

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

August 25, 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

MEMBERS PRESENT:

Brian Knudsen – Chair, Consumer Member
Jose L. Melendrez – First Vice-Chair, Consumer Member
Gary Costa – Community Member, Golden Rainbow
Erin Breen – Community Member, UNLV Vulnerable Road Users Project
Timothy Burch – Second Vice-Chair, Community Member, Clark County
Lucille Scott – Consumer Member

ABSENT:

Scott Black – Community Member, City of North Las Vegas
Scott Garrett – Consumer
Father Rafael Pereira – Community Member, All Saints Episcopal Church
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, Todd Bleak, Andria Cordovez Mulet, Cassius Lockett, Randy Smith, Edward Wynder, Cassondra Major, Mark Pasek, Jacques Graham, Tanja Baldwin, Cory Burgess, Leo Vega

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:13 p.m.

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 three (3) 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 Breen joined at 2:16 p.m.

ROLL CALL

Tawana Bellamy, Administrative Secretary, administered the roll call and confirmed a quorum at 2:16 p.m.

IV. ADOPTION OF THE AUGUST 25, 2022 MEETING AGENDA *(for possible action)*

A motion was made by First Vice-Chair Melendrez, seconded by Member Scott, and carried unanimously to approve the August 25, 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 – SNCHC Governing Board Meeting: July 28, 2022 *(for possible action)*

A motion was made by Chair Knudsen, seconded by Member Scott, and carried unanimously to approve the July 28, 2022 Consent Agenda, as presented.

VI. REPORT / DISCUSSION / ACTION

Recommendations from the August 23, 2022 Finance & Audit Committee *(meeting was cancelled)*

Heather Anderson-Fintak, General Counsel, noted that the Finance & Audit Committee was unable to meet quorum and the items brought forth were not brought through the committee.

1. Receive, Discuss and Approve the Recommendations from the August 23, 2022 Finance & Audit Committee meeting regarding the July Financial Report; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mark Pasek, Financial Analyst, presented the July Financial Report. He advised a new Controller will start on September 13, 2022 and additional staff will be hired in the Grants department to prepare for the audit. Mr. Pasek advised the NOW CFO director and team are on site helping to prepare for the annual audit. They are working on A/R Medical billing reconciliation, new GASB Standards, and trial balances and adjustments.

Mr. Pasek provided an overview of the FQHC July financials and advised that the total estimated Revenue for July was \$726K. The estimated Operating Expenses was \$797K, with net position in Operations of negative \$70K. He noted salaries and supplies represent most of the Operating Expenses. For Accounts Receivable, \$6K was collected from Insurance and \$62K was collected from patients. Mr. Pasek further reported \$591K in billed charges for the medical program and the patient count was 1,738. There were 632 adjustments made totaling \$150K to the billed charges. The Sliding Fee was \$136K of the total write off adjustment in the month of July.

Chair Knudsen inquired as to the negative \$70K noted in the estimated total revenue. Mr. Pasek advised the board members what net position means for Operations.

First Vice-Chair Melendrez inquired about the services being provided for refugees. Fermin Leguen, MD, MPH, District Health Officer provided a brief overview of the program.

A motion was made by First Vice-Chair Melendrez, seconded by Member Costa, and carried unanimously to approve the July Financial Report, as presented.

Item #5 was heard out of order

5. Review, Discuss and Approve the Legislative Mandate Review Policy; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Pasek presented an overview of the Legislative Mandate Review conducted in July and August of 2022, which was part of the HRSA Site Visit requirement. He noted the Grants Policy Bulletin #2022-05E, dated April 14, 2022 was the controlling document for the review. Mr. Pasek further

explained the corrective actions the Health District received, which included submitting a policy and procedure requiring an annual review of HRSA's Legislative Mandates.

A motion was made by First Vice-Chair Melendrez, seconded by Member Breen, and carried unanimously to approve the Legislative Mandate Review Policy, as presented.

SNCHC Governing Board

3. **Review, Discuss and Approve the Medical Assistant Supervision, Scope of Practice and Training Policy and Procedure;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, FQHC Operations Officer presented the Medical Assistant Supervision, Scope of Practice and Training Policy and Procedure. Mr. Smith advised this policy will delineate the supervision, scope of practice and training for medical assistants. He noted this became increasingly necessary with the opening of the new Fremont site.

A motion was made by Chair Knudsen, seconded by First Vice-Chair Melendrez, and carried unanimously to approve the Medical Assistant Supervision, Scope of Practice and Training Policy and Procedure, as presented.

4. **Review, Discuss and Approve the Behavioral Health Medical Event and Panic Button Policy and Procedure;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the Behavioral Health Medical Event and Panic Button Policy and Procedure. Mr. Smith advised this policy relates to how staff will engage the security team for support in the event of a behavioral health emergency.

Chair Knudsen inquired that this policy would also cross over to the Southern Nevada Health District security team. Mr. Smith advised it would cross over.

A motion was made by Chair Knudsen, seconded by First Vice-Chair Melendrez, and carried unanimously to approve the Behavioral Health Medical Event and Panic Button Policy and Procedure, as presented.

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

Mr. Smith advised the Fremont Health Center will open Tuesday, August 30, 2022. Primary Care and Family Planning services will be provided initially. Services will grow incrementally as it is staffed appropriately. Mr. Smith informed the board members that an open house is planned for September 19, 2022. Board members should expect to receive an invitation to join the event.

Mr. Smith gave a brief overview of the Uniform Data System (UDS) 2021 Comparison report. The data provides information related to clinical and financial performance and the demographics of patients. Mr. Smith outlined the different health centers operating in Nevada and their respective clinical performance in CY21. Mr. Smith explained a one (1) represents a health center whose performance is in the top 25% in the country. Mr. Smith commented that we would like to use this data as a baseline to help improve the Health District's quartile ranking from the 4th to 1st.

Mr. Smith reported the unduplicated patients served in CY22 YTD was 3,124 and in July 2022 was 360.

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

Item #2 was heard out of order

- 2. Discuss the Monthly Financial Reporting Process and Staff Recommendations;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith advised the board members that the Finance and Audit Committee did not meet this month as we were unable to achieve quorum. Further discussion will need to be made regarding when that committee meets. Mr. Smith commented there were previous discussions on how the monthly financials are reported. He mentioned Mr. Pasek commented earlier that we still have data coming in as we are presenting the reports to the board. The staff has a recommendation to provide the monthly financials one month in the arrears and consider implementing this at the September meeting. This would mean no financial report would be provided to the board in September. Starting in October, staff will begin reporting one month in the arrears, reporting the August financials.

Member Breen commented that most boards present their financials one month behind.

A motion was made by Chair Knudsen, seconded by Member Breen, and carried unanimously to approve the Monthly Financial Reporting Process and Staff Recommendations, as presented.

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

Mr. Smith advised the board members of the results of the meeting survey. Six board members responded to the survey and the preferred time most were available to meet was the third Wednesday of the month, 11:30 a.m.-1 p.m. Mr. Smith explained it was decided a few meetings ago that a new meeting date and time would be identified and implemented in January 2023. Mr. Smith advised the board members to consider this recommendation for approval. This would allow time to reschedule a meeting in the event a quorum cannot be established.

A motion was made by First Vice-Chair Melendrez, seconded by Chair Knudsen, and carried unanimously to approve the recommendation from staff regarding the Southern Nevada Community Health Center Governing Board Meeting Schedule for Calendar Year 2023, as presented.

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

Mr. Smith advised the only HRSA Operational Site Visit compliance finding we need to address relates to board composition specifically as it related to the consumer board members. Our deadline to respond back to HRSA is November 17, 2022. Mr. Smith proposed convening the Nominations Committee in early September to help with some of the work and provide recommendations. Mr. Smith advised revisiting the Health Center's by-laws to review term limits. Further review is needed to the existing board roster and attendance as well as the demographics to see how the demographics of the board lines up to our health center population. Mr. Smith reviewed the timeline of contacting potential candidates, convening the Nominations Committee and the start date of the new board members.

Mr. Smith reviewed a list showing board member term dates and attendance to meetings. He also explained the current patient characteristics of the board and what would be needed to meet the appropriate patient demographics.

Chair Knudsen commented that if staff have thoughts or ways the board members can be more engaged in the recruitment process, to share those ideas with them.

First Vice-Chair Melendrez inquired about examples of other board members being compensated for their time. Mr. Smith explained that it may not be allowable, per HRSA but he would need to check.

Mr. Smith advised that the Health Center can sponsor two board members to attend the Nevada Primary Care Association Annual Conference. It will be held in Las Vegas September 22-23, 2022. Board members are to contact the board clerk by August 30 if they are interested in attending.

First Vice-Chair Melendrez commented that the staff did a good job. Chair Knudsen thanked Mr. Smith and commented he did a great job.

No action required

- 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)**

- 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 3:00 p.m.

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

/tab

AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

August 25, 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=eed96fba7d0fc5004eedbd25e63b122b5>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2558 006 8229](https://snhd.webex.com/snhd/onstage/g.php?MTID=eed96fba7d0fc5004eedbd25e63b122b5)

For other governmental agencies using video conferencing capability, the Video Address is:
25580068229@snhd.webex.com

NOTE:

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

I. CALL TO ORDER & ROLL CALL

II. PLEDGE OF ALLEGIANCE

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

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

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

IV. ADOPTION OF THE AUGUST 25, 2022 AGENDA *(for possible action)*

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

1. Approve Minutes – SNCHC Governing Board Meeting: July 28, 2022 (*for possible action*)

VI. **REPORT / DISCUSSION / ACTION**

Recommendations from the and August 23, 2022 Finance & Audit Committee

1. **Receive, Discuss and Approve the Recommendations from the August 23, 2022 Finance & Audit Committee meeting regarding the July Financial Report;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
2. **Discuss the Monthly Financial Reporting Process and Staff Recommendations;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

SNCHC Governing Board

3. **Review, Discuss and Approve the Medical Assistant Supervision, Scope of Practice and Training Policy and Procedure;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
4. **Review, Discuss and Approve the Behavioral Health Medical Event and Panic Button Policy and Procedure;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
5. **Review, Discuss and Approve the Legislative Mandate Review Policy;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
6. **Receive, Discuss and Accept the July Operational Report;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
7. **Discuss the Southern Nevada Community Health Center Governing Board Meeting Survey;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
8. **Discuss the Southern Nevada Community Health Center Governing Board Recruitment Plan;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

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

VIII. **EXECUTIVE DIRECTOR & STAFF REPORTS (*Informational Only*)**

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

X. **ADJOURNMENT**

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Tawana Bellamy or 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 Tawana Bellamy or Andria Cordovez Mulet at 280 S. Decatur Blvd, Las Vegas, NV, 89107 or dial (702) 759-1201.



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Governing Board Meeting
August 25, 2022



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

July 2022 Financial Report

August 2022 Finance Committee Meeting

- Finance Department
 - Hiring additional staff
 - Closing out FY2022 & Preparing for the Annual Audit
 - Medicaid Cost Report
- July Financials (Month Ending July 31, 2022)
 - Revenues
 - Charges for Services
 - Grant Activity
 - GL – Expenses
 - FQHC Activity – KPI's

July 2022 – Finance Department Highlights

- New Controller will begin on Sept 13, 2022
 - Donnie Wtaker, CPA
 - Additional hires in Grants and
 - Temporary staff for preparing & working the audit
- Closing out FY2022
 - Mercedes Cruz, Director, and her team from Now CFO are onsite in preparation for the annual audit
 - They will be working on A/R Medical Billing Reconciliation, new GASB Standards regarding leases, and trial balances & adjustments
- Medicaid Cost Report with Meyers & Stauffer
 - Initial submission of the cost report in November 2021
 - Follow up submission of documents in July 2022, currently under review
- The Medicaid Cost Report to be followed with the Medicare Cost Report

FQHC – July Financials

- July Operation
 - Cash Flows
 - Revenue Detail
 - Operating Expenses
 - Operating Expenses by Fund
 - Accounts Receivable
- FQHC Key Performance Indicators



FQHC
July Operations

Revenues

Charges for Services	\$ 271,032.28
Grants	\$ 455,860.07
	<hr/>
	\$ 726,892.35

Operating Expenses

Salaries	\$ 340,413.50
Supplies	\$ 282,808.18
Taxes & Fringe Benefits	\$ 118,604.08
Contractual	\$ 51,619.77
Travel & Training	\$ 3,634.85
	<hr/>
	\$ 797,080.38

Net Position - Operations	\$ (70,188.03)
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FQHC Revenue

July 2022

Charges for Services =
\$271,032.28

Special Revenue Funds =
\$455,860.07

Charges for
Services



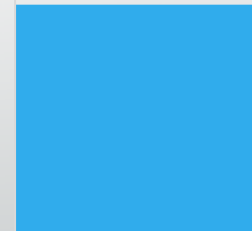
\$271,032.28

Federal Grants



\$291,550.10

Pass Through
Grants



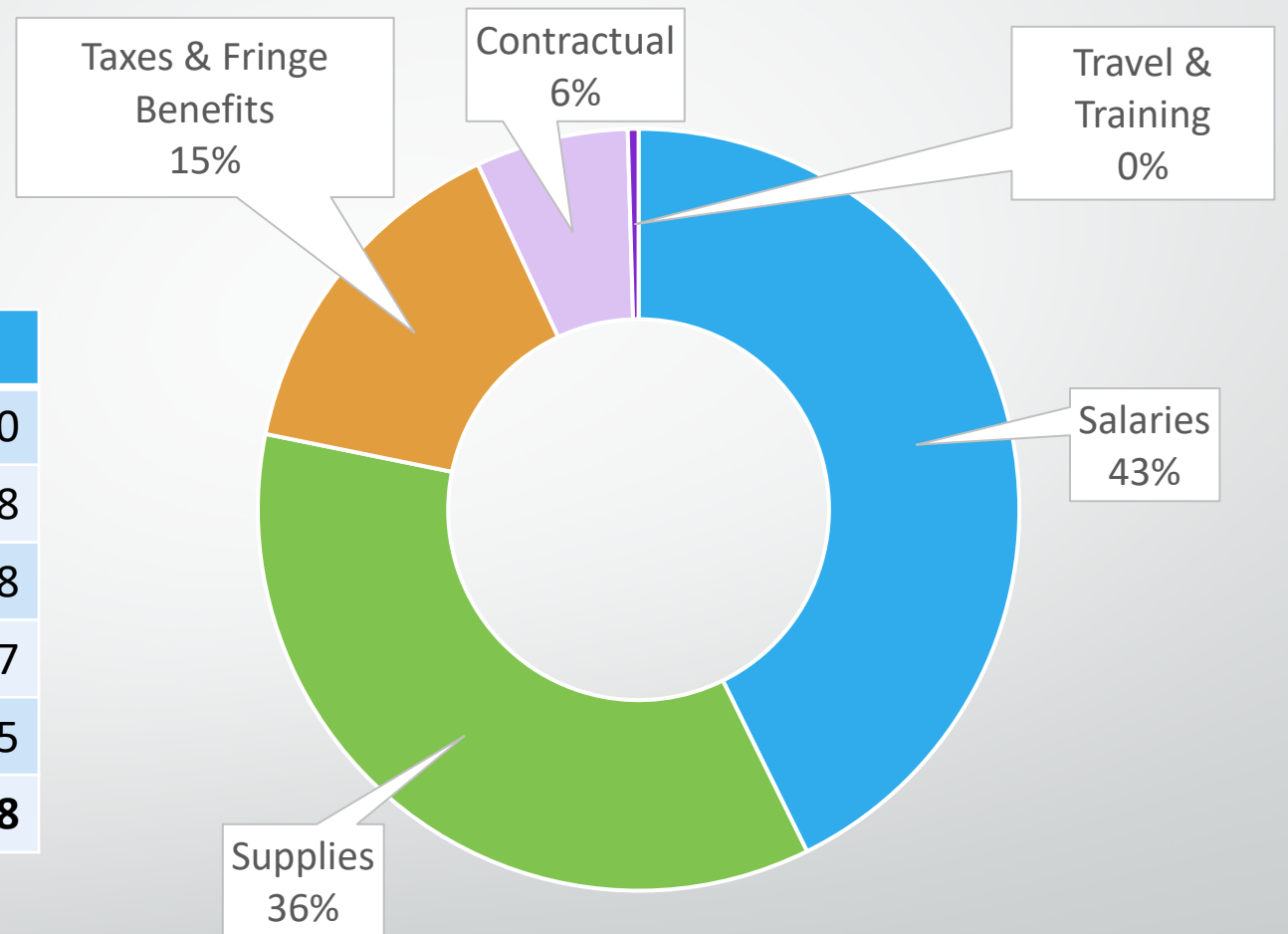
\$164,309.97

FQHC Expenses

Operating Expenses

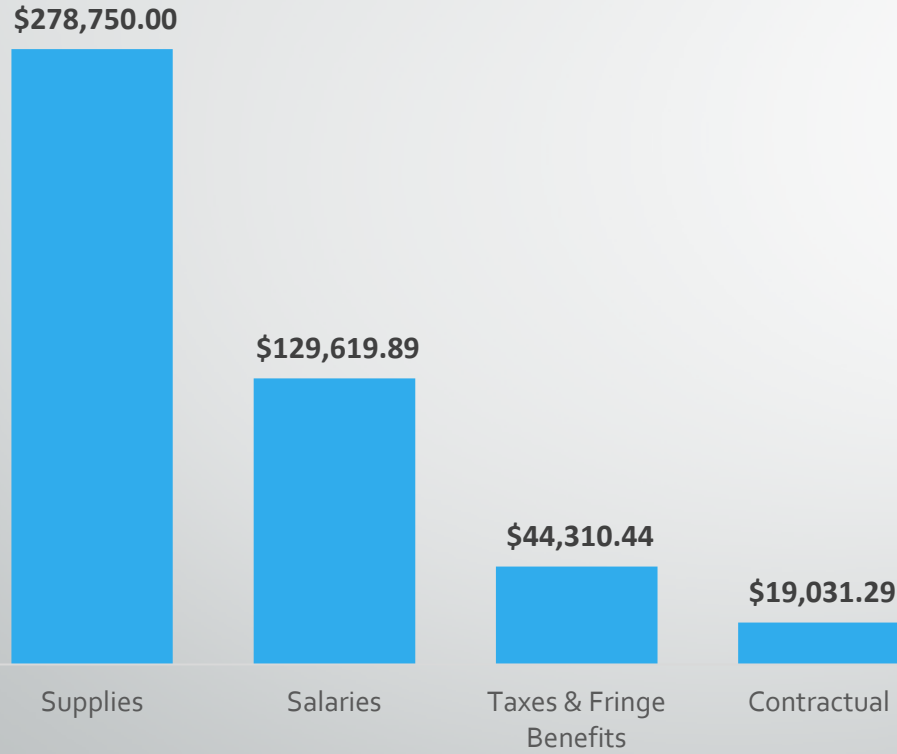
July 2022

Category	Amount
Salaries	\$340,413.50
Supplies	\$282,808.18
Taxes & Fringe Benefits	\$118,604.08
Contractual	\$51,619.77
Travel & Training	\$3,634.85
	\$797,080.38

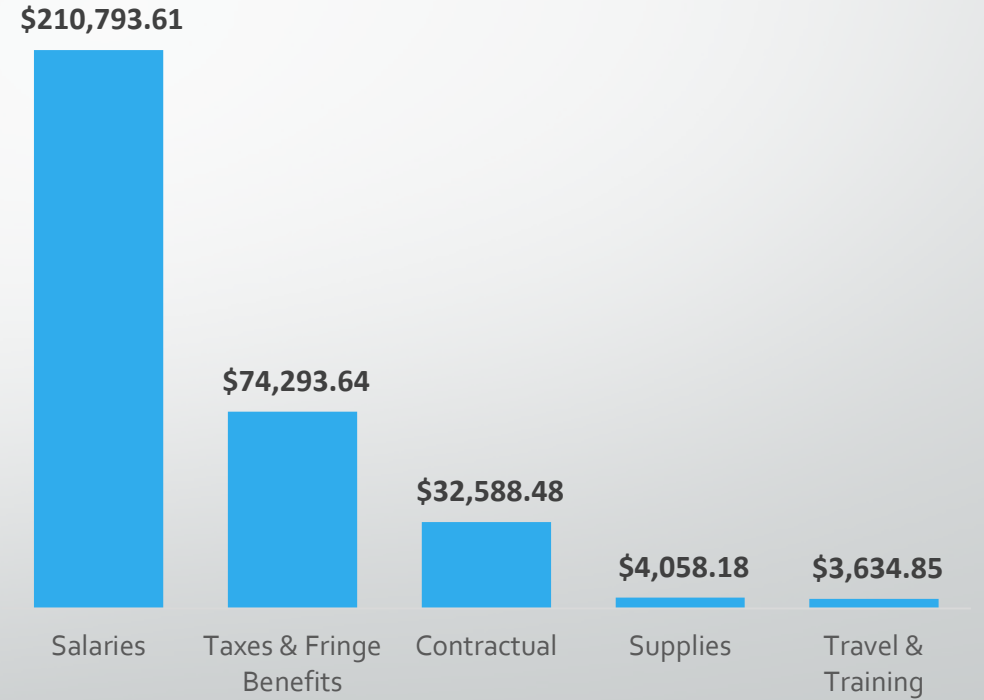


Expenses by Fund

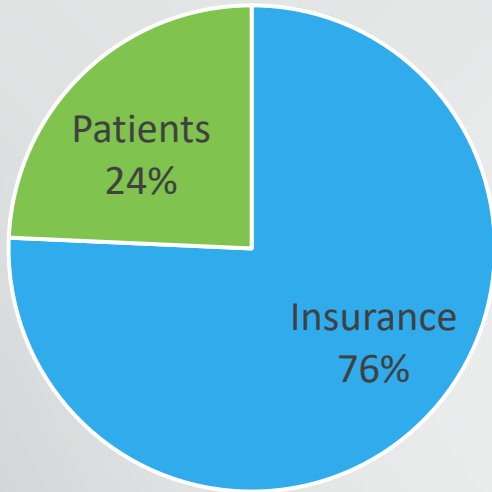
General Fund



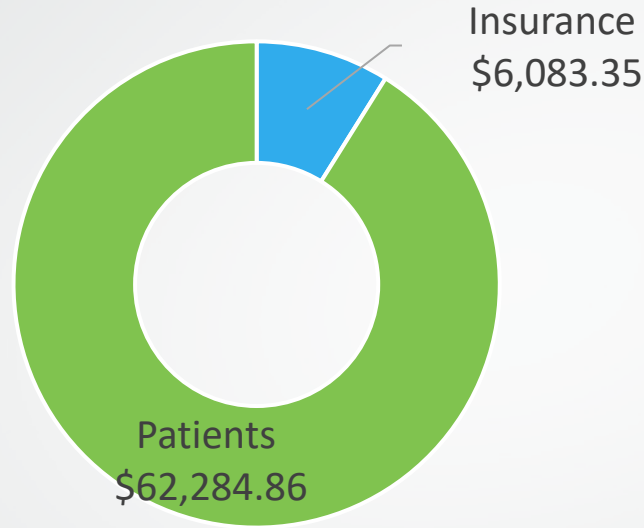
Special Revenue Fund



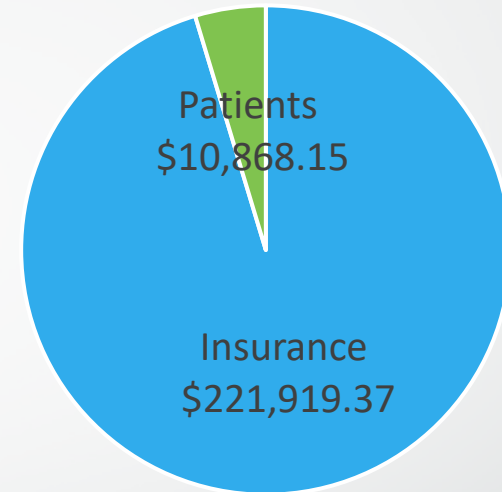
Claim Total



Payments



Balance



Accounts Receivable

Insurance

Patients

Claim Total

\$ 228,002.72

\$ 73,153.01

\$ 301,155.73

Payments

\$ 6,083.35

\$ 62,284.86

\$ 68,368.21

Balance

\$ 221,919.37

\$ 10,868.15

\$ 232,787.52



Key
Performance
Indicators
Month of July 2022

Billed Charges and Patient Counts

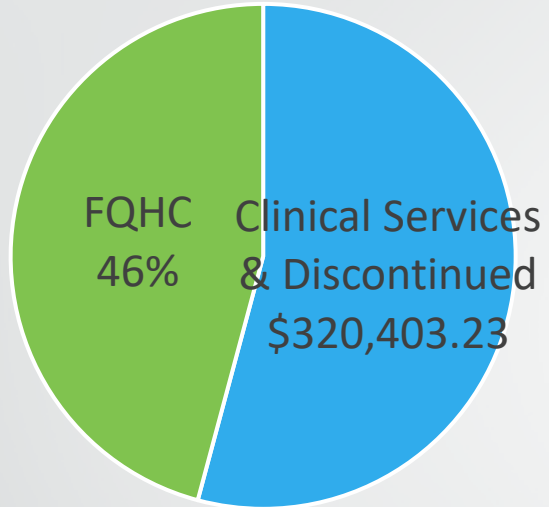
Billed Charges and Patient Counts by
Program

FQHC Adjustments

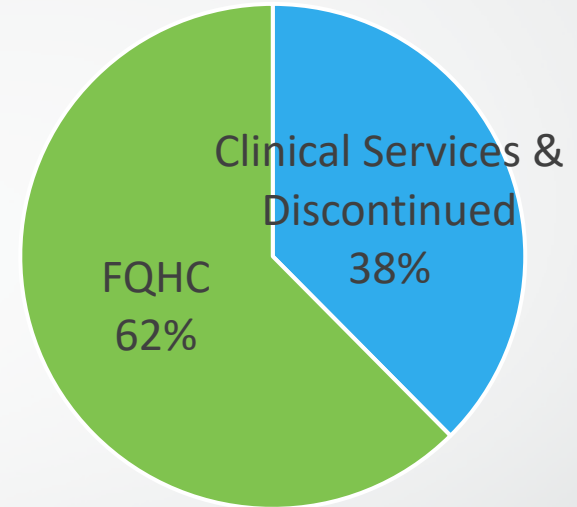
Billed Charges by Program

Sliding Fee by Program

Billed Charges



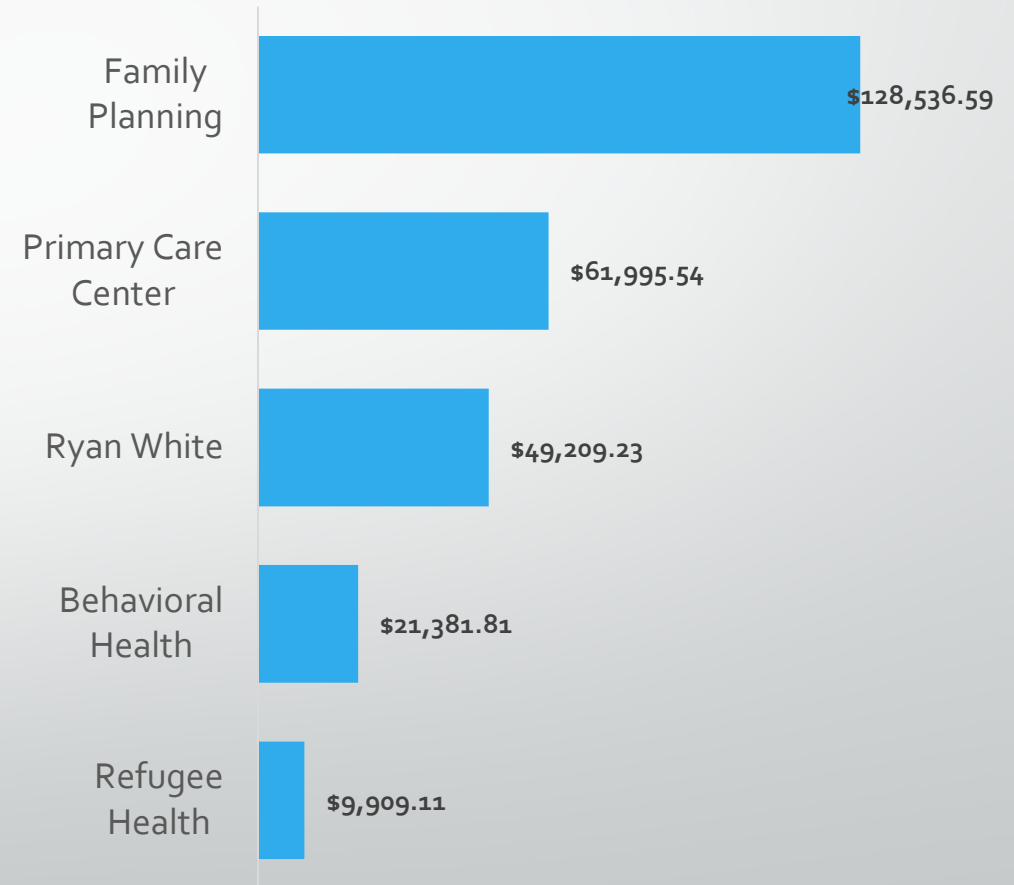
Patient Count



Service	Billed Charges	Patient Count
Clinical Services & Discontinued Facilities	\$320,403.23	653
FQHC	\$271,032.28	1,085
Total	\$591,435.51	1,738


Billed Charges and Patient Count by Program

FQHC Program	Billed Charges	Patient Count
Behavioral Health	\$21,381.81	101
Family Planning	\$128,536.59	319
Primary Care Center	\$61,995.54	339
Refugee Health	\$9,909.11	29
Ryan White	\$49,209.23	297
	\$271,032.28	1,085



Type	Amount	% of Amount	Count	% of Count
Adjustment	\$10,666.27	7%	114	18%
Bad Debt	\$2,2280.00	2%	8	1%
Rejection	\$429.98	0%	3	0%
Sliding Fee	\$136,759.94	91%	507	80%
	\$150,136.19		632	

- The FQHC had 632 Adjustments with Total Adjustments of \$150,136.19.
- The Sliding Fee is 91% of the total write off adjustments by dollar amount and 80% of the write off count.



Sliding Fee
by Program

	Sliding Fee Adjustment	Count of Adjustments
Behavioral Health	\$10,537.79	65
Family Planning	\$82,583.75	195
Primary Care Center	\$31,691.03	199
Refugee Health	\$139.00	1
Ryan White	\$11,808.37	47
	\$136,759.94	507



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Financial Reporting Process and Staff Recommendations



Finance Reporting

- Recommendation to begin reporting the health center's financials one month in the rear
- Implementation:
 - No financial report provided in September
 - In October begin new process with the reporting of the August financials



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Medical Assistant Supervision, Scope of Practice and Training Policy and Procedure

Medical Assistant Supervision, Scope of Practice & Training Policy & Procedure

Purpose

- To delineate the supervision, scope of practice and training for Medical Assistants.

Scope

- Applies to Medical Assistants that provide medical services to individuals at Southern Nevada Community Health Center (SNCHC), including other Workforce members, visitors, and clients.

Medical Assistant Competency Checklist

Medical Assistant Competency Checklist

Employee: _____ Preceptor(s): _____ Hire Date: _____

Clinic: _____ Manager: _____

Self-Assessment	Competency/Skill Items	Education Process	Assessment Method	Final Preceptor Assessment Signature
	eClinicalWorks			
	Document/Review			
	Check (patient, provider, facility)	D	D, V	
	Patient Tracking "Waiting Room" "Intake"	D	D, V	
	Pharmacy Information	D	D, V	
	Intake			
	Advanced Directives	D	D, V	



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Behavioral Health Medical Event and Panic Button Policy and Procedure

Behavioral Health Medical Event and Panic Button Policy and Procedure


Purpose

- To provide timely and appropriate response in the event of an immediate medical or security need in the Behavioral Health (BH) Clinic.

Scope

- Applies to Workforce members that provide Behavioral Health services to individuals at Southern Nevada Community Health Center (SNCHC), including other Workforce members, visitors and clients.

Panic Button

		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: <input type="checkbox"/> Main <input type="checkbox"/> HND <input type="checkbox"/> ELV <input type="checkbox"/> Other			Specific Location:			
DESCRIPTION OF EVENT						



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Legislative Mandate Review

Legislative Mandate Review

- A Legislative Mandate Review was conducted in July/August of 2022, as part of the HRSA Site Visit follow up.
- The controlling document for the review is the Grants Policy Bulletin #2022-05E, dated April 14, 2022.

Timeline of Review and Revisions

- The initial review was sent to Harris Group Services for review on July 25, 2022.
- Corrective Actions returned to SNHD on August 1, 2022
- Revisions were made to the Policies and Procedures, according to the Corrective Actions, and returned to Harris Group Services on August 8, 2022.
- Harris Group Services provided follow up recommendations on August 10, 2022.
- Time extension for final resubmission was granted, new due date is Friday August 26, 2022, to allow for approval by the Governing Board on Thursday August 25th.
- Final revisions completed on August 15, 2022 – submitted to SNHD Governing Board for Approval.

Initial Review

- The initial review was conducted in July and all mandates were present in the existing SNHD Procurement Manual. Comparison of the existing P&P's to the Grants Policy Bulletin showed that existing P&P's were more restrictive than the current mandates. Since all mandates were present and no new mandates were required, we submitted the existing SNHD Procurement Manual for review.

Corrective Actions

The following Corrective Actions were returned to SNHD on August 1, 2022:

1. Other
 - a. Restriction on Distribution of Sterile Needles
 - i. Language was revised to change Distribution of sterile needles to Purchase of.
 - b. Salary Limitation
 - i. Updated the Salary Limitation to January 2022 - \$203,700

Follow Up Recommendations from Arlene Harris – August 10, 2022

1. Include a procedure requiring an annual review of HRSA's Legislative Mandates and update of SNHD's Policies and Procedures.
 - a. Procedure was included, is now Item #14.6.11
 - b. See below

2. Remove reference to the ACORN legislative mandate
 - a) Item #14.6.10 has been removed

Item #14.6.11

SNHD, will review HRSA's Legislative Mandates annually for the passage of a new HHS Appropriations Act or issuance of HRSA guidance regarding the Legislative Mandates and ensure SNHD's policies and procedures are updated as necessary. Any modifications to SNHD's legislative mandates policies and procedures will require review and approval by the Board of Directors.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Legislative Mandate Review Policy



Legislative Mandate Review Policy

Purpose

- To establish procedures for ensuring compliance with legislative mandates, including mandates in Department of Health and Human Services appropriations acts, and applicable Health Resources and Services Administration guidance.

Scope

- This policy applies to all Southern Nevada Community Health Center operations.

Procedure

- SNHD, will review HRSA's Legislative Mandates annually for the passage of a new HHS Appropriations Act or issuance of HRSA guidance regarding the Legislative Mandates and ensure SNHD's policies and procedures are updated as necessary. Any modifications to SNHD's legislative mandates policies and procedures will require review and approval by the Board of Directors.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

July Operational Report

East Las Vegas – Fremont Health Center

- On schedule for opening on Tuesday, August 30th
- Primary Care and Family Planning Services
- Open House planned for the morning of Monday, September 19th

UDS 2021 Nevada Comparison

2021 Nevada FQHC Comparison								
	Community Health Alliance*	First Person Care Clinic	FirstMed Health and Wellness Center	Hope Christian Health Center Corp	Nevada Health Centers#	Northern Nevada HIV Outpatient Program, Education & Service*	Silver State Health Services	Southern Nevada Health District
Quality Measures								
Prenatal Health								
Early Entry into Prenatal Care (first visit in first trimester)	1		3		3	1		1
Preventive Health Screening & Services								
Cervical Cancer Screening	3	4	2	4	3	2	4	4
Breast Cancer Screening	2	4	2	1	1	1	4	4
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	4	1	1	3	2	1	4	4
Body Mass Index (BMI) Screening and Follow-Up Plan	2	2	1	2	4	2	4	4
Percent Adults Screened for Tobacco Use and Receiving Cessation Intervention	2	2	2	4	3	4	4	4
Colorectal Cancer Screening	3	4	2	4	2	3	4	4
Childhood Immunization Status	3				3	1		
Screening for Depression and Follow-Up Plan	1	1	1	1	2	1	4	4
Depression Remission at Twelve Months	4	1	1	2	3			4
Dental Sealants for Children between 6-9 Years	2				1			
HIV Screening	2	4	2	4	3	1	1	4
Chronic Disease Management								
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	1	4	1	4	4	3	4	4
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	4	2	1		4	1		4
Controlling High Blood Pressure	1	1	2	4	3	1	4	4
Diabetes Hemoglobin A1c Poor Control	1	1	4	1	3	2	4	4
Total Patients Served								
	22,269	7,436	5,216	4,406	46,954	12,073	6,541	7,050
Cost per Patient								
	\$ 1,024.61	\$ 726.49	\$ 2,271.04	\$ 777.78	\$ 995.07	\$ 3,184.59	\$ 913.01	\$ 2,464.01
*Northern Nevada								
#Northern and Southern Nevada								



Unduplicated Patients Served in CY22

- CY22 YTD = 3,124
- July 2022 = 360



AT THE SOUTHERN NEVADA HEALTH DISTRICT

SNCHC Governing Board Meeting Survey

SNCHC Governing Board - Survey Results

- Six (6) board members responded out of eleven (11).
- Best day between Wednesday and Thursday to meet.
 - Wednesday (5 out of 6)
- Best time to meet on the 3rd Wednesday of the month.



- Best time to meet on the 3rd Thursday of the month.





AT THE SOUTHERN NEVADA HEALTH DISTRICT

SNCHC Governing Board Recruitment Plan

SNCHC Governing Board - Term of Service

In-Service Date	Term of Office	Term Expires	Number of Meetings Attended	Attendance
Oct. 30, 2019	3 years	Oct. 2022	8/12	67%
Oct. 30, 2019	3 years	Oct. 2022	7/12	58%
Dec. 17, 2020	2 years	Dec. 2022	4/12	33%
Oct. 30, 2019	3 years	Oct. 2022	7/12	58%
Jan. 23, 2020	2 years	Jan. 2022	7/12	58%
Oct. 30, 2019	2 years	Oct. 2021	6/12	50%
Oct. 30, 2019	3 years	Oct. 2022	3/12	25%
Oct. 30, 2019	2 years	Oct. 2021	8/12	67%
Jan. 23, 2020	3 years	Jan. 2023	1/12	8%
May 27, 2021	3 years	May 2024	1/12	8%
Jan. 23, 2020	3 years	Jan. 2023	2/12	17%

Red – Term Expired
 Blue – Term will expire by Dec. 31, 2022

Consumer Member – 3 years
 Provider or Community Member – 2 years

SNCHC Governing Board - Patient Characteristics

Gender	Race	Ethnicity
Male	White	Non-Hispanic
Male	White	Hispanic
Female	White/Black/Asian*	Hispanic
Female	Black/African American	Non-Hispanic
Female	White	Hispanic
Female	White	Hispanic
Percentages 34% Male 66% Female	83.33% – White* 16.67% - Black/African American	34% - Hispanic 66% - Non-Hispanic

	Gender	Race/Ethnicity
2021 UDS Data	72% Female	Hispanic – 65% Non-Hispanic – 35% African American – 22% White – 14% Asian – 6%

Board Recruitment Next Steps

- HRSA – OSV Compliance Finding submission required by 11/17/22
- Convene Nomination Committee: (**early to mid-September**)
 - Tim Burch (Chair)
 - Brian Knudsen
 - Jose Melendrez
 - Scott Garrett
- Review By-laws (term limits)
- Review existing board roster, attendance, committee participation & demographics
- Engage providers & other SNHD personnel to identify board members (**immediately**)
- Contact potential candidates, provide orientation and engage in selection process (**late September**)
- Board Approval: Nomination Committee recommendation for board appointments at the **October 27th meeting**.
- New board members begin their terms at the **November 17, 2022 meeting**.

Nevada Primary Care Association Annual Health Care Conference



- Sept. 22-23, 2022
- JW Marriott Las Vegas
- SNCHC host two (2) board members
- Please notify Tawana by 8/30
- Opportunity is on a 1st come 1st serve basis



Questions?





AT THE SOUTHERN NEVADA HEALTH DISTRICT

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

DIVISION:	Administration	NUMBER(s):	CHCA-006
PROGRAM:	Clinical Services-FQHC	VERSION:	1.00
TITLE:	Medical Assistant Supervision, Scope of Practice and Training	PAGE:	1 of 6
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION: To define the supervision, scope of practice and training for Medical Assistants.		ORIGINATION DATE: Click or tap here to enter text.	
APPROVED BY:		REPLACES: Click or tap here to enter text.	
FQHC CHIEF OPERATIONS OFFICER:			
Click or tap here to enter text. _____ Date			
DISTRICT HEALTH OFFICER:			
Fermin Leguen MD, MPH _____ Date			

I. PURPOSE

To delineate the supervision, scope of practice and training for Medical Assistants.

II. SCOPE

Applies to Medical Assistants that provide medical services to individuals at Southern Nevada Community Health Center (SNCHC), including other Workforce members, visitors, and clients.

III. POLICY

Southern Nevada Community Health Center (SNCHC) requires that all Medical Assistants of SNCHC Providers shall adhere to the guidelines described in this policy.

IV. PROCEDURE

A. Scope of Practice

1. A Medical Assistant (MA) may perform technical supportive services such as those specified in section B below, if all the following conditions are met:
 - a. The service is a usual and customary part of the medical practice where the MA is employed and not otherwise prohibited.
 - b. The supervising physician authorizes the MA to perform the service and assumes responsibility for the patient's treatment and care;
 - i. In accordance with NAC 630.810 Delegation of tasks to Medical.

Except as otherwise provided in this section, a delegating practitioner may delegate to a medical assistant the performance of a task if: (c) The medical assistant is employed by the delegating practitioner, or the medical assistant and the delegating practitioner are employed by the same employer.

- ii. In accordance with NAC 630.820 Remote supervision of medical assistant.

A delegating practitioner may remotely supervise a medical assistant to who the practitioner has delegated the performance of a task if: (e) The delegating practitioner is immediately available by telephone or other means of instant communication during the performance of the task by the medical assistant.

- c. Before performing any technical supportive services, the MA completes training as specified below and demonstrates competence in the performance of the service.
 - d. Each technical supportive service performed by the MA is documented in the patient's medical record, including identifying the MA by name, date and time, a description of the service performed, and the name of the physician who gave the MA patient-specific authorization to perform the task or who authorized the task under a patient-specific standing order.
 - e. The supervising physician may, at his or her discretion, provide written instructions/standing orders to be followed by a medical assistant in the performance of tasks or supportive services. Such written instructions/standing orders may allow a physician assistant

(PA) or advance practice registered nurse (APRN) to assign a task authorized by a physician.

2. In accordance with the provisions above, MA's may perform the following technical supportive services:

a. Administer medication orally, sublingually, topically, vaginally or rectally, or by providing a single dose to a patient for immediate self-administration.

NOTE: A MA may administer medication by inhalation if the medications are patient specific and have been or will be routinely and repetitively administered to that patient. In every instance, prior to administration of medication by the MA, a licensed physician or other person authorized by law to do so shall verify the correct medication and dosage. No anesthetic agent may be administered by a MA.

b. May perform electrocardiogram (ECG).

NOTE: The MA *may not* perform tests involving the penetration of human tissues except for skin tests or to interpret test findings or results.

c. Apply and remove bandages and dressings; apply orthopedic appliances such as knee immobilizers, orthotics, and similar devices; remove casts, splints and other external devices; obtain impressions for orthotics and custom molded shoes; select and adjust crutches for the patient and instruct the patient in proper use of crutches.

d. Remove sutures or staples from superficial incisions or lacerations.

e. Perform ear lavage to remove impacted cerumen.

f. Collect specimens for lab testing by utilizing non-invasive techniques, including urine, sputum, semen and stool.

g. Assist patients with ambulation and transfers.

h. Prepare patients for and assist the physician, physician assistant or registered nurse in examinations or procedures including positioning, draping, shaving and disinfecting treatment sites, or prepare a patient for gait analysis testing.

i. As authorized by the supervising physician, provide patient education and instructions.

- j. Collect and record patient data including height, weight, temperature, pulse, respiration rate and blood pressure, and basic information about the presenting and previous conditions.
- k. Perform simple laboratory and screening tests customarily performed in a medical office.
- l. Cut the nails of otherwise healthy patients.
- m. Administer first aid or cardiopulmonary resuscitation (CPR) in an emergency.
- n. A MA may also fit prescription lenses or use any optical device in connection with ocular exercises, visual training, vision training, or orthotics.

B. Training

1. Injections/Venipunctures

In order to administer medications by intramuscular, subcutaneous or intradermal injection, to perform skin tests, or to perform venipuncture of skin for the purposes of withdrawing blood, a MA shall have completed training and are required to demonstrate proficiency to the supervising provider and/or instructor.

- a. Verification of MA training will be provided during the hiring/onboarding process.
- b. MA Competency Checklist will be used to demonstrate proficiency during.

2. Infection Control

Each medical assistant shall receive instruction in the use of Universal Precautions as outlined in the Centers for Disease Control guidelines for infection control and demonstrate to the supervising physician or instructor understanding of the purpose and techniques of infection control.

3. Additional Training

- a. Onboarding Training
- b. MA Competency Checklist
- c. Training required:

In a secondary, postsecondary, or adult education program in a public school authorized by the Department of Education, in a community college program or a postsecondary institution accredited or approved by the Council on Private Postsecondary and Vocational Education.

4. Documentation of Training
 - a. MA certificate through formal training.
 - b. Certification of MA, through nationally recognized MA certifying organization:
 - i. American Association of Medical Assistants (AAMA)
<https://www.aama-ntl.org/>
 - ii. National Center for Competency Testing (NCCT)
<https://www.ncctinc.com/>
 - iii. American Medical Technologists (AMT)
<https://americanmedtech.org/>
 - iv. National Healthcareer Association (NHA)
<https://www.nhanow.com/>
 - c. MA Competency Checklist.

C. Monitoring and Evaluation of Policy

1. To ensure compliance with the requirements outlined above, the supervisor will monitor and assess the MA. This will be done as part of the annual medical records audits and employee evaluation.
2. MA competency will be review annually.
3. Any additional required training certificates will be provided to the supervisor.

Acronyms/Definitions

Medical Assistant (MA): In accordance with NRS 630.129 a Medical Assistant is defined as a person who:

- i. Performs clinical tasks under the supervision or a physician or physician assistant; and
- ii. Does not hold a license, certificate or registration issued by a professional licensing or regulatory board in this State to perform such clinical tasks.

V. REFERENCES

NRS 630.007 <https://www.leg.state.nv.us/nrs/nrs-630.html#NRS630Sec0129>

NAC 630.910 <https://www.leg.state.nv.us/nac/nac-630.html#NAC630Sec800>

VI. DIRECT RELATED INQUIRIES TO

(Subject Matter Expert Title)

(Department Name)

(Department Extension, if applicable)

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

VII. ATTACHMENTS

Form No. CHCA-006 FRM-1, Medical Assistant Competency Checklist

Medical Assistant Competency Checklist

Employee: _____ Preceptor(s): _____ Hire Date: _____

Clinic: _____ Manager: _____

Instructions

Complete the self-assessment section of this form. Throughout your onboarding complete the remainder of the document in coordination with your preceptor(s) and manager. Please see the directions for each section below. The completed form will need to be signed by you, and your manager. The completed form will be due at the end of your onboarding from your start date.

When form is signed off keep a copy and give the original to your supervisor.

Self-Assessment

The medical assistant will place a 1, 2, or 3 in the box next to the competency item to indicate your familiarity and competence. See the Self-Assessment Key found at the bottom of this page

Competency/Skills Items

This section contains each competency item for your area of practice. Not all components will be practiced on a regular basis, but every component must be checked off. If a skill is not done on a patient, a mock patient may be set up and the skill worked through in a “simulated” setting.

Education Process

This is completed by the preceptor, manager, or self by placing a code indicating the method of instruction that was used for each competency.

Assessment Method

This is completed by the preceptor, manager, or self by placing a code indicating the method of assessment that was used to verify competency.

Final Preceptor Assessment

This section is completed by the preceptor or manager indicating the medical assistant is competent to perform the skill independently. This is only initialed when it is determined the medical assistant is competent to perform this skill. If a medical assistant is not able to perform a skill independently, retraining will be initiated.

Initials of Verifier

The preceptor or manager will sign indicating they performed the verification of competence in the last column.

Use the following Keys:

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Self-Assessment Key</th> </tr> <tr> <td style="padding: 2px;">1 = Competent</td> </tr> <tr> <td style="padding: 2px;">2 = Some Experience</td> </tr> <tr> <td style="padding: 2px;">3 = No Experience</td> </tr> </table>	Self-Assessment Key	1 = Competent	2 = Some Experience	3 = No Experience	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Education Process Key</th> </tr> <tr> <td style="padding: 2px;">P = Policy/Procedure</td> </tr> <tr> <td style="padding: 2px;">D = Demonstration</td> </tr> <tr> <td style="padding: 2px;">V = Video/Self-Learning</td> </tr> </table>	Education Process Key	P = Policy/Procedure	D = Demonstration	V = Video/Self-Learning	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Assessment Method Key</th> </tr> <tr> <td style="padding: 2px;">T = Written Test</td> </tr> <tr> <td style="padding: 2px;">D = Demonstration</td> </tr> <tr> <td style="padding: 2px;">V = Verbal Assessment</td> </tr> <tr> <td style="padding: 2px;">M = Mock Simulation</td> </tr> </table>	Assessment Method Key	T = Written Test	D = Demonstration	V = Verbal Assessment	M = Mock Simulation	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Preceptor Assessment Key</th> </tr> <tr> <td style="padding: 2px; text-align: center;">Initial indicates that MA is competent in this skill and can perform independently</td> </tr> </table>	Preceptor Assessment Key	Initial indicates that MA is competent in this skill and can perform independently
Self-Assessment Key																		
1 = Competent																		
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Preceptor Assessment Key																		
Initial indicates that MA is competent in this skill and can perform independently																		

Medical Assistant Competency Checklist

Employee: _____ Preceptor(s): _____ Hire Date: _____

Clinic: _____ Manager: _____

Self - Assessment	Competency/Skill Items	Education Process	Assessment Method	Final Preceptor Assessment Signature
	CLINICAL WORKFLOW			
	Prepare for Patient Visit			
	Care Team Huddles	D	D, V	
	Pre-Visit Planning	D	D, V	
	Prepare Exam Room			
	Clean/Disinfect Exam Room	D	D, V	
	Room Set-Up/Stock Supplies	D	D, V	
	Clinical Data			
	Greet and Room Patient	D	D, V	
	Verify Patient Identity	D	D, V	
	Vital Signs:			
	Adult and Children			
	• Blood Pressure	D	D, V	
	• Height	D	D, V	
	• Pulse	D	D, V	
	• Pulse Oximetry (O2 saturation)	D	D, V	
	• Respiration	D	D, V	
	• Temperature	D	D, V	
	• Weight	D	D, V	
	Infant and Children to Age 3			
	• Head Circumference	D	D, V	
	• Length	D	D, V	
	• Pulse	D	D, V	
	• Pulse Oximetry (O2 saturation)	D	D, V	
	• Respiration	D	D, V	
	• Temperature	D	D, V	
	• Weight	D	D, V	
	Alert Provider of Abnormal Data	D	D, V	

Medical Assistant Competency Checklist

Employee: _____ Preceptor(s): _____ Hire Date: _____

Clinic: _____ Manager: _____

Self-Assessment	Competency/Skill Items	Education Process	Assessment Method	Final Preceptor Assessment Signature
	eClinicalWorks			
	Document/Review			
	Check (patient, provider, facility)	D	D, V	
	Patient Tracking “Waiting Room” “Intake”	D	D, V	
	Pharmacy Information	D	D, V	
	Intake			
	Advanced Directives	D	D, V	
	Allergy List	D	D, V	
	Established or New Patient	D	D, V	
	Medical History	D	D, V	
	History of Present Illness (HPI)	D	D, V	
	Medication Reconciliation	D	D, V	
	Chief Complaint/Reason for Visit	D	D, V	
	Review of Systems (ROS)	D	D, V	
	Medical History			
	Chronic Conditions	D	D, V	
	Family Health History	D	D, V	
	Surgeries (including oral)	D	D, V	
	Social			
	Alcohol/Drug/Tobacco	D	D, V	
	Orders			
	Diagnostic Test(s)	D	D, V	
	Immunization(s)	D	D, V	
	Laboratory Test(s)	D	D, V	
	Procedure(s)	D	D, V	
	Referral(s)	D	D, V	
	Standing Order(s)	D	D, V	
	Tuberculin (TB) Test	D	D, V	

Medical Assistant Competency Checklist

Employee: _____ Preceptor(s): _____ Hire Date: _____

Clinic: _____ Manager: _____

Self - Assessment	Competency/Skill Items	Education Process	Assessment Method	Final Preceptor Assessment Signature
	Miscellaneous			
	Communication/Message	D	D, V	
	Medical Information/Question	D	D, V	
	Medication Management	D	D, V	
	Referral Request	D	D, V	
	Results Request	D	D, V	
	Tasks	D	D, V	
	Medication Administration			
	Prepare and Administer Medication			
	Medication Check - Three (3) Times	D, V	D, V	
	Seven Rights of Medication Administration			
	• Right documentation	D, V	D, V	
	• Right dose	D, V	D, V	
	• Right medication	D, V	D, V	
	• Right patient	D, V	D, V	
	• Right reason	D, V	D, V	
	• Right route	D, V	D, V	
	• Right time	D, V	D, V	
	Knowledge of normal dosage, action and side effect of medication.	D, V	D, V	
	Administer:			
	Ear	D, V	D, V	
	Eye	D, V	D, V	
	Injection/Immunization			
	• Intradermal (ID)	D, V	D, V	
	• Intramuscular (IM)	D, V	D, V	
	• Subcutaneous (SubQ)	D, V	D, V	
	Oral	D, V	D, V	
	Sublingual	D, V	D, V	
	Monitor patient, recognize, and report adverse drug reaction.	D, V	D, V	

Medical Assistant Competency Checklist

Employee: _____ Preceptor(s): _____ Hire Date: _____

Clinic: _____ Manager: _____

Self - Assessment	Competency/Skill Items	Education Process	Assessment Method	Final Preceptor Assessment Signature
	Venipuncture/Phlebotomy			
	Prepare and Perform			
	Method			
	• Butterfly	D	D, V	
	• Lancet	D	D, V	
	• Vacuum	D	D, V	
	Preparation (order of draw, supplies)	D	D, V	
	Equipment for Patient Care			
	Prepare and Perform			
	Automated External Defibrillator (AED)	D	D, V	
	Electrocardiogram (ECG)	D	D, V	
	Emergency Kit/Cart	D	D, V	
	Nebulizer (breathing treatment)	D	D, V	
	Oxygen Administration	D	D, V	
	Oxygen Tank	D	D, V	
	Spirometry	D	D, V	
	Visual Acuity (Snellen eye chart)	D	D, V	
	Minor Procedures			
	Assist, Prepare, and Set Up			
	Consent/Final Verification	D	D, V	
	Ear Irrigation/Ear Lavage	D	D, V	
	Eye Irrigation	D	D, V	
	Lesion Biopsy/Removal	D	D, V	
	Papanicolaou (Pap) Smear/Pelvic Exam	D	D, V	
	Sterile Field	D	D, V	
	Toenail Removal	D	D, V	

Medical Assistant Competency Checklist

Employee: _____ Preceptor(s): _____ Hire Date: _____

Clinic: _____ Manager: _____

Self - Assessment	Competency/Skill Items	Education Process	Assessment Method	Final Preceptor Assessment Signature
	Wound Care			
	Dressing Change	D	D, V	
	Sterile Technique	D	D, V	
	Ambulatory Aids			
	Application of Brace (wrists, ankle)	D	D, V	
	Crutch or Cane	D	D, V	
	Dressing, Splinting, and Casting	D	D, V	
	Laboratory Manual			
	Laboratory Assistant Certification	D, P	D, V	
	Laboratory Area "Clean to Dirty"	D, P	D, V	
	Quality Controls	D, P	D, V	
	Reagents	D, P	D, V	
	Specimen Handling	D, P	D, V	
	Performs Tests and Controls			
	Glucose Test	D, P	D, V	
	HemoCue Hb Test	D, P	D, V	
	Hemoglobin A1C (HbA1c) Test	D, P	D, V	
	Influenza Test	D, P	D, V	
	Pregnancy Test	D, P	D, V	
	Rapid COVID Test	D, P	D, V	
	Rapid HIV Test	D, P	D, V	
	Rapid Strep Test	D, P	D, V	
	Urinalysis Test	D, P	D, V	
	Proper Handling of Specimens/Cultures			
	Clinical Pathology Laboratories (CPL)	D	V	
	LabCorp	D	V	
	Quest Diagnostics	D	V	

Medical Assistant Competency Checklist

Employee: _____ Preceptor(s): _____ Hire Date: _____

Clinic: _____ Manager: _____

Self - Assessment	Competency/Skill Items	Education Process	Assessment Method	Final Preceptor Assessment Signature
	Sterilization			
	Sterilization Protocol			
	Clean and Disinfect Instruments	D, P	D, V	
	Date and Initial Package	D, P	D, V	
	Sterilize Instruments	D, P	D, V	
	Autoclave	D, P	D, V	
	<ul style="list-style-type: none"> • Cleaning (daily, weekly, and monthly) • Spore Testing 	D, P	D, V	
	Immunizations			
	Vaccine Preparation and Administration			
	Adult Immunization	D, V	D, V	
	Influenza Vaccine	D, V	D, V	
	Pediatric Immunization	D, V	D, V	
	Vaccine Storage and Handling	D, V	D, V	
	Vaccines for Children (VFC)	D, V	D, V	
	WebIZ	D, V	D, V	
	You Call the Shots	V	T	
	Tracking Logs			
	Complete, Maintain and Review			
	Diagnostics	D, P	V	
	Labs	D, P	V	
	Referrals	D, P	V	
	Refrigerator/Freezer Temperatures	D, P	V	

Medical Assistant Competency Checklist

Employee: _____ Preceptor(s): _____ Hire Date: _____

Clinic: _____ Manager: _____

Self - Assessment	Competency/Skill Items	Education Process	Assessment Method	Final Preceptor Assessment Signature
	Infection Control			
	Knowledge, Perform, and Understand			
	Communicable Disease Policy	D, P, V	V	
	Communicable Disease Reporting	D, P, V	V	
	Hand Hygiene	D, P, V	V	
	Personal Protective Equipment (PPE)	D, P, V	V	
	Universal Precautions	D, P, V	V	
	OSHA			
	Knowledge and Understand			
	Environment Safety	D, V	V	
	Fire Safety	D, V	V	
	Hazardous Chemicals	D, V	V	
	Infection Control/Bloodborne Pathogens	D, V	V	
	Professional Competence			
	Cultural Competence/Health Literacy	V	V	
	Customer Service	D	V	
	Medical Record Release of Information	D	D	
	Patient Confidentiality (HIPAA)	V	V	
	Job Description	D	V	
	Other Services			
	Behavioral Health	D	D	
	Dental	D	D	
	Dietician	D	D	
	Mobile Unit	D	D	
	Refugee Clinic	D	D	
	Ryan White Program	D	D	
	Sexual Health Clinic	D	D	
	Miscellaneous			
	Clinical Performance Measures	D	D	
	Medical Assistant Visits	D	D	
	Patient Centered Medical Home (PCMH)	D	D	
	Telehealth	D	D	

Signature of Employee Date

Signature of Manager Date



AT THE SOUTHERN NEVADA HEALTH DISTRICT

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

DIVISION:	Administration	NUMBER(s):	CHCA-005
PROGRAM:	Clinical Services-FQHC	VERSION:	1.00
TITLE:	Behavioral Health Medical Event and Panic Button	PAGE:	1 of 3
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION:	Process for handling patients experiencing a mental health crisis and in need of immediate need of inpatient treatment.	ORIGINATION DATE: August 9, 2022	
APPROVED BY:		REPLACES: New	
FQHC CHIEF OPERATIONS OFFICER:			
_____ Date			
DISTRICT HEALTH OFFICER:			
_____ Date			

I. PURPOSE

To provide timely and appropriate response in the event of an immediate medical or security need in the Behavioral Health (BH) Clinic.

II. SCOPE

Applies to Workforce members that provide Behavioral Health services to individuals at Southern Nevada Community Health Center (SNCHC), including other Workforce members, visitors and clients.

III. POLICY

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

IV. PROCEDURE

A. Behavioral Health (BH) Medical Emergency

NOTE: This emergency does not fall under the Dr. Bluebird policy (CS-ADM-001-C). For patients experiencing a mental health crisis and i need of immediate access to a higher level of behavioral health/mental resources up to and including a Legal 2000 72 Hour Hold, the following process will be followed:

1. BH Provider will remain with the patient and call 911 from their office
2. BH Provider will call extension 1130 to alert security from their office.
3. BH Provider will remain with the patient, and text/call Nurse Supervisor.
4. SNHD Security Personnel will respond to the location to manage the environment and provide security and safety.
5. Security Personnel will direct medical and police personnel to the location. Upon arrival of medical and police personnel, BH Provider will provide the necessary medical information.
6. BH Provider/Team will contact designated family and/or significant others and provide the necessary information about transport and admission.
7. BH Provider will follow-up with patient as appropriate.

B. Panic Button

1. As necessary to ensure a safe environment for staff, patients, and visitors, BH Provider will active the panic button.
2. Security Personnel and Nurse Supervisor will receive the following text message. "Interview Room X. (Ext. XXXX) at FQHC area needs immediate help! An incident has occurred that requires immediate action by SNHD Security at Ryan White clinic. Please take appropriate measures."
3. Security Personnel will respond to the location and manage the environment.
4. Security Personnel will attempt to deescalate the situation. If necessary, personnel will call 911.
5. BH Provider will follow-up with patient.

V. REFERENCES

Not Applicable

VI. DIRECT RELATED INQUIRIES TO

(Subject Matter Expert Title)
(Department Name)
(Department Extension, if applicable)

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

VII. ATTACHMENTS

Form No. CHCA-005 FRM-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

Initial Assessment (circle all that apply):

ORIENTATION	ALERT	LETHARGIC	NONRESPONSIVE	Comments:
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/Response (continue on back if needed)

911 Called: Yes No Security Contacted/Present: Yes No

Final Assessment (circle all that apply):

ORIENTATION	ALERT	LETHARGIC	NONRESPONSIVE	Comments:
SPEECH	NORMAL	SLURRED	UNABLE TO RESPOND	
GAIT	STEADY	REQUIRES NO ASSISTANCE	REQUIRES MINIMAL ASSISTANCE	
				REQUIRES MODERATE ASSISTANCE UNABLE TO MAINTAIN BALANCE

Outcome: Check all that apply

Recovered and left premises. Accompanied by family/friend. Other _____
 Advised of need for transportation assistance from SNHD.
 Client refused advice regarding transportation assistance and left premises.
 Client left premises with transportation assistance from Family/friend EMS Other _____
 Client refused transport from paramedics/ambulance.

Staff	Print Name/Title _____	Print Name/Title _____
	Signature _____ Initials _____	Signature _____ Initials _____
	Print Name/Title _____	Print Name/Title _____
	Signature _____ Initials _____	Signature _____ Initials _____

Follow up Actions _____

Supervisor to send directly to CS Administration for Review

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

Recv'd CS ADM on _____
 Chief Administrative Nurse: Name _____ Signature _____ Date _____

If applicable Cc'd to: Program Manager _____ Director of CS _____



AT THE SOUTHERN NEVADA HEALTH DISTRICT

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

DIVISION:	Administration	NUMBER(s):	CHCA-###
PROGRAM:	FQHC	VERSION:	1.0X
TITLE:	Legislative Mandate Review Policy	PAGE:	1 of 11
		EFFECTIVE DATE:	Click or tap here to enter text.
DESCRIPTION:	To establish procedures for ensuring compliance with legislative mandates.	ORIGINATION DATE:	New
APPROVED BY:		REPLACES:	New
FQHC CHIEF OPERATIONS OFFICER:			
	_____ Date		
DISTRICT HEALTH OFFICER:			
	_____ Date		
	Fermin Leguen MD, MPH		

I. PURPOSE

To establish procedures for ensuring compliance with legislative mandates, including mandates in Department of Health and Human Services appropriations acts, and applicable Health Resources and Services Administration guidance.

II. SCOPE

This policy applies to all Southern Nevada Community Health Center operations.

III. POLICY

A. Procurement Standards for Federal Awards

1. 2 CFR Part 200; 45 CFR Part 75. Code of Federal Regulations (CFR) Title 2 Part 200 and Title 45 Part 75 contain the uniform administrative requirements, cost principles and audit requirements for federal awards. Any procurement awarded with federal (grant) funds will comply with 2 CFR 200 or 45 CFR 75 as applicable.

2. 2 CFR 200, Sections 317-326, Procurement Standards. Sections 200.317 through 200.326 contain the procurement standards. The following procurement standards apply to federally funded procurements.
 - a. 200.317, Procurements by states
 - b. 200.318, General procurement standards
 - c. 200.319, Competition
 - d. 200.320, Methods of procurement to be followed
 - e. 200.321, Contracting with small and minority businesses, women's business enterprises and labor surplus area firms
 - f. 200.322, Procurement of recovered materials
 - g. 200.323, Contract cost and price
 - h. 200.324, Federal awarding agency or pass-through entity review
 - i. 200.325, Bonding requirements
 - j. 200.326, Contract provisions
3. 2 CFR 200 Section 330, Subrecipient and Contractor Determination. Every contract awarded will have a subrecipient determination on file. A purchase order will be awarded to a supplier, and not a subrecipient.
4. 2 CFR 200, Sections 420-475; 45 CFR 75, Sections 420-475, General Provisions for Selected Items of Cost. These sections provide principles to be applied in establishing the allowability of certain items involved in determining cost. These principles apply whether or not a particular item of cost is properly treated as direct cost or indirect (F&A) cost.

5. 2 CFR 200, Appendix II, Contract Provisions for Non-Federal Entity Contracts under Federal Awards. The following clauses covered under this section will be included with any procurement using federal funding, including purchase orders.
 - a. Remedies. Contracts for more than the simplified acquisition threshold currently set at \$250,000, which is the inflation-adjusted amount determined by the Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908, must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
 - b. Termination. All federally funded contracts \$10,000 or more must address termination for cause and for convenience by the non-federal entity including the manner by which it will be affected and the basis for settlement.
 - c. Equal Employment Opportunity. Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of “federally assisted construction contract” in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, “Equal Employment Opportunity” (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, “Amending Executive Order 11246 Relating to Equal Employment Opportunity,” and implementing regulations at 41 CFR part 60, “Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.”
 - d. Davis-Bacon Act. As amended (40 U.S.C. 3141-3148). When required by federal program legislation, all prime construction contracts in excess of \$2,000 awarded by non-federal entities must include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor regulations (29 CFR Part 5, “Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction”). In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The non-Federal entity must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award

a contract or subcontract must be conditioned upon the acceptance of the wage determination. The non-federal entity must report all suspected or reported violations to the federal awarding agency. The contracts must also include a provision for compliance with the Copeland “Anti- Kickback” Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, “Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States”). The Act provides that each contractor or subrecipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The non- federal entity must report all suspected or reported violations to the federal awarding agency.

- e. Contract Work Hours and Safety Standards Act (40 U.S.C. 3701-3708). Where applicable, all contracts awarded by a non-federal entity in excess of \$100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer based on a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.
- f. Federal award meets the definition of “funding agreement” under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

- g. Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
- h. Energy Efficiency. Contractor will comply with mandatory standards and policies relating to energy efficiency, which are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (42 U.S.C. 6201).
- i. Debarment and Suspension. (Executive Orders 12549 and 12689)—A contract award (see 2 CFR 180.220) must not be made to parties listed on the governmentwide Excluded Parties List System in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR Part 1986 Comp., p. 189) and 12689 (3 CFR Part 1989 Comp., p. 235),
- j. Debarment and Suspension. The Excluded Parties List System in SAM contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. Furthermore, each of contractor's vendors and sub-contractors will certify that to the best of its respective knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency.
- k. Byrd anti-Lobbying Amendment (31 U.S.C. 1352)—Contractors that apply or bid for an award of \$100,000 or more must file the required certification. Each tier certifies to the tier above that it will not and has not used federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-federal funds that takes place in connection with

obtaining any federal award. Such disclosures are forwarded from tier to tier up to the non-federal award.

IV. PROCEDURE

A. Statement

1. Southern Nevada Community Health Center herein referred as Health Center, recognizes that as a recipient of Federal funds, they are responsible for compliance with all applicable laws, regulations, and provisions of contracts and grants. This includes understanding and adhering to allowances and/or restrictions to use of Federal funds.
2. Appropriate fiscal oversight will be maintained for all Grants and awards. With respect to Federal funding and the requirements on restrictions to limitations on use of Federal funds as mandated by the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019, Division B, Pub. L. 115-245 the health center assures oversight and monitoring for compliance via grants management. The health center will comply with all requirements under the program compliance manual. The health center will also comply with all requirements under 45 CFR Part 75 Subpart E: Cost Principles and/or 2 Code of Federal Regulations (CFR) Part 200 (Subparts A – F). In addition, the health center will comply with all requirements under HRSA Grants Policy Bulletin 2020-04.

B. Responsibility

The grant accountant and controller are responsible to ensure that no Federal funds are used for mandated limitations/restrictions.

C. Implementation

1. **Mandatory Disclosures**
Any violation of federal criminal law involving fraud, bribery and gratuity violations potentially affecting the award will be disclosed in writing to HHS within 14 days of discovery. This notification will be the responsibility of the ED and the Board Chair.
2. **Salary Limitation (Section 202)**
None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. The Executive Level II salary is currently set at \$203,700, as of January 2022.

3. Gun Control (Section 210)

None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

4. Anti-Lobbying (Section 503)

a. No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for formal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

b. No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

c. The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

5. Health Center shall not use federal grant funds, other than for normal and recognized executive legislative relationships, for the following:
 - a. For publicity or propaganda purposes
 - b. For the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.
 - c. Health Center shall no use federal grant funds to pay the salary or expenses of any employee or agent of Health Center for activities designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive- legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
 - d. The prohibitions in subsections A and B include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product.
6. Acknowledgement of Federal Funding

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with federal money, Health Center shall clearly state:

 - a. The percentage of the total costs of the program or project which will be financed with Federal money
 - b. The dollar amount of Federal funds for the project or program
 - c. Percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

7. Restrictions on Abortions, and Exceptions to these Restrictions
 - a. Health Center shall not use federal grant funds for any abortion or for health benefits coverage that includes coverage of abortion. These restrictions shall not apply to abortions (or coverage of abortions) that fall within the Hyde amendment exceptions.
 - b. The Hyde Amendment is a statutory provision included as part of the annual Appropriations Act, which prohibits health centers from using federal funds to provide abortions (except in cases of rape or incest, or where a woman suffers from a physical disorder, physical injury, or physical illness, including a life endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed).
8. Ban on Funding Human Embryo Research - Health Center shall not use federal grant funds for:
 - a. The creation of human embryos for research purposes.
 - b. Research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).
9. Limitations on the Use of Grant Funds for the Promotion of Legalization of Controlled Substances
 - a. Health Center shall not use federal grant funds to promote the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act.
 - b. Restriction on Distribution of Sterile Needles (Section 526) Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

10. Restriction of Pornography on Computer Networks

Health Center shall not use federal grant funds to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

11. Confidentiality Agreements

Health Center shall not require its employees or contractors seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

12. Procedure

SNHD, will review HRSA's Legislative Mandates annually for the passage of a new HHS Appropriations Act or issuance of HRSA guidance regarding the Legislative Mandates and ensure SNHD's policies and procedures are updated as necessary. Any modifications to SNHD's legislative mandates policies and procedures will require review and approval by the Board of Directors.

V. REFERENCES

1. Department of Defense and labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019, Division B, Pub. L. 115- 245
2. HRSA Grants Bulletin: 2022-05E, April 14, 2022
3. 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).
4. Hyde Amendment
5. Consolidated Appropriations Act, 2019
<https://www.congress.gov/resources/display/content/Appropriations+for+Fiscal+Year+2019>
6. Controlled Substances Act, Section 202
<https://www.deadiversion.usdoj.gov/21cfr/21usc/812.htm>
7. 45 CFR Part 75 Subpart E: Cost Principles
<https://www.govinfo.gov/content/pkg/CFR-2017-title45-vol1/xml/CFR-2017-title45-vol1-part75.xml>
8. 2 Code of Federal Regulations (CFR) Part 200 (Subparts A – F)
<https://www.govinfo.gov/app/details/CFR-2014-title2-vol1/CFR-2014-title2-vol1-part200>
9. HRSA Grants Policy Bulletin 2020-04.
https://protect-us.mimecast.com/s/n_JSCmZ6L0Fz60KCGLwwD?domain=hrsa.gov

VI. DIRECT RELATED INQUIRIES TO

FQHC Operations Manager

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

VII. ATTACHMENTS

Not Applicable



Memorandum

Date: August 25, 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- July 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.

July 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
 - Antiviral medication treatment
 - Vaccine/Behavioral Health grant
 - PPE supply distribution
- **Administrative**
 - Grant Project Period ends 1/31/2024
 - HRSA Operational Site Visit (OSV) completed 6/28 – 6/30. Overall, the health center demonstrated strong performance, adherence to program requirements and engagement by the Governing Board. One area of non-compliance identified. Corrective action is underway.

COVID-19 Vaccine Clinic Facility: COVID-19 Response

- 1) NCS Facility was converted into a Health Center COVID-19 vaccination clinic on 5/3/2021

I. HIV / Ryan White Care Program

- A. The HIV/Medical Case Management (MCM) program received 20 referrals between July 1st through July 31st. There was one (1) pediatric client referred to the program in July. The program received one (1) referral for pregnant woman living with HIV during this time.



There were 385 total service encounters in the month of July provided by the Ryan White program (Linkage Coordinator, Eligibility Workers, Nurse Case Managers, Community Health Workers and Health Educator).

- B. The Ryan White ambulatory clinic conducted 301 visits in the month of July: 25 initial provider visits, 135 established provider visits, seven (7) telehealth visits (established clients). There were 15 Nurse encounters and 119 lab visits. There were 30 Ryan White clients seen under Behavioral Health by a Licensed Clinical Social Workers (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 15 patients enrolled and seen under the Rapid stART program in July.
- D. The Ryan White program dietitian continues to provide medical nutritional therapy to clients at SNCHC.

II. Family Planning (FP)

- A. The FP program at East Las Vegas and Decatur Public Health Centers conducted 250 patient visits.

III. Family Healthcare Center

- A. The Family Healthcare Clinic conducted 346 patient visits in July.

IV. Pharmacy Services

- A. Dispensed 1,517 prescriptions for 1,163 clients.
- B. Pharmacist assessed/counseled 95 clients in clinics.
- C. Assisted 10 clients to obtain medication financial assistance.
- D. Assisted three (3) clients with insurance approvals.

V. Eligibility Case Narrative and Eligibility Monthly Report

Eligibility Monthly Report		
July 2022		
Total number of referrals received	383	
Total number of applications submitted	Medicaid/SNAP/TANF: 53	Hardship: 0

Eligibility services are undergoing quality improvement initiatives to enhance workflows and infrastructure. New approaches and processes have been implemented to identify and proactively provide support.

VI. Refugee Health Program

- A. The Refugee Health Program served eight (8) adults in July.



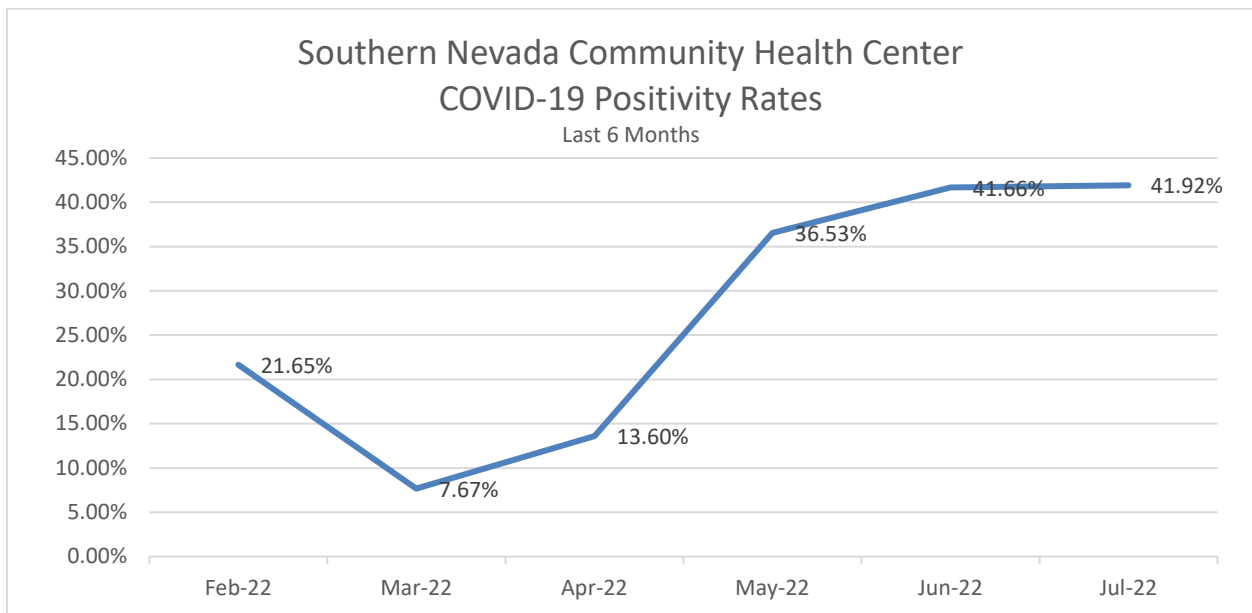
VII. Quality & Risk Management:

Quality

COVID-19 Testing

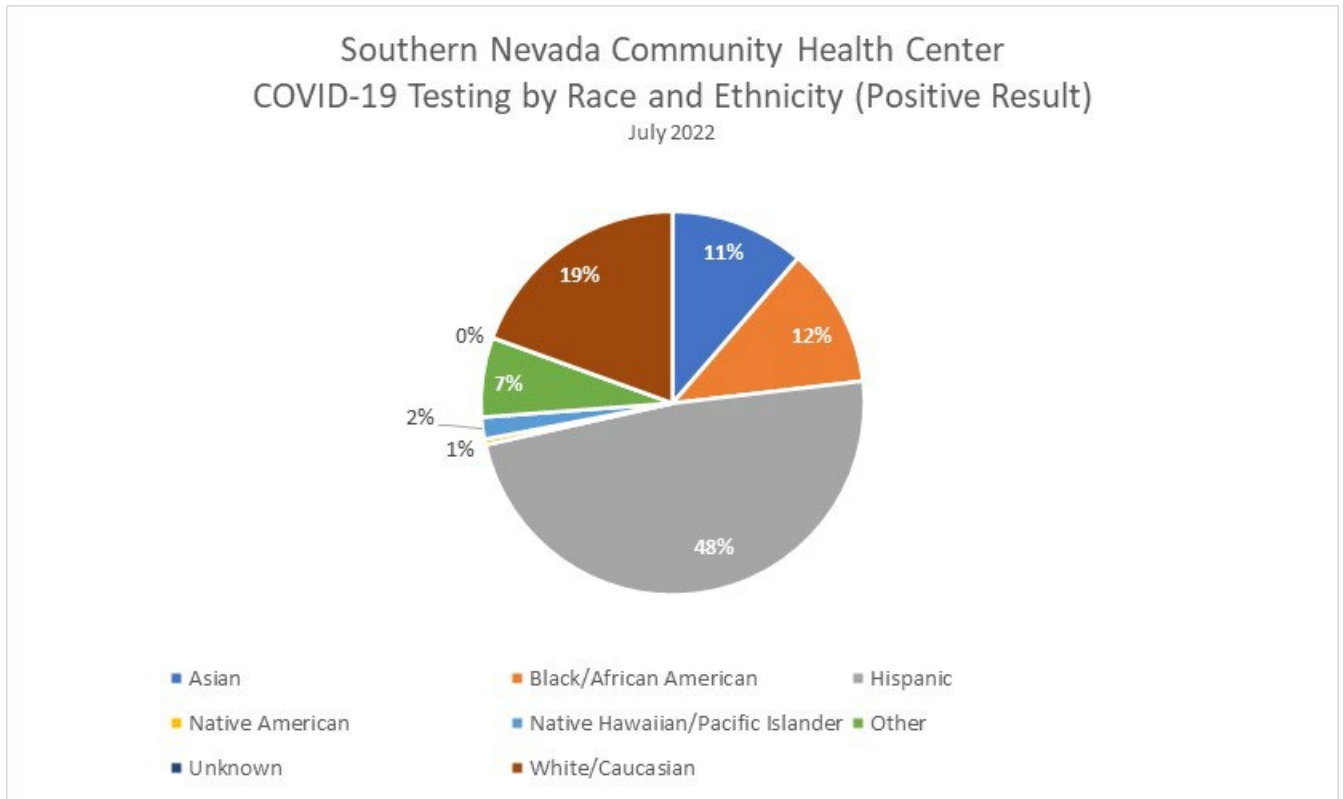
From April 2020 to July 2022 the Southern Nevada Community Health Center completed 94,171 COVID-19 tests, 1,107 of which were conducted in July of 2022.

The Health Center and the Southern Nevada Health District continue to remind those who are sick to stay home and if they have been in contact with a person who has COVID-19 or think they have been exposed, they should get tested. SNCHC is also providing antiviral medications for appropriate candidates. The Health Center and Health District also encourage those who are medically appropriate to get the COVID-19 vaccine.

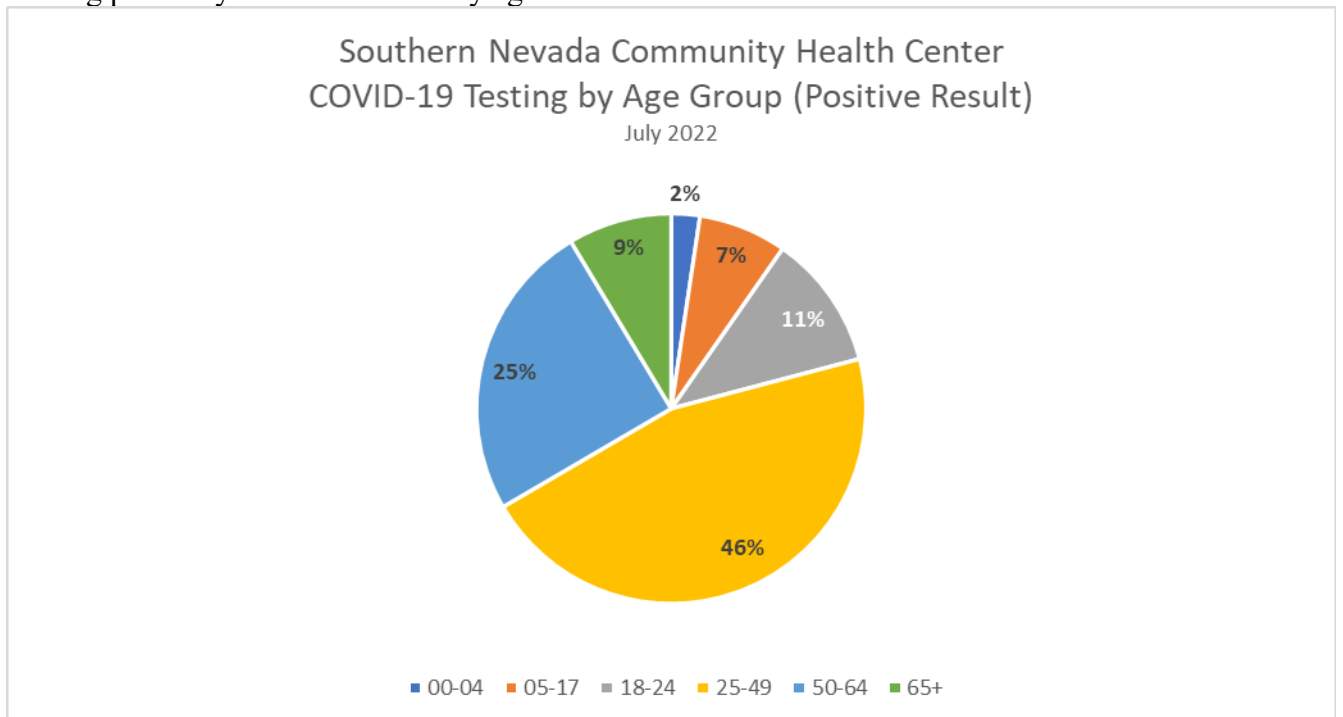


In July 2022, the COVID test positivity rate was 41.92%

Testing positivity rates broken out by race and ethnicity below:



Testing positivity rates broken out by age below:





COVID-19 Vaccine Program

The Southern Nevada Community Health Center began administering COVID-19 Vaccines on May 3, 2021 as part of HRSA's COVID-19 Vaccine Program. The vaccine site is located at the Southern Nevada Health District main location in the NCS Building. To date, the health center has administered 44,770 COVID-19 vaccinations

Telehealth

In Q2, the Health Center saw 52 patients via telehealth, 5.5% of the patients that were seen in our clinics.

The Health Center implemented telehealth following the need for modified clinic operations as we continue to navigate 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. We are currently seeing a slight upward trend in COVID-19 positivity rates, and when medically appropriate, telehealth will continue to be offered, even following the COVID-19 pandemic.

Health Center Visits

The Health Center scheduled 1,350 patient appointments in July. Of scheduled patients, 70.4% kept their appointments. There was a 29.56% no-show rate including cancellations.

Risk Management

Health Insurance Portability and Accountability Act (HIPAA):

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

Exposure Incidents:

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

Medical Events:

There were two (2) medical events at the Health Center in July.

Patient Satisfaction:

See Results below.

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



SNCHC Patient Satisfaction Survey Results for July:

1. Service received during your visit?

- 📊 Family Health – 15% (English)/ 20.9% (Spanish)
- 📊 Family Planning – 80% (English)/ 79.1% (Spanish)
- 📊 Ryan White – 3.8% (English)/ 2.0% (Spanish)
- 📊 Behavioral Health – 1.3% (English)/ 0.0% (Spanish)

2. Southern Nevada Health District (SNHD) location?

- 📊 Main – 90% (English)/ 86% (Spanish)
- 📊 East Las Vegas – 10% (English)/ 14% (Spanish)

3. Do you have health insurance?

- 📊 Yes – 57.5% (English)/ 4.7% (Spanish)
- 📊 No – 42.5% (English)/ 95.3% (Spanish)

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

- 📊 Less than 6 months – 60% (English)/ 51.2% (Spanish)
- 📊 6 months to a year – 10% (English)/ 7.0% (Spanish)
- 📊 1-3 years – 15% (English)/ 11.6% (Spanish)
- 📊 3-5 years – 6.3% (English)/ 7.0% (Spanish)
- 📊 5+ years – 8.8% (English)/ 23.3% (Spanish)

5. How did you hear about us?

- 📊 Friends and/or Family – 45% (English)/ 65.1% (Spanish)
- 📊 Referral from another Provider/Resource – 20% (English)/ 4.7% (Spanish)
- 📊 Search Engine (e.g. Google) – 6.3% (English)/ 4.7% (Spanish)
- 📊 SNHD Website – 12.3% (English)/ 4.7% (Spanish)
- 📊 Social Media – 5.4% (English)/ 4.7% (Spanish)
- 📊 Postal Mailer - 0.0% (English)/ 4.7% (Spanish)
- 📊 Other Ads – 7.7% (English)/ 16.3% (Spanish)

6. Ease of scheduling an appointment?

- 📊 Excellent – 80% (English)/ 86.08% (Spanish)
- 📊 Good – 15% (English)/ 14.0% (Spanish)
- 📊 Average – 3.8% (English)/ 0.0% (Spanish)
- 📊 Poor – 1.3% (English)/ 0.0% (Spanish)
- 📊 Terrible – 0.0% (English)/ 0.0% (Spanish)

7. Wait time to see provider?

- 📊 Excellent – 67.5% (English)/ 81.4% (Spanish)
- 📊 Good – 22.5% (English)/ 18.6% (Spanish)
- 📊 Average – 10% (English)/ 0.0% (Spanish)
- 📊 Poor – 0.0% (English)/ 0.0% (Spanish)
- 📊 Terrible – 0.0% (English)/ 0.0% (Spanish)



8. Care received from providers and staff?
 - 🗳️ Excellent – 88.8% (English)/ 97.7% (Spanish)
 - 🗳️ Good – 11.3% (English)/ 2.3% (Spanish)
 - 🗳️ Average – 0.0% (English)/ 0.0% (Spanish)
 - 🗳️ Poor – 0.0% (English)/ 0.0% (Spanish)

9. Understanding of health care instructions following your visit?
 - 🗳️ Excellent – 87.5% (English)/ 84.4% (Spanish)
 - 🗳️ Good – 12.5% (English)/ 11.6% (Spanish)
 - 🗳️ Average - 0.0% (English)/ 0.0% (Spanish)
 - 🗳️ Poor - 0.0% (English)/ 0.0% (Spanish)

10. Hours of operation?
 - 🗳️ Excellent – 76.3% (English)/ 83.7% (Spanish)
 - 🗳️ Good – 23.8% (English)/ 16.3% (Spanish)
 - 🗳️ Average – 0.0% (English)/ 0.0% (Spanish)
 - 🗳️ Poor - 0.0% (English)/ 0.0% (Spanish)

11. Recommendation of our health center to friends and family?
 - 🗳️ Extremely Likely – 92.5% (English)/ 90.7% (Spanish)
 - 🗳️ Somewhat Likely – 7.5% (English)/ 2.3% (Spanish)
 - 🗳️ Neutral – 0.0% (English)/ 2.3% (Spanish)
 - 🗳️ Somewhat Unlikely – 0.0% (English)/ 2.3% (Spanish)
 - 🗳️ Not Very likely – 0.0% (English)/ 2.3% (Spanish)

Health Center Visit Report Summary: July 2022												
Southern Nevada Community Health Center												
Completed Pt												
	Provider Visits		No Show Visits		Telehealth Visits						Total Scheduled Patients	
					Audio Visit		Televisit		Total Telehealth Visits			
Family Health Clinic	309	34.37%	128	9.48%	34	65.38%	3	5.77%	37	2.74%	474	35.11%
Behavioral Health Clinic*		0.00%		0.00%	1	1.92%	5	9.62%	6	0.44%	6	0.44%
Family Planning Clinic	248	27.59%	92	6.81%	2	3.85%		0.00%	2	0.15%	342	25.33%
Refugee Clinic	33	3.67%	35	2.59%		0.00%		0.00%	0	0.00%	68	5.04%
Ryan White	309	34.37%	144	10.67%	1	1.92%	6	11.54%	7	0.52%	460	34.07%
Totals	899	100.00%	399	29.56%	38	73.08%	14	26.92%	52	3.85%	1350	100.00%
Percent of scheduled patients who no showed	29.56%											

* Visits included in the Family Planning Clinic

DK