**AGENDA**

<table>
<thead>
<tr>
<th>Item</th>
<th>Presenter</th>
<th>TAB</th>
<th>Time</th>
</tr>
</thead>
</table>
| A. CALL TO ORDER  
1. Welcome & Introductions  
2. Adopt agenda | boona cheema  
chair HCH Commission | | 9:00 AM  
5 min |
| B. CLOSED SESSION  
1. No Closed Session. | | | |
| C. PUBLIC COMMENT**  
Persons wishing to address items on or off agenda | | | 5 min |
| D. CONSENT AGENDA  
Review and Approve Minutes of 9/21/2018 HCH Commission meeting | | TAB 1 | 5 min |
| E. NEW HCH COMMISSION MEMBER SELECTION/APPROVAL | Gloria Crowell, Director of Social Services Allen-Temple Baptist Church | TAB 2 | 10 min |
| F. BOARD ORIENTATION  
ACHCH Subrecipient Overview: Alameda Health System | David Modersbach, HCH Grants and Special Projects | TAB 3 | |
| G. HCH Program Director Report –  
• Kathleen Clanon MD: HCH Director Position Update  
• Jeffrey Seal MD: HCH Program Update | Kathleen Clanon MD,  
Medical Director HCSA  
Jeffrey Seal MD HCH Interim Director | TAB 4 | 15 min |
| H. REGULAR AGENDA  
2. Board Executive Committee report  
3. Board Street Health Committee  
4. Board Finance Committee  
5. HRSA OSV Report and Conditions -  
a. Review of findings issued at OSV; Initial plan for addressing conditions.  
6. EveryOne Home Point In Time Count 1/30/2019 | Sam Weeks, DDS CCAB  
Board Chair  
David Modersbach  
Laura Guzman, HCH Commission | TAB 5 | 5 min  
5 min  
5 min  
20 min  
10 min |
| I. OTHER ITEMS  
1. Recruiting new members of HCH Commission  
2. Items for upcoming agendas: **Next Meeting Friday November 16: Note Location**: Highland Hospital 1411 E.31st Street HCP Conference Ctr 4th Floor Rm D/E; Oakland | boona cheema, chair HCH Commission | | 15 min  
5 min |
| J. ADJOURNMENT | | | 11:00 AM |

*Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH Grant Manager at least five working days before the meeting at (510) 667-4487 in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH Commission regular meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: [http://www.achch.org/](http://www.achch.org/).*
Tab 1:
Draft Minutes 9/21/18 HCH Commission Meeting
Alameda County Health Care for the Homeless Commission
Friday September 21, 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
Samuel Weeks DDS
Lois Bailey Lindsey
Lynette Lee
Fr. Rigo Caloca-Rivas

Absent: Michelle Schneidermann MD
Laura Guzman
Claudia Young

County Staff/Partners Present: Jeffrey Seal MD, HCH Interim Director/Medical Director
Luella Penserga
Lucy Kasdin HCH
Omar Rascon HCH

<table>
<thead>
<tr>
<th>Item</th>
<th>Discussion/Recommendations</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. CALL TO ORDER 1. Welcome &amp; Introductions 2. Adopt agenda – all in favor &amp; agenda is approved.</td>
<td>boona cheema chair HCH Commission Adopt agenda – all in favor &amp; agenda is approved.</td>
<td>Motion: Lois Bailey Lindsey; second L.Lee Yea: unanimous</td>
</tr>
<tr>
<td>B. CLOSED SESSION</td>
<td>No Closed Session.</td>
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</table>
| C. PUBLIC COMMENT** Persons wishing to address items on or off agenda | Introduction of Gloria Crowell  
● Previously worked for the Public Health Department at Office of AIDS, and as Public Health Commission member.  
● Currently works for Allen Temple as the Director of Social Services  
● Passions include advocacy for public health and equitable access to resources.  

Group agreed for Gloria Crowell to attend today’s meeting, and next step is to schedule a follow-up/nomination for next meeting.  

**Action Items:** add item to vote for Gloria’s nomination during next meeting scheduled for October 19, 2018.  

- David to present resume/cv to commission  
- Define recruiting process to update on the bylaws | |
| D. CONSENT AGENDA | Review and Approve Minutes of 8/10/2018 HCH Commission meeting – all in favor; minutes are approved. | Motion: Lois Bailey Lindsey; second, S.Weeks Yea: unanimous |
| E. HCH Program Director Report | Dr. Jeffrey Seal provided group overview and objectives of Strategic Plan Meeting scheduled for Monday, September 24, 2018, to provide agency leadership with program strategic plan, and provide plans projections of HCH for a few years as program expands. |
HCH Personnel: Theresa Ramirez, new HCH program Health Care Program Administrator was introduced to the group and background was provided. In addition, Theresa Ramirez’ role in the program, and onboarding expectations. Theresa provided a background of academic and professional experience.

