County of Solano
Community Healthcare Board
Regular Meeting

October 18, 2022
12:00 pm – 2:00 pm
2101 Courage Drive, Fairfield, CA 94533
Room Location: Multi-Purpose Room

AGENDA

1) CALL TO ORDER – 12:00 PM

a) Welcome
b) Roll Call

2) APPROVAL OF THE OCTOBER 18, 2023 AGENDA

3) PUBLIC COMMENT

This is the opportunity for the Public to address the Board on a matter not listed on the Agenda, but it must be within the subject matter jurisdiction of the Board. If you would like to make a comment, please announce your name and the topic you wish to comment and limit comments to three (3) minutes.

REGULAR CALENDAR

4) APPROVAL OF MINUTES

Approval of the September 20, 2023, draft meeting minutes

5) CLINIC OPERATIONS REPORTS

a) Staffing Update
b) Credentialing Update
c) HRSA Grants Update(s)
d) Grievances/Compliments
e) Compliance
f) Finance
g) Referrals
h) Major Project Updates
i) QI Update
j) Revenue Cycle Management
k) FHS Clinic Q-Matic Stats

6) HRSA PROJECT OFFICER REPORT

a) Health Center HRSA Project Officer Update – Dona Weissenfels
   i) Health Center Activities – Internal and External Update

7) BUSINESS GOVERNANCE

a) Review and consider approval of the California Department of Health Care Services (DHCS), Equity and Practice Transformation (EPT) Provider Directed Payment Program Grant Application – Dona Weissenfels
   i) **ACTION ITEM:** The Board will consider approval of submission, of the DHCS EPT Provider Directed Payment Program Grant Application
b) Review and consider approval of the Quarterly Financial Report – Nina Delmendo
   i) **ACTION ITEM:** The Board will consider approval of the Quarterly Financial Report

8) DISCUSSION

a) Request an update on the status of the Family Health Services (FHS) Credentialing Policy. A draft was submitted during the "CRO Period", HRSA Audit. The draft has not yet been presented for approval to the Community Healthcare Board.

9) BOARD MEMBER COMMENTS

10) ADJOURN: TO THE COMMUNITY HEALTHCARE BOARD MEETING OF:

DATE:	November 15, 2023
TIME:	12:00 pm – 2:00 pm
LOCATION:	Multi-Purpose Room 2201 Courage Drive Fairfield, CA 94533

County of Solano
Community Healthcare Board
DRAFT

REGULAR GOVERNING BOARD MEETING MINUTES

Wednesday, September 20, 2023
In Person Meeting

Members Present:

At Roll Call: Michael Brown, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Anthony Lofton, Don O'Conner, Tracee Stacy.

Members Absent: Sandra Whaley, Robert Wieda, Brandon Wirth

Staff Present:

Roger Robinson, Bela Matyas, Dr. Michele Leary, Dona Weissenfels, Kelly Welsh, Desiree Bodiford, Nina Delmendo, Katreena Dotson, Valerie Flores, Krista McBride, Dr. Reza Rajabian, Shaekia Aiken, Jasmine Chisley, Julie Barga and Danielle Seguerre-Seymour.

1) Call to Order- 12:02 pm

a. Welcome
b. Roll Call

2) Approval of the September 20, 2023 Agenda

Motion: To approve the September 20, 2023 Agenda, with the removal of Agenda Item 7a, "Review and consider approval of revisions to the Co-Applicant Agreement", which will be returned on an agenda for Board approval, after the final HRSA recommendations are received.

Motion by: Tracee Stacy and seconded by Ruth Forney

Discussion: Bela Matyas made a recommendation to the Board regarding Agenda Item 7a, under Business Governance. He recommended that the Board consider review and approval of any revisions to the FQHC Co-Applicant Agreement, until the final HRSA recommendations become available. Board Member ruth Forney agreed and the Agenda was recommended by the Board to postpone that item, until final HRSA recommendations are received.

Ayes: Michael Brown, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Anthony Lofton, Don O'Conner, Tracee Stacy.

Nays: None

Abstain: None

Motion Carried

3) Public Comment

There was no Public Comment.

Regular Calendar

4) Approval of Minutes

Approval of the August 16, 2023 Draft Minutes

Motion: To approve the August 16, 2023 Draft Minutes

Motion by: Ruth Forney and seconded by Don O'Connor

Discussion: None.

Ayes: Michael Brown, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Anthony Lofton, Don O'Conner, Tracee Stacy.

Nays: None

Abstain: None

Motion Carried

5) Clinic Operations Reports

a. **Staffing Update** — Dona Weissenfels
   i. Dona shared that Family Health Services is bringing on a planning analyst to better support a more sophisticated and automatic reporting process instead of a manual process to pull reports. Interviews for the planning analyst position are set to occur next week.
b. **Credentialing Update** — Desiree Bodiford
   i. Desiree reported that screening took place for 131 employees and that they are in the process of credentialing 10 staff and recredentialing 4 staff.
c. **HRSA Grants update** — There were no updates to report on.
d. **Grievances/Compliments** — There were no updates on grievances and complaints to report.
e. **Compliance** — There were no updates pertaining to compliance to report.
f. **Finance** — Nina Delmendo – Updated Fiscal Report handout
   i. Nina stated she will provide a report on the Revenue Cycle at next month's meeting. Regarding the Fiscal Report, Nina clarified that since July is the beginning of the fiscal year, there is not much financial data to report on and that as of August 31st, about 17% of the fiscal year has passed.
   ii. In terms of benchmarks, Nina highlighted that the year-to-date actuals as a percent of the working budget shows that we have spent 49% of the budget; however, this value varies when people leave and the percentage will be adjusted when they do the mid-year budget. Overall, the Salaries Benefits Total shows that we are currently underspending than what was originally anticipated with a value of roughly 11%. Nina clarified that although the report is showing 0% for insurance actuals, we can still expect the insurance charges to be what was included in the budget and that the charges will be reflected closer to the end of December.

