

Tab 1:
Draft Minutes 10/19/18 HCH
Commission Meeting

Alameda County Health Care for the Homeless Commission
Friday October 19, 2018 9:00am-11:00am
Health Care Services Agency 1000 San Leandro Blvd #300, San Leandro CA 94577
Draft MINUTES

HCH Commissioners Present

boona Cheema
 Laura Guzman
 Lois Bailey Lindsey
 Claudia Young
 Lynette Lee
 Michelle Schneidermann, MD
 Fr. Rigo Caloca-Rivas

Absent:

Samuel Weeks DDS

County Staff/Partners Present:

Jeffrey Seal MD, HCH Interim
 Director/Medical Director
 Holly Garcia, Alameda Health System
 David Modersbach HCH
 Lucy Kasdin HCH
 Omar Rascon HCH
 Luella Penserga, HCH Consultant

Item	Discussion/ Recommendations	Action
A. CALL TO ORDER 1. Welcome & Introductions 2. Adopt agenda – all in favor & agenda is approved.	boona cheema chair HCH Commission Adopt agenda – all in favor & agenda is approved.	Motion: L.Lee; second, C.Young Yea: unanimous
B. CLOSED SESSION	No Closed Session.	
C. PUBLIC COMMENT** Persons wishing to address items on or off agenda	No Members of public present to speak	
D. CONSENT AGENDA	Review and Approve Minutes of 9/21/2018 HCH Commission meeting Consumer/Community Advisory Board & HCH Commission meeting – all in favor; minutes are approved.	Motion: L.Lee; second, L.Guzman Yea: unanimous
E. HCH Commission New Commissioner Selection	Gloria Crowell, Director of Social Services Allen-Temple Baptist Church Lois and Lynette met with Gloria Crowell on Thursday, October 18, 2018, and provided an overview of Gloria Crowell’s professional background and qualifications. Gloria Crowell’s professional experience and involvement in East Oakland will provide Commission additional views when assessing programmatic needs and efforts. If appointed, Gloria Crowell would like to be assigned to the Street Health subcommittee. HCH Commission unanimously voted to appoint Gloria Crowell to a 4 year term as HCH Commissioner, beginning 11/16/18.	Motion: L.Lee; second, L.Bailey Lindsey Yea: unanimous
F. BOARD ORIENTATION	ACHCH Subrecipient Overview: Alameda Health System Presented by David Modersbach ACHCH Grants Manager Please see attached PPT presentation . Attending the Commission meeting on behalf of AHS was Holly Garcia, AHS Director of Ambulatory Care Innovation and Experience. Ms. Garcia who has experience with HCH’s (Solano County) answered questions around	

	<p>registration and determination of homelessness, access to care especially in clinics like Hayward, where she discussed revamped scheduling templates; PRIME infrastructure, homeless families, FQHC revenue, Sexual Orientation and Gender Identity, EPIC EHR rollout, billing of homeless patients, quality and RBA reporting.</p> <p>Commissioners discussed with Ms. Garcia some of the specific areas raised by HCH as needing attention:</p> <ul style="list-style-type: none"> • Homeless Coordination Office • Homeless Registration & Screening • Homeless Care Access Issues • Billing • Quality and RBA Reporting • Data Systems • HMIS Integration • SOGI • Homeless Status • Governance and Leadership Relationships with HCSA – ACHCH – and HCH Commission <p>These issues will be discussed in more depth at the November 2018 meeting which will be held at Highland Hospital.</p>	
<p>G. HCH Program Director Report</p> <ul style="list-style-type: none"> • Kathleen Clanon MD: HCH Director Position Update • Jeffrey Seal MD: HCH Program Update 	<p>Dr. Clanon provided HCH Commission with HCHP organization history, HCH originally funded in 1988 as part of County of Alameda which included hospital and ambulatory care system. ACHCH was initially seen as a short-term response to crisis of homelessness which unfortunately has become permanent. Decision to decision to separate AHS from AC Health Care Services Agency (HCSA) in 1999. AHS ambulatory care sites remained in ACHCH scope of services through subrecipient agreement.</p> <p>ACHCP moved out of Public Health Department in 2015, and is now part of HCSA, in part reflecting extra tight relationships around the TRUST clinic initiated in 2016.</p> <p>Increasingly political attention to recent explosion of crisis of homelessness in recent years has put more pressure on county, HCSA and ACHCH, need to respond visibly, countywide, and the establishment of governing board HCH Commission.</p> <p>New HRSA OSV results show that HRSA is serious about the issue of ACHCH program leadership.</p> <p>ACHCH has not had a permanent Program Director since 2015. Program has had Interim Directors since then, and with the departure of Mark Shotwell in 6/2017, HCSA undertook review of ACHCH program directorship.</p> <p>Recommendation of HCSA is that the ACHCH program has a Program Director (HCPAII) who leads the program in close partnership with the Medical Director (Physician IV).</p> <p>Goals of this program leadership are:</p> <ul style="list-style-type: none"> • Integration of program and contractors and subrecipient • Countywide scope of work and services for ACHCH • More direct linkages to housing services • Integration of Behavioral Health, Substance Use services, Primary Care and Whole Person Care. <p>Mechanics of hiring ACHCH Program Director: The HCH Commission must</p>	