Discussion about the HCH Director Position: provide plan to the Commission to receive feedback and approval. The goal is to provide documentation to commission within a week, and the expectation is to work collaboratively with the commission and HCH leadership.

**Question:** what is the involvement of the Commission during the selection of the director? The strategic plan should provide the organization and HCSA leadership with the commission’s involvement when determining the program director and their responsibilities.

**HCH StreetHealth**

Currently, Street Health is moving out of pilot phase and working with STOMP and Outreach medicine. Dr. Jeffrey Seal provided group with information regarding AC3 and HCSA Street Medicine Symposium to share best practices on how a model should look like when providing services to the public. Discussion regarding the efforts to address gaps in services provided, and how can we support other efforts to facilitate coordinated entry.

**Quality**

Dr. Jeffrey Seal provided group with overview of Bright Research Group’s status of developing a Patient Experience Survey in collaboration with Community/Consumer Advisory Board. The purpose of the survey is to implement throughout the HCH network and measure patient experience and satisfaction with services provided by contractors. HCH would like to provide bi-annual/annual reports on quality to be provided to the commission.

**Contracts**

Request for Proposal (RFP) process for Mobile Dental services is currently being carried out. The program is looking for a Mobile Dental organization that provides patients with access to dental treatment and services, and the organization must be able to serve populations in various locations.
**Question:** are there other possibilities and efforts to continue working with Onsite Dental? Lucy and Jeffrey provided an overview of how the county requires services to go out for an RFP, and the program is currently working on designs for dental services and best practices for future contracts. HCH Program planning to work with a dental consultant to assess and redesign dental service delivery.

**Medical-Respite**

HCH Leadership and HCSA Agency Leadership met with Alameda Point Collaborative (APC) at Crab Cove in Alameda. The property has been turned over to APC, and the goal to complete construction is within two years. There is a clear way of developing the permanent housing (90 units for homeless seniors) but the Medical Respite facility will need to be built from the ground up and entire program designed and funded.

**HCH Strategic Planning:**

The Commission would like the strategic-plan to come to the commission first before presenting to the agency leadership.

**Action Item:** Jeffrey to send out plan to Commission and draft a directors proposal to include report back on meeting with HCSA Leadership.

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### F. REGULAR AGENDA

1. **Consumer/Community Input – Report from HCH Consumer/Community Advisory Board**

   Sam Weeks provided an overview of efforts made to promote homeless voter registration in upcoming elections. CCAB partnered with ACPHD to carry out 9/25/18 National Voter Registration day activities, to provide individuals with proposition information, where to vote, how to get more information, etc.

   Sam will provide Commission with informational materials and powerpoint.

   There was a discussion regarding Caltrans lawsuit, possible role of HCH program working with attorneys advocating for residents experiencing homelessness and enduring traumatic experiences when their belongings are being stolen.

   There was a discussion around the coordinated entry and assessments provided by the Trust Health Center, and how do we share best practices that are used in other agencies.

   CCAB Retreat might get rescheduled.
2. **Board Executive Committee report**

Commissioners and staff carried out a discussion around structure and efficiency of the Commission meetings.

Chair and Vice-Chair explained how the development of the subcommittees was delayed due to the onboarding process of three (3) new Commission members approved in April of 2018; in addition, development of committees was paused due to HCHP Operational Site Visit preparation. Lastly, Vice-Chair provided a narrative of each committee and assigned members to a committee to begin development of committees.

3. **Board Street Health Committee**

The purpose of the Street Health Committee is to provide board/agency/contractors with recommendations. Since there is a portion of members who are newly appointed, it is recommended that the Commission holds assignments to committees until all members are finished with onboarding process and allow members to select a committee that best suits their experience.

4. **Board Finance Committee**

The purpose of the Finance Committee is to provide HCH Finance and Contracts managers with recommendations on how to administer and draft contracts, and the services/objectives that must be included when serving the population. The committee must review and approve future contract and renewals. Members interested in serving committee are Louis Bailey-Lindsey and Rigoberto Caloca-Rivas.