iii. Nina stated that the contracted and professional services also appear to be very low; there is 1.249 in the budget for that, but we have only spent $1500. Nina explained that the values listed are reflected based on the timing of when vendors submit their claims to us. She stated that all the expenditures will be captured by June. She also mentioned that many of the $0 charges in other columns of the report are due to timing differences.

iv. Regarding revenues, Nina reported that we have not drawn down any realignment yet; the process to cover expenditures and to draw down some of the grants will start in the next few months. Nina also mentioned that the $943,000 congressional year mark funds is what is still anticipated to be spent this fiscal year and that the remaining balance of $1 million will be caught up in July.

g. **Referrals** — There were no updates to report.

h. **Major Project Updates** —There were no updates to report.

i. **QI update** — Dr. Michele Leary – Primary Care Provider Quality Improvement Program (PCP QIP) Report

i. Dr. Leary explained that the report reflects lower values that are not up-to-date, namely for the hypertension and diabetes measures, due to limited staffing availability to pull the manual uploads.

ii. Regarding screenings, she reported that the cervical cancer screening rate is low due to limited appointment availability following the shortage of providers and the difficult nature of the screening itself for patients to complete even when providers have the availability. The huge push on breast cancer screenings that FHS launched in February is showing progress, particularly because this initiative can be done without an appointment. For colorectal screening, FHS has shifted to promoting Cologuard as an option for patients with normal risk because it is valid for three years as opposed to one-year options and it increases access for patients; she also mentioned that this effort has been holding FHS screening rates steady. In addition, Dr. Leary mentioned that the electronic patient reminders that comes with EPIC's patient portal should help with next year's initiatives in the future.

iii. Dr. Leary explained that the current strategy to tackle the Asthma Medication Ratio measure is to have FHS providers prescribe controller inhalers first and then albuterol as needed.

iv. Dr. Leary also noted that most FHS Pediatric Quality Initiatives are linked to visits; however, FHS does not have enough appointments available at this time. FHS is continuing to work on hiring. Dr. Leary also explained that FHS is focusing on allowing established patients the opportunity to at least come in for immunizations. Dr. Leary explained that the 15-month Well Child Visit initiative that started in the Fairfield Pediatric clinic and is now adopted by the Vallejo and Vacaville clinics, will not show a rise in numbers for the two clinics until next year. However; Dr. Leary noted the current data is showing that the initiative is working.

v. When asked about what areas need more focus, Dr. Leary clarified that the biggest issue is access to appointments, specifically with hiring, training, and getting more providers back in to get our levels back to what they used to be three years ago.

j. **Revenue Cycle Management** — Nina Delmendo — There was no report.

k. **FHS Clinic Q-*Matic Stats*** — Dona Weissenfels — (handout on this)

6) HRSA Project Officer Report- Dona Weissenfels; Health Center HRSA Project Office Update

a. Health Center HRSA Project Office Update

Training:

i. Dona stated that training and recruiting has been the primary focus for the last few weeks. Dona shared that FHS staff is catching up on three trainings: Civil Rights, HIPS training, and Compliance via Vector Solutions.

ii. Dona announced that FHS is having their first Skills Fair Training tomorrow (9/21/23) to ensure that essential skills for FHS staff remain up to date. Dona highlighted a few areas of training from this collaborative effort from the staff: rooming and checking out patients, safety and security, policies and procedures, vital signs, point of care testing, FHS history and services, injections, revenue cycles, EKGs, dental services and EDR charting and grouping, pediatric project presentations, good faith estimates, Intellitime payroll system, translation services, Call Center training, privacy breaches, pharmacy clinical services, and the patient registration process.

Recruitment:

i. Dona reported that two Supervising Physicians are in the que pending their background checks and CA medical licensing. She also shared that FHS is utilizing a lot of locums through Barton & Associates; this is projected to wind down by March. She further mentioned that FHS will need to retain some of the locums for the transition from NextGen to OCHIN EPIC to supplement staff, but that the goal is to get permanent staff.

ii. She stated that UHC, a reputable, FQHC recruiting firm, has given them a handful of candidates every week and that FHS is doing interviews and keeping in touch with the physicians frequently.

iii. Dona shared that FHS has selected three candidates to fill the Senior HSM, HSM (Fairfield) and Call Center Supervisor positions. Each are in the process of going through their live scans. She also noted that the Call Center Supervisor has worked in a Call Center and has supervisory experience.

Externally:

i. The Vallejo site is due for a Partnership Audit on November 7th and 8th for a medical records and operational review.

ii. The "Equity and Practice Transformation Program" grant submission is due October 23rd and provides approximately four million dollars over a five-year period. Dona mentioned that the Health Equity grant can support our delivery system transformation, primary care, family medicine, internal medicine, and behavioral health service areas. She also noted that this grant can assist with paving the way for the APM model. In addition, because the grant is a statewide learning collaborative, it provides an opportunity to learn from other FQHCS and clinics.

iii. Dona shared that she and Dr. Stevens are beginning conversations with Touro University about a possible collaboration to introduce a Scribe program at FHS. Additionally, Dona and Dr. Leary will be visiting Touro University in early October to gain more insight on Touro University's requirements to become a residency site for their residency program in the future. Dona noted that this collaboration can provide positive exposure for Touro's master-level students to understand what an FQHC is and to grow interest in serving community health centers and possibly a future career at FHS. Dona also mentioned that Partnership is working on behalf of the community to identify residency programs.

b. Responsibilities Matrix for Co-Applicants- handout

i. Dona asked the Community Health Board to review the handout that clarifies the responsibilities of the County, the Community Health Board, and the CEO. She informed the Community Health Board that, upon reviewing the information, there is an option to coordinate a meeting with a Facktor Health member to walk through this process and to offer them guidance.