	<p>evaluate and approve selection of a Program Director.</p> <p>As HCSA Indigent Care Medical Director and supervisor of ACHCH program, Dr. Clanon will ask for the Commission to consider the appointment of Lucy Kasdin as the Interim Program Director, letting Dr. Jeffrey Seal move back to his ACHCH Medical Director position. The proposal will be put forth to the HCH Commission at the November 16 2018 meeting.</p> <p>The goal will be to then initiate a search and recruitment for a permanent Program Director (Health Care Program Administrator II – NOT a reclassification of previous position). HCH Commissioners could help with that process. The process could take around 6 months.</p> <p>Commissioners asked Dr. Clanon about the classification change discussion that was initiated 7 months ago by HCSA. What were the conclusions? Dr. Clanon said First, the OSV showed that ACHCH needs to focus on the bread and butter of managing the health center, not a political person handling homelessness in general across the county. Second, the County Administrators Office (CAO) formed the Homelessness Council at the County level and that will deal with homelessness at the policy and political level.</p> <p>Additional questions about the county Homelessness Council and their approach to homeless services and funding. HCSA Director Colleen Chawla is presenting to the BOS Health Committee on 10/22, with spending plan, use of General Fund and state funds. Commissioners requested to know more about H.Council at next meeting.</p> <p>HCH Commission will discuss proposal for Lucy Kasdin to assume HCH Interim Director position at 11/16 meeting. Staff will prepare draft Job Descriptions for Program Director and Medical Director, as well as draft program Org Chart for Commission review and input.</p> <p>HCH Interim Director Jeffrey Seal MD presented the Director’s Report. Please see attached report.</p>	
<p>H. REGULAR AGENDA</p> <ol style="list-style-type: none"> 1. Consumer/Community Input – Report from HCH Consumer/Community Advisory Board 2. Board Executive Committee report 3. Board Street Health Committee 4. Board Finance Committee 5. HRSA OSV Report and Conditions - <ol style="list-style-type: none"> i. Review of 	<p>Consumer Community Advisory Board Report –</p> <p>Sam Weeks DDS was absent due to family emergency</p> <p>David reported that the HCH CCAB is planning a working retreat 11/9/18, they have a homeless voter’s forum planned on 10/22/18, voting registration drive in collaboration with Public Health Department was successful and 25 volunteers registered 50+ voters and distributed hundreds of forms. HCH CCAB participated in UN Special Rapporteur’s visit around informal settlements and will speak at the issuing of the report on 10/23/18, available here and media on the event is here. The HCH CCAB is looking forward to the Joint HCH CCAB/HCH Commission meeting on December 21, 2018.</p> <p>HCH Commission Executive Committee:</p> <p>Last meeting was good, with staff. Developed process for new HCH Commission candidates:</p> <ol style="list-style-type: none"> 1. Submit Resume 2. Interview with members of E.C. 3. Meet Commissioners at Commission meeting with standardized questions 	

<p>findings issued at OSV; Initial plan for addressing conditions.</p> <p>6. EveryOne Home Point In Time Count 1/30/2019</p>	<p>4. Executive Committee refers on to HCH Commission for vote</p> <p>Executive Committee would like to add chair of each committee as member of Executive Committee if possible. Also the EC needs a secretary.</p> <p>StreetHealth Committee: The Encampments Letter has been signed and will be sent out to BOS and Health Department leadership. Next step is to set up meetings with Supervisors. Discussion of UN Report (above), Martin vs. Boise info here,</p> <p>Finance Committee The finance Committee consists presently of Fr. Rigo Caloca-Rivas and Lois Bailey Lindsey, and will begin meeting quarterly starting November. The Committee will review HCH contracts as they come to the HCH Commission for approval. Commissioners asked that revisions to previous contracts be shown in red-line.</p> <p>HRSA Operational Site Visit: HCH staff will be working to resolve conditions related to the OSV and recent HRSA requirements, and in December 2018 meeting HCH Commissioners will review new P&Ps and contracts around:</p> <ul style="list-style-type: none"> • Sliding Fee Discount Schedule policies and procedures • Sliding Fee Discount contract language • Subrecipient Monitoring Policies and Procedures • Subrecipient monitoring language in AHS subrecipient agreement • HRSA Legislative Mandates in Grants Management P&Ps • HCH Commission requirement to approve HCH Contracts <p>Additional discussion around AHS Governance issue, please see attached letter sent by HCH program to Alameda Health System.</p> <p>EveryOne Home Point In Time Count 1/30/2019 Laura Guzman discussed EveryOne Counts!, the HUD-required biannual point in time count. Ms. Guzman is coordinator of this effort. It is a street count methodology, happens every two years and we will be counting on robust volunteer participation on the part of HCH Commissioners! EveryOne Home general membership meeting 10/29/19, where EOH strategic plan will be released. Bottom line is that Alameda County needs an additional \$240M annually to really impact homelessness, and needs to do advocacy to get there. Difficulty around non-transparency around State and federal funding and allocations.</p>	
<p>I. OTHER ITEMS</p>	<p>Recruiting new members of HCH Commission Laura Guzman shared info about the EveryOne Home Systems Coordination Committee and work to expand representation of people with lived experience of homelessness. Asked if we can work to add more consumers to HCH Commission. All agreed and need overall recruitment, more members and other possible candidates.</p> <p>1. Items for upcoming agendas:</p>	

	Next Meeting Friday November 16: Note Location: Highland Hospital 1411 E.31 st Street HCP Conference Ctr 4 th Floor Rm D/E; Oakland	
H. ADJOURNMENT		11:00 AM

Tab 2: Action Item

HCH Sliding Scale Fee Policy



ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

HEALTH CARE FOR THE HOMELESS

1404 Franklin Street, Suite 200
Oakland, CA 94612
TEL (510) 891-8950
FAX (510) 832-2139
www.achch.org

DATE: 11/16/2018

TO: Alameda County Health Care for the Homeless Commission

FROM: Staff of Alameda County HCH Program

SUBJECT: REQUEST FOR THE HCH COMMISSION TO TAKE ACTION TO APPROVE ACHCH
SLIDING SCALE FEE DISCOUNT POLICY

Background:

As a result of the August 2018 Operational Site Visit, the ACHCH has a condition placed against the program for non-compliance with HRSA's regulations on Sliding Fee Discount Policies. The ACHCH is now required to charge a nominal fee to any health center patient who makes over 100% of the Federal Poverty Level who is treated in a standard clinical (not portable) care setting.

Request:

HCH Program staff has drafted a new version of our Sliding Scale Fee Discount Policy which includes procedures required by HRSA.