5. **Clinical/Quality Committee**

The purpose of the Clinical Committee is to provide program with medical/clinical oversight. The members interested in participating in committee are Dr. Michelle Schneidermann and Dr. Samuel Weeks.

6. **HRSA OSV Feedback and Discussion**
   a. Report from HCH Commissioners participating in OSV Luncheon
   b. Preliminary review of findings issued at OSV; **real** HRSA findings should be issued by October 17.
Dr. Jeffrey Seal provided board with an overview of the findings presented by HRSA after the Operational Site Visit. The findings include Sliding Fee Scale, Contracts and Subawards, Board Authority, and Governing Board Bylaws. The sliding fee scales must include charges presented to patients in the event that they are able to pay for services. HRSA officers requested HCH to develop ways to monitor AHS subrecipient agreement and implement ways to hold organization accountable in the event they don’t meet contract deliverables. HRSA OSV consultants had specific issues around the structure of the HCH Commission-HCSA-AHS Co-Applicant Arrangement, saying that they believed that subrecipient AHS needs to have their own Co-Applicant Board. HRSA officers also recommended to HCH Commission that they modify and update bylaws.

<table>
<thead>
<tr>
<th>G. OTHER ITEMS</th>
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<tbody>
<tr>
<td>1. New Members</td>
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<tr>
<td>2. Upcoming Agenda Items</td>
</tr>
<tr>
<td>Possible New Members of HCH Commission</td>
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<tr>
<td>Louis Bailey-Lindsey and Lynette Lee to meet with potential new commission member.</td>
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Items for upcoming agendas: Next Meeting Friday October 19 9-11am 1000 San Leandro Blvd, San Leandro CA.

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<tr>
<th>H. ADJOURNMENT</th>
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<tr>
<td>Meeting Adjourned at 11:00AM.</td>
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</table>
Tab 2:
New Member
Gloria Crowell
Gloria Crowell

Oakland, CA  94605

Summary of Qualifications

• Proven knowledge of community initiatives
• Extensive knowledge of event planning and needed resource development with high comfort level of business operations.

Professional Experience

Organizational Development

• Organizational Management Assistance & Implementation for Non-profit organizations. Short and Long Term
• Board Development & Training
• Organizational Development specializing in Faith Based communities
• Capacity Building and Technical Assistance Provider
• Development of Community Outreach Strategies and Outcomes
• Successful Focus Group Facilitation
• Executed community organizing trainings for residents, clients and employees to increase participation in community planning efforts

Program Planning and Management

• Executed Annual Assessment, Analysis, and Contract Management for HIV/AIDS service providers in Alameda County
• Technical assistance services for funded agencies in Program Development, Fiscal Management and Funding Resources
  Full comprehension of local program areas including: Housing, Community Based Health Care Delivery, Case Management, HIV/AIDS, Faith Based Partnerships and Ex-Offender/ReEntry Programs etc.

Community Event Planning

• Event Co-Chair for the East Bay AIDS Walk for the past 7 years with successful increases in sponsor, donor and participant recruitment by 70% over the past two years.
• Recruited and organized community members for participation in neighborhood Community Advisory Boards
• Experience in Meeting Planning and Facilitation
• Developed the implementation plan for Federal Infant Mortality Reduction Program
• Designed Marketing & Outreach Plan to recruit community participants in program development

Employment History

Executive Director, Allen Temple Health & Social Services
Oakland, CA 11-14 - Present

Director of Development, Allen Temple Baptist Church
Oakland, CA 9-11 to 11-14

Principal, Crowell & Associates Consulting
Oakland, CA 4-99 to Present
Co-Chair, East Bay AIDS Walk
Oakland, CA

Program Manager, Alameda County Public Health Department – Office of AIDS
Oakland, CA

Community Liaison, Alameda County Public Health Department – Oakland Healthy Start
Oakland, CA

Community Health Outreach, CAL-PEP
Oakland, CA

Client List
- Center for Collaborative Policy
- Alameda County Public Health Department
- On-Track Program Services
- Compasspoint Non-Profit Services
- Downs Community Development Corporation
- Robert C. Scott Wellness Center

