HCH Commission Powers and Responsibilities
From Guiding Documents: Ordinance, Co-Applicant Agreement, Bylaws

2. Reservation of Powers
Powers not expressly granted to the Commission within the terms of Co-Applicant Agreement are reserved to the BOS and the BOT, as the case may be.

3. Powers of Commission:
   h) Limitations of Commission Authority.
The BOS and BOT shall retain authority to set policy on fiscal and personnel matters within their respective public agencies including, but not limited to, appropriating and authorizing funding and staffing for programs and policies related to financial management practices, labor relations, and conditions of employment. The Commission may not adopt any policy or practice or take any action which is inconsistent with or which alters the scope of any decision or policy set by the BOS or the BOT on fiscal or personnel issues or which asserts control, directly or indirectly, over any non-HRSA Scope of Project fund or program. The Commission does not have the authority to direct the hiring, promotion, or firing of any employee of the County or AHS.
   i) Powers and Duties.
   Subject to the Limitations of Commission Authority as set forth herein, the duties of the Commission shall be limited to the HRSA Scope of Project as follows:
   i. Approving applications related to the HRSA Scope of Project, including grants and designation applications and other HRSA requests regarding scope of project.
   ii. Approving the annual HRSA Scope of Project budget and audit within appropriations made available by the BOS and/or the BOT.
   iii. Long-term strategic planning, which would include regular updating of the HRSA Scope of Project’s mission, goals, and plans, as appropriate.
   iv. Evaluating the HRSA Scope of Project’s progress in meeting its annual and long-term goals.
   v. Determining the hours during which services are provided at HRSA Scope of Project sites that are appropriate and responsive to the community’s needs.
   vi. Approving the selection and dismissal of, and evaluating the performance of, the HCH Director, subject to those limitations on the Commission’s authority over labor relations and conditions of employment described in the Commission’s enabling ordinance, which are strictly reserved to the BOT and BOS.
   vii. Establishing general policies and procedures for the HRSA Scope of Project that are consistent with the HRSA Scope of Project and applicable grants management requirements.
   viii. Developing Commission member selection and dismissal procedures.
   ix. Developing quality improvement system.
   x. Developing fee schedules for services, including the sliding fee discount program.

a) Budget Development and Approval.

Subject to the requirements for adoption and approval of a public agency budget, the Commission shall have final authority to approve the annual operating and capital budgets of the HRSA Scope of Project within the confines and amounts provided by the BOS during its annual budget adoption. The Commission agrees not to undertake expenditures in excess of the authorized budget. The BOS through HCSA shall develop preliminary recommendations for the annual operating and capital budgets of the HRSA Scope of Project based on financial projections and plans developed by HCSA and AHS staff. HCSA shall recommend such budgets to the Commission for review. The Parties shall negotiate in good faith in order to arrive at agreed-upon budgets which satisfy the programmatic goals as well as budgetary constraints and larger planning objectives of all three parties to this Agreement. In the event that the Commission is unable or unwilling to approve a budget which is satisfactory to all three parties, then the parties may engage in a dispute resolution process as defined in this Agreement.

All income generated within the HRSA Scope of Project, including fees, premiums, third party reimbursements, state and County funding, and Section 330 grant funds (collectively "Program Income"), as well as all Program Income greater than the amount budgeted to the Scope of the Project ("Excess Program Income"), shall be under the control of the BOS or BOT, depending on the entity responsible for carrying out the programmatic activities and billing for them. In accordance with HRSA regulations, the parties agree that Excess Program Income shall be used to further the goals of the Scope of Project consistent with the policies and priorities established by the Commission.

The Parties shall not materially deviate from adopted budgets except that the County or AHS may modify planned fiscal activities if there is a reduction in available resources (e.g. decreased levels of reimbursement, diminished revenues, or adverse labor events). The County and AHS shall immediately notify the Commission of any budgetary changes that would materially modify the HRSA Scope of Project and seek the Commission’s approval of any changes to the HRSA Scope of Project.

b) Fiscal Management.