A majority vote by the HCH Commission will approve edits to both this Policy, Procedures (in red) and Sliding Scale Fee Notice (attached).

Discussion:

Although the ACHCH program argues that a requirement to charge patients any fees can and does present a barrier to health care services, we must comply.

The arrangement to charge a fee of \$1-3 to patients earning between 100%-200% of the FPL who are treated at stable site clinics will mean that some 100 patients, almost all served at AHS clinics, may be required to pay a small nominal fee. These patients should all be covered by AHS charity care, and non-federal funds will be used to cover payments charged to these patients. Thus, we do not anticipate any changes in our ability to provide access to free medical care.

This requirement dovetails, however, with current efforts by ACHCH staff to ensure that homeless patients are not inadvertently charged by AHS, which has happened in recent times, and is a focus of remediation efforts by ACHCH and AHS staff.



ACHCH Policy Document

ACHCH HEALTH CENTER SLIDING FEE DISCOUNT POLICY 11-2018

PURPOSE

The purpose of this Policy is to describe how Alameda County Health Care for the Homeless minimizes financial barriers to health care services available to persons experiencing homelessness while maximizing revenue to support those services in compliance with HRSA regulations.

SCOPE/COVERAGE

Applies to all services within the HRSA-approved Scope of Project of the HCH program whether delivered directly by Alameda County employees or under contract or subrecipient agreements.

PROVISIONS

Directly-Provided Services

1. All outreach and enabling services provided directly by HCH staff are free of charge to patients.
2. HCH staff will inform patients of Sliding Fee Discount Program availability at all contracted and subrecipient programs to whom health center patients are referred.

Contracted Services

1. All patients seeking healthcare services at HCH contracted and subrecipient service sites are assured that they will be served regardless of ability to pay. **No one is refused service because of lack of financial means to pay.**
2. HCH contractors and subrecipient programs must offer a Sliding Fee Discount Program. The program must apply to all patients receiving services under the terms of the agreement with HCH and must operate in accordance with most recently updated version of the HRSA Health Center Program Compliance Manual.

3. Self-declaration of income and homeless housing status must be allowed for patients served under the terms of an agreement with HCH. Patients without proof of income are allowed to provide a verbal or signed statement of income, which may include a reason they are unable to provide independent verification.
4. Nominal fees are waived for patients served under the terms of contractual agreement with HCH. **Patients who are served at non-portable care sites who earn over 100% of the Federal Poverty Level must be charged according to the Sliding Scale Fee Discount Schedule, and offered charity/alternative payment of nominal fees, paid with non-Federal funds.**

RESOURCES:

<https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html>

ACHCH Sliding Scale Fee Discount Schedule Notice

REVISION HISTORY

Version	Description of change	Approved by ACHCH Commission	Date
0	Original		8/2015
1	Updated HRSA Health Center Compliance Manual	6/15/2018	6/15/2018
2	Updated with SFDS charge information		



ACHCH Procedure Document

ACHCH HEALTH CENTER SLIDING FEE DISCOUNT PROCEDURE 11-2018

ACHCH POLICY COVERING THIS PROCEDURE:

ACHCH HEALTH CENTER SLIDING FEE DISCOUNT POLICY

PURPOSE

The purpose of this procedure is to describe how Alameda County Health Care for the Homeless minimizes financial barriers to health care services available to persons experiencing homelessness while maximizing revenue to support those services in compliance with HRSA regulations.

SCOPE/COVERAGE

Applies to all services within the HRSA-approved Scope of Project of the HCH program whether delivered directly by Alameda County employees or under contract or subrecipient agreements.

PROVISIONS

Directly-Provided Services

Patient Charges, Fees and Nominal Fees:

1. All outreach and enabling services provided directly by HCH staff are free of charge to patients regardless of patient income and family size.
 - a. **No nominal payments or payments of any type are carried out in HCH directly-provided portable service sites, including mobile health, ShelterHealth and StreetHealth.**
2. HCH staff will inform patients of Sliding Fee Discount Program availability at all contracted and subrecipient programs to whom health center patients are referred.
3. Mechanisms for informing patients of HCH fee discount program (policy and SFD schedule) will be posted clearly at HCH service sites and made available to patients at portable care sites.
4. HCH health center SFD information will be made available in key languages spoken by patients and posted clearly on the HCH website.

5. Upon intake and at each subsequent visit, HCH staff will capture and input into HCH data system the following patient financial information:
 - a. Source of Income
 - b. Monthly Income
 - c. Medical Payer source and status
 - d. Family size and type
6. To avoid barriers to care, HCH staff shall accept self-declaration of patient financial information including income and payer status, and not require additional documentation for health center services provided.
7. **The ACHCH health center, including HCH program and contractors, is required to assess a nominal charge to HCH patients treated at contractor or stable sites who make over 100% of the Federal Poverty Level. This nominal amount of \$1, \$2 or \$3 as indicated on the annual Sliding Fee Discount Schedule may be paid by contractor or HCH program using non-federal funds. Any patient earning >200% of FPL should be referred to discount/charity programs so fees can be paid with non-federal funds as not to present a barrier to care.**
8. Patients who report no medical insurance or who are ineligible for medical insurance are referred to Alameda County Health Insurance Technicians, both on phone and on-site, for enrollment in medical or HealthPAC as needed.
9. Patients who report issues or problems with their health insurance are referred to Alameda County Health Insurance Technicians or to benefits advocates on an as-needed basis.
10. Patients are to be connected by HCH staff to benefits advocates (see referral list) for support with income-related benefits (SSI, GA, CalFresh, CalWorks, etc.).
11. Every three years, the HCH program, through the Quality Committee, will evaluate the sliding fee discount program. This includes collecting utilization data and other data (for example, results of patient satisfaction surveys or focus groups, surveys of patients at various income levels) to evaluate the effectiveness of its sliding fee discount program in reducing financial barriers to care; and identify and implement changes as needed.

Billing and Collection

1. At this time, no billing or collection from third party payers is carried out by HCH health center staff in the direct provision of portable care services.