ii. Along with the final OSV report, FHS received an organizational assessment that was conducted by Facktor Health approximately two years ago. Dona noted that there is a need for FHS operational workflows to be revisited. She also stated that the organizational assessment, the OSV report, and the workplan that she is developing should address most of the workflow issues because there will be new workflows required to implement OCHIN EPIC. She mentioned that one of the first collaborative efforts she will have with the Senior HSM will be to map out what needs to change. Dona also shared that the organizational assessment highlights FHS staff interactions with patients and customer service as a strength.

c. HRSA Virtual Operations Site Visit (VOSV) report update

i. Dona stated that the final report from the HRSA OSV audit is still pending. She also stated that deviation from what was reported in the initial exit interview was minimal and that everything has been submitted. Once Dona acquires the report, the team will review the findings critically and act within the initial 90-day period to come into compliance and get approved; there is an additional 60-day and 30-day period if more corrective action is needed.

ii. When asked if there are any foreseeable problems to address during the 90-day period, Dona stated that the NorthBay contracts will need to be revised, especially for the radiology contracts that expire Nov 1, 2023. Dona clarified that the contracts, as it stands, do not disrupt the current services provided but that it is essential to have this document in a clear, written, formalized process that follows HRSA compliance. She stated that she is still working on making additional attempts to identify who the contact person at NorthBay is to address the contract issues for referrals.

iii. Dr. Matyas and Director Gerald Huber mentioned during this discussion that FHS patients will have the option to be Medi-Cal under Kaiser or Medi-Cal under Partnership in the future. Both clarified that the only change would be in how FHS will have the option to charge one of two insurance companies; access to services and the quality of care that FHS provides to clients will not be impacted. A member of the Board raised a concern about how this change may impact the ability to maintain the current patient population at FHS, and further discussion occurred regarding the current capacity-building efforts at FHS and the future opportunities that switching over to a different model of care can bring to strengthen this transition.

7) Business Governance

a. Review and consider approval of revisions to the Co-Applicant Agreement — Dona Weissenfels

i) Action item: The Board will consider approval of the revisions to the Co-Applicant Agreement

Motion: To move voting on the approval of the revisions to the Co-Applicant Agreement to next month's agenda.

Motion by: Tracee Stacey and seconded by Ruth Forney

Discussion: It was recommended to postpone voting on the revisions to the Co-Applicant agreement until the final HRSA recommendation becomes available

Ayes: Michael Brown, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Anthony Lofton, Don O'Conner, Tracee Stacy

Nays: None

Abstain: None

Motion Carried

8) Discussion

a. National Association of Community Health Centers (NACHC) Community Health Institute (CHI) & Exp Conference — report update

i. Dona and Board Member Tracee Stacey attended the conference and expressed that the information received was valuable. Tracee highlighted the Finance and the Trauma-Informed Care Model workshops as particularly useful to understand the revenue cycle, communications, grant considerations, and how ACES impacts our organizational workforce, followed by best practices to support staff.

ii. Board Member Ruth echoed similar sentiments as a participant and particularly noted the *Building Hope, Power, and Strengthening Health Center Advocacy with Community Organizing* workshop. This workshop covered strategies to build a diverse network of leaders, which brings shared values and resources to strengthen patients, staff, and communities. Ruth also noted the following workshops and opportunities she found valuable: *Succession Plan*; *Maximizing Fundraising Potential with Health Center Based Foundations; Advocacy Center of Excellence (ACE)* program; Federal Updates; and the closing remarks from the Keynote speaker.

iii. Board Member Michael Brown also echoed the closing remarks from the keynote speaker, notably on the need to reframe how to approach our same efforts in an innovative way.

b. Dental Clinic Presentation- Ray Rajabian, DDS.

i. Dr. Rajabian presented the operational need to expand space at the Vallejo site to better address the need for dental services in this location. Existing challenges include the Vallejo site only having one room to operate in, which is full of portable dental equipment that produces disruptive noise and heat for the patients and children.

ii. Dr. Rajabian presented three potential solutions to address these challenges: 1) Adding an additional room in the current 365 building, 2) Expanding multiple rooms in the 365 building or the adjacent 355 Building, or 3) Utilizing the dental vans. Dr. Rajabian went over the pros and cons of each option he presented.

Option 1: Dr. Rajabian expressed that adding a room to the current site would only be an ideal short-term solution. This option allows them to use the same address on file, which does not require registering the site with HRSA again, and it increases the capacity to see 18 patients daily instead of 10. However, this option still takes away space from Medical and does not fully address the disruptive concerns. He also emphasized that the current setup that relies on portable equipment is not sustainable and would still require conventional chairs and dental equipment to provide traditional dentistry.

Option 2: Dr. Rajabian expressed that expanding the site to add multiple rooms to include four new operatories, especially for the 355 building, would be the ideal, long-term solution. He explained how this option provides the same benefits as Option 1 in

addition to providing a proper build of traditional dentistry and the ability to serve up to 36 patients daily. If the initial expansion is planned properly, the 355 building may also be able to provide additional space to accommodate future dental needs. However, the layout of the 355 building was not initially designed to be a clinic and this choice will require careful consideration of other departments that may need the space in the 355 building as well.

Option 3: Dr. Rajabian stated that the dental van would be the least ideal option. The dental van is great for its ability to mobilize services; however, the maintenance is costly, it has limited capacity to see patients, and it is not operational due to the heat it generates.

iii. Before any decision-making takes place, an extensive study and evaluation are required to determine the most suitable option. This initiative will take a minimum of two years to implement and build. Director Huber and Dr. Matyas stated that they will continue to provide updates to the Community Health Board regarding this matter.

c. Request of a future presentation to the Board on a Behavioral Health Plan regarding integrated behavioral health for Family Health Services (FHS) patients — Board Member Tracee Stacy
   i. Board Member Tracee Stacy clarified that this item was a reminder to discuss a Behavioral Health Plan. Dona stated that FHS does not currently have an integrated behavioral health model. She further explained that although FHS currently has two LCSWs who see roughly six patients a day with a traditional model, having an integrated model still needs to be addressed so that more can be done in-house before or immediately following an appointment for patients who present with a positive behavioral health screening. Dona also stated that she will present the plan that was originally created.
   ii. Director Huber also recommended the need for a presentation to clarify and differentiate resources offered through Behavioral Health's Access Line, Beacon, and internal services.
d. Request to discuss how CHB budget dollars are allocated
   i. Dona clarified that the goal of this agenda item is to develop an understanding of what CHB wants prioritized and to identify the steps required to capture it in the budget. She also noted that this discussion will not be for this year's budget.
   ii. It was decided that this discussion will be tabled until more information is provided on the strategic plan and marketing and marketing.

