

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

May 26, 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*)
Timothy Burch – Second Vice-Chair, Community Member, Clark County (*WebEx*)
Scott Black – Community Member, City of North Las Vegas (*Call-in User 2*)
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*)
Lucille Scott – Consumer Member (*In-person*)
- ABSENT:** Jose L. Melendrez – First Vice-Chair, Consumer Member
Scott Garrett – 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:** Tawana Bellamy, Andria Cordovez Mulet, Jason Frame, Richard Hazeltine, Cassius Lockett, Cassandra Major, Kyle Parkson, Randy Smith, Leo Vega, Karen White, Edward Wynder

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:04 p.m. Tawana Bellamy, Administrative Secretary, administered the roll call and confirmed a quorum.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

- Brian Knudsen, Chair, SNCHC Governing Board
Certificate – Board Chair Leadership Program from the National Association of Community Health Centers (NACHC)

Chair Knudsen advised that he appreciated the opportunity to attend this training and suggested that the Governing Board members be advised of any future training opportunities.

- IV. 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.

V. ADOPTION OF THE MAY 26, 2022 MEETING AGENDA (for possible action)

A motion was made by Father Rafael, seconded by Member Breen, and carried unanimously to approve the May 26, 2022 Agenda, as presented.

- VI. 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: April 28, 2022 (for possible action)

A motion was made by Father Rafael, seconded by Member Scott, and carried unanimously to approve the April 28, 2022 Consent Agenda, as presented.

VII. REPORT / DISCUSSION / ACTION

Recommendations from the May 24, 2022 Finance & Audit Committee

1. Receive, Discuss and Approve the Recommendations from the May 24, 2022 Finance & Audit Committee meeting regarding the Patient Collections Policy; direct staff accordingly or take other action as deemed necessary (for possible action)

Karen White, Chief Financial Officer, provided an overview of the revisions to the Patient Collections Policy, with the following highlights:

- Purpose was enhanced to include the following: The health district employs ethical, legally compliant, and appropriate billing practices and ensures BPHC guidelines for patient billing and discounts related to Section 330 funding and other governmental regulations are implemented. Additionally, to ensure that all appropriate government and state regulations are adhered to in the creation and submission of charges.
- References to payment plans have been removed.
- Patient write-off balances after 12 months.
- Clarification of inability to pay and refusal to pay.
- Statement that the Community Health Center is recognized by CMS as an FQHC entitled to cost base reimbursement and adheres to the guidelines of Medicare and Medicaid as determined by CMS.
- Billing for services – weekly for third-party activity and monthly for patients.
- Notification in writing of additional costs for supplies and equipment

Father Rafael inquired as to an analysis of the accounts receivable that remains outstanding related to the COVID-19 billings. Ms. White advised that the highest outstanding invoice was approximately \$300 and most are considerably less.

A motion was made by Member Costa, seconded by Father Rafael, and carried unanimously to accept the recommendations from the Finance & Audit Committee and approve the Patient Collection Policy, as presented.

2. Receive, Discuss and Approve the Recommendations from the May 24, 2022 Finance & Audit Committee meeting regarding the Procurement Policy; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Karen White, Chief Financial Officer, provided an overview of the revisions to the Procurement Policy, with the following highlights:

- Added reference to specific Code of Federal Regulation (CRF) and removal of “Uniform Guidance”
- Removal of reference to flow down clauses
- Added required HRSA language regarding procurement competition
- Removal of Attached A, which is a procedure and not appropriate to be included in the policy.

Chair Knudsen inquired as to consistency between the SNCHC and SNHD policies. Ms. White advised that the changes made to the Patient Collections Policy and Procurement Policy will be incorporated into the SNHD district-wide policies.

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

3. Receive, Discuss and Approve the Recommendations from the May 24, 2022 Finance & Audit Committee meeting regarding the April Financial Report; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Ms. White provided the April Financial Report and advised that the Total Revenue for the YTD Budget was \$11.1M and the YTD Actual was just over \$13.2M, 14% overbudget, which also includes pharmacy. Overall grant revenue was 5% above budget. Year to date salaries and fringe continue to be underbudget due to staff working on COVID activities, which has been consistent all year.

A motion was made by Chair Knudsen, seconded by Member Scott, and carried unanimously to accept the recommendations from the Finance & Audit Committee and accept the April Financial Report, as presented.

SNCHC Governing Board

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

Cassandra Major, Quality Management Coordinator, presented the draft 2022-2033 Strategic Plan and advised there were no revisions from the last meeting. Chair Knudsen reiterated that the Governing Board previously met to develop a Strategic Plan, prior to COVID-19, which put a hold on implementation. Chair Knudsen raised that the Governing Board has spent a considerable amount of time discussing Behavior Health, which has been highlighted. Chair Knudsen commended staff on capturing the vision of the Governing Board.

A motion was made by Chair Knudsen, seconded by Member Costa, and carried unanimously to approve the Southern Nevada Community Health Center 2022-2023 Strategic Plan, as presented.

5. Receive, Discuss and Accept the Responding to Medical Emergencies (Dr. Bluebird) Policy; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Randy Smith, FQHC Operations Officer, outlined that the policy was provided in its current state, with no revisions, that outlines how SNCHC and SNHD respond to medical emergencies during hours of operations.

A motion was made by Father Rafael, seconded by Chair Knudsen, and carried unanimously to accept the Responding to Medical Emergencies (Dr. Bluebird) Policy, as presented.

6. Approval of Credentialing and Privileging Providers; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith provided an overview of the Credentialing and Privileging process, and the renewal every two years. Mr. Smith advised that any providers that require credentialing and/or privileging, or renewal, will be presented at the next Governing Board meeting.

Further to a question from Chair Knudsen, Mr. Smith advised that specific personal information for providers would not be shared in public meetings and reiterated that the Chief Medical Officer role was important as the Governing Board would refer to them for guidance based on their clinical discretion.

Further to a question from Father Rafael, Mr. Smith advised that there were several mechanisms for adding, removing or modifying privileges, one of which would be to conduct quarterly peer reviews of the providers to view their performance relative to the various aspects. Other mechanisms include patient grievances and patient satisfaction survey results.

7. Receive and Discuss the Updated Needs Assessment; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith advised that a Needs Assessment was normally conducted during the submission of either a New Access Point grant or the renewal grant funding through a Service Area Competition application. However, as the SNCHC expanded its service area to encompass additional zip codes, particularly as it relates to the new Fremont Street location, leadership thought it was relevant to provide an update to the Needs Assessment. Mr. Smith thanked Dr. Cassius Lockett and the Informatics Team for compiling the update. The updates related to:

- Race/Ethnicity in the Service Area
- Race/Ethnicity & Uninsured Rate in the Service Area
- Service Area Residents & Federal Poverty Level
- Heart Disease & Cancer Mortality Rates in the Service Areas

Further to a question from Father Rafael, Mr. Smith confirmed that the updates related to the newly added zip codes and would be in addition to the zip codes outlined in the initial Needs Assessment.

Further to a question from Chair Knudsen, Mr. Smith advised that the results of the Needs Assessment may identify a particular gap in a service type, such as an identified need for oral health care, or behavioral health.

A motion was made by Chair Knudsen, seconded by Member Scott, and carried unanimously to approve the Updated Needs Assessment, as presented.

8. Discuss the Southern Nevada Community Health Center Governing Board Meeting Schedule; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith raised a need for a discussion related to the Governing Board meeting schedule. There is a HRSA requirement that the Governing Board must hold monthly meetings, with quorum. However, if a quorum is not achieved, another meeting must occur within the same month. Mr. Smith advised that with the current meeting schedule, of the 4th Thursday of the month, it raises a concern that if quorum is not met, there is not sufficient time to hold another meeting, maintaining compliance with Open Meeting Law. Mr. Smith put forward staff's recommendation of moving the meeting to the 3rd Thursday of the month.

Following a discussion on availability, staff was directed to send a survey to the Governing Board members and bring back the results at the next meeting.

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

Mr. Smith presented the April Operational Report by providing updates on the number of unique patients served. Between January and April 2022, the SNCHC conducted 3,943 visits by HRSA's definition, with a no-show rate of 24.84%. Mr. Smith outlined that there was a 63.4% conversation rate of patients referred to eligibility assistance. Mr. Smith proceeded with highlighting the results of the Patient Satisfaction Surveys. With respect to COVID-19, Mr. Smith outlined that the SNCHC continued to administer the vaccine, perform testing and participate in the anti-viral medication program. Mr. Smith 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 Member Scott, and carried unanimously to accept the April Operational Report, as presented.

Member Scott left the meeting at 3:05 p.m. and did not return.

10. Discuss Potential Need for Special Meeting to Discuss the Rapid Resolution Process, in response to the Findings of the Operational Site Visit; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith advised that on the last day of the HRSA Operational Site Visit, at the Exit Conference, the reviewers will share any findings. We will have an opportunity to make quick changes, the compliance resolution opportunity, that will provide 14 calendar days to correct any deficiencies. If we can clear those deficiencies, they would not appear in the final report. Therefore, there may be a need to hold a special meeting and requested that the Governing Board members take this into consideration.

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

Mr. Smith advised the Governing Board that the OSV Team requested a session with the Governing Board, with no staff being present, on June 29th from 12:00 noon to 1:30 p.m. Mr. Smith advised the meeting invitations will be sent to ensure that the Governing Board members have all the relevant information and encouraged as all members to be available. Mr. Smith further requested that Governing Board members advise whether they can attend so the information may be provided to the OSV Team.

Further to a request at earlier meetings, Ms. White provided the Governing Board members with several sample questions that may be asked by the OSV Team.

- VIII. 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.

IX. EXECUTIVE DIRECTOR & STAFF REPORTS (Information Only)

- Executive Director Comments

There were no items raised.

- X. 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 3:38 p.m.

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

/acm



AT THE SOUTHERN NEVADA HEALTH DISTRICT

AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

May 26, 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=eefbddf5c615600b31e4d125060f3f32f>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2556 057 2353](https://snhd.webex.com/snhd/onstage/g.php?MTID=eefbddf5c615600b31e4d125060f3f32f)

For other governmental agencies using video conferencing capability, the Video Address is:
[25560572353@snhd.webex.com](https://snhd.webex.com/snhd/onstage/g.php?MTID=eefbddf5c615600b31e4d125060f3f32f)

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. RECOGNITION

- Brian Knudsen, Chair, SNCHC Governing Board
Certificate – Board Chair Leadership Program from the National Association of Community Health Centers (NACHC)

- #### IV. 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.**

V. ADOPTION OF THE MAY 26, 2022 AGENDA (for possible action)

VI. 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: April 28, 2022 (for possible action)

VII. REPORT / DISCUSSION / ACTION

Recommendations from the May 24, 2022 Finance & Audit Committee

1. Receive, Discuss and Approve the Recommendations from the May 24, 2022 Finance & Audit Committee meeting regarding the Patient Collections Policy; direct staff accordingly or take other action as deemed necessary (for possible action)
2. Receive, Discuss and Approve the Recommendations from the May 24, 2022 Finance & Audit Committee meeting regarding the Procurement Policy; direct staff accordingly or take other action as deemed necessary (for possible action)
3. Receive, Discuss and Approve the Recommendations from the May 24, 2022 Finance & Audit Committee meeting regarding the April Financial Report; direct staff accordingly or take other action as deemed necessary (for possible action)

SNCHC Governing Board

4. Receive, Discuss and Approve the Southern Nevada Community Health Center 2022-2023 Strategic Plan; direct staff accordingly or take other action as deemed necessary (for possible action)
5. Receive, Discuss and Accept the Responding to Medical Emergencies (Dr. Bluebird) Policy; direct staff accordingly or take other action as deemed necessary (for possible action)
6. Approval of Credentialing and Privileging Providers; direct staff accordingly or take other action as deemed necessary (for possible action)
7. Receive and Discuss the Updated Needs Assessment; direct staff accordingly or take other action as deemed necessary (for possible action)
8. Discuss the Southern Nevada Community Health Center Governing Board Meeting Schedule; direct staff accordingly or take other action as deemed necessary (for possible action)
9. Receive, Discuss and Accept April Operational Report; direct staff accordingly or take other action as deemed necessary (for possible action)
10. Discuss Potential Need for Special Meeting to Discuss the Rapid Resolution Process, in response to the Findings of the Operational Site Visit; direct staff accordingly or take other action as deemed necessary (for possible action)

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

VIII. 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*)

IX. EXECUTIVE DIRECTOR & STAFF REPORTS (Informational Only)

X. 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.

XI. 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

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 CRF 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 2022-2023 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

DRAFT



AT THE SOUTHERN NEVADA HEALTH DISTRICT

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

DIVISION:	Administration	NUMBER(s): CHCA-003
PROGRAM:	Finance	VERSION: 1.00
TITLE:	Patient Collections Policy	Page: 1 of 3
DESCRIPTION:	To establish guidelines for billing and collection for patients receiving medical, behavioral health, and dental services.	EFFECTIVE DATE: (Final Date Signed) xx/xx/xxxx
APPROVED BY:		ORIGINATION DATE: New
DISTRICT HEALTH OFFICER:		Replaces: New
<hr/> Fermin Leguen, MD, MPH _____ Date		

I. PURPOSE

To establish consistent guidelines for billing and collection practices for all patients receiving medical, behavioral health, and dental services. The health district employs ethical, legally compliant, and appropriate billing practices and ensures BPHC guidelines for patient billing and discounts related to Section 330 funding and other governmental regulations are implemented. Additionally, to ensure that all appropriate government and state regulations are adhered to in the creation and submission of charges.

II. SCOPE

This policy applies to all Workforce members responsible for, or otherwise involved with billing and collection activities.

It is the responsibility of the Chief Financial Officer and Revenue Cycle Manager to adhere and/or enforce this policy.

III. POLICY

It is the Health District’s policy to provide quality healthcare to clients regardless of their ability to pay. The Health District is committed to designing and implementing patient-focused billing and collection practices that seek to minimize financial barriers patients may face in paying for services. Services will never be denied based upon the inability of patients to pay.

IV. PROCEDURE

- A. All Health District patients are eligible to apply for a sliding fee discount program to pay for out-of-pocket expenses associated with services provided. In the event patients are uninsured or under-insured and are not willing to apply for discounts on services, they are expected to pay for the full costs of services and out of pocket expenses.
- B. Collection of fees is the responsibility of Health District staff at check-out. If clients leave the Health District site without paying for services, reasonable attempts to secure payment will be made according to the following guidelines:
1. Fees may be waived at the Health District's discretion, based on a hardship. Hardships are defined as an inability to pay for services rendered due to negative life experience(s). Examples may include, but are not limited to the following:
 - a. Financial crisis
 - b. A medical condition, mental health disorder, or substance use disorder resulting in multiple visits
 - c. Homelessness
 - d. A catastrophic life events
 - e. Domestic Violence; or
 - f. If clients present to clinic sites for services and the client's record indicates an outstanding balance is owed, clinic staff will attempt to secure payment for the outstanding balance in accordance with applicable regulations regarding fee collection/billing guidelines.
 2. If clients do not present for services and/or a client's record reflects an outstanding balance due that has aged 12 months or greater from the date of service, the District will write-off the debt as part of its on-going commitment to ensure access to health care for low-income clients. If the Health District is provided written notification that a patient has moved, filed for bankruptcy, or is deceased, then that patient's account can be written off in full at that time.
- C. The Health District makes every reasonable effort to secure payment for services from patients, in accordance with Health District fee schedules and any corresponding schedule of discounts. Patients who refuse to pay will not be denied services.
- D. The Health District maintains a schedule of fees for the provision of its services that is consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation.

- E. Southern Nevada Community Health Center is recognized by CMS as a Federally Qualified Health Center entitled to cost base reimbursement for Medicare and Medicaid services. Separate site-specific id numbers are maintained as required. Patients will not be denied service due to an inability to pay.
- F. The Health District adheres to all requirements and guidelines for Medicare and Medicaid practice as determined by the Centers for Medicare and Medicaid Services (CMS) and the State Medicaid authority Nevada Medicaid.
- G. Billing for services rendered will occur at appropriate intervals. This will be no less than weekly for third party activity and monthly for patient pay amounts. Denials will be worked no less than weekly.
- H. Patients will be notified in writing of additional costs for supplies and equipment related to but not included in the service when applicable.
- I. The Health District establishes systems for insurance eligibility determination and for billing/collections with respect to third party payors. The Health District makes every reasonable effort to enter contractual or other arrangements to collect reimbursement of its costs with the appropriate agency(s) of the state which administers or supervises the administration of:
 - 1. A state Medicaid plan approved under Title XIX of the Social Security Act for the payment of all or a part of the center's costs in providing health services to persons who are eligible for such assistance; or
 - 2. CHIP under Title XXI of the Social Security Act with respect to individuals who are state CHIP beneficiaries.

V. REFERENCES

42 USC §§ 1395, 1396 & 1397 & 425.314, & 1320a-7b(b)

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

VI. ATTACHMENTS

Not Applicable



PATIENT
COLLECTION POLICY



Highlights of the proposed changes to the policy

- A copy of the full policy was provided in the packet. This will serve as a summary of the proposed changes.

Purpose

- The purpose was enhanced to include the following:
- The health district employs ethical, legally compliant, and appropriate billing practices and ensures BPHC guidelines for patient billing and discounts related to Section 330 funding and other governmental regulations are implemented. Additionally, to ensure that all appropriate government and state regulations are adhered to in the creation and submission of charges.

Payment plans

- Currently, SNCHC do not have payment plans.
- We plan to start offering payment plans within the next year. At that point, this policy will be brought back for review.
- All reference to payment plans have been removed.

Patient balance write off's

- Currently accounts balances are written off as bad debt when they are 18 months.
- Propose to write account balances after 12 months.
- In addition, include the ability to write off account in full for patients in bankruptcy, notice of moving out of the area, or if a patient is deceased.

Inability to pay/refusal to pay

- SNHD and SNCHC does not deny services to patients who have an inability to pay or if a patient refuses to pay.
- Needed Services will not be denied to do lack of payment.

More policy changes

- *Southern Nevada Community Health Center is recognized by CMS as a Federally Qualified Health Center entitled to cost base reimbursement for Medicare and Medicaid services. Separate site-specific id numbers are maintained as required. Patients will not be denied service due to an inability to pay.*
-
- *The Health District adheres to all requirements and guidelines for Medicare and Medicaid practice as determined by the Centers for Medicare and Medicaid Services (CMS) and the State Medicaid authority Nevada Medicaid.*

Additional language

- *Billing for services rendered will occur at appropriate intervals. This will be no less than weekly for third party activity and monthly for patient pay amounts. Denials will be worked no less than weekly.*



- *Patients will be notified in writing of additional costs for supplies and equipment related to but not included in the service when applicable. Currently not-applicable, but good faith estimates will be provided as required.*

Questions?

- Staff request; A motion to approve this policy.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

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

DIVISION: Administration	NUMBER(s): CHCA-004
PROGRAM: District Wide	VERSION: 1.00
TITLE: Procurement Policy	Page: 1 of 6
DESCRIPTION: Description Here	EFFECTIVE DATE:
APPROVED BY:	ORIGINATION DATE: New
DISTRICT HEALTH OFFICER:	Replaces: New
_____ Fermin Leguen, MD, MPH	_____ Date

I. PURPOSE

To establish procedures for ensuring that all sourcing and purchasing activities for the Health District are in compliance with applicable law including but not limited to Uniform Guidance, 45 CFR, Part 75, Subpart E and 2 CRF part 200.

II. SCOPE

This policy applies to all Workforce Members.

III. POLICY

Workforce Members will make every effort to ensure the acquisition of quality goods and services at competitive costs while adhering to professional standards and practices. The Financial Services Department is responsible for all purchase orders, solicitations, and related contract encumbrances. The Health District has elected to follow OMB M-18-18, which outlines the purchasing thresholds.

IV. PROCEDURE

The Health District will only award purchases to responsible suppliers possessing the ability to perform successfully under the terms and conditions of a proposed procurement.

Consideration will be given to such matters as supplier integrity, compliance with public policy, record of past performance, suspension and debarment, and financial and technical resources.

A. Purchase Order Approval Authority

1. The Chief Financial Officer (CFO) or designee is responsible for reviewing and approving all purchase requisitions. Purchase requisitions valued above the applicable purchase threshold will be approved based on the following factors:
 - a. Sufficiency of departmental appropriations
 - b. Compliance with budgetary and fiscal policies
 - c. Compliance with accounting principles and standards
 - d. Reasonableness of the request
2. All purchase orders valued at under \$50,000 will be reviewed for final approval by the CFO, or designee. All purchase orders valued at over \$50,000 will be reviewed for final approval by the District/Chief Health Officer or designee.
- ~~3. The Board of Health must approve purchase orders contracts valued over \$50,000.~~
4. No Workforce Member will make a purchase without an approved purchasing agreement. Exceptions require pre-approval by the CFO in consultation with the District Health Officer. The Workforce Member may be held liable for unauthorized purchases.

B. General Purchasing Requirements

1. Purchase Orders and P-Cards - Purchase orders are used for the one-time purchase of specific goods or services and for repetitive purchases of goods and services provided as needed on an on-going basis during the Health District's fiscal year. Generally, all individual purchases valued at \$5,000 and over must be made with a purchase order or a contract. Purchases below \$5,000 made with a P-Card must adhere to the P-Card policy. Certain categories of obligations can be paid without a purchase order (see Procurement Manual). Division Directors, Managers, and Supervisors are responsible for ensuring the appropriateness of purchases made with purchase orders. Emergency Purchase Order changes will be executed by the Purchasing Agent or designee.

2. Sole Source - All exceptions for purchase requests greater than the micro purchase threshold that are not competitively awarded will be documented and approved using the Sole Source Justification Form.
3. Goods and Nonprofessional Services - The process and documentation associated with the purchase of goods and nonprofessional services are based on the dollar value of the specific purchase request (~~see Attachment A~~). Dividing (splitting) purchasing transactions to avoid the purchasing and approval requirement is prohibited. Goods and nonprofessional service transactions valued over \$50,000 per fiscal year for the same product or service and to the same supplier requires a formal solicitation.
 - a. All purchase requests valued at \$50,000 or over (\$100,000 for construction) requires a formal Request for Proposals (RFP) (unless purchase is a valid sole source).
 - b. All purchases of software, hardware and/or implementation will be requested by the IT Department.
4. ~~Federally Funded Purchase Order (including funding used as cost share for a Federal award)~~. Any federally funded procurement activity will be in accordance with the federal procurement requirements or grant requirements. ~~and will include flow down clauses stated in the grant or financial assistance agreement. When comparing state and federal procurement standards, the more restrictive standards will apply.~~ Staff will ensure all procurement costs directly attributable to the Health Resources Services Administration (HRSA), federal awards are allowable, consistent with federal cost principles.
 - a. The Health District has records for procurement actions paid for in whole or in part under the HRSA's federal award that include the rationale for method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract price.
 - b. The health center's contracts that support the HRSA-approved scope of project include provisions that address the following:
 - The specific activities or services to be performed or goods to be provided;
 - Mechanisms for the health center to monitor contractor performance; and
 - Requirements for the contractor to provide data necessary to meet the recipient's applicable federal financial and programmatic reporting requirements, as well as provisions addressing record retention and access, audit, and property management.

5. Competition - All procurement transactions must be conducted in a manner providing full and open competition and will only include costs allowable, consistent with federal cost principles, and meets grant guidelines, as applicable. Contractors who develop or draft specifications, requirements, statements of work, or invitations for bids/requests for proposals must be excluded from competing for such procurements. The solicitation may not include geographical preferences in the evaluation of bids or proposals. State licensing laws may be a requirement for a firm to bid. Architectural and engineering services may be limited to a geographic location if there are sufficient firms to compete for the contract. The solicitation must identify evaluation factors and their relative importance. Any response to publicized requests for proposal must be considered to the maximum extent practical.

C. Emergency Purchases

An emergency is defined as a disaster or a situation that may lead to the impairment of health, safety, or welfare of the public if not immediately addressed. The purchasing process for emergencies depends on the severity and resources required to manage the incident. P-Card purchases may be utilized during emergencies. Such purchases will not require prior written approvals.

Department approved invoices for goods or services purchased without a P-Card must be forwarded to Finance for review, approval and payment. ~~If the expenditure(s) for the incident exceeds the dollar threshold for Board of Health consent, Finance will prepare an agenda item for the next regularly scheduled meeting.~~

- D. Entering into state and local intergovernmental agreements or inter-entity agreements (i.e., NASPO, GPO, GSA) are encouraged. Prior to entering into these agreements, mandatory federal flow down clauses will be included (2 CFR 200, Appendix II), as applicable.

E. Conflict of Interest

Any Workforce Member directly associated with and/or responsible for the procurement of goods, services and/or contracting activities, including Board of Directors, officers, employees and agents, are prohibited from having any direct or indirect interest, or any real or apparent conflict of interest, in or with any entity with which the Health District does business. Workforce members violating this standard may be subject to disciplinary action up to and including termination.

V. REFERENCES

1. Procurement Manual
2. P-Card Policy
3. Sole Source Justification Form (FIN-101)
4. RFP Request Form (FIN-106)
5. OMB M-18-18
6. 2 CFR §200.317-326, Procurement Standards
7. 2 CFR 200 Appendix II, Contract Provisions for Non-Federal Entity Contracts Under Federal Awards
8. 45 CFR Part 75, subpart E
9. NRS 332 Purchasing Local Governments

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

VI. ATTACHMENTS

Not Applicable

~~A. Purchasing Process General Guidelines~~

ATTACHMENT A

Purchasing Process General Guidelines

Goods and Non-professional Services	
\$0.00 to \$10,000.00	Informal Bid – 1 quote required, recommended in writing. If written quote not available, requester must provide a contact name, phone number and e-mail address for the Vendor. Awards will be rotated among Vendors.
\$10,000.01 to \$50,000.00	Informal Bid – Minimum of 2 written quotes required.
\$50,000.01 and over	Formal Competitive Bid Process (requires formal bid document and advertising in local newspaper)
Construction	
\$0.00 to \$1,999.99	Informal Bid – 1 quote required. A purchase order may be issued for construction projects under \$2,000.
\$2,000.00 to \$100,000.00	Informal Bid – minimum of 3 quotes required (Davis Bacon applies if Federally funded)
\$100,000.01 and over	Formal Competitive Bid Process (requires formal bid document and advertising in local newspaper). Extra clauses required, such as certified payroll, state wage rates or Davis Bacon, bonds, insurance, etc.
Information Technology	
\$0.00 to \$25,000.00	Informal Bid – 1 quote required, recommended in writing. If written quote not available, requester must provide a contact name, phone number and e-mail address in the PR Note section for the Vendor. Awards will be rotated among Vendors.
\$25,000.01 to \$250,000.00	Informal Bid – Minimum of 2 written quotes required for properly licensed contractors.
\$250,000.01 and over	Formal Competitive Bid Process (requires formal bid document and advertising in local newspaper).
Federally Funded or funding uses as cost share for a federal award Purchases (supersedes above)	
\$0.00 to \$10,000.00	Informal Bid – 1 quote required, recommended in writing. If written quote not available, requester must provide a contact name, phone number and e-mail address in the PR Note section for the Vendor. Awards will be rotated among Vendors.
\$10,000.01 – \$50,000.00	Informal Bid, competitively awarded, with a minimum of 2 written quotes required.
\$50,000.01 and over	Formal Competitive Bid Process (requires formal bid document and advertising in local newspaper).

FQHC Procurement Policy

Update and summary of proposed changes

Added reference to specific Code of Federal Regulation (CFR)

- To establish procedures for ensuring that all sourcing and purchasing activities for the Health District are in compliance with applicable law including but not limited to ~~Uniform Guidance~~, 45 CFR, Part 75, Subpart E and 2 CFR part 200.

Remove redundant information

- Federally Funded Purchase Order (including funding used as cost share for a Federal award). Any federally funded procurement activity will be in accordance with the federal procurement requirements. ~~and will include flow down clauses stated in the grant or financial assistance agreement. When comparing state and federal procurement standards, the more restrictive standards will apply.~~

Adding required HRSA language

- Competition - All procurement transactions must be conducted in a manner providing full and open competition and will only include costs allowable, consistent with federal cost principles and meets grant guidelines, as applicable.

Removing attachment, A

- This is a procedure and thus no appropriate to include in the policy.

Question??

- Next Steps
- Recommend approval to the full board.



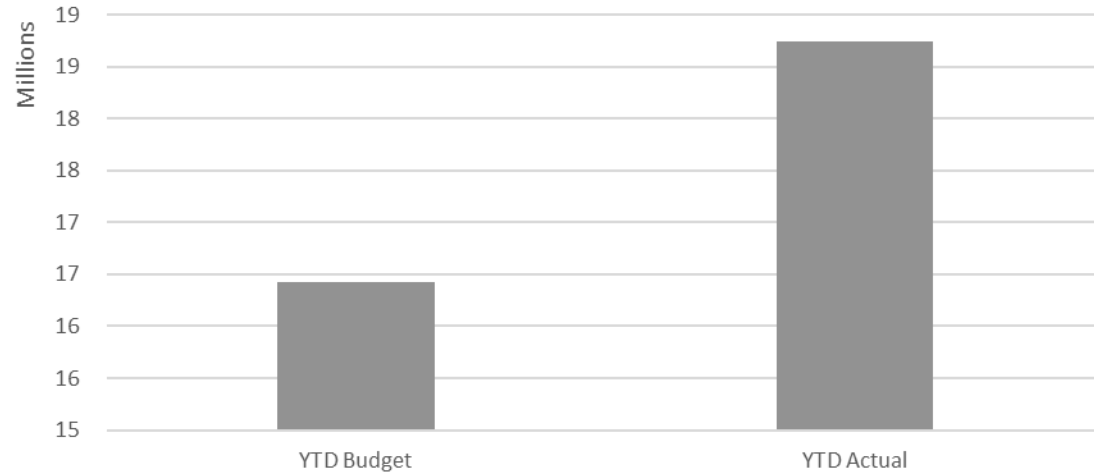
FQHC Financial Report

April 30, 2022

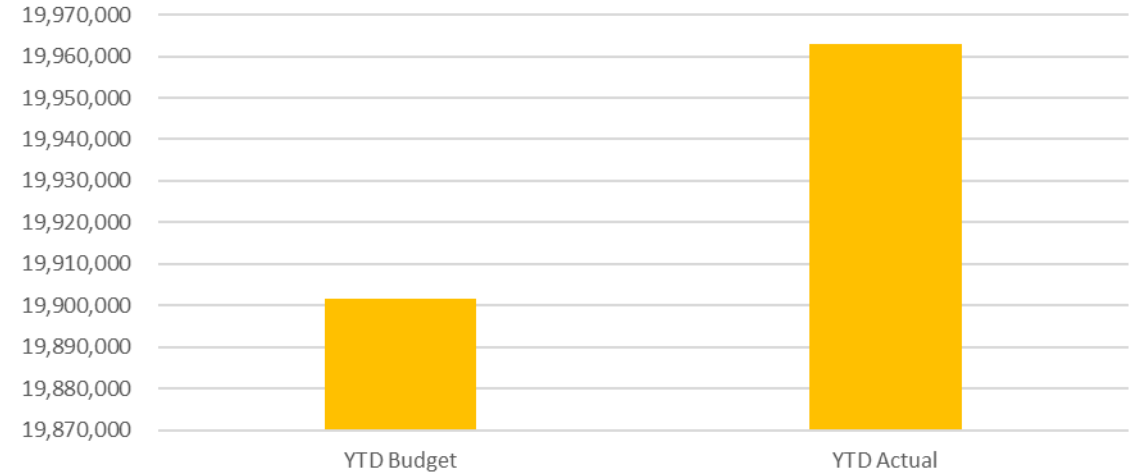
May 24th Finance committee meeting

May 26th board meeting

FQHC - Budget to Actual Revenue



FQHC - Budget to Actual Expense



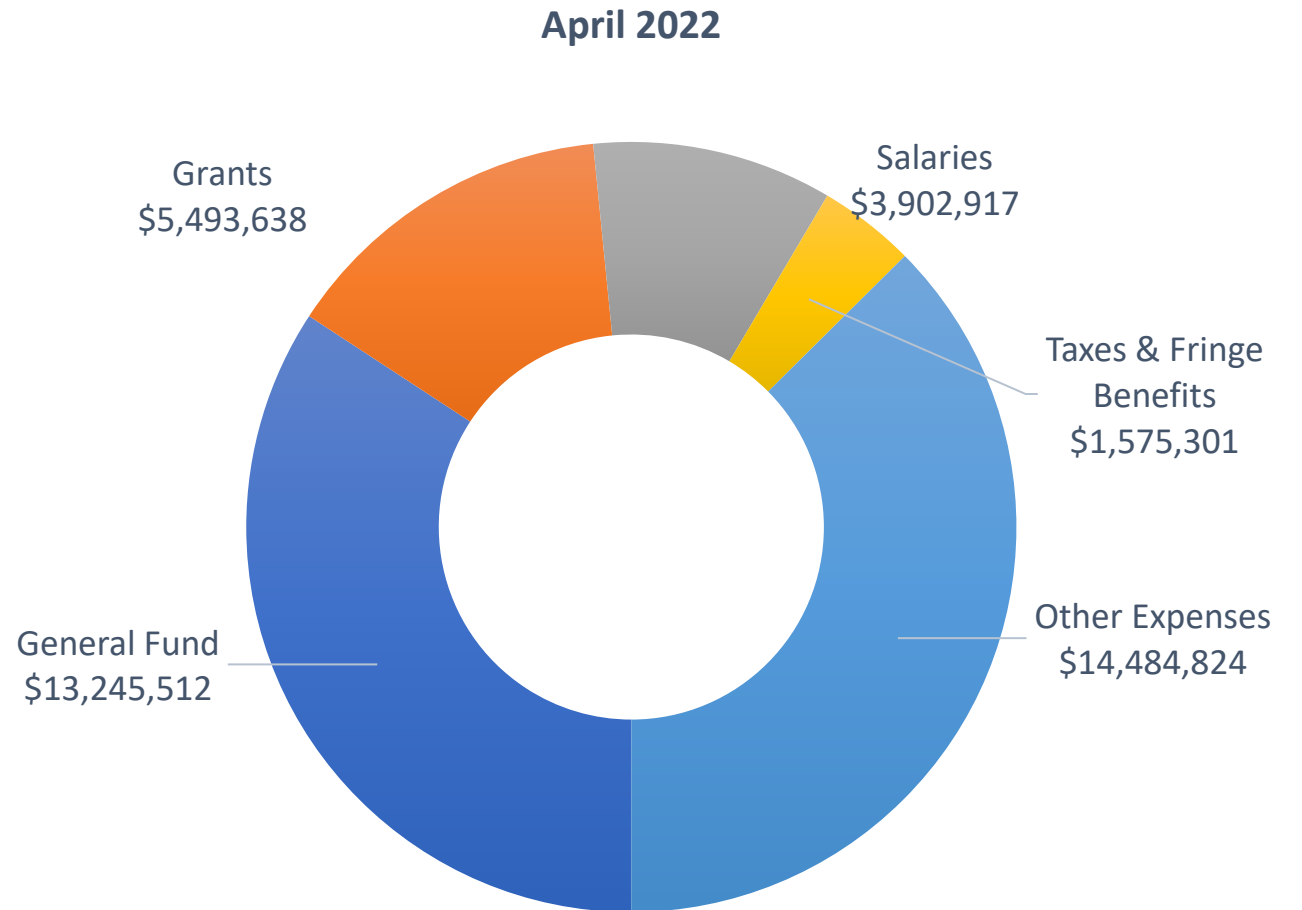
Description	FY 2022	FY2022 Current	YTD Budget	YTD Actual	Variance	% YTD Actuals to YTD Budget	Notes
	Adopted	Budget					
Patient Generated Revenue	13,413,863	13,413,863	11,178,219	13,245,512	2,067,293	18%	
Grant Revenues	6,294,818	6,294,818	5,245,682	5,493,638	247,956	5%	
Total Revenue - All Sources	19,708,681	19,708,681	16,423,901	18,739,150	2,315,249	14%	

Salaries	6,258,551	6,258,551	5,215,459	3,902,917	(1,312,542)	-25%	
Taxes & Fringe Benefits	2,608,287	2,608,287	2,173,573	1,575,301	(598,271)	-28%	
Contractual	764,257	764,257	636,881	1,309,566	672,685	106%	
Supplies	9,043,617	9,043,617	7,536,348	9,282,143	1,745,796	23%	
Other	5,207,063	5,207,063	4,339,219	3,893,115	(446,104)	-10%	
Total Expenses	23,881,775	23,881,775	19,901,479	19,963,043	61,563	0%	

Net Position **(4,173,094)** **(4,173,094)** **(3,477,578)** **(1,223,893)** **2,253,686** **-65%**

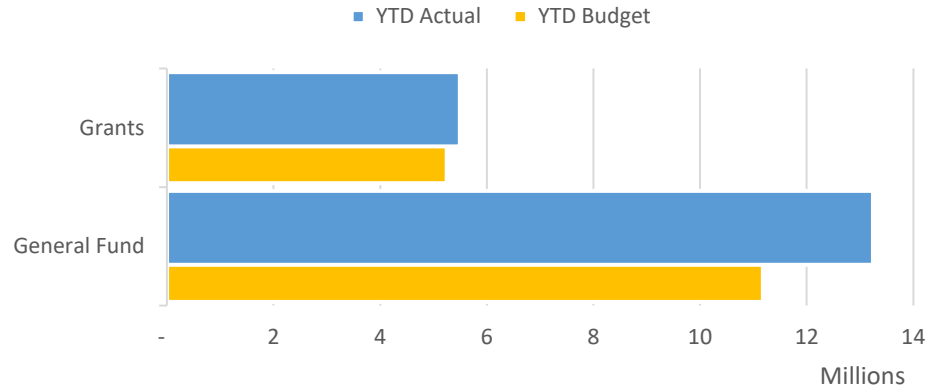
FQHC Year to Date

- Total Revenue is +14% above budget, YTD
- Total Expenses are at budget, YTD
- Overall Visits to the FQHC have been increasing since January 2022, compared to steady visit counts to the other SNHC programs

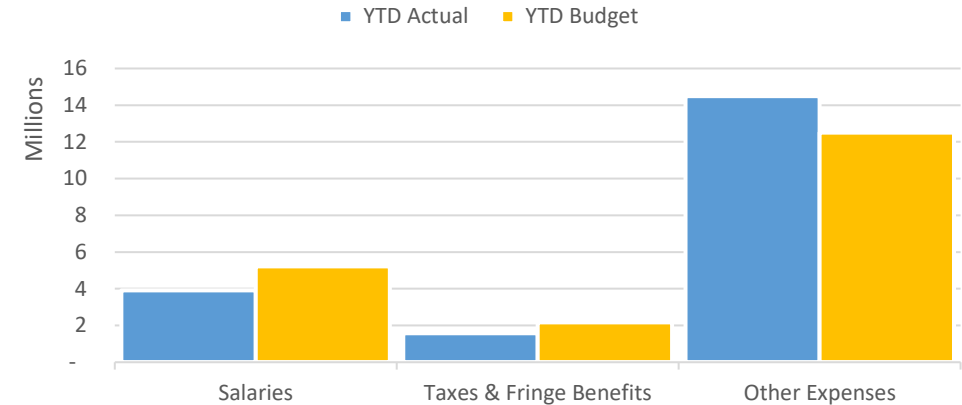


Overview

FQHC YTD Budget to Actual Revenue
April 2022



FQHC YTD Budget to Actual Expenses
April 2022



FQHC - SNCHC, Combined Funds

Revenues & Expenses

Interim Unaudited Report

April 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	11,178,219	13,245,512	2,067,293	18%	
Combined Funds	Revenue	Grants	6,294,818	-	6,294,818	5,245,682	5,493,638	247,956	5%	
Combined Funds	Revenue	Total Revenues	19,708,681	-	19,708,681	16,423,901	18,739,150	2,315,249	14%	
Combined Funds	Expense	Expenses								
Combined Funds	Expense	Salaries	6,258,551	-	6,258,551	5,215,459	3,902,917	(1,312,542)	-25%	
Combined Funds	Expense	Taxes & Fringe Benefits	2,608,287	-	2,608,287	2,173,573	1,575,301	(598,271)	-28%	
Combined Funds	Expense	Other Expenses	15,014,937	-	15,014,937	12,512,448	14,484,824	1,972,377	16%	
Combined Funds	Expense	Total Expenses	23,881,775	-	23,881,775	19,901,479	19,963,043	61,563	0%	
Combined Funds	Net Position	Net Position YTD	\$ (4,173,094)	\$ -	\$ (4,173,094)	\$ (3,477,578)	\$ (1,223,893)	\$ 2,253,686	-65%	

Expenses: Patient Revenue and Grants

General Fund and Special Revenue Fund

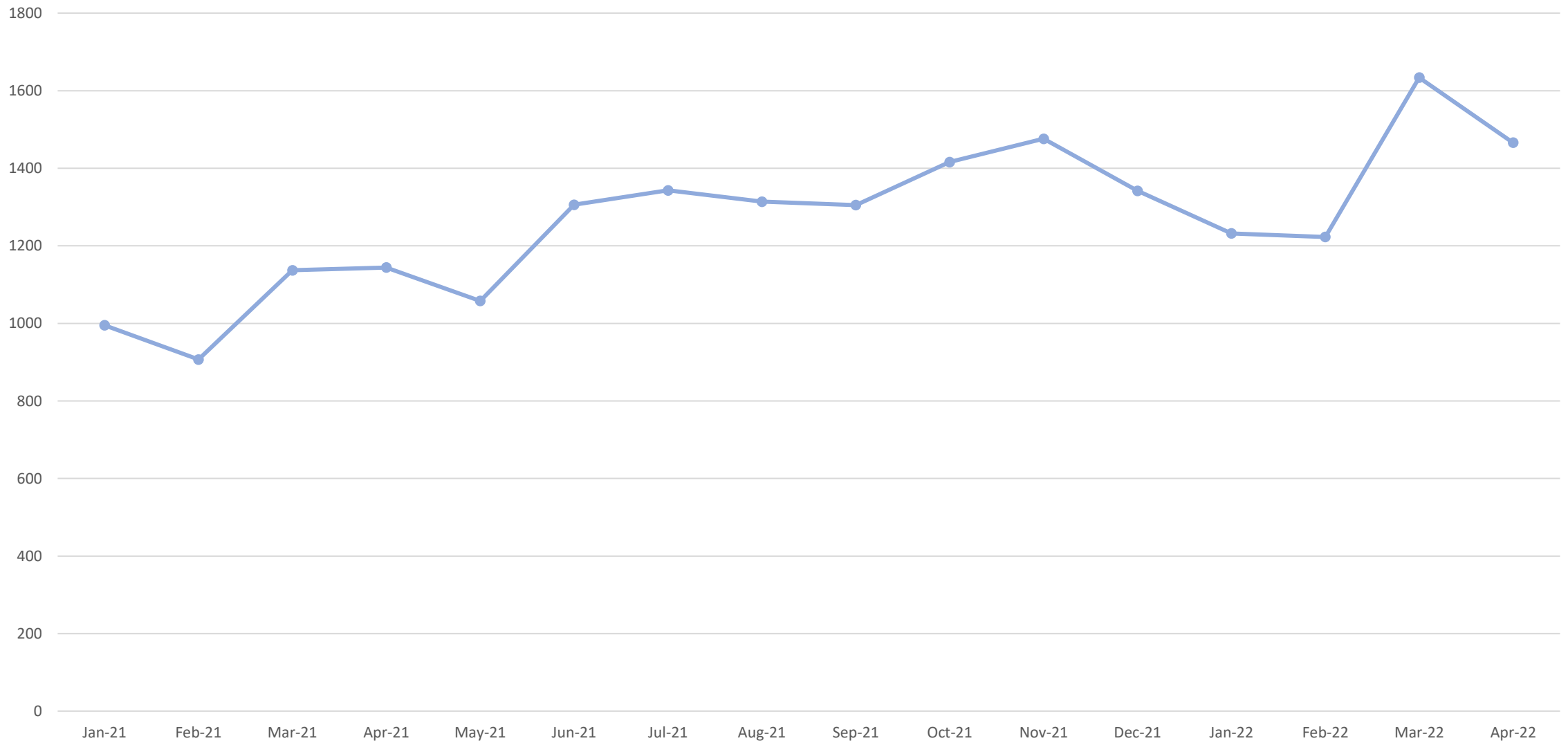
Expenses

Interim Unaudited Report

Apr-22

Combined Funds		Description	FY 2022 Adopted	Adjustments	FY2022 Current Budget	YTD Budget	YTD Actual	Variance	% YTD Actuals to YTD Budget	Notes
General Fund	Expense	Expenses								
General Fund	Expense	Salaries	2,365,164		2,365,164	1,970,970	1,139,581	(831,389)	-42%	
General Fund	Expense	Taxes & Fringe Benefits	987,569		987,569	822,974	452,946	(370,028)	-45%	
General Fund	Expense	Supplies	8,733,163		8,733,163	7,277,636	8,930,569	1,652,933	23%	
General Fund	Expense	Travel & Training	47,045		47,045	39,204	1,928	(37,276)	-95%	
General Fund	Expense	Contractual	540,679		540,679	450,566	421,992	(28,574)	-6%	
General Fund	Expense	Capital Outlay	10,000		10,000	8,333	-	(8,333)	-100%	
General Fund	Expense	Subtotal Operating Expenses	12,683,620	-	12,683,620	10,569,683	10,947,016	377,332	4%	
General Fund	Expense	Indirect Costs/Cost Allocations	3,447,408		3,447,408	2,872,840	2,684,636	(188,204)	-7%	
General Fund	Expense	Transfers In	-		-	-	(5,090)	(5,090)	0%	
General Fund	Expense	Transfers Out	1,455,929		1,455,929	1,213,274	1,015,424	(197,851)	-16%	
General Fund	Expense	Total Expenses	17,586,957	-	17,586,957	14,655,797	14,641,985	(13,812)	0%	
SRF	Expense	Expenses								
SRF	Expense	Salaries	3,893,387		3,893,387	3,244,489	2,763,337	(481,153)	-15%	
SRF	Expense	Taxes & Fringe Benefits	1,620,718		1,620,718	1,350,598	1,122,355	(228,243)	-17%	
SRF	Expense	Supplies	310,454		310,454	258,712	351,574	92,862	36%	
SRF	Expense	Travel & Training	35,756		35,756	29,797	33,562	3,765	13%	
SRF	Expense	Contractual	223,578		223,578	186,315	887,574	701,259	376%	
SRF	Expense	Capital Outlay	10,420		10,420	8,683	36,490	27,807	320%	
SRF	Expense	Subtotal Operating Expenses	6,094,313	-	6,094,313	5,078,594	5,194,892	116,298	2%	
SRF	Expense	Indirect Costs/Cost Allocations	1,656,434		1,656,434	1,380,362	1,168,782	(211,580)	-15%	
SRF	Expense	Transfers In	(1,455,929)		(1,455,929)	(1,213,274)	(1,047,707)	165,568	-14%	

Total FQHC Visits per Month





Questions?

Next month I will include
some billing stats.

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

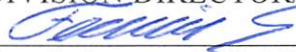
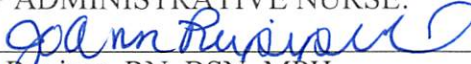
1. Increase Overall Grant-Based Revenue (non-COVID)
 - a. Identify additional funding opportunities (non-COVID).
2. Increase Program Revenue
 - a. Increase number of payer contracts.
 - b. Improve patient access to care.
 - c. Improve eligibility, referrals and conversion.
3. Review Revenue Cycle Improvements
 - 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.



SOUTHERN NEVADA HEALTH DISTRICT
DIVISION POLICY/PROCEDURE/PROTOCOL

DIVISION: Clinical Services PROGRAM: Division Wide	NUMBER: CS-ADM-001- C
TITLE: Medical Event / Dr. Bluebird	ORIGINATION DATE : 6/18/08
APPROVED BY:	EFFECTIVE DATE: 9-18-17
DIVISION DIRECTOR/CHIEF MEDICAL OFFICER:  _____ Fermin Leguen, MD, MPH	LAST REVISION: 09/06/17
CHIEF ADMINISTRATIVE NURSE:  9/7/17 _____ JoAnn Kupiper, RN, BSN, MPH	NEXT REVIEW: as needed

I. PURPOSE

To provide timely and appropriate response in the event of an injury or immediate medical need.

II. SCOPE

Applies to Workforce members that provide medical response services to individuals at Southern Nevada Health District (Health district) including other Workforce Members, visitors and clients.

III. POLICY

The Health District is committed to providing a timely and appropriate response to those in need of immediate medical care and attention.

A. Quality Assurance:

Clinical Services will contact their patient/client within 1-2 business days to inquire about the individual's current health status; actions/calls will be documented on the Medical Event Form.

The Dr. Bluebird Team training requirements include:

1. First aid training
2. Current BLS certification
3. Annual review of this policy

IV. PROCEDURE

A. Roles and Responsibilities

Clinical Services will assign Workforce members within the scope of their practice (clinicians) to the Dr. Bluebird team to respond when "Dr. Bluebird" is announced. At least three Clinical Services clinicians (and one from Security) will respond to each Dr. Bluebird call. Dr. Bluebird team members (within the scope of their practice) will:

1. Respond to the announced location;
2. Provide first aid and/or other appropriate medical response if appropriate;



3. Manage the environment to provide safety, security and privacy for the individual;
4. Assist with communication to family, external emergency medical team (for example with EMS responders if 911 has been called), and with those who have a language barrier;
5. Educate and support the individual as well as any family and/or significant other(s) who may be in attendance;
6. Document actions and observations;
7. Receive first aid training and certification in Basic Life Support (BLS).

B. In the clinical setting and in a non-emergency medical event, Clinical Services staff may provide appropriate medical response to their patients/clients according to their scope of practice and current protocols. If Clinical Services staff activates 911, Security will be notified to assist outside first responders.

C. Activation of Dr. Bluebird/911.

1. In the event of a medical emergency and/or event, Clinical Services Workforce Members may immediately call 911 AND then activate Dr. Bluebird.
2. In the non-clinical setting and in a non-emergency medical event, Clinical Services Workforce Members may activate Dr. Bluebird.
3. To activate 911 and Dr. Bluebird:
911 may be activated on any phone; state the nature of the emergency and location.
Activate Dr. Bluebird by accessing the current paging system and announcing “Dr. Bluebird” at the specific physical location. Announce the page a minimum of three times.

D. Documentation

Responding Clinical Services Workforce members will:

1. Document actions in the patient’s medical record (if patient received services on the day of event).
2. Complete the Clinical Services Medical Event form and route to:
 - a. Clinic Supervisor (if patient received services at their clinic);
 - b. Chief Administrative Nurse.

Chief Administrative Nurse will review and route to Director of Clinical Services/Chief Medical Office and clinic/program manager (if patient received services at their clinic).

V. ATTACHMENTS

1. SNHD Clinical Services Medical Event Form

SNHD CLINICAL SERVICES MEDICAL EVENT FORM

<input type="checkbox"/> Client <input type="checkbox"/> Visitor <input type="checkbox"/> Employee	Date:	Dr. Bluebird Response: <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME	DOB	WEBIZ #
		Time of Response: AM/PM
		Time of Conclusion: AM/PM

Facility: Main HND ELV Other Specific Location:

DESCRIPTION OF EVENT

Final Assessment (circle all that apply):			Initials	Comments
ORIENTATION	ALERT LETHARGIC NONRESPONSIVE			
SPEECH	NORMAL SLURRED UNABLE TO RESPOND			
GAIT	STEADY REQUIRES NO ASSISTANCE REQUIRES MINIMAL ASSISTANCE REQUIRES MODERATE ASSISTANCE UNABLE TO MAINTAIN BALANCE			

TIME	Blood Pressure	Pulse	Resp	Interventions (continue on back if needed)

911 Called: Yes No **Security Contacted:** Yes No

Final Assessment (circle all that apply):			Initials	Comments
ORIENTATION	ALERT LETHARGIC NONRESPONSIVE			
SPEECH	NORMAL SLURRED UNABLE TO RESPOND			
GAIT	STEADY REQUIRES NO ASSISTANCE REQUIRES MINIMAL ASSISTANCE REQUIRES MODERATE ASSISTANCE UNABLE TO MAINTAIN BALANCE			

Outcome

Client recovered and left premises.

Client has been advised of need for transportation assistance from SNHD.

Client refused advice regarding transportation assistance and left premises.

Client left premises with transportation assistance from _____.

Client refused transport from paramedics/ambulance.

Staff	Name _____ Title _____	Name _____ Title _____
	Signature _____	Signature _____
	Name _____ Title _____	Name _____ Title _____
	Signature _____	Signature _____

Follow up Actions

Supervisor (if clinic related) Name _____ Signature _____ Date _____

Chief Administrative Nurse Name _____ Signature _____ Date _____

Cc'd to Manager (if clinic related) Director of Clinical Services/Security/ Safety Officer Date _____ Initials _____

HRSA Required Credentialing & Privileging

Randy Smith, FQHC Operations Officer

Credentialing & Re-credentialing (every 2 years)

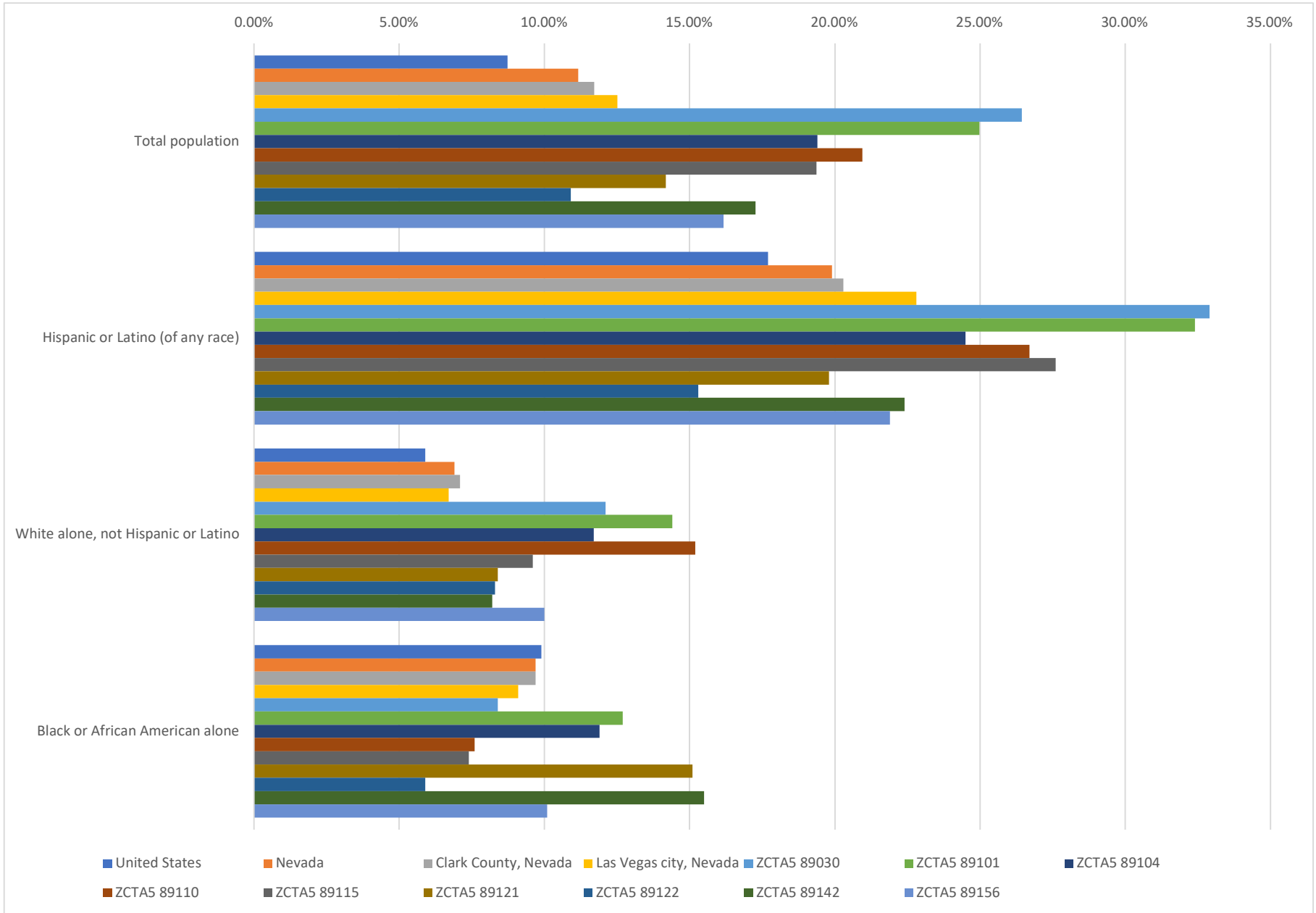
- a. The health center has operating procedures for the initial and recurring review (for example, every two years) of credentials for all clinical staff members (licensed independent practitioners (**LIPs**), other licensed or certified practitioners (**OLCPs**), and **other clinical staff** providing services on behalf of the health center) who are health center employees, individual contractors, or volunteers. These [credentialing](#) procedures would ensure verification of the following, as applicable:
 - a. Current licensure, registration, or certification using a [primary source](#);
 - b. Education and training for initial credentialing, using:
 - a. Primary sources for LIPs⁴
 - b. Primary or other sources (as determined by the health center) for OLCPs and any other clinical staff;
 - c. Completion of a query through the National Practitioner Data Bank (NPDB);⁵
 - d. Clinical staff member's identity for initial credentialing using a government-issued picture identification;
 - e. Drug Enforcement Administration (DEA) registration; and
 - f. Current documentation of basic life support training.

Privileging & Re-privileging (every two years)

- a. The health center has operating procedures for the initial granting and renewal (for example, every two years) of privileges for clinical staff members (**LIPs**, **OLCPs**, and **other clinical staff** providing services on behalf of the health center) who are health center employees, individual contractors, or volunteers. These [privileging](#) procedures would address the following:
 - a. Verification of [fitness for duty](#), immunization, and communicable disease status;⁶
 - b. For initial privileging, verification of current clinical competence via training, education, and, as available, reference reviews;
 - c. For renewal of privileges, verification of current clinical competence via peer review or other comparable methods (for example, supervisory performance reviews); and
 - d. Process for denying, modifying or removing privileges based on assessments of clinical competence and/or fitness for duty.

2022 NEEDS ASSESSMENT UPDATE

AT THE SOUTHERN NEVADA HEALTH DISTRICT



2022 NEEDS ASSESSMENT UPDATE

Percent Uninsured

	Total population	Hispanic or Latin	White alone, not His	White alone	Black or Af American	Asian alone	Native Ha	Some othe	Two or more races	
United States	8.73%	17.70%	5.90%	7.60%	9.90%	19.00%	6.40%	10.80%	19.80%	10.70%
Nevada	11.16%	19.90%	6.90%	9.40%	9.70%	17.90%	8.20%	8.10%	23.40%	12.10%
Clark County, Nevada	11.72%	20.30%	7.10%	10.10%	9.70%	18.60%	8.50%	8.30%	23.60%	12.00%
Las Vegas city, Nevada	12.51%	22.80%	6.70%	10.30%	9.10%	23.60%	8.70%	8.30%	25.70%	14.90%
ZCTA5 89030	26.44%	32.90%	12.10%	27.30%	8.40%	47.60%	13.80%	27.40%	37.40%	25.60%
ZCTA5 89101	24.98%	32.40%	14.40%	22.80%	12.70%	43.70%	19.20%	0.00%	32.50%	23.10%
ZCTA5 89104	19.40%	24.50%	11.70%	15.80%	11.90%	14.60%	10.10%	0.00%	31.00%	18.70%
ZCTA5 89110	20.95%	26.70%	15.20%	22.80%	7.60%	26.10%	5.60%	6.50%	24.80%	24.20%
ZCTA5 89115	19.37%	27.60%	9.60%	23.50%	7.40%	23.20%	8.90%	33.10%	25.80%	16.10%
ZCTA5 89121	14.18%	19.80%	8.40%	11.30%	15.10%	33.00%	5.20%	5.70%	23.70%	8.30%
ZCTA5 89122	10.91%	15.30%	8.30%	8.60%	5.90%	5.10%	9.30%	0.00%	20.50%	11.90%
ZCTA5 89142	17.27%	22.40%	8.20%	15.50%	15.50%	6.00%	14.60%	15.90%	24.70%	10.80%
ZCTA5 89156	16.17%	21.90%	10.00%	17.30%	10.10%	1.60%	8.80%	0.00%	22.70%	9.00%

Data source: American Community Survey 2020 5-year Estimate

The people living in the defined service area are more likely to be uninsured when compared to the general population in the City of Las Vegas, Clark County, State of Nevada, or the United States. The lack of health insurance coverage is not universally equitable across race and ethnicity. The percent of uninsured among the Hispanic population was more than twice as high as non-Hispanic White.

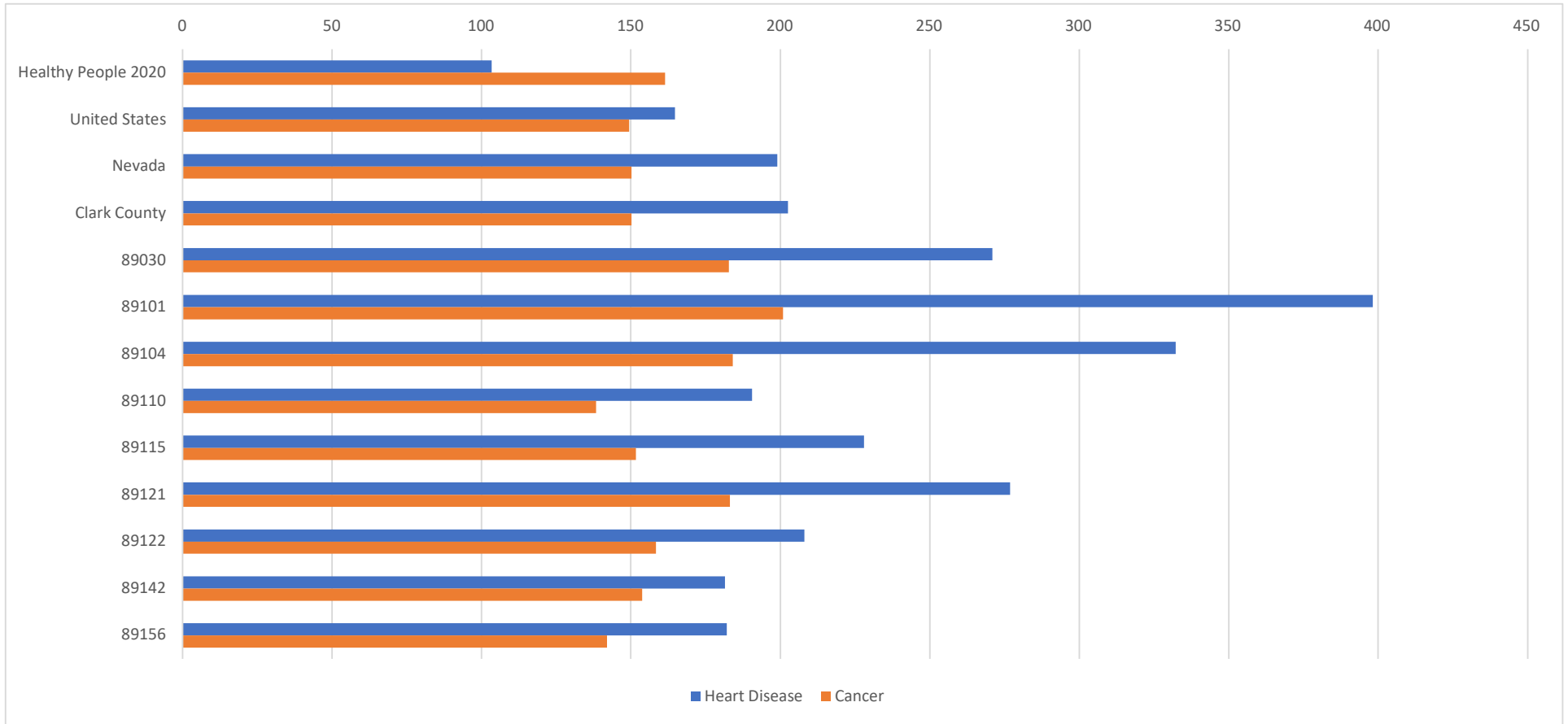
2022 NEEDS ASSESSMENT UPDATE

	Median household	Medium H	Percent of population below poverty level
United States	\$64,994	\$0	12.80%
Nevada	\$62,043	-\$2,951	12.80%
Clark County, Nevad	\$61,048	-\$3,946	13.40%
Las Vegas city, Nevar	\$58,377	-\$6,617	14.90%
ZCTA5 89030	\$36,993	-\$28,001	29.40%
ZCTA5 89101	\$28,080	-\$36,914	31.80%
ZCTA5 89104	\$38,939	-\$26,055	22.70%
ZCTA5 89110	\$43,769	-\$21,225	21.00%
ZCTA5 89115	\$41,268	-\$23,726	28.20%
ZCTA5 89121	\$43,160	-\$21,834	19.40%
ZCTA5 89122	\$47,950	-\$17,044	17.10%
ZCTA5 89142	\$51,388	-\$13,606	17.10%
ZCTA5 89156	\$52,323	-\$12,671	16.70%

The defined service area had lower median household income than the City of Las Vegas, Clark County, State of Nevada and the United States. There were also much higher percents of population in the defined service area living below the federal poverty level (FPL) than the general population in City of Las Vegas, Clark County, State of Nevada and the United States.

Data source: American Community Survey 2020 5-year Estimate

2022 NEEDS ASSESSMENT UPDATE



Age Adjusted Mortality Rate, 2016-2020

	Heart Disease	Cancer
Healthy People	103.4	161.4
United States	164.8	149.4
Nevada	199	150.2
Clark County	202.6	150.2
89030	270.9	182.8
89101	398.2	200.9
89104	332.2	184.1
89110	190.5	138.4

Over the five-year period from 2016 to 2020, the defined service area had higher mortality rates due to heart disease than the national average. A few Zip Code Tabulation Areas (ZCTAs), namely 89030, 89101, 89104, and 89121) had particularly higher mortality rates due to heart disease and cancer when compared to other ZCTAs, as well as county and state average.

2022 NEEDS ASSESSMENT UPDATE

89115	228	151.7
89121	276.8	183.1
89122	208.1	158.4
89142	181.5	153.8
89156	182.1	142

Data source: American Community Survey 2020 5-year Estimate; Clark County Electronic Death Registry System

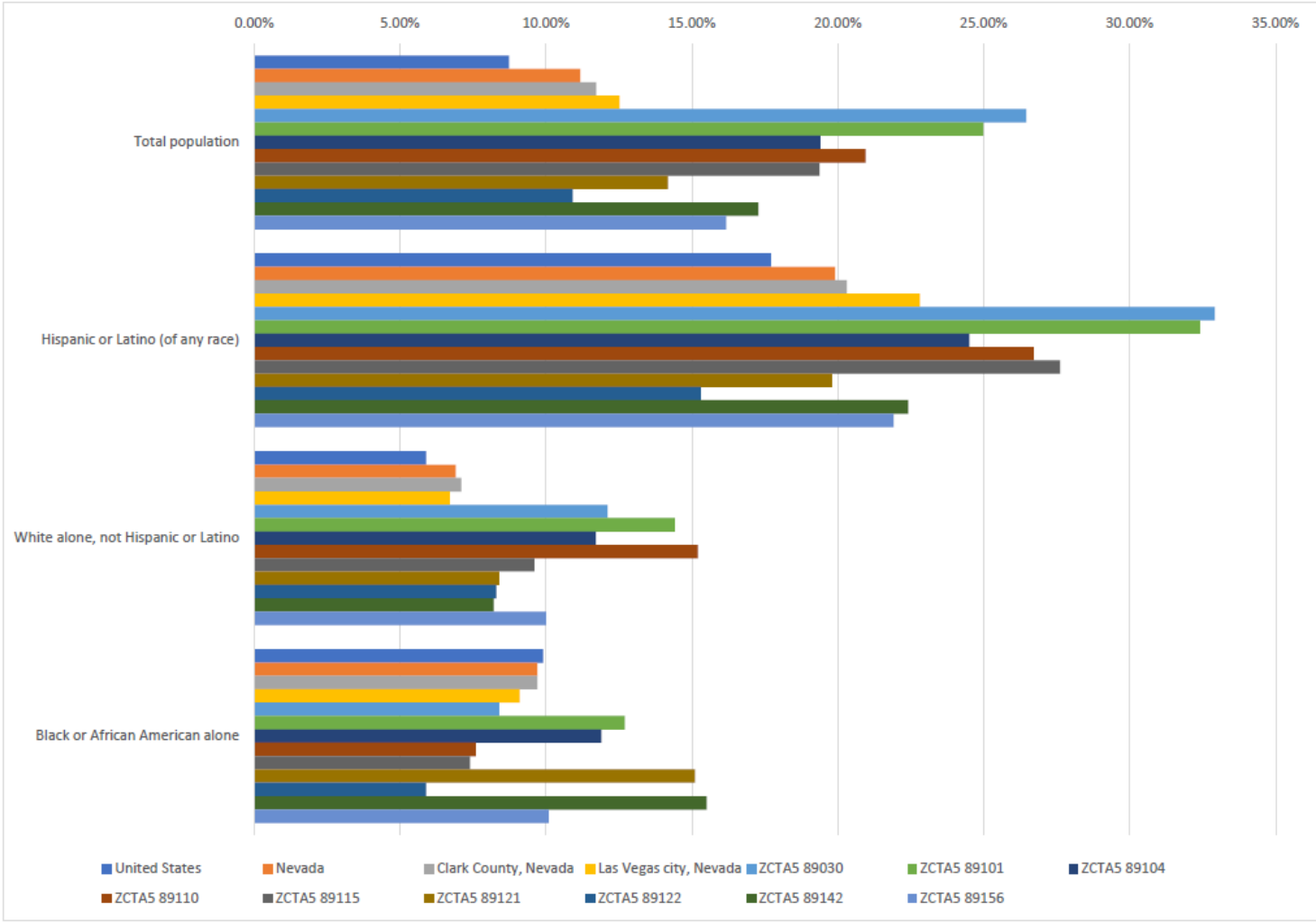
Needs Assessment Update

Randy Smith, FQHC Operations Officer

Race/Ethnicity in the Service Area



2022 NEEDS ASSESSMENT UPDATE



Race/Ethnicity & Uninsured Rate in the Service Area



AT THE SOUTHERN NEVADA HEALTH DISTRICT

2022 NEEDS ASSESSMENT UPDATE

Percent Uninsured

	Total population	Hispanic or Latin	White alone, not His	White alone	Black or Af American	Asian alone	Native Hav	Some othe	Two or more races	
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ZCTA5 89156	16.17%	21.90%	10.00%	17.30%	10.10%	1.60%	8.80%	0.00%	22.70%	9.00%

Data source: American Community Survey 2020 5-year Estimate

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Service Area Residents & Federal Poverty Level



2022 NEEDS ASSESSMENT UPDATE

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ZCTA5 89142	\$51,388	-\$13,606	17.10%
ZCTA5 89156	\$52,323	-\$12,671	16.70%

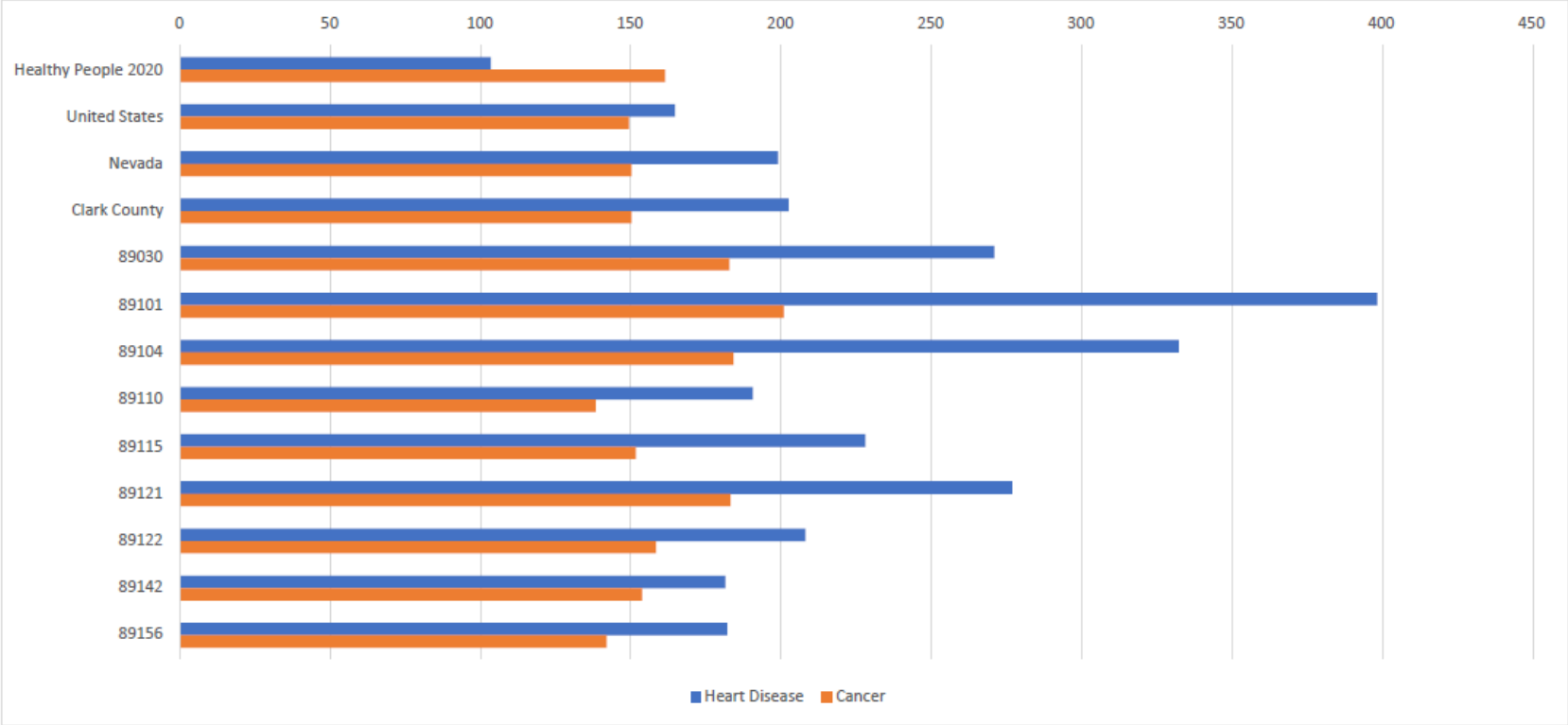
The defined service area had lower median household income than the City of Las Vegas, Clark County, State of Nevada and the United States. There were also much higher percents of population in the defined service area living below the federal poverty level (FPL) than the general population in City of Las Vegas, Clark County, State of Nevada and the United States.

Data source: American Community Survey 2020 5-year Estimate

Heart Disease & Cancer Mortality Rates in the Service Area



2022 NEEDS ASSESSMENT UPDATE



Age Adjusted Mortality Rate, 2016-2020

	Heart Disease	Cancer
Healthy People	103.4	161.4
United States	164.8	149.4
Nevada	199	150.2
Clark County	202.6	150.2
89030	270.9	182.8
89101	398.2	200.9
89104	332.2	184.1
89110	190.5	138.4

Over the five-year period from 2016 to 2020, the defined service area had higher mortality rates due to heart disease than the national average. A few Zip Code Tabulation Areas (ZCTAs), namely 89030, 89101, 89104, and 89121) had particularly higher mortality rates due to heart disease and cancer when compared to other ZCTAs, as well as county and state average.

Approved 2022 CHC Meeting Schedule

All CHC meetings are Approved to occur on the fourth Thursday of each month at 2:00 p.m. with exception of the following:

November 2022 – Thursday, November 17, 2022 – Third Thursday in November in order to not coincide with Thanksgiving Holiday.

December 2022 – Thursday, December 1, 2022 - First Thursday in December

January 27, 2022 – Thursday, 2:00 p.m.

February 24, 2022 – Thursday, 2:00 p.m.

March 24, 2022 – Thursday, 2:00 p.m.

April 28, 2022 – Thursday, 2:00 p.m.

May 26, 2022 – Thursday, 2:00 p.m.

June 23, 2022 – Thursday, 2:00 p.m.

July 28, 2022 – Thursday, 2:00 p.m.

August 25, 2022 – Thursday, 2:00 p.m.

September 22, 2022 – Thursday, 2:00 p.m.

October 27, 2022 – Thursday, 2:00 p.m.

***November 17, 2022 – Thursday, 2:00 p.m.**

***December 1, 2022 – Thursday, 2:00 p.m.**

Governing Board Meeting Schedule Discussion

Randy Smith, FQHC Operations Officer

Board Meeting Schedule

- ▶ **HRSA Requirement** - The health center governing board must hold monthly meetings^{3,4} and record in meeting minutes the board's attendance, key actions, and decisions.
 - ▶ Must of a quorum
 - ▶ If a quorum is not achieved, another meeting must occur within the month
- ▶ **Current meeting date (4th Thursday of the month) puts the health center at risk of non-compliance.**
- ▶ **Staff recommendation: 3rd Thursday of the month**

Memorandum

Date: May 26, 2022

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, FQHC Operations Officer *RS*
Fermin Leguen, MD, MPH, District Health Officer *FL*

RE: COMMUNITY HEALTH CENTER FQHC OPERATIONS OFFICER REPORT-

April 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.

April Highlights:

- **Response to COVID-19**
 - Coordinating the efforts of the NCS
 - Collecting data from FQHC partners for point of care (POC) testing
 - Project Manager for FEMA NCS grant
- **Administrative**
 - Service Area Competition Grant was awarded for next three (3) years.
 - Submission of HRSA UDS Report

COVID-19 Vaccine Clinic Facility: COVID-19 Response

- A. NCS Facility was converted into a Health Center COVID-19 vaccination clinic on 5/3/2021
 - a. To date, the health center has administered 41,628 COVID-19 vaccinations

I. HIV / Ryan White Care Program

- A. The HIV/Medical Case Management (MCM) program received 26 referrals between April 1st through April 30th. There were five (5) pediatric clients referred to the program in April. The program received two (2) referrals for pregnant women living with HIV during this time.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

- B. The Ryan White ambulatory clinic had a total of 292 visits in the month of April, including: 26 initial provider visits, 133 established provider visits, one (1) audio and nine (9) telehealth visits for established clients. There were 19 Nurse visits and 115 lab visits. There were 24 Ryan White clients seen under Behavioral Health by both the Licensed Clinical Social Worker (LCSW) and the APRN.
- C. The Ryan White clinic 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. There were seven (7) patients enrolled and seen under the Rapid stART program in April.
- D. The Ryan White program dietitian continues to provide medical nutritional therapy to clients at SNCHC.
- E. The Ryan White team gave a Plan Do Study Act (PDSA) presentation for the learning session five during the Southern Nevada Rapid stART Learning Collaborative meeting on April 7th 2022.

II. Family Planning (FP)

- A. FP Program services at East Las Vegas and Decatur Public Health Centers provided 516 encounters to 488 unduplicated patients.
 - a. The East Las Vegas Family Planning Clinic served 178 clients; 175 of them were unduplicated.
 - b. The Decatur Family Planning Clinic served 338 clients; 313 of them were unduplicated.

III. Family Healthcare Center

- A. The Family Healthcare Clinic saw 568 patients in the month of April 2022.
 - a. Five (5) patients were under the age of 18, and
 - b. Seven (7) children were seen from the Refugee Health Clinic.

IV. Pharmacy Services

- A. Dispensed 1,564 prescriptions to 1,190 clients.
- B. Pharmacist assessed/counseled 40 clients in clinics.
- C. Assisted eight (8) clients to obtain medication financial assistance.
- D. Assisted eight (8) clients with insurance approvals.

V. Eligibility Case Narrative and Eligibility Monthly Report

Eligibility Monthly Report		
April 2022		
Total number of referrals received	41	
Total number of applications submitted	Medicaid/SNAP/TANF: 25	Hardship: 1

- A. Eligibility support continues to increase with new operational adjustments.
 - a. Recruitment continues for additional Eligibility Workers to help convert uninsured patients to insured patients.
- B. In 2022, 26/41 of the applications started were successfully submitted, or a conversion rate of 63.4%.
- C. Eligibility services are offered to patients at our East Las Vegas Center, Decatur Center, Mobile Unit, Community Events, and the Vaccine Center.

VI. Refugee Health Program

- A. The Refugee Health Program served 33 adults in April.

VII. Quality & Risk Management:

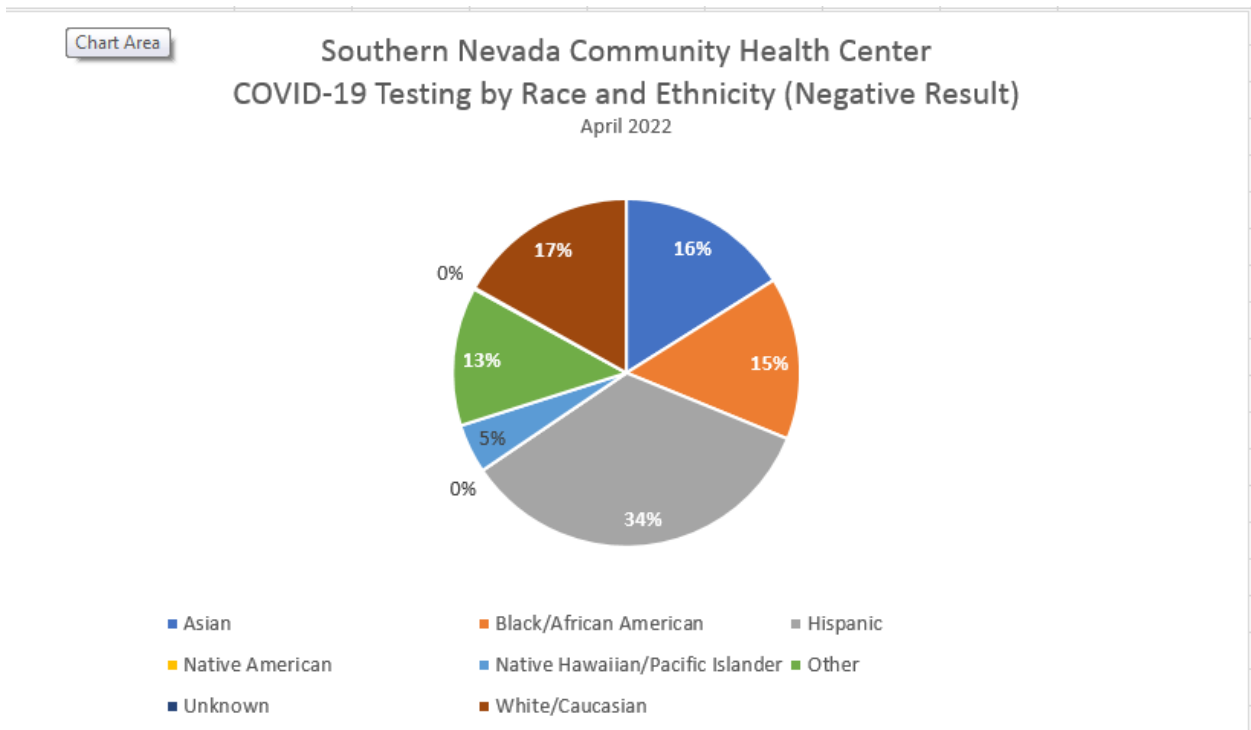
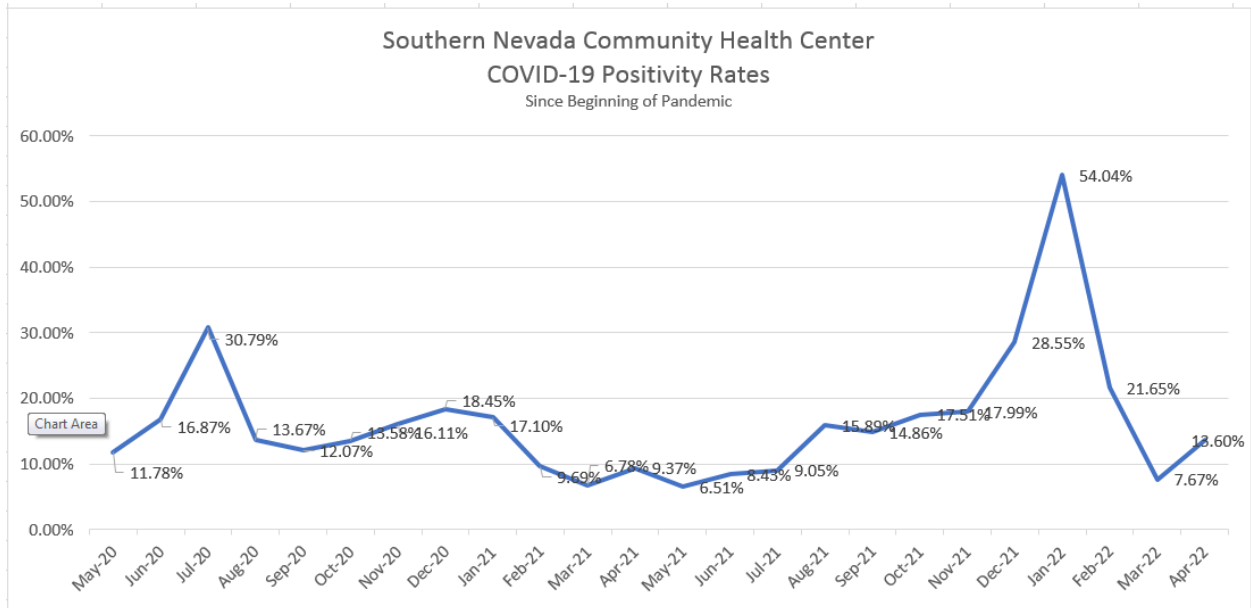
COVID-19 Testing:

From April 2020 to April 2022, SNCHC has conducted 89,250 COVID-19 tests. In April 2022, 1,169 tests were completed; the positivity rate has increased to 13.60%.

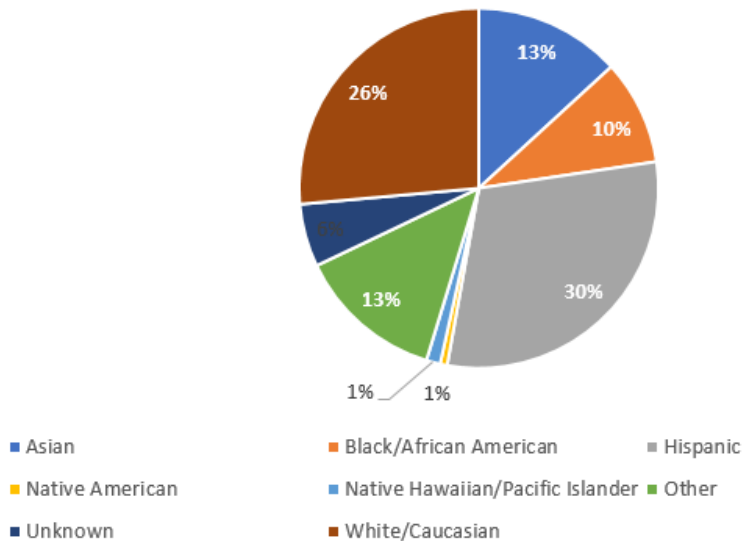
The SNCHC and the SNHD continue to encourage those experiencing symptoms to remain at home, or if they have been in close contact with a person who is COVID-19 positive or think they have been exposed; to be tested. SNCHC and SNHD also encourages the public to get the COVID-19 vaccine.

SNCHC is participating in dispensing of an antiviral medication for patients who test positive, who have fewer than five (5) days of symptoms, have exacerbating health conditions and comorbidities, and/or are over the age of 65. SNCHC dispensed the antiviral medication to 11 patients in April.

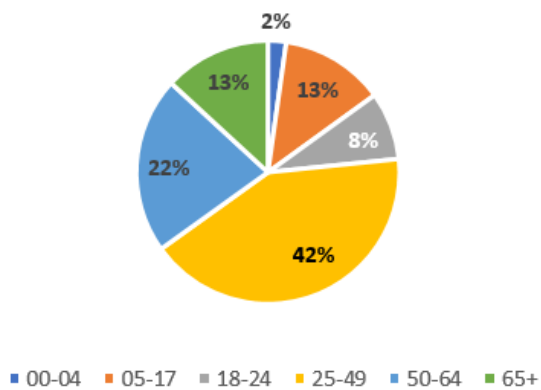
SNCHC was also chosen to participate in the Federal N95 mask distribution program and we have received and are in the process of distributing the masks.



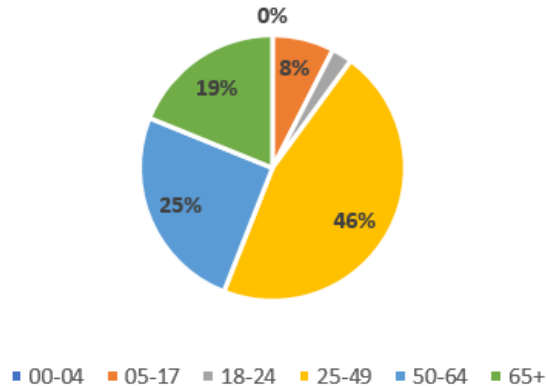
Southern Nevada Community Health Center
COVID-19 Testing by Race and Ethnicity (Positive Result)
April 2022



Southern Nevada Community Health Center
COVID-19 Testing by Age Group (Negative Result)
April 2022



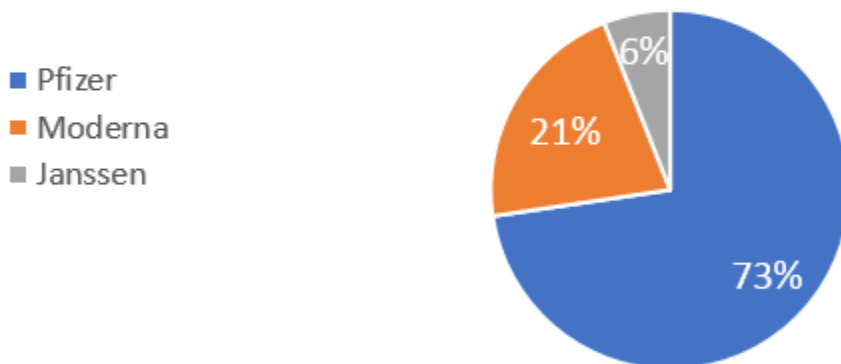
Southern Nevada Community Health Center
COVID-19 Testing by Age Group (Positive Result)
April 2022



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 April, SNCHC has administered 41,628 doses of the COVID-19 vaccine.

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



Telehealth:

The Health Center saw 65 patients via telehealth, or 4.22% of the patients that were provided care in April. The Health Center implemented telehealth following the need for modified clinic operations to better assist patients during 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 1,011 patient visits to the Health Center in April. There was a 5.38% cancellation rate that factored into April's 30.22% no-show rate.

VIII. Risk Management

Health Insurance Portability and Accountability Act (HIPAA):

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

Exposure Incidents:

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

Medical Events:

There were two medical events at the Health Center in April. Both events were handled appropriately by the clinical staff and closed without issue.

IX. Patient Satisfaction

The Health Center received 249 patient satisfaction surveys in April. Overall survey completion 92.8% (English) and 94.6% Spanish. Breakdown:

- Family Health – 29.6% (English)/ 55.7% (Spanish)
- Family Planning – 50.4% (English)/ 37.7% (Spanish)
- Ryan White – 20.0% (English)/ 6.6% (Spanish)

Approximately 24.62% of patients seen at the Health Center in April took the patient satisfaction survey. Overall Satisfaction rating which includes components not related to patient visits for April was 86.54 (English)/ 87.62% Spanish%. Overall satisfaction rating pertaining to the patient experience was 98.16%

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:

1. Service received during your visit?

- Family Health – 29.6% (English)/ 55.7% (Spanish)
- Family Planning – 50.4% (English)/ 37.7% (Spanish)
- Ryan White – 20.0% (English)/ 6.6% (Spanish)

2. Southern Nevada Health District (SNHD) location?

- Main – 99.3% (English)/ 97.2% (Spanish)
- East Las Vegas – 0.7% (English)/ 2.8 (Spanish)

3. Do you have health insurance?

- Yes – 57.8% (English)/ 16.0% (Spanish)
- No – 42.2% (English)/ 84.0% (Spanish)

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

- Less than 6 months – 45.9% (English)/ 50.0% (Spanish)
- 6 months to a year – 15.6% (English)/ 23.6% (Spanish)
- 1-3 years – 20.7% (English)/ 6.6 (Spanish)
- 3-5 years – 7.4% (English)/ 3.8% (Spanish)
- 5+ years – 10.4% (English)/ 16.0% (Spanish)

5. How did you hear about us?

- Friends and/or Family – 23.7% (English)/ 29.2% (Spanish)
- Referral from another Provider/Resource – 26.7% (English)/ 4.7% (Spanish)
- Search Engine (e.g. Google) - 5.2% (English)/ 3.8% (Spanish)
- SNHD Website – 10.4% (English)/ 7.5% (Spanish)
- Social Media – 3.7% (English)/ 1.9% (Spanish)
- Postal Mailer - 0.0% (English)/ 0.0% (Spanish)
- Other Ads – 30.4% (English)/ 52.8% (Spanish)

6. Ease of scheduling an appointment?

- Excellent – 87.0% (English)/ 86.7% (Spanish)
- Good – 8.4% (English)/ 13.3% (Spanish)
- Average – 4.6% (English)/ 0.0% (Spanish)
- Poor - 0.0% (English)/ 0.0% (Spanish)

7. Wait time to see provider?

- Excellent – 74.0% (English)/ 81.0% (Spanish)
- Good – 16.8% (English)/ 17.1% (Spanish)
- Average – 8.4% (English)/ 1.9% (Spanish)
- Poor - 0.8% (English)/ 0.0% (Spanish)

8. Care received from providers and staff?

- Excellent – 93.9% (English)/ 91.4% (Spanish)
- Good – 6.1% (English)/ 8.6% (Spanish)
- Poor - 0.0% (English)/ 0.0% (Spanish)

9. Understanding of health care instructions following your visit?

- Excellent – 90.8% (English)/ 85.7% (Spanish)
- Good – 9.2% (English)/ 13.3% (Spanish)
- Average - 0.0% (English)/ 1.0% (Spanish)
- Poor - 0.0% (English)/ 0.0% (Spanish)

10. Hours of operation?

- Excellent – 82.4% (English)/ 79.0% (Spanish)
- Good – 13.0% (English)/ 21.0% (Spanish)
- Average – 4.6% (English)/ 0.0% (Spanish)
- Poor - 0.0% (English)/ 0.0% (Spanish)

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

- Extremely Likely – 87.0% (English)/ 93.3% (Spanish)
- Somewhat Likely – 12.2% (English)/ 5.7% (Spanish)
- Neutral - 0.8% (English)/ 1.0% (Spanish)



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Health Center Visit Report Summary: April 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	517	51.14%	41	2.66%	172	11.15%	51	78.46%	0.00%	51	3.31%	781	50.65%	
Behavioral Health Clinic		0.00%		0.00%		0.00%	3	4.62%	0.00%	3	0.19%	3	0.19%	
Family Planning Clinic	167	16.52%	12	0.78%	97	6.29%		0.00%	1	1.54%	1	0.06%	277	17.96%
Refugee Clinic	40	3.96%	6	0.39%	3	0.19%		0.00%		0.00%	0	0.00%	49	3.18%
Ryan White	287	28.39%	24	1.56%	111	7.20%	1	1.54%	9	13.85%	10	0.65%	432	28.02%
Totals	1011	100.00%	83	5.38%	383	24.84%	55	84.62%	10	15.38%	65	4.22%	1542	100.00%
Percent of scheduled patients who no showed	24.84%													
Percentage of Seen Pts that were Telehealth Visits	6.04%													
Percentage of Seen Pts that were Behavioral Health Visits	0.00%													

DK



Operational Report for April 2022

May 26, 2022

Randy Smith, FQHC Operations Officer

Number of Unique Patients Served

- ▶ CY22 goal = 10,504 (established during the submission of the last SAC renewal grant application)
 - ▶ Includes patient previously seen through the Sexual Health Clinic
 - ▶ CY21 outcome = 7,050
- ▶ Unique patients seen between Jan 1 through April 30, 2022 = 1,766
 - ▶ 1,721 adults
 - ▶ 45 pediatric

CY22 YTD Patient Visits

- ▶ SNCHC conducted 3,943 patient visits by HRSA's definition between Jan and Apr of 2022.
- ▶ The no show rate for Apr 2022 including cancellations was 24.84%, 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

- 95.4% Positive
- 4.6 % Average

Wait time to see provider

- 90.8 % Positive
- 8.4 % Average
- 0.8% Poor

Care received from providers and staff

- 100 % Positive

Understanding of health care instructions following your visit

- 100 % Positive

Recommend SNCHC to friends and family

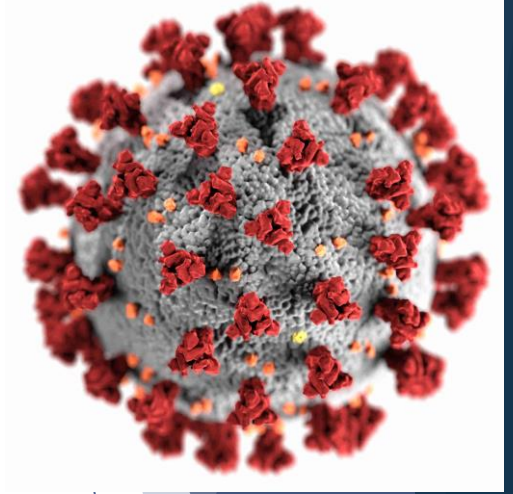
- 99.2% Positive
- 0.8% Neutral



*97.08% Overall
Patient Satisfaction rating
for Apr 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
- ▶ From May 3, 2021 through April 30, 2022, SNCHC has administered 41,628 doses of COVID-19 vaccine.
 - ▶ 1,260 of which were for pediatric patients aged 5-11.
- ▶ SNCHC has conducted a grand total of 89,250 COVID-19 tests since the pandemic began in April of 2020 through April of 2022.
 - ▶ 1,169 COVID-19 tests were conducted between April of 2022
 - ▶ Positivity Rates were 13.6% in April, up from 7.67% in March
- ▶ 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 is 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**
- ▶ 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 was approved by HRSA on 5/18/2022, and is now required to be operating within 120 days, or by 9/14/2022
 - ▶ Tentative opening date of July
- ▶ Oral Health Infrastructure to begin later this year in collaboration with UNLV School of Dental Medicine
- ▶ 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.
- ▶ 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. In April, Primary Care Providers averaged 14.3 patients seen per day, up from 8 patients seen per day in February, meaning that previously reported schedule adjustments have produced elevated productivity.



	February	April
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	8	14.3
NO SHOW RATE	25.59%	24.84%

Operations Updates

- ▶ After evaluating the results of the adjustments made in late March through April, and gathering feedback from the clinical team, the following adjustments were made to support the balance of productivity and workflow efficiency with a **pilot program beginning May 31st**.
 - ▶ One hour and fifteen minutes of proactive planning and prep time has been scheduled each day for:
 - ▶ 45-minute block added after the Provider lunch hour
 - ▶ to Communicate, prep, verify eligibility, plan potential referrals and services, coordinate, and gather all data, results, reports, and records to support the patients coming the following day
 - ▶ 30-minute block added at the beginning of every day
 - ▶ to Communicate about and make final preparations for patients coming that day, adjust for patients coming, call patients who usually show late, etc.
 - ▶ Ongoing feedback and coordination with the Providers is being scheduled



Behavioral Health Update

- ▶ 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 and credentialing is underway.
- ▶ 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.



Public Education Campaigns for 2022



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 INAUGURACIÓN EN EL VERANO 2022: 2830 E. Fremont St. Las Vegas, NV 89104

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 Exámenes de mama • Atención primaria • Salud masculina y más

SOUTHERN NEVADA Community HEALTH CENTER
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 AT THE SOUTHERN NEVADA HEALTH DISTRICT

Primary Care for All Ages
 Atención primaria para todos los edades

Family Planning
 Planificación familiar

HIV/AIDS Care
 Cuidado del VIH/SIDA

Behavioral/Mental Health
 Salud mental/psicológica

Infectious Disease
 Enfermedades infecciosas

PrEP and PEP
 PrEP y PEP

Mobile Units
 Unidades móviles

Planifique sus pollos antes que salgan del cascarron.

SERVICIOS ASEQUIBLES Y CONFIDENCIALES
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Plan your chickens before they hatch.

SOUTHERN NEVADA Community HEALTH CENTER
 AT THE SOUTHERN NEVADA HEALTH DISTRICT

FAMILY PLANNING CLINIC
 702-759-1700 • SNCHC.ORG



HRSA Compliance Resolution Opportunity

Randy Smith, FQHC Operations Officer

Compliance Resolution Opportunity Process

- ▶ HRSA has a process called Compliance Resolution Opportunity (CRO) to support the timely resolution of areas of non-compliance cited during a site visit. The CRO provides health centers with an opportunity to address non-compliance findings PRIOR to the health center's receipt of the final site visit report.
- ▶ After the OSV has concluded, HRSA will process the draft site visit report. The health center will receive an EHBs task titled “Urgent Site Visit Report Request”. This task provides an opportunity for health centers to submit additional information/documentation on any areas of non-compliance identified through the site visit. When responding to the task in EHBs, the health center should ensure any documents referenced in the response are attached to the submission. The health center will have 14 calendar days to submit a response to the non-compliance findings contained in the request. There will be no extensions or exceptions
- ▶ **We may need to call a special meeting to approve items in order to meet this short turnaround deadline.**

OSV Site Auditors Meeting with the Board

Randy Smith, FQHC Operations Officer

Karen White, Chief Financial Officer

What to Expect

- ▶ Session between the Board and the OSV Team
 - ▶ Staff will not be present
- ▶ An Outlook invitation will be sent
 - ▶ Session to occur on Wednesday, June 29th from 12pm - 1:30pm
 - ▶ GoToMeeting Link will be sent with the Outlook invitation
 - ▶ We Need RSVPs from all whether you plan to attend or not
 - ▶ Tawana Bellamy will be sending the invitations and will be following up with you on your attendance. Please RSVP at your earliest opportunity.
- ▶ Discussion items may include:
 - ▶ Are you receiving the information you need
 - ▶ Are you exercising your authority
 - ▶ Interaction between the health center and the health district

Sample Board Questions

For Discussion

Describe your relationship with the health district? Does the health district allow you to operate autonomously? Or must FQHC decisions be approved by the health district as well in order to be passed?

What would happen if you wanted to replace the CEO or Project Director?

Describe the needs of the population served and how this is identified? (needs assessment annual updates).

Describe how the BOD determines services, hours of operations, locations, etc.

Describe the process used for the CEO evaluation. What is the approval process by the whole Board? How does this appear in Board minutes?

Does the board have the authority to hire and/or fire the CEO or Project Director?

How familiar is the Board with the HRSA Program Requirements? Using the example above, is the Board aware that minutes must reflect decisions of the Board as documentation that the required Board oversight activities are being done?

Do you feel you get enough information from staff to make decisions? (Finance, Quality, etc.)

Will be separate questions, one for finance and one related to quality

Which Board
committees meet on a
routine basis?

What is the Board role in the development, approval, and monitoring of the Strategic Plan?

Do you have a plan for
emergency succession of
the CEO or Project Director?

How are board
members recruited?

How do new board members become oriented to SNCHC?

Have you ever
completed a board self -
valuation?

How does the board remain
informed on topics
related/concerning the
SNCHC?

How does the board remain informed on health center progress, for clinical and financial measures?

Can you provide at least one example of decisions the board has made because of quality of care and service data being presented? (Clinical indicators, patient satisfaction, complaints, occurrences, etc.).

What are the key clinical initiatives the health center is focusing on currently to improve performance?

Do you think patients are happy with their service that they receive here? How do you know?

Describe your involvement
in the decision to expand to
a new site?

Describe your
relationship with the
CEO/project director?

Questions?

Karen White, CFO

