

The County of Santa Cruz

Integrated Community Health Center Commission

MEETING AGENDA

July 8, 2021 @ 11:00 am

MEETING LOCATION: Microsoft Teams Meeting Or call in (audio only) [+1 916-318-9542](tel:+19163189542), [886796507#](tel:+1886796507) United States, Sacramento Phone Conference ID: 886 796 507# / 1080 Emeline Ave., Bldg. D, Santa Cruz, CA 95060

ORAL COMMUNICATIONS - Any person may address the Commission during its Oral Communications period. Presentations must not exceed three (3) minutes in length, and individuals may speak only once during Oral Communications. All Oral Communications must be directed to an item not listed on today's Agenda and must be within the jurisdiction of the Commission. Commission members will not take actions or respond immediately to any Oral Communications presented but may choose to follow up at a later time, either individually, or on a subsequent Commission Agenda.

1. Welcome/Introductions
2. Oral Communications
3. June 3, 2021 Meeting Minutes – Recommend for Approval
4. Policy 100.03 - Billing Department and Front Office Operations Policies and Procedures – Recommend for Approval
5. Policy 100.04 - Billing Department Ability to Pay (Sliding Fee Scale Program) Policies and Procedures – Recommend for Approval
6. Review and Approve Health Center Annual Audit - Recommend for Approval
7. Service Area Review - Recommend for Approval
8. Grant Applications- Recommend for Approval
9. Quality Management Committee Update
10. Social Justice
11. Financial Update
12. CEO/COVID-19 Update/ CZU Lightening Complex Fire Update

Action Items from Previous Meetings:

Action Item	Person(s) Responsible	Date Completed	Comments
QI Measure for Mental Health and Behavioral Health concerns. On 10/1/20 minutes. Follow up next 2-3 months.	Raquel		
E-mail Conflict-of-Interest form to commission. DocuSign format.	Mary	7/2/2021	

Central California Alliance Health Corrective Action Plan. Committee would like quarterly updates on the corrective action plan deficiencies. Item on 5/6/21 Minutes.	Raquel		
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Next meeting: August 5, 2021 11:00 am- 1:00 pm

Meeting Location: Microsoft Teams Meeting Or call in (audio only) +1 916-318-9542
,886796507# United States, Sacramento Phone Conference ID: 886 796 507# / 1080 Emeline
Ave., Bldg. D, Santa Cruz, CA 95060

The County of Santa Cruz Integrated Community Health Center Commission

Minute Taker: Mary Olivares

Minutes of the meeting held July 8, 2021.


TELECOMMUNICATION MEETING: Microsoft Teams Meeting - or call-in number 831-454-2222; Meeting Code: 850702.

Attendance	
Christina Berberich	Chair
Len Finocchio	Vice Chair
Caitlin Brune	Member at Large
Rahn Garcia	Member
Dinah Phillips	Member
Amy Peeler	County of Santa Cruz, Chief of Clinic Services
Raquel Ramírez Ruiz	County of Santa Cruz, Senior Health Services Manager
Julian Wren	County of Santa Cruz, Administrative Services Manager
Mary Olivares	County of Santa Cruz, Admin Aide
Nikki Yates	County of Santa Cruz, Departmental Admin Analyst
Meeting Commenced at 11:04 am and Concluded at 12:39 pm	
Excused/Absent:	
Absent: Gustavo Mendoza	
Excused: Michelle Morton	
1. Welcome/Introductions	
2. Oral Communications:	
3. June 3, 2021 Meeting Minutes - Action item	
Review of June 3, 2021 Meeting Minutes – Recommended for Approval. Rahn moved to accept minutes as submitted. Len second, and the rest of the members present were all in favor.	
4. Policy 100.03 - Billing Department and Front Office Operations Policies and Procedures – Recommend for Approval	
Julian reviewed with commission members Policy 100.03 - Billing Department and Front Office Operations Policies and Procedures. Rahn moved to adopt as submitted. Len second, and the rest of the members present were all in favor.	
5. Policy 100.04 - Billing Department Ability to Pay (Sliding Fee Scale Program) Policies and Procedures – Recommend for Approval	
Julian reviewed with commission members changes to Policy 100.04 – Billing Department Ability to Pay (Sliding Fee Scale Program). Rahn moved to adopt as amended as recommended by staff. Dinah second, and the rest of the members present were all in favor.	
6. Review and Approve Health Center Annual Audit - Recommend for Approval	
Julian stated that Health Resource & Service Administration (HRSA) requires the commission to approve audits, and this is usually done in December and the report is published in January. Julian went over funding with commission and stated this was for federal funding only. Rahn moved to approve the County of Santa Cruz single audit report for the year ended June 30, 2020, only the sections pertaining to those matters of the responsibility of the commission. Dinah second, and rest of member present were all in favor.	
7. Service Area Review - Recommend for Approval	
Raquel presented the Annual Service Area Review Report. Raquel went through presentation with commission. She stated on an annual basis we must review our zip codes to make sure we have 75% of our patient population in our zip codes. Our goal is to define and review the boundaries of the catchment area to be served, including the identification of the medically underserved population(s). We need to ensure the services provided are available and accessible to residents promptly and appropriately and to maintain compliance with the Health Resource & Service Administration (HRSA). Raquel stated at the end of this presentation she will recommend zip codes to be removed and to be added. Raquel stated we report this to HRSA through our uniform data system. Raquel is requesting the commission's approval on the Integrated Community Health Center Commission Annual Service Area Review dated July 8, 2021. Rahn moved to adopt as submitted. Len second, and the rest of the members present were all in favor.	

8. Grant Applications- Recommend for Approval
Julian stated it is the county's requirement that anytime we apply for a grant we are required to go to the board for approval. Per Health Resource & Service Administration (HRSA) we are also required to bring this to the Integrated Community Health Center Commission for approval. Julian stated we are coming to the commission to approve for ratification of us applying for various grants. Raquel noted that she has been informing the commission on most of these grants at previous meetings but did not make these an action item. In the future this will be noted on the agenda as an action item. Julian presented to the commission on the various grants that we have applied for and will be applying for in the near future. Julian stated we are asking for the commission to move and ratify in applying for these various grants. Len moved to ratify the application and the expenditure of these grants. Caitlin second, and the rest of the members present were all in favor.
9. Quality Management Committee Update
Raquel stated they are working on the continuous quality improvement projects (Hypertension, diabetes, BMI, cervical and colorectal cancer screenings). She stated we are moving from automatically sending reports to building capacity with our staff and teaching them how to pull the reports directly from Epic. She also stated that Peer Review and Risk Management Committee are automating chart review monthly assignments using digital DocuSign system and we go live on July 15 th . Raquel also gave an update on the uniform data system (UDS) annual report. Raquel also reminded commissioners on the upcoming operational site visit and that they are scheduled on Tuesday, July 27 from 11:45-12:45. She also informed commissioners to please submit bios and surveys by 7/9/21.
10. Social Justice
Caitlin invited everyone to take a listen to the 15-minute TED talk, <i>How Racism Makes Us Sick</i> . She stated this is truly incredible paper that describes some of the core factors that have been holding us back from truly ending racism. The commission thanked Caitlin for sending us these great resources.
11. Financial Update
Julian reported the data we are reviewing is dating back to April 2021. He wanted to highlight that our net county cost was equal in the past and as the year has gone on, we made less than we expected and in order to make this happen our CFO has transferred from IGT funds in order to cover what we said we would cover for the HSA budget in the amount that is equal to about 2.5 million dollars. Julian stated there are a lot of things at the end of the fiscal year that will affect our bottom line in terms of claims. Julian will be doing an analysis on our current claims that are out there to be reimbursed so we can factor that into our revenue. Julian presented on visits in comparison 7-2019 to 5-2020 vs 7-2020 to 5-2021. He stated this was broken down by clinic and overall, we are 13% above last year. Julian also presented on Projected charges. There was a question from a commission member on what is in "Other Charges" there was a lot in projected units but not a lot of money. Julian will look into this and get back to committee. Lastly Julian reported we are working in a lot of clean up and days in AR report shows this. In December we went from 97 days to 57.5 days he stated we have reduced this significantly and moving forward we would like to keep this as low as possible in the 30 days range.
12. CEO/COVID-19 Update
Amy reminded commissioners that her annual evaluation is due. She was happy to announce that we have a new Medical Director and that she will be starting October 2021. Amy also stated she has not gone through the whole KITCHENISTAS video that Marco shared with us and perhaps we could talk about it more at the next meeting.
Action items:
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Next Meeting: August 5, 2021 11:00 am - 1:00 pm
Microsoft Teams Meeting: 1080 Emeline, Santa Cruz, CA

Minutes approved _____ / / _____
(Signature of Board Chair or Co-Chair) (Date)

<p>SUBJECT: Billing Department and Front Office Operations Policies and Procedures</p> <p>SERIES: 100 Administration</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 100.03</p> <p>PAGE: 1 OF 12</p> <p>EFFECTIVE DATE: August 2014</p> <p>REVISED: July 2021 February 2020 August 2018 August 2017</p>	<div style="text-align: center;">  </div> <hr/> <p style="text-align: center;">COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <p style="text-align: center;">Clinics and Ancillary Services</p>
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POLICY STATEMENT:

The Health Services Agency (HSA) Clinic Services Division operates Santa Cruz County-run community health centers. The purpose of this policy is to describe all billing policies and procedures currently in use for ensuring assets are safeguarded, guidelines of grantors are complied with, and finances are managed with accuracy, efficiency, and transparency.


The Health Services Agency (HSA) will ensure access to health care services by families and individuals regardless of the patient's ability to pay. At no time will a patient be denied services because of an inability to pay, as described in the Sliding Fee Scale Discount Program policy #100.04.

HSA staff with a role in the management of billing operations are expected to comply with the policies and procedures in this manual.

These policies will be reviewed annually and revised as needed by the staff and approved by the Chief of Clinic Services.

PROCEDURE:

- A. Billing Overview: Clinic Services Division will provide methods for appropriate and sensitive evaluation of each patient's ability to pay for services rendered.
 - 1. Financial screening of each patient shall not impact health care delivery.
 - 2. The ability to pay (Sliding Fee Discount Program) is available for all patients to apply.
 - 3. The screening will include exploration of the patient's possible qualification for specialized payer programs and is based only on income and family size. Staff will encourage patients to apply for appropriate funding programs and facilitate an application when appropriate.
 - 4. Patients who are unable to pay for services due to special circumstances may request for fees to be waived. All fee waivers must be reviewed and approved by the Business Office

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Manager and/or Health Center Managers. The Business Office staff, or the registration desk staff will request the waiver from the Health Center Manager or the Business Office Manager prior to waiving of any fees either through email, in person, or by telephone.

B. General Payers

1. Medi-Cal: Most Medi-Cal patients are insured through Santa Cruz County's local managed care provider, Central California Alliance for Health (CAAH). CCAH members must be:
 - a. Assigned to HSA for their primary care; or
 - b. Within their first 30 days of CCAH membership and therefore not yet formally assigned to a care provider (administrative member); or
 - c. Pre-authorized to be seen by an HSA provider.
2. Patients who have State Medi-Cal are generally patients with restricted benefits or transitioning to the managed care program.
3. Medicare: (non-managed care type) Recipients may qualify due to age and/or disability or may be dependent of an aged and/or disabled person.
4. Third-Party Insurance (Private Insurance): Contracted with Blue Shield PPO. Courtesy billing for other PPO insurance is available, however, the patient is responsible for any costs not covered by non-contracted insurance providers.

C. Specialized Payers

1. The following payer types are government-funded program and require application screening to determine eligibility:
 - a. Family Planning, Access, Care and Treatment (Family PACT) program: State program for family planning services. Covers annual exams, sexually transmitted infection (STI) checks, birth control methods and emergency contraception.

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- b. Every Woman Counts (EWC): Breast and cervical cancer screening and diagnostic services. Covers clinical breast exam, screening and diagnostic mammogram, pelvic exam and pap.
- c. Child Health and Disability Prevention (CHDP) Program: Well care visits, including immunizations, for children. The age limit is 18 years and 11 months. Grants 60 days of full Medi-Cal benefits while the family formally applies for on-going insurance.
- d. MediCruz: Locally funded program that provides specialty care to patients who fall at or below 100% of the Federal Poverty Level and are not eligible for Medi-Cal. Patients fill out an application and provide verification documents.

D. Self-Pay Payers

- 1. The Ability to Pay (Sliding Fee Discount Program) is available for all patients to apply. Patients with non-contracted insurance types, are responsible to pay for visit costs, including ancillary services. Patients are encouraged to apply for the Ability to Pay (Sliding Fee Discount Program), if eligible. Refer to the Ability to Pay (Sliding Fee Scale Discount Program) policy and procedure, #100.04.


E. Verification of Eligibility and Benefits Determination by Payer

1. Medi-Cal

- a. Eligibility Verification: Verification of coverage, restrictions, and cost-share must be obtained through the Medi-Cal website. Patients who may be eligible for Medi-Cal, but are not enrolled, will be encouraged to apply
- b. Benefits Determination: Once the eligibility is verified, the benefit type must be reviewed. There are several types of Medi-Cal benefits, ranging from full scope to restricted services. For additional information, the Medi-Cal provider manual can be referenced for benefit rulings. If coverage indicates that the patient is a member of CCAH, then eligibility and assignment must be verified via the CCAH website.

