

# Health Center Program Site Visit Report

## TA Request Details

**TA Request Number:** TA003105

**Grantee Information:** **Ventura County Health Care Agency**  
2240 East Gonzales Road  
Oxnard, CA

**Contact:** Michele Surber  
susan.whitewood@ventura.org; 805-339-1103

**Type of Visit:** Operational Site Visit

**Date(s) of Visit:** November 28 – 30, 2016

## Consultants

**John Schalk (Team Leader - Administrative/Management)**  
jeschalk@cox.net; 757-479-0477

**Richard Harbin (Clinical)**  
rickharbin@aol.com; 970-901-8190

**Valerie Butt (Financial)**  
valeriebutt@hotmail.com; 757-673-0235

## Site Visit Participants

Name	Title	Interviewed	Entrance	Exit
Renee Higgins, MD	COO - Primary Care	Yes	Yes	Yes
Summer Ward, MBA	COO - Specialty Care & Support	Yes	Yes	Yes
Brittany Abrams, MBA, MPH	PCMH Program Manager	No	Yes	Yes
Elizabeth Galway	Fiscal Manager, Amb. Care	Yes	Yes	Yes
Matthew Tufte, MPH	Director, VCHCA	Yes	Yes	Yes

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Johnson Gill, DPT, MPH	Director, VCHCA and CHC ED	Yes	Yes	Yes
Susan White Wood, MPA	HRSA Grants Mgr., CHC Board Clerk	Yes	Yes	Yes
Theresa Cho, MD	Medical Director, AC Quality/PI	Yes	Yes	Yes
Dee Pupa	Deputy Director Managed Care/Patient Accounting	Yes	Yes	Yes
Ursula Sutherland	Asst. CFO VCMC	Yes	Yes	Yes
Chuck Natcher	CFO Ambulatory Care	Yes	Yes	Yes
Terry Garman	Director Contract Management	Yes	Yes	No
Jason Arimura, PharmD	Director of Pharmacy Services	Yes	Yes	No
Martin Hernandez, Mayor of Santo Paulo	Board Vice Chair	Yes	Yes	No
Michelle Laba, MD	Ambulatory Care Medical Director - Primary Care	Yes	Yes	Yes
Erik Cho	Manager, Population Health and Clinical Integration	Yes	Yes	No
Adriane Gonzalez	Community Outreach Manager	Yes	Yes	No
Susan Francisco, RN	Clinic Nurse, West Ventura	Yes	No	No
Damaris Marroquin	Front Office Supervisor, West Ventura	Yes	No	No
Andrea Porras	Billing/Referrals West Ventura	Yes	No	No
Kristina Navarro	Clinic Administrator West Ventura	Yes	No	No
Ailyn Lang, RN	Case Manager, West Ventura	Yes	No	No

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Matthew Tufte, RN	Case Manager, West Ventura	Yes	No	No
Ramsey Ulrich, MD	Medical Director, West Ventura	Yes	No	No
Matt Lewis	HR Generalist	Yes	No	No
Hajnal Van Avery	COO Ventura	Yes	No	No
Tracy Chapman	Credentialing	Yes	No	No
Bob Rust	Board Member	Yes	No	No
Catherine Rodriguez	Board Member	Yes	No	Yes
Celia Wood, MD	Board Member	Yes	No	No
Rigo Vargas	Board Member	Yes	No	No
Michele Serber	Homeless Program Administrator	Yes	No	No
Susan Dees	Case Manager, Homeless Program	Yes	No	No
Katie McKinney	Deputy Executive Officer, HR	Yes	No	No
Jason Nguyen	Staff/Services Manager III	Yes	No	No
Adriana Gonzalez	Outreach Coordinator	Yes	No	No



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## Program Requirement Compliance Review Summary

Program Requirement Compliance Review	Compliance Status
1. Needs Assessment	Met
2. Required and Additional Services	Not Met
3. Staffing Requirement	Not Met
4. Accessible Hours of Operation/Locations	Met
5. After Hours Coverage	Met
6. Hospital Admitting Privileges and Continuum of Care	Met
7. Sliding Fee Discounts	Not Met
8. Quality Improvement/Assurance Plan	Not Met
9. Key Management Staff	Met
10. Contractual/Affiliation Agreements	Not Met
11. Collaborative Relationships	Met
12. Financial Management and Control Policies	Not Met
13. Billing and Collections	Not Met
14. Budget	Met
15. Program Data Reporting Systems	Met
16. Scope of Project	Not Met
17. Board Authority	Not Met
18. Board Composition	Met
19. Conflict of Interest Policy	Met

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## Section 1. Need - Program Requirement #1

### Program Requirement #1 - Needs Assessment

Health center demonstrates and documents the needs of its target population, updating its service area, when appropriate. (Section 330(k)(2) and (k)(3)(J) of the PHS Act)

**Compliance Status: Met.**

#### Documents reviewed onsite or in advance:

Most recent Needs Assessment(s)

Service Area Map

UDS patient origin data

Health center's list of sites with service area zip codes (Form 5B)

Other: UDS Mapper, HRSA HPSA Data Warehouse

#### Compliance Review Findings:

Ventura County Health Services Agency (VCHSA) has a well-documented Community Health Needs Assessment document that was recently updated and is being prepared for presentation to the applicant and co-applicant boards. The assessment is developed internally and it incorporates data from multiple sources, as well as vital statistics obtained from California and Ventura County health data resources.

Since 2002, VCHSA has been a Section 330 (h) only grantee; however, in late 2015 and through a Change in Scope, Section 330 (e) designation was added. Therefore, 2015 UDS data is only available for patients experiencing homelessness. Persons experiencing homelessness are seen at all 18 service delivery sites throughout the county. Comparing the patient origin data in the UDS with the Form 5B zip codes reveals that more than 75% of VCHSA homeless patients reside in the combined (Form 5B) stated service area(s).