9) Board Member Comments

There were no comments.

10) Adjourn: To the Community Healthcare Board Meeting of:

DATE: October 18, 2023
TIME: 12:00 p.m. — 2:00 p.m.
Location: Multi-Purpose Room
2101 Courage Drive
Fairfield, CA 94533

The Meeting was adjourned at 2:01 p.m.

Handouts

- Clinic Operations Report – FHS Staffing
- Clinic Operations Report – ESU Monthly Board Report
- QIP Measure Graphs
- FHS Financial Report, 8/31/2023
- Responsibilities Matrix for Co-Applicants
- FQHC Co-Applicant Agreement
- Vallejo Dental Clinic Option

Community Health Care Board

Family Health Services Staffing Update

CHB Meeting Date: October 18, 2023

Number of Active Candidates - County
Clinic Physician Supervisor - 2 Health Education Specialist **Extra Help** - 1 Health Services Clinic Manager - 1 Nurse Practitioner - 3

Number of Active Candidates - Touro
Clinic Physician (Board Cert) - 1 Physician Assistant - 1

Number of Active Candidates - Locum Tenens
Clinic Physician (Board Certified) - 1 Nurse Practitioner - 2

Number of Active Candidates - Volunteer
Clinic Physician (Board Cert) TB - 1

Open County Vacancies
Clinic Physician (Board Cert) - 1 Clinic Physician (Board Cert) **Extra Help** - 1 Clinic Physician Supervisor - 1 Clinic Physician Supervisor - 1 ***pending*** Clinic Registered Nurse - 1 Clinic Registered Nurse, Senior - 1 Dental Assistant (Registered) - 1 H&SS Planning Analyst - 1 Health Education Specialist **Extra Help** - 2 Health Services Clinic Manager - 1 Medical Records Technician, Sr **Extra Help** - 1 Mental Health Clinician (Licensed) - 1 Nurse Practitioner/Physician Assistant - 4

Interviews in Progress
H&SS Planning Analyst - 10/25/23

Recently Hired Staff
Touro Clinic Physician (Board Cert) - 10/19/23 Health Svcs Clinic Mgr, Senior - Est 11/13/23 Office Supervisor (Call Center) - Est 11/13/23

FHS Community Healthcare Board – Status Report October 2023:
FHS Credentialing, Provider Enrollment and Sanction Screening Activities

Excluded Parties/Sanction Screening: 135

Month	Sanction Screening Number Screened/Verified	Sanction Screening Number Ineligible
September 2023 TOURO/LOCUMS	Touro/Locum Providers: 17	Exclusions Found: Report pending
September 2023 County – H&SS Employees/Candidates	H&SS Employees: 118	Exclusions Found: 0
Totals	TOTAL SCREENED: 135	Exclusions Found: Report for Touro/Locum pending

Credentialing: 11 Re-Credentialing: 3

Month	Number of Candidates' Credentials Verifications - (Re-)Started -	Number of Candidates' Partnership Provider Enrollments - Submitted for Partnership Approval -
September 2023 TOURO	Active/Open: 4 Physician Assistant: 2 Clinic Physician: 2	Submitted to Partnership: -1- Approved by Partnership: -1- Pending Submission to Partnership: 3
September 2023 LOCUM	Active/Open: 1 Nurse Practitioner: 1	Submitted to Partnership: -0- Approved by Partnership: -0- Pending Submission to Partnership: 1
September 2023 County H&SS Employees/ Candidates	Active/Open: 9 Dentist Manager: 1 Physician Assistant –1 Clinic Physician – 2 Supervising Physician – 1 LCSW – 2 CMO – 1 Nurse Practitioner - 1	Submitted to Partnership: -1- Approved by Partnership: -1- Pending Submission to Partnership: 2

Provider and Site Enrollment and Re-Credentialing/Re-Validation:

Partnership – NEW Provider Enrollments

New Provider Enrollments: ACTIVE - Pending Submission: 6 (2 Touro PA, 1 Clinic Physician, 1 Supervising Physician, 2 Nurse Practitioner)
Submitted: 3 Pending Approval: 2
Approved: 1

Partnership – Provider Re-Credentialing

Provider Re-Credentialing: Submitted: 1 Pending Approval: Pending Submission: 0
Approved: 1

Denti-Cal – Provider Revalidations

None During this Reporting Period

NPI Program/Site Revalidations – CMS (N = +/- 38)

None During this Reporting Period

Technical Assistance – PAVE (Medi-Cal) and PECOS (Medicare) Sites: Upon Request

Community Health Care Board

Family Health Services Grievance Report

CHB Meeting Date: October 18, 2023

Grievance Category	August 2023
Access to Care/Timeliness	2
Scheduling	5
Other	1
Totals	**8**

Grievance Category	September 2023
Access to Care/Timeliness	2
Quality of Care	4
Scheduling	3
Referrals	1
Totals	**10**

Time Period January 1, 2023- July 31, 2023

OPHTHALMOLOGY AND OPTOMETRY

Reason For Referral	Number of referrals
Diabetes Related	450
Vision Change	179
Chronic Conditions (non-DM)	70
Signs and Symptoms	27
Acute Conditions	16
Other	135
Total	877

GASTROENTEROLOGY (GI)

