

HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)

Co-Applicant Board Meeting

San Mateo Medical Center| 222 W. 39th Avenue, 2nd Floor (Board Room) San Mateo

April 26, 2016, 9:00A.M - 10:00 A.M.

AGENDA

A. CALL TO ORDER	Robert Stebbins	9:00 AM
B. CLOSED SESSION		
1. No Closed Session this meeting		
C. PUBLIC COMMENT		9:02 AM
Persons wishing to address items on and off the agenda		
D. CONSENT AGENDA		9:05 AM
1. Meeting minutes from March 10, 2016	TAB 1	
2. Program Calendar	TAB 2	
E. BOARD ORIENTATION		
1. No Board Orientation items this meeting.		
F. REGULAR AGENDA		
1. New Board Members Approval	Brian/Dan/Jim	TAB 3 9:08 AM
<i>i. Action Item- Request to Approve new board members</i>		
2. Contracts to approve	Jim Beaumont	TAB 4 9:13 AM
<i>i. Action Item- Request to Approve new contracts</i>		
3. Form 5B- requests to approve change	Jim Beaumont	TAB 5 9:18 AM
<i>i. Action Item- Request to Approve change in form 5B</i>		
4. NHCHC requests (Tayischa)	Jim Beaumont	TAB 6 9:20 AM
<i>i. Action Item- Request to Approve Travel Requests</i>		
5. SMMC Audit Report	Jim Beaumont	TAB 7 9:26 AM
<i>i. Action Item- Request to Accept Audit Report</i>		
6. Update on Strategic Plan – preliminary draft	Rachel/Pat/Jim	TAB 8 9:29 AM
7. Notification of Street/Field Medicine presentation for SMMC	Jim/Frank	
8. UDS report and outcome measures comparison	Jim/Linda	TAB 9 9:45 AM
9. HCH/FH Program Director's Report (document only)	Jim Beaumont	TAB 11 9:52 AM
10. HCH/FH Program Budget/Finance Report (document only)	Jim Beaumont	TAB 12 9:53 AM
11. Board Ad Hoc Committee Reports	Committee Members	9:54 AM
<i>i. Transportation</i>		
<i>ii. Health Navigation</i>		
<i>iii. Board Composition</i>		
G. OTHER ITEMS		
1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated)		
<i>i. Next Regular Meeting – May 12, 2016; 9:00 A.M. – 11:00 A.M. at SMMC- classroom 1</i>		
H. ADJOURNMENT	Robert Stebbins	10:00 AM

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH/FH Program Coordinator at least five working days before the meeting at (650) 573-2966 in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH/FH Co-Applicant Board regular meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: <http://www.sanmateomedicalcenter.org/content/Co-ApplicantBoard.htm>.



Parking Lot

- ⇒ Bylaws Review
(as needed)
- ⇒ Annual Tactical Plan
(no current deadline)
- ⇒ Scope Discussion
(no deadline set)
- ⇒ Transportation
(no deadline set)
- ⇒ Program Website
(no deadline set)
- ⇒ How to engage our
populations
- ⇒ Respite Care

TAB 1
Meeting Minutes

(Consent Agenda)

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes
March 10, 2016- Fair Oaks Clinic Redwood City**

Co-Applicant Board Members Present

Robert Stebbins, Chair
Daniel Brown
Paul Tunison
Tayischa Deldridge
Julia Wilson (phone)
Kathryn Barrientos
Molly Wolfes
Steve Carey
Brian Greenberg
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Frank Trinh, HCH/FH Medical Director
Glenn Levy, County Counsel
Elli, Lo, HCH/FH Management Analyst
Linda Nguyen, HCH/FH Program Coordinator

Members of the Public

Pat Fairchild, JSI (phone)

Absent: Eric Brown

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Stebbins called the meeting to order at 9:05__A.M. Everyone present introduced themselves.	
Public Comment	No Public Comment at this meeting.	
Consent Agenda	All items on Consent Agenda (meeting minutes from November 12 th and December 10, 2015 meetings and the Program Calendar) were approved. Please refer to TAB 1, 2	Consent Agenda was MOVED by Kat SECONDED by, Paul and APPROVED by all Board members present.
Board Orientation:	No Board Orientation for this meeting.	
Consumer Input	Elli and Linda gave brief presentations on attendance of 2016 Migrant Health Conference and workshops attended included: <ul style="list-style-type: none"> • Migrant Health 101: An Introduction to Migrant Health • Increasing Access to Care: Verifying Agricultural Worker status • Board Leadership Development: Recruiting and Retaining Agricultural Workers • Promoting Health Care Access to LGBT Farmers 	