The Needs Assessment demonstrates high numbers of persons without permanent abode (i.e., homeless), as well as families with incomes below 100% and 200% of poverty. VCHSA cites cancer, heart disease, stroke, Alzheimer's disease, chronic lower respiratory disease, accidents, diabetes, drug-induced deaths, suicides, chronic liver disease and cirrhosis as health indicators of particular concern and focus in its Clinical Practice Plan.

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VCHSA's HPSA scores (per <http://datawarehouse.hrsa.gov>) are as follows:

	<u>VCHSA</u> *
Primary Care	10
Dental	14
Mental Health	15

\* Listed as "Ventura County Public Healthcare Agency"

Note: Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.

VCHSA employs physicians, APNs and PAs, and behavioral health professionals, and will soon be recruiting dentists and hygienists as a result of its Dental Expansion grant award.

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## Section 2. Services - Program Requirement #2

### Program Requirement #2 - Required and Additional Services

Health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals. (Section 330(a) and (h)(2) of the PHS Act)

**Compliance Status: Not met.**

#### Documents reviewed onsite or in advance:

Health center's official Scope of Project for services (Form 5A)

Clinical Practice Protocols and/or other policies and procedures that support the delivery of health center services

Contracts, MOAs, MOUs, etc. for services provided via formal written agreements and/or formal written referral arrangements, including general tracking and referral policies and procedures

#### Compliance Review Findings:

VCHSA provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements. The majority of required services are provided directly, with the exception of dental services. The health center has written contracts with four entities (Salvation Army (dental), Miramar Eye Specialists (ophthalmology), Clinicas Del Camino Real Community Health Center (medical referrals and dental), and United Jewish Appeal (social workers) that are outdated and do not contain signatures of current officers for both organizations. These contracts lack assurances that referred services will be available equally to all health center patients and descriptions of how referrals will be made and managed and the process for referring the patient back to the health center for appropriate follow-up. Furthermore, the contracts lack specifics on how the service will be documented in the health center's medical record, how the health center will track and follow-up for continuity of care for referred patients, and how the health center's policies and procedures will apply.

The health center has a comprehensive policy and procedure for referrals that specifies all required elements, including availability of services to all health center patients regardless of their ability to pay, the availability of a sliding fee, tracking, and follow-up care. There is an established process to track referrals and schedule follow-up care. The health center maintains clinical policies and procedures that support the delivery of health center services. The grantee serves both patients with Limited English Proficiency (LEP) and disabilities, and has accomplished steps to provide meaningful access to services, as well as meeting all ADA regulations.

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**If Not Met - Steps/Actions Recommended for Compliance:**

The health center must revise the above referenced contracts to clearly state that referred services will be available equally to all health center patients and describe how referrals are made and managed, and the process for referring the patient back to the health center for appropriate follow-up. Contracts must also specify how the service will be documented in the health center's medical record, how the health center will track and follow-up for continuity of care, and how the health center's policies and procedures will apply.

**Section 2. Services - Program Requirement #3**

**Program Requirement #3 - Staffing**

Health center maintains a core staff as necessary to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately licensed, credentialed and privileged. (Section 330(a)(1), (b)(1)-(2), (k)(3)(C), and (k)(3)(I) of the PHS Act)

**Compliance Status: Not met.**

**Documents reviewed onsite or in advance:**

Staffing Profile

Provider contracts, agreements, and any sub-recipient arrangements related to staffing (as applicable)

Credentialing and Privileging Policies and/or Procedures

Documentation of provider licensure or certification for all licensed or certified health center practitioners

Privileging lists

**Compliance Review Findings:**

The health center maintains a core staff as necessary to carry out all clinical and non-clinical required services. However, the clinical staff operates in a bifurcated system composed of county employees and contract providers (affiliates). Ventura County has absolutely no control over the contract providers as provided by the current co-applicant agreement. Clinical sites can be left unstaffed by providers, and there is no recourse.

Due to the two systems (county employees and contract providers), there are two different credentialing and privileging systems. There is no Credentialing and Privileging Policy specific to the Community Health Center. The Credentialing Policy for contract providers is contained within the lengthy (95 pages) Ventura County Medical Center Medical Staff Bylaws and the

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Medical Staff Rules (60 pages). This document lacks the specified requirements of PIN 2002-22. The hospital does not credential other licensed or certified practitioners (Registered Nurses, Licensed Clinical Social Workers, Certified Medical Assistants, Registered Dieticians, etc.). These individuals are credentialed by Ventura County.

The Credentialing and Privileging Policies and Procedures are not board-approved, and the board has no role in reviewing provider credentialing or granting clinical privileges.

**If Not Met - Steps/Actions Recommended for Compliance:**

VCHSA must develop a comprehensive Credentialing and Privileging Policy that addresses all the requirements of PINs 2002-22 and 2001-16. The plan must be forwarded to the board for approval. The board must be the final authority that approves provider credentialing and grants clinical privileges.

**Section 2. Services - Program Requirement #4**

**Program Requirement #4 - Accessible Hours of Operation / Locations**

Health center provides services at times and locations that assure accessibility and meet the needs of the population to be served. (Section 330(k)(3)(A) of the PHS Act)

**Compliance Status: Met.**

**Documents reviewed onsite or in advance:**

Hours of operation for health center sites

Most recent Form 5B: Service Sites (*Note that the form lists only the TOTAL number of hours per week each site is open, not the specific schedule*)

Form 5C: Other Activities/Locations

Service Area Map with site locations noted

**Compliance Review Findings:**

The health center provides services at locations within the service area that assures accessibility and meet the needs of the population to be served. VCHSA operates 19 clinics, including four urgent care sites, a pediatric diagnostic center, a pediatric hematology-oncology practice, and a women's and children's practice. None of these clinic sites have been recognized as Patient Centered Medical Homes. Primary care hours at all sites are 8 a.m. – 5 p.m., Monday through Friday. Four sites include urgent care clinics that are open in the evenings on weekdays and to 5 p.m. on Saturday and Sunday. The Conejo Valley Urgent Care is open 9 a.m. – midnight, Monday through Thursday. The Homeless Program site is open 8 a.m. – 5 p.m., Monday through Friday.

