am – 11:00am</b>	<b>Registration</b>
7:30am – 2:00pm	Speaker/Exhibitor Check-In
8:00am – 10:00am	Education Sessions
10:00am – 10:30am	Refreshment Break in the EXPO Hall
<b>10:30am – 12:30pm</b>	<b>General Session: Federal Update</b>
12:30pm – 1:30pm	Lunch on your own
1:30pm – 3:00pm	Education Sessions



## Family Health Services

### Dental Appliances

Policy Number: 100.13

Effective Date	June 1, 2019
Frequency of Review	Annual
Last Reviewed	April 29, 2019
Last Updated	April 29, 2019
Author	Dr. Sneha Innes, Janine Harris
Responsible Department	Revenue Cycle Management

#### **PURPOSE:**

The purpose of this policy is to describe the requirements for providing dental appliances to Family Health Services (FHS) patients. FHS staff are expected to comply with this policy and procedure.

At no time will a patient be denied services because of an inability to pay. See policy 100.03 – Sliding Fee Scale Discount Program.

#### **DEFINITIONS:**

*Dental Appliance* – Dentures and Crowns

*Treatment Authorization Request (TAR)* – Form completed to request pre-approval of treatment and dental appliances, reviewed and approved by the Dentist Manager

#### **BACKGROUND**

It is the policy of Solano County Health and Social Services to uphold compliance with government regulations. FHS is a Federally Qualified Health Center (FQHC) and receives federal funding under the Health Center Program authorized by section 330 of the Public Health Services (PHS) Act (42 U.S.C. 254b) (“section 330”), as amended (including sections 330(e) and (h)). The program is administered by the federal Health Resources and Services Administration (HRSA).

#### **POLICY:**

Family Health Services shall provide dental services regardless of a patient’s ability to pay. The Sliding Fee Scale Discount Program is available for all patients to apply for, according to policy 100.03 – Sliding Fee Scale Discount Program.

Dental appliances are provided to patients per the Medi-Cal criteria, once in a five-year period, as described in the Medi-Cal Dental Program Provider Handbook. Exceptions are requested on the Treatment Authorization Request (TAR) and considered for approval by the Dentist Manager or delegated authority. Medical and dental necessity will be considered during the review process.

For Private Pay patients, Medi-Cal criteria is followed when determining if the patient qualifies for the dental appliance.



## Dental Appliances

Policy Number: 100.13

### PROCEDURE:

1. FHS staff will provide a cost estimate to patients for dental appliances as requested by a dentist.
  - a. For appliances that are pre-authorized by Medi-Cal, this step is not required.
2. Upon approval of the cost estimate by the patient, a TAR is completed by FHS staff. The TAR is sent to the Dentist Manager for approval or denial.
3. FHS staff will notify the patient upon approval or denial of the TAR.
4. If the TAR is approved, FHS staff will discuss a payment plan with the patient to ensure the appliance is paid in full by the time the appliance is provided to the patient.
5. If the appliance is not paid-in-full by the scheduled appointment, the appointment will be postponed pending payment of the appliance.

Knowledge of a violation or potential violation of this policy must be reported directly to the Executive Director, Revenue Cycle Manager, Compliance Officer, or to the employee compliance hotline.

<b>REFERENCED POLICIES</b>	100.03 – Sliding Fee Scale Discount Program
<b>REFERENCED FORMS</b>	Treatment Authorization Request (TAR)
<b>REFERENCES</b>	Medi-Cal Dental Program Provider Handbook <a href="https://www.denti-cal.ca.gov/DC_documents/providers/provider_handbook/handbook.pdf">https://www.denti-cal.ca.gov/DC_documents/providers/provider_handbook/handbook.pdf</a>

\_\_\_\_\_  
**Chair - Community Healthcare Board**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Vice-Chair - Community Healthcare Board**

\_\_\_\_\_  
**Date**



## Family Health Services

### Bad Debt Write Off

Policy Number: 100.14

Effective Date	May 1, 2019
Frequency of Review	Annual
Last Reviewed	May 3, 2019
Last Updated	May 3, 2019
Author	Barbra Barbeau
Responsible Department	Revenue Cycle Management

#### **PURPOSE:**

The purpose of this policy is to describe conversion of delinquent self-pay account to bad debt and bad debt write off for Solano County Family Health Services (FHS) patients. FHS staff are expected to comply with this policy and procedure.

FHS will ensure access to health care services by families and individuals regardless of the patient's ability to pay. At no time will a patient be denied services because of an inability to pay, as described in the Sliding Fee Scale Discount Program policy #100.03.