<p>Transportation Sub-committee reports Steve, Molly, Eric</p>	<p>Steve- update on van access next week. Puente currently using MV transit and prices have gone up Brian- LifeMoves uses Uber</p>	
<p>Board orientation Sub-committee reports Brian, Dan, Molly</p>	<p>The sub-committee conducted 2 interviews with applicants that have experience in the following:</p> <ul style="list-style-type: none"> • Finance • business owner • formerly homeless <p>By next meeting will have 3 people to recommend to the Board to consider. Need application and documents.</p>	
<p>Patient Navigator Sub-committee reports Tay, Julia, Kat</p>	<p>Dr. Frank Trinh drafted a write up on the position and needs to be revised as the responsibilities of the position may be at least 2 positions (field staff and admin). Sub-committee must reconvene to clarify the duties of this position(s).</p>	<p>Sub-committee will reconvene and revise write up on position.</p>
<p>QI Committee oral report</p>	<p>Oral report by Dr. Frank Trinh:</p> <ul style="list-style-type: none"> - Discussed QI Outcome measures - Asthma outcome measure report working on <p>Will discuss for next month's Board meeting:</p> <ul style="list-style-type: none"> - Patient satisfaction survey - Update on Street/Field Medicine 	
<p>Regular Agenda: HCH/FH Program Directors report</p>	<p>Director's report included:</p> <ul style="list-style-type: none"> • Grand conditions- submitted on 2/9/16 current grant conditions • Strategic Plan- Retreat to be held on 3/17/16 • Request for Proposals- continue to work on outstanding proposals. Visited with Daly City Youth Center to discuss possible proposal for service with their staff. • UDS – Program successfully submitted 2015 UDS Report prior to 2/15/16 deadline • Director Evaluation- thanks the Board for careful/thoughtful evaluation • <p><i>Please refer to TAB 4 on the Board meeting packet.</i></p>	

<p>Regular Agenda: HCH/FH Program <i>Budget & Financial Report</i></p>	<p>Report included:</p> <ul style="list-style-type: none"> • Expenditure to date through 2/29/16 total under \$163,000. Understanding that program activity to date that a number of contracts are still in process of ramping up. • Project total expenditures to be just under \$2,000,000 for the grant year. • Prospectively have between \$250,000 and \$400,000 in proposal for services that may lead to contracts. <p>Summary of GY 2016 Summary report in packet</p> <p><i>Please refer to TAB 5 on the Board meeting packet.</i></p>	
<p>Regular Agenda: HCH/FH Program Contractor's Quarterly report- 4th quarter</p>	<p>Contractors report by Linda and Elli included:</p> <ul style="list-style-type: none"> • Status of all contactors after 4th quarter of 2016 Grant Year for 7 contractors • 4 contractors for GY2015 did not exhaust funds from their contracts • Contracts for GY2015 totaled \$932,750 which includes 2 expanded service grants • Report includes summary of funds spent via contracts, performance measure outcomes as well as narrative from contractors on successes and emerging trends <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p>	
<p>Regular Agenda: <i>Update on Outstanding Proposals</i></p>	<p>As part of the RFP evaluation process staff and evaluation committees have reviewed 11 new proposals. Nine proposals required further information to make a final determination. Staff sent out follow up inquiries to all 9 proposal submitters and are awaiting responses.</p> <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p>	
<p>Regular Agenda: <i>Travel Policy</i></p> <p><i>Action Item: Request to Approve Policy on Non- Board/Non-Staff Travel Reimbursement</i></p>	<p>The program approved a policy regarding travel reimbursement for Board members to travel for business in March 2014. Recently, the Board was requested to approve funding support for the attendance and travel of non-Board individuals to a conference/training event. It was noted that no current policy for these situations existed and that it would benefit the Board to have such a policy</p> <p>The attached policy provides a framework for Board decision-making when presented with these types of requests. This request is for approval of a proposed policy to provide a framework for Board decision-making on requests to fund non-Board and non-staff attendance at trainings, meetings and conferences. In addition to outlining the selection process and parameters, it calls for specific report-backs to the Board from individuals who are approved for such funding.</p> <p><i>Please refer to TAB 8 on the Board meeting packet.</i></p> <p><i>Action item: Request to Approve Policy on Non-Board/Non-Staff Travel Reimbursement</i></p>	<p>Motion to Approve Policy on Non-Board/Non-Staff Travel Reimbursement</p> <p>MOVED by Paul SECONDED by, Brian</p> <p>Abstained- Dan</p> <p>and APPROVED by remainder of Board members present.</p>