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## Section 2. Services - Program Requirement #5

### Program Requirement #5 – After-Hours Coverage

Health center provides professional coverage for medical emergencies during hours when the center is closed. (Section 330(k)(3)(A) of the PHS Act and 42 CFR 51c.102(h)(4))

**Compliance Status: Met.**

#### Documents reviewed onsite or in advance:

Health center's After Hours Coverage Policies and/or Procedures  
Agreements, systems and/or contracts that support after-hours coverage, if applicable  
Most recent Form 5A: Services Provided, see Coverage for Emergencies During and After Hours  
Other: Clinic signage; Ambulatory Care Brochure

#### Compliance Review Findings:

The health center utilizes a Nurse Triage answering service for after-hours calls. Health center providers are on call for family practice, obstetrics, and pediatric care. The health center receives a list of all after-hours calls. Providers document all patient interactions in the electronic health record. Information on after-hours coverage is posted at each clinical entrance and on the website. All patients are made aware of the after-hours procedures for accessing a provider after hours, including patients with LEP or disabilities. All instructions are in English and Spanish.

## Section 2. Services - Program Requirement #6

### Program Requirement #6 - Hospital Admitting Privileges and Continuum of Care

Health center physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking. (Section 330(k)(3)(L) of the PHS Act)

**Compliance Status: Met.**

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**Documents reviewed onsite or in advance:**

Hospital admitting privileges agreements/documentation  
Most recent Form 5C: Other Activities/Locations (If applicable, hospitals where health center providers have admitting privileges should be noted on the form.)  
Other: Policies on Hospitalization, Discharge Follow-up, Tracking

**Compliance Review Findings:**

All health center physicians have active medical staff privileges at both Ventura County Medical Center and Santa Paula Hospital. Health center physicians provide obstetrical care, including delivery at both hospitals. Inpatient care for adult medicine and pediatrics is accomplished by hospitalists. The health center is notified when health center patients are admitted, discharged from the hospital, or seen in the emergency department. Providers have access to the electronic health record at both institutions. Discharged patients are followed up by clinic nurses and scheduled for continuity of care.

CUHCC has internal policies and procedures that address hospitalization and emergency department referrals, discharge follow-up, and patient tracking.

**Section 2. Services - Program Requirement #7**

**Program Requirement #7 - Sliding Fee Discounts**

Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay. (Section 330(k)(3)(G) of the PHS Act and 42 CFR 51c.303(f) and (u))

**Compliance Status: Not met.**

**Documents reviewed onsite or in advance:**

Sliding Fee Discount Schedule/Schedule of Discounts (often referred to as the Sliding Fee Scale)  
Policies for the Sliding Fee Discount Program  
Supporting operating procedures for the Sliding Fee Discount Program  
Documents/forms that support the eligibility process for the Sliding Fee Discount Program  
Any other supporting documents such as evaluations of the Sliding Fee Discount Program, basis for setting nominal charges, etc.

**Compliance Review Findings:**

VCSHA has an appropriately designed Sliding Fee Scale structure that provides a full discount for patients at or below a 100% of FPG, a partial discount for patients between 100% and 200%

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of FPG, and no discount to patients over 200% of FPG. The Sliding Fee Schedule includes three categories between 100% and 200% of FPG as required. Eligibility, however, is not based solely on family size and income as an asset test is included. The VCHSA SFDS fits into a larger discount framework created by the agency to meet the needs of its patients in all healthcare settings. In some of these, an asset test may be appropriate. Since VCHSA seeks to standardize forms across the system for patient intake, all policies and forms must indicate that the asset information is not utilized for determining discounts for CHC patients.

The policy defines family size and acceptable documentation of family size but does not define income nor adequately define acceptable documentation of income.

The Sliding Fee Scale is based on the most recent FPG issued January 25, 2016.

The Board of Directors has elected to offer a full discount and not implement a nominal fee structure. Discounts for patients between 100-200% of the FPG are substantial with patients owing no more than \$7.00.

The Sliding Fee Policy does not include provisions for the review of the program by the Board of Directors. The Sliding Fee Discount Program must be evaluated at least once every three years to ensure that the policy, procedure, or nominal fee do not individually or collectively create a barrier to care. This review must include patient feedback.

Sliding Fee Scale notification is covered with signage. The specific language of signage was dictated in the approved policy; however, this signage was not evident in all visited locations.

Notification methods are appropriate for LEP and disabled patients. Signage was observed in Spanish and English.

All agreements for services provided via formal written referral arrangements (Form 5A, Columns II and III) do reference that the service is discounted for health center patients in accordance with Sliding Fee Discount Program Requirements.

**If Not Met - Steps/Actions Recommended for Compliance:**

- VCHSA may not use an asset test for sliding fee eligibility. All standard forms should indicate that the asset information is not relevant to the CHC, but is necessary for other parts of the healthcare system.
- VCHSA must define income. It appears that net income is being used to determine eligibility but what constitutes net income is not evident.
- VCHSA's Sliding Fee Policy must include a mechanism for the routine review of the Sliding Fee Policy to ensure that it does not create a barrier to care.
- Notification of the availability of the sliding fee must be evident in all clinics for all patients. This might include signage, patient brochure info, website, etc.

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## Section 2. Services - Program Requirement #8

### Program Requirement #8 - Quality Improvement / Assurance Plan

Health center has an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management, and that maintains the confidentiality of patient records. (Section 330(k)(3)(C) of the PHS Act and 42 CFR 51c.303(c)(1)-(2))

**Compliance Status: Not met.**

#### Documents reviewed onsite or in advance:

Quality Improvement/Quality Assurance (QI/QA) Plan and related and/or supporting policies and/or procedures (e.g., Incident Reporting System, Risk Management Policies, Patient Safety Policies)

Clinical Director's job description

HIPAA-compliant Patient Confidentiality and Medical Records Policies and/or Procedures

Clinical Care Policies and/or Procedures

Clinical Information Tracking Policies and/or Procedures

Other: Provider meeting minutes; Ambulatory Care Medical Director meeting minutes

#### Compliance Review Findings:

Ventura County has an Ambulatory Care Quality Management Plan dated 2016. This document contains no signatures noting review or approval. The Board of Directors is not familiar with this document. The Quality Management Plan lacks specifics on frequency of meetings, data criterion, process for follow-up of problems/deficiencies, and a process for the board to receive a routine QI Report. There are no minutes of a Quality Management Committee related to the Community Health Center. The board had not received any report on the Clinical Performance Measures until the September 2016 meeting. There is no Peer Review Policy.