#### **DEFINITIONS:**

**Bad Debt** – Self-Pay accounts 120 days delinquent and/or all returned mail accounts with no forwarding address.

**Prelisting** – Marking delinquent accounts in Electronic Health Records (E H R) system for conversion to Bad Debt

**Conversion** – Processing of prelisted accounts to Bad Debt in Electronic Health Records (E H R) system for submission to outside Collection Agency

**Write Off** – Cancellation of Bad Debt accounts in Electronic Health Records (E H R) system

#### **BACKGROUND**

It is the policy of Solano County Health and Social Services to uphold compliance with government regulations. FHS is a Federally Qualified Health Center (FQHC) and receives federal funding under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b) ("section 330"), as amended (including sections 330(e) and (h)). The program is administered by the federal Health Resources and Services Administration (HRSA).

#### **POLICY:**

Solano County Family Health Services (FHS) follows the Health & Social Services Collection Policy, as approved by the Solano County Board of Supervisors on January 11, 1994.



## Bad Debt Write Off

Policy Number: 100.14

FHS shall submit monthly statements to patients who have self-pay obligations of \$5 or more. Statements will show the rolling balance due to FHS. FHS abides by the Health and social Services collection policy, which places the patient's account as delinquent without payment made within the last 120 days.

Accounts 120 days delinquent, \$50 and over, will be prelisted, converted and written off by FHS Back Office Billing & Collections (B&C) staff. Accounts with balances under \$50 will be written off by FHS B&C staff.

All returned mail statements with no forwarding address will be immediately sent to collection agency if \$50 or over or written off if under \$50.

Statements include a message alerting patient that balances not paid 90 days from date of service will be sent to a collection agency.

Payments received from the collection agency will be posted to the recovered bad debt account.

### PROCEDURE:

1. Accounts 120 days delinquent, \$50 or more - B&C staff will take the following steps:
  - a. Review patient eligibility for date of service.
    - i. If it is determined that patient has eligibility for date of service charges will be billed to insurance.
  - b. Review to ensure Sliding-Fee-Scale Discount was applied, if applicable.
    - i. Apply Sliding-Fee-Scale Discount if applicable and restart 120 day count
  - c. Verify that patient has been provided 120 days to make payments on charge.
  - d. Verify that patient has not made a payment on account in 120 days.
  - e. Prelist charge for bad debt
  - f. Convert charge to bad debt; conversion is completed at least twice monthly.
  - g. Submit Bad Debt to outside collection agency; submission is completed at least twice monthly.
  - h. Write off bad debt in E H R system
    - i. Tracking description: "Bad Debt Final Write Off"
    - ii. Adjust code: "Bad Debt Final Write Off"
2. Accounts 120 days delinquent, under \$50 - B&C staff will take the following steps:
  - a. Review patient eligibility for date of service.
    - i. If it is determined that patient has eligibility for date of service charges will be billed to insurance.
  - b. Review to ensure Sliding-Fee-Scale Discount was applied, if applicable.
    - i. Apply Sliding-Fee-Scale Discount if applicable and restart 120 day count.
  - c. Verify that patient has been provided 120 days to make payments on charge.
  - d. Verify that patient has not made a payment on account in 120 days.



**Bad Debt Write Off**

Policy Number: 100.14

- e. Write off bad debt in E H R system
  - i. Tracking description: "Bad Debt Under \$50 BOS"
  - ii. Adjust code: "Bad Debt Write Off BOS Under \$50"

3. Returned mail statements with no forwarding address - B&C staff will take the following steps:

- a. Review patient eligibility for date of service.
  - i. If it is determined that patient has eligibility for date of service charges will be billed to insurance.
- b. Review to ensure Sliding-Fee-Scale Discount was applied, if applicable.
  - i. Apply Sliding-Fee-Scale Discount if applicable.
- c. Review chart documents to verify address was entered correctly.
- d. Add alert to account to verify patient's address.
- e. Depending on dollar value of debt follow procedure 1 or 2 listed above.

Knowledge of a violation or potential violation of this policy must be reported directly to the FHS Revenue Cycle Manager, FHS Executive Director, or to the employee compliance hotline.