<p>Regular Agenda: Update on Strategic Plan</p>	<p>As discussed at the February 10, 2016 meeting of the HCH/FH Co-Applicant Board, Program solicited feedback from the Board members on the three most important items from the Gap analysis provided by Rachel Metz. This request is to provide a framework for further preparation for discussions at the HCH/FH Co-Applicant Board Retreat on March 17, 2016. Attached is a summary of the responses received. In preparing the data for our consultants, we summarized the responses into reasonable groupings to provide for some focus in the effort. In the Service Gaps category, Mental Health & Substance Abuse (BHRS) clearly received the most mentions. Dental & Farmworker Dental, Respite Care, Nutrition and Expanding Street Medicine followed in mentions (in order). Also mentioned were Not Handoffs/Navigation/Care Coordination, Support for Special Needs/Circumstances/Change in Circumstances, and Transportation/Geographic Area.</p> <p>There were a total of 21 individual items mentioned, and with 7 such mentions, Mental Health/Substance Abuse is clearly the major gap identified.</p> <p><u>Attachment:</u> Summary of Board & Staff Gap Input</p> <p><i>Please refer to TAB 9 on the Board meeting packet.</i></p>	
<p>Regular Agenda: UDS activities discussion</p>	<p>Program made our original 2016 submission on February 13, 2016. On February 23rd or UDS reviewer provided a list of 8 items for further review and documentation or explanation. The responses to these items were submitted on March 1, 2016. At this time, we are awaiting either further requests for changes/additional information, or our notice of completion for the report.</p> <p>Preliminary review of the UDS data shows there has been a 14% decline in numbers of patient served from 7,707 in 2014 to 6,556 in 2015. The distribution of demographics, such as age, race/ethnicity and language, has been similar as last year. While patients with $\leq 100\%$ FPL has declined significantly by 29% (n=1,558), there was a 36% (n=480) increase in the unknown income category.</p> <p>As has been reported to the Board during the past year, program staff has been working diligently with our IT support staff to produce universal reports for several outcome measures, as historically we have reported using 70 chart samples.</p> <p>The full UDS Report final submission deadline for all changes/modifications is 03/31/16. The full, final UDS Report will be provided to the Board as part of the April 2016 meeting</p> <p><i>Please refer to TAB 10 on the Board meeting packet.</i></p>	
<p>Adjournment</p>	<p>Time __11:00 a.m._____</p>	<p>Robert Stebbins</p>

TAB 2
Program Calendar
(Consent Agenda)

Health Care for the Homeless & Farmworker Health (HCH/FH) Program 2016 Calendar *(Revised April 2016)*

EVENT	DATE	NOTES
<ul style="list-style-type: none"> • Board Meeting (April 14, 2016 from 8:30 a.m. to 10:30 a.m.) • Additional Contract Approvals 	April	Board meeting at SMMC- San Mateo
<ul style="list-style-type: none"> • Board Meeting (May 12, 2016 from 9:00 a.m. to 11:00 a.m.) • Finalize Strategic Plan • <i>National Assoc. of Community Health Centers Conf. for Agricultural Worker Health in Portland, Oregon May 23-25</i> • <i>NHCHC Conference in Portland, OR May 31- June 3 2016</i> 	May	Board meeting at SMMC- San Mateo
<ul style="list-style-type: none"> • Board Meeting (June 9, 2016 from 9:00 a.m. to 11:00 a.m.) • SMMC Board meeting presentation on Street/Field Medicine, June 2 	June	Board meeting at Coastside Clinic- Half Moon Bay
<ul style="list-style-type: none"> • Board Meeting (July 12, 2016 from 9:00 a.m. to 11:00 a.m.) • Public Entity Conference in Denver, Colorado July 13-15 	July	Board meeting at SMC-Department of Housing in Belmont
<ul style="list-style-type: none"> • TBD- HRSA Operational Site Visit 		Likely late spring/early summer

Conference calendar	
Community Health Institute and Expo	August 28- 30; Chicago, IL
Primary Care Assoc. & HCCN Conf.	November 14-16; Pasadena, CA

TAB 3
Request to
Approve new
Board Members



SAN MATEO COUNTY HEALTH SYSTEM

DATE: April 26, 2016

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Board Composition Committee
HCH/FH Program

SUBJECT: BOARD NOMINATION FOR CHRISTIAN HANSEN

The Co-Applicant Board of the HCH/FH Program may periodically elect new members to the Board as desired and in accordance with Board Bylaws.

The Board Composition Committee has interviewed two candidates it wishes to present to the Board. Summaries of Board Composition Committee evaluation and recommendation for each candidate accompany this TAB.

This request is for the approval of two new Board members to enlarge the knowledge and expertise available to the Board for its review and planning duties.

Christian Hansen was interviewed by members of the Board Composition Committee and the Board Chair. Christian also participated in the Strategic Planning Retreat.

Christian is Sales and Acquisition Manager for real estate investment fund, and he also works with homeless families at LifeMoves' First Step for Families shelter in San Mateo. Christian contributed helpful insights and questions to the Retreat discussion.

Christian possesses economic and financial literacy that is necessary for evaluating and planning development projects. He demonstrates his commitment to helping homeless families in crisis, and is eager to learn about the problems farm workers and their families face. Christian is committed to caring for homeless individuals, and his financial analysis and planning abilities would offer a needed build out in Board member skills.

The Board Composition Committee nominates Christian Hansen for a seat on the Co-Applicant Board of the Health Care for the Homeless/Farmworker Health Program.

ATTACHMENT: CHRISTIAN HANSEN APPLICATION



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Jean S. Fraser • San Mateo Medical Center CEO: Susan Ehrlich, MD, MPP
222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030
www.sanmateomedicalcenter.org

HCH/FH Board Members,

Thank you for contacting me regarding the open seat on your board. Below is my completed application for the position. Thanks for your consideration.

Regards,
Christian Hansen

1. What is your name and contact information?

Christian Hansen

E-mail: christian.hansen.msc@gmail.com<mailto:christian.hansen.msc@gmail.com>

Cell: 650.656.6966

2. What is your place of employment and title, if applicable?

I am the Sales and Acquisitions Manager at Pacific States Capital. PSCc is a small-cap Real Estate investment fund with offices in Menlo Park. Our firm specializes in real estate development and distressed asset management.

I am also a part-time Residential Services Coordinator at LifeMoves (formerly InnVision Shelter Network). I mainly work Saturday and/or Sunday nights at First Step for Families in San Mateo.

3. What experience and/or skills do you have that would make you an effective member of the Board?

My professional day to day focus is figuring out how to optimally choose and finance development projects. This requires strong financial and economic literacy as well as short and long term planning. Financial modeling, managing cash flows, working within a restrictive budget, spotting economic trends and being creative are all important factors that I utilize in the process. I believe that these skills would transfer well and fit the boards need for strong financial minds when creating sustainable and results driven healthcare strategies.

4. Why do you wish to be a Board member?

I am genuinely interested in helping our local homeless communities and farm workers. Working to improve healthcare provided to these groups is a top priority and I would like to be involved in the decision making process. I am also interested in learning more about the needs of farm workers specifically. As trends like "farm to table" become more popular and private cash farming increases in California, it will be important to make sure this group is treated fairly and that their needs are met.

5. Are you homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a farmworker?

No

6. The Board requires a member to be a resident of San Mateo County.

I currently live in Menlo Park, CA.

7. Federal regulations require that Board members observe the following Conflict of Interest policy: Health Center bylaws or written corporate Board-approved policy include provisions that prohibit conflict of interest by Board members, employees, consultants, and those who furnish goods or services to the health center.