2. Central California Alliance for Health (CAAH)

- a. Eligibility Verification: Information regarding the eligibility of coverage must be obtained through the CCAH provider web portal.

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- b. Benefits Determination: All Medi-Cal benefit rulings apply to CCAH patients assigned to HSA; however, CCAH may offer more benefits than State Medi-Cal (see CCAH provider manual). If the patient is assigned to another provider, they may only be seen by our office for a sensitive service or under the authorization from their assigned primary care provider. A list of sensitive services can be found on the CCAH website.

3. Medicare

- a. Eligibility Verification: Medicare eligibility may be verified on-line through the Trizetto Gateway EDI website or by phone. Some Medicare patients have supplemental insurance coverage that may include commercial insurance or Medi-Cal coverage.
- b. Benefits Determination: Co-insurances are due on the date of service. Normally Medicare requires an annual deductible that must be met prior to accessing benefits, however, HSA's Federally Qualified Health Center status allows waiver of the deductible.

4. Other Government Funded Programs

- a. Eligibility Verification: Government Funded Programs have eligibility period limitations, ranging from one day to one year. Eligibility periods for Family PACT, EWC, and CHDP Medi-Cal can be obtained through the Medi-Cal eligibility portal. MediCruz eligibility may be determined via the County's MediCruz Office.
- b. Benefits Determination
 - i. Family PACT: covers all birth control methods offered at the HSA clinics, STI screenings, and treatments as part of the primary benefits. For secondary benefits, review the Family PACT Benefits Grid located on the Medi-Cal website.
 - ii. EWC: covers annual cervical and breast cancer screenings as part of the primary benefits. For secondary benefits, review the covered procedure list located on the Medi-Cal website.
 - iii. CHDP: grants full-scope Medi-Cal benefits on a temporary basis to allow application processing for Medi-Cal.

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iv. MediCruz covers specialty care on a temporary and episodic basis.

5. Commercial Insurance


- a. Eligibility Verification: Eligibility will be verified with contracted insurances using the insurance company's website or via the telephone number provided on the patient's insurance card.
- b. Benefits Determination: As insurance plan benefits vary significantly, it is the patient's responsibility to understand their insurance benefits prior to obtaining services. Since understanding health insurance benefits can be challenging, as a courtesy, HSA staff may assist patients with obtaining coverage information.

F. Enrollment: Other State Funded Programs


HSA is a Qualified Provider allowed to screen, verify, and enroll patients in State Funded Programs using the guidelines set forth by each of the following programs:

1. CHDP

- a. The CHDP program provides complete health assessments for the early detection and prevention of disease and disabilities for low-income children and youth. A health assessment consists of health history, physical examination, developmental assessment, nutritional assessment, dental assessment, vision and hearing tests, a tuberculin test, laboratory tests, immunizations, health education/anticipatory guidance, and referral for any needed diagnosis and treatment.
- b. In accordance with current CHDP guidelines, HSA staff will pre-screen patients for program eligibility and provide a program application to eligible patients. Staff enters the completed application via the CHDP Gateway and prints two paper cards, with one card signed by the participant's parent and retained at HSA. The other card is provided to the participant's parent, along with a verbal explanation from HSA staff that the child is fully covered by Medi-Cal until the expiration date printed on the card. It is the parent's responsibility to follow-up with County

SUBJECT: Billing Department and Front Office Operations Policies and Procedures	POLICY NO.: 100.03 PAGE: 6 OF 12	 The seal of Santa Cruz County, California, featuring a central figure on a horse, surrounded by the text "THE GREAT SEAL OF THE COUNTY OF SANTA CRUZ" and the year "1850".
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Human Services regarding further application requirements for ongoing Medi-Cal eligibility.

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2. Family PACT


- a. Family PACT clients are residents of California that demonstrate a need for family planning services, but have no other source of family planning coverage, and qualify for the program based on family income. Medi-Cal clients with an unmet cost-share may also be eligible. In accordance with Family PACT guidelines, eligibility determination and enrollment are conducted by HSA staff (patient completes an application) with the point of service activation, granting the applicant up to one year of benefits for family planning and reproductive health services. Qualified applicants are given a membership card and informed about program benefits, state-wide access, as well as the renewal process.

3. Every Woman Counts (EWC)

- a. EWC provides free clinical breast exams, mammograms, pelvic exams, and Pap tests to California's underserved women. The mission of the EWC is to save lives by preventing and reducing the devastating effects of cancer for Californians through education, early detection, diagnosis and treatment, and integrated preventive services, with special emphasis on the underserved. Income qualification and age-related service information are available at the EWC website.
- b. HSA Clinics staff will screen patients for eligibility in accordance with program guidelines. The EWC application packet is completed by the patient, and the completed application is processed by HSA staff via the online portal. Patients are issued a paper membership card granting up to one year of benefits for breast and/or cervical services and given information regarding program benefits and the program renewal process. They are also instructed to present their membership card when obtaining services outside of HSA, such as a mammogram.

4. Ryan White HIV/AIDS Program (RWHAP)

- a. For patients receiving Ryan White HIV/AIDS Program funded services the following process on charges related to HIV care will be followed: Patients receiving Ryan White HIV/AIDS Program funded services will not be charged fees related to care. The office visit fees will be waived (see section A, #4).

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G. Patient Information Policy

1. Exchange of Information

- a. Registration forms are maintained by Registration staff. Patients are either offered forms or questions are asked verbally, depending on patient preference. Information is collected on all new patients and updated at least every 12 months. All information on the registration form must be collected. The patient address/phone number must be confirmed at each visit. The registration form is also used to collect demographic information necessary for program and agency-wide reporting purposes.

2. Patient Scheduling

- a. Appointment requests may be made in person or over the phone. At the time of an appointment request, staff will confirm the patient's name, date of birth, and phone number. The patient's reason for the appointment should be requested to determine appointment type and duration.

3. No Show and Late Cancels Defined


- a. No Show Appointment: The patient does not arrive for a scheduled appointment.
- b. Late Cancel Appointment: The patient cancels appointment less than 24 hours prior.

4. Follow-up


- a. If deemed necessary by the medical provider, HSA staff will follow up with patients unable to attend a previously scheduled appointment in order to schedule another appointment or determine if the health issue has been resolved.

H. Financial Policies

1. Accepted Forms of Payment

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- a. Cash: Cash is counted in front of the patient, payments are posted on the patient account (via Epic), and a receipt is printed for the patient.
 - b. Credit/Debit Card: Charge information is submitted via the credit card merchant services portal. Payment is then posted on the patient account (via Epic), and a receipt is printed for the patient.
 - c. Personal Checks: Checks are verified with the patient's name; the back of the check is stamped with the Santa Cruz County Bank account information for deposit. Payments are posted on the patient account (via Epic), and a receipt is printed for the patient.
 - d. Money Orders: Money order backside is stamped with HSA Bank account information for deposit. Payments are posted on the patient account (via Epic), and a receipt is printed for the patient.
2. Payment Agreements: Payment agreements may be negotiated between the patient and BO staff, providing up to three payment installments for past due charges (over 30 days).
 3. Refunds: Patient refunds are requested by BO staff using the appropriate County form and require BO Manager approval. Once approved, the request for a refund check is submitted to HSA Finance. Once prepared, the check is forwarded to the BO for delivery coordination with the patient. BO staff documents the refund in the patient account.
 4. Non-sufficient Funds (NSF) Returned Checks: NSF Returned Checks are received by mail, email, or identified via bank account review by HSA Finance. The payment is reversed on the patient's account; a new billing claim is created and the County's NSF fee charge of \$40 is posted and billed to the patient.
 5. Insurance Payments: HSA receives insurance payments in two forms: electronic funds transfer and paper checks. All payments are reconciled to the Explanation of Benefits (EOB), Remittance Advice (RA), or Electronic Remittance Advice (ERA). EOB, RA, and ERA all provide detailed information about the payment.
 6. Payments Received by Mail: BO staff are responsible for opening and sorting business office mail. Insurance checks received by mail will be distributed to appropriate BO staff members for processing and deposit preparation, following established County procedures. Payment detail may be posted manually using the correlated EOB via upload to the practice management system through an ERA. The final daily deposit should be completed by a different BO staff member.

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7. Direct Deposits: Most direct deposits from third party insurances are accompanied by an ERA uploaded to the practice management system. The biller will reconcile the bank account direct deposits with the ERAs received.

I. Billing Procedures

1. Encounter Development and Management


- a. ICD, CPT, and HCPCS Code Upgrades: ICD and CPT codes are updated as needed by HSA's practice management system vendor. Periodic manual updates are made by BO staff as necessary, and at the request of the medical team. Fees are updated at the beginning of each fiscal year, as applicable, following the Board of Supervisors approval of the Unified Fee Schedule.

2. Encounter to Claim Process


- a. HSA Medical Providers consists of physicians, nurse practitioners, physician assistants, and registered nurses. Providers select CPT and ICD codes for every outpatient face-to-face encounter. CPT codes include but are not limited to: evaluation and management (E&M) codes, preventative care codes, and/or procedure codes depending on the type of service provided. Additional information regarding coding, including program/payer specifications, can be found in HSA's BO Operations Manual. Once providers complete documentation of an encounter, a claim is generated.
- b. Claims that do not automatically transmit are retained in a billing work queue for review by the BO. Following review, the claim is either corrected by a biller or coder as appropriate or returned to the provider for consideration of chart level correction. Following these reviews and possible changes, the claim is then submitted for processing.
- c. Claims are submitted through the payment clearinghouse in batches grouped by payer type. The clearinghouse then forwards claims to the prospective payers. Claim batches are tracked weekly for transmission and payer acceptance.

3. Collections: HSA makes every reasonable effort to collect reimbursement for services provided to patients. This includes collection at time of service, as well as follow-up collection methods including statement dispatch and account notes.


4. Denial Management Procedure

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- a. Information regarding denied claims are uploaded into the practice management system electronically or entered manually. BO staff are responsible for researching, correcting, and resubmitting (or appealing) clean claims within a 30-day period upon receipt of denial information. Researching may involve contact with the payer, patient, or clearinghouse. A review of the payer-provider manual may also serve as a resource for denied claims.
- b. Discoveries may include: patient responsibility for all or part of the charges; incorrect or incomplete information originally submitted to the payer; claim and EOB information must be forwarded to another insurance through a crossover claim process. Correcting the claim may require provider review, CPT or ICD code update within the practice management system, and/or submission to a secondary or tertiary insurance. As soon as the claim is corrected it may be resubmitted with the next batch of claims. If a crossover claim, then required documentation is submitted to the secondary payer.
5. Patient Account Balances: Patient's with account balances of \$15 or more are sent a monthly statement. Patients with unpaid balances are flagged during the appointment registration process and directed to the Business Office.
6. Uncollectable and Bad Debt Adjustments
 - a. Under the direction of the Business Office Manager, staff will adhere to the following write-off guidelines. The Business Office Manager has the authority to approve write-offs. Write-offs will be measured by HSA Fiscal Department after the month-end close and accounts will be audited as part of standard fiscal year-end practice.
7. Write-off Adjustments by Payer
 - a. Medicare - Use uncollectible adjustment code
 - Write off balances over 12 months from Date of Post (DOP) when Medicare is primary.
 - Write off balances over 12 months from DOP when Medicare is secondary.
 - b. Commercial Insurance - Use uncollectible adjustment code

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- Write off balances over 12 months from the DOP when insurance is primary.
- Write off balances over 12 months from the DOP when insurance is secondary.
- c. EWC - Use uncollectible adjustment code
 - Write off any balance 12 months from DOP.
- d. Family PACT - Use uncollectible adjustment code
 - Write off any balance 12 months from DOP.
 - Write off any unpaid lab work balance over 12 months from DOP.
- e. CHDP - Use uncollectible adjustment code
 - Write off any balance over 12 months from DOP.
 - Write off any unpaid lab work balance over 12 months from DOP.
- f. Medi-Cal - Use uncollectible adjustment code
 - Write off any balance 12 months from DOP.
- g. CCAH - Use uncollectible adjustment code
 - Write off any unpaid lab work balance over 12 months from DOP.
 - Write off any balance over 12 months from DOP.
 - Write off any balance over 12 months from the DOP when Alliance is secondary.
- h. Self-Pay - Use bad debt adjustment code

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- Write off any balance over 12 months from DOP.
- Write off any balance for patients not assigned to HSA following Referral Authorization Form (RAF) denial or denial for out of county managed care.

i. Beacon – Use uncollectible adjustment code


Write off any balance 12 months from DOP.

8. Other Adjustments

- a. Billing Error (BE) – For duplicate claims, when a non-payable charge is billed to an insurance, or a split claim is erroneously created.
- b. Professional Courtesy (PC) – For charges disputed by patients or hardship waiver (see section A, #4).

9. Month End Closing Procedure: The month-end closing is performed at the end of each month and involves the reconciliation of payments and charges for that period.