Professional Associations, Honors and Activities
- Commissioner – Alameda County Public Health Commission – 2009 - Present
- Appointed Commissioner – Alameda County Public Health Commission – Appointed by Supervisor Nate Miley - 2006
- Workshop Presenter – September, 2003 - Capacity Building for Non-Profits Workshop Series – Sponsored by Alameda County Supervisor Keith Carson
- Faculty – July, 2003 – Non-Profit Day – CompassPoint Non-Profit Services, San Francisco, CA
- Faculty – June, 2003 – Fundraising Day – Alliance for Fundraising Professionals Conference, San Francisco, CA
- Workshop Presenter – On-going since 2002 – East Bay Non-Profit Resource Center – Oakland, CA
- Workshop Presenter – September, 2001 – San Francisco State University – Media Advocacy Workshop – Health in Action Conference, San Francisco, CA

Education
Business Administration Studies, 1986
Woodbury University, Burbank, CA

Fashion Marketing, 1983 AA
Fashion Institute of Design and Merchandising, Los Angeles, CA
Tab 3

Board Orientation:
Subrepiant Alameda Health System
Tab 4

HCH Director’s Report:
Tab 5
OSV Conditions Report:
<table>
<thead>
<tr>
<th>Program Requirement</th>
<th>Met/Not Met</th>
<th>Condition</th>
<th>Next Steps for ACHCH</th>
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<tbody>
<tr>
<td>1. Needs Assessment</td>
<td>MET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Required and Additional Services</td>
<td>MET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Clinical Staffing (clinical)</td>
<td>MET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Accessible Hours of Operation/Locations</td>
<td>MET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Coverage for Medical Emergencies During After Hours</td>
<td>MET</td>
<td></td>
<td></td>
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<tr>
<td>6. Continuity of Care and Hospital Admitting</td>
<td>MET</td>
<td></td>
<td></td>
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</table>
| 7. Sliding Fee Discount                                  | NOT MET     | The ACHCH health center is required to develop policies and procedures to charge homeless patients whose income is >100% of the FPL. This includes HCH directly-provided services, contracted care and subrecipient AHS. | - ACHCH will create Fee procedures, policies and signage.  
- Must ensure that these new procedures do not create a barrier to patient care.  
- Revise all HCH program contracts with updated language. |
| 8. QI Assurance Plan                                     | MET         | Recommend quarterly QI review by HCH Commission. |                      |
| 9. Key Management Staff                                  | MET         | Reporting lines for Project Director must go directly to commission, not just HCSA |                      |
| 10. Contracts and Subawards                              | NOT MET     | ACHCH is required to carry out more specific and enhanced monitoring and oversight of subrecipient AHS, including documenting AHS compliance with HRSA health center regulations, financial oversight and accountability, and delivery of comprehensive health care services for patients experiencing homelessness. | - ACHCH will create procedures for enhanced AHS monitoring and documentation.  
- Will require additional AHS FTE time, coordination and effort to carry out enhanced AHS compliance and patient access/care efforts. |
| 11. Conflict of Interest Policy                          | MET         |           |                      |
| 12. Collaborative Relationships                          | MET         |           |                      |
| 13. Financial Management and Accounting Systems           | MET         |           |                      |
| 14. Billing and Collections                              | MET         |           |                      |
| 15. Budget                                               | MET         |           |                      |
| 16. Program Monitoring and Data Reporting Systems         | MET         |           |                      |
| 17. Board Authority                                      | NOT MET     | HRSA has changed its governance requirements and the Co-Applicant governing arrangement approved in 9/2016 is no longer applicable. | - Will likely require major AHS effort to create a patient-majority Co-Applicant governing board to govern homeless health |
longer compliant with health center requirements. HRSA requires ACHCH to remove AHS as a party in the current Co-Applicant Agreement. AHS must then meet health center requirements through either:
- Having a 51% patient majority in its governing Board of Trustees; or
- Create an AHS Co-Applicant governing board with 51% patient majority

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<tbody>
<tr>
<td>18. Board Composition</td>
<td>MET</td>
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</tr>
<tr>
<td>19. Performance Analysis: Diabetes Measure</td>
<td>MET</td>
<td>All Diabetes action steps identified.</td>
</tr>
<tr>
<td>20. 340B Pharmacy program</td>
<td>MET</td>
<td></td>
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</table>
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.

