

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

April 28, 2022 – 2:00 p.m.

Meeting was conducted In-person and via WebEx Event

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

- MEMBERS PRESENT:** Brian Knudsen – Chair, Consumer Member (*In-person*)
Jose L. Melendrez – First Vice-Chair, Consumer Member (*Call-in User 2 / WebEx*)
Timothy Burch – Second Vice-Chair, Community Member, Clark County (*WebEx*)
Scott Black – Community Member, City of North Las Vegas (*Call-in User 3*)
Erin Breen – Community Member, UNLV Vulnerable Road Users Project (*WebEx*)
Gary Costa – Community Member, Golden Rainbow (*WebEx*)
Father Rafael Pereira – Community Member, All Saints Episcopal Church (*In-person*)
- ABSENT:** Scott Garrett – Consumer Member
Lucille Scott – Consumer Member
Duprice Scruggs – Consumer Member
Aquilla Todd – Consumer Member
- ALSO PRESENT:** None
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Donna Buss, Andria Cordovez Mulet, David Kahananui, Theresa Ladd, Josie Llorico, Cassius Lockett, Cassondra Major, Bernadette Meily, Randy Smith, Leo Vega, Karen White, Edward Wynder, Merylyn Yegon

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:03 p.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum.

II. PLEDGE OF ALLEGIANCE

- III. FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the First Public Comment portion.

Member Black joined the meeting at 2:05 p.m.

IV. ADOPTION OF THE APRIL 28, 2022 MEETING AGENDA (for possible action)

A motion was made by Father Rafael, seconded by First Vice-Chair Melendrez, and carried unanimously to approve the April 28, 2022 Agenda, as presented.

V. CONSENT AGENDA: Items for action to be considered by the Southern Nevada Community Health Center Governing Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. APPROVE MINUTES/COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING: March 30, 2022 (for possible action)

A motion was made by Member Black, seconded by Member Breen, and carried unanimously to approve the March 30, 2022 Consent Agenda, as presented.

VI. REPORT / DISCUSSION / ACTION

Recommendations from the April 26, 2022 Finance & Audit Committee

1. Receive, Discuss and Approve the Recommendations from the April 26, 2022 Finance & Audit Committee meeting regarding the Grants Management Policy; direct staff accordingly or take other action as deemed necessary (for possible action)

Karen White, Chief Financial Officer, provided an overview of the Grants Management Policy, with the following highlights:

- Requirement of HRSA that any federal cash draws are made and administered consistent with the payment standards required by the U.S. Department of Health and Human Services found at 45 CFR Part 75 Subpart E, 2 CFR 200, state and local statutes and executive orders as applicable.
- Required documentation for each federal grant payment will account for the receipt, obligation, and expenditure of funds.
- The SNCHC draws as a reimbursement for expenditures that have already been incurred.
- A general ledger listing of the expenditures that are being reimbursed in sufficient detail to satisfy the documentation requirements of Uniform Grant Guidance.
- Federal expenditures being tracked using a grant code in the general ledger.
- Federal expenditures allowable in accordance with the terms and conditions of the Federal award including those that limit the use of Federal funds, and with the Federal Cost Principles in 45 CFR Part 75 Subpart E and/or 2 Code of Federal Regulations (CFR) Part 200 (Subparts A – F).
- A section related to the requirements of cash advances.
- Confirmation that federal grant funds will not be used for lobbyists

Further to a question from Chair Knudsen, Ms. White advised that the Grants Management Policy was more detailed than the grants policy for the Health District, as it required specific wording to ensure compliance with HRSA. Ms. White further advised that she planned to update the Health District's policy as well.

Father Rafael commended Ms. White and her staff for their hard work, that policies are shared with the Governing Board and confirmation that policies were being followed.

A motion was made by Father Rafael, seconded by Member Breen, and carried unanimously to approve the Grants Management Policy, as presented.

2. [Receive, Discuss and Approve the Recommendations from the April 26, 2022 Finance & Audit Committee meeting regarding the March Financial Report](#); direct staff accordingly or take other action as deemed necessary (*for possible action*)

Ms. White advised that Health Centers are required to evaluate the effectiveness of the Sliding Fee Discount Program (SFDP) at least every three years. Ms. White performed an evaluation on the SFDP and shared her findings, with the following highlights:

- 70% of self-pay patients are at 100% or below the Federal Poverty Guidelines.
- 75.9% of collections are from self-pay patients.
- Patients reported that they did not cancel a SNCHC visit due to the inability to pay, which would confirm that the SFDP fees are reasonable for the services provided.
- No follow-up actions or changes to the nominal fee are required.

Ms. White provided the March Financial Report and advised that the Total Revenue for the YTD Budget was \$14.8M and the YTD Actual was just over \$18M, 22% overbudget, mainly related to patient related program income. Overall grant revenue is 10% above budget. Year to date salaries and fringe continue to be underbudget due to staff working on COVID activities. Ms. White further outlined the updates for Payments by Payer Type and Name, Accounts Receivable by Payer and Aging Buckets, and the Visit Types. Almost 60% of accounts receivable is under 60 days. The SNCHC has a large balance related to uninsured COVID 19 testing and vaccines.

Father Rafael inquired as to the money that would be written off due to HRSA no longer reimbursing for COVID-19 tests and vaccines. Ms. White advised that the SNCHC was profitable when previously billing for COVID-19 tests and vaccines and will continue to bill third-party insurance providers. Ms. White advised that reimbursements from HRSA are still expected for the month of April, so she will provide a further update at the next Governing Board meeting.

Chair Knudsen inquired whether, at a future meeting, the Governing Board could receive financial comparables with other FQHCs in Southern Nevada. Dr. Leguen advised that he would contact the Nevada Primary Care Association, however advised that not all FQHCs were required to make their financials available.

A motion was made by Member Black, seconded by Father Rafael, and carried unanimously to accept the March Financial Report, as presented.

Recommendations from the April 27, 2022 Quality, Credentialing & Risk Management Committee

3. [Receive, Discuss and Approve the Recommendations from the April 27, 2022 Quality, Credentialing & Risk Management Committee meeting regarding the Third Quarter FY22 Quality & Risk Management Activities Report](#); direct staff accordingly or take other action as deemed necessary (*for possible action*)

Cassandra Major, FQHC Quality Management Coordinator, presented the third quarter FY22 Quality & Risk Management Activities Report outlining the Quality Management Program (QMP), internal Quality Committee, Clinical Performance Measure (CPM), Continuous Quality Improvement (CQI) Activities, Patient Satisfaction Survey Participation (March Results, Quarter One Results, and Select Responses), Risk Management Plan and Risk Events.

A motion was made by Member Breen, seconded by Father Rafael, and carried unanimously to accept the Third Quarter FY22 Quality & Risk Management Activities Report, as presented.

4. [Receive, Discuss and Approve the Recommendations from the April 27, 2022 Quality, Credentialing & Risk Management Committee meeting regarding the Third Quarter FY22 Management Care Credentialing Process Report](#); direct staff accordingly or take other action as deemed necessary (*for possible action*)

David Kahananui, Senior FQHC Manager, presented the updates from the third quarter FY22 Management Care Credentialing Process Report on Straight Medicare, Nevada Medicaid, Commercial Insurance Providers, and Accepted Insurance Providers.

A motion was made by Member Costa, seconded by Father Rafael, and carried unanimously to accept the Third Quarter FY22 Management Care Credentialing Process Report, as presented.

SNCHC Governing Board

5. [Receive and Discuss the Southern Nevada Community Health Center 2022-2023 Strategic Plan](#); direct staff accordingly or take other action as deemed necessary (*for possible action*)

Ms. Major presented the draft 2022-2033 Strategic Plan and outlined the following five goals:

- i. Increase the Number of Unique Patients Served
- ii. Develop the Workforce
- iii. Improve Performance
- iv. Attain Financial Stability
- v. Add Clinic Services

Ms. Anderson-Fintak advised that the Governing Board had an opportunity to provide input and the final version will be presented to the Governing Board at the May meeting for approval. Father Rafael advised that he would like to see details on the steps to achieve the goals. Chair Knudsen raised the Governing Board's previous discussions on the Behavior Health program, particularly the improvements and challenges.

6. [Receive, Discuss and Approve the Southern Nevada Community Health Center Hours of Operations](#); direct staff accordingly or take other action as deemed necessary (*for possible action*)

Randy Smith, FQHC Operations Officer, presented the SNCHC Hours of Operations for the Decatur location and East Las Vegas locations. Mr. Smith advised that the hours for the Decatur location needed to be updated with a HRSA Change in Scope. Mr. Smith confirmed that the hours were the current hours of operation, however simply needed to be updated in the HRSA materials. Mr. Smith advised that the East Las Vegas hours of operations were accurate.

Chair Knudsen inquired whether patients were surveyed on the hours of operations and ease of accessibility. Mr. Smith advised that he would look into whether historically patients were surveyed on the hours of operation. Ms. Smith further advised that the SNCHC was in compliance with the HRSA requirements for extended hours, as the clinic closes at 6:00 p.m.

Chair Knudsen inquired whether the increase in gas prices as affected in the SNCHC services. Mr. Smith advised that he anticipates integrating other services to maximize the patient encounters for those that struggle with transportation.

Mr. Smith further advised that Governing Board that the SNCHC has incorporated a 4 day/10 hour work schedule, instead of a 5 day/8 hour work schedule, for staff, which has been well received by staff. Further to a question from Father Rafael, Mr. Smith advised that the 4/10 work schedule would be a strong recruiting effort and retention tool as it creates more work/life balance.

A motion was made by Chair Knudsen, seconded by Father Rafael, and carried unanimously to approve the Southern Nevada Community Health Center Hours of Operations, as presented.

7. [Receive, Discuss and Approve the Southern Nevada Community Health Center's Scope of Services and Form 5A](#); direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith outlined the Scope of Services and Form 5A (Required & Additional Services) and the required revisions for approval.

A motion was made by Chair Knudsen, seconded by First Vice-Chair Melendrez, and carried unanimously to approve the Southern Nevada Community Health Center Scope of Services and Form 5A, as presented.

8. [Receive, Discuss and Approve HRSA Grants](#); direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith advised that the HRSA grants, specifically for the SNCHC, must be approved by the Governing Board. Following a review, Mr. Smith brought forward the following HRSA grants for review and approval:

- Noncompeting Continuation grant:
 - Budget Period: 2/1/22 – 1/31/23
 - Funding Amount: \$487,500 (equal to 9 months of funding), additional 3 months of funding in the amount of \$162,500 anticipated from November 2022 – January 2023.
 - Annual Patient Target: 10,504
- COVID grants:
 - Testing = \$235,339 for one (1) year for personnel, equipment & supplies
 - PPE = \$503,000 for one (1) year for personal protective equipment & supplies
 - Vaccines = \$2,826,500 for two (2) years for vaccines & behavioral health personnel

A motion was made by Chair Knudsen, seconded by Father Rafael, and carried unanimously to approve the HRSA Grants, specifically the (i) Noncompeting Continuation Grant, (ii) COVID Grant related to Testing, (iii) COVID Grant related to PPE, and (iv) COVID Grant related to Vaccines, as presented.

9. [Receive, Discuss and Accept March Operational Report](#); direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Kahananui presented the March Operational Report by providing updates on the number of unique patients served. The SNCHC conducted 2,932 visits by HRSA's definition in Q1 2022, with a no-show rate of 23.73%, which is slightly lower than national averages and 2.5% lower than the last year at the SNCHC. Mr. Kahananui outlined that there was a 63.4% conversation rate of patients referred to eligibility assistance. Mr. Kahananui proceeded with highlighting the results of the Patient Satisfaction Surveys. With respect to COVID-19, Mr. Kahananui outlined that the SNCHC continued to administer the vaccine, perform testing and participated in a new anti-viral medication program. Mr. Kahananui continued with an update on funding opportunities, operational updates, behavioral health, accepted insurance and marketing efforts.

A motion was made by Chair Knudsen, seconded by First Vice-Chair Melendrez, and carried unanimously to accept the March Operational Report, as presented.

Member Black left the meeting at 3:15 p.m. and did not return.

10. [Receive and Discuss the Expectations of the HRSA Operational Site Visit](#); direct staff accordingly or take other action as deemed necessary (*for possible action*)

Randy Smith provided an overview of the expectations of the virtual HRSA Operational Site Visit (vOSV) and confirmed that the vOSV has been scheduled for June 28-30th. Mr. Smith outlined the requirements for participation of the members of the Governing Board in the vOSV. Specifically, the Governing Board leadership is anticipated to participate in the entrance meeting, which is scheduled on the first day. Further, on the second day, members of the Governing Board will meet with the HRSA vOSV review team, without staff. On the last day, an exit meeting will be held with the HRSA vOSV review team, staff and members of the Governing Board. Mr. Smith concluded with an overview of the areas of review.

Chair Knudsen requested that, once dates and times for the meetings with the Governing Board have been scheduled, meeting invites are sent to the Governing Board members and confirmed that attendance for the Governing Board members was critical.

Further to questions from First Vice-Chair Melendrez, Mr. Smith advised that the meetings with the HRSA vOSV review team would be virtual as the entire visit is virtual. Ms. White advised that the HRSA vOSV review team will ask the Governing Board members about financial information, quality information and the relationship between the Governing Board and the Southern Nevada District Board of Health, to ensure that the Governing Board acts autonomously. Further, Ms. White advised that a list of potential questions will be provided to the Governing Board at the May meeting.

- VII. **BOARD REPORTS:** The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. (***Information Only***)

There were no items raised.

- VIII. **EXECUTIVE DIRECTOR & STAFF REPORTS (*Information Only*)**

- Executive Director Comments

Dr. Leguen stated that, even though Dr. Fauci announced that the COVID-19 pandemic phase was over and entered the maintenance phase, the pandemic was not over. Dr. Leguen advised that there is still local transmission in the community and across the country, with the number of daily cases slowly increase over the last few weeks. Further, the positivity rate has increased from under 5%, approximately one month ago, to almost 10%. Dr. Leguen advised that the community should still be vigilant and cautious.

Dr. Leguen further request that, at a future meeting, the Governing Board re-consider their meeting schedule, due to the issues with quorum. Currently, the Governing Board meetings the 4th Thursday over every month. If there is an issue with quorum, that does not provide sufficient time to schedule another meeting before the end of the month.

Father Rafael inquired as to the impact of the conclusion of the COVID-19 grants and how that would affect the SNCHC financials. Dr. Leguen advised that was a main concern of not only the SNCHC but the entire Health District. The SNCHC operations, in terms of losing the COVID-19 grants, will not be dramatically affected as the COVID-19 grants are targeted to a specific activity and not the core of the SNCHC services.

- IX. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the Second Public Comment portion.

XIII. ADJOURNMENT

The Chair adjourned the meeting at 3:50 p.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary/CHC Executive Director

/acm



AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

April 28, 2022 – 2:00 P.M.

Meeting will be conducted In-person and via Webex Event
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

NOTICE

WebEx Event address for attendees:

<https://snhd.webex.com/snhd/onstage/g.php?MTID=ef06202445cc013c9f056b2ca6e69cdb7>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2555 087 4965](https://snhd.webex.com/snhd/onstage/g.php?MTID=ef06202445cc013c9f056b2ca6e69cdb7)

For other governmental agencies using video conferencing capability, the Video Address is:
25550874965@snhd.webex.com

NOTE:

- Agenda items may be taken out of order at the discretion of the Chair.
- The Board may combine two or more agenda items for consideration.
- The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

I. CALL TO ORDER & ROLL CALL

II. PLEDGE OF ALLEGIANCE

- #### III. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:

- **By Webex: Use the link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Community Health Center employee or by raising your hand during the public comment period, a Community Health Center employee will unmute your connection. Additional Instructions will be provided at the time of public comment.**
- **By email: public-comment@snchc.org For comments submitted prior to and during the live meeting. Include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.**

IV. ADOPTION OF THE APRIL 28, 2022 AGENDA (for possible action)

V. **CONSENT AGENDA:** Items for action to be considered by the Southern Nevada Community Health Center Governing Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. Approve Minutes – SNCHC Governing Board Meeting: March 30, 2022 (for possible action)

VI. **REPORT / DISCUSSION / ACTION**

Recommendations from the April 26, 2022 Finance & Audit Committee

1. Receive, Discuss and Approve the Recommendations from the April 26, 2022 Finance & Audit Committee meeting regarding the Grants Management Policy; direct staff accordingly or take other action as deemed necessary (for possible action)
2. Receive, Discuss and Approve the Recommendations from the April 26, 2022 Finance & Audit Committee meeting regarding the March Financial Report; direct staff accordingly or take other action as deemed necessary (for possible action)

Recommendations from the April 27, 2022 Quality, Credentialing & Risk Management Committee

3. Receive, Discuss and Approve the Recommendations from the April 27, 2022 Quality, Credentialing & Risk Management Committee meeting regarding the Third Quarter FY22 Quality & Risk Management Activities Report; direct staff accordingly or take other action as deemed necessary (for possible action)
4. Receive, Discuss and Approve the Recommendations from the April 27, 2022 Quality, Credentialing & Risk Management Committee meeting regarding the Third Quarter FY22 Management Care Credentialing Process Report; direct staff accordingly or take other action as deemed necessary (for possible action)

SNCHC Governing Board

5. Receive and Discuss the Southern Nevada Community Health Center 2022-2023 Strategic Plan; direct staff accordingly or take other action as deemed necessary (for possible action)
6. Receive, Discuss and Approve the Southern Nevada Community Health Center Hours of Operations; direct staff accordingly or take other action as deemed necessary (for possible action)
7. Receive, Discuss and Approve the Southern Nevada Community Health Center's Scope of Services and Form 5A; direct staff accordingly or take other action as deemed necessary (for possible action)
8. Receive, Discuss and Approve HRSA Grants; direct staff accordingly or take other action as deemed necessary (for possible action)
9. Receive, Discuss and Accept March Operational Report; direct staff accordingly or take other action as deemed necessary (for possible action)
10. Receive and Discuss the Expectations of the HRSA Operational Site Visit; direct staff accordingly or take other action as deemed necessary (for possible action)

VII. **BOARD REPORTS:** The Southern Nevada Community Health Center Governing Board members may identify and comment on Health Center related issues or ask a question for clarification. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada Community Health Center Governing Board unless that subject is on the agenda and scheduled for action. **(Information Only)**

VIII. EXECUTIVE DIRECTOR & STAFF REPORTS (Informational Only)

- Executive Director Comments

- IX. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

See above for instructions for submitting public comment.

X. ADJOURNMENT

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Andria Cordovez Mulet in Administration at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at <https://snhd.info/meetings>, the Nevada Public Notice website at <https://notice.nv.gov>, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact Andria Cordovez Mulet at 280 S. Decatur Blvd, Las Vegas, NV, 89107 or dial (702) 759-1201.



MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

March 30, 2022 – 2:00 p.m.

Meeting was conducted via Webex Event

MEMBERS PRESENT: Brian Knudsen – Chair, Consumer Member
Jose L. Melendrez – First Vice-Chair, Consumer Member
Scott Black – Community Member, City of North Las Vegas
Erin Breen – Community Member, UNLV Vulnerable Road Users Project
Scott Garrett – Consumer Member (*Call-in User 4*)
Father Rafael Pereira – Community Member, All Saints Episcopal Church
Aquilla Todd – Consumer Member (*Call-in User 3*)

ABSENT: Timothy Burch – Second Vice-Chair, Community Member, Clark County
Gary Costa – Community Member, Golden Rainbow
Lucille Scott – Consumer Member
Duprice Scruggs – Consumer Member

ALSO PRESENT: None
(In Audience)

LEGAL COUNSEL: Heather Anderson-Fintak, General Counsel

EXECUTIVE SECRETARY: Fermin Leguen, MD, MPH, District Health Officer

STAFF: Andria Cordovez Mulet, Jennifer Fennema, Rich Hazeltine, David Kahananui, Theresa Ladd, Cassius Lockett, Randy Smith, Karen White, Edward Wynder

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada Community Health Center Governing Board Meeting to order at 2:01 p.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum.

II. PLEDGE OF ALLEGIANCE

III. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the First Public Comment portion.

INTRODUCTION

The Chair recognized Randy Smith as the new FQHC Operations Officer. Mr. Smith provided the Governing Board with a brief background on his experience with Federally Qualified Health Centers (FQHCs).

Member Melendrez joined the meeting at 2:03 p.m.

IV. ADOPTION OF THE MARCH 30, 2022 MEETING AGENDA (for possible action)

A motion was made by Member Garrett, seconded by Member Breen and carried unanimously to approve the March 30, 2022 Agenda, as presented.

V. CONSENT AGENDA: Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. APPROVE MINUTES/COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING:
February 24, 2022 and March 24, 2022 (for possible action)

A motion was made by First Vice-Chair Melendrez, seconded by Member Garrett and carried unanimously to approve the March 30, 2022 Consent Agenda, as presented.

VI. REPORT / DISCUSSION / ACTION

1. Receive and Approve Recommendations from the March 22, 2022 Finance & Audit Committee meeting regarding the Southern Nevada Community Health Center FY23 Budget: direct staff accordingly or take other action as deemed necessary (for possible action)

Karen White, Chief Financial Officer, provided an overview of the FY23 Budget, with the following highlights:

- Budget increased by 9.95% to \$21,670,487 in combined General Fund and Grant Revenue
- Expenditures increased by 11.20% to \$26,557,444
- Grant Funding increased by 22%
- Net decrease of (3) FTE's

Specifically, Ms. White advised that the General Fund Revenue increased by 4.27% and the Special Revenue Fund (Grant Revenue) increased by 22.07%, and the General Fund Expenditures increased by 7.32% and the Special Revenue Fund (Grant Revenue) increased by 22.07%.

Father Rafael commended staff on the budget and forecast process, along with the internal controls and reporting.

A motion was made by Father Rafael, seconded by Chair Knudsen, and carried unanimously to accept the recommendation from the Finance & Audit Committee and approve the FY23 Budget, as presented.

2. Receive and Approve Recommendations from the March 22, 2022 Finance & Audit Committee meeting regarding the Billing Fee Schedule Updates: direct staff accordingly or take other action as deemed necessary (for possible action)

Ms. White provided the Clinical Billing Fee Schedule Update and advised that, as there was a more comprehensive review done last year, this year there were only a few fees that needed to be updated, which are mostly new codes or fees that have not been used in the past. Ms. White outlined the updated fees for primary care services and medications and confirmed that patients on the sliding fee scale pay between \$7 and \$22 for medications. Ms. White further outlined two new vaccines that the Community Health Center will start to offer.

Father Rafael inquired whether there was any improvement in billing and collection, now that the billing is in-house. Ms. White advised that it was too early to see improvements.

Chair Knudsen provided a summary of recent discussion at the Southern Nevada District Board of Health regarding the cost of medication. Chair Knudsen advised that a recommendation was made that the Health District physicians, as applicable and as appropriate with their medical training and knowledge, prescribe the generic medication, unless there was something contraindicative, before the name brand medication.

A motion was made by Chair Knudsen, seconded by Father Rafael, and carried unanimously to accept the recommendation from the Finance & Audit Committee and approve the Clinical Billing Fee Schedule Updates.

3. Receive and Approve Recommendations from the March 22, 2022 Finance & Audit Committee meeting regarding the February Financial Report; direct staff accordingly or take other action as deemed necessary (for possible action)

Ms. White provided the February Financial Report and advised that the YTD Actuals to the YTD Budget for Revenues was at 18% and the YTD Actuals to the YTD Budget for Expenses was at - 91%.

Chair Knudsen inquired as to the impact of not spending grant funds within the timeframe. Ms. White advised that if funds are unspent, a no-cost extension is submitted to provide additional time to spending the funds.

Ms. White advised that a comparison was completed on the zip codes from the HRSA Form 5B and the zip codes of the patients of the Community Health Center. Ms. White outlined that the two locations (Main and Bonanza) with assigned service areas provided service to 81% of the Community Health Center's total patients in 2021 (calendar year). The remaining less than 20% either live outside of the assigned service areas or did not provide the information.

A motion was made by Chair Knudsen, seconded by Member Black, and carried unanimously to accept the recommendation from the Finance & Audit Committee and approve the February Financial Report, as presented.

4. Receive, Discuss and Approve the Application for the Change in Scope for the East Las Vegas location at 2830 Fremont Street, Las Vegas; direct staff accordingly or take other action as deemed necessary (for possible action)

David Kahananui, Senior FQHC Manager, presented an overview of HRSA's application process for a change in scope to add 2830 Fremont Street, Las Vegas as a permanent site with full scope of services. Mr. Kahananui advised that construction should be completed in June. The HRSA application is to be submitted before April 30th and approval should be received in May, to start providing services in June. The hours of operations will mirror the Decatur location. The following services will be provided at the East Las Vegas location: Primary Care, Family Planning, Ryan White, Infectious Disease, Behavioral/Mental Health, VFC and Private Immunizations, PEP & PrEP, 340b Pharmacy, and Dental.

Further to an inquiry from Member Breen as to the Bonanza location, Dr. Leguen advised that it was anticipated that Community Health Center services would be moved from the Bonanza location to the Fremont location. The Bonanza location would continue to offer the immunization program and other clinical programs, that are not related to the Community Health Center. This was due to the logistical challenges of having different programs in one location. The intention of the Fremont location was to be fully dedicated to the Community Health Center, as opposed to a hybrid that currently exists at the Decatur location.

Member Breen inquired as to whether the Community Health Center offers transportation assistance, such as bus passes, to patients for appointments. Mr. Kahananui advised that there were several grants that have funded multiple bus pass options and staff are currently in the

process of an agreement with Lyft/Uber. Mr. Kahananui further advised that the Fremont location will have a bus stop in front of the parking lot of the building.

A motion was made by Chair Knudsen, seconded by First Vice-Chair Melendrez, and carried unanimously to approve the commencement of the Application for the Change in Scope for the East Las Vegas location at 2830 Fremont Street, Las Vegas.

5. Receive, Discuss and Accept February Operational Report; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui presented the February Operational Report. Mr. Kahananui advised that the Health Center's New Access Point (NAP) Grant was awarded through October 31, 2020, at which point the Service Area Competition Grant was awarded through January 31, 2024, and the noncompeting continuation was approved. The Health Center conducted 892 visits by HRSA's definition in February 2022, with a no-show rate of 25.97%, which is slightly lower than national Health Center averages. Mr. Kahananui outlined that there was a 63.4% conversation rate of patients referred to eligibility assistance. Mr. Kahananui proceeded with highlighting the results of the Patient Satisfaction Surveys. With respect to COVID-19, Mr. Kahananui outlined that the Health Center continued to administer the vaccine, perform testing and participated in a new anti-viral medication program. Mr. Kahananui continued with an update on funding opportunities, behavioral health, accepted insurance and marketing efforts.

Member Melendrez inquired as to the outreach efforts with the Latino community and suggested that staff reach out to Peter Guzman at the Latin Chambers.

Member Black inquired whether there was an opportunity for the Community Health Center to have an internship program with various colleges and universities for the upcoming behavioral health program. Mr. Kahananui advised that the Health District currently has a residency program and the Community Health Center could be in a position to handle an internship program as well.

A motion was made by Chair Knudsen, seconded by Member Breen, and carried unanimously to accept the February Operational Report, as presented.

VII. BOARD REPORTS: The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. ***(Information Only)***

Member Melendrez requested a coordinated effort with other different groups on their community efforts. Member Melendrez advised that there were many different community groups that are all working towards the same goal. He further suggested a community calendar to put all community events and activities to ensure attendance. This would allow room for growth and opportunities to reach more people in the community. Dr. Leguen advised that he would request that the Chief Communications Officer start working on this.

VIII. EXECUTIVE DIRECTOR & STAFF REPORTS (Information Only)

- Executive Director Comments

Dr. Leguen recognized Mr. Kahananui's contribution and continued commitment to the Community Health Center. With the addition of Mr. Smith to the Community Health Center, Dr. Leguen advised that it was important to the promotion and growth of the Community Health Center.

Dr. Leguen advised that the Human Resources Department continues to work on the recruitment of additional physicians, which has been difficult. There is a plan to post in the local media and to utilize social media to reach local physicians.

Dr. Leguen concluded that HRSA will stop payments for COVID-19 testing and vaccination. This will need to be monitored very closely and then, based on the demand and the financial situation, a determination will have to be made if there is not a solution from the federal government.

- IX. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the Second Public Comment portion.

XIII. ADJOURNMENT

The Chair adjourned the meeting at 2:57 p.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary/CHC Executive Director

/acm



**SOUTHERN NEVADA COMMUNITY HEALTH CENTER
POLICY AND PROCEDURE**

DIVISION: Administration	NUMBER(s):
PROGRAM: Finance	Page: 1 of 4
TITLE: Grants Management	EFFECTIVE DATE: (Date signed by DHO) xx/xx/xxxx
DESCRIPTION: Managing Grants	ORIGINATION DATE: New
APPROVED BY:	Replaces: N/A
Fermin Leguen, MD, MPH District Health Officer Executive Director	Date

I. PURPOSE

SNCHC is committed to ensuring federal cash draws are made and administered in a manner consistent with payment standards required by the U.S. Department of Health and Human Services found at 45 CFR Part 75 Subpart E, 2 CRF 200, state and local statutes and executive orders as applicable. Revisions to Uniform Grant Guidance are automatically included in the Center’s policy. See references at the end of this policy/procedure.

II. SCOPE

This policy applies to payments received for direct or pass-through federal grant funds awarded to SNCHC.

III. POLICY/Procedure

a. Documentation: The documentation maintained for each federal grant payment will account for the receipt, obligation, and expenditure of funds. SNCHC draws as a reimbursement for expenditures that have already been incurred. The following documentation is kept for each draw or request for reimbursement:

1. A general ledger listing of the expenditures that are being reimbursed in sufficient detail to satisfy the documentation requirements of Uniform Grant Guidance.
2. Information regarding the date of federal grant payment receipt and the timing of expenditures relative to the receipt of the federal funds.
3. Federal expenditures are tracked using a grant code in the general ledger. A report is run from the general ledger to determine the amount of the drawdown. An electronic copy of this report is attached to the draw down request by the accountant. This request is approved by accountant, accounting supervisor,

controller, or CFO electronically through accounting software. After the appropriate approvals the accountant will make the draw through the Payment Management System (PMS).

4. The health center's financial management system can account for all Federal awards (including the Federal award made under the health center program) to identify the receipt and expenditure of funds for federally funded activities in whole or in part. Specifically, the health center's financial records contain information and related source documentation pertaining to authorizations, obligations, unobligated balance, assets, expenditures, income, and interest under the Federal award as applicable.
5. The accountant will assure expenditures of Federal award funds are allowable in accordance with the terms and conditions of the Federal award including those that limit the use of Federal funds, and with the Federal Cost Principles in 45 CFR Part 75 Subpart E and/or 2 Code of Federal Regulations (CFR) Part 200 (Subparts A – F). The controller is responsible to ensure that no Federal funds are used for mandated limitations/restrictions.

b. Timing

While cash advances are permitted, federal regulations require the timing and amount of cash advances shall be as close as is administratively feasible to the actual disbursements. SNCHC uses the reimbursement method for all grant draws. However, in the case of request as a cash advance, it is the SNHD's policy to ensure the following prior to requesting a cash advance:

- i. The draw is the minimum amount needed.
- ii. The draw is timed in accordance with actual, immediate cash requirements.
- iii. That the draw is not done any earlier than necessary to make the payment thus minimizing the time between the draw and expenditure. The distinction is also that timing is based on when expenditures will be paid and not when the expenditure is accrued.
- iv. The draws will not be made to alleviate cash flow problems within SNHD.

c. Method

The preferred method of reimbursement is through electronic fund transfer if available. Requests for draws through the federal payment management system (PMS) will follow the steps and processes outlined with the system. If the draw is not through the federal payment management system, then the draw should be done consistent with the terms of the grant and the processes required by the awarding agency.

d. Oversight and Monitoring

Appropriate fiscal oversight will be maintained for all grants and awards. With respect to Federal funding and the requirements on restrictions to limitations on use of Federal funds as mandated by the Department of Defense and labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019, Division B, Pub. L. 115-245 the health center assures oversight and monitoring for compliance via grants

management. The initial grant draw request and support for expenditures will be prepared by the accountant.

The Controller and/or CFO ensures that there is effective control over, and accountability for, all funds, property, and other assets associated with SNCHC projects. The Controller ensures the safeguarding of all assets to assure they are used solely for authorized purposes in accordance with the terms and conditions of the Health Center Program award/designation. SNCHC has the capacity to track the financial performance of the health center, including identification of trends or conditions that may warrant action by the organization to maintain financial stability.

e. Reporting

The standard financial reporting form SF-425 Federal Financial Report (FFR) is filed quarterly in accordance with HRSA guidelines. An annual FFR is compiled with any carryforward requested amounts noted on the form and followed through for HRSA approval. The quarterly PMS FFR reports are filed by the accountant after receiving the appropriate approvals. See references listed below.

1. The submission of interim FFRs will be on a quarterly, semi-annual, or annual basis, as directed by the Federal agency. A final FFR shall be submitted at the completion of the award agreement. The following reporting period end dates shall be used for interim reports: 3/31, 6/30, 9/30, or 12/31. For final FFRs, the reporting period end date shall be the end date of the project or grant period.
2. Quarterly and semi-annual interim reports shall be submitted no later than 30 days after the end of each reporting period. Annual reports shall be submitted no later than 90 days after the end of each reporting period. Final reports shall be submitted no later than 90 days after the project or grant period end date or as directed by the funder.

f. Mandatory Disclosures

Any violation of federal criminal law involving fraud, bribery and gratuity violations potentially affecting the award will be disclosed in writing to HHS within 14 days of discovery. This notification will be the responsibility of the DHO and the Board Chair.

g. Other Audit Objectives

Obtain an understanding of internal control, assess risk, and test internal control as required by 2 CFR section 200.514(c). Compliance Supplement 2021 3-L-4 July 2021 Compliance Requirements – Reserved.

Determine whether required reports for federal awards include all activity of the reporting period, are supported by applicable accounting or performance records, and are fairly presented in accordance with governing requirements.

SNCHC shall not use federal grant funds to pay the salary or expenses of any employee or agent of SNCHC for activities designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal entity/government.

REFERENCES

- Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019, Division B, Pub. L. 115-245
- HRSA Grants Bulletin: 2019-02
- 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).
- Hyde Amendment
- Consolidated Appropriations Act, 2019
<https://www.congress.gov/resources/display/content/Appropriations+for+Fiscal+Year+2019>
- Controlled Substances Act, Section 202
<https://www.deadiversion.usdoj.gov/21cfr/21usc/812.htm>
- 45 CFR Part 75 Subpart E: Cost Principles <https://www.govinfo.gov/content/pkg/CFR-2017-title45-vol1/xml/CFR-2017-title45-vol1-part75.xml>
- 2 Code of Federal Regulations (CFR) Part 200 (Subparts A – F)
<https://www.govinfo.gov/app/details/CFR-2014-title2-vol1/CFR-2014-title2-vol1-part200>
 - 2 CFR Part 200-https://www.whitehouse.gov/wp-content/uploads/2021/08/OMB-2021-Compliance-Supplement_Final_V2.pdf):
 - Financial reporting, 2 CFR section 200.328.
 - Monitoring and reporting program performance, 2 CFR section 200.329.
 - Transparency Act, implementing requirements in 2 CFR Part 170 and the FAR,
- Program legislation.
- Federal awarding agency regulations.
- The terms and conditions of the award.

Grants Management Policy

FQHC Policy

April 2022



Purpose

SNCHC is committed to ensuring federal cash draws are made and administered in a manner consistent with payment standards required by the U.S. Department of Health and Human Services found at 45 CFR Part 75 Subpart E, 2 CRF 200, state and local statutes and executive orders as applicable. Revisions to Uniform Grant Guidance are automatically included in the Center's policy. See references at the end of this policy/procedure.

Documentation

The documentation maintained for each federal grant payment will account for the receipt, obligation, and expenditure of funds. SNCHC draws as a reimbursement for expenditures that have already been incurred.

A general ledger listing of the expenditures that are being reimbursed in sufficient detail to satisfy the documentation requirements of Uniform Grant Guidance.

Federal expenditures are tracked using a grant code in the general ledger.

Expenditures

- Expenditures of Federal award funds are allowable in accordance with the terms and conditions of the Federal award including those that limit the use of Federal funds, and with the Federal Cost Principles in 45 CFR Part 75 Subpart E and/or 2 Code of Federal Regulations (CFR) Part 200 (Subparts A – F). The controller is responsible to ensure that no Federal funds are used for mandated limitations/restrictions.

Timing

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 - The draw is the minimum amount needed.
 - The draw is timed in accordance with actual, immediate cash requirements.
 - That the draw is not done any earlier than necessary to make The draws will not be made to alleviate cash flow problems within SNHD.

Use of grant funds

SNCHC shall not use federal grant funds to pay the salary or expenses of any employee or agent of SNCHC for activities designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local government.



Wrap Up

Questions????

Karen White, CPA, CFO

Sliding Fee Evaluation



Evaluate the effectiveness of the SFDP

- Health Centers are required to evaluate the effectiveness of the Sliding Fee Discount Program (SFDP) in reducing financial barriers to care at least every three years.

Utilization Data

Sliding Fee

	Patients on SF Scale	Total SF Patients	Percentage
Total Patients	P0 Slide	9,937	70.1%
	P1 Slide	2,921	20.6%
	P2 Slide	635	4.5%
	P3 Slide	680	4.8%
Total 7/1/2021 thru 03/31/2022		14,173	

Collections

- Self-Pay Patient collection as a percentage of net revenue.
- Total self pay patient charges
- Less self pay patient SF discounts
- Equals net self-pay Patient revenue
- Total collections divided by net self pay patient revenue
- 75.9%

Patient Surveys

- Patient survey data
- Patients reported that they did not cancel a health center visit due to the inability to pay.
- Fees are reasonable for the services provided.

Follow-up actions.

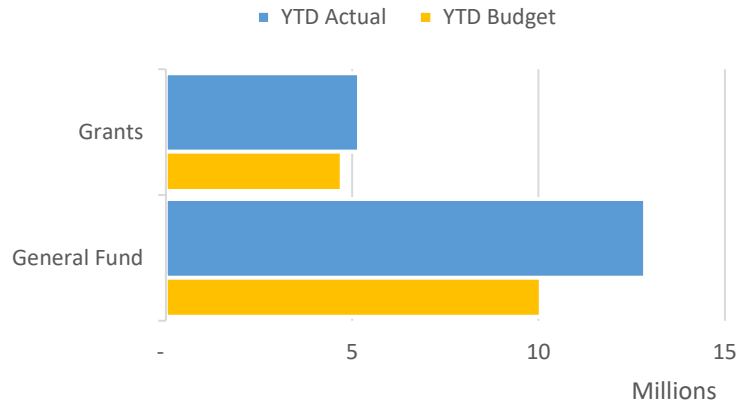
- No follow-up actions are required.
- No change was made to the nominal charge

Southern Nevada Community Health Center FQHC April 2022 Update

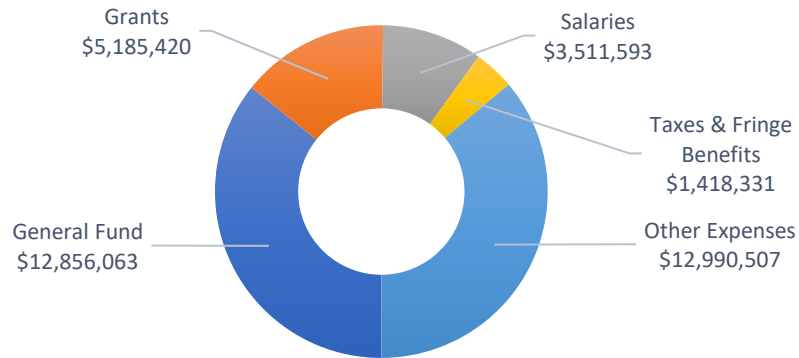
Karen White, CPA, CFO

FQHC – Combined Funds, March 2022

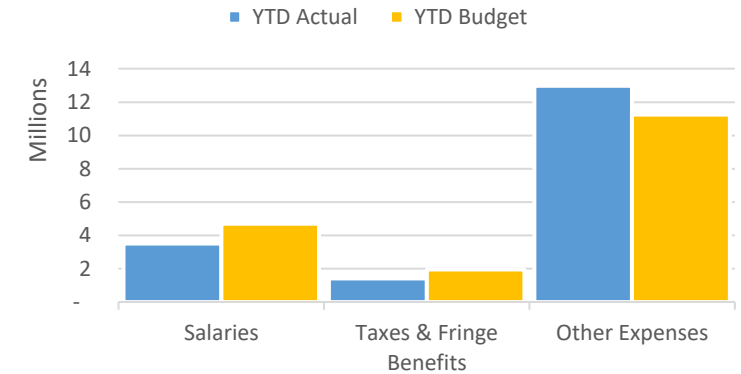
FQHC YTD Actual - Budget to Actual Revenue March 2022



FQHC YTD Actual - Revenue and Expenses March 2022



FQHC YTD Actual - Budget to Actual Expenses March 2022



FQHC - SNCHC, Combined Funds

Revenues & Expenses

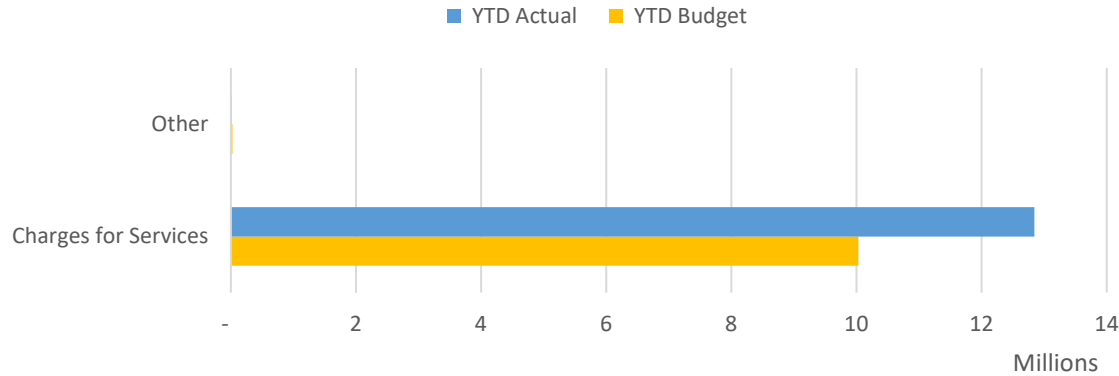
Interim Unaudited Report

March 2022

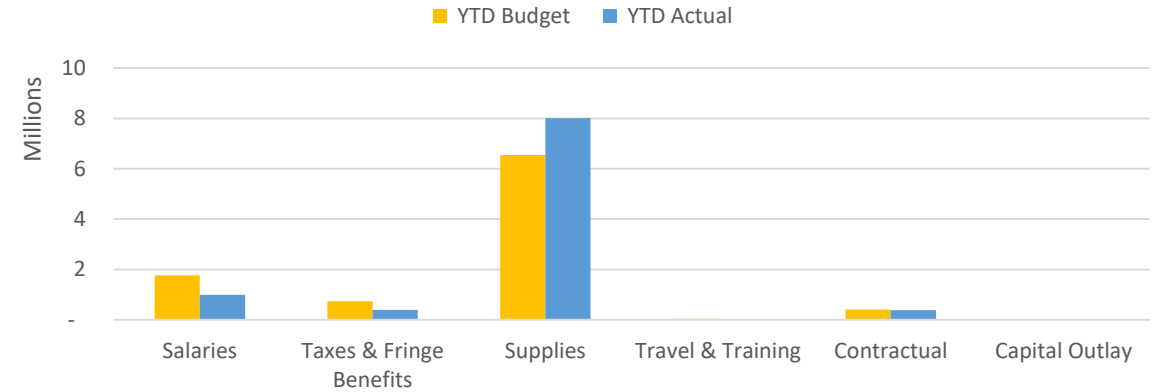
Combined Funds		Description	FY 2022 Adopted	Adjustments	FY2022 Current Budget	YTD Budget	YTD Actual	Variance	% YTD Actuals to YTD Budget	Notes
Combined Funds	Revenue	Revenues								
Combined Funds	Revenue	General Fund	13,413,863	-	13,413,863	10,060,397	12,856,063	2,795,666	28%	
Combined Funds	Revenue	Grants	6,294,818	-	6,294,818	4,721,114	5,185,420	464,306	10%	
Combined Funds	Revenue	Total Revenues	19,708,681	-	19,708,681	14,781,511	18,041,483	3,259,972	22%	
Combined Funds	Expense	Expenses								
Combined Funds	Expense	Salaries	6,258,551	-	6,258,551	4,693,913	3,511,593	(1,182,321)	-25%	
Combined Funds	Expense	Taxes & Fringe Benefits	2,608,287	-	2,608,287	1,956,215	1,418,331	(537,884)	-27%	
Combined Funds	Expense	Other Expenses	15,014,937	-	15,014,937	11,261,203	12,990,507	1,729,304	15%	
Combined Funds	Expense	Total Expenses	23,881,775	-	23,881,775	17,911,331	17,920,430	9,099	0%	
Combined Funds	Net Positio	Net Position YTD	\$ (4,173,094)	\$ -	\$ (4,173,094)	\$ (3,129,821)	\$ 121,053	\$ 3,250,874	-104%	

FQHC – Charges for Service, March 2022

FQHC Charges for Service - YTD Budget vs Actuals Revenue



FQHC Charges for Service - YTD Budget vs Actuals Expenses



FQHC - SNCHC, General Fund

Revenues & Expenses

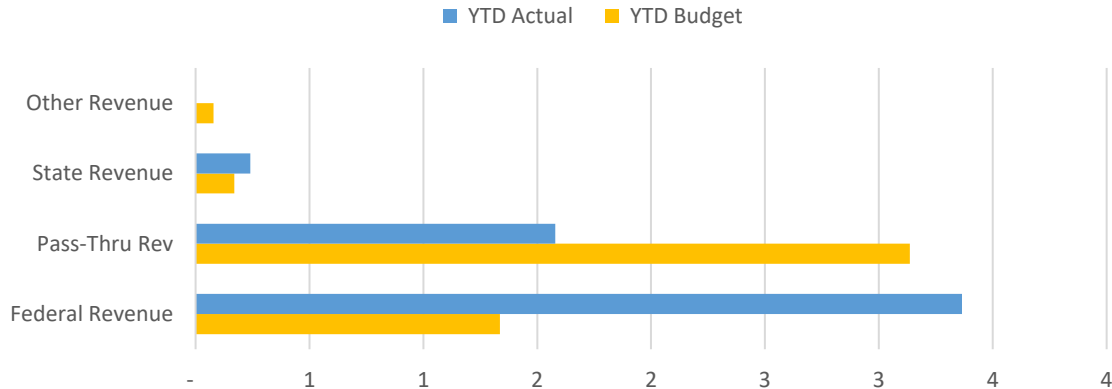
Interim Unaudited Report

March 2022

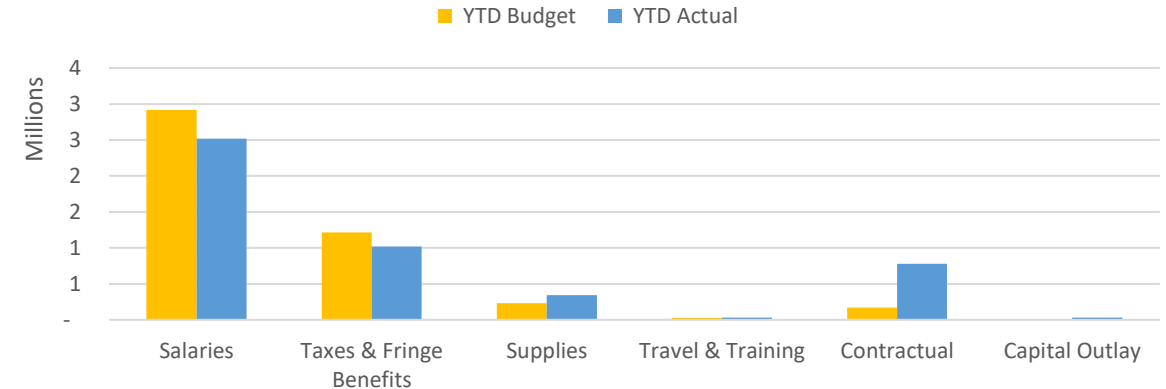
Combined Funds	Description	FY 2022 Adopted	Adjustments	FY2022 Current Budget	YTD Budget	YTD Actual	Variance	% YTD Actuals to YTD Budget	Notes
General Fund	Revenue	Revenues							
General Fund	Revenue	13,379,063		13,379,063	10,034,297	12,845,205	2,810,907	28%	
General Fund	Revenue	-		-	-	-	-	0%	
General Fund	Revenue	34,800		34,800	26,100	10,859	(15,241)	-58%	
General Fund	Revenue	-		-	-	-	-	0%	
General Fund	Revenue	13,413,863	-	13,413,863	10,060,397	12,856,063	2,795,666	28%	
General Fund	Expense	Expenses							
General Fund	Expense	2,365,164		2,365,164	1,773,873	991,812	(782,061)	-44%	
General Fund	Expense	987,569		987,569	740,677	400,909	(339,768)	-46%	
General Fund	Expense	8,733,163		8,733,163	6,549,872	8,002,284	1,452,412	22%	
General Fund	Expense	47,045		47,045	35,284	1,690	(33,594)	-95%	
General Fund	Expense	540,679		540,679	405,509	386,158	(19,352)	-5%	
General Fund	Expense	10,000		10,000	7,500	-	(7,500)	-100%	
General Fund	Expense	12,683,620	-	12,683,620	9,512,715	9,782,852	270,137	3%	
General Fund	Expense	3,447,408		3,447,408	2,585,556	2,312,005	(273,551)	-11%	
General Fund	Expense	-		-	-	(5,090)	(5,090)	0%	
General Fund	Expense	1,455,929		1,455,929	1,091,947	991,565	(100,382)	-9%	
General Fund	Expense	17,586,957	-	17,586,957	13,190,218	13,081,332	(108,885)	-1%	
General Fund	Net Position	(4,173,094)	-	(4,173,094)	(3,129,820)	(225,269)	2,904,551	-93%	

FQHC – Special Revenue, March 2022

FQHC Special Revenue Funds YTD Budget vs Actual Revenue



FQHC Special Revenue Funds YTD Budget vs Actual Expense



FQHC - SNCHC, Special Revenue Fund

Revenues & Expenses

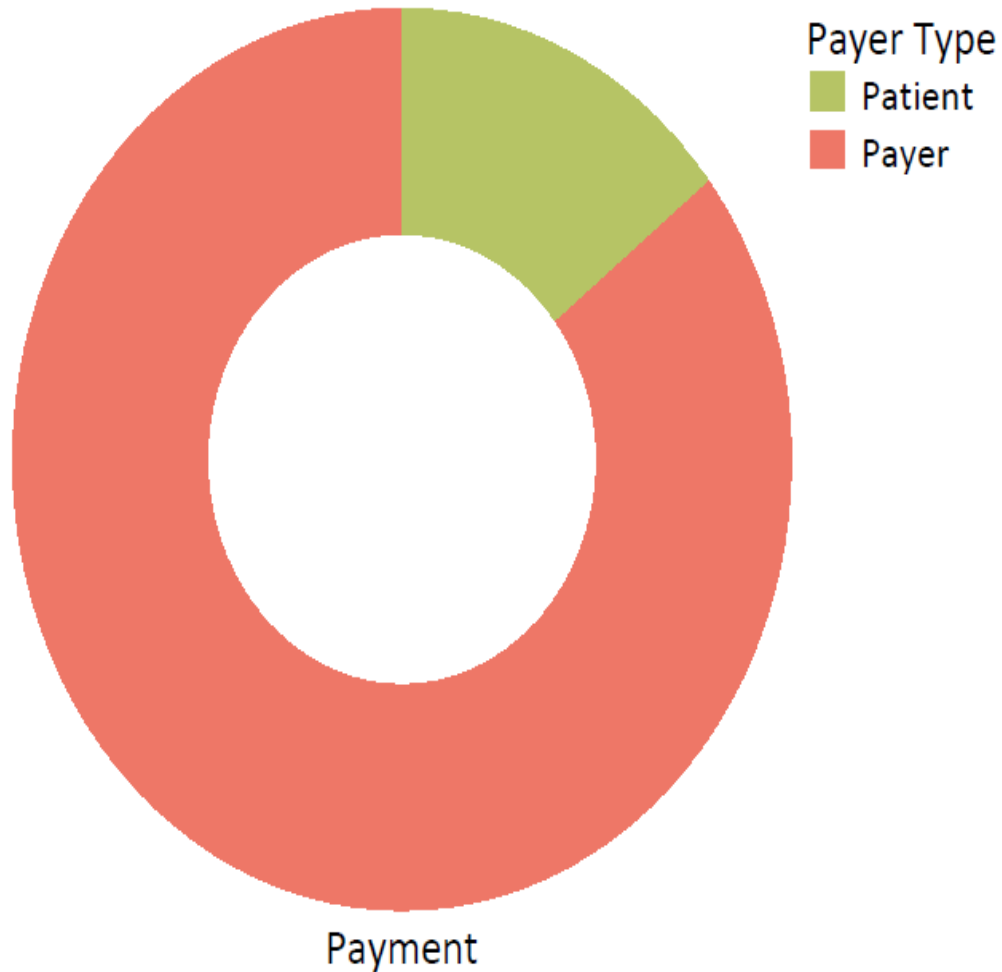
Interim Unaudited Report

March 2022

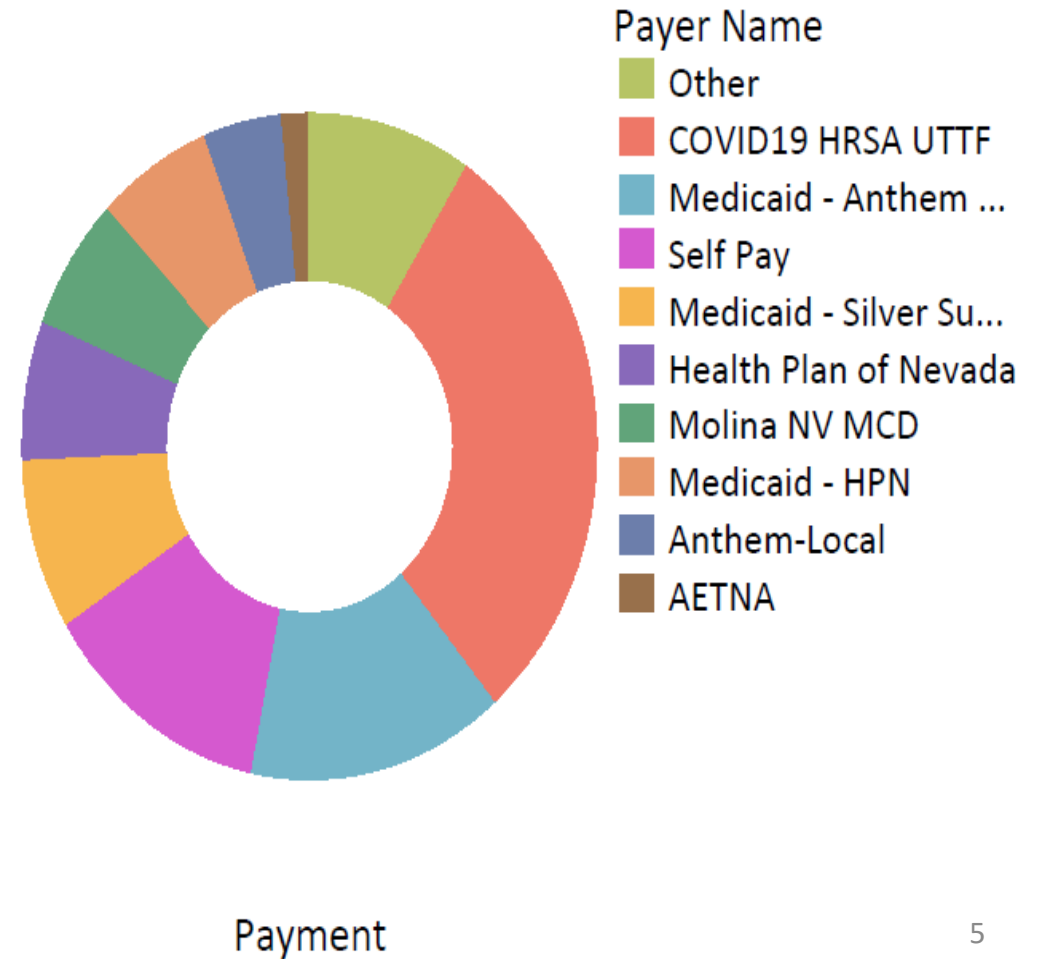
Combined Funds	Description	FY 2022 Adopted	Adjustments	FY2022 Current Budget	YTD Budget	YTD Actual	Variance	% YTD Actuals to YTD Budget	Notes
SRF	Revenue	Revenues							
SRF	Revenue	Federal Revenue		1,781,436	1,336,077	3,366,005	2,029,928	152%	*Includes Accrued Grants for Dec
SRF	Revenue	Pass-Thru Rev		4,182,621	3,136,966	1,578,885	(1,558,081)	-50%	*Includes Accrued Grants for Dec
SRF	Revenue	State Revenue		225,611	169,208	239,530	70,322	42%	
SRF	Revenue	Other Revenue		105,150	78,863	1,000	(77,863)	-99%	
SRF	Revenue	Total Revenues	-	6,294,818	4,721,114	5,185,420	464,306	10%	
SRF	Expense	Expenses							
SRF	Expense	Salaries		3,893,387	2,920,040	2,519,781	(400,259)	-14%	
SRF	Expense	Taxes & Fringe Benefits		1,620,718	1,215,539	1,017,423	(198,116)	-16%	
SRF	Expense	Supplies		310,454	232,841	340,932	108,092	46%	
SRF	Expense	Travel & Training		35,756	26,817	30,017	3,200	12%	
SRF	Expense	Contractual		223,578	167,684	780,116	612,433	365%	
SRF	Expense	Capital Outlay		10,420	7,815	29,985	22,170	284%	
SRF	Expense	Subtotal Operating Expenses	-	6,094,313	4,570,735	4,718,255	147,520	3%	
SRF	Expense	Indirect Costs/Cost Allocations		1,656,434	1,242,326	1,139,601	(102,725)	-8%	
SRF	Expense	Transfers In		(1,455,929)	(1,091,947)	(1,023,848)	68,099	-6%	
SRF	Expense	Transfers Out		-	-	5,090	5,090	0%	
SRF	Expense	Total Expenses	-	6,294,818	4,721,114	4,839,098	117,984	2%	
SRF	Net Positio	Net Position YTD	(0)	-	(0)	(0)	346,322	346,322	

Payments – March 2022

Payment By Payer Type

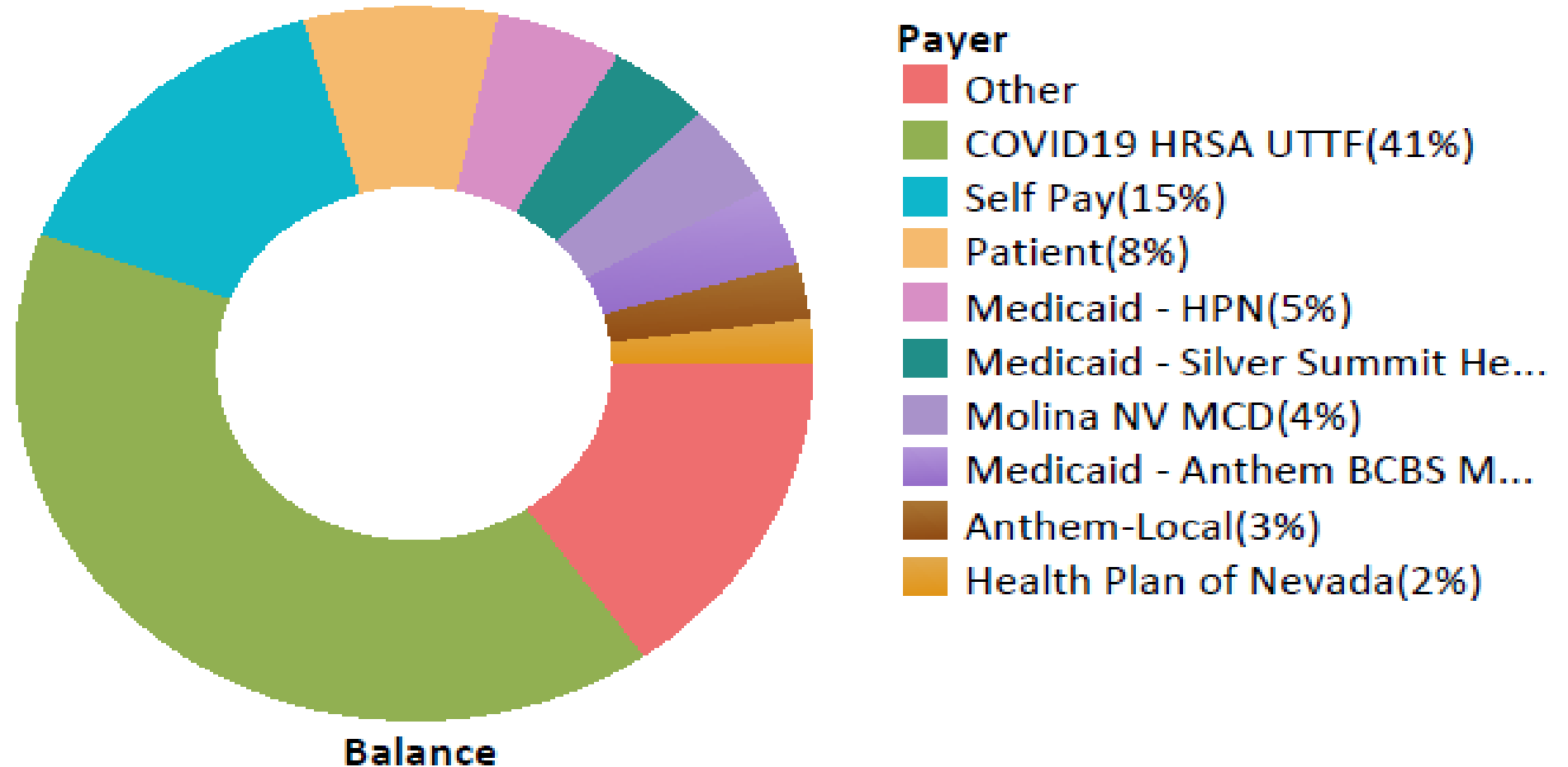


Payment By Payer Name

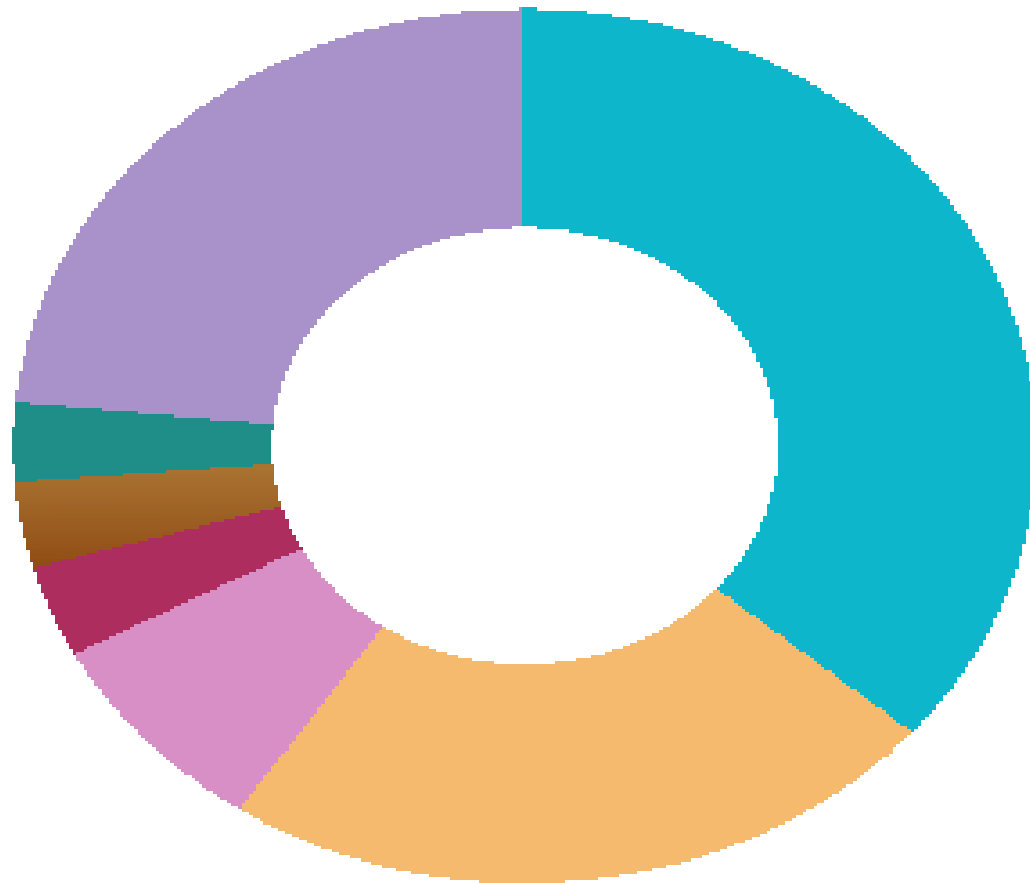


Accounts Receivable – March 2022

A/R By Payer



A/R By Aging Buckets



Aging Buckets

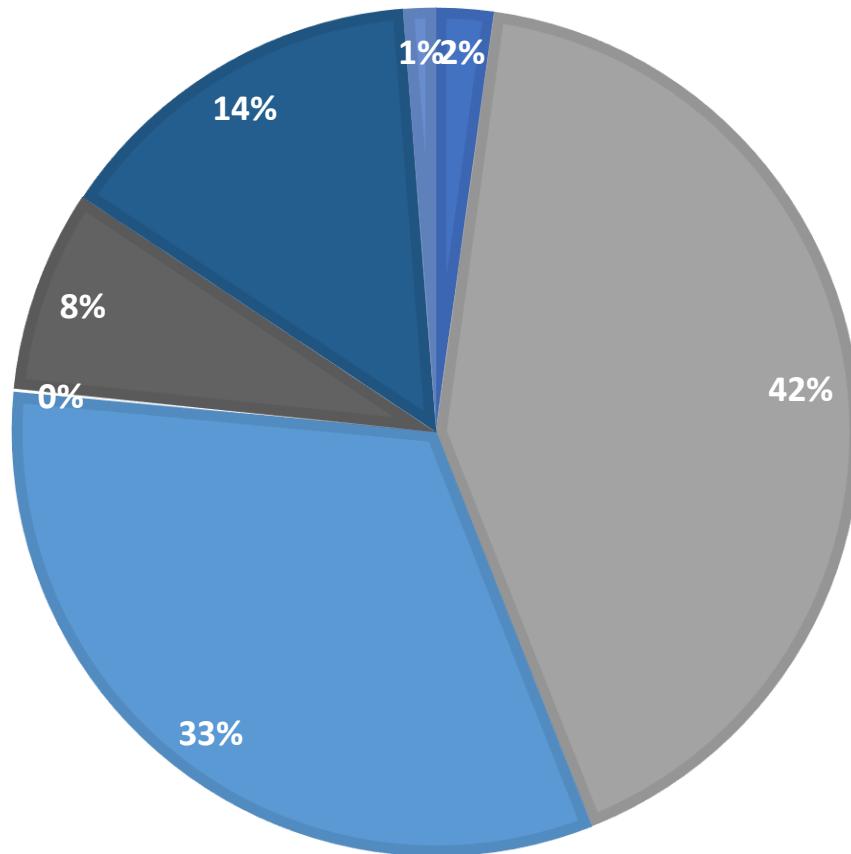
- 0 - 30 Days (36%)
- 31 - 60 Days (23%)
- 61 - 90 Days (8%)
- 91 - 120 Days (3%)
- 121 - 150 Days (3%)
- 151 - 180 Days (3%)
- > 180 Days (23%)

Balance

Visit Types

VISIT TYPES

- Audio Call
- Est Office visit
- Initial Office visit
- Exam
- Lab
- Nurse
- Televisit



Type	Count	Percentage
Audio Call	60	2.2%
Est Office visit	1,142	41.8%
Initial Office visit	887	32.5%
Exam	4	0.1%
Lab	210	7.7%
Nurse	394	14.4%
Televisit	34	1.2%



Wrap Up

Questions????



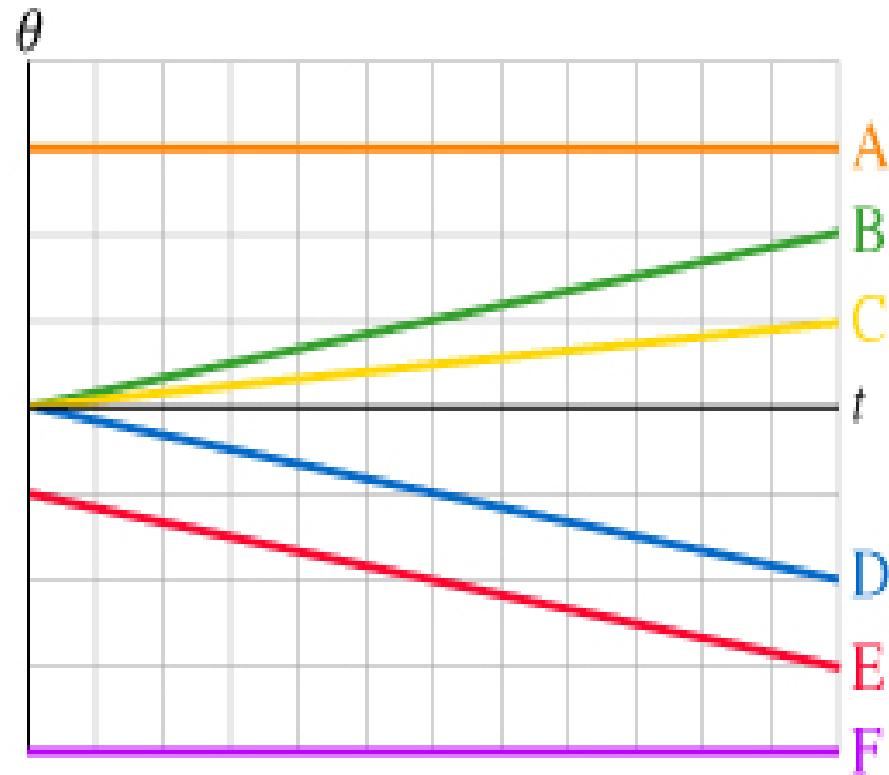
Quality & Risk Report

Cassandra Major, MBA, CHW I, CPC, NCMA

April 27, 2022



SOUTHERN NEVADA
Community
HEALTH CENTER





Quality and Risk Report Agenda

- FQHC Quality Management Program (QMP)
 - Goals and Objectives
- FQHC Quality Committee
- FQHC Clinical Performance Measures
- Continuous Quality Improvement (CQI) Activities
- Patient Satisfaction Survey Participation (2022)
 - March Results
 - Quarter One Results
 - Select Responses
- Risk Management Plan
 - Goals and Objectives
- Risk Events
- Questions

Quality Management Plan (QMP)

- Goal:
 - To increase the value of services by enhancing quality and strengthening the ability to deliver cost effective care.
- Objectives:
 - To design effective processes to meet the needs of patients which are consistent with the health center's mission, vision, goals, and plans.
 - To collect data to monitor the stability of existing processes, identify opportunities for improvement, identify changes that will lead to improvement, and sustain improvement.
 - To aggregate and analyze data on an ongoing basis and to identify changes that will lead to improved performance and a reduction in errors.
 - To achieve improved performance and sustain the improvement throughout the organization.
 - To promote collaboration at all levels of the organization enabling the creation of a culture focused on performance.
 - To educate leaders and staff regarding responsibilities and effective participation in performance improvement activities.

FQHC Quality Committee (Internal)

- Committee Members

- Dr. Cortland Lohff - Chief Medical Officer
- Karen White, Chief Financial Officer
- Lourdes Yapjoco, RN – Acting, Chief Administrative Nurse
- Randy Smith – FQHC Chief Operating Officer
- David Kahananui – Senior FQHC Manager
- Bernie Meily, RN – Community Health Nurse Supervisor (Primary Care/Family Planning)
- Merylyn Yegon, RN – Community Health Nurse Supervisor (Ryan White)
- Karin Dinda, RN – Senior Community Health Nurse (Sexual Health Clinic)
- Donna Buss – Revenue Cycle Manager
- Kyle Parkson – Senior Compliance Specialist
- Steve Wang, PhD – Public Health Informatics Scientist
- Cassondra Major – FQHC Quality Management Coordinator

FQHC Clinical Performance Measures (CPM)

Screening and Preventive Care	Maternal Care and Children's Health	Chronic Disease Management
Cervical Cancer Screening	Early Entry into Prenatal Care	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
Breast Cancer Screening	Low Birth Weight	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet
Body Mass Index (BMI) Screening and Follow-Up Plan	Childhood Immunization Status	HIV Linkage to Care
Tobacco Use: Screening and Cessation Intervention	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Depression Remission at Twelve Months
Colorectal Cancer Screening	Dental Sealants for Children between 6-9 Years	Controlling High Blood Pressure
HIV Screening		Diabetes: Hemoglobin A1c (HbA1c) Poor Control
Screening for Depression and Follow-Up Plan		

FQHC CPM Overview

Clinical Quality Measure	2021 SNCHC Percentage	2022 SNCHC Goal			
			January	February	March
Early Entry into Prenatal Care	0.00%		No Data	No Data	No Data
Childhood Immunization Status	4.76%	75.00%	0.00%	0.00%	0.00%
Cervical Cancer Screening	33.92%	45.00%	40.72%	46.33%	47.89%
Breast Cancer Screening	5.84%	45.00%	0.00%	1.00%	1.00%
Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents	1.90%	85.00%	0.00%	0.00%	0.00%
Preventive Care & Screening: Body Mass Index (BMI) Screening & Follow-up Plan	26.27%	75.00%	28.88%	34.87%	35.90%
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	54.10%	75.00%	45.19%	48.73%	51.40%
Statin Therapy for the Prevention & Treatment of Cardiovascular Disease	46.29%	70.00%	47.56%	44.87%	46.41%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	62.50%	65.00%	100.00%	100.00%	100.00%
Colorectal Cancer Screening	4.20%	35.00%	1.71%	2.59%	2.49%
HIV Linkage to Care	82.71%	60.00%	71.43%	86.67%	80.77%
HIV Screening	27.50%	75.00%	34.77%	40.74%	43.08%
Preventive Care & Screening: Screening for Depression & Follow-up Plan	21.58%	72.00%	22.61%	32.11%	36.30%
Depression Remission at Twelve Months	9.38%	15.00%	0.00%	3.12%	2.44%
Dental Sealants for Children between 6-9 years	0.00%		No Data	No Data	No Data
Low Birth Weight	0.00%		No Data	No Data	No Data
Controlling High Blood Pressure	15.51%	65.00%	46.53%	44.82%	46.92%
Diabetes Hemoglobin A1c (HBA1c) Poor Control (>9%)	74.37%	< 39%	61.22%	54.54%	50.38%

Continuous Quality Improvement (CQI) Activities

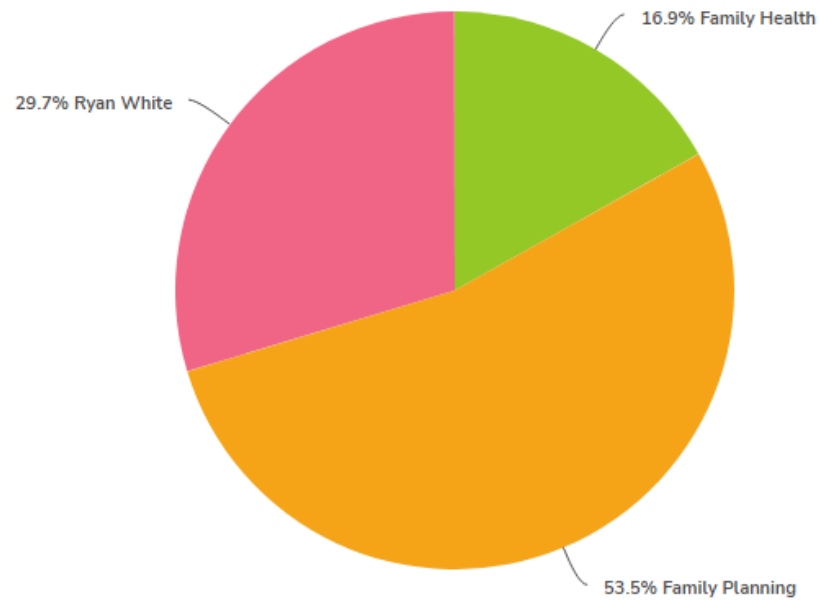
- Training
 - eClinicalWorks (eCW) Utilization Training
- Tools
 - Workflows
 - AZARA
- Plan-Do-Study-Act (PDSA)
 - Tobacco Cessation
- Patient Centered Medical Home (PCMH) Recognition



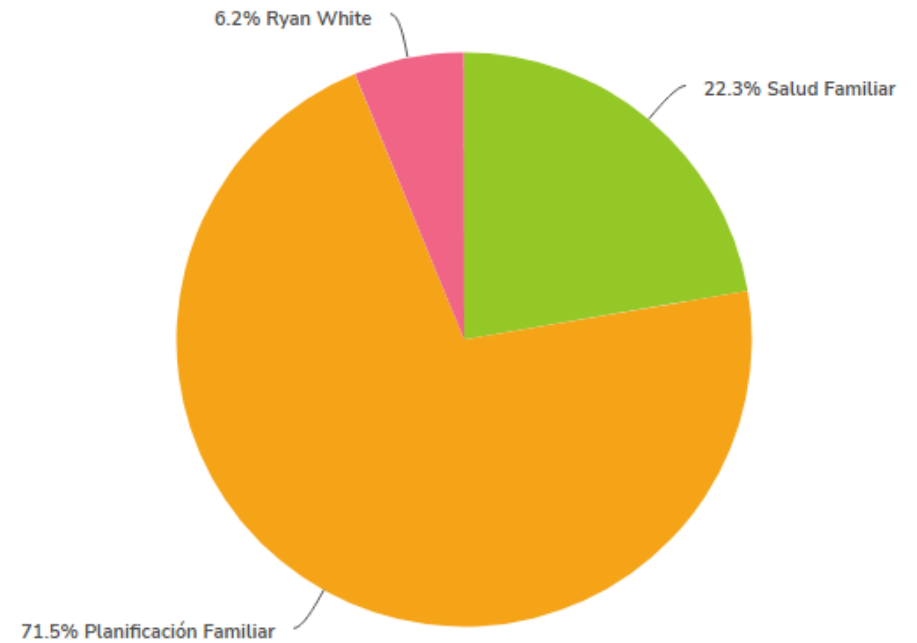
Patient Satisfaction Survey



Completed Patient Satisfaction Surveys in March 2022 by Program and Language

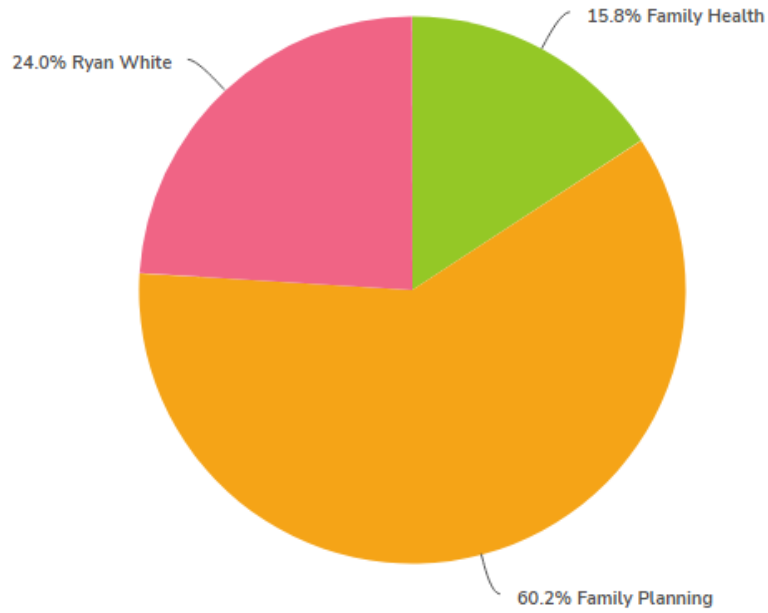


English: 175

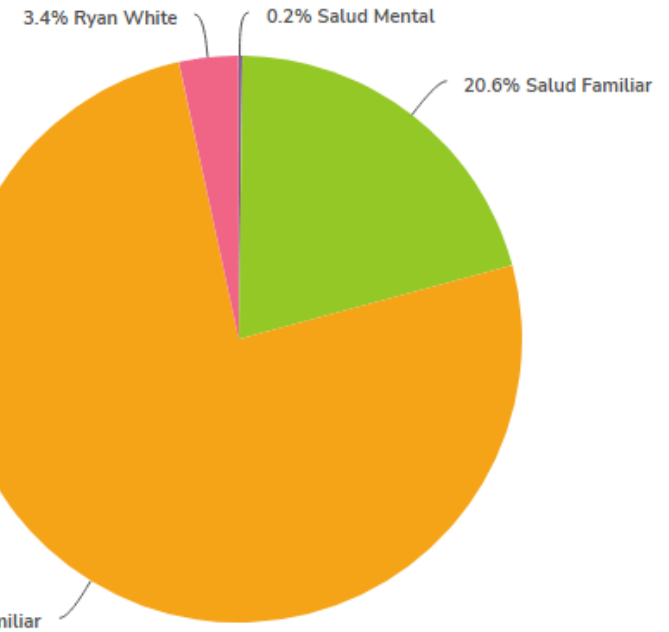


Spanish: 139

Completed Patient Satisfaction Surveys in Q1 2022 by Program and Language



English: 525



Spanish: 423

How did you hear about us?

Value	Percent
Friends and/or family	37.7%
Referral from another provider or resource	17.0%
Search engine (e.g. Google)	5.9%
SNHD website	17.0%
Social media	2.9%
Postal mailer	0.2%
Other ads	19.3%

¿Como usted supo de nosotros?

Value	Percent
Amigos y / o familia	48.3%
Remisión de otro proveedor o recurso	4.5%
Búsqueda en internet (por ejemplo, Google)	4.0%
Página de internet de SNHD	6.0%
Redes sociales	1.0%
Anuncios de tránsito	1.0%
Otros anuncios	35.3%

Recommendation of our health center to friends and family

Value	Percent
Extremely likely	90.7%
Somewhat likely	7.7%
Neutral	1.6%

Recomendaría nuestro centro de salud a amigos y familiares

Value	Percent
Muy probable	96.5%
Algo probable	3.0%
Neutral	0.5%

Comments



Comentarios



Patient Satisfaction Survey Comments Q1 2022

Risk Management



Risk Management Plan

- Goals and Objectives:

- Engage in proactive risk management and patient safety activities.
- Enhance patient satisfaction.
- Continuously improve patient safety.
- Identify and analyze risk of loss, errors, events and system breakdowns leading to harm to patients, staff, and visitors and minimize/prevent the reoccurrence.
- Implement an effective process to manage identified risks.
- Enhance environmental safety for patients, visitors, and staff through participation in environment of care-related activities.
- Monitor the effectiveness of interventions and plans of action.

Risk Events

No significant adverse events ending Q1 2022 (Jan, Feb, Mar).

- HIPAA Violations: Zero (0)
- Exposure Incidents: One (1)
 - Needlestick
- Patient Complaints: One (1); resolved
 - Access
- Medical Events: Seven (7)
 - Urgent/Emergent Events





SOUTHERN NEVADA
Community
HEALTH CENTER

Contract and Credentialing Update

April 27, 2022

David Kahananui, Senior FQHC Manager

Medicare - April 2022

- ▶ Straight Medicare - **Contracted and Accepting A&B**
 - ▶ Managed Care Organizations - LOIs and requests for contracts sent and follow up continues for:
 - ▶ AARP Medicare Advantage
 - ▶ Aetna Medicare
 - ▶ Allwell Medicare
 - ▶ Anthem MediBlue
 - ▶ Humana - Requested for Consideration - No Response
 - ▶ SelectHealth Advantage
 - ▶ UHC Medicare

Medicaid - April 2022

- ▶ Nevada Medicaid - **Contracted and Accepting**
 - ▶ Managed Care Organizations:
 - ▶ Anthem Nevada Medicaid - **Contracted and Accepting as of Dec 2020**
 - ▶ Health Plan of Nevada - **Contracted and Accepting as of Jan 2020**
 - ▶ SilverSummit - **Contracted and Accepting as of Jan 2021**
 - ▶ Molina Healthcare - **Contracted and Accepting as of Jan 2022**

Commercial - April 2022

- ▶ Aetna - **Contracted and Accepting as of Mar 2021**
- ▶ AM Better - **Contracted and Accepting as of Jan 2021**
- ▶ Anthem BCBS - Commercial - **Contracted and Accepting as of Dec 2020**
- ▶ Anthem BCBS - HMOs - **Contracted and Accepting as of Dec 2020**
- ▶ Cigna - LOI Sent - **Communication is open, and negotiations are under way to add SNCHC to SNHD's existing contracts**
- ▶ Culinary - **Contracted and Accepting as of July 2021 - All services except BH and FP**
- ▶ HealthSCOPE PPO - **Contracted and Accepting as of April 2021**
- ▶ HPN HMOs - **Contracted and Accepting as of Jan 2020**
- ▶ Hometown Health (One Health & Friday Health Plan) - **Contracted and Accepting as of Jun 2021**
- ▶ Multiplan - LOI Sent - **Application re-sent and contact has been made. Awaiting response from Multiplan**
- ▶ Nevada Preferred / Prominence - **Contracted and Accepting as of April 2021**
- ▶ Sierra Health & Life - **Contracted and Accepting as of Jan 2020**
- ▶ Teacher's Health Trust (UMR) - **Contracted and Accepting as of April 2021**
- ▶ Tricare (VA) - **Contracted and Accepting as of Dec 2020**
- ▶ UMR - **Contracted and Accepting as of July 2021**
- ▶ United Health Care - **In contact with a new rep to help us with this process.**

Accepted Insurance Update

▶ January 1, 2021 (5)

- Anthem NV Medicaid
- HPN Medicaid
- Medicare
- NV Medicaid
- Sierra Health & Life

▶ January 1, 2022 (19)

- Aetna
- AM Better
- Anthem BCBS Commercial
- Anthem BCBS HMOs
- Anthem Nevada Medicaid
- Culinary
- HealthSCOPE PPO
- HPN HMOs
- HPN Medicaid
- Hometown Health (One Health & Friday Health Plan)
- Medicare
- Molina Healthcare (Medicaid)
- Nevada Medicaid
- Nevada Preferred / Prominence
- Sierra Health & Life
- SilverSummit Medicaid
- Teacher's Health Trust (UMR)
- Tricare (VA)
- UMR

Current Contracts Underway

- Cigna is working with their legal department to create an amendment to cover SNCHC and its medical and behavioral health services.
- Multiplan has finally made contact. Hopefully, this process may begin with them now.



Thank you

- ▶ Karen White, Chief Financial Officer
- ▶ Donna Buss, Revenue Cycle Manager
 - ▶ Billing Team

Barriers

Contract and Credentialing Barriers -

- Responsiveness is the main barrier. COVID continues to be the main reason given for slow response time.

Quest - Laboratory services for uninsured patients -

- Researching potential opportunity to use SNHD in-house laboratory for these patients

Questions



SOUTHERN NEVADA
Community
HEALTH CENTER



**STRATEGIC PLAN
2022-2023**



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EXECUTIVE SUMMARY

This Strategic Plan presents the Southern Nevada Community Health Center's (SNCHC) priorities for the next two years, along with a description of how goals and activities were identified and how progress in implementing these will be measured.

The plan is based on a composite assessment of SNCHC's mission, vision and values; strengths, weaknesses, opportunities and threats; and community health needs and identified in the Southern Nevada Health Districts' Community Health Assessment and Improvement Plan.

The following goals were identified for 2022-2023:

Goal One:	Increase the Number of Unique Patients Served
Goal Two:	Develop the Workforce
Goal Three:	Improve Quality of Care
Goal Four:	Attain Financial Stability
Goal Five:	Add New Services

For each goal specific activities were identified.

Implementation of this plan will be monitored and documented in annual reports. SNCHC will update this plan as needed.

INTRODUCTION

The Southern Nevada Community Health Center (SNCHC) is a Federally Qualified Health Center (FQHC), a not-for-profit 501(c)3 health care organization. The main location of SNCHC is located within the Southern Nevada Health District (SNHD) at 280 South Decatur Blvd. in Las Vegas, Nevada. SNCHC serves the entire Southern Nevada community, providing services, primarily to underserved populations.

MISSION

The mission of the SNCHC is to serve residents of the 89107-zip code in addition to Clark County residents from other underserved areas with appropriate and comprehensive outpatient health and wellness, emphasizing prevention and education in a culturally respectful environment.

VISION

It is the Southern Nevada Community Health Center's vision to contribute to the development of healthy communities in which health disparities are diminished and there is access to health care for all.

VALUES

- Delivering quality care with dignity, equality, sensitivity, professionalism, and respect.
- Maintaining high ethical and professional standards.
- Being a culturally competent organization.
- Practicing continuous quality improvement.
- Operating cost effectively and efficiently.
- Providing a work environment conducive to positive attitudes, personal satisfaction, and growth.
- Incorporating leadership principles at every level of the Community Health Center.

PRIMARY CARE

Primary and preventive care services for children and adults including annual physicals, well-child check-ups, and sick visits for minor illnesses. Medical management is also provided for individuals with chronic medical conditions.

FAMILY PLANNING

Patients who need birth control or who want to plan and space their pregnancies may do so in an affordable way at SNCHC. Confidential services are offered, and parental permission is not required.

HIV/AIDS CARE SERVICES

The goal of the Ryan White Program (RW) Care Services is to provide patient-centered services to individuals living with HIV, link them to needed health care services and ensure they remain in care.

BEHAVIORAL HEALTH

Mental health includes our emotional and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make healthy choices. SNCHC offers one-on-one counseling services to improve a patient's overall quality of life.

MOBILE UNITS

SNCHC providers and health educators utilize our mobile units to bring health care services and education directly to underserved communities.

TELEHEALTH

As part of SNCHC commitment to protecting patients and providing access to health care, Telehealth services are available. A Telehealth visit can be performed over the telephone or through video using a computer, tablet or smart cellular phone.

PATIENT DEMOGRAPHICS

- 2021 Patients by Race and Ethnicity:

Race	Total
Asian	279
Native Hawaiian	28
Other Pacific Islander	79
Black/African American	989
American Indian/Alaska Native	43
White	2997
More than one Race	131
Ethnicity	Total
Hispanic	1241

- 2021 Patients by Age:

Age	Total
0-19	969
20-29	1899
30-39	2144
40-49	1259
50-59	495
60-69	218
70-79	55
80+	11

- 2021 Patients by Age and Sex:

Age	Male	Female	Unknown
0-19	341	627	1
20-29	451	1448	0
30-39	542	1601	1
40-49	313	944	2
50-59	208	287	0
60-69	105	111	2
70-79	22	33	0
80+	2	9	0
Total:	1984	5060	6

STRATEGIC PLANNING

SNCHC will establish a strategic planning workgroup to review the mission, vision and value statements and track progress towards meeting the goals and activities, along with providing updates to SNCHC board and leadership.

The SNCHC strategic planning workgroup will (i) develop the process of setting goals and regularly checking progress towards achieving those goals, (ii) define activities that ensure the strategic goals are consistently met in an effective and efficient manner, and (iii) ensure achievement of the overall goals by continuously engaging in the following activities:

- Identify and prioritize desired results.
- Set standards for assessing how well results are achieved.
- Track and measuring progress.
- Ongoing exchanging of feedback.
- Periodically review progress.
- Reinforce activities that achieve results.
- Intervene to improve progress, when needed.

SWOT ANALYSIS

A SWOT analysis (Strengths, Weaknesses, Opportunities, and Threats) (SWOT Analysis) was conducted as a basis to inform the development of this plan. Results follow.

Strengths

- Engaged leadership
- Engaged Board
- Current locations

Weaknesses

- Staff training/engagement
- Service gaps
- Clinical space

Opportunities

- New locations
- Improvement of performance measures
- Marketing

Threats

- Staff reduction (turnover, burnout)
- Resistance to change
- Funding

STRATEGIC GOALS AND ACTIVITIES

The workgroup established the following five goals and associated activities for the period 2022-2023.

Goal One: Increase the Number of Unique Patients Served

1. Increase Telehealth Utilization by:
 - a. Increasing knowledge and understanding of Telehealth among patients and providers.
 - b. Increasing the number of Telehealth appointments.
 - c. Deploying different Telehealth options.
2. Increase Access to Care by:
 - a. Expanding hours of operations.
 - b. Creating additional clinics.
 - c. Recruiting additional providers.
3. Create Branding
 - a. Developing and implementing a marketing campaign.
 - b. Partner with community-based organizations.

Goal Two: Develop the Workforce

1. Staffing Models
 - a. Establish appropriate provider to staff ratio.
 - b. Create team-based care model.
2. Staff Engagement and Satisfaction
 - a. Establish daily huddles.
 - b. Establish monthly one-on-one/rounding meetings.
 - c. Develop a Bi-Annual and/or Annual Satisfaction Survey
3. Implement Training Program
 - a. Identify needs of staff.
 - b. Create a staff development training calendar.

Goal Three: Improve Performance

1. Enhance Technology Support
 - a. Implement eClinicalWorks (eCW) workflows.
 - b. Develop an eCW reference guide.
 - c. Provide on-site eCW training.
2. Achieve Patient Satisfaction Survey Scores
 - a. Increase completed surveys.
 - b. Identify satisfaction survey in different platform.
 - c. Increase the percentage of patients that rate service as excellent and/or good.
3. Improve Service Delivery Model
 - a. Develop pre-visit planning workflow.
 - b. Implement pre-visit quality dashboard.

Goal Four: Attain Financial Stability

1. Increase Overall Grant-Based Revenue (non-COVID)
 - a. Identify additional funding opportunities (non-COVID).
2. Increase Program Revenue
 - a. Increase number of payer contracts.
 - b. Improve patient access to care.
 - c. Improve eligibility, referrals and conversion.
3. Review Revenue Cycle Improvements
 - a. Review collections, bad debt, account receivable, claim denials/resubmission.
 - b. Enhance education for all staff on coding and billing.

Goal Five: Add Clinic Services

1. Expanding Behavioral Health
 - a. Develop new space for behavioral health services.
 - b. Recruitment for behavioral health providers.
2. Reintroducing Dental Services
 - a. Establish new space for dental services (East Las Vegas).
 - b. Develop a staffing plan.
 - c. Partner with UNLV School of Dental Medicine.
3. Survey Patient Needs
 - a. Develop needs survey for established patients.



Governing Board Meeting
April 28, 2022

Strategic Plan Overview

Cassandra Major, MBA, CHW 1, CPC, NCMA
FQHC Quality Management Coordinator

SNHDCHC - Strategic Plan (22-23)

- ▶ Five (5) goal areas identified with accompanying strategies and activities.
- 1. Increase the Number of Unique Patients Served
 - 1. Increase Telehealth Utilization
 - 2. Increase Access to Care
 - 3. Create Branding
- 2. Develop the Workforce
 - 1. Staffing Models
 - 2. Staff Engagement and Satisfaction
 - 3. Implement Training Programs

SNHDCHC - Strategic Plan (22-23)

(continued)

▶ Improve Performance

1. Enhance Technology Support
2. Achieve Patient Satisfaction Scores
3. Improve Service Delivery Model

▶ Attain Financial Stability

1. Increase Overall Grant-Based Revenue (on-COVID)
2. Increase Program Revenue
3. Review Revenue Cycle Improvements

▶ Add Clinic Services

1. Expand Behavioral Health
2. Reintroduce Dental Services
3. Survey Patient Needs

Board Approval Items

Randy S. Smith, MPA
FQHC Operations Officer

Hours of Operation (FORM 5b)

- ▶ HRSA Change in Scope (CIS) request to update the Decatur health center's hours of operations:
 - ▶ Decatur: Monday - Thursday 8am - 6pm; Friday 8am - 4:30pm = 48 hours per week
- ▶ East Las Vegas: Monday - Friday 8am - 4:30pm = 42.5 hours per week

Required & Additional Services (FORM 5a)

- ▶ HRSA Change in Scope (CIS) request to update the service delivery method for required and additional services.
 - ▶ Red “X” to remove
 - ▶ Green “O” to add

Required & Additional Services (FORM 5a)

Required Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X	X	
Diagnostic Laboratory	X	X	X
Diagnostic Radiology			X
Screenings	X		X
Coverage for Emergencies During and After Hours	X	X	<input checked="" type="radio"/>
Voluntary Family Planning	X		
Immunizations	X		
Well Child Services	X		
Gynecological Care	X		X
Obstetrical Care			
Prenatal Care			X
Intrapartum Care (Labor & Delivery)			X
Postpartum Care			X
Preventive Dental	X		<input checked="" type="radio"/>
Pharmaceutical Services	X	X	X
Case Management	X		
Eligibility Assistance	X		
Health Education	X		
Outreach	X		
Transportation		X	X
Translation	X	X	
Additional Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services	X	X	X
Behavioral Health Services			
Mental Health Services	X		X
Substance Use Disorder Services			X

Grant Approvals

- ▶ Noncompeting Continuation grant:
 - ▶ Budget Period: 2/1/22 - 1/31/23
 - ▶ Funding Amount: \$487,500 (equal to 9 months of funding), additional 3 months of funding in the amount of \$162,500 anticipated from November 2022 - January 2023.
 - ▶ Annual Patient Target: 10,504
- ▶ COVID grants:
 - ▶ Testing = \$235,339 for one (1) year for personnel, equipment & supplies
 - ▶ PPE = \$503,000 for one (1) year for personal protective equipment & supplies
 - ▶ Vaccines = \$2,826,500 for two (2) years for vaccines & behavioral health personnel

Memorandum

Date: April 28, 2022
To: Southern Nevada District Board of Health
From: Randy Smith, FQHC Operations Officer *RS*
Fermin Leguen, MD, MPH, District Health Officer *FL*

**RE: COMMUNITY HEALTH CENTER FQHC OPERATIONS OFFICER REPORT
March 2022**

Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention and education in a culturally respectful environment regardless of the patient's ability to pay.

March 2022 Highlights:

- **Response to COVID-19**
 - Vaccine
 - Testing
 - Anti-viral Meds
 - Community Distribution of 4,000 face masks, 2,265 at-home-rapid test kits and N95s.
- **Administrative**
 - Service Area Competition Grant was awarded for next three years. Expires 1/31/2024.

COVID-19 Vaccine Clinic Facility: COVID-19 Response

- 1) NCS Facility was converted into a Health Center COVID-19 vaccination clinic on 5/3/2021.
 - a. To date, the health center has administered 40,267 COVID-19 vaccinations.

I. HIV / Ryan White (RW) Program

- a. The HIV/Medical Case Management (MCM) program received 10 referrals in March. Of these referrals, two were pediatric clients and two were pregnant women living with HIV.
- b. There were 428 visits for the Ryan White Program, including: 10 initial provider visits, 102 established provider visits, 18 nurse visits and 102 lab visits in the month of March. There were eight Ryan White clients seen for behavioral health services; by either the

Licensed Clinical Social Worker (LCSW) or the Psychiatric Advanced Practice Registered Nurse (APRN).

- c. The Ryan White Program continues to implement the Rapid stART project, which has a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis.
- d. The Ryan White Program dietitian continues to provide medical nutritional therapy.

II. Family Planning (FP)

- A. Family Planning program services at Decatur and Bonanza Health Centers served 265 clients.

III. Family Healthcare Center

- A. The Family Healthcare Clinic saw 471 patients in the month of March.
- B. Six children were from the Refugee Health Clinic.

IV. Pharmacy Services

- A. Dispensed 1,379 prescriptions for 1,068 clients.
- B. Pharmacist assessed/counseled 29 clients in clinics.
- C. Assisted 16 clients to obtain medication financial assistance.
- D. Assisted eight clients with insurance approvals.

V. Eligibility Case Narrative and Eligibility Monthly Report

Eligibility Monthly Report		
March 2021		
Total number of referrals received	41	
Total number of applications submitted	Medicaid/SNAP/TANF: 25	Hardship: 1

- ☞ Eligibility support continues to increase with new operational adjustments.
 - Recruitment continues for additional Eligibility Workers to help convert uninsured patients to insured patients.
- ☞ In 2021, Eligibility submitted 348/639 assistance applications or 54.46% of patients that started the application process.
- ☞ In 2022, 26/41 applications started were successfully submitted, a conversion rate of 63.4%.
- ☞ Eligibility services is offered to patients at the East Las Vegas Center, Decatur Center, Mobile Unit, Community Events and the Vaccine Center.

VI. Refugee Health Program

- A. The Refugee Health Program served 41 adults in March.

VII. Quality & Risk Management:

Quality:

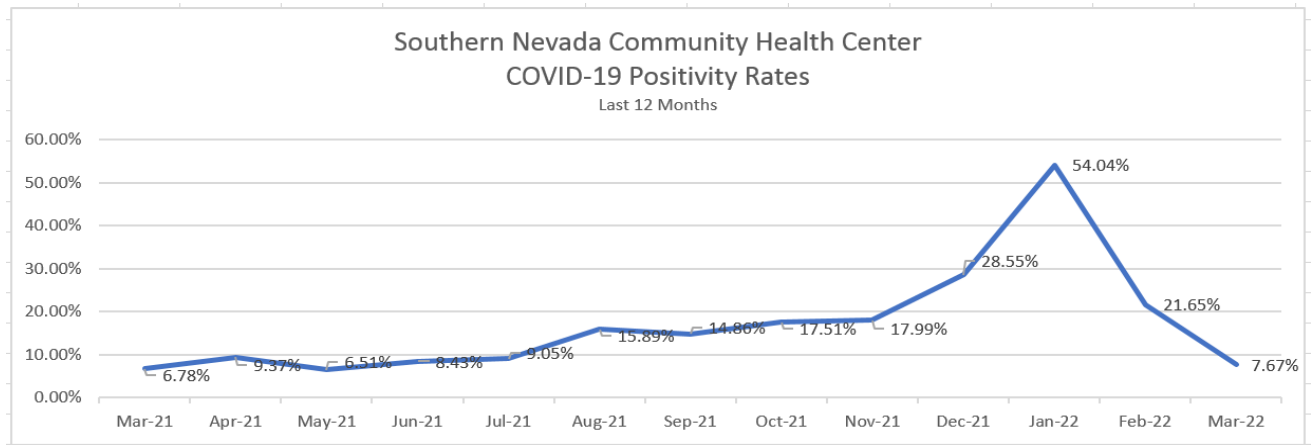
COVID-19 Testing:

April 2020 to March 2022, SNCHC completed 88,081 COVID-19 tests. In March, 1,265 tests were conducted; the positivity rate for these tests decreased to 7.67%.

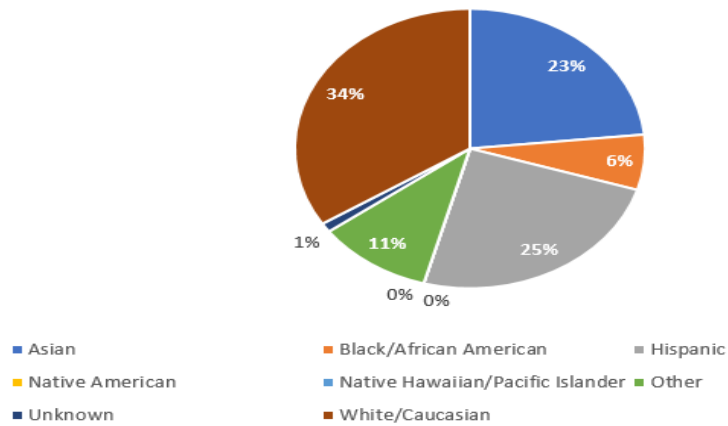
The SNCHC and the SNHD continue to encourage those experiencing symptoms to remain at home, or if they have been in close contact with a person who is COVID-19 positive or think they have been exposed; they should be tested. SNCHC and SNHD also encourages the public to get the COVID-19 vaccine.

SNCHC is participating in the dispensing of antiviral medication for patients who, (1) test positive, (2) have fewer than five days of symptoms, (3) have exacerbating health conditions and comorbidities, and/or (4) are over the age of 65. SNCHC dispensed antiviral medication to 11 patients in March.

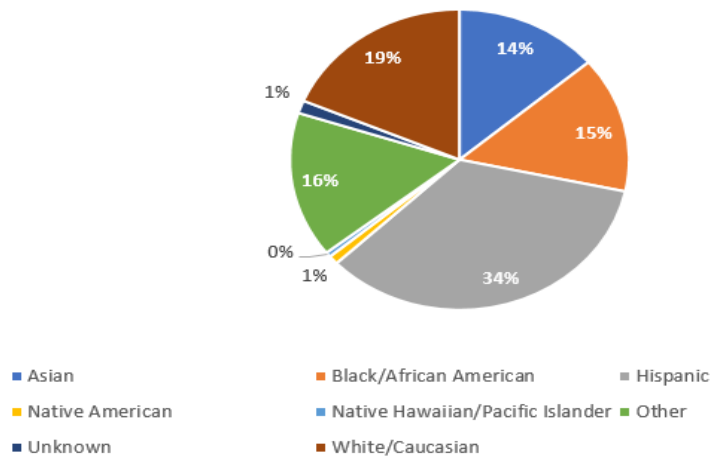
SNCHC was also chosen to participate in the Federal N95 mask distribution program and has started distributing the masks.



Southern Nevada Community Health Center
COVID-19 Testing by Race and Ethnicity (Positive Result)
March 2022

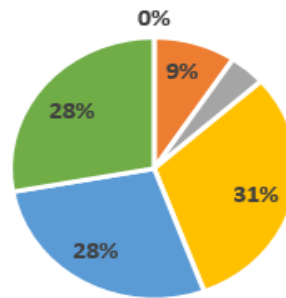


Southern Nevada Community Health Center
COVID-19 Testing by Race and Ethnicity (Negative Result)
March 2022



Southern Nevada Community Health Center COVID-19 Testing by Age Group (Positive Result)

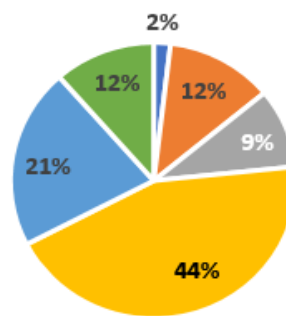
March 2022



■ 00-04 ■ 05-17 ■ 18-24 ■ 25-49 ■ 50-64 ■ 65+

Southern Nevada Community Health Center COVID-19 Testing by Age Group (Negative Result)

March 2022



■ 00-04 ■ 05-17 ■ 18-24 ■ 25-49 ■ 50-64 ■ 65+

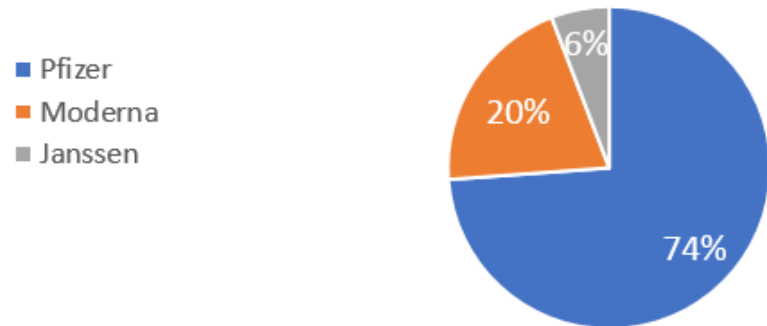
COVID-19 Vaccine Program:

The Southern Nevada Community Health Center began administering the COVID-19 vaccine in May 2021, as part of HRSA’s COVID-19 Vaccine Program. The vaccine site is located at the SNHD main location inside the NCS Building. Through the end of March, SNCHC has administered 40,267 doses of COVID-19 vaccine in Southern Nevada

Calendar	Year	2022																
Total Doses Administered Overall-		6347																
	First Doses		Second Doses			Third Doses			Booster Doses			Ped (Age 5-11) 1st Dose			Ped (Age 5-11) 2nd Dose			Totals
	Pfizer	Moderna	Pfizer	Moderna	Janssen	Pfizer	Moderna	Janssen	Pfizer	Moderna	Janssen	Pfizer	Moderna	Janssen	Pfizer	Moderna	Janssen	
Jan-22	300	64	305	70	92	22	8		1441	698	108	366			379			3853
Feb-22	153	33	237	58	50	7	3		508	195	48	91			247			1630
Mar-22	93	17	111	29	52	6	3		324	112	20	23			74			864
Apr-22																		0
May-22																		0
Jun-22																		0
Jul-22																		0
Aug-22																		0
Sep-22																		0
Oct-22																		0
Nov-22																		0
Dec-22																		0
Total	546	114	653	157	194	35	14	0	2273	1005	176	480	0	0	700	0	0	6347

2022	Company	Pfizer	Moderna	Janssen	ALL	Overall	Company	Pfizer	Moderna	Janssen	ALL
	Totals	4687	1290	370	6347		Totals	27194	9939	3134	40267
		73.85%	20.32%	5.83%				67.53%	24.68%	7.78%	

YTD Southern Nevada Community Health Center COVID-19 Vaccine Program (Overall)



Telehealth:

The Health Center conducted 83 patient visits via telehealth, an amount equal to 4.72% of the total encounters provided in March. The Health Center implemented telehealth following the heightened need for modified clinic operations while navigating the COVID-19 pandemic. The goal of the Health Center is to continue fulfilling its mission to provide safe, quality healthcare to the community amid the COVID-19 public health emergency. Health Center patients are seen by providers via audio (telephone) and video via Healow, an app by eClinicalWorks. Telehealth services will continue to be offered, even following the COVID-19 pandemic.

SNCHC Visits:

There were 1,205 patient visits to the Health Center in March. There was a 5.97% cancellation rate that factored into March's 20.81% no-show rate.

Risk Management

Health Insurance Portability and Accountability Act (HIPAA):

There were no HIPAA breaches at the Health Center in March.

Exposure Incidents:

There were no exposure incidents at the Health Center in March.

Medical Events:

There were three medical events at the Health Center in March. All three events were handled appropriately by the clinical staff and closed without issue.

VIII. Patient Satisfaction:

The Health Center received 314 patient satisfaction surveys in March. Overall survey completion 94.9% (English) and 90.6% Spanish. Breakdown:

- Family Health - 16.9% (English)/ 22.3% (Spanish)
- Family Planning - 53.5% (English)/ 71.5% (Spanish)
- Ryan White - 29.7% (English)/ 6.2% (Spanish)

Approximately 26.05% of patients seen at the Health Center in March took the patient satisfaction survey. Overall Satisfaction rating for March was 97.7%.

The Health Center received generally favorable responses from survey participants when asked about ease of scheduling an appointment, wait time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation of the Health Center to friends and family.

SNCHC Patient Satisfaction Survey Results:

1. Service received during your visit?

- ☞ Family Health - 17.0% (English)/ 22.3% (Spanish)
- ☞ Family Planning - 53.8% (English)/ 71.5% (Spanish)
- ☞ Ryan White - 29.2% (English)/ 6.2% (Spanish)

2. Southern Nevada Health District (SNHD) location?

- ☞ Main - 91.2% (English)/ 67.2% (Spanish)
- ☞ East Las Vegas - 8.8% (English)/ 32.8 (Spanish)

3. Do you have health insurance?

- ☞ Yes - 55.0% (English)/ 10.7% (Spanish)
- ☞ No - 45.0% (English)/ 89.3% (Spanish)

4. How long have you been a patient at the Southern Nevada Health District/Southern Nevada Community Health Center?

- ☞ Less than 6 months - 35.1% (English)/ 42.3% (Spanish)
- ☞ 6 months to a year - 19.3% (English)/ 17.7% (Spanish)
- ☞ 1-3 years - 28.1% (English)/ 11.5 (Spanish)
- ☞ 3-5 years - 9.9% (English)/ 3.8% (Spanish)
- ☞ 5+ years - 7.6% (English)/ 24.6% (Spanish)

5. How did you hear about us?

- ☞ Friends and/or Family - 33.9% (English)/ 57.3% (Spanish)
- ☞ Referral from another Provider/Resource - 18.7% (English)/ 3.8% (Spanish)
- ☞ Search Engine (e.g. Google) - 5.3% (English)/ 4.6% (Spanish)
- ☞ SNHD Website - 15.8% (English)/ 5.3% (Spanish)
- ☞ Social Media - 2.9% (English)/ 0.8% (Spanish)
- ☞ Postal Mailer - 0.6% (English)/ 1.5% (Spanish)
- ☞ Other Ads - 22.8% (English)/ 26.7% (Spanish)

6. Ease of scheduling an appointment?

- ☞ Excellent - 84.1% (English)/ 84.4% (Spanish)
- ☞ Good - 12.4% (English)/ 14.1% (Spanish)
- ☞ Average - 2.9% (English)/ 1.6% (Spanish)
- ☞ Poor - 0.6% (English)/ 0.0% (Spanish)

7. Wait time to see provider?

- ☞ Excellent - 1.2% (English)/ 78.9% (Spanish)
- ☞ Good - 17.1% (English)/ 20.3% (Spanish)
- ☞ Average - 1.8% (English)/ 0.8% (Spanish)
- ☞ Poor - 0.0% (English)/ 0.0% (Spanish)

8. Care received from providers and staff?

- ☞ Excellent - 90.6% (English)/ 93.0% (Spanish)
- ☞ Good - 9.4% (English)/ 7.0% (Spanish)
- ☞ Poor - 0.0% (English)/ 0.0% (Spanish)

9. Understanding of health care instructions following your visit?

- ☞ Excellent - 88.2% (English)/ 90.6% (Spanish)
- ☞ Good - 11.8% (English)/ 9.4% (Spanish)
- ☞ Average - 0.0% (English)/ 0.0% (Spanish)
- ☞ Poor - 0.0% (English)/ 0.0% (Spanish)

10. Hours of operation?

- ☞ Excellent - 75.3% (English)/ 86.7% (Spanish)
- ☞ Good - 20.6% (English)/ 13.3% (Spanish)
- ☞ Average - 3.5% (English)/ 0.0% (Spanish)
- ☞ Poor - 0.6% (English)/ 0.0% (Spanish)

11. Recommendation of our health center to friends and family?

- ☞ Extremely Likely - 91.8% (English)/ 99.2% (Spanish)
- ☞ Somewhat Likely - 6.5% (English)/ 0.8% (Spanish)
- ☞ Neutral - 1.8% (English)/ 0.0% (Spanish)



Health Center Visit Report Summary: March 2022														
Southern Nevada Community Health Center														
	Completed Pt													
	Provider Visits		Cancelled Visits		No Show Visits		Telehealth Visits					Total Scheduled Patients		
							Audio Visit	Televisit	Total Telehealth Visits					
Family Health Clinic	471	39.09%	45	2.56%	162	9.21%	61	73.49%		0.00%	61	3.47%	739	42.01%
Behavioral Health Clinic		0.00%		0.00%		0.00%		0.00%	4	4.82%	4	0.23%	4	0.23%
Family Planning Clinic	265	21.99%	14	0.80%	80	4.55%		0.00%		0.00%	0	0.00%	359	20.41%
Refugee Clinic	41	3.40%	19	1.08%	10	0.57%		0.00%		0.00%	0	0.00%	70	3.98%
Ryan White	428	35.52%	27	1.53%	114	6.48%	16	19.28%	2	2.41%	18	1.02%	587	33.37%
Totals	1205	100.00%	105	5.97%	366	20.81%	77	92.77%	6	7.23%	83	4.72%	1759	100.00%
Percent of scheduled patients who cancelled	5.97%													
Percent of scheduled patients who no showed	20.81%													

DK

CGM



SOUTHERN NEVADA
Community
HEALTH CENTER

Operational Report for Q1 April 28, 2022

David Kahananui, Senior FQHC Manager

Number of Unique Patients Served

- ▶ CY22 goal = 10,504 (established during the submission of the last SAC renewal grant application)
 - ▶ CY21 outcome = 7,050
- ▶ Unique patients seen as of March 31, 2022 = 1,080
 - ▶ 1,037 adults
 - ▶ 43 pediatric

Q1 2022 Patient Visits

- ▶ SNCHC conducted 2,932 patient visits by HRSA's definition between Jan and Mar of 2022.
- ▶ The no show rate for Jan-Mar 2022 including cancellations was 23.73%, which is slightly lower than national Health Center averages.



Eligibility Assistance

- ▶ In 2022 the Health Center has a 63.4% conversion rate of patients who were referred to Eligibility services, whose insurance, food, housing, and hardship benefit applications were successfully submitted versus the 54.3% conversion rate of 2021.



Patient Satisfaction Survey Highlights

Ease of scheduling an appointment

- 96.4% Positive
- 3.0% Average
- 0.6% Poor

Wait time to see provider

- 97.3% Positive
- 2.5% Average
- 0.2% Poor

Care received from providers and staff

- 99.4% Positive
- 0.4% Average
- 0.2% Poor

Understanding of health care instructions following your visit

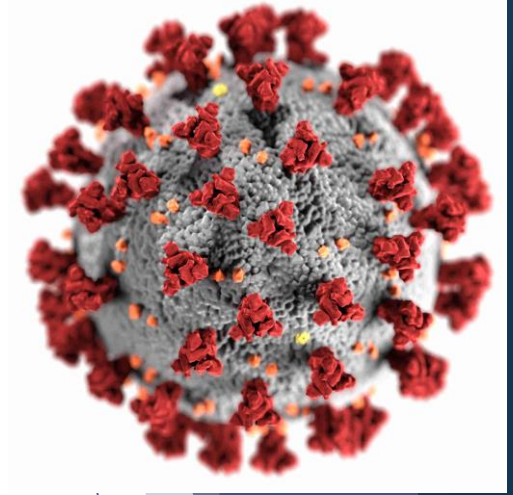
- 99.4% Positive
- 0.6% Average
- 0% Poor



*98.03% Overall
Patient Satisfaction rating
for Jan-Mar 2022*

COVID-19 Response Update

- ▶ ARPA Funding for Health Centers (President Biden's American Rescue Plan Act through his Health Center COVID-19 Vaccination Program.)
 - ▶ Offering J&J, Moderna, and Pfizer - Monday through Friday
- ▶ Since May 3, 2021 through Mar 31, 2022, SNCHC has administered 40,267 doses of COVID-19 vaccine.
 - ▶ 1,180 of which were for pediatric patients aged 5-11.
- ▶ SNCHC has conducted a grand total of 88,081 COVID-19 tests since the pandemic began in April of 2020.
 - ▶ 11,868 COVID-19 tests were conducted between Jan - Mar of 2022
 - ▶ Positivity Rates were: 54.04% in Jan; 21.65% in Feb; and 7.67% in Mar
- ▶ SNCHC is participating in a new anti-viral medication program also to treat COVID in patients age 65+ and/or patients with co-morbidities at higher risk who are symptomatic.
- ▶ SNCHC distributed 4,000 face masks, 2,265 at home rapid COVID test kits to the community, and just began distributing N95 masks as well.



Grant Funding Opportunity Updates

- ▶ Ryan White Capacity Building for Telehealth (\$150,000) - **Awarded**
- ▶ FPNV_22 - Family Planning Nevada (\$450,000 each yr. for 2 yrs.) - **Awarded**
- ▶ HCNAP Noncompeting Continuation for 2022 (\$650,000) - **Awarded**
- ▶ HCNAP_PCHP Amendment 2022 (\$289,667)- **Awarded**
- ▶ ARPA Health Center COVID-19 Vaccine grant from April 2021 through March of 2023 (\$2,826,500) - **Awarded**
- ▶ ARPA Capital/Construction (\$600,474) - **Awarded**
 - ▶ BH/MH Buildout and ELV was removed
- ▶ Health Plan of Nevada Community Catalyst - (\$187,500) - **Awarded**
 - ▶ **NCE awarded \$187,500 of new funding for 2022**
- ▶ Ryan White B - Case Mgmt and NM Case Mgmt - **Awarded**
- ▶ HCNAP_21 NCE - Carryover from 2021 - (\$360,602) - **Awarded**
- ▶ Title X 2022 through 2027 (\$1,400,000) - **Awarded**
- ▶ FP NCE - (\$811,000) - **Awarded**
- ▶ Title X Telehealth Grant (\$700,000) - **grant submitted pending decision**
- ▶ Ryan White Renewal 2022 - 2025 (TBD) - **grant submitted pending decision**



Other Updates

- ▶ CIS was approved by HRSA to bring Interim ELV into the full scope of SNCHC services.
 - ▶ ELV Relocated to Bonanza until new Fremont location opens in June
- ▶ CIS for ELV- Fremont is in process.
 - ▶ Tentative opening date of the end of June 2022
 - ▶ Oral Health Infrastructure to begin later this year in collaboration with UNLV School of Dental Medicine
 - ▶ OSV Preparations
 - ▶ North Las Vegas Community Correctional Center, and the Deputy City Attorney of the City of Las Vegas
 - ▶ Bus passes and care coordination - possibly a new Uber/Lyft agreement coming to also provide support.
 - ▶ Now in talks with Lyft and Uber for more direct transportation services
 - ▶ HPN is partnering with SNCHC to improve Women's Health among minorities.
 - ▶ R.E.A.C.H. (REACH is Research Education and Access for Community Health) identified as a new subgrantee and community partnership to help SNCHC and HPN connect to the Hispanic community and rural areas in need.
 - ▶ Grant Deliverables: Reporting, Spend downs, Amendments, Closeouts, and grant management for Title X, FPNV, COVID, Ryan White, Primary Care, UDS collection and reporting, Ending HIV Epidemic, and Mobile Clinic activities are all ongoing.
 - ▶ UDS Report Submission was submitted on Feb 11th; HRSA Reviewer sent inquiries which were answered and returned. Full 2021 UDS Submission was accepted by HRSA on 3/9/22.
 - ▶ Alternate Work Schedules (4-10) commenced on April 4th.



Operations Updates

- ▶ The appointment schedule was restructured to increase patient access and reduce confusion for call center team.
 - ▶ Changed time frames for Provider visits

	WAS	IS
TIME SLOTS FOR ESTABLISHED PT VISITS	20 minutes	15 minutes
TIME SLOTS FOR NEW PT VISITS	40 minutes	30 minutes
TEAM SCHEDULE	5-8-HOUR SHIFTS	5-8-HOUR SHIFTS AND 10-4-HOUR SHIFTS
# of APPOINTMENTS AVAILABLE PER PROVIDER PER DAY	CLUTTERED WITH 21 AVAILABLE APPT SLOTS PER DAY PER PROVIDER	STREAMLINED WITH 28 AVAILABLE APPT SLOTS PER DAY PER PROVIDER
AVERAGE # of Visits CONDUCTED PER DAY PER PROVIDER	4	11.6
NO SHOW RATE	25.59%	20.81%



Behavioral Health Update

Where We Are

- ▶ One Psych APRN for light counseling, medication management and Medication Assisted Treatment
- ▶ Hired an LCSW- credentialing is under way, but she is seeing self-pay pts, and we are converting insured pts into self-pay when they need the services now.
- ▶ Referring Patients out when we cannot offer services needed.
- ▶ Second LCSW started on April 18th.
- ▶ Second Psych APRN has been identified for hire when patient demand requires.
- ▶ Still recruiting for a Psychiatrist.
- ▶ Office Space may become an issue, but we are collaborating with other departments to make room for therapy services.
 - ▶ Grant application for a construction buildout for Behavioral Health Center was amended and resubmitted.
- ▶ Staff training is ongoing.
- ▶ 6 Providers now DATA Waived, and MAT trained to manage pts with substance abuse needs.



Accepted Insurance Update



▶ As of April 1, 2022 (19)

- Aetna
- AM Better
- Anthem BCBS Commercial
- Anthem BCBS HMOs
- Anthem Nevada Medicaid
- Culinary
- HealthSCOPE PPO
- HPN HMOs
- HPN Medicaid
- Hometown Health (One Health & Friday Health Plan)
- Medicare
- Molina Healthcare (Medicaid)
- Nevada Medicaid
- Nevada Preferred / Prominence
- Sierra Health & Life
- SilverSummit Medicaid
- Teacher's Health Trust (UMR)
- Tricare (VA)
- UMR

Public Education Campaigns for 2022



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PrEP and PEP
 PrEP y PEP

Behavioral/Mental Health
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Questions



Expectations for the HRSA Operational Site Visit (virtual)

Randy S. Smith, MPA
FQHC Operations Officer

HRSA Operational Site Visit Overview

- ▶ Comprehensive audit of the health center
 - ▶ Administrative
 - ▶ Finance
 - ▶ Governance
 - ▶ Quality
- ▶ Three-day virtual audit
 - ▶ Tuesday, June 28th - Thursday, June 30th
- ▶ Primarily involves a documentation review (e.g., policies, agreements, de-identified patient records, board materials & minutes)

HRSA Operational Site Visit Overview

(continued)

- ▶ Pre-visit phone call 4 - 6 weeks prior to audit with HRSA OSV team and key health center management
- ▶ Submission of documents for review required two (2) weeks prior to OSV
 - ▶ Additional documents may be provided on the 1st day of the OSV, no additional documents can be submitted after that time
- ▶ Entrance meeting with HRSA OSV team, key health center management personnel and board member(s) on day 1
- ▶ Meeting between HRSA OSV team and health center BOD members on day 2
- ▶ Exit meeting with HRSA OSV team, key health center management personnel, and board member(s)
- ▶ *Throughout the 3 day visit, the HRSA OSV team will be meeting with health center personnel to review and discuss focus areas*

OSV Areas of Review

- ▶ Needs Assessment
- ▶ Required & Additional Health Services
- ▶ Clinical Staffing
- ▶ Accessible Location & Hours of Operation
- ▶ Coverage for Medical Emergencies During & After Hours
- ▶ Continuity of Care & Hospital Admitting
- ▶ Sliding Fee Discount Program
- ▶ Quality Improvement/Assurance
- ▶ Key Management Staff
- ▶ Contracts & Subawards

OSV Areas of Review

(continued)

- ▶ Conflict of Interest
- ▶ Collaborative Relationships
- ▶ Financial Management & Accounting Systems
- ▶ Billing & Collections
- ▶ Budget
- ▶ Program Monitoring & Data Reporting Systems
- ▶ Board Authority
- ▶ Board Composition



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