Contracted Services

1. All patients seeking healthcare services at HCH contracted and subrecipient service sites are assured that they will be served regardless of ability to pay. **No one is refused service because of lack of financial means to pay.**
2. HCH contractors and subrecipient programs must offer a Sliding Fee Discount Program. The program must apply to all patients receiving services under the terms of the agreement with HCH and must operate in accordance with most recently

updated version of the HRSA Health Center Program Compliance Manual. Signage must be clearly posted at sites of health center services.

3. Self-declaration of income and homeless housing status must be allowed for patients served under the terms of an agreement with HCH.
4. **Nominal fees must be waived for any patients earning less than 100% of the Federal Poverty Level served under the terms of contractual agreement with HCH. The ACHCH health center, including contractors, is required to assess a nominal charge to HCH patients treated at contractor or stable sites who make over 100% of the Federal Poverty Level. This nominal amount of \$1, \$2 or \$3 as indicated on the annual Sliding Fee Discount Schedule may be paid by contractor or HCH program using non-federal funds. Any patient earning >200% of FPL should be referred to discount/charity programs so fees can be paid with non-federal funds as not to present a barrier to care.**
5. HCH contractors and subrecipient programs must provide the HCH program with annual updated Sliding Fee Discount Program policies and Sliding Fee Discount Schedule.
6. HCH contractor and subrecipient providers must report the following patient financial information, for every health center patient visit:
 - a. Source of Income
 - b. Monthly Income
 - c. Medical Payer source and status
 - d. Family size and type

RESOURCES:

HCH benefits and enrollment advocates referral list

HRSA Health Center Compliance Guide, Chapter 9 Sliding Fee Discount Program

HRSA Health Center Compliance Guide, Chapter 16 Billing and Collections

REVISION HISTORY

Version	Description of change	Approved by ACHCH Commission	Date
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0	Original		5/10/18
1	New SFDS language added		



Alameda County Health Care for the Homeless

2018 Sliding Scale Fee Schedule

No qualified resident of Alameda County experiencing homelessness who is being treated by ACHCH health center or by a contractor of ACHCH health center under the terms of our homeless grant will be denied basic services (primary care, dental, substance abuse, mental health) for inability to pay a sliding scale or nominal fee, regardless of income.

ACHCHP Sliding Scale Fee Schedule 2018						
Poverty Level 2018:		100%	101%-150%	151%-175%	176-200%	>200%
family Size	Federal Poverty Level	Monthly Income				
1	\$12,140	\$1,012	\$1,518	\$1,770	\$2,023	\$2,276
2	\$16,460	\$1,372	\$2,058	\$2,400	\$2,743	\$3,086
3	\$20,780	\$1,732	\$2,598	\$3,030	\$3,463	\$3,896
4	\$25,100	\$2,092	\$3,138	\$3,660	\$4,183	\$4,706
5	\$29,420	\$2,452	\$3,678	\$4,290	\$4,903	\$5,516
6	\$33,740	\$2,812	\$4,218	\$4,920	\$5,623	\$6,326
7	\$38,060	\$3,172	\$4,758	\$5,550	\$6,343	\$7,136
8	\$42,380	\$3,532	\$5,298	\$6,180	\$7,063	\$7,946
For each additional person, add		\$4,320	\$6,480	\$7,560	\$8,640	\$9,720
Patient Charge		0	\$1*	\$2*	\$3*	No Discount*

**No fees or charges of any kind will be assessed in mobile or field (mobile clinic, street medicine, immunizations) settings. Full patient discounts for any charges to eligible patients are supported through other state/locally-funded discount programs.*



Condado de Alameda Programa de Salud para Personas sin Vivienda (ACHCH) Tabla de Tarifas Variables 2018

Los servicios proveídos por el programa ACHCH del condado de Alameda, o alguno de su contratistas (servicios medical, dental, salud mental y de recuperación) serán proporcionados a todos los residentes viviendo sin hogar, sin importar su capacidad para pagar costos o tarifas variables.

Tabla de Tarifas Variables ACHCHP 2018					
Nivel de Pobreza 2018:	100%	101%-150%	151%-175%	176-200%	>200%
tamaño de la familia					
1	\$12,140	18,210	21,245	24,280	27,315
2	\$16,460	24,690	28,805	32,920	37,035
3	\$20,780	31,170	36,365	41,560	46,755
4	\$25,100	37,650	43,925	50,200	56,475
5	\$29,420	44,130	51,485	58,840	66,195
6	\$33,740	50,610	59,045	67,480	75,915
7	\$38,060	57,090	66,605	76,120	85,635
8	\$42,380	63,570	74,165	84,760	95,355
Por cada persona adicional, agregue	\$4,320	\$6,480	\$7,560	\$8,640	\$9,720
Costo al paciente	0	\$1*	\$2*	\$3*	Sin Descuento*

* No se cobrarán tarifas por servicios móviles. Cualquier paciente elegible puede acceder al programa de apoyo para cubrir cualquier cargo que se le haga.

Tab 3

Action Item: ACHCH HRSA Mandated Grants Management Policies



ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

HEALTH CARE FOR THE HOMELESS

1404 Franklin Street, Suite 200
Oakland, CA 94612
TEL (510) 891-8950
FAX (510) 832-2139
www.achch.org

DATE: 11/16/2018

TO: Alameda County Health Care for the Homeless Commission

FROM: Staff of Alameda County HCH Program

SUBJECT: REQUEST FOR THE HCH COMMISSION TO TAKE ACTION TO APPROVE ACHCH
HRSA-MANDATED GRANT MANAGEMENT POLICY

Background:

Following the passage of the 2018 Consolidated Appropriations Act, HRSA has been moving to ensure that health centers have Board-Approved policies and procedures around congressional mandates in the management and utilization of federal grants.

The HCH Commission approved in June 2018 a set of policies required by HRSA. Upon submission of these policies, HRSA FMR staff communicated that they now require both policies and procedures to be Board-Approved.