Reason For Referral	Number of referrals
Colorectal Cancer Screening	359
Chronic GI Disease	138
Signs and Symptoms	91
Other	125
Total	713

PODIATRY

Reason For Referral	Number of referrals
Diabetes Related	139
Chronic Conditions (non-DM)	92
Signs and Symptoms	52
Acute Conditions	45
Other	70
Total	398

DIETITIAN AND NUTRITION

Reason For Referral	Number of referrals
BMI 25 or over	102
Diabetes Related	51
Hyperlipidemia and Hypertension	23
Other	37
Total	217

CARDIOLOGY

Reason For Referral	Number of referrals
Hypertensive Related Diagnosis	98
Signs and Symptoms	96
Chronic Vascular Disease	75
Abnormal EKG	23
Diabetes and Diabetes Related	21
Other	163
Total	476

NEPHROLOGY

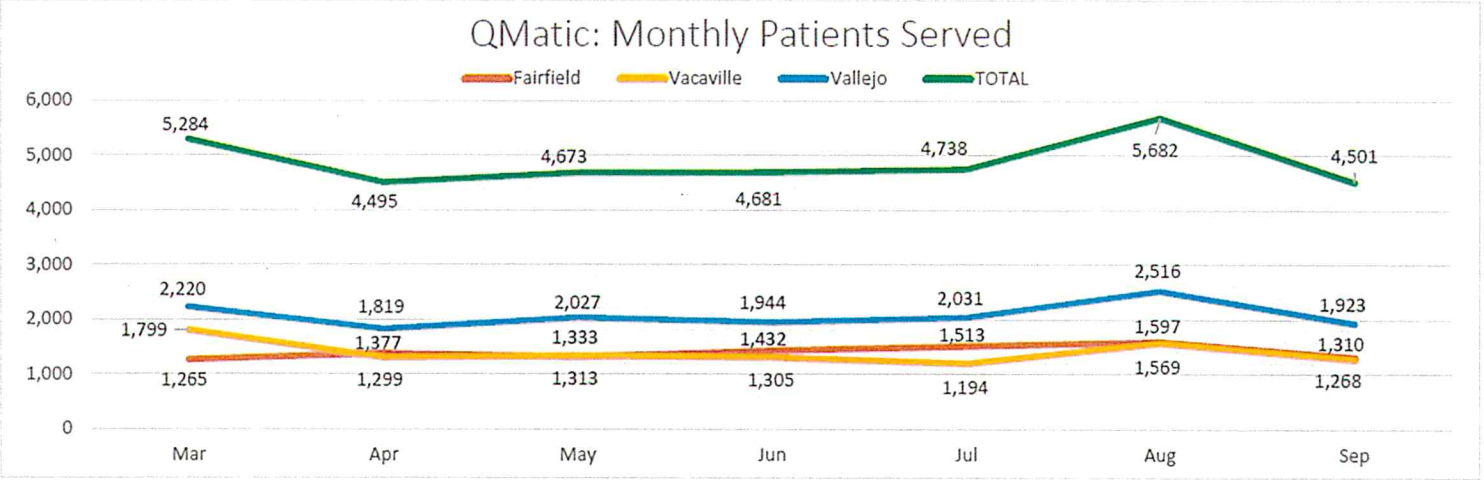
Reason For Referral	Number of referrals
Chronic Kidney Diseases	62
Signs And Symptoms	24
Diabetes Related	13
Other	22
Total	121

CHB Meeting Date: *October 18, 2023*

Clinic Operations Report: Clinic Metrics

Queue Management (Q-Matic) Stats

Clinic Site	Patients Served						
	Mar	Apr	May	Jun	Jul	Aug	Sep
Fairfield							
Lab	94	106	91	114	99	125	84
Medical (Adult)	1,171	1,271	1,222	1,318	1,414	1,472	1,226
Subtotal	*1,265*	*1,377*	*1,313*	*1,432*	*1,513*	*1,597*	*1,310*
Vacaville							
Dental	792	524	662	566	539	717	533
Medical (Adult & Peds)	1,007	775	671	739	655	852	735
Subtotal	*1,799*	*1,299*	*1,333*	*1,305*	*1,194*	*1,569*	*1,268*
Vallejo							
Dental & Medical (Adult & Peds)	2,164	1,738	1,961	1,865	1,950	2,432	1,834
Lab	56	81	66	79	81	84	89
Subtotal	*2,220*	*1,819*	*2,027*	*1,944*	*2,031*	*2,516*	*1,923*
TOTAL	***5,284***	***4,495***	***4,673***	***4,681***	***4,738***	***5,682***	***4,501***



Equity and Practice Transformation Payments Program

Guidance for Medi-Cal Managed Care Plans and Provider Groups

June 2023

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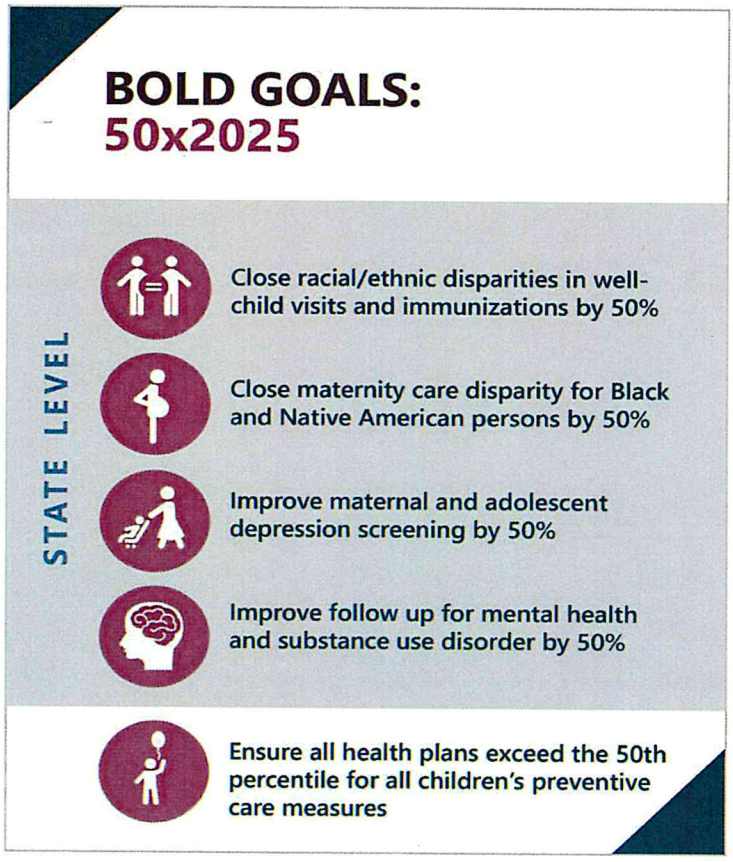
Background

During the COVID-19 Public Health Emergency (PHE) DHCS has seen a significant reduction of preventive and routine chronic condition care, which disproportionately affected low-income communities of color. Furthermore, 55 percent of school-aged children are enrolled in Medi-Cal, 50 percent of the state's births are in Medi-Cal, and 68 percent of the Medi-Cal population is Black, Latino or people of color. As COVID-19 laid bare, the communities most affected by COVID-19 were often in most dire need of investments, health care access, and infrastructure. The Department is implementing a one-time $700 million ($350 million General Fund) initiative to advance equity, reduce COVID-19-driven care disparities, invest in up-stream care models and partnerships to address health and wellness and fund practice transformation aligned with value-based payment models to allow Medi-Cal providers to better serve the state's diverse Medi-Cal enrollee population.

To align with the goals of the DHCS Comprehensive Quality Strategy and Equity Roadmap, these funds will pay for delivery system transformation payments to primary care pediatric, family medicine, internal medicine, OB/GYN, and behavioral health providers focused on advancing DHCS' equity goals in the **"50 by 2025: Bold Goals" Initiative** and to prepare them to participate in alternative payment models.



These funds will include funding for a state-wide learning collaborative to support implementation and share best practices, as well as Initial Planning Incentive Payments and practice transformation payments.

Statewide Learning Collaborative ($25 million over 5 years) will support participating providers in implementation of practice transformation activities, sharing and spread of best practices, practice coaching activities, and achievement of stated quality and equity goals. Different tracks will be created for different pathways. Participation in the learning collaborative is a requirement for all participants.

Initial Planning Incentive Payments ($25 million over 1 year) will allow MCPs to identify and work with small- to medium-sized independent practices using a standardized assessment tool

(https:/phminitiative.com/phmcat/) to support those practices as they develop Equity and Practice Transformation Provider Directed Payment Program plans and applications. MCPs will earn incentive payments by supporting primary care practices in various preparation activities, including but not limited to: funding for staff time to prepare the program application and hiring a consultant to assist the practice in conducting a needs assessment, which may include assisting with research, tools, strategies, and other activities related to completing the program application. Initial Planning Incentive Payments will be paid to MCPs based on achievement of milestones and activities outlined in the appendix; details on these milestones will be released by DHCS in Q3 2023.

Equity and Practice Transformation Provider Directed Payment Program ($650 million over 5 years) will support delivery system transformation, specifically targeting primary care practices that provide pediatric, family medicine, internal medicine, or OB/GYN services to Medi-Cal members. Recognizing the wide variation in primary care infrastructure, capacity, and ability to pursue a value-based payment, DHCS envisions a multi-year primary care transformation process that begins with foundational infrastructure investments and over the course of the program, scales evidence-based models of team-based care and prepares practices to assume risk-bearing contracts or join existing state alternative payment model demonstrations. Specific proposed program pathways are below. All participants must complete a standardized assessment tool (https:/phminitiative.com/phmcat/) and meet foundational pathway requirements prior to proceeding onto other pathways.

The following Pathways represent the types of activities and transformation that will be supported by the Equity and Practice Transformation Provider Directed Payment Program. Final milestones and activities are subject to change and will be released along with the program application in Q3 2023.

Foundational Pathway: Infrastructure Building Through Investments in People, Process, and Technology

- Technology Infrastructure to support population health and high-quality care
    - Electronic health record use for population health management
    - Participation in qualified local Health Information Exchanges; adoption of ADT feeds to improve care coordination and patient safety
    - Population health management tools (such as gaps in care and registries) to support effective inreach, outreach and care management
    - Tools to incorporate social drivers of health screening, assessments, and data into clinical workflows, including referrals

- Improve foundational primary care processes and team-based care[1]
- Implement standard processes for empanelment (and associated scheduling) and team-based care processes to support continuity
- Care team re-design, especially leveraging new DHCS benefits (e.g. community health workers)
- Implement team-based care for in reach, outreach, and chronic disease management activities (e.g., non-licensed staff who utilize standing orders to manage cancer screenings; nurse or pharmacist-led medication refill or chronic disease management programs)
- Improve patient engagement with effective outreach strategies for assigned but not seen populations and incorporation of patient experience into quality improvement work
- Implement standard processes for screening of social determinants of health and referral/community linkage to available resources

Scaling Of Evidence-Based Models Pathway: Advanced Primary Care and Other Models Focused On the "50 by 2025: Bold Goals" Initiative Focus Areas

- Implementing group prenatal care (e.g. centering pregnancy or Black Centering)
- Leveraging doulas as a new Medi-Cal benefit
- Implementing evidence-based models of dyadic care (e.g. Healthy Steps, Project Dulce) to support family behavioral health and social needs
- Implementing standard screening and referral workflows for social services (e.g. the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), supplemental nutrition assistance program CalFresh enrollment, etc.) or home visiting programs
- Implementing group visits for chronic disease management, focused on the chronic disease focus areas outlined in DHCS' Population Health Management Strategy and Roadmap
- Implementing best practices for tracking and completing children's preventive care
- Implementing an integrated behavioral health model (e.g. Advancing Integrated Mental Health Solutions (AIMS))