The BOS, through HCSA, and the BOT, through its HCO, shall each be responsible for the management of their respective financial affairs, including:

i. Borrowing for capital costs and operations;

ii. Financial policies and controls;

iii. Preparing and submitting cost reports, supporting data, and other materials required in connection with reimbursement under Medicare, Medicaid, and other third-party payment contracts and programs and otherwise receiving, managing, allocating, and disbursing funds necessary for the operation of the HRSA Scope of Project;

iv. Providing for the annual audit of the HRSA Scope of Project, which shall be undertaken in consultation with the Commission in accordance with this Agreement, consistent with the requirements of the United States Office of Management and Budget Circular A-133 and the compliance supplement applicable to the consolidated Health Center Program to determine, at a minimum, the fiscal
integrity of financial transactions and reports and compliance with Section 330 requirements and the fiscal policies of HCSA and AHS;

v. Preparing regular financial reports, which shall be submitted to the Commission, and managing financial matters related to the operation of the Health Center;

vi. Developing and managing internal control systems, in consultation with the Commission as set forth in this Agreement (as applicable), in accordance with sound management procedures and Section 330 that provide for:
   i. Eligibility determinations;
   ii. Development, preparation, and safekeeping of records and books of account relating to the business and financial affairs of the HRSA Scope of Project;
   iii. Separate maintenance of the HRSA Scope of Project’s business and financial records from other records related to the finances of HCSA so as to ensure that funds of the HRSA Scope of Project may be properly allocated;
   iv. Accounting procedures and financial controls in accordance with generally accepted accounting principles;
   v. A schedule of charges and partial payment schedules (i.e., a sliding fee schedule of discounts) for services provided to certain uninsured and underinsured patients with annual incomes at or below 200% of the federal poverty level, and a nominal fee policy for those with annual incomes at or below 100% of the federal poverty level, and in compliance with, but not greater than, the requirements set forth in the California State law (California Welfare and Institutions Code § 17000, et seq.); and
   vi. Billing and collection of payments for services rendered to individuals who are: (1) eligible for federal, state or local public assistance; (2) eligible for payment by private third-party payors; or (3) underinsured or uninsured and whose earnings fit the low-income criteria.

c) **Personnel.**

Subject to the limitations outlined in this Agreement regarding the selection, evaluation, approval, and removal of the HCH Program Director, the parties agree that the BOS and AHS shall have sole authority over employment matters and development and approval of personnel policies and procedures, including but not limited to: employing or contracting personnel to carry out clinical, managerial, and administrative services related to the HRSA Scope of Project, including agreements for the provision of staff who are employees of other agencies or organizations; day-to-day management and supervision; evaluation; discipline and dismissal; salary and benefit scales; grievance procedures and processes; equal employment opportunity practices; collective bargaining agreements; and labor disputes and other labor and human resources issues.

The HCH Program Director shall be an employee of HCSA. Removal of the HCH Program Director by the Commission pursuant to this Agreement shall not constitute a termination of employment nor impede the HCH Program Director’s employment relationship with HCSA or Alameda County.

d) **Other Operations.**

Subject to the governance responsibilities exercised by the Commission, HCSA and AHS shall conduct the day-to-day operations of the HRSA Scope of Project. Such operational responsibilities shall include but not be limited to:
i. Applying for and maintaining all licenses, permits, certifications, accreditations, and approvals necessary for the operation of the HRSA Scope of Project;

ii. Compliance with the terms and conditions of the FQHC Look-Alike and/or Grantee designation, as applicable.

iii. Unless otherwise stated in this Agreement, establishment of the HRSA Scope of Project’s operational, management, and patient care policies.

iv. Establishing ongoing quality improvement programs.

v. Ensuring the effective and efficient operation of the Health Center.

### RELATIONSHIPS

<table>
<thead>
<tr>
<th>Entity</th>
<th>Notes</th>
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<tr>
<td>Alameda County Health Care Services Agency</td>
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<tr>
<td>Alameda County Board of Supervisors</td>
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<td>Alameda Health System Board of Trustees</td>
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<td>Alameda County Health Care for the Homeless Consumer/Community Advisory Board</td>
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<tr>
<td>HHS-Bureau of Primary Health Care – Health Resources Services Administration (HRSA)</td>
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<tr>
<td>Local City Council/City Administrations</td>
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<tr>
<td>Alameda County Public Health Department Public Health Commission (meeting 8/10/17 invite)</td>
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<td>Others?</td>
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