Request:

HCH Program staff has drafted a new version of the HRSA-Mandated Grant management Policy which includes procedures required by HRSA. A majority vote by the HCH Commission will approve both these unrevised Policy and the new Procedures (in red).

Discussion:

There is no change to the policies discussed during May and June. This is only to add the procedures.



ACHCH Policy Document

NAME OF POLICY

Required HRSA Health Center Grants Management Policies 11/2018

PURPOSE

The purpose of this Policy is to clarify the requirements mandated by the FY 2018 Consolidated Appropriations Act 2018 (Public Law 115-141), signed into law on March 23, 2018. The intent of this Policy is to describe ACHCH policy on the following statutory provisions that limit the use of funds on HRSA grant funding.

In no manner are any of the following restrictions meant to restrict health center patient access to health care services including syringe exchange and harm reduction services or abortion or related services. The HCH program may continue to provide access to said services within applicable laws, however, this HRSA-mandated Policy solely serves to describe specific areas in which the expenditure of federal grant funds are prohibited by federal law.

SCOPE/COVERAGE

Applies to all services within the HRSA-approved Scope of Project of the HCH program whether delivered directly by Alameda County employees or under contract or subrecipient agreements.

PROVISIONS

1. Salary Limitation

No ACHCH HRSA health center grant funds shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of federal Executive Level II.

2. Gun Control

No ACHCH HRSA health center grant funds may be used, in whole or in part, to advocate or promote gun control.

3. Anti-Lobbying

No ACHCH HRSA health center grant funds shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local

government, except in presentation to the executive branch of any State or local government itself. The above prohibitions shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control. No federal grant funds shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

4. Acknowledgment of Federal Funding

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, the Alameda County HCH program shall clearly state – (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non- governmental sources."

5. Restriction on Abortions

No ACHCH HRSA health center grant funds shall be expended for any abortion. No HRSA health center grant funds shall be expended for health benefits coverage that includes coverage of abortion. The term "health benefits coverage" means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement."

6. Exceptions to Restriction on Abortions

The limitations established in the preceding section shall not apply to an abortion – (1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State's or locality's contribution of Medicaid matching funds). Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State's or locality's contribution of Medicaid matching funds).

The ACHCH program shall not subject any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions. The term "health care entity" includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan."

7. Ban on Funding of Human Embryo Research

No ACHCH HRSA health center grant funds may be used for – (1) the creation of a human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

8. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

No ACHCH HRSA health center grant funds may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications.

9. Restriction on Purchase of Sterile Needles

No ACHCH HRSA health center grant funds shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug, unless the CDC has determined that the area is experiencing -- or is at risk for -- a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and the health center has received HRSA approval for said syringe exchange activities.

10. Restriction of Pornography on Computer Networks

No ACHCH HRSA health center grant funds may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography. ACHCH as part of Alameda County Information Systems ensures that regular scanning and firewalls are part of health center IT systems, and enforces countywide policies around inappropriate computer use.

11. Restrictions on Funding ACORN

No ACHCH HRSA health center grant funds may be provided to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors.

12. Confidentiality Agreements

No ACHCH HRSA health center grant funds may be utilized for a contract, grant, or cooperative agreement with an entity that requires employees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

PROCEDURE

1. Review and Updates of this Policy and Procedure

The ACHCH Program Director shall review this Policy & Procedure upon the passage of a new HHS Appropriations Act or issuance of HRSA guidance regarding the Legislative Mandates, and shall ensure this Policy & Procedure is updated as necessary. As appropriations acts are generally enacted annually, this Policy & Procedure will generally require annual review. Any modifications to this Policy & Procedure will require review and approval by the Health Center Board.

2. Compliance Manual

This Legislative Mandates Policy & Procedure will be incorporated into the ACHCH

health center Compliance Program.

3. Financial Management

The ACHCH 330 Grant Compliance Team and the ACHCH Finance Manager shall work together to ensure that ACHCH financial management systems and procedures are structured to ensure that no federal grant funds are used for purposes that are impermissible under this Policy & Procedure. As necessary, the ACHCH Finance Manager may establish cost centers/accounts for the accumulation and segregation of such costs.

REFERENCES/RESOURCES:

Legislative Mandates in Grants Management for FY 2018 HRSA:

<https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/grants-policy-bulletin-2018-04.pdf>

Consolidated Appropriations Act, 2018 <https://www.congress.gov/bill/115th-congress/house-bill/1625>

REVISION HISTORY

Version	Description of Change	Approved by ACHCH Commission	Date
0			5/10/18
1	Additional patient access language requested by ACHCH Commission		7/20/2018
2	Addition of Procedure Language required by HRSA 10/2018		

Tab 4

HCH Directors Report



November 16, 2018

TO: Alameda County Health Care for the Homeless Commission

FROM: Jeffrey Seal, MD; Interim Director and Medical Director

SUBJECT: Director's Report

Program activity update since the 10/2018 HCH Commission meeting:

1. Strategic Plan

The strategic plan is complete and Daniel Cohen, LCSW is aiming to complete the full document by year end. We are working with the executive committee to locate a time during an upcoming HCH Commission meeting to review it.

2. Personnel

We are currently working on several hires related to our direct services, which include a Social Worker, Outreach Worker, and Nurse Practitioner to support our outreach medicine efforts in Oakland. We hope to have these positions filled by March 2019. The program is also working to hire a Behavioral Health Clinical Supervisor position, which would support management of direct services staff as we expand.

3. StreetHealth

The HCH StreetHealth team continues to use its SUD/MH expansion funds from HRSA to expand our operations. We are currently trying to hire a psychiatric nurse practitioner or a nurse practitioner who has greater than 5 years of experience in a mental health setting.

4. Quality

We completed our first subcommittee and are working to schedule next year's quarterly meetings with Commissioners Weeks, Guzman, and Schneidermann. We are starting work on quality work plan for next year, which will be reviewed by the Commission in the near year. We continue our work in transitioning our contracts to Results-Based Accountability for improved assessment of quality.