[1] https://www.annfammed.org/content/12/2/166

- Implementing primary care-based Medication Assisted Treatment for substance use disorders

Value-Based Payment Pathway: Readiness Activities To Enter Into VBP Arrangements (e.g. FQHC APM, VBP Contracts With MCP, Other Demonstrations)

- There will be a dedicated amount of at least $200 million for practices participating in the Value-Based Payment Pathway
- Phase 1 of this Pathway would be to meet all Foundational Pathway requirements
- Phase 2 requirements would include:
  - Completion of an alternative payment model readiness assessment to ensure financial readiness, appropriate access and care model specifically focused on population health, AND
  - Participation in the DHCS FQHC Alternative Payment Model; OR
  - Assuming a capitated, risk-bearing contract for primary care with the MCP, consistent with HCP-LAN level 3 or 4, OR
  - Pay for performance incentives based off certain targeted quality measures aligned with DHCS' **"50 by 2025: Bold Goals" Initiative**

Initial Planning Incentive Payments Program Overview

This document will provide guidance on basic requirements and recommendations for managed care Network Provider groups and practices that may be interested in participating in this program, as well as MCPs that will be administering these Initial Planning Incentive Payments and partnering with the applicants on their future equity and practice transformation activities. As noted above, MCPs will earn the Initial Planning Incentive Payments for assisting small- to medium-sized independent practices to embark on the necessary initial preparatory work that will result in a formal application for the Equity and Practice Transformation Provider Directed Payment Program. MCPs can support each practice by providing funds for new or existing staff time to prepare the application and/or the hiring of a consultant to help the practice conduct a needs assessment and assist with research, tools, strategies, and recommendations to include in the development of their action plan/proposal and with completing the Equity and Practice Transformation Provider Directed Payment Program application. The following sections will outline recommended provider practice participant criteria, recommended application evaluation criteria to be used by the MCP, as well as infrastructure and process milestones that will be used by the Department to determine the payment amount.

Eligibility for Provider Participants

- **Required** – Initial Planning Incentive Payments partnerships are to be limited to:
  - Participants that are managed care Network Providers[2]
  - Participants that are Primary Care (Primary Care Pediatrics, Family Medicine or Internal Medicine), Primary Care OB/GYN, or Behavioral Health providers providing integrated behavioral health services in a primary care setting
  - Small independent practices (25 or fewer providers), or medium independent (26-50 providers) practices that are not affiliated with a health care system or Federally Qualified Health Center (FQHC).
- **Recommended** – Initial Planning Incentive Payments partnerships are intended to support practices that have historically been under-resourced and may not have previously had enough resources to apply for practice transformation initiatives in partnership with their MCPs and/or contracted consultants. MCPs are encouraged to prioritize their support to participants that are eligible practices that:
  - Serve at least 1,000 Medi-Cal members (500 members if the practice is a Rural Health Center or other rural practice)
  - Serve disproportionate numbers of Black/African American, Alaska Native/Native American, or LGBTQ+ populations compared to county demographics
  - Indian Health Services
  - Rural Health Centers and other rural practices
  - Provider groups whose current performance on key measures is <50th percentile, especially those <25th percentile
  - Provider groups located in areas designated as Healthy Places Index quartile 1
  - Practices not otherwise receiving funding for the same activities in the Cal-AIM Incentive Payment Program (IPP) or the PATH TA Marketplace program or the Data Exchange Framework (DxF) Grant Program

Initial Planning Incentive Payments

For the Initial Planning Incentive Payments, provider groups should approach their contracted MCPs to learn more about how to participate in this program and prepare for Equity Practice Transformation Payment applications in 2023. The primary MCP will be responsible for meeting applicable milestones to earn the incentive payments, including oversight and coordination with providers for purposes of this program.

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[2] For more information on Network Providers, including the definitions and applicable requirements, see the MCP's Contract, APL 19-001, and any subsequent revisions to the APL. APLs are searchable at: http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx.

Equity and Practice Transformation Provider Directed Payment Program
An application for the Equity and Practice Transformation Provider Directed Payment Program will be issued by DHCS in Q3 2023. Upon approval, MCPs will share a list of approved participating Network Providers with contact information and selected practice characteristics to the Department, on the "Selected Network Providers" template which will be provided later.

General Application Instructions

Initial Planning Incentive Payments: Eligible small- to medium-sized independent practices should reach out to their MCPs directly.

Equity and Practice Transformation Provider Directed Payment Program: Application instructions will be shared in Q3 2023.

MCP Reporting Requirements

MCP-level milestones for the Initial Planning Incentive Payments can be found in the Appendix. To be eligible for payments, MCPs are required to report the milestones to DHCS after completion of the Equity and Practice Transformation Provider Directed Payment Program application review process, selection of participants and submission of all necessary milestone reporting, no later than December 29, 2023. DHCS will provide MCPs with the reporting template on which they will submit their data and instructions for submission once provider participants have been approved and communicated to DHCS.

Milestones will be paid to MCPs upon DHCS approval of the submitted MCP reporting template. Milestone values reported to DHCS must be true and accurate to the best of the MCP's knowledge and must be a non-zero numerical value.

Achievement of milestones will be tied to 100% of the total allocation for the MCP upon formal review and approval by DHCS.