<b>REFERENCED POLICIES</b>	<ul style="list-style-type: none"> <li>• Policy #100.03 – Sliding Fee Scale Discount Program</li> <li>• Health &amp; Social Services Collection Policy: Board of Supervisor Agenda Item #20, Board Meeting Dated January 11, 1994, Subject: Report on Primary Care Clinic Addressing Fiscal Issues, Controls, Adding Staff and New Operating Policies</li> </ul>
<b>REFERENCED FORMS</b>	
<b>REFERENCES</b>	

\_\_\_\_\_  
**Chair - Community Healthcare Board**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Vice-Chair - Community Healthcare Board**

\_\_\_\_\_  
**Date**



## Family Health Services

### Language Access and Interpreters

Policy Number: 200.02

Effective Date	May 15, 2019
Frequency of Review	Annually
Last Reviewed	May 2, 2019
Last Updated	May 2, 2014
Author	Alicia Jones, MPA
Responsible Department	Medical Services- Operations

#### **PURPOSE:**

To outline access to language interpretation services for the provision of patient care, patient education, or consent for treatment.

#### **DEFINITIONS:**

*Interpretation-* Oral communication between two or more different languages.

*Translation-* Written communication between two or more different languages.

#### **BACKGROUND**

It is the intent of Family Health Services (FHS) to comply with Title VI of the Civil Rights Act of 1964 and with requirements outlined by the Health Resources and Services Administration (HRSA). FHS is a Federally Qualified Health Center (FQHC) and receives federal funding under the Health Center Program authorized by section 330 of the Public Health Services (PHS) Act (42 U.S.C. 254b) ("section 330"), as amended (including sections 330 (e) and (h)). Requirements include the development of a plan or arrangements for interpretation and translation that are responsive to the needs of such populations for providing health center services to the extent practical in the language and cultural context most appropriate to such individuals.

#### **POLICY:**

It is the policy of FHS to provide access to interpretation services for patients of our health centers. Utilizing bilingual relatives, friends, or minors in a clinical setting is discouraged. Interpretation should include the utilization of culturally and linguistically appropriate services to advance health equity, improve quality, and help eliminate health care disparities. All employees are responsible for ensuring the public is treated with dignity and respect, while identifying the language needs of our patients, and utilizing certified bilingual resources as appropriate.

#### **PROCEDURE:**

1. Language services may be accessed for any patient either in-person or via telephone in the following ways:
  - A. Use of Certified Bilingual Health Center Staff.
    - a. Each health center maintains a list of certified bilingual employees who may assist with language interpretation. Staff assistance may be arranged in





## Language Access and Interpreters

Policy Number: 200.02

advance of the patient visit or by calling for a language assist with use of the overhead paging system.

- B. Use of Interpretation and Communication Services available to patients covered by Partnership HealthPlan of California (PHC) and may be accessed in the following ways:
- a. Telephone Interpretation Services:  
Toll Free- (866) 425-0217  
Access Code- **798091**  
Provide the operator with language needed and employee name.
  - b. Face-to-Face Interpretation Services: Must be authorized and arranged by the PHC member services department. 24-hour notice is required. Staff shall call (800) 863-4155 to arrange services and place a comment in the appointment notes stating an interpreter has been scheduled for the visit.
- C. Use of Interpretation Services for patients who are not covered by PHC may be obtained through Language Link Services. Instructions for accessing Language Link include the following:
- a. Call Language Link at (800) 535-7749
  - b. Enter Account Number **8585**, followed by the # sign
  - c. Select 1 to be connected directly to your Spanish Interpreter, or
  - d. Select 2 to be connected directly to your Tagalog Interpreter, or
  - e. Select 9 for all other languages
  - f. Enter Control Number **3234** followed by the # sign
  - g. Enter your Budget Number followed by the # sign.
  - h. Complete form **48-18-05** (Request for Interpreter/Translation Services)
  - i. Telephone Interpretation Services - Use of speaker with center's cordless telephone.
  - j. Face-to-Face Interpretation Services- 24-hour notice is required.
  - k. After phone interpretation and completion of 48-18-05, give the yellow and blue copy to the Office Supervisor for processing. Scan the pink copy into the patients Nextgen chart.
  - l. After on-site interpretation (verbal language or sign language) and completion of 48-18-05, give the blue copy to the interpreter, the yellow copy to the Office Supervisor and the pink is scanned into the Nextgen chart.



**Language Access and Interpreters**

Policy Number: 200.02

<b>REFERENCED POLICIES</b>	Language Access Policy, May 2, 2014
<b>REFERENCED FORMS</b>	Language Link Request for Interpreter/Translation Services Form 48-18-05
<b>REFERENCES</b>	Language Link Contract # 03342
	Partnership Healthplan of California Interpretation Services and Communication, November 2017.