#### If Not Met - Steps/Actions Recommended for Compliance:

The health center must develop a comprehensive Quality Improvement Plan for the Community Health Center. VCSHA must have a clinical director whose focus of responsibility is to support the QI/QA Program and the provision of high quality patient care. The plan must specify the role and responsibilities of the QI Committee, membership, frequency of meetings, data criterion, process for follow-up of problems/deficiencies, and a process for the board to receive a routine QI Report. The QI/QA Plan must maintain the confidentiality of patient records. The QI Plan should be submitted to the board for review and approval.

The Quality Improvement Committee must conduct periodic meetings documented by formal minutes. Minutes of the QI/QA Committee must include specifics on the discussion regarding

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the Clinical Performance Measures, including an action plan to address problems and performance improvement. The Quality Improvement/Quality Assurance Committee must begin to conduct and document periodic analysis of Clinical Performance Measure trends and outcomes. These assessments must be conducted by providers and based on the systematic collection and evaluation of patient records. Documentation must demonstrate that these activities are being used to identify and document the necessity for change in the provision of health center services and/or results in the institution of such change, where indicated. Results must be shared or reviewed by Key Management Staff to inform health center operations and reported to the board on a regular basis. These communications must be appropriately documented.

The health center must develop a Peer Review Policy to include a process that includes all providers in the review process. Peer review should involve all providers and be completed on a regular basis for all providers of in-scope services. The health center must make reasonable efforts to assure that peer review is conducted by practitioners within the same area of practice as the provider being reviewed. This may necessitate partnering with outside providers in some instances. Peer review results should be communicated to providers, documented, and reported to the board.

## Section 3. Management and Finance - Program Requirement #9

### Program Requirement #9 - Key Management Staff

Health center maintains a fully staffed health center management team as appropriate for the size and needs of the center. Prior approval by HRSA of a change in the Project Director/Executive Director/CEO position is required. (Section 330(k)(3)(I) of the PHS Act, 42 CFR 51c.303(p), and 45 CFR 75.308(c)(2)(3))

**Compliance Status: Met.**

#### **Documents reviewed onsite or in advance:**

Health center Organizational Chart

Key Management Staff position descriptions and biographical sketches

Key management vacancy announcements (if applicable)

Health center's official Scope of Project for services and sites (Form 5A and Form 5B)

UDS Summary Report

#### **Compliance Review Findings:**

VCHSA's Key Management Staff consists of a Health Care Agency Director/CHC Board Executive Director, a Deputy Health Care Agency Director/CHC Board Executive Director, a Chief Operations Officer, Primary Care, a Chief Operations Officer Specialty Care & Support Services, a PCMH Manager, and a Business Support Manager CHC Board Clerk. With the exception of the Deputy Health Care Agency Director/CHC Board Executive Director, all positions are listed on the current Organizational Chart and are currently filled with regular incumbents who are employees of Ventura County, the grantee. The Deputy position is currently vacant and recruitment for an incumbent is currently in process.

As a public center, financial management of the CHC falls under the Ventura County CFO, Ambulatory Care and the Fiscal Manager, Ambulatory Care, and HR falls under the Deputy Executive Officer, Human Resources. These positions are also filled by employees of Ventura County.

Review of position descriptions and biographical sketches indicates members of VCHSA's Key Management Staff are highly qualified, and the size is appropriate for the size and needs of the health center.

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## Section 3. Management and Finance - Program Requirement #10

### Program Requirement #10 - Contractual/Affiliation Agreements

Health center exercises appropriate oversight and authority over all contracted services, including assuring that any sub-recipient(s) meets Health Center Program requirements. (Section 330(k)(3)(I)(ii) of the PHS Act, 42 CFR 51c.303(n) and (t), Section 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act, and 45 CFR 75)

**Compliance Status: Not met.**

#### Documents reviewed onsite or in advance:

Contract(s) or sub-award(s) (sub-recipient agreements) for a substantial portion of the Health Center Project

Contract with another organization for core primary care providers

Contract with another organization for staffing the health center including any contracted Key Management Staff (e.g., CEO, CMO, CFO)

Procurement and/or other policies and/or procedures that support oversight of contracts or affiliations

#### Compliance Review Findings:

Per PIN 97-27, an Affiliation Agreement is an “agreement that establishes a relationship between a health center and one or more entities.” From the BPHC’s perspective, an affiliation arrangement may be contractual in nature, focusing on a particular activity or combination of activities; it may require corporate reorganization of the health center and/or its partners; it may involve the formation of a new entity; or it may involve some combination of these arrangements. VCHSA does not currently have any such affiliation agreements.

VCHSA also has Letters of Agreement and Memoranda of Understanding (MOU) with various community providers concerning provision of required services, including College Health IPA (mental health), Jewish Family Services (social worker services), and the Salvation Army (dental referrals). These agreements and contracts do not have the potential to threaten VCHSA’s integrity, limit its autonomy, or compromise its compliance with federal program requirements in terms of corporate structure, governance, management, finance, health services, and/or clinical operations.

VCHSA does not have sub-recipients, nor is it the sub-recipient of another FQHC’s Section 330 funds. It does, however, have “Professional Services and Operations Agreements” for 19 non-owned and operated, in-scope, non-profit and for profit FQHC clinical sites throughout Ventura County. All of the agreements are crafted using the same template, and all agreements are current, signed, and operational. However, there are no provisions in place either at VCHSA, the

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contracted FQHC sites, or stated within the contracts that the grantee has assurances in place that the contracted sites comply with applicable Health Center Program statutory and regulatory requirements.

Ventura County has a board-reviewed and -approved “Policy No. Chapter VI -1 County Contracts and Agreements” that, among other topics dealing with contract administration, includes language that ensures appropriate procurement and oversight over all contracted services, including provisions for the monitoring and evaluation of contractor performance.

### **If Not Met - Steps/Actions Recommended for Compliance:**

VCHSA must amend the Professional Services and Operations Agreements for all affiliated and in-scope clinical sites to provide a means of ensuring compliance by the contractors with the following program requirements:

PR #2 - Required and Additional Services

PR #3 - Staffing

PR #4 - Accessible Hours of Operation / Locations

PR #5 - After Hours Coverage

PR #6 - Hospital Admitting Privileges and Continuum of Care

PR #7 - Sliding Fee Discounts

PR #8 - Quality Improvement/Assurance Plan

PR #19 - (Compliance with) Conflict of Interest Policy

## **Section 3. Management and Finance - Program Requirement #11**

### **Program Requirement #11 - Collaborative Relationships**

Health center makes effort to establish and maintain collaborative relationships with other health care providers, including other health centers, in the service area of the center. The health center secures letter(s) of support from existing health centers (section 330 grantees and FQHC Look-Alikes) in the service area or provides an explanation for why such letter(s) of support cannot be obtained. (Section 330(k)(3)(B) of the PHS Act and 42 CFR 51c.303(n))

### **Compliance Status: Met.**

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**Documents reviewed onsite or in advance:**

Letters of Support  
Memoranda of Agreement/Understanding  
Other relevant documentation of collaborative relationships  
Other: Interview with CEO and Outreach Coordinator

**Compliance Review Findings:**

VCHSA is fully integrated into its Ventura County service area healthcare system(s). This includes primarily the area hospitals serving the service area, namely Ventura County Medical Center and Santa Paula (county hospitals with specialty referral arrangements), Community Memorial Health System (surgery referrals), City of Hope (cancer referrals), and LA Children’s Hospital (pediatric specialty referrals). VCHSA is also fully integrated with and supported by the California Dental Society, Ventura College, Moorpark College, Oxnard College (student rotations and shared dental spaces), University of Southern California (dental student rotations), and the Ventura County Office of Education (all county schools) for regional occupational training programs, especially in the health sciences. These affiliations and collaborations ensure excellent access to area specialists.

VCHSA collaborates and participates in numerous outreach efforts with the safety net providers in the service area, including the Salvation Army, Goodwill, Rescue Mission, various churches (particularly Our Lady of Guadalupe), and the Ventura County Clergy Council for educational opportunities and outreach.

VCHSA is a member of the California PCA. It collaborates with a contiguous Ventura County CHC, La Clinica Del Camino Real. VCHSA has never requested a Letter of Support from the California PCA or a fellow California CHC and had it denied, nor has it declined to provide a Letter of Support for a fellow CHC.

**Section 3. Management and Finance - Program Requirement #12**

**Program Requirement #12 - Financial Management and Control Policies**

Health center maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to safeguard assets and maintain financial stability. Health center assures an annual independent financial audit is performed in accordance with Federal audit requirements, including submission of a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report. (Section 330(k)(3)(D) and (q) of the PHS Act and 45 CFR 75.300-309, Subparts E and F)

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**Compliance Status: Not met.**

**Documents reviewed onsite or in advance:**

Most recent independent financial audit and Management Letter, including audit Corrective Action Plans based on prior year audit findings, if applicable  
Most recent Single Audit (grantees only)  
Financial Management/Accounting and Internal Control Policies and/or Procedures  
Chart of Accounts  
Balance Sheet  
Income Statement  
Most recent Health Center Program required Financial Performance Measures/UDS Report  
Most recent Income Analysis (Form 3)

**Compliance Review Findings:**

Internal controls within VCHSA are appropriate to the size and scope of the organization and document adequate segregation of duties. The Chart of Accounts and reporting formats are not sufficiently structured to fully identify federal and non-federal monies, as well as program-related income and non-program-related income and activities. This is not an unusual problem for a public entity, as governmental accounting systems are not designed to manage equity (negative or positive). VCHSA has not developed a methodology for tracking equity and assets specific to the program to ensure that they are properly restricted.

Financial reporting is reflective of GAAP, as required. As a public entity, VCHSA is a part of the County of Ventura independent financial audit that states it is performed in accordance with federal audit requirements as set forth in 2 CFR 200 Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards. The most recent audit report for calendar year ending June 30, 2015, contained an unqualified opinion with respect to the grantee's financial statement's fair presentation of its financial position and the results of its activities and changes in net assets and cash flows in all material effects, consistent with Generally Accepted Accounting Principles. The auditor's report on compliance with the requirements of major federal programs and internal control over compliance contained no findings or questioned costs. The threshold for distinguishing between Type A and Type B programs was \$3,000,000. The grantee is identified as a low-risk auditee.

Financial Policies and Procedures are in place and are maintained by the applicant, as is the norm for a public entity.

**If Not Met - Steps/Actions Recommended for Compliance:**

VCHSA must develop reporting systems that allow for the proper restriction and management of program income. Program income is all 330 grant dollars, patient services receipts, and any other funding identified in the grant application. These monies may be used for any purpose that

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meets the defined scope of practice, and/or meets the needs of the target population and that are not specifically prohibited. Properly managing program income will require developing a method for tracking the equity generated by the program.

### Section 3. Management and Finance - Program Requirement #13

#### Program Requirement #13 - Billing and Collections

Health center has systems in place to maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures. (Section 330(k)(3)(F) and (G) of the PHS Act)

**Compliance Status: Not met.**

#### Documents reviewed onsite or in advance:

Policies and/or procedures for billing and collection  
Most recent Income Analysis (Form 3)  
Most recent Health Center Program required Financial Performance Measures/UDS Report

#### Compliance Review Findings:

Under the affiliate agreements, billing is centralized with the hospital billing department. The 2015 UDS Table 9D cannot be used to evaluate collection percentages because it contains information only for the original homeless site co-located on the hospital campus and not the additional 19 affiliated sites. Review of the billing system reports for the consolidated billing operation indicate the overall collection percentage is 20%. In most instances, this would be an inadequate return on billing activities. Review of the Fee Schedule provided 15 minutes prior to the Exit Conference was not helpful, as the document did not include codes 99213 or 99214. For reference, 99213 is used for a moderately complex established patient visit. This is the most frequently billed code in the CHC environment. Staff indicated that average charge per visit was high because all activity is billed with a facility fee. In their explanation, this was done in order to meet the requirement to bill consistency. There was, however, some inconsistency with regard to this statement. A facility fee would certainly be appropriate for the hospital-based homeless program, but raises red flags in billing for services not provided on the hospital campus. The unfortunate result of all of these inconsistencies and an inability to substantiate that a 20% collection was indicative of reasonable effort is a non-compliance finding. Although VCHSA participates in Medicare and Medicaid and makes an effort to collect patient due amounts, a collection rate of 20% is well below normal collection rates. Efforts to determine whether this collection percentage represented a reasonable effort to obtain payments due were stymied by a lack of requested data and inconsistent information from staff members.

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Written Billing, Credit, and Collection Policies are in place. Per the co-applicant agreement, these policies are determined by the applicant, Ventura County. These policies do include a board-approved, appropriate policy for fee waivers that stipulates when a waiver is available, what documentation is required, and who is authorized to approve waivers.

**If Not Met - Steps/Actions Recommended for Compliance:**

VCHSA must provide an analysis that adequately documents a 20% collection percentage is reasonable in relation to overall gross billings.

**Section 3. Management and Finance - Program Requirement #14**

**Program Requirement #14 - Budget**

Health center has developed a budget that reflects the costs of operations, expenses, and revenues (including the Federal grant) necessary to accomplish the service delivery plan, including the number of patients to be served. (Section 330(k)(3)(D) and (k)(3)(I)(i) of the PHS Act, 45 CFR 75.308 and 45 CFR 75 Subpart E)

**Compliance Status: Met.**

**Documents reviewed onsite or in advance:**

Annual budget

**Compliance Review Findings:**

VCHSA produces a well-detailed budget that is used for comparative reporting purposes on a monthly basis for management. The budget is based on and is reflective of the current cost of operations, expenses, and revenues necessary to accomplish the service delivery plan.

VCSHA draws grant funding quarterly in arrears after producing a detailed reconciliation for each grant draw processed. This process ensures that funds are not drawn in excess of awarded funding or total funds available for any category. Appropriate segregation of duties separates the grant draw from the cash management functions within the county financial departments.

## Section 3. Management and Finance - Program Requirement #15

### Program Requirement #15 - Program Data Reporting Systems

Health center has systems which accurately collect and organize data for program reporting and which support management decision-making. (Section 330(k)(3)(I)(ii) of the PHS Act and 45 CFR 75.342)

**Compliance Status: Met.**

#### Documents reviewed onsite or in advance:

Most recent UDS Report and UDS Health Center Trend Report  
Most recent Clinical and Financial Performance Measures Forms  
Clinical and financial information systems (e.g., EHR, practice management systems, billing systems)

#### Compliance Review Findings:

VCHSA utilized Cerner for practice management and EMR. VCHSA demonstrated the ability to generate appropriate clinical and financial data for reporting and decision-making in particular UDS, FFR, Clinical and Financial Performance Measures, budgets etc. in prior reporting. Although the review of clinical measures indicated difficulty in obtaining data, the actual reporting met program requirements, although there is considerable room for improvement. The addition of the 19 affiliates and the need to consolidate reporting over a large number of agencies will certainly complicate reporting going forward, in particular the 2016 UDS.

Services provided by the county with regard to IT systems, their security, and related policies and procedures ensure system integrity.

## Section 3. Management and Finance - Program Requirement #16

### Program Requirement #16 - Scope of Project

Health center maintains its funded scope of project (sites, services, service area, target population, and providers), including any increases based on recent grant awards. (45 CFR 75.308)

**Compliance Status: Not met.**

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**Documents reviewed onsite or in advance:**

- Health Center UDS Trend Report
- Health center’s official Scope of Project for sites and services (Forms 5A, 5B, and 5C)
- Most Recent Form 2 - Staffing Profile
- Notice of Award and information for any recent New Access Point or other supplemental grant awards

**Compliance Review Findings:**

Form 5A and 5B were reviewed and determined be accurate for required services, sites, and hours. Form 5C does not list the numerous other activities and locations that the health center performs.

VCHSA has received additional BPHC grant awards as follows: Behavioral Health expansion, two dental expansion grants, and IT enhancement. All grant funds were and/or are being effectively used as appropriate.

The following table compares VCHSA’s 2015 total patient data to its most recent service area patient target as established by HRSA. This patient target will be included in the upcoming FY 2017 SAC Service Area Announcement Table (SAAT). This patient target was established prior to the 330e grant award.

The current project period end date is February 28, 2018.

	2015 UDS	HRSA Target	% of Goal
CHC Patients	10,070	• 11,299	• 89.1%

**If Not Met - Steps/Actions Recommended for Compliance:**

The health center must revise Form 5C to document the broad variety of other activities/locations the health center performs. Revisions to Form 5C should include:

- Admitting: Following the health center’s patients to the hospital (admitting privileges). VCHSA should list the activity as “admitting,” the location as “hospital,” and the frequency as appropriate (e.g., as required for on call arrangement, three times per week) and indicate in the description the specific hospital(s) with which the health center has such arrangements and whether health center providers see non-health center patients as part of their admitting privileges.
- Non-Clinical Outreach.
- Health Education.
- Immunizations.
- Health Fairs.
- Mobile Van for Farmworker Rapid Testing.

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## Section 4. Governance - Program Requirement #17

### Program Requirement #17 - Board Authority

Health center governing board maintains appropriate authority to oversee the operations of the center. (Section 330(k)(3)(H) of the PHS Act and 42 CFR 51c.304)

**Compliance Status: Not met.**

#### Documents reviewed onsite or in advance:

Organizational/Corporate bylaws

Minutes of recent board meetings

Health center policies and/or procedures

Board annual meeting schedule

If Applicable: Co-Applicant Agreement for public centers

List of board committees

Other: Interview with co-applicant board members in an informal closed session, self-evaluation, Strategic Plan

#### Compliance Review Findings:

VCHSA is a Public Center. The applicant is the Ventura County Board of Supervisors, and the co-applicant is a non-incorporated co-applicant board that meets the Board Composition Requirement (see PR #18 below).

A review of the board minutes of the past 12 months indicates that the board did not meet monthly (no meeting in November 2016) and kept accurate and complete minutes documenting all board actions, discussions, decisions, and motions. The bylaws do not allow for meeting attendance by electronic communication means.

As of October 2016, the co-applicant board had approved a grant application; received some departmental and executive reports; and reviewed and approved staff recommendations regarding establishing and modifying hours of operation. The board also reviewed and approved the submission of Changes in Scope of practice, thereby approving services, locations, and modes of delivery; participated in strategic planning at the county level, reviewed (but not yet approved) the Sliding Fee Policy and Scale (approval scheduled for the December meeting), approved the annual operational budget; and completed a board self-evaluation.

As of October 2016, the board had not yet begun receiving departmental and executive reports of a quantity and quality to adequately perform oversight of clinical and financial operations as well as human resources; receiving and accepting an audit report; reviewing and approving numerous policies including a QI/QA Policy and Plan and Credentialing and Privileging Policy; performing

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an evaluation of the Executive Director (in consonance with the Ventura County CEO), or granting clinical privileges to the LIPs practicing at the FQHC clinical sites.

A review of the co-applicant board's bylaws indicates compliance with the requirements of PIN 2014-01 (Governance), except that Conflict of Interest provisions are fully discussed in Ventura County documents and policies (see PR #19 below) and board dissolution is discussed in the co-applicant agreement.

VCHSA's bylaws (Article V) establish the following committees: Executive and Nominating committees. There is also provision for appointing ad hoc committees to accomplish specific governance tasks.

In general, interviews with several board members indicate a growing understanding of governance oversight and authority and a desire to receive training and assistance in developing their role as a fully compliant FQHC public center co-applicant board.

The existing co-applicant agreement was reviewed and found to be non-compliant with PIN 2014-01 (Governance). In general, the agreement can be perceived as undermining or diminishing the authorities required for the governing board by stating (along with the bylaws that state: "The CHC Board shall assist and advise the Ventura County Health Care Agency (HCA) in promoting its vision...") that the co-applicant board is advisory (and not governing) in nature. In particular, the CHC Executive Director does not report to the CHC board as well as the county CEO; there are no clauses regarding dispute resolution; there is no statement of overall shared goals for operating the Health Center Program, including which party is responsible for meeting all HRSA requirements as well as HRSA Board Authority requirements contained in PIN 2014-01; and no specific delineation of each party's role in selection/dismissal and performance evaluation of the health center Executive Director.

#### **If Not Met - Steps/Actions Recommended for Compliance:**

VCHSA must:

- Modify the Organizational Chart to
  - Position the CHC co-applicant board to a status of authority equal to the county Board of Supervisors, and
  - Indicate that the Executive Director reports equally to the county CEO and the co-applicant board.
- Submit the 2017 co-applicant board meeting schedule to the Project Officer and ensure meetings are held monthly.
- Re-craft the bylaws to remove any implication that the co-applicant board is advisory and not governing in nature.

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- Re-draft the co-applicant agreement to:
  - Delineate each party's role in
    - Evaluating the executive director;
    - Meeting all 19 HRSA CHC Program Requirements; and
    - Meeting the PIN 2014-01 Governance Requirements.
  - Provide a clause regarding dispute resolution.
- Receive and accept the next audit report.
- Commence granting clinical privileges to the LIPs practicing at the FQHC clinical sites.

## Section 4. Governance - Program Requirement #18

### Program Requirement #18 - Board Composition

The health center governing board is composed of individuals, a majority of whom are being served by the center and, this majority as a group, represent the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex. (Section 330(k)(3)(H) of the PHS Act and 42 CFR 51c.304)

**Compliance Status: Met.**

#### Documents reviewed onsite or in advance:

Composition of Board of Directors/Most recent Form 6A: Board Composition  
Organizational/Corporate bylaws  
Board member application and disclosure forms  
UDS Summary Report  
Other: Electronic billing records of board members (PHI protected)

#### Compliance Review Findings:

A review of electronic billing records indicates that eight of 14 Board members (57%) are consumers of health center services and, therefore, patient members. Article 4a of the corporate bylaws states: "There shall be eleven (11) regular members of the CHC Board and at least three (3) but no more than twelve (12) alternate members," which is appropriate for the complexity of the organization and the diversity of the community served. Note: alternate members attend all board meetings and have voting rights.

Board members represent all portions of the Ventura County where VCHSA has clinical sites. All members live or work in the service area, and the patient members represent the demographics of the residents. Per the 2015 UDS Report, the demographics of the patient population indicate that 4% of VCHSA patients are Black/African-American, and 47% are of Hispanic ethnicity. Males and females, Black and White persons, and persons of Hispanic ethnicity are represented on the board.

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One of the six (17%) non-patient members earns more than 10% of her income from the healthcare industry. Board members exhibit desired expertise, including clinical, legal, finance, government and elected officials, public health, and social services, as well as dedicated community advocates.

VCHSA receives section 330 (h) funding to provide focused care and outreach to persons experiencing homelessness. Three board members are advocates for this special population and all were interviewed as part of this Site Visit. The board is well versed in the clinical challenges facing this special population, and their needs are represented during strategic planning sessions.

None of the board members are related to FQHC employees.