Appendix – MCP-level milestones to be reported for Initial Planning Incentive Payments

Complete the standardized provider readiness assessment tool	• Number of small- to medium-sized independent practices that completed the provider readiness tool (https:/phminitiative.com/phmcat/) and shared results with the MCP (MCPs to provide data from small- to medium-sized independent practices' surveys in format specified by DHCS)
Submit an Equity and Practice Transformation Provider Directed Payment program formal application	• Number of small- to medium-sized independent practices that submitted an Equity and Practice Transformation Provider Directed Payment Program application • Enhanced funding for percentage of EPT applications from small- to medium-sized independent practices located in Healthy Places Index Quartile 1

EXPENDITURES				Notations
	FY2023/24 WORKING BUDGET	ACTUALS as of 9/30/23	YTD ACTUALS AS A % OF WORKING BUDGET	
Salaries & Benefits				
Salaries - Regular	15,678,423	2,269,915	14.48%	
Salaries - Extra Help	135,755	10,806	7.96%	
Salaries - OT/Callback/Standby	41,392	22,870	55.25%	
Benefits	9,524,941	1,254,080	13.17%	
Accrued Leave CTO Payoff	20,000	9,744	48.72%	
Salary Savings	(4,177,375)		0.00%	
Salaries & Benefits Total	**21,223,136**	**3,567,415**	**16.81%**	
Services & Supplies				
Office Expense and Supplies	158,825	13,131	8.27%	Drinking water, household expenses, and trash services.
Communications	138,336	21,973	15.88%	Telephones and cell phones.
Insurance	859,428	-	0.00%	Budget includes cost of Liability Insurance and Malpractice Insurance. These charges will originate from another County Department. Liability charges for the entire year are expected to be charged during MidYear and Medical Malpractice will post at year end and are expected to be budgeted amount.
Equipment - Purchases, Leases & Maintenance	62,937	20,300	32.25%	Q-Matic; Handpiece Express
Mileage, Fuel and Fleet	39,086	13,854	35.44%	Monthly charges for vehicles assigned to County Departments; personal mileage.
Buildings - Maintenance, Improvements, Rent & Utilities	203,400	41,814	20.56%	PG&E & water
Drugs, Pharmaceuticals, Medical and Dental Supplies	569,398	115,495	20.28%	McKesson, Patterson, & Henry Schein
Controlled Assets & Computer Related Items	154,029	457	0.30%	
Medical/Dental Services	218,903	28,668	13.10%	Charges under this category primarily include Quest Lab Services and Solano Diagnostics and other similar services.

EXPENDITURES				Notations
	FY2023/24 WORKING BUDGET	ACTUALS as of 9/30/23	YTD ACTUALS AS A % OF WORKING BUDGET	
Contracted and Other Professional Services	1,249,640	13,769	1.10%	Stericycle (medical waste disposal) Waystar (electronic claims management)
DoIT	2,689,004	307,037	11.42%	
Software & Maintenance or Support	1,300,014	134,221	10.32%	Intelligent Medical Objects (elctronic medical records) Medical Minds (triage protocols) Next Gen Nuance Communications (Dragon dictation services)
Professional Licenses & Memberships	18,455	2,013	10.91%	
Education, Training and In-State Travel	12,000	8,455	70.46%	Registration fees for NACHC Community Health Institute & Expo Conference
Other	39,986	7,561	18.91%	Uniform allowance Fees & Permits (credit card processing, licensing and storage) Livescans
Services & Supplies Total	**7,713,441**	**728,748**	**9.45%**	

Other Charges

Interfund Services - Professional	582,258	24,187	4.15%	County related charges for Sheriff services
Interfund Services - Accounting & Audit	22,800	-	0.00%	
Interfund Services - Other	44,875	4,214	9.39%	Maintenance materials, small projects and labor
Contributions - Non County Agencies	18,000	5,700	31.67%	Registration fees for NACHC Community Health Institute & Expo Conference (two board members)
Intrafund Services - Personnel		-	0.00%	Costs for personnel not assigned the FHS clinics.
Intrafund Services - Professional		-	0.00%	Actuals represent charges for PH Lab fees.
Other Charges Total	**667,933**	**34,101**	**5.11%**	

EXPENDITURES				Notations
	FY2023/24 WORKING BUDGET	ACTUALS as of 9/30/23	YTD ACTUALS AS A % OF WORKING BUDGET	
Contracts/Client Support				
Contracted Direct Services	1,334,000	71,675	5.37%	Barton & Associates (locum services) Children's Choice (dental services) Touro University (providers) Expenditures are low due to timing of contractor invoice processing.
Client Support	21,740	5,145	23.67%	Charges represent client support transportation costs.
Contracts/Client Support Total	**1,355,740**	**76,820**	**5.67%**	
Equipment				
Equipment	184,100	-	0.00%	
Equipment Total	**184,100**	**-**	**0.00%**	
Administration Costs				
H&SS Administration	2,794,793	37	0.00%	
Countywide Administration	935,417	-	0.00%	
Administration Costs Total	**3,730,210**	**37**	**0.00%**	
TOTAL EXPENDITURES	**34,874,560**	**4,407,121**	**12.64%**	

REVENUES				Notations
	FY2023/24 WORKING BUDGET	ACTUALS as of 9/30/23	YTD ACTUALS AS A % OF WORKING BUDGET	
Payer Revenues				
Payer Revenues	23,914,092	3,818,722	15.97%	
Payer Revenues Total	**23,914,092**	**3,818,722**	**15.97%**	
Federal/State Revenues				
1991 Realignment (Underinsured/Uninsured/PH Services)	1,237,344	-	0.00%	
Federal Direct - COVID (one time funding)	602,948	-	0.00%	
Federal Grants	2,057,990	-	0.00%	
Federal Other	943,392	-	0.00%	
Other Revenue	1,339,636	8,905	0.66%	
Program Revenues Total	**6,181,310**	**8,905**	**0.14%**	
TOTAL REVENUES	**30,095,402**	**3,827,627**	**12.72%**	

TOTAL EXPENDITURES VS TOTAL REVENUES				Notations
	FY2023/24 WORKING BUDGET	ACTUALS as of 9/30/23		
TOTAL EXPENDITURES	34,874,560	4,407,121		
TOTAL REVENUES	30,095,402	3,827,627		
DEFICIT (SURPLUS)*	**4,779,158**	**579,494**		

**Deficit to be funded with 1991 Realignment and County General Fund*