<table>
<thead>
<tr>
<th>Poverty Level 2018:</th>
<th>100%</th>
<th>101%-150%</th>
<th>151%-175%</th>
<th>176-200%</th>
<th>&gt;200%</th>
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<tbody>
<tr>
<td>family size</td>
<td>Monthly Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>$12,140</td>
<td>$1,012</td>
<td>$1,518</td>
<td>$1,770</td>
<td>$2,023</td>
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<tr>
<td>2</td>
<td>$16,460</td>
<td>$1,372</td>
<td>$2,058</td>
<td>$2,400</td>
<td>$2,743</td>
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<td>3</td>
<td>$20,780</td>
<td>$1,732</td>
<td>$2,598</td>
<td>$3,030</td>
<td>$3,463</td>
</tr>
<tr>
<td>4</td>
<td>$25,100</td>
<td>$2,092</td>
<td>$3,138</td>
<td>$3,660</td>
<td>$4,183</td>
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<tr>
<td>5</td>
<td>$29,420</td>
<td>$2,452</td>
<td>$3,678</td>
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<td>6</td>
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<td>7</td>
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<td>$3,172</td>
<td>$4,758</td>
<td>$5,550</td>
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<td>$42,380</td>
<td>$3,532</td>
<td>$5,298</td>
<td>$6,180</td>
<td>$7,063</td>
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<tr>
<td>For each additional person, add</td>
<td>$4,320</td>
<td>$6,480</td>
<td>$7,560</td>
<td>$8,640</td>
<td>$9,720</td>
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*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.*
HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Program Specific Condition(s)

1. Due Date: Within 90 Days of Award Issue Date
   Billing and Collections-g. Accurate Patient Billing: Within 90 days, provide documentation of the corrective actions taken and/or updated operating procedures that ensure the health center 1) Charges patients in accordance with its fee schedule and correctly applies corresponding sliding fee discounts; and 2) Makes reasonable efforts to collect such amounts owed from patients. Please see Chapter 16: Billing and Collections of the Health Center Program Compliance Manual (https://www.bphc.hrsa.gov/programrequirements/compliancemanager/index.html) for additional information and contact your project officer with any questions, including the applicable component(s) to be addressed. (45 CFR 75.207(a) and 45 CFR 75.371)

2. Due Date: Within 90 Days of Award Issue Date
   Contracts and Subawards-l. Subrecipient Monitoring:Within 90 days, provide documentation that the health center has a process and schedule for monitoring its subrecipient(s) that includes 1) Reviewing financial and performance reports to ensure performance goals are met, UDS data are submitted, and funds used for authorized purposes; 2) Ensuring that corrective action is taken by the subrecipient in response to audits, on-site reviews and other means; and 3) Issuing management decisions for audit findings pertaining to the subaward. Please see Chapter 12: Contracts and Subawards of the Health Center Program Compliance Manual (https://www.bphc.hrsa.gov/programrequirements/compliancemanager/index.html) for additional information and contact your project officer with any questions, including the applicable component(s) to be addressed.(45 CFR 75.207(a) and 45 CFR 75.371)

3. Due Date: Within 90 Days of Award Issue Date
   Board Authority-c. Exercising Required Authorities and Responsibilities: Within 90 days, provide board minutes and any other relevant documentation that confirms the health center's governing board is exercising, without restriction, the following authorities and functions: 1) Holding monthly meetings where a quorum is present to ensure the board has the ability to exercise its required authorities and functions; 2) Approving the selection, evaluation and, if necessary, the dismissal or termination of the Project Director/CEO from the Health Center Program project; 3) Approving applications related to the Health Center Program project, including approving the annual budget, which outlines the proposed uses of both Health Center Program award and non-Federal resources and revenue; 4) Approving the Health Center Program project's sites, hours of operation and services, including decisions to subaward or contract for a substantial portion of the health center's services; 5) Monitoring the financial status of the health center, including reviewing the results of the annual audit, and ensuring appropriate follow-up actions are taken; 6) Conducting long-range/strategic planning at least once every three years, which at a minimum addresses financial management and capital expenditure needs; and 7) Evaluating the performance of the health center based on quality assurance/quality improvement assessments and other information received from health center management, and ensuring appropriate follow-up actions are taken. Please see Chapter 19: Board Authority of the Health Center Program Compliance Manual (https://www.bphc.hrsa.gov/programrequirements/compliancemanager/index.html) for additional information and contact your project officer with any questions, including the applicable component(s) to be addressed.(45 CFR 75.207(a) and 45 CFR 75.371)