- a. Reconciliation: For every insurance payment received, BO staff will log the payment on a spreadsheet titled Record of Receipt (ROR) and E-remit tracking prior to posting the payment in the practice management system. At the end of the month, assigned staff will reconcile the payments deposited into HSA’s bank account with the ROR entered onto the spreadsheet, and the payments posted in the practice management system. Discrepancies will be reported to HSA Fiscal staff assigned to HSA.
- b. All patient payments will be collected by BO staff and reconciled on a daily basis in the practice management prior to deposit. Any discrepancies will be reported to the Business Office Manager and HSA Fiscal.
- c. Claim dates will be reconciled by date of service. All charges to third party insurances must be submitted prior to the month-end closing.

<p>SUBJECT: Billing Department Ability to Pay (Sliding Fee Scale Program) Policies and Procedures</p> <p>SERIES: 100 Administration</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 100.04</p> <p>PAGE: 1 OF 4</p> <p>EFFECTIVE DATE: March 2020</p> <p>REVISED: July 2021</p>	 <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p>Clinics and Ancillary Services</p>
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PURPOSE:

The purpose of this policy is to reduce and/or eliminate financial barriers to patients who qualify for the Ability to Pay (ATP) (Sliding Fee Discount Program) to ensure access to services regardless of the patient's ability to pay. At no time will a patient be denied services because of an inability to pay.

The ATP applies to the full scope services provided by Health Services Agency's (HSA) Clinic Services Division, which includes Primary Care, Integrated Behavioral Health, Acupuncture, and Dental Services.

POLICY STATEMENT:

The Health Services Agency (HSA) Clinic Services Division operates county-run community health centers. The purpose of this policy is to describe all billing policies and procedures currently in use for ensuring assets are safeguarded, guidelines of grantors are complied with, and finances are managed with accuracy, efficiency, and transparency.

It is the policy of County of Santa Cruz Health Services Agency (HSA) to comply with government regulations. HSA is a Federally Qualified Health Center (FQHC) and received federal funding under the Health Center Program authorized by Section 330 of the Public Health Services (PHS) Act (42 U.S.C. 254b) ("section 330"), as amended (including sections 330C and (h)). The program is administered by the federal Health Resources and Services Administration (HRSA)


HSA staff with a role in the management of billing operations are expected to comply with the policies and procedures in this manual.

These policies will be reviewed annually and revised as needed by the staff and approved by the Integrated Community Health Center Commission, the Chief of Clinic Services, and HSA Director.

PROCEDURE:

A. Billing Overview: Clinic Services Division will provide methods for appropriate and sensitive evaluation of each patient's ability to pay for services rendered.


1. Financial screening of each patient shall not impact health care delivery.

SUBJECT: Billing Department and Front Office Operations Policies and Procedures	POLICY NO.: 100.04 PAGE: 2 OF 4	
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2. The screening will include exploration of the patient's possible qualification for specialized payer programs. Staff will encourage patients to apply for appropriate funding programs and facilitate an application when appropriate.
 - a. The Business Office Manager and Health Center Managers are authorized to waive patient fees due to expressed financial hardship or disputes, as described in the HSA Billing FO Policy and Procedures 100.3 (Section A, #4).
3. The Health Services Agency (HSA) will ensure access to health care services by families and individuals regardless of the patient's ability to pay. At no time will a patient be denied services because of an inability to pay.

B. Ability to Pay Program (Sliding Fee Discount Program)

1. Definition of Income: Income is defined as earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, alimony, child support, or any other sources that typically become available. Noncash benefits, such as food stamps and housing subsidies, do not count.
2. Definition of Family: A family is a group of individuals who share a common residence, are related by blood, marriage, adoption or otherwise present themselves as related, and share the costs and responsibility of the support and livelihood of the group.
3. The Sliding Fee Discount Program incorporates the most recent Federal Poverty Level Guidelines published by the Federal Health and Human Services.
4. Eligibility is based on income and family size only.
5. All patients are eligible to apply for the program.
6. Eligibility will be honored for 12 months.
7. Ability to Pay (ATP) is a sliding fee program available to all patients who qualify according to family size and income (individuals/families living at or below 200% of the Federal Poverty Level (FPL). Partial discounts or a nominal fee are provided for individuals and families with incomes above 100% of the current FPL and at or below 200% of the current FPG (see attachment 1).

SUBJECT: Billing Department and Front Office Operations Policies and Procedures	POLICY NO.: 100.04 PAGE: 3 OF 4	
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8. Patients will self-report income and family size on the ATP self-declaration/provisional application if the individual or family does not have the proof of income at the time of the visit. Patients applying for the ATP program are re-assessed if income or family size changes, as self-reported or the ATP eligibility period expires, and a new application is received.

9. Patients must first be screened for third-party insurance. Nominal fee charges apply to individuals and families with annual incomes at or below 100% of the Federal Poverty Guidelines. The Business Office Manager and Health Center Managers are authorized to waive patient fees due to expressed financial hardship or disputes. The Business Office staff, or the registration desk staff will request the waiver from the Health Center Manager or the Business Office Manager prior to waiving of any fees either through email, in person, or by telephone.
 - A) Patients who are covered by a third-party Insurance with “out of pocket” costs (i.e. co-insurance, co-pays, share of cost) may apply for the ATP program, if it is not prohibited by the third-party Insurance.


 - B) Staff will screen patient for eligibility for the ATP program by asking the patient to complete the application and provide proof of income.

 - C) Once the sliding fee level for the patient is assessed, the patient may pay the lesser of the charge discounted to the patient’s sliding fee level OR the patient’s out of pocket costs.

10. No discounts are provided to individuals and families with annual incomes above 200% of the current FPL. Ability to Pay (Sliding Fee Discount Scale Program) levels are described in Attachment 1 for Clinic, Integrated Behavioral Health, and Acupuncture services. Ability to Pay scale levels are described in Attachment 2 for Dental Services.

11. Patients interested in applying for this program are required to complete an application and provide proof of household income. Registration staff collects preliminary income and family size documentation for each applicant then enters the information into the appropriate EPIC module for payment range determination in accordance with FPL. Self-declaration of income and household information will be accepted.

12. For full program qualification, patients must provide income verification documents to support their application, such as:
 - a. Most recent Federal tax return

<p>SUBJECT: Billing Department and Front Office Operations Policies and Procedures</p>	<p>POLICY NO.: 100.04 PAGE: 4 OF 4</p>	
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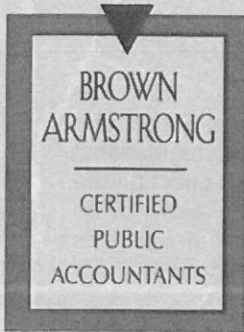
- b. IRS form W-2 or 1099
 - c. Two (2) most recent consecutive paystubs
 - d. Social Security, disability or pension benefit statements
 - e. Documentation of other governmental assistance
 - f. Verification of Student status and FAFSA form
 - g. Unemployment Benefits / Worker's Compensation
 - h. Self-declaration form may be accepted if formal documentation is not available.
13. The ATP shall apply to all required and additional health services within the HRSA-Approved scope of project for which there are distinct fees.
14. All documentation received from the patient related to the ATP application are filed and kept on site until the HSA Fiscal retention date has expired.
15. HSA will annually assess the ATP activity and present findings to the Integrated Community Health Center Commission that ensure the ATP does not create a barrier for patient access to care. HSA will:
- a. Collect utilization data that allows it to assess the rate at which patients within each of discount pay classes, as well as those at or below 100% of the FPG, are accessing health center services:
 - b. Utilize this and, if applicable, other data (for example, results of patient satisfaction surveys or focus groups, surveys patients at various income levels to evaluate the effectiveness of its sliding fee scale discount program in reducing financial barriers to care; and
 - c. Identify and implement changes as needed.

COUNTY OF SANTA CRUZ
SINGLE AUDIT REPORT
FOR THE YEAR ENDED
JUNE 30, 2020

**COUNTY OF SANTA CRUZ
SINGLE AUDIT REPORT
FOR THE YEAR ENDED JUNE 30, 2020**

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BROWN ARMSTRONG

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Honorable Board of Supervisors
of the County of Santa Cruz, California
Santa Cruz, California

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We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component unit, each major fund, and the aggregate remaining fund information of the County of Santa Cruz (the County), as of and for the year ended June 30, 2020, and the related notes to the financial statements, which collectively comprise the County's basic financial statements, and have issued our report thereon dated December 23, 2020.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the County's internal control over financial reporting (internal control) as a basis for designing the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the County's internal control. Accordingly, we do not express an opinion on the effectiveness of the County's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the County's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

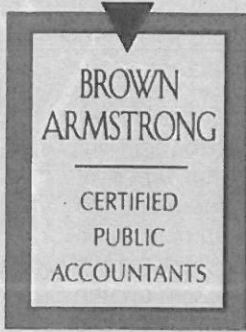
Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the County's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the County's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

BROWN ARMSTRONG
ACCOUNTANCY CORPORATION

Brown Armstrong
Accountancy Corporation

Bakersfield, California
December 23, 2020



BROWN ARMSTRONG

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

To the Honorable Board of Supervisors
of the County of Santa Cruz, California
Santa Cruz, California

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Report on Compliance for Each Major Federal Program

We have audited the County of Santa Cruz's (the County) compliance with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) *Compliance Supplement* that could have a direct and material effect on each of the County's major federal programs for the year ended June 30, 2020. The County's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of the County's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the County's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the County's compliance.

Opinion on Each Major Federal Program

In our opinion, the County complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs for the year ended June 30, 2020.

Report on Internal Control Over Compliance

Management of the County is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the County's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the County's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component unit, each major fund, and the aggregate remaining fund information of the County, as of and for the year ended June 30, 2020, and the related notes to the financial statements, which collectively comprise the County's basic financial statements. We issued our report thereon dated December 23, 2020, which contained unmodified opinions on those financial statements. Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the basic financial statements as a whole.

Restriction on Use

This report is intended solely for the information and use of management, County Board of Supervisors, others within the County, federal awarding agencies, and pass-through entities and is not intended to be, and should not be, used by anyone other than these specified parties.

BROWN ARMSTRONG
ACCOUNTANCY CORPORATION

*Brown Armstrong
Accountancy Corporation*

Bakersfield, California
February 18, 2021

**COUNTY OF SANTA CRUZ
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2020**

Federal Grantor/Program Title	Federal CFDA Number	Contract or Program Number	Passed Through to Subrecipients	Total Federal Expenditures
U.S. Department of Agriculture				
Passed through CA Department of Food and Agriculture				
Phytophthora Ramorum	10.025	19-0267-029-SF	\$ -	\$ 46,511
Glassy-Winged Sharpshooter	10.025	17-0453-032-SF	-	50,611
Enhanced Exotic Pest Survey	10.025	19-0140	-	160,784
Asian Citrus Psyllid (ACP)	10.025	19-0737-001-SF	-	40,061
Subtotal			-	297,967
CalFRESH Employment and Training (CFET)	10.561	--	-	194,338
CalFRESH Enhanced	10.561	--	-	77,009
CalFRESH & Staff Development	10.561	--	-	7,886,794
Passed through California Department of Public Health				
Nutrition Education and Obesity Prevention	10.561	19-10334	-	307,591
Subtotal			-	8,465,732
Passed through California Department of Education				
National School Lunch and Breakfast Program	10.555	44-3447-90003419-01	-	31,061
Subtotal			-	31,061
Passed through California Department of Forestry and Fire Protection				
Cooperative Forestry Assistance	10.664	9999000FED	-	24,656
Subtotal			-	24,656
Total U.S. Department of Agriculture			-	8,819,416
U.S. Department of Housing and Urban Development				
Direct Programs				
HUD Supportive Housing Program - Match I	14.267	CA0231L9T081811	-	488,405
HUD Supportive Housing Program - Match I	14.267	CA0231L9T081912	-	269,006
HUD Supportive Housing Program - Match II	14.267	CA0960L9T081704	-	584
HUD Supportive Housing Program - Match III	14.267	CA1074L9T081705	-	12,583
HUD Supportive Housing Program - Bonus Housing	14.267	CA1310L9T081702	-	13,950
HUD Supportive Housing Program - Bonus Housing	14.267	CA1310L9T081803	-	(52,398)
HUD Supportive Housing Program - Bonus Housing	14.267	CA1310L9T081904	-	10,695
Passed through California Department of Housing and Community Development				
HUD Youth Homelessness Demonstration Program	14.267	CA1636Y9T081600	-	6,927
Subtotal			-	749,752
Direct Programs				
HUD Youth Homelessness Demonstration Program	14.276	CA1636Y9T081600	-	59,336
HUD Coordinated Entry	14.276		-	228,362
Subtotal			-	287,698
Passed through California Department of Housing and Community Development				
Home Investment Partnerships Program	14.239	16-HOME-11375	-	340,212
Subtotal			-	340,212
Total U.S. Department of Housing and Urban Development			-	1,377,662
U.S. Department of the Interior				
Passed through California Department of Parks and Recreation				
Land and Water Conservation Fund Grant - Chanticleer Ave Park Development	15.916	C8961002	-	479,039
Total U.S. Department of the Interior			-	479,039

See accompanying notes to the Schedule of Expenditures of Federal Awards.

**COUNTY OF SANTA CRUZ
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (Continued)
FOR THE YEAR ENDED JUNE 30, 2020**

Federal Grantor/Program Title	Federal CFDA Number	Contract or Program Number	Passed Through to Subrecipients	Total Federal Expenditures
U.S. Department of Justice				
Direct Programs				
Criminal Alien Assistance Program	16.034	-	-	65,506
SSCO Sheriff's Quality Improvement Medical Examiner-Coroner Accredi Proj	16.560	-	-	25,673
Passed through California Emergency Management Agency				
Victim Witness Assistance Program	16.575	VW18370440	-	126,215
Victim Witness Assistance Program	16.575	VW19380440	-	312,727
Child Advocacy Center Program	16.575	KC18020440	-	111,149
Child Advocacy Center Program	16.575	KC19030440	-	26,023
County Victim Services Program	16.575	XC16010440	-	85,073
County Victim Services Program	16.575	XC19020440	-	98,437
Unservd/Underservd Victim Advocacy and Outreach Program	16.575	UV1803 0440	-	45,266
Unservd/Underservd Victim Advocacy and Outreach Program	16.575	UV19040440	-	117,427
Subtotal			-	922,317
Passed through Office for Victims of Crime				
Supporting Male Survivors of Violence	16.582	2015-VF-GX-K042	276,520	373,364
Passed through California Board of State and Community Corrections				
Sheriff's Office SCCO - Residential Abuse Treatment (RSAT)	16.593		-	90,061
Title II Juvenile Delinquency Prevention and Intervention Grant Program	16.540	PODER	13,721	25,847
Title II Juvenile Delinquency Prevention and Intervention Grant Program	16.540	STAR	90,736	110,731
Edward Byrne Memorial Justice Assistance (Mental Health Training Grant)	16.738		-	13,241
School Safety Grant	16.738		-	129,221
Total U.S. Department of Justice			380,977	1,755,961
U.S. Department of Labor				
Passed through California Department of Employment Development				
WIOA Cluster Programs				
Title I - A Adult Formula	17.258	--	311,819	1,111,704
WIOA Youth Activities - Title I Youth Formula	17.259	--	708,096	1,077,883
Title I-D Dislocated Worker Formula	17.278	--	276,235	880,622
Title I Rapid Response for RA & PGM - Business Retention Survey	17.278	--	44,000	154,648
WIOA Cluster			1,340,150	3,224,857
Total U.S. Department of Labor			1,340,150	3,224,857
U.S. Department of Transportation				
Passed through California Department of Transportation				
Highway Planning and Construction	20.205	BRLO-5936(061)	-	1,207
Highway Planning and Construction	20.205	BRLO-5936(086)	-	23,765
Highway Planning and Construction	20.205	BRLO-5936(089)	-	3,310
Highway Planning and Construction	20.205	BRLO-5936(091)	-	2,256
Highway Planning and Construction	20.205	BRLO-5936(092)	-	744
Highway Planning and Construction	20.205	BRLO-5936(093)	-	1,881
Highway Planning and Construction	20.205	BRLO-5936(094)	-	2,736
Highway Planning and Construction	20.205	BRLO-5936(095)	-	12,899
Highway Planning and Construction	20.205	BRLO-5936(096)	-	3,746
Highway Planning and Construction	20.205	BRLO-5936(097)	-	386,008
Highway Planning and Construction	20.205	BRLO-5936(112)	-	8,380
Highway Planning and Construction	20.205	BRLO-5936(127)	-	1,315
Highway Planning and Construction	20.205	BRLO-5936(132)	-	52,170
Highway Planning and Construction	20.205	DR-1968-HPMG	-	14,061
Highway Planning and Construction	20.205	ER-20E0-5936(010)	-	156,737
Highway Planning and Construction	20.205	ER-20E0-5936(011)	-	106,700
Highway Planning and Construction	20.205	ER-20E0-5936(012)	-	428
Highway Planning and Construction	20.205	ER-30R0-5936(003)	-	17,935
Highway Planning and Construction	20.205	ER-30R0-5936(004)	-	18,638
Highway Planning and Construction	20.205	ER-30R0-5936(006)	-	1,362

See accompanying notes to the Schedule of Expenditures of Federal Awards.

**COUNTY OF SANTA CRUZ
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (Continued)
FOR THE YEAR ENDED JUNE 30, 2020**

Federal Grantor/Program Title	Federal CFDA Number	Contract or Program Number	Passed Through to Subrecipients	Total Federal Expenditures
U.S. Department of Transportation (Continued)				
Passed through California Department of Transportation (Continued)				
Highway Planning and Construction	20.205	ER-32D0-5936(002)	-	279
Highway Planning and Construction	20.205	ER-32D0-5936(003)	-	559
Highway Planning and Construction	20.205	ER-32D0-5936(004)	-	8,685
Highway Planning and Construction	20.205	ER-32D0-5936(011)	-	72,274
Highway Planning and Construction	20.205	ER-32D0-5936(014)	-	498,755
Highway Planning and Construction	20.205	ER-32L0-5936(002)	-	10,081
Highway Planning and Construction	20.205	ER-32L0-5936(004)	-	438
Highway Planning and Construction	20.205	ER-32L0-5936(005)	-	50,564
Highway Planning and Construction	20.205	ER-32L0-5936(006)	-	15,673
Highway Planning and Construction	20.205	ER-32L0-5936(007)	-	40,965
Highway Planning and Construction	20.205	ER-32L0-5936(008)	-	66,905
Highway Planning and Construction	20.205	ER-32L0-5936(012) & (049)	-	1,069
Highway Planning and Construction	20.205	ER-32L0-5936(013)	-	22,442
Highway Planning and Construction	20.205	ER-32L0-5936(014)	-	42,038
Highway Planning and Construction	20.205	ER-32L0-5936(015)	-	17,749
Highway Planning and Construction	20.205	ER-32L0-5936(016)	-	699,780
Highway Planning and Construction	20.205	ER-32L0-5936(020)	-	7,302
Highway Planning and Construction	20.205	ER-32L0-5936(046)	-	18,918
Highway Planning and Construction	20.205	ER-32L0-5936(048)	-	24,585
Highway Planning and Construction	20.205	ER-32L0-5936(052)	-	63,727
Highway Planning and Construction	20.205	ER-32L0-5936(056)	-	17,270
Highway Planning and Construction	20.205	ER-32L0-5936(057)	-	15,138
Highway Planning and Construction	20.205	ER-32L0-5936(058)	-	63,268
Highway Planning and Construction	20.205	ER-32L0-5936(059)	-	13,355
Highway Planning and Construction	20.205	ER-32L0-5936(060)	-	30,153
Highway Planning and Construction	20.205	ER-32L0-5936(062)	-	66,490
Highway Planning and Construction	20.205	ER-32L0-5936(064)	-	7,224
Highway Planning and Construction	20.205	ER-32L0-5936(065)	-	25,142
Highway Planning and Construction	20.205	ER-32L0-5936(066)	-	35,167
Highway Planning and Construction	20.205	ER-32L0-5936(067)	-	33,048
Highway Planning and Construction	20.205	ER-32L0-5936(068)	-	89,182
Highway Planning and Construction	20.205	ER-32L0-5936(069)	-	30,355
Highway Planning and Construction	20.205	ER-32L0-5936(072)	-	46,455
Highway Planning and Construction	20.205	ER-32L0-5936(079)	-	583
Highway Planning and Construction	20.205	ER-32L0-5936(080)	-	22,886
Highway Planning and Construction	20.205	ER-32L0-5936(081)	-	13,507
Highway Planning and Construction	20.205	ER-32L0-5936(082)	-	87,553
Highway Planning and Construction	20.205	ER-32L0-5936(083)	-	44,219
Highway Planning and Construction	20.205	ER-32L0-5936(084)	-	22,770
Highway Planning and Construction	20.205	ER-32L0-5936(093)	-	189,781
Highway Planning and Construction	20.205	ER-32L0-5936(094)	-	43,076
Highway Planning and Construction	20.205	ER-32L0-5936(095)	-	26,755
Highway Planning and Construction	20.205	ER-32L0-5936(097)	-	32,225
Highway Planning and Construction	20.205	ER-32L0-5936(103)	-	1,967
Highway Planning and Construction	20.205	ER-32L0-5936(104)	-	4,460
Highway Planning and Construction	20.205	ER-32L0-5936(106)	-	24,120
Highway Planning and Construction	20.205	ER-32L0-5936(149)	-	36,265
Highway Planning and Construction	20.205	ER-32L0-5936(150)	-	219
Highway Planning and Construction	20.205	ER-32L0-5936(199)	-	2,278
Highway Planning and Construction	20.205	ER-32L0-5936(200)	-	1,130
Highway Planning and Construction	20.205	ER-32L0-5936(201)	-	3,974
Highway Planning and Construction	20.205	ER-32L0-5936(202)	-	16,512
Highway Planning and Construction	20.205	ER-32L0-5936(205)	-	192,301
Highway Planning and Construction	20.205	ER-32L0-5936(207)	-	18,056
Highway Planning and Construction	20.205	ER-32L0-5936(208)	-	16,760
Highway Planning and Construction	20.205	ER-32L0-5936(209)	-	85,515
Highway Planning and Construction	20.205	ER-32L0-5936(210)	-	21,645
Highway Planning and Construction	20.205	ER-32L0-5936(220)	-	295,117
Highway Planning and Construction	20.205	ER-32L0-5936(222)	-	10,236
Highway Planning and Construction	20.205	ER-32L0-5936(223)	-	7,378
Highway Planning and Construction	20.205	ER-32L0-5936(227)	-	684
Highway Planning and Construction	20.205	ER-32L0-5936(229)	-	13,404
Highway Planning and Construction	20.205	ER-32L0-5936(257)	-	18,016

See accompanying notes to the Schedule of Expenditures of Federal Awards.

**COUNTY OF SANTA CRUZ
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (Continued)
FOR THE YEAR ENDED JUNE 30, 2020**

Federal Grantor/Program Title	Federal CFDA Number	Contract or Program Number	Passed Through to Subrecipients	Total Federal Expenditures
U.S. Department of Transportation (Continued)				
Passed through California Department of Transportation (Continued)				
Highway Planning and Construction	20.205	ER-32L0-5936(258)	-	23,937
Highway Planning and Construction	20.205	ER-32L0-5936(259)	-	4,269
Highway Planning and Construction	20.205	ER-32L0-5936(260)	-	39,753
Highway Planning and Construction	20.205	ER-32L0-5936(262)	-	34,020
Highway Planning and Construction	20.205	ER-32L0-5936(263)	-	180
Highway Planning and Construction	20.205	ER-32L0-5936(264)	-	525,604
Highway Planning and Construction	20.205	ER-32L0-5936(265)	-	6,752
Highway Planning and Construction	20.205	ER-32L0-5936(266)	-	24,666
Highway Planning and Construction	20.205	ER-32L0-5936(336)	-	1,940
Highway Planning and Construction	20.205	ER-32L0-5936(337)	-	25,472
Highway Planning and Construction	20.205	ER-32L0-5936(339)	-	322,218
Highway Planning and Construction	20.205	ER-32L0-5936(340)	-	46,905
Highway Planning and Construction	20.205	ER-32L0-5936(341)	-	6,163
Highway Planning and Construction	20.205	ER-32L0-5936(342)	-	179,664
Highway Planning and Construction	20.205	ER-32L0-5936(343)	-	287,731
Highway Planning and Construction	20.205	ER-32L0-5936(344)	-	176,162
Highway Planning and Construction	20.205	ER-32L0-5936(345)	-	11,527
Highway Planning and Construction	20.205	ER-32L0-5936(412)	-	30,507
Highway Planning and Construction	20.205	ER-32L0-5936(413)	-	41,367
Highway Planning and Construction	20.205	ER-32L0-5936(414)	-	20,519
Highway Planning and Construction	20.205	ER-32L0-5936(415)	-	35,337
Highway Planning and Construction	20.205	ER-32L0-5936(425)	-	20,333
Highway Planning and Construction	20.205	ER-32L0-5936(463)	-	5,093
Highway Planning and Construction	20.205	HSIPL-5936(122)	-	26,592
Highway Planning and Construction	20.205	HSIPL-5936(123)	-	4,100
Highway Planning and Construction	20.205	HSIPL-5936(129)	-	130,969
Highway Planning and Construction	20.205	HSIPL-5936(135)	-	44,492
Highway Planning and Construction	20.205	HSIPL-5936(140)	-	4,334
Total U.S. Department of Transportation			-	6,285,311
U.S. National Highway Traffic Safety Administration				
Passed through California Office of Traffic Safety				
Pedestrian and Bicycle Safety Program	20.600	PS19020 / PS20035	-	147,759
Occupant Protection Incentive Grant - Tulare County Office of Education Highway Safety Cluster	20.602	--	-	1,500
			-	149,259
National Priority Safety Programs - Child Passenger Safety Subtotal	20.616	OP190111 / OP20022	-	43,058
			-	43,058
National Priority Safety Programs - Impacted Impaired Driving Subtotal	20.608	AL18023	12,733	92,945
			12,733	92,945
Total U.S. National Highway Traffic Safety Administration			12,733	285,262
U.S. Department of the Treasury				
Passed through California Department of Finance				
Coronavirus Aid Relief and Economic Security (CARES) ACT Subtotal	21.019		-	6,698,038
			-	6,698,038
Total U.S. Department of the Treasury			-	6,698,038
U.S. Environmental Protection Agency				
Passed through California Environmental Protection Agency				
State Water Resource Control Board Subtotal	66.458		-	1,514,310
			-	1,514,310
Total U.S. Environmental Protection Agency			-	1,514,310

See accompanying notes to the Schedule of Expenditures of Federal Awards.

COUNTY OF SANTA CRUZ
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (Continued)
FOR THE YEAR ENDED JUNE 30, 2020

Federal Grantor/Program Title	Federal CFDA Number	Contract or Program Number	Passed Through to Subrecipients	Total Federal Expenditures
U.S. Department of Health and Human Services				
Direct Programs				
Health Center Cluster	93.224	H80CS00048	37,482	2,618,613
Coronavirus Supplemental Funding for Health Centers	93.224	H8CCS34233	-	66,912
Health Center Coronavirus Aid, Relief, and Economic Security (CARES) Act Funding	93.224	HDCS35507	-	847,760
Expanding Capacity for Coronavirus Testing (ECT)	93.224	H8ECS38923	-	264,806
Subtotal			<u>37,482</u>	<u>3,798,091</u>
		5H79SP018550-07 /		
Drug Free Communities	93.276	6H79SP018550-08	44,216	140,087
Subtotal			<u>44,216</u>	<u>140,087</u>
CARES ACT	93.498	DS-31859429638	-	86,862
Subtotal			<u>-</u>	<u>86,862</u>
Addiction Treatment Starts Here: Primary Care Program	93.788	TC1043-19-04829	-	35,000
Addiction Treatment Starts Here: Primary Care Program	93.788	TC1909-000037	-	33,500
Subtotal			<u>-</u>	<u>68,500</u>
Early Intervention Services	93.918	H76HA00153	12,045	409,830
Subtotal			<u>12,045</u>	<u>409,830</u>
Passed through California Department of Social Services				
KinGap IV-E - Administration	93.090	--	-	7,481
Subtotal			<u>-</u>	<u>7,481</u>
Temporary Assistance for Needy Families				
CalWORKS - Assistance	93.558	--	-	7,807,366
Temporary Assistance for Needy Families - CalWorks Program and Staff Development	93.558	--	-	16,534,013
Temporary Assistance for Needy Families - EA - ER, ESC, CR	93.558	--	-	1,819,697
CALWIN	93.558	--	-	224,627
Subtotal			<u>-</u>	<u>26,385,703</u>
Foster Care - Title IV-E				
Foster Care - Assistance	93.658	--	-	1,302,428
Case Record Review	93.658	--	-	112,593
Child Welfare Services - CWS Title IV-E & Staff Development	93.658	--	-	493,534
Foster Parent Recruitment Retention and Support	93.658	--	-	27,169
Foster Care - Licensing Foster Family & Staff Development	93.658	--	-	26,777
Foster Care - Title IV-E - Administration & Staff Development	93.658	--	-	106,229
Foster Care - Kinship & Foster Care Emergency Fund	93.658	--	-	252
Probation - CSEC (Pass Through)	93.658	--	-	10,539
Probation - CWS - IV-E & GHMV (Pass Through)	93.658	--	-	219,011
Probation - CWS - OIP (Pass Through)	93.658	--	-	616
Child Welfare Services - Group Home Monthly Visits	93.658	--	-	8,356
Substance Abuse Disorder	93.658	--	-	17,997
Foster Care - EA - FC Emergency Assistance	93.658	--	-	368,802
SACWMS - CWS - NS	93.658	--	-	156
Public Agency IV-E Pass-Through (SCCOE)	93.658	--	-	187,868
FPP: Family Preservation (FED)	93.658	--	-	1,689
Passed through California Department of Health Services				
Family Preservation - DHS Title XIX	93.658	--	-	84,085
Child Welfare Services - CWS Title IV-E (DHS Title XIX)	93.658	--	-	5,083,277
Subtotal			<u>-</u>	<u>8,051,378</u>
Adoption Assistance				
Adoption Assistance - Assistance	93.659	--	-	4,515,029
Adoption Assistance - Other Public Assistance & Staff Development	93.659	--	-	211,155
Adoption Assistance - Social Services & Staff Development	93.659	--	-	199,249
Subtotal			<u>-</u>	<u>4,925,433</u>

See accompanying notes to the Schedule of Expenditures of Federal Awards.

**COUNTY OF SANTA CRUZ
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (Continued)
FOR THE YEAR ENDED JUNE 30, 2020**

Federal Grantor/Program Title	Federal CFDA Number	Contract or Program Number	Passed Through to Subrecipients	Total Federal Expenditures
U.S. Department of Health and Human Services (Continued)				
Passed through California Department of Health Services (Continued)				
Child Welfare Services - Title XX	93.667	--	-	157,986
Title XX-FC	93.667	--	-	31,042
Subtotal			-	189,028
Promoting Safe and Stable Families - PSSF & Staff Development	93.556	--	-	153,316
Promoting Safe and Stable Families - PSSF Case Worker Visits	93.556	--	-	16,398
Subtotal			-	169,714
Child Welfare Services - Title IV-B & Staff Development	93.645	--	-	136,809
Subtotal			-	136,809
Independent Living Program & Staff Development	93.674	--	-	52,243
Subtotal			-	52,243
Passed through California Department of Child Support Services				
Child Support Enforcement - Santa Cruz County	93.563	--	-	4,228,969
Child Support Enforcement - San Benito County	93.563	--	-	1,123,530
Subtotal			-	5,352,499
Passed through California Department of Alcohol and Drug Programs				
Substance Abuse Prevention and Treatment Block Grant	93.959	DHCS #17-94200 A01 & 17- 94161 A01	1,661,865	1,913,021
Subtotal			1,661,865	1,913,021
Passed through California Department of Health Services				
Adult Protective Services-Title XIX & Staff Development	93.569	--	-	1,502,769
Subtotal			-	1,502,769
California Children's Services Admin - Optional Targeted Low Income (OTLICP)	93.767	CCS Information Notice 19-05	-	94,927
Subtotal			-	94,927
In Home Support Services - Title XIX & Staff Development	93.778	--	-	3,327,507
MEDI CAL 50% & Staff Development	93.778	--	-	19,178,261
California Children's Services Admin - Medical	93.778	CCS Information Notice 18-05	-	343,955
Child Health and Disability Prevention (CHDP)	93.778	CHDP Information Notice 18-02	-	226,980
Health Care Program for Children in Foster Care (HCPCFC)	93.778	CHDP Information Notice 18-03	-	67,630
Health Care Program for Children in Foster Care - Psychotropic Med (PMM&O)	93.778	CHDP Information Notice 18-03	-	13,568
Health Care Program for Children in Foster Care - Caseload Relief	93.778	CHDP Information Notice 18-03	-	20,494
Medicaid Administrative Activities - Targeted Case Management	93.778	19-96022	-	4,054,533
Whole Person Care Pilot Program	93.778	17-14184-SZ-44	-	3,175,108
Passed through California Department of Social Services				
Public Authority	93.778	--	-	2,020,951
Passed through the California Department of Mental Health				
Medical Assistance Program	93.778	--	-	1,715,462
Medical Assistance Program - MediCal Administrative Activities (MAA)	93.778	--	-	722,597
Subtotal			-	34,867,046
Passed through the California Department of Mental Health				
Projects for Assistance in Transition from Homelessness (PATH)	93.150	68-0317191	41,080	41,080
Substance Abuse & Mental Health Services Administration (SAMHSA)	93.958	SM010005-17	22,376	336,397

See accompanying notes to the Schedule of Expenditures of Federal Awards.

**COUNTY OF SANTA CRUZ
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (Continued)
FOR THE YEAR ENDED JUNE 30, 2020**

Federal Grantor/Program Title	Federal CFDA Number	Contract or Program Number	Passed Through to Subrecipients	Total Federal Expenditures
U.S. Department of Health and Human Services (Continued)				
Passed through the California Department of Public Health				
Public Health Emergency Preparedness (PHEP)	93.069	17-10195	-	257,915
California Personal Responsibilities	93.092	18-10240	-	124,999
Tuberculosis Prevention and Control	93.116	1944R-TA00	-	11,611
Childhood Lead Poisoning Prevention Projects (CLPPP)	93.197	17-10245	-	54,621
Immunization Assistance	93.268	17-10072	-	105,642
Cooperative Agreement for Emergency Response: Public Health Crisis Response	93.354	6NU90TP922071-01-02	-	130,737
Hospital Preparedness Program (HPP)	93.889	17-10195	-	207,747
HIV Care Program	93.917	15-11077/16-10859 A01	84,708	185,553
Medication Assisted Treatment Hub and Spoke	93.958	17-94467	-	219,817
Medication Assisted Treatment Hub and Spoke	93.958	17-94468	-	56,487
Medication Assisted Treatment Hub and Spoke	93.958	19-96142	-	164,880
Federal Maternal & Child Health Basic Grant	93.994	201944	-	263,722
Total U.S. Department of Health and Human Services			<u>1,903,772</u>	<u>90,312,629</u>
U.S. Department of Homeland Security				
Passed through Governor's Office of Homeland Security				
State Domestic Preparedness Equipment Support Program				
Emergency Management Performance Grant - FY2018	97.042	2018-0008	-	148,892
Subtotal			<u>-</u>	<u>148,892</u>
Homeland Security Grant Program FY2017	97.067	2017-0083	-	189,000
Homeland Security Grant Program FY2016	97.067	2016-0102	-	126,102
Subtotal			<u>-</u>	<u>315,102</u>
Passed through California Emergency Management Agency				
Public Assistance Grants				
Disaster Grant - 2017 Storm Disaster Recovery	97.036	--	-	2,657
Disaster Grant - FEMA - General County	97.036	087-00000	-	2,682,393
Disaster Grant - FEMA - CSA'S	97.036	087-91052	-	139,172
Subtotal			<u>-</u>	<u>2,824,222</u>
Total U.S. Department of Homeland Security			<u>-</u>	<u>3,288,216</u>
Total Expenditures of Federal Awards Excluding Prior Year Loans			<u>\$ 3,637,632</u>	<u>\$ 124,040,701</u>
<u>Prior Federal Loan Balances With a Continuing Compliance Requirement</u>				
U.S. Department of Housing and Urban Development				
Community Development Block Grant	14.228			\$ 194,552
Home Investment Partnerships Program	14.239			2,039,470
U.S. Environmental Protection Agency				
Passed through California Environmental Protection Agency				
State Water Resource Control Board	66.458			-
Prior Federal Loan Balances with a Continuing Compliance Requirement				<u>2,234,022</u>
Total Expenditures of Federal Awards Including Loans				<u>\$ 126,274,723</u>

See accompanying notes to the Schedule of Expenditures of Federal Awards.

**COUNTY OF SANTA CRUZ
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2020**

NOTE 1 – REPORTING ENTITY

The County of Santa Cruz (County) was established by an act of the State Legislature of California in 1850 and is governed by a five-member elected Board of Supervisors (Board). The Board is responsible for the legislative and executive control of the County. The County provides various services on a countywide basis including law and justice, education, detention, social, health, hospital, fire protection, road construction, road maintenance, transportation, park and recreation facilities, elections and records, communications, planning, zoning, and tax collection.

The financial reporting entity consists of: (1) the County; (2) organizations for which the County is financially accountable; and (3) organizations for which the nature and significance of their relationship with the County are such that exclusion would cause the County's financial statements to be misleading or incomplete. The following entities are component units of the County:

Blended Component Units

Santa Cruz Flood Control and Water Conservation District – Zone 7
Santa Cruz County Public Financing Authority

Discretely Presented Component Unit

Santa Cruz County Sanitation District

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING PRINCIPLES

Consistent with the County's method of filing federal financial reports, the accompanying schedule of expenditures of federal awards is presented using the modified accrual basis of accounting.

A. Basis of Accounting

Funds received under the various grant programs have been recorded within the general, special revenue, and enterprise funds of the County. The County utilizes the modified accrual basis of accounting for the general fund and special revenue funds. The accrual basis of accounting is used for the enterprise funds. The accompanying Schedule of Expenditures of Federal Awards (Schedule) is presented in accordance with the requirements of the Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).

B. Schedule of Expenditures of Federal Awards

The accompanying Schedule presents the activity of all Federal financial assistance programs of the County. Federal financial assistance received directly from Federal agencies as well as Federal financial assistance passed through from the State of California is included in the Schedule. The Schedule was prepared only from the accounts of various grant programs and, therefore, does not present the financial position or results of operations of the County.

C. Indirect Cost Rate

The County has elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

NOTE 3 – SUBRECIPIENTS

Of the federal expenditures presented in the Schedule, the County provided federal awards to subrecipients as follows:

Name of Program	CFDA No.	Amount
Supporting Male Survivors of Violence	16.582	\$ 276,520
Title II Juvenile Delinquency Prevention and Intervention Grant Program	16.540	104,457
Title I-A Adult Formula	17.258	311,819
WIOA Youth Activities - Title I Youth Formula	17.259	708,096
Title I-D Dislocated Worker Formula	17.278	276,235
Title I Rapid Response for RA & PGM - Business Retention Survey	17.278	44,000
National Priority Safety Programs - Impacted Impaired Driving	20.608	12,733
Health Center Cluster	93.224	37,482
Drug Free Communities	93.276	44,216
Early Intervention Services	93.918	12,045
Substance Abuse Prevention and Treatment Block Grant	93.959	1,661,865
Projects for Assistance in Transition from Homelessness (PATH)	93.150	41,080
Substance Abuse & Mental Health Services Administration (SAMHSA)	93.958	22,376
HIV Care Program	93.917	84,708
Total		\$ 3,637,632

NOTE 4 – PASS-THROUGH ENTITIES' IDENTIFYING NUMBERS

When federal awards were received from a pass-through entity, the Schedule shows, if available, the identifying number assigned by the pass-through entity. When no identifying number is shown, the County determined that no identifying number is assigned for the program or the County was unable to obtain an identifying number from the pass-through entity.

NOTE 5 – LOANS OUTSTANDING

The following programs had federally-funded loans outstanding at June 30, 2020:

CFDA No.	Federal Grantor	County Department Administering Loans	Outstanding Balance at June 30, 2019	Payments/ Forgiveness of Prior Year Existing Loans	Loan Balances Carried Forward from Prior Year	New Loans Expense Included in SEFA	Outstanding Balance at June 30, 2020
14.228	Community Development Block Grant (CDBG)	Planning	\$ 194,552	\$ -	\$ 194,552	\$ -	\$ 194,552
14.239	Home Investment Partnerships Program (HOME)	Planning	2,193,979	(154,509)	2,039,470	-	2,039,470
66.458	State Water Resource Control Board (SWRCB)	Public Works	748,129	(748,129)	-	1,514,310	1,514,310
			<u>\$ 3,136,660</u>	<u>\$ (902,638)</u>	<u>\$ 2,234,022</u>	<u>\$ 1,514,310</u>	<u>\$ 3,748,332</u>

**COUNTY OF SANTA CRUZ
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2020**

SECTION I – SUMMARY OF AUDITOR’S RESULTS

Financial Statements:

Type of auditor's report issued	Unmodified	
Internal control over financial reporting:		
• Material weakness(es) identified?	___ yes	___ <u>x</u> no
• Significant deficiencies identified not considered to be material weaknesses?	___ yes	___ <u>x</u> no
Noncompliance material to financial statements noted?	___ yes	___ <u>x</u> no

Federal Awards:

Internal control over major programs:		
• Material weakness(es) identified?	___ yes	___ <u>x</u> no
• Significant deficiencies identified not considered to be material weaknesses?	___ yes	___ <u>x</u> no

Type of auditor's report issued on compliance for major programs:	Unmodified
---	------------

Any audit findings disclosed that are required to be reported in accordance with the Uniform Guidance?	___ yes	___ <u>x</u> no
--	---------	-----------------

Identification of major programs:

<u>CFDA Number(s)</u>	<u>Name of Federal Program or Cluster</u>
21.019	Coronavirus Relief Fund
93.563	Child Support Enforcement
93.778	Medical Assistance Program

Dollar threshold used to distinguish between Type A and Type B programs:	\$ 3,000,000
Auditee qualified as low-risk auditee?	___ <u>x</u> yes ___ no

SECTION II – FINANCIAL STATEMENT FINDINGS

None in current year.

SECTION III – FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

None in current year.

**COUNTY OF SANTA CRUZ
STATUS OF PRIOR YEAR FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2020**

None.



**INTEGRATED COMMUNITY
HEALTH CENTER COMMISSION
ANNUAL SERVICE AREA REVIEW**

July 8, 2021



Commission's Annual Service Area Review

- Goal: To define and review the boundaries of the catchment area to be served, including the identification of the medically underserved population(s).
- Who: Commission
- Why: To ensure services provided are available and accessible to residents promptly and appropriately. To maintain compliance with the Health Resources & Services Administration (HRSA).
- When: Occurs once a year

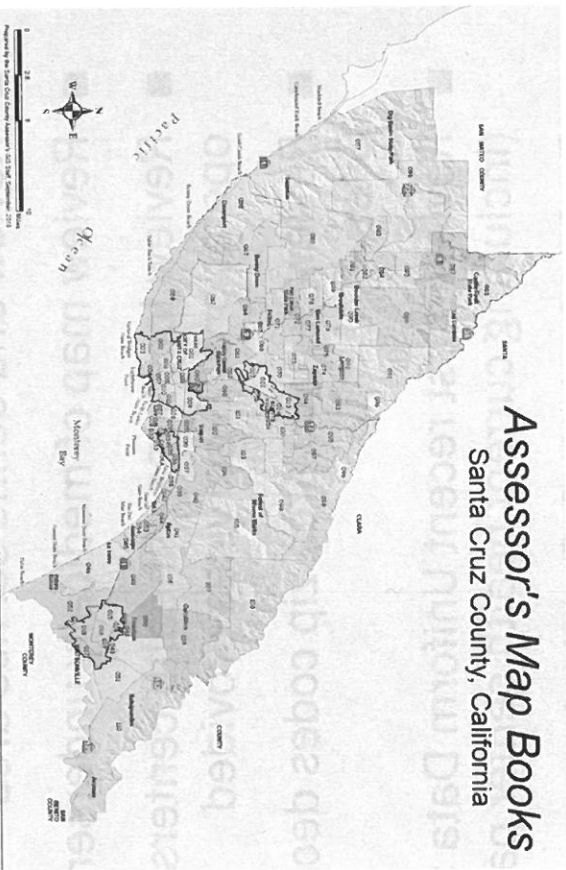
Evaluation Process

- Review and define service area
- Review map of medically underserved populations
- Review locations of health centers, service delivery sites, hours of operations, & services provided
- Review service area zip codes declared on HRSA Form 5B: Service Sites
- Review most recent Uniform Data Systems (UDS) report data (including current health center patients' zip codes)
- Review Analysis & Conclusions

What is our service area?

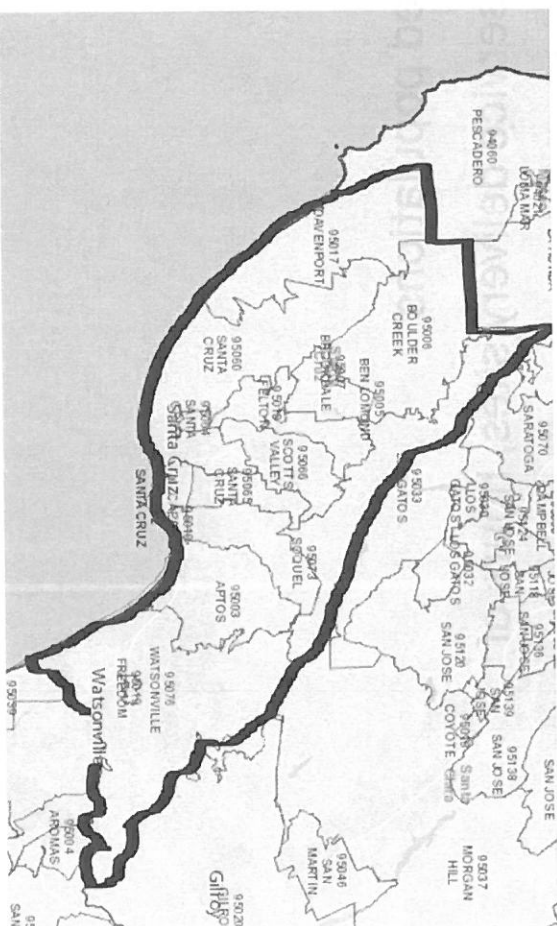
Assessor's Map Books

Santa Cruz County, California



Due to the fact that we are a Public Agency, all of our health centers are committed to serving patients living within Santa Cruz County. Thus, we continue to define our service area by the County's borders.

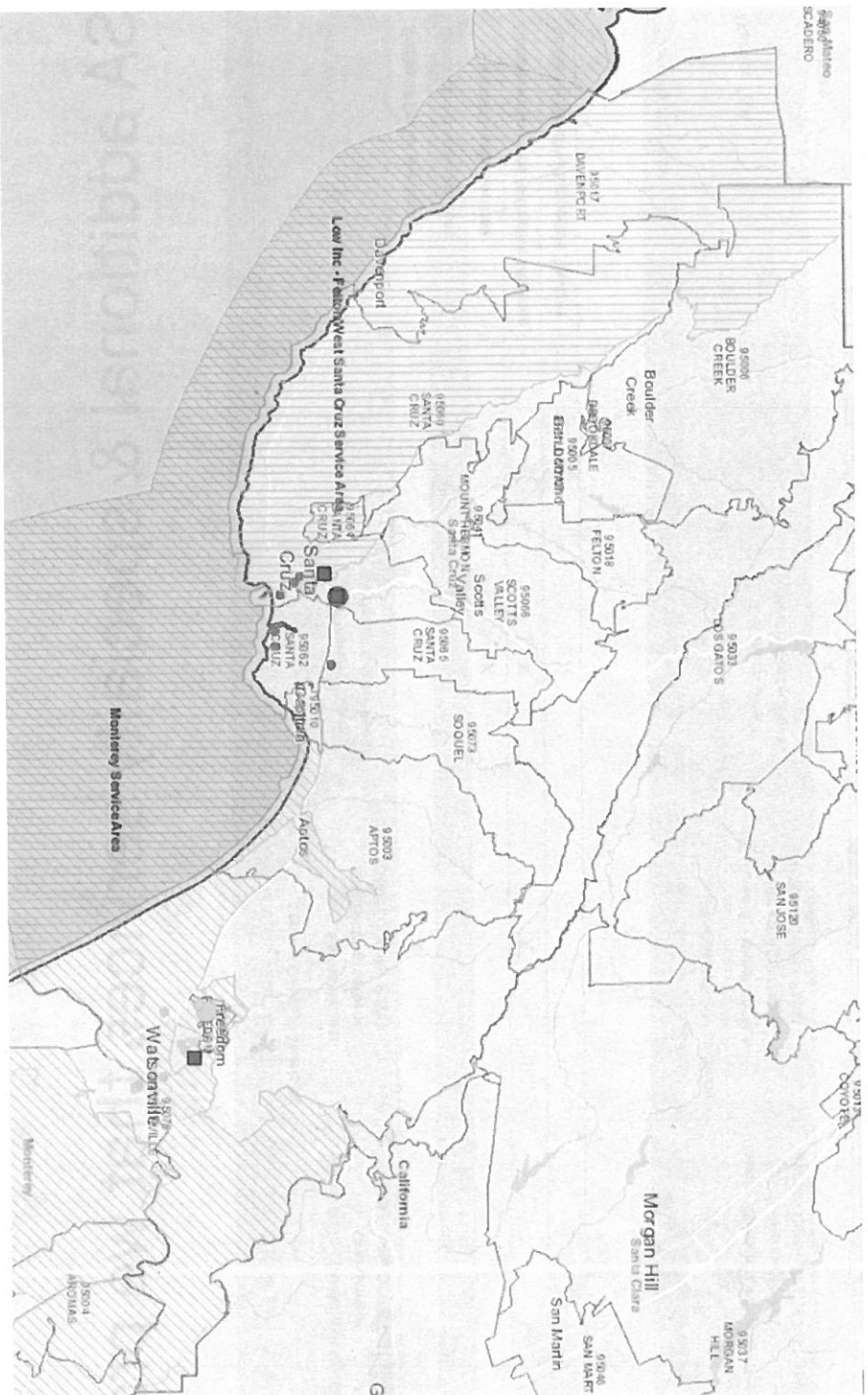
- Borders:**
- San Mateo County (North)
 - Santa Clara County (East)
 - San Benito County (South-East)
 - Monterey County (South)
 - Pacific Ocean (West)



HRSA additional & specialty services that we provide

Additional Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services			X
Behavioral Health Services			
Mental Health Services	X		
Complementary and Alternative Medicine	X		X
Additional Enabling/Supportive Services	X		
Specialty Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Psychiatry	X		
Other - Orthopedics			X

Do our service sites reach our medically underserved areas and/or populations?



Do our service sites include zip codes in which at least 75% of our health center patients reside?

- Evaluation process: Zip codes were taken from our HRSA Form 5B: Service Sites and cross referenced with our most recent UDS report to determine findings.
- HRSA Form 5B: Service Sites – A HRSA approved form that lists our health center locations and all the zip codes that we anticipate where the majority of our patient population will come from.

Service Area Zip Code (include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s)

95076, 95067, 95060, 95061, 95001, 95062, 95003, 95063, 95019, 95073, 95017, 95018, 95005, 95010, 95064, 95065, 95066

- Zip codes currently listed on our HRSA Form 5B: Service Sites
 - 95001, 95003, 95004, 95005, 95006, 95007, 95010, 95017, 95018, 95019, 95039, 95060, 95061, 95062, 95063, 95064, 95065, 95066, 95067, 95073, 95076, 95077

2020 UDS Report – Patients by Zip Code

■ UDS – A standardized reporting system that provides consistent information about health centers such as: socio-demographic characteristics of people served, types of services provided, etc.

■ Patient zip codes listed on the 2020 UDS report:

93635, 93901, 93905, 93906, 93907, 93933, 93955, 95001, 95003, 95004, 95005, 95006, 95007, 95010, 95012, 95017, 95018, 95019, 95023, 95033, 95039, 95045, 95060, 95061, 95062, 95063, 95064, 95065, 95066, 95067, 95073, 95076, 95077

■ Highlighted zip codes reflect zip codes also listed on HRSA Form 5B

ZIP Code (b)	Non/Insured (a)	Medicaid/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
93635	1	8	1	2	12
93901	4	14	1	0	19
93905	10	14	1	2	27
93906	18	55	2	10	85
93907	16	46	6	2	72
93933	7	12	2	3	24
93955	6	4	2	0	12
95001	9	25	7	0	41
95003	67	202	74	8	351
95004	15	52	6	2	75
95005	28	110	46	4	188
95006	31	139	35	1	206
95007	10	21	5	1	37
95010	47	125	64	5	242
95012	25	66	5	4	100
95017	10	10	3	0	23
95018	30	154	54	4	242
95019	176	481	119	26	802
95023	6	9	6	1	22
95033	8	40	11	0	59
95039	7	61	10	0	78
95045	3	5	3	1	12
95060	734	1,318	420	47	2,219
95061	18	51	24	2	95
95062	256	541	267	15	1,081
95063	8	44	17	1	70
95064	1	8	2	1	12
95065	47	104	33	5	189
95066	40	125	33	6	204
95067	2	8	5	0	15
95073	60	117	59	6	242
95076	1,475	3,622	745	214	6,056
95077	28	109	17	4	158

All Zip Codes Listed on 2020 UDS Report

Zip Code	# of patients in 2020	Zip Code	# of patients in 2020	Zip Code	# of patients in 2020
93635	12	95007	37	95062	1081
93901	19	95010	242	95063	70
93905	27	95012	100	95064	12
93906	86	95017	23	95065	189
93907	72	95018	242	95066	204
93933	24	95019	802	95067	15
93955	12	95023	22	95073	242
95001	41	95033	59	95076	6056
95003	351	95039	78	95077	158
95004	75	95045	12	Other Zip Codes	205
95005	188	95060	2219		
95006	206	95061	95	Total patients	13,276

UDS zip codes currently listed on HRSA Form 5B

Zip Code	# of patients in 2020	Zip Code	# of patients in 2020
95001	41	95060	2219
95003	351	95061	95
95004	75	95062	1081
95005	188	95063	70
95006	206	95064	12
95007	37	95065	189
95010	242	95066	204
95017	23	95067	15
95018	242	95073	242
95019	802	95076	6056
95039	78	95077	158

What are all our service delivery sites?

Site Name	Site Address (City, State, Zip, CDistrict)	Site Location Type	Hours of Operation
Coral Street Recuperative Care Center	115 Coral St, Santa Cruz, CA 95060	Permanent	40
Dientes Community Dental- Beach Flats	302 Riverside Ave, Santa Cruz, CA 95060	Permanent	30
DIENTES COMMUNITY DENTAL CLINIC	1830 COMMERCIAL WAY, SANTA CRUZ, CA 95065	Permanent	40
Dientes Mobile Dental Clinic	1830 COMMERCIAL WAY, SANTA CRUZ, CA 95065	Mobile Van	36
JANUS OF SANTA CRUZ	200 7TH AVE, SANTA CRUZ, CA 95062	Permanent	168
Homeless Persons' Health Project Coral Street Clinic	115 Coral St, Santa Cruz, CA 95060	Permanent	37
NORTH COUNTY MENTAL HEALTH	1400 EMELINE AVE, SANTA CRUZ, CA 95060	Permanent	40
Watsonville Health Center - Building A	1430 Freedom Blvd Ste A, Watsonville, CA 95076	Permanent	40
Watsonville Health Center - Building B	1430 Freedom Blvd Ste B, Watsonville, CA 95076	Permanent	40
Watsonville Health Center - Building D	1430 Freedom Blvd Ste D, Watsonville, CA 95076	Permanent	40
Watsonville Health Center - Building E	1430 Freedom Blvd Ste E, Watsonville, CA 95076	Permanent	40
Watsonville Health Center-Building F	1430 Freedom Blvd Ste F, Watsonville, CA 95076	Permanent	45
Watsonville Homeless Health Center	1430 Freedom Blvd Ste C, Watsonville, CA 95076	Permanent	40
Emeline Health Center	1080 EMELINE AVE, SANTA CRUZ, CA 95060	Permanent	40

HRSA required services that we provide

H80C S00048: SANTA CRUZ COUNTY, Santa Cruz, CA

Grant Number: H80CS00048

BHCHMS ID: 090880

Project Period: 11/01/2001 - 01/31/2023

Budget Period: 02/01/2021 - 01/31/2022

Required Services	Service Delivery Methods		
	Column I, Direct (Health Center Pays)	Column II, Formal Written Contract/Agreement (Health Center Pays)	Column III, Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X		
Diagnostic Laboratory	X	X	X
Diagnostic Radiology	X	X	
Screenings	X	X	X
Coverage for Emergencies During and After Hours	X	X	
Voluntary Family Planning	X		
Immunizations	X		
Well Child Services	X		
Gynecological Care	X		X
Obstetrical Care			
Prenatal Care	X		X
Intrapartum Care (Labor & Delivery)			X
Postpartum Care			X
Preventive Dental		X	
Pharmaceutical Services	X	X	
HCH Required Substance Use Disorder Services	X	X	
Case Management	X		
Eligibility Assistance	X		
Health Education	X		
Outreach	X		
Transportation	X	X	
Transition	X	X	X

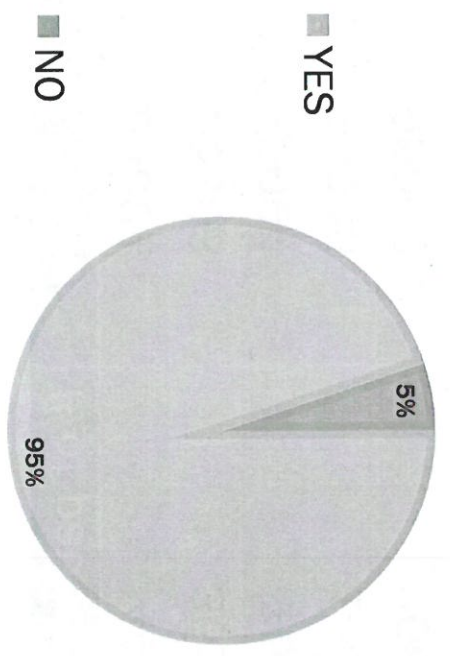
Recommended Edits to HRSA Form 5B Given 2020 UDS Data

Zip Code	# of patients in 2020	Zip Code	# of patients in 2020
95001	44	95060	2219
95003	351	95061	95
95004	75	95062	1081
95005	188	95063	70
95006	206	95064	12
95007	37	95065	189
95010	242	95066	204
95017	23	95067	15
95018	242	95073	242
95019	802	95076	6056
95039	78	95077	158
93906	86	95012	100
Other Zip Codes	205		

Do our service sites include zip codes in which at least 75% of our health center patients reside?

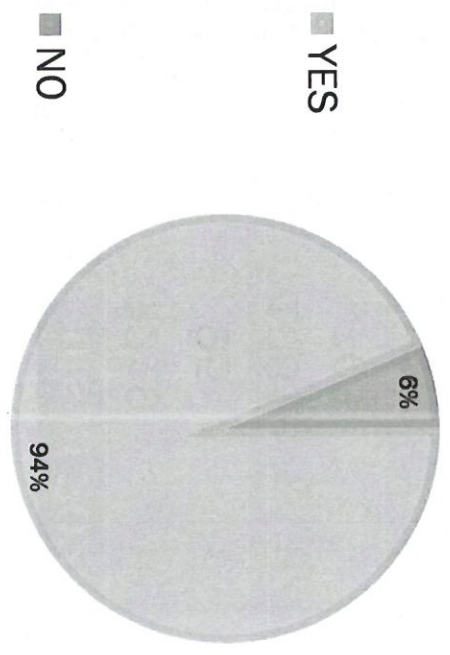
Using Original Form 5B Zip Codes

% OF HEALTH CENTER PATIENTS THAT RESIDE WITHIN ZIP CODES LISTED ON OUR HRSA FORM 5B



Using Updated Form 5B Zip Codes

% OF HEALTH CENTER PATIENTS THAT RESIDE WITHIN ZIP CODES LISTED ON OUR UPDATED HRSA FORM 5B



Recommendations for the Commission

- After reviewing the 2020 UDS data and determining our median # of patients to be any zip codes that have 82 or more patients. We recommend the Commission to approve the following edits to HRSA Form 5B:
 - Remove the following zip codes: 95001 (41 patients), 95004 (75 patients), 95007 (37 patients), 95039 (78 patients), 95063 (70 patients), 95064 (12 patients), & 95067 (15 patients)
 - Add the following zip codes: 93906 (86 patients) & 95012 (100 patients)
- Using our old Form 5B zip codes 95% of our current patients reside within the zip codes listed on our HRSA Form 5B: Service Sites, reflecting 20% above the HRSA requirement of 75%.
- If the Commission approves the new zip code edits, then it will reflect that 94% of our current patients reside within the new zip codes listed on our HRSA Form 5B: Service Sites, reflecting 19% above the HRSA requirement of 75%.
- Requesting Commission approval of the following:
 - Approval of new zip code edits on HRSA Form 5B to accurately reflect where the majority of our health center patients reside
 - Approval for continuation of current service delivery sites, services, and hours of operations

Analysis & Conclusions

- Our service area boundaries continue to conform to relevant political subdivision boundaries. We continue to serve patients within the borders of Santa Cruz County.
- 2 out of the 3 health center locations reside directly within an area that has been identified as having medically underserved populations.
- The 3rd health center (Emeline Health Center) is located just right outside of the medically underserved area in North County but is still accessible via public transit (Santa Cruz Metro).
- Health Centers are located both in North County & South County, eliminating geographical barriers to health care access for patients.
- Our service sites continue to be available and accessible to residents of the area appropriately.



Where are our health centers?

North County:

- Emeline Health Center
 - 1080 Emeline Bldg. D
- Santa Cruz, Ca 95060

- Homeless Persons' Health Project
 - 115-A Coral Street
- Santa Cruz, Ca 95060

South County

- Watsonville Health Center
 - 1430 Freedom Blvd. Suite C & D,
- Watsonville, Ca 95076



QUESTIONS?

DISORIENTED

BEWILDERED



Grant Application Approval:

- ▶ **HRSA COVID Supplemental Funding for Health Centers (H8CCCS34233)**
 - ▶ Staffing
 - ▶ Status: Awarded \$66,912 on 3/15/2020
 - ▶ Grant Term: 3/15/2020-1/31/2021
- ▶ **HRSA COVID CARES Act Funding (H8DCCS35507)**
 - ▶ Staffing and Support for Dientes (sub-recipient)
 - ▶ Status: Awarded \$847,760 on 4/1/2020
 - ▶ Grant Term: 4/1/2020-3/31/2021
- ▶ **HRSA Expanding Capacity for COVID Testing (H8ECCS38923)**
 - ▶ Staffing and Support for Dientes (sub-recipient)
 - ▶ Status: Awarded \$334,054 on 5/1/2020
 - ▶ Grant Term: 5/1/2020-4/30/2021
- ▶ **HRSA Expanding Capacity for COVID Testing (H8FCCS41191)**
 - ▶ Staffing, Outreach Vehicle, Vaccine Refrigerators, Clinic Supplies and Equipment, Lab Software, Furniture, Storage Structure
 - ▶ Status: Awarded \$3,413,375 on 4/1/2021
 - ▶ Grant Term: 4/1/2021-3/31/2023



Grant Application Approval:

- ▶ **HRSA National Hypertension Control Initiative**
- ▶ Extra Help Staff to coordinate the program
- ▶ Electronic Health Record upgrade to allow for Blood Pressure readings to link to the Health Record
- ▶ Purchase Blue Tooth Enabled Self-Measured Blood Pressure Monitoring devices
- ▶ Status: Awarded \$672,865 on June 24
- ▶ Grant Term: 9/1/2021-8/31/2024



Grant Application Approval:

- ▶ **HRSA Ryan White HIV/AIDS Program Part C Early Intervention Services Program**
- ▶ Staffing and Dental/Vision Contracts
- ▶ Treatment and Case Management for patients with HIV/AIDS
- ▶ Status: Application Pending for \$409,150 submitted on June 17th
- ▶ Grant Term: 1/1/2022-12/31/2024



Grant Application Approval:

- ▶ **HRSA American Rescue Plan-Health Center Construction and Capital Improvements**
- ▶ HPHP HVAC System including heating, cooling and forced air ventilation
- ▶ Furniture
- ▶ Parking structure for HPHP Mobile Unit

- ▶ Status: Pending-submitted request for \$672,865 on June 24
- ▶ Grant Term: 9/1/2021-8/31/2024



Grant Application Approval:

- ▶ **Department of Health and Human Services Substance Abuse and Mental Health Services Administration State Opioid Response Grant (SOR2)**
- ▶ Medication Assisted Treatment Case Manager funding
- ▶ Status: Awarded \$1,632,000 on 9/16/2020
- ▶ Grant Term: 9/1/2020-8/31/2022