No Board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as a non-voting ex-officio member of the Board.

(45 CFR Part 74.42 and 42 CFR Part 51c.304b)



SAN MATEO COUNTY HEALTH SYSTEM

DATE: April 26, 2016

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Board Composition Committee
HCH/FH Program

SUBJECT: BOARD NOMINATION FOR THERESA SHEATS

The Co-Applicant Board of the HCH/FH Program may periodically elect new members to the Board as desired and in accordance with Board Bylaws.

The Board Composition Committee has interviewed two candidates it wishes to present to the Board. Summaries of Board Composition Committee evaluation and recommendation for each candidate accompany this TAB.

This request is for the approval of two new Board members to enlarge the knowledge and expertise available to the Board for its review and planning duties.

Theresa Sheats was interviewed by members of the Board Composition Committee and the Board Chair. She subsequently participated in the Strategic Planning Retreat.

As a formerly homeless individual, Theresa has direct experience with the ups and downs and life difficulties one faces when homeless. She now works as office manager for a mortgage firm. During the Retreat deliberations, Theresa added insightful observations and questions, and she has maintained relationships across the homeless community as she pursues her volunteer work with those less fortunate. She is well-organized and eager to help. Theresa can also bring gender-specific experience to the discussion of the homeless experience and enhance Board understanding and planning for those issues.

The Board Composition Committee nominates Theresa Sheats for a seat on the Co-Applicant Board of the Health Care for the Homeless/Farmworker Health Program.

ATTACHMENT: THERESA SHEATS APPLICATION



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Board Composition Committee

Nomination to Board

Welcome to the San Mateo County Health Care for the Homeless/Farm Worker Health Co-Applicant Board Application for Board Membership.

1. What is your name and contact information? **Theresa Sheats 650-393-3550 theresa@plmcrcsy.com**
2. What is your place of employment and title, if applicable? **W.J. Bradley Mortgage- Validation Specialist- Office Manager**
3. What experience and/or skills do you have that would make you an effective member of the Board? **I have a large network of people in the non-profit community as well as built relationships with the homeless in San Mateo County. Skilled in Administrative work and event planning.**
4. Why do you wish to be a Board member? **I enjoy serving the community and getting a better understanding of the needs and the availability of the help that can be offered.**
5. Are you homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a farmworker? **I was homeless in the past, and received help from SMCO General when I didn't have insurance. *We highly encourage applicants who are homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a farmworker.***
6. The Board requires a member to be a resident of San Mateo County. **Yes, I live in SMCO**
7. Federal regulations require that Board members observe the following Conflict of Interest policy: Health Center bylaws or written corporate Board-approved policy include provisions that prohibit conflict of interest by Board members, employees, consultants, and those who furnish goods or services to the health center.
 - No Board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as a non-voting ex-officio member of the Board.
(45 CFR Part 74.42 and 42 CFR Part 51c.304b)

TAB 4

**Contracts
to Approve
Request to
Approve
contracts**



SAN MATEO COUNTY HEALTH SYSTEM

DATE: April 26, 2016

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health Program

FROM: Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT FUNDING FOR LEGAL AID SOCIETY OF SAN MATEO COUNTY

Program received a proposal from Legal Aid Society of San Mateo County (Legal Aid) in response to our October 2015 issued RFP for Enabling Services for farmworker individuals.

The proposal essentially called for providing a 3 pronged strategy to comprehensively address the health needs of farmworkers in San Mateo County rural, coastal communities by: 1) performing a Needs Assessment and an Experience Study to identify the continuing barriers to health care for farmworkers and their families; 2) Provide outreach and education to farmworkers and training and technical assistance to health providers and outreach partners ; 3) Provide referrals, eligibility assistance, legal advice, and representation.

On completing the proposal evaluation process, the Selection Committee had recommended partial funding for some of the proposed services and asked Program to clarify questions and concerns with Legal Aid. After meeting and negotiating with Legal Aid, Program offered an agreement with recommended funding at \$67,100. This request is for the Board to take action to approve the execution of this modified agreement with Legal Aid.

Included with this request is the draft Exhibit A & Exhibit B. The proposed contract is for one (1) year through December 31, 2016. The maximum total value of the contract is \$67,100.

This request is for the Board to approve the proposed Exhibit A & Exhibit B for the contract with Legal Aid. It requires a majority vote of the Board members present to approve this action.

Attachments:
Legal Aid Society of San Mateo County Contract for Enabling Services



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Jean S. Fraser • San Mateo Medical Center CEO: Susan Ehrlich, MD, MPP
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LEGAL AID SOCIETY OF SAN MATEO COUNTY

Exhibit A

In consideration of the payments set forth in Exhibit B, Contractor shall provide the following services:

Each reporting period shall be defined as one (1) calendar year running from January 1st through December 31st, unless specified otherwise in this agreement.

Contractor shall provide the following services for each reporting period.

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with Legal Aid Society of San Mateo County (Legal Aid) for a full range of enabling services to farmworker individuals, centered on Needs Assessment, Experience Study, direct legal assistances, outreach and patient and community education. Legal Aid will provide legal assistance, including eligibility assistance, legal advice, follow-up, translation services, and referral services for Covered California, Medi-Cal, ACE program, or other health insurance/coverage programs as appropriate, and ongoing support to improve client access to San Mateo County Health System primary medical services and HCH/FH Program contractors, to at least **20 unduplicated farmworker individuals per reporting period** who meet Bureau of Primary Health Care (BPHC) criteria for Migratory and Seasonal Agricultural Workers. A unique unduplicated individual is one who have not been previously served and invoiced for that service during the specified reporting period. The HCH/FH Program will continue to monitor the number of "cases" that are provided legal services, even as Legal Aid will invoice for unduplicated individuals.

The services to be provided by Legal Aid will be implemented as measured by the following objectives and outcome measures:

OBJECTIVE 1: Provide direct legal services to a minimum of **20** unduplicated farmworker individuals or family members of farmworkers each reporting period to support eligibility assistance in securing access to available health, social services, pharmacy and other assistance programs including Medi-Cal, Medicare, MCE, ACE Healthy Kids, and related assistance programs related to the access of medical, dental, mental health or substance abuse services. A minimum of **30** on-going encounters will be provided to these 20 individuals.

These encounters must be face-to-face with the patient. Third party and remote (telephone, email) interactions on behalf of or with a patient are **not** counted in encounters.

OBJECTIVE 1.1.: 80% (16) of the farmworker clients provided legal services will receive favorable outcomes in addressing issues related to health coverage or health care access.

Outcome Measure 1.A: Of the farmworker individuals, a minimum of 80% will receive coverage or reduce out-of-pocket expenses through access to available coverage programs.

Outcome Measure 1.B: Of the farmworker clients provided legal services 65% (13) will be uninsured, not having current health coverage.

OBJECTIVE 2: Complete a regional **Needs Assessment**, and develop a plan to systematically address identified barriers to accessing health care affecting farmworkers in San Mateo County.

Outcome 2.A: To complete a Needs Assessment of the region to determine the number and location of farmworkers, their greatest areas of need, and the legal barriers they are currently

facing.

OBJECTIVE 3: Outreach to at least 50 Farmworkers and Providers to identify clients/patients who have underlying, health-affecting legal issues and refer them to LIBRE

Outcome 3.A: Train 15 health providers and other outreach partners (quarterly) who are working directly with the target farmworker population to identify clients/patients who have underlying, health-affecting legal issues and refer them to LIBRE. This includes answering at least 24 technical assistance phone calls and emails. Evaluations after training will show that at least 80% of attendees are better able to identify legal needs among their farmworker clients, and are comfortable making appropriate referrals.

Outcome 3.B: Host eight outreach and education events targeting farmworkers and their families. These events will focus on the underserved southern coastal region at Pescadero. Outreach will include information about various health coverage programs, government benefits programs, and Public Charge.

Outcome 4: To complete an **Experience Study** by following and documenting a minimum of 12 farmworkers as they navigate attempting to access the health care system and receive health care services in order to identify barriers to accessing healthcare.

Outcome 4.A: LIBRE will work with partners to develop a strategy that best addresses the legal needs and barriers to accessing health coverage and healthcare. Contractor will follow a minimum of 12 farmworkers as they interact with the health care system in order to identify barriers to accessing healthcare.