## Section 4. Governance - Program Requirement #19

### Program Requirement #19 - Conflict of Interest Policy

Health center bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by board members, employees, consultants, and those who furnish goods or services to the health center. (45 CFR 75.327 and 42 CFR Part 51c.304(b))

**Compliance Status: Met.**

#### Documents reviewed onsite or in advance:

Corporate bylaws

Most recent update of Conflict of Interest Policy and related procedures

Procurement Policies and/or Procedures

Other: Employee Handbook, Code of Ethics, California Law AB 1233

#### Compliance Review Findings:

VCHSA's Conflict of Interest Policy is not mentioned in the co-applicant board bylaws; instead it is under the purview of the Ventura County Board of Supervisors (the applicant). The current county policy has been in effect since 2005. Its purpose is: "To establish standards of conduct and to delineate the ethical responsibilities of the public service (by employees and Board Members in Ventura County)." There also exists a county-approved "Expense Reimbursement & Ethics Training Policy For All Members Of County Boards, Committees, Commissions & County Managers" policy that provides guidelines, definitions, and examples of required conduct and states: "Each member of the Board of Supervisors and all members of County boards, committees and commissions, all County elected officials and all County Managers shall receive at least two hours of training in general ethics principles and ethics laws relevant to his or her public service every two years." All co-applicant board members have completed this required ethics training.

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The Ventura County Employee Handbook also addresses a Code of Ethics.

Finally, there exists a board-approved “Acceptance of Gifts, Rebates, and Other Items of Value” policy that states: “Employees are prohibited from directly or indirectly soliciting or accepting any gift, kickback, rebate, gratuity or favor for personal gain from any individual, corporation or group.”

The bylaws (section IV D) state: “No CHC Board member may be an employee of the CHC or an immediate family member by blood or marriage (i.e., spouse, child, parent, brother, or sister) of a CHC employee. Employees of the County of Ventura and their immediate family members, who are not employees of the CHC, may be members of the CHC Board. All CHC Board members must be United States citizens and residents of Ventura County.” California Law AB 1233 (January 1, 2010) does not allow non-voting board members (ex-officio or otherwise); therefore, the Executive Director is not an ex-officio non-voting member of the board.

Taken together, VCHSA adequately addresses Conflict of Interest.

## Section 5. Clinical and Financial Performance

### **Clinical Measure #1 - Percentage of patients aged 12 and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented.**

#### **Documents reviewed onsite or in advance:**

UDS Trend, Comparison, and Summary Reports  
Clinical and Financial Performance Measure Forms from most recent SAC/Designation Application

#### ***Clinical Performance Analysis:***

#### **Reason(s) for selecting the measure:**

Clinical depression can strike people of all ages, genders and walks of life, causing them to lose motivation, energy and the pleasure of everyday life. Depression many times goes untreated because people do not recognize its symptoms. The U.S. Preventive Services Task Force recommends that all people, starting at age 12, be screened for depression. Screening for depression helps identify depression early. And early treatment may help patients get better faster.

#### **Performance measure status and trend:**

The health center has struggled with collecting clinical data from the electronic health record, which is Cerner Power Chart. Reporting UDS data for many of the Clinical Performance Measures has been accomplished by a manual audit of 70 charts. Program staff recognizes that such data is unreliable.

VCHSA reported 45.71% on the depression screening measure in 2014 and 12.86% in 2015. The health center has not audited this measure in 2016.

#### **Key factors (internal and external) contributing to and/or restricting the health center's performance on the measure:**

The depression screening tool in the EHR was not widely utilized by clinic staff. The depression tool in the EHR did not facilitate the preferred workflow of one form that moves from PHQ-2 to additional PHQ-9 questions if the initial PHQ-2 was positive. Many of the providers were identifying depressed patients without a standardized tool. When the PHQ was utilized, documentation was done on paper and scanned into the EHR, making documentation impossible to track.

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## Handout #3

The depression screening form in Cerner has been improved and is now a standardized element of the intake process. The forms have instructive text and auto-scoring. Providers are alerted that follow-up is needed.

The health center has educated staff on correct data entry and the need for follow-up for patients identified with depression. In addition to tracking medications, the health center has added a G-code to indicate when a provider enters a follow-up plan. A separate G-code also drops when a patient screens negative. These G-codes create a clean data mechanism that can be used for UDS data collection. Providers have received information about treatment resources available to patients.

### **Health center's in-process and/or proposed action to improve performance on the measure:**

The health center is working on integrating behavioral health with primary care. The requirement to develop a Community Health Center Quality Improvement Plan and process will facilitate a more rigorous focus on data collection and the monitoring of this and all the Clinical Performance Measures.

## **Financial Measure #1 - Medical Cost per Medical Visit**

### **Documents reviewed onsite or in advance:**

UDS Trend, Comparison, and Summary Reports  
Most recent audit  
Clinical and Financial Performance Measure Forms from most recent SAC/Designation Application

### ***Financial Performance Analysis:***

#### **Reason(s) for selecting the measure:**

Highlight major changes in the size and scope of the entity that will impact the usefulness of previous trend reporting.

#### **Performance measure status and trend:**

The current trend will be of little to no use in evaluating the cost effectiveness of care. Since the reporting of the 2015 UDS data, the grantee has expanded from a 330(h) only grantee to include 330(e) as well in early 2015. In operationalizing this change, the grantee added 19 affiliate practices to provide care under its CHC umbrella. The current scope and scale of operations has no comparison to prior activities or existing trend data. VCHSA is more like a newly funded grantee in its current state.

#### **Key factors (internal and external) contributing to and/or restricting the health center's performance on the measure:**

Unknown, as the current medical cost/per medical visit is not known.

#### **Health center's in-process and/or proposed action to improve performance on the measure:**

VCHSA should closely monitor evolving trends in the medical cost/medical visit measure and cost per patient measure to determine if the cost effectiveness of the care provided is appropriate given current operations that are substantially different from all past experience. Moving forward, goals and objectives around these two measures should be predicated on operations as they exist under the new service delivery model.

## Section 6. Capital and Other Grant Progress Review

### Capital Grant Program(s) Reviewed:

N/A – The grantee does not have any active capital grant funding.



## Section 7. Innovative/Best Practices

None noted.