4. Due Date: Within 90 Days of Award Issue Date
   Billing and Collections-d. Systems and Procedures: Within 90 days, provide documentation that the health center has systems and/or operating procedures that address the following: 1) Educating patients on insurance and, if applicable, related third-party coverage options available to them; 2) Timely billing of Medicare, Medicaid, CHIP, and if applicable, other public and private assistance programs or insurance; and 3) Requesting applicable payments from patients, while ensuring that no patient is denied service based on inability to pay. Please see Chapter 16: Billing and Collections of the Health Center Program Compliance Manual (https://www.bphc.hrsa.gov/programrequirements/compliancemanager/index.html) for additional information and contact your project officer with any questions, including the applicable component(s) to be addressed.(45 CFR 75.207(a) and 45 CFR 75.371)

5. Due Date: Within 90 Days of Award Issue Date
Board Authority-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. If final, executed documentation of organizational or other changes necessary for the board to maintain all required authorities is not yet available, provide an action plan detailing the steps the health center will take to implement and finalize such changes. Acceptance of this plan by HRSA will result in a condition, which provides 120 days for the health center to submit final, executed documentation that confirms the health center has implemented the organizational or other changes necessary for the board to maintain all required authorities. Please see Chapter 19: Board Authority of the Health Center Program Compliance Manual (https://www.bphc.hrsa.gov/programrequirements/compliancemanual/index.html) for additional information and contact your project officer with any questions, including the applicable components to be addressed. (45 CFR 75.207(a) and 45 CFR 75.371)

6. Due Date: Within 90 Days of Award Issue Date

Sliding Fee Discount Program-i. Sliding Fee for Column II Services: Within 90 days, provide documentation that the health center ensures its in-scope service(s) provided to health center patients through contracts/agreements (Form 5A: Column II) are discounted as follows: 1) A full discount or only a nominal charge is provided for individuals and families with annual incomes at or below 100 percent of the current Federal Poverty Guidelines (FPG); 2) Partial discounts are provided for individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the current FPG, adjusted based on gradations in income levels with at least three discount pay classes; and 3) No discounts are provided to individuals and families with annual incomes above 200 percent of the current FPG. Please see Chapter 9: Sliding Fee Discount Program of the Health Center Program Compliance Manual (https://www.bphc.hrsa.gov/programrequirements/compliancemanual/index.html) for additional information and contact your project officer with any questions, including the applicable component(s) to be addressed. (45 CFR 75.207(a) and 45 CFR 75.371)

7. Due Date: Within 90 Days of Award Issue Date

Sliding Fee Discount Program-c. Sliding Fee for Column I Services: Within 90 days, provide an updated sliding fee discount schedule(s) for services provided directly by the health center (Form 5A: Column I), that is structured as follows: 1) A full discount or only a nominal charge is provided for individuals and families with annual incomes at or below 100 percent of the current Federal Poverty Guidelines (FPG); 2) Partial discounts are provided for individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the current FPG, adjusted based on gradations in income levels with at least three discount pay classes; and 3) No discounts are provided to individuals and families with annual incomes above 200 percent of the current FPG. Please see Chapter 9: Sliding Fee Discount Program of the Health Center Program Compliance Manual (https://www.bphc.hrsa.gov/programrequirements/compliancemanual/index.html) for additional information and contact your project officer with any questions, including the applicable component(s) to be addressed. (45 CFR 75.207(a) and 45 CFR 75.371)

8. Due Date: Within 90 Days of Award Issue Date

Contracts and Subawards-h. Subaward Agreement: Within 90 days, provide a subaward agreement(s) that includes all of the following provisions: 1) Specific portion of the HRSA-approved scope of project to be performed by the subrecipient; 2) Applicability of all Health Center Program requirements to the subrecipient; 3) Applicability to the subrecipient of any distinct statutory, regulatory, and policy requirements of other Federal programs associated with HRSA-approved scope of project; 4) Mechanisms for the health center to monitor subrecipient compliance and performance; 5) Requirements for the subrecipient to provide data necessary to meet the health center's reporting requirements to HRSA as well as record retention and access, audit and property management requirements; and 6) Requirements that all costs paid for by the Federal subaward are allowable consistent with Federal Cost Principles. Please see Chapter 12: Contracts and Subawards of the Health Center Program Compliance Manual (https://www.bphc.hrsa.gov/programrequirements/compliancemanual/index.html) for additional information and contact your project officer with any questions, including the applicable components to be addressed. (45 CFR 75.207(a) and 45 CFR 75.371)

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>David W Modersbach</td>
<td>Program Director</td>
<td><a href="mailto:david.modersbach@acgov.org">david.modersbach@acgov.org</a></td>
</tr>
</tbody>
</table>

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Jennifer Clements at: