

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: Health Services Agency *mad*

BOARD AGENDA # *B-8

Urgent

Routine

AGENDA DATE June 8, 2010

CEO Concurs with Recommendation YES NO

4/5 Vote Required YES NO

(Information Attached)

SUBJECT:

Authorization for the Health Services Agency to Submit the Federally Qualified Health Center Look-Alike Annual Recertification Application to the Health Resources and Services Administration (HRSA)

STAFF RECOMMENDATIONS:

1. Authorize the Managing Director of the Health Services Agency or her designee to submit the Federally Qualified Health Center Look-Alike annual Recertification Application.
2. Authorize the Chief Executive Officer or his designee to sign required documents as part of the Federally Qualified Health Center Look-Alike Recertification Application.

FISCAL IMPACT:

The annualized net impact of the Federally Qualified Health Center Look-Alike designation is approximately \$7 million in enhanced per visit revenue and prescription drug discounts. The proposed budget for Fiscal Year 2010-2011 for the Clinic and Ancillary Division of the Health Services Agency is \$44,872,180 and assumes the continued Federally Qualified Health Center Look-Alike designation. The designation was effective on September 20, 2007 and is applicable to the primary care clinics of the Health Services Agency, designated as the "Stanislaus County Community Health Centers".

BOARD ACTION AS FOLLOWS:

No. 2010-351

On motion of Supervisor DeMartini, Seconded by Supervisor Monteith
and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, Monteith, DeMartini, and Chairman Grover

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) X Approved as recommended

2) _____ Denied

3) _____ Approved as amended

4) _____ Other:

MOTION:

Christine Ferraro

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

DISCUSSION:

The Federally Qualified Health Center Look-Alike (FQHC-LA) designation was awarded to the Stanislaus County Community Health Centers effective September 20, 2007. On an annual basis, this designation contributes over \$7 million dollars to the Stanislaus County Community Health Centers (Health Services Agency primary care clinics). This increase in revenue is based on the cost-based methodology of reimbursement provided to FQHC designated clinics for service provided to Medi-Cal and Medicare beneficiaries, compared with the standard fee schedule applied to non-FQHC designated providers.

While numerous detailed requirements exist, the core expectations of the designation center around community need, governance, financial and operational systems and management. As a Look-Alike designation, the clinics are required to meet all the federal Public Health Service Act section 330 requirements.

Annually, at least 90 days prior to the anniversary of the FQHC-LA award, it is required that a recertification application be submitted to the federal Health Resources and Services Administration (HRSA). The recertification application is not as comprehensive as the initial application which was submitted in August of 2006, or the renewal application which is due every 5 years, however it does require an extensive amount of utilization and financial data, as well as documents demonstrating compliance with respect to governance, contracting, scope of services and community need. The Application Checklist is attached as Attachment A.

The deadline for the submission of the Recertification Application is June 20, 2010.

In accordance with HRSA rules, the Stanislaus County Community Health Center Board approved the submission of the recertification application during their meeting of June 2, 2010.

POLICY ISSUE:

This recommendation supports the Board of Supervisor's priorities of A Healthy Community, Effective Partnerships and Efficient Delivery of Public Services, as the FQHC-LA designation is the single largest contributing factor to the Agency's ability to sustain the County's clinic system, and supports the Community Health Centers Board's activities.

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STAFFING IMPACT:

There is no direct staffing impact as a result of this recommendation.

DEPARTMENT CONTACT:

Mary Ann Lee, Managing Director, 209-558-7163.

OMB No. 0915-0142
Expires: 08/31/2005

BPHC Program Information Notice 2003-21

FORM 2

APPLICATION CHECKLIST

DOCUMENTS TO BE INCLUDED WITH APPLICATION/RECERTIFICATION				
ALL DOCUMENTS MARKED WITH "XX" MUST BE INCLUDED WITH APPLICATION	INITIAL APPLICATION FOR FQHC LOOK-ALIKE STATUS		RECERTIFICATION FOR FQHC LOOK-ALIKE STATUS	
		APPLICATION PAGE # (s)		RECERTIFICATION PAGE # (s)
Form 1 -A/1-B (as appropriate): Application for FQHC Designation/Recertification Cover Sheet – Notarized	XX		XX	
Table of Contents	XX			
Project Summary	XX			
Eligibility Checklist	XX		XX	
BODY OF APPLICATION				
Need and Community Impact	XX		*	
Health Services	XX		*	
Management and Finance	XX		*	
Governance	XX		*	
REQUIRED ATTACHMENTS				
Form 2: Application Checklist	XX		XX	
Form 3: Compliance Checklist	XX		XX	
Form 4: Health Center Affiliation Checklist	XX		XX	
Form 5: Service Sites	XX		XX	
Form 6: Change in Scope Assurances Checklist			XX	
Table 1: Services Offered and Delivery Method	XX		XX	
Table 2, Part A: Users by Age and Gender	XX		XX	
Table 2, Part B: Users by Race/Ethnicity	XX		XX	
Table 2, Part C: Users by Income Levels	XX		XX	
Table 2, Part D: Users by Payment Source	XX		XX	
Table 3: Providers	XX		XX	
Table 4: Patient Service Charges, Collections and Self-Pay Adjustments	XX		XX	
Table 5: Current Board Member Characteristics	XX		XX	
Map of service area identifying site(s), MUAs/MUPs, and other primary care providers	XX		XX	
Corporate Bylaws	XX		XX	
Articles of Incorporation	XX		XX	
Other contracts as applicable	XX		XX	
Co-Applicant Agreement (if applicable)	XX		*	
Organization Chart	XX		*	
Job or Position Description for Key Personnel	XX		*	
Resumes for Key Personnel	XX		*	
Most recent independent financial audit including all management letters	XX		XX	
Schedule of discounts (Sliding Fee Schedule)	XX			
Current or requested MUA or MUP designation	XX			
Current or requested HPSA designation	XX			
Internal Revenue Service (IRS) Tax Exempt Certification for the Applicant, (or documentation of pending certification) OR, if the Applicant is a public entity, the Co-Applicant Board	XX			
* Update, as necessary, for any changes since last recertification				