\_\_\_\_\_  
**Chair - Community Healthcare Board**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Vice-Chair - Community Healthcare Board**

\_\_\_\_\_  
**Date**

**DEPARTMENT OF HEALTH & SOCIAL SERVICES**

Medical Services Division

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May 15, 2019

Community Healthcare Board  
Regular Meeting  
Agenda Item 8c.

Below are links to the financial management policies as approved and retained by the Solano County Board of Supervisors, Solano County Auditor-Controller's Office and/or Solano County Administrator's Office.

[Accounting Standards and Procedures for Counties – February 5, 2018](#)

[Accounting Standards and Procedures for Counties – Revised May 1, 2014](#)

[Intangible Assets](#)

[Fixed Asset Inventory](#)

[Fixed Assets over \\$1,500](#)

[Fixed Assets under \\$1,500](#)

[Purchasing and Contracting Policy Manual](#)

[Solano County Travel Policy](#)

[Health & Social Services Travel Policy](#)

[Financial Administration of Grants](#)

**COUNTY OF SOLANO, CALIFORNIA**  
**SINGLE AUDIT REPORT**  
**FOR THE FISCAL YEAR ENDED JUNE 30, 2018**

**COUNTY OF SOLANO, CALIFORNIA**

**SINGLE AUDIT REPORT**

**FOR THE FISCAL YEAR ENDED JUNE 30, 2018**

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VAVRINEK, TRINE, DAY & CO., LLP  
Certified Public Accountants

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**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING  
AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT  
OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE  
WITH GOVERNMENT AUDITING STANDARDS**

To the Board of Supervisors  
County of Solano, California

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Governmental Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of the County of Solano (County), California, as of and for the year ended June 30, 2018, and the related notes to the financial statements, which collectively comprise the County's basic financial statements, and have issued our report thereon dated December 28, 2018. Our report includes an emphasis of matter paragraph regarding the County's adoption of Governmental Accounting Standards Board (GASB) Statement No. 75, *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions*, and Statement No. 85, *Omnibus 2017*, effective July 1, 2017.

**Internal Control over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the County's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the County's internal control. Accordingly, we do not express an opinion on the effectiveness of the County's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over financial reporting was for the limited purpose described in the preceding paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses and therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

## **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the County's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instance of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

## **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*Vavrinik, Trine, Day & Co. LLP*

Sacramento, California  
December 28, 2018



**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM, INTERNAL CONTROL OVER COMPLIANCE, AND THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS REQUIRED BY THE UNIFORM GUIDANCE**

To the Board of Supervisors  
County of Solano, California

**Report on Compliance for Each Major Federal Program**

We have audited the County of Solano, California's (County) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the County's major federal programs for the year ended June 30, 2018. The County's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

***Management's Responsibility***

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

***Auditors' Responsibility***

Our responsibility is to express an opinion on compliance for each of the County's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the audit requirements of Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the County's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the County's compliance.

***Opinion on Each Major Federal Program***

In our opinion, the County complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2018.



## ***Other Matters***

The results of our auditing procedures disclosed instances of noncompliance, which are required to be reported in accordance with the Uniform Guidance and which are described in the accompanying schedule of findings and questioned costs as item 2018-001. Our opinion on each major federal program is not modified with respect to these matters.

The County's response to the noncompliance findings identified in our audit is described in the accompanying schedule of findings and questioned costs and separate corrective action plan. The County's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

## **Report on Internal Control over Compliance**

Management of the County is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the County's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the County's internal control over compliance.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, we did identify certain deficiencies in internal control over compliance, described in the accompanying schedule of findings and questioned costs as item 2018-001 that we consider to be significant deficiencies.

The County's response to the internal control over compliance findings identified in our audit is described in the accompanying schedule of findings and questioned costs and separate corrective action plan. The County's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

## Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund and the aggregate remaining funding information of the County as of and for the year ended June 30, 2018, and the related notes to the financial statements, which collectively comprise the County's basic financial statements. We issued our report thereon dated December 28, 2018, which contained unmodified opinions on those financial statements. Our report includes an emphasis of matter paragraph regarding the County's adoption of Governmental Accounting Standards Board (GASB) Statement No. 75, *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions* and Statement No. 85, *Omnibus 2017*, effective July 1, 2017. Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the financial statements as a whole.

*Vavrinik, Trine, Day & Co. LLP*

Sacramento, California  
January 15, 2019

**COUNTY OF SOLANO, CALIFORNIA**

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE FISCAL YEAR ENDED JUNE 30, 2018**

<b>Federal Agency</b>	<b>Pass-Through Agency</b>	<b>CFDA Program Title or Cluster</b>	<b>CFDA No.</b>	<b>Pass-through Entity Award ID</b>	<b>Federal Expenditures</b>	<b>Expenditures to Subrecipients</b>
<b>US Department of Agriculture (USDA)</b>						
Pass-Through Programs:						
California Department of Food and Agriculture (CDFA)						
		Plant and Animal Disease, Pest Control, and Animal Care	10.025	18-8506-1211-CA	\$ 122,892	
		Plant and Animal Disease, Pest Control, and Animal Care	10.025	17-8506-1317-CA	41,394	
		Plant and Animal Disease, Pest Control, and Animal Care	10.025	17-8506-1164-CA	847	
		Plant and Animal Disease, Pest Control, and Animal Care	10.025	17-8506-0572-CA	29,856	
		Plant and Animal Disease, Pest Control, and Animal Care	10.025	16-8506-0484-CA 15-8506-0484-CA	66,695	
		Total Plant and Animal Disease, Pest Control, and Animal Care			<u>261,684</u>	
California Department of Education						
Child Nutrition Cluster:						
		School Breakfast Program	10.553	48-10488-6051569-01	35,596	\$ 35,596
		National School Lunch Program	10.555	48-10488-6051569-01	56,654	56,654
		Total Child Nutrition Cluster (10.553 & 10.555)			<u>92,250</u>	<u>92,250</u>
California Department of Public Health (CDPH)						
		Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	4265	2,741,948	
SNAP Cluster:						
		State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	10.561	4265	530,858	228,862
California Department of Social Services (CDSS)						
		State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	10.561	1946001347 A7	9,200,544	
		Total SNAP Cluster (10.561)			<u>9,731,402</u>	<u>228,862</u>
<b>US Department of Agriculture (USDA) Total</b>					<u>12,827,284</u>	<u>321,112</u>
<b>US Department of Defense (USDOD)</b>						
Direct Program:						
		Community Economic Adjustment Assistance for Compatible Use and Joint Land Use Studies	12.610	Not Applicable	23,793	
<b>US Department of Defense (USDOD) Total</b>					<u>23,793</u>	<u>-</u>
<b>US Department of Housing and Urban Development (HUD)</b>						
Direct Programs:						
Section 8 Project-Based Cluster:						
		Section 8 Housing Assistance Payments Program	14.195	Not Applicable	2,243,841	2,243,841
		Continuum of Care Program	14.267	Not Applicable	257,272	
<b>US Department of Housing and Urban Development (HUD) Total</b>					<u>2,501,113</u>	<u>2,243,841</u>
<b>US Department of Justice (DOJ)</b>						
Direct Programs:						
		Domestic Cannabis Eradication Suppression Program	16.U01	Not Applicable	7,018	
		Safe Streets Violent Crimes Initiative	16.U02	Not Applicable	13,858	
		Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program	16.590	Not Applicable	86,618	
		State Criminal Alien Assistance Program	16.606	Not Applicable	175,000	
		Equitable Sharing Program	16.922	Not Applicable	128,218	80,000
		Direct Programs Subtotal			<u>410,712</u>	<u>80,000</u>
Pass-Through Programs:						
California Office of Emergency Services (CalOES)						
		Paul Coverdell Forensic Sciences Improvement Program	16.742	CQ160560480	4,056	
		Crime Victim Assistance	16.575	VW17350480	505,217	
		Crime Victim Assistance	16.575	XC16010480	151,554	
		Crime Victim Assistance	16.575	XV15010480	75,363	
		Subtotal Crime Victim Assistance			<u>732,134</u>	
		Pass-Through Programs Subtotal			<u>736,190</u>	
<b>US Department of Justice (DOJ) Total</b>					<u>1,146,902</u>	<u>80,000</u>

See accompanying notes to the schedule of expenditures of federal awards

**COUNTY OF SOLANO, CALIFORNIA**

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE FISCAL YEAR ENDED JUNE 30, 2018**

<b>Federal Agency</b>	<b>Pass-Through Agency</b>	<b>CFDA Program Title or Cluster</b>	<b>CFDA No.</b>	<b>Pass-through Entity Award ID</b>	<b>Federal Expenditures</b>	<b>Expenditures to Subrecipients</b>
<b>US Department of Labor (DOL)</b>						
Pass-Through Programs:						
State of California Employment Development Department (EDD)						
WIA/WIOA Cluster:						
		WIA/WIOA Adult Program	17.258	K8106686	\$ 766,472	\$ 481,815
		WIA/WIOA Adult Program	17.258	K7102074	499,739	
		WIA/WIOA Adult Program	17.258	K698397	751,137	
		Subtotal			<u>2,017,348</u>	<u>481,815</u>
		WIA/WIOA Youth Activities	17.259	K8106686	561,169	
		WIA/WIOA Youth Activities	17.259	K7102074	238,805	
		Subtotal			<u>799,974</u>	
		WIA/WIOA Dislocated Worker Formula Grants	17.278	K8106686	752,882	
		WIA/WIOA Dislocated Worker Formula Grants	17.278	K7102074	712,318	
		WIA/WIOA Dislocated Worker Formula Grants	17.278	K698397	192,066	
		Subtotal			<u>1,657,266</u>	
		Total WIA/WIOA Cluster (17.258, 17.259 & 17.278)			<u>4,474,588</u>	<u>481,815</u>
<b>US Department of Labor (DOL) Total</b>					<u>4,474,588</u>	<u>481,815</u>
<b>US Department of Transportation (DOT)</b>						
Pass-Through Programs:						
California Department of Transportation (CalTrans)						
Highway Planning and Construction Cluster:						
		Highway Planning and Construction	20.205	5923	1,444,229	
California Office of Traffic Safety (OTS)						
		Minimum Penalties for Repeat Offenders for Driving While Intoxicated	20.608	AL18017Solano	252,550	252,550
Highway Safety Cluster:						
		Alcohol and Drug Impaired Vertical Prosecution Program	20.616	D118027	356,169	
		Alcohol and Drug Impaired Vertical Prosecution Program	20.616	D118026	289,892	
		Alcohol and Drug Impaired Vertical Prosecution Program	20.616	D11714	33,280	
		Total Highway Safety Cluster (20.616)			<u>679,341</u>	
<b>US Department of Transportation (DOT) Total</b>					<u>2,376,120</u>	<u>252,550</u>
<b>US Department of Education (DOE)</b>						
Pass-Through Programs:						
California Department of Education						
		Rehabilitation Services-Vocational Rehabilitation Grants to States	84.126	30452	2,770	
<b>US Department of Education (DOE) Total</b>					<u>2,770</u>	
<b>US Department of Health and Human Services</b>						
Direct Programs:						
Health Centers Cluster:						
		Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224	Not Applicable	1,637,401	
		Partnerships to Improve Community Health	93.331	Not Applicable	470,683	
		Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.918	Not Applicable	200,915	
		Direct Programs Subtotal			<u>2,308,999</u>	
Pass-Through Programs:						
California Department of Public Health (CDPH)						
		Public Health Emergency Preparedness	93.069	4265	69,630	
		Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074	4265	807,535	
		Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116	4265	72,550	
		Childhood Lead Poisoning Prevention Projects_State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children	93.197	4265	27,470	
		Immunization Cooperative Agreements	93.539	4265	153,035	
		Pregnancy Assistance Fund Program	93.500	4265	13,427	5,048
Maternal, Infant, and Early Childhood Home Visiting Cluster:						
		Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program	93.505	4265	836,372	
		State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke (PPHF)	93.757	4265	336,457	

See accompanying notes to the schedule of expenditures of federal awards

**COUNTY OF SOLANO, CALIFORNIA**

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE FISCAL YEAR ENDED JUNE 30, 2018**