5. Operational Site Visit

We have several meetings on the books with AHS leadership to discuss the governance findings from the OSV.

We are working on action plans for the conditions for submission to HRSA near the New Year.

6. Medical Respite

HCH continues to work with HCSA leadership to support the Alameda Point Collaborative med respite project. We have several meetings scheduled with leadership to continue to support and determine ongoing role.

7. Contracts

- a. Street Medicine: ACHCH will be ending both of its street medicine contracts (Roots, Tri-City) in June, 2019. The plan is to initiate an RFP process for street medicine services in January 2019 that will combine money from the 2 prior contracts, as well as outside resources. The goal is to require stricter monitoring and requirements of the contract, use of a modular model for scalability, requirement of HCH best practices, and geographic strategies.
- b. AHS/Sub-recipient: We are currently in the process of reviewing and editing the AHS contract and sub-recipient agreement. The contract has been informed by the OSV findings, however, we anticipate that there will be augmentation based on the approach that AHS and HCSA takes to come into compliance. Of note, HCH has used some of its pass-through funds to AHS to fund a 1.0 FTE practice manager position at AHS (Heather MacDonald-Fine is the current practice manager who oversees homeless service as part of her job). HCH has ongoing concerns re: patient registration/identification of homeless patients in the health center, valid health center data, quality initiatives to ensure AHS ambulatory services are adequate for homeless clients, and more. Given these concerns and the increased monitoring requirements from the OSV, we feel this warrants a 1.0FTE position that will closely partner with HCH to tackle these issues.
- c. Mobile dental: We are drawing to a close our current RFP process and will announce the winning bid soon.

Sincerely,



Jeffrey Seal, MD
Interim Director and Medical Director
Alameda County Health Care for the Homeless
Jeffrey.Seal@acgov.org
510-891-8920

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ALAMEDA HEALTH CARE SERVICES AGENCY

Health Care Services Agency/Agency Administration and Indigent Health/ Health Care for the Homeless Program

Division/Section/Unit

Criteria-Based Job Description

HEALTH CARE FOR THE HOMELESS PROGRAM DIRECTOR

Job Title

M0340

(Health Care Program Administrator II - 0315)

Classification

Definition:

Under the general direction of the Health Care Services Agency Medical Director, directs the operation of the Health Care for the Homeless Program, including the supervision of a multi-disciplinary staff in the direct delivery of homeless services. Plans, develops, manages and evaluates assigned programs. Acts as a liaison with funding sources and county service providers. Ensures that program regulations, standards and procedures are followed. Performs related work as required by the program and/or is assigned by the Supervisor.

Distinguishing Features:

This class is distinguished from the lower class of Health Care Program Administrator I in that the latter class manages a small to medium sized program(s) whereas the Health Care Program Administrator II manages a large complex health care program(s) with 15 or more multidisciplinary staff (at least 8 employees must be at a paraprofessional and/or professional level) and multiple funding sources. This position differs from other Health Care Program Administrator II and other management positions in that it is responsible for the planning, development and management of homeless health care and support service programs.

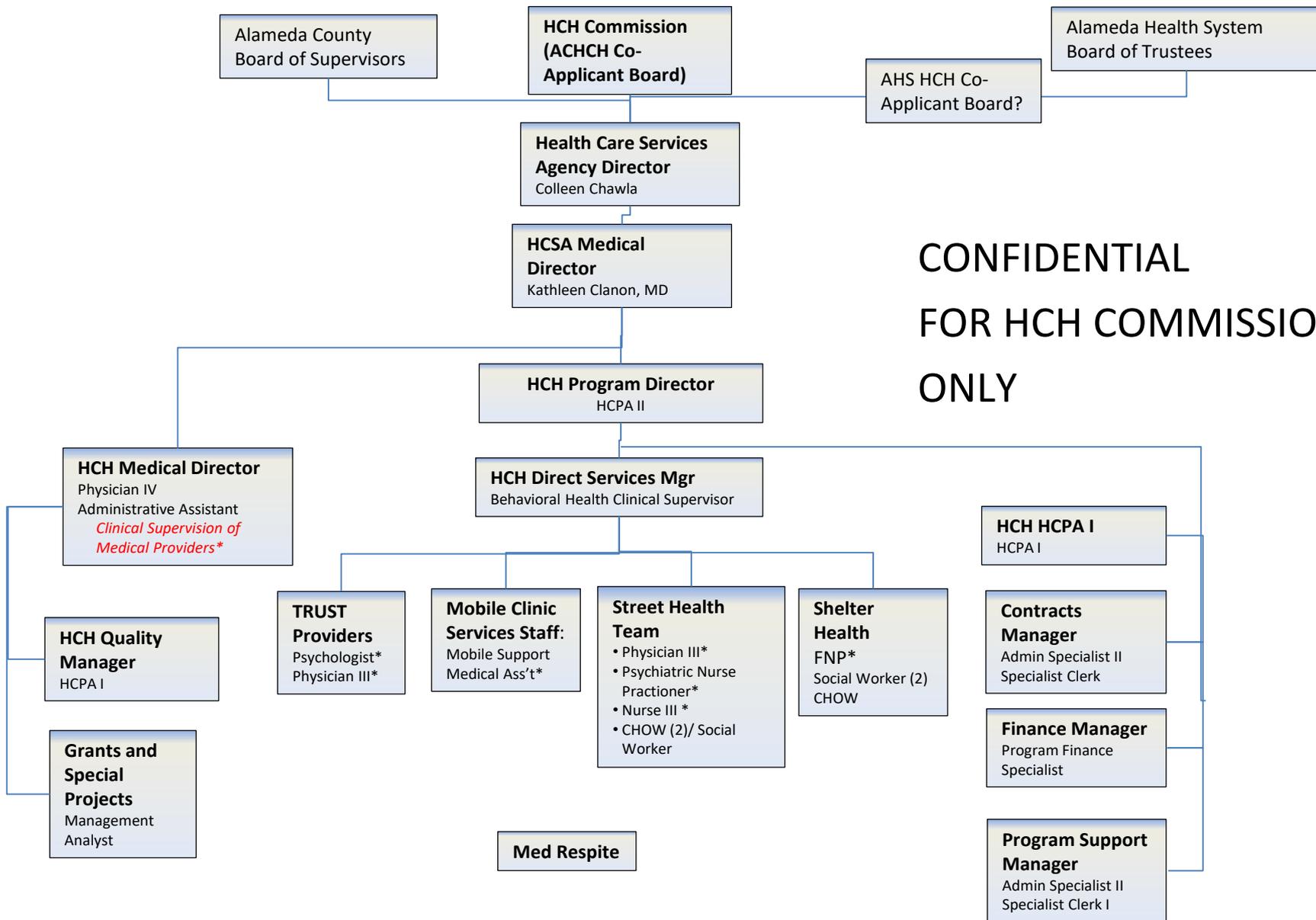
Major Tasks, Duties and Responsibilities:

1. Oversees the operation of Health Care for Homeless Program, including the operation of a mobile health van, StreetHealth, ShelterHealth, and the development and administration of service contracts with community based organizations.
2. Recruits and plans, supervises, reviews and evaluates the work of multi-disciplinary professional, technical and support staff providing homeless services and implements discipline as required.

3. Reviews county health status reports and evaluates programs annually; makes appropriate modifications to program based upon reviews/evaluations.
4. Works with HCH staff and county and community partners to conduct periodic needs assessment studies of homeless populations; identifies program goals and objectives and develops program work plan with timelines.
5. Researches program alternatives, funding sources, service delivery alternatives and other elements for possible program inclusion; evaluates alternatives, prepares reports and makes recommendations.
6. Acts as the Department liaison and develops and provides cooperative relationships with and coordination among funding agencies, clients serviced, county departments and community organizations; provides training and technical assistance as required.
7. Serve as program lead and provide communication and reports and collaboration as directed by the Alameda County Health Care for the Homeless Commission, and serve as ex-officio non-voting member of the Commission.
8. Monitors progress of assigned program or programs; ensures compliance with funding contract provisions and regulations; recommends and facilitates implementation of procedural and operational changes to maximize service delivery and revenue reimbursement.
9. Participates in division, departmental, county-wide and/or state planning processes; coordinates the development of a program work plan; serves on a variety of committees and task forces, including countywide emergency planning, countywide Continuum of Care Board and other countywide homeless initiatives.
10. Ensures that accurate records and files are maintained regarding program activities; oversees the preparation of periodic and special statistical or narrative reports as required.
11. Participates in the budget development process; monitors and recommends expenditures; oversees the claim reimbursement process and manages program budget to ensure fiscal viability.
12. Oversees the development, processing, monitoring and payment of contracts.
13. Analyzes changes in governmental regulations; evaluates the impact upon program operations and drafts policy and procedural changes as required.
14. Conducts annual legislative review and recommends changes to existing codes/legislation and/or new legislation.

15. Prepares a variety of correspondence, periodic and special reports, informational publications, program documentation, policies, procedures and other written materials.
16. Ensures that division and program procedures are in place and carried out.
17. Regularly conducts, attends and actively participates in pertinent community, staff, administrative, planning and training meetings and/or sessions.
18. Promotes and fosters excellent customer service practices and policies.
19. Operates standard office equipment, including a computer; drives a County or personal vehicle to make site visits and attend meetings.
20. Performs special assignments as assigned by the supervisor.

Draft Operational Organizational Chart - Alameda County Health Care for the Homeless for discussion only



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ONLY**

Tab 5:
Communication with AHS re:
OSV Governance Condition



31 October, 2018

Dear Alameda Health System Partners,

As a result of the August 2018 HRSA Operational site visit, governance conditions have been placed on the Health Care for the Homeless health center program grant which directly impact Alameda Health System, our 330(h) subrecipient.

The conditions were issued on 10/1/18, and since that time, HCH staff have had clarifying conversations with HRSA staff and our Project Officer regarding their expectations. This letter covers the specific **governance** condition, which requires your immediate attention.

History:

Following the 2015 HRSA OSV, the HCH program and subrecipient AHS were required to comply with HRSA governance requirements by forming a Co-Applicant Board to govern the HCH health center operations. This Co-Applicant Board formed was named the [HCH Commission](#), and its governing authority was mediated through a [Co-Applicant Agreement](#) signed by the AHS BOT, the Alameda County Board of Supervisors, and the HCH Commission.

This governing structure was HRSA-approved and has been in place since September 2016. In late 2017, HRSA released its new and consolidated [Health Center Compliance Manual](#) and [Operational Site Visit Protocol](#), under which the HRSA 8/17/18 Operational Site Visit was carried out.

2018 HRA OSV Governance Finding:

During the August 2018 site visit, HRSA Operational Site Visit consultants and representatives concluded that HRSA governance requirements had changed between 2016 and 2018, and that the current governance structure was out of compliance. They issued a [Site Visit Report](#) stating that as a subrecipient, AHS does not meet HRSA governance requirements solely through the operation of the HCH Commission, the health center governing board.

According to HRSA, AHS must develop its own HRSA-compliant structure for governance of homeless health center operations within AHS. HRSA followed up with a [Notice of Award](#) outlining HCH health center conditions related to governance of the HCH-AHS subrecipient arrangement. Following is the language of this condition:

- a. **Maintenance of Board Authority Over Health Center Project:** Within 90 days, provide final, executed documentation that ensures the health center governing board maintains authority for oversight of the health center project. Specifically provide final, executed documentation of organizational or other changes that address a finding(s) that: 1) Another individual, entity or committee reserves approval authority or has veto power over the health center board with respect to required authorities and functions; 2) Collaborations or agreements with another entity infringe or restrict the health center's required authorities and functions; or, if applicable, **3) The co-applicant agreement did not delegate required authorities and functions to the co-applicant board and/or did not delineate the roles and responsibilities of both the co-applicant board and the public agency in carrying out the health center project.** *(our highlight of the condition that is relevant).*

Timeline:

HRSA requires the submission of a 120-day Action Plan by January 1, 2019.