Grant Application Approval:

- ▶ **Center for Care Innovation**

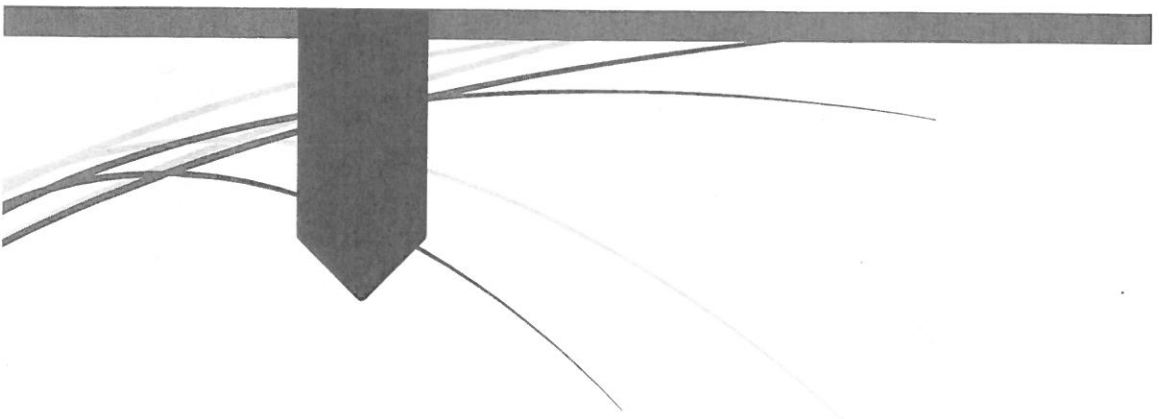
- ▶ Addiction Treatment Starts Here: Primary Care **Learning Network**
- ▶ MAT Team with similar programs in the state
- ▶ Quarterly meetings and in person trainings
- ▶ Status: Awarded \$10,000
- ▶ Grant Term: April 2021 - August 2022



Grant Application Approval:

▶ **Center for Care Innovation**

- ▶ Title: Addiction Treatment Starts Here: Primary Care **Learning Collaborative**
- ▶ Linking our MAT Program to our HPHP Mobile Unit
- ▶ Monthly meetings and in person trainings
- ▶ Status: Awarded \$65,000
- ▶ Grant Term: 3/2021-8/2022



Quality Management Report

July 1, 2021



Quality Management Committee Peer Review and Risk Management Committee

- ▶ Continuing Quality Improvement Projects(Hypertension, diabetes, BMI, cervical and colorectal cancer screenings)
 - ▶ Moving from automatically sending reports to building capacity with our staff and teaching them how to pull the reports directly from Epic.
- ▶ Peer Review and Risk Management Committee: Automating Chart Review Monthly Assignments using digital DocuSign System. GO LIVE: July 15th

HRSA Uniform Data System (UDS) Annual Report

Clinical Performance Measures (from EHB)	SCHSA Baseline 2017	2018	2019	2020	Goal for 2021
Early Entry into Prenatal Care					
Early Entry into Prenatal Care	86.67%	79.00%	77.78%	63%	77.90%
Preventive Health Screenings and Services					
Weight Assessment and Counseling for Nutrition and Physical Activity Children and Adolescents	53.18%	53.00%	54.77%	15%	55.00%
Body Mass Index (BMI) Screening and Follow-Up Plan	40.28%	48.00%	41.26%	32%	42.00%
Tobacco Use Screening and Cessation Intervention	82.44%	81.00%	78.86%	79%	84.00%
Colorectal Cancer Screening		48.00%	50.56%	42%	55.00%
Screening for Clinical Depression and Follow-Up Plan	52.79%	65.00%	66.72%	47%	69.00%
Cervical Cancer Screening	54.97%	60.00%	41.26%	54%	57.00%
Childhood Immunization Status	26.77%	25.00%	50.55%	56%	60.00%
Dental Sealants for Children between 6-9 Years	27.17%	30.00%	35.19%	33%	40.00%
Chronic Disease Management					
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	76.71%	81.00%	80.05%	75%	82.00%
HIV Linkage to Care	100.00%	100.00%	66.67%	62%	100.00%



HRSA Operational Site Visit Update

- ▶ Please respond to the email from Jennifer Phan
 - ▶ Bios
 - ▶ Board Composition Survey
- ▶ Date: Tuesday, July 27 from 11:45-12:45
- ▶ Session Lead by Administrative/Governance Reviewer: **Chapter 19** – Board Authority and **Chapter 20** – Board Composition - Discussion on Board Authority, Roles and Responsibilities, Program Requirements, and Other TA Topics
- ▶ [Chapter 19: Board Authority | Bureau of Primary Health Care \(hrsa.gov\)](#)
- ▶ [Chapter 20: Board Composition | Bureau of Primary Health Care \(hrsa.gov\)](#)

FISCAL REPORT

DR. JULIAN N. WREN, MSW, ED.D.

7-1-21 COMMISSION MEETING



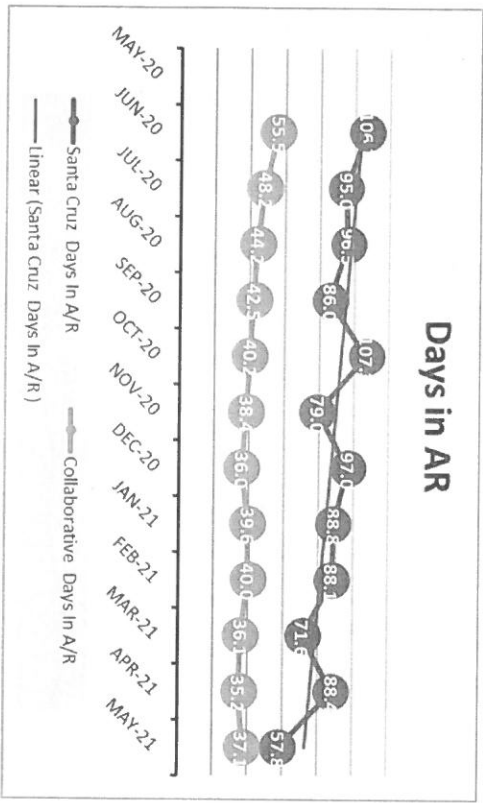
VISITS:
COMPARISON 7-2019 TO 5-2020 VS 7-2020 TO 5-2021

FQHC VISIT FISCAL YTD COMPARISON (July to May)	PERCENTAGE CHANGE IN VISITS
HPHP	-2%
SANTA CRUZ	23%
SANTA CRUZ ORTHO	-1%
WATSONVILLE	4%
WATONVILLE HDC	-9%
IBH	27%
OVERALL	13%

Projected Charges FY 20-21

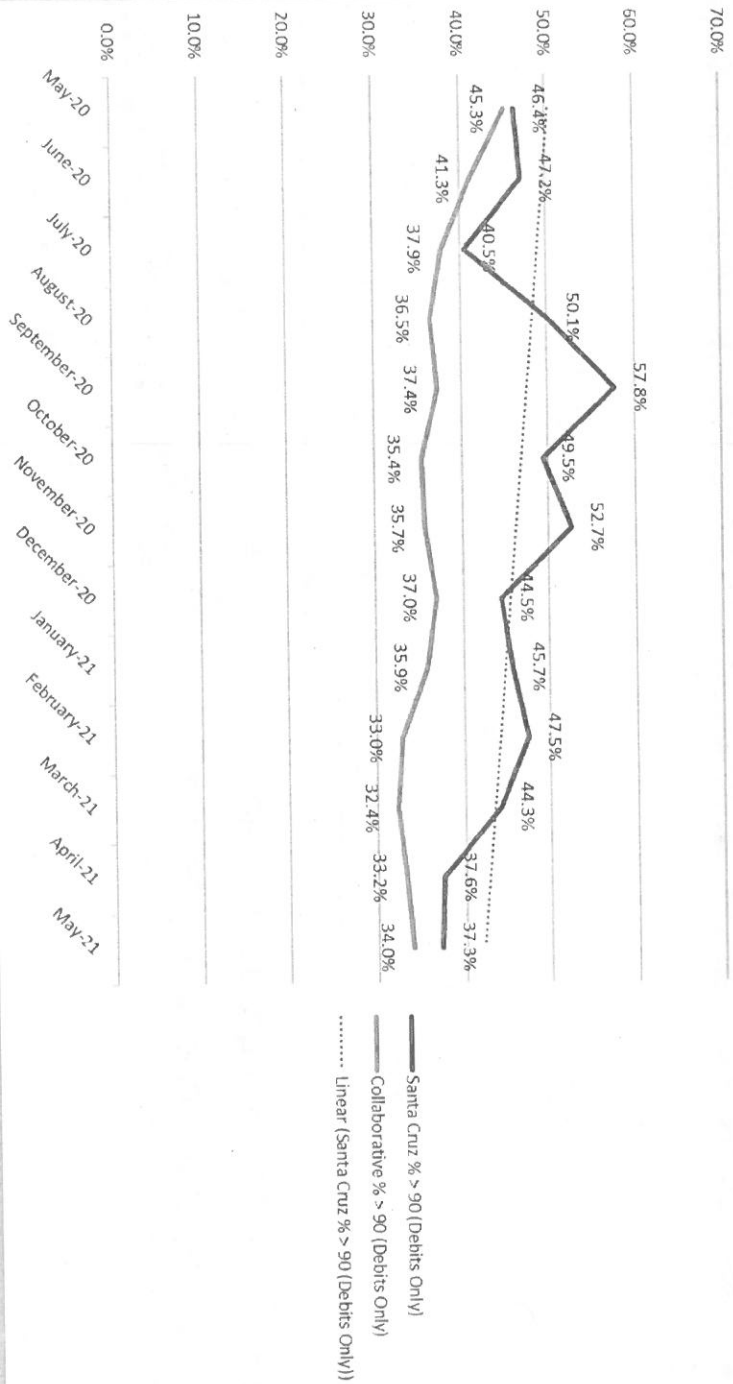
<u>Post Group</u>	<u>Projected Units</u>	<u>Projected Charges</u>
MEDI-CAL	105,349	26,026,001
MCA	9	57
MEDICARE	17,910	1,380,366
MEDI-CRUZ	7,716	260,044
HPHP	1,396	161,925
FEIS	324	27,469
INTERFUND	203	36,522
MCWP	397	38,844
MENTAL HLTH	191	167,561
OTHER	20,735	35,255
No Group Assigned	331	91,928
	Total Charges:	28,225,972
	Less Projected Reserve Amount:	3,130,883
	Total Net Charges:	25,095,089

Projected Charges = Net Charges / Workdays * Total Workdays (249.0)
 Projected Units = Units / Workdays * Total Workdays (plus extra 2% for second half of FY)



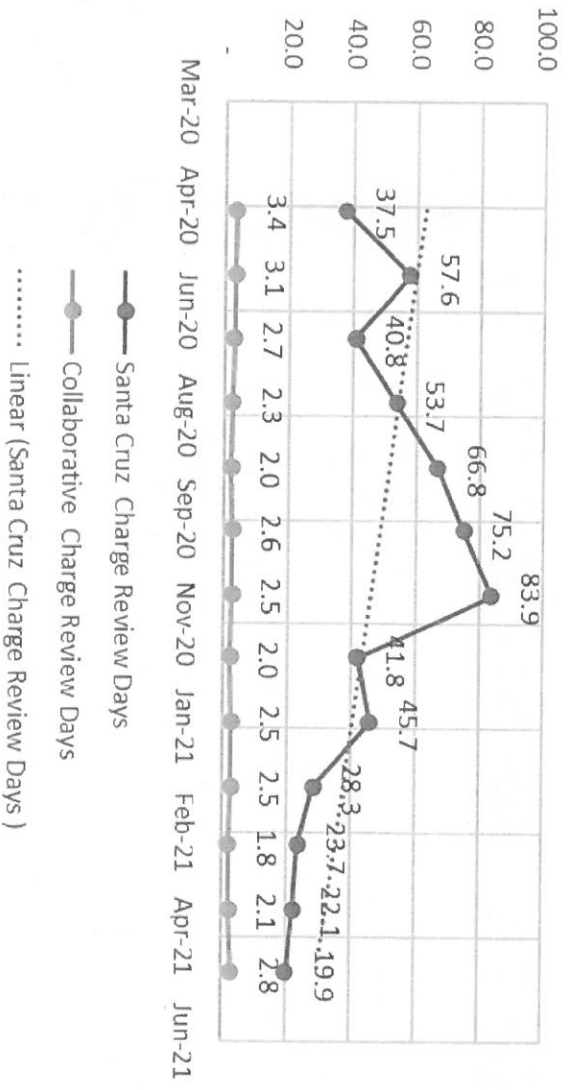
Total A/R on the last day for the previous month divided by the ADC.

Percentage of Charges over 90 days Old



This metric measures the percentage of the total A/R that is over 90 days old. Similar to Days in A/R, it can be used as a measure for how long it takes to fully resolve balances. However, this metric will also let you know if you have older balances accumulating in the system.

Charge Review Days



Total amount in the Charge Review Work Queue on the last day of the month divided by the ADC.

QUESTIONS OR COMMENTS?