<b>Federal Agency</b>	<b>Pass-Through Agency</b>	<b>CFDA Program Title or Cluster</b>	<b>CFDA No.</b>	<b>Pass-through Entity Award ID</b>	<b>Federal Expenditures</b>	<b>Expenditures to Subrecipients</b>
<b>US Department of Health and Human Services (Continued)</b>						
<b>Pass-Through Programs:</b>						
		California Department of Public Health (CDPH) (Continued)				
		HIV Care Formula Grants	93.917	4265	\$ 158,591	\$ 148,729
		HIV Prevention Activities_Health Department Based	93.940	4265	151,910	30,502
		Assistance Program for Chronic Disease Prevention and Control	93.945	4265	40,000	24,580
		Maternal and Child Health Services Block Grant to the States	93.994	4265	1,282,956	160,537
		California Department of Social Services (CDSS)				
		Guardianship Assistance	93.090	1946001347 A7	444,348	
		Promoting Safe and Stable Families	93.556	1946001347 A7	221,306	
		TANF Cluster:				
		Temporary Assistance for Needy Families	93.558	1946001347 A7	24,417,563	4,421,388
		Refugee and Entrant Assistance_State Administered Programs	93.566	1946001347 A7	13,962	
		Community-Based Child Abuse Prevention Grant	93.590	1946001347 A7	21,600	
		Stephanie Tubbs Jones Child Welfare Services Program	93.645	1946001347 A7	167,804	
		Foster Care_Title IV-E	93.658	1946001347 A7	7,052,721	2,189,662
		Adoption Assistance	93.659	1946001347 A7	3,217,242	
		Social Services Block Grant	93.667	1946001347 A7	514,584	
		Chafee Foster Care Independence Program	93.674	1946001347 A7	137,211	
		California Department of Child Support Services (DCSS)				
		Child Support Enforcement	93.563	1-946001347-P-9	8,097,012	
		California Department of Health Care Services (DHCS)				
		Projects for Assistance in Transition from Homelessness (PATH)	93.150	14-90354	65,698	
		Block Grants for Community Mental Health Services	93.958	14-90354	386,143	330,771
		Block Grants for Prevention and Treatment of Substance Abuse	93.959	14-90106	2,794,301	1,179,722
		Maternal and Child Health Services Block Grant to the States	93.994	4265	1,061,681	
		Medicaid Cluster:				
		Medical Assistance Program	93.778	12-89399	3,523,990	
		Medical Assistance Program	93.778	1946001347 A7	21,543,934	
		Medical Assistance Program	93.778	EP1383841/CMAA: 14-90042	422,432	402,369
		Total Medicaid Cluster (93.778)			<u>25,490,356</u>	<u>402,369</u>
		California Health and Human Services Agency (CHHS)				
		Substance Abuse and Mental Health Services_Projects of Regional and National Significance	93.243	1H79TI024969-01	35,488	35,488
		Pass-Through Programs Subtotal			<u>78,088,953</u>	<u>8,928,796</u>
		<b>US Department of Health and Human Services Total</b>			<u>80,397,952</u>	<u>8,928,796</u>
		<b>Social Security Administration</b>				
		Direct Programs:				
		Disability Insurance/SSI Cluster:				
		Supplemental Security Income	96.006	Not Applicable	21,000	
		<b>Social Security Administration Total</b>			<u>21,000</u>	
		<b>US Department of Homeland Security</b>				
		Pass-Through Programs:				
		California Office of Emergency Services (CalOES)				
		Public Assistance Grants (Presidentially Declared Disasters)	97.036	095-00000	1,011,828	
		Emergency Management Performance Grants	97.042	095-00000	146,143	
		Homeland Security Grant Program	97.067	095-00000	411,110	295,768
		City & County of San Francisco				
		Homeland Security Grant Program	97.067	075-95017	75,279	
		Total Homeland Security Grant Program (97.067)			<u>486,389</u>	<u>295,768</u>
		<b>US Department of Homeland Security Total</b>			<u>1,644,360</u>	<u>295,768</u>
		<b>Total Expenditures of Federal Awards</b>			<u>\$ 105,415,882</u>	<u>\$ 12,603,882</u>

See accompanying notes to the schedule of expenditures of federal awards

**COUNTY OF SOLANO, CALIFORNIA**

**NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE FISCAL YEAR ENDED JUNE 30, 2018**

**NOTE 1 – BASIS OF PRESENTATION**

The accompanying Schedule of Expenditures of Federal Awards (the “Schedule”) includes the federal award activity of the County of Solano, California (County) under programs of the federal government for the year ended June 30, 2018. The information in this Schedule is presented in accordance with the requirements of Title 2 Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the County, it is not intended to and does not present the financial position, changes in net position, or cash flows of the County

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Expenditures reported on the Schedule are reported on the modified accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in the prior years.

**NOTE 3 – PASS-THROUGH ENTITIES’ IDENTIFYING NUMBER**

When federal awards are received from a pass-through entity, the Schedule indicates if assigned, the identifying grant or contract number that has been assigned by the pass-through entity.

**NOTE 4 – MEDICAID CLUSTER**

Except for Medi-Cal administrative expenditures, Medicaid (Medi-Cal) and Medicare program expenditures are excluded from the schedule of expenditures of federal awards. These expenditures represent fees for services; therefore, neither is considered a federal award program of the County for purposes of the schedule of expenditures of federal awards or in determining major programs. The County assists the State of California (State) in determining eligibility and provides Medi-Cal and Medicare services through County-owned health facilities. Medi-Cal administrative expenditures are included in the schedule of expenditures of federal awards as they do not represent fees for services.