Acceptance of this action plan by HRSA will then provide 120 days for implementation of the required organizational changes.

In order to meet this deadline, ACHCH requests that AHS submit a draft Action Plan to us by **December 3, 2018**.

- **10/23/2018 – 12/31/2018:** AHS develop Action Plan with technical assistance from HCH; submission to HRSA for approval.
- **1/1/2019 – 1/14/2019:** Review / Approval of Action Plan by HRSA
- **1/14/19 – 5/14/19:** 120 days to implement Action Plan.

Possible AHS Governance Compliance Scenario:

The documents issued by HRSA do not provide detailed suggestions regarding compliance with HRSA requirements. In discussion with HRSA policy staff, the following steps were outlined:

1. Dissolution of the current Co-Applicant Agreement between AHS, BOS, and the HCH Commission, and then creation of a Co-Applicant Agreement between the HCH Commission and Board of Supervisors
2. Subrecipient AHS achieves compliance with HRSA governance requirements through:
 - a. Having a governing board (BOT) comprised of at least 51% active health center patients;OR
 - b. Creation of an AHS Homeless Health Center Co-Applicant Board, comprised of 51% active health center patients which will meet [HRSA governance requirements](#):
 - i. Govern AHS homeless health center services/operations (not including financial or personnel)
 - ii. Oversee management of AHS health center operations, including Homeless Coordination Office Manager.
 - c. Creation of a Co-Applicant Agreement between AHS BOT and AHS Homeless Co-Applicant Board

Next Steps:

HRSA was both clear and firm with HCH that this is a health center compliance question and AHS, as a HRSA health center subrecipient, must take immediate steps to resolve it. Please reach out to us and we can schedule times to meet, discuss, and work on timelines for achieving compliance. As our close partners, we look forward to supporting you in addressing these findings over the next few months.

Sincerely,

Jeffrey Seal MD, Interim Director and Medical Director
Alameda County Health Care for the Homeless Program

Cc:

Delvecchio Finley AHS

Mike Moyer AHS

Katherine Horner AHS

Palav Babaria MD AHS

Heather MacDonald-Fine AHS

Colleen Chawla, AC HCSA

Kathleen Clanon MD, AC HCSA

Tab 6

**Action Item: Re-
Appointment of HCH
Commissioners Weeks,
Lindsey and Caloca-Rivas**



ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

HEALTH CARE FOR THE HOMELESS

1404 Franklin Street, Suite 200
Oakland, CA 94612
TEL (510) 891-8950
FAX (510) 832-2139
www.achch.org

DATE: 11/16/2018

TO: Alameda County Health Care for the Homeless Commission

FROM: Executive Committee, HCH Commission

SUBJECT: REQUEST FOR THE HCH COMMISSION TO TAKE ACTION TO EXTEND
APPOINTMENT OF HCH COMMISSIONERS WEEKS, CALOCA-RIVAS AND LINDSEY

Background:

With the formation of the HCH Commission in 9/2016, decisions were made and ratified to appoint certain HCH Commissioners to geographically-specific seats tied to Board of Supervisor Districts. It is a requirement of the HCH Commission to maintain at least one person appointed by each Supervisor. When the original HCH Commissioners were appointed, each Commissioner appointed to a BOS district seat was given a 4 year term. To prevent all HCH Commissioners from terming-out simultaneously, the "At Large" Commissioners were given 2 year terms.

- HCH Commissioner Samuel Weeks DDS was given a two year term from 9/12/16 – 9/12/2018.
- HCH Commissioner Rigo Caloca-Rivas was given a two year term from 9/12/16 – 9/12/2018
- HCH Commissioner Lois Bailey Lindsey replaced Adria Walker in May 2018, and completed Ms. Walker's term which ended 9/26/2018. In Bylaws Article IX: Vacancies, it is stated that "The Commission shall have the ability to appoint members to fill vacancies to complete a term following the procedures outlined in Article V. Anyone selected to fill a vacancy shall fill the remainder of the term. "

Request:

HCH Commissioner majority approval will mean that HCH Commissioners Weeks, Caloca-Rivas and Lindsey be reappointed to a complete 4 year term each on the HCH Commission:

- HCH Commissioner **Samuel Weeks** DDS a 4 year term from 9/12/18 to 9/12/2022
- HCH Commissioner **Rigo Caloca-Rivas** a 4 year term from 9/12/18 to 9/12/2022
- HCH Commissioner **Lois Bailey Lindsey** a 4 year term from 9/26/18 to 9/26/2022

Discussion:

According to Article V of the HCH Commission Bylaws, each returning member shall be separately selected by a majority vote of the members present and voting at the meeting

designated for such selections. Each nominee selected for continuing membership will begin their new term immediately. According to Article VI, the term of the term of office for Commission members shall be four (4) years. A member shall be limited to three (3) consecutive full terms of membership. A partial term of less than four (4) years shall not count as a term as outlined above.

Highland Hospital

1411 E. 31st Street between 14th Avenue and Vallecitos Pl.

Highland Care Pavilion 3rd Floor Meeting Rooms D/E

9:00am-11am

Parking:

Visitors may park in the public garage at 14th Avenue and East 31st Street. There is a fee for parking, with no in-and-out privileges. Garage levels P5 and P6 connect directly to the hospital. The public garage also offers valet parking.

Patients and visitors may also park in the HCP underground parking lot, where there are 176 available spots.

BART Shuttle:

For Highland Hospital there is a shuttle that runs every 15 minutes between 6am and 8pm Monday through Friday from the Lake Merritt BART Station to the facility, which can be boarded on the 8th Street side of the station parking lot.