**NOTE 5 – INDIRECT COST RATE**

The County has elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance

**COUNTY OF SOLANO, CALIFORNIA**

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
FOR THE FISCAL YEAR ENDED JUNE 30, 2018**

**I. SUMMARY OF AUDITORS' RESULTS**

**FINANCIAL STATEMENTS**

Type of report the auditor issued on whether the financial statements audited were prepared in	<u>Unmodified</u>
Internal control over financial reporting:	
Material weakness(es) identified?	<u>No</u>
Significant deficiency(ies) identified?	<u>None reported</u>
Noncompliance material to financial statements noted?	<u>No</u>

**FEDERAL AWARDS**

Internal control over major federal programs:	
Material weakness(es) identified?	<u>No</u>
Significant deficiency(ies) identified?	<u>Yes</u>

Type of auditors' report issued on compliance for major federal programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? Yes

Identification of major federal programs:

<u>CFDA Numbers</u>	<u>Name of Federal Programs or Clusters</u>
<u>10.561</u>	<u>Supplemental Nutrition Assistance Program (SNAP Cluster)</u>
<u>93.658</u>	<u>Foster Care Title IV-E</u>
<u>93.563</u>	<u>Child Support Enforcement</u>
<u>93.778</u>	<u>Medical Assistance Program (Medicaid Cluster)</u>

Dollar threshold used to distinguish between Type A and Type B programs: \$ 3,000,000

Auditee qualified as low-risk auditee? Yes

**COUNTY OF SOLANO, CALIFORNIA**

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)  
FOR THE FISCAL YEAR ENDED JUNE 30, 2018**

**II. FINANCIAL STATEMENT FINDINGS**

None Reported.



COUNTY OF SOLANO, CALIFORNIA

SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)  
FOR THE FISCAL YEAR ENDED JUNE 30, 2018

III. FEDERAL AWARDS FINDINGS AND QUESTIONED COSTS

**Finding 2018-001**

**Program:** Medicaid Cluster - Medical Assistance Program

**CFDA No.:** 93.778

**Federal Agency:** U.S. Department of Health and Human Services

**Passed-through:** California Department of Health Care Services

**Award Year:** FY 2017-2018

**Compliance Requirement:** Eligibility

**Criteria:**

Per the 2018 OMB Compliance Supplement, agencies are required to maintain documentation to support the participant's eligibility in accordance with the compliance requirements of the program. Agencies must have facts in the case record to support the agencies' eligibility determination, including a record of having verified citizenship or immigration status for each individual, and social security number. The Agencies must provide notice of its decision concerning eligibility and provide timely and adequate notice of the basis for discontinuing assistance. (42 CFR sections 435.907, 435.913, and 435.914; 42 USC 1320b-7).

**Condition Found:**

*Significant Deficiency, Instance of Non-Compliance* – Of the 60 case files sampled, we noted the following:

- 6 cases where the recipient redetermination of eligibility was not performed in a timely manner.

**Questioned Costs:**

We identified no questioned costs in our tests of compliance with this requirement.

**Context:**

The conditions noted above were identified in 6 of 60 cases from the Medicaid Cluster – Medical Assistance Program selected during our testing procedures over eligibility. The County charges administrative expenditures associated with the determination of eligibility to the State while the State pays the amounts to providers.

**Effect:**

The County did not complete timely redeterminations of eligibility requirements, which can result in ineligible participants receiving benefits.

**Cause:**

The County is aware of this requirement and continues to experience staff shortages, thus has not been able to complete the required eligibility redetermination in a timely manner.

**COUNTY OF SOLANO, CALIFORNIA**

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)  
FOR THE FISCAL YEAR ENDED JUNE 30, 2018**

**III. FEDERAL AWARDS FINDINGS AND QUESTIONED COSTS**

**Recommendation:**

We recommend that the County strengthen its current policies and procedures with regards to ongoing eligibility redetermination, and ensure that such policies and procedures are formally documented and strictly adhered to by County personnel.

**Views of responsible officials and planned corrective actions:**

See separate corrective action plan.

**COUNTY OF SOLANO, CALIFORNIA**  
**SUMMARY SCHEDULE OF PRIOR YEAR FINDINGS**  
**FOR THE FISCAL YEAR ENDED JUNE 30, 2018**

None reported.