RESPONSIBILITIES:

The following are the contracted reporting requirements that Legal Aid Society of San Mateo County must fulfill:

All demographic information as defined by the HCH/FH Program will be obtained from each farmworker individual receiving enabling services from Legal Aid during the reporting period. All encounter information as defined by the HCH/FH Program shall be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with the monthly invoice. In addition, the contractor will track the number of legal cases pursued and the number of the reported unduplicated individuals that are involved in each case. **This may include data for farmworker individuals for whom the Contractor is not reimbursed.** The contractor will also assess and report each individual's homeless status as defined by BPHC.

If there are charges for services provided in this contract, a **sliding fee scale policy** must be in place.

Any **revenue** received from services provided under this contract must be reported.

Site visits will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate

scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

- Lack of timely reporting, especially repeatedly
- Multiple invoicing errors: billings for duplicates; spreadsheet and invoice don't match; etc.
- Ongoing difficulties in scheduling routine site visits
- Complaints or reports that raise concerning issues; etc.,

the HCH/FH Program will advise the contractor of the issue and provide notice to the contractor of the possibility to perform an unannounced site visit.

Reporting requirements- monthly and quarterly submission of invoices and reports are required via template supplied to contracts. If the program pursues a cloud based data depository (data base) for monthly and quarterly data, contractor will be required to upload/submit data into data base.

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all farmworker individuals in this same time period will be submitted to the HCH/FH Program by the 10th of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.

Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th of the month following the completion of each calendar quarter throughout the contract.

If contractor observes routine and/or ongoing **problems in accessing medical or dental care services within SMMC**, contractor is required to track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in County and community activities that address farmworker issues.

Provide active involvement in the Bureau of Primary Health Care Office of Performance Review Process.

Exhibit B

In consideration of the services provided by Contractor described in Exhibit A and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

County shall pay Contractor \$8,000 total over the term of the agreement for the Needs Assessment project. County shall pay \$2,500 upon Contractor submission of Needs Assessment detailed plan with questionnaire and/or tool for review and acceptance, and \$5,500 upon Contractor submission of the Needs Assessment final report for review and acceptance.

County shall pay Contractor \$10,000 total over the term of the agreement for the Experience Study project. County shall pay \$2,000 upon Contractor submission of Experience Study detailed plan with selection criteria for review and acceptance, and \$8,000 upon Contractor submission of the Experience Study final report for review and acceptance.

County shall pay Contractor \$9,200 total over the term of the agreement for the Provider Outreach project. County shall pay \$6,000 upon Contractor submission of Provider Outreach plan and materials including PowerPoint presentations and LIBRE flyers and handouts for review and acceptance, and \$3,200 upon Contractor submission of the Provider Outreach final report showing at least 50% completion of plan.

County shall pay Contractor \$6,400 total over the term of the agreement for the Farmworker Outreach project. County shall pay \$2,000 upon Contractor submission of Farmworker Outreach plan and materials for review and acceptance, and \$4,400 upon Contractor submission of the Farmworker Outreach final report showing at least 50% completion of plan.

County shall pay Contractor at a rate of \$1,675.00 for each unduplicated farmworker individual invoiced per reporting period for delivery of legal services, up to the maximum of 20 individuals per reporting period, limited as defined in Exhibit A for "unique unduplicated."

Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of farmworker individuals and encounters for the previous month. Invoices will be approved by the Health Care for the Homeless/Farmworker Health Program Director or their designee.

The term of this Agreement is January 1, 2016 through December 31, 2016. Maximum payment for services provided under this Agreement will not exceed SIXTY-SEVEN THOUSAND ONE HUNDRED DOLLARS (\$67,100).



SAN MATEO COUNTY HEALTH SYSTEM

DATE: April 26, 2016

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health Program

FROM: Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT FUNDING FOR LIFEMOVES

Program received a proposal from LifeMoves, formerly known as InnVision Shelter Network, in response to our October 2015 issued RFP for Enabling Services for the Homeless in addition to their current scope of services. On completing the proposal evaluation process, the Selection Committee had recommended funding at \$75,000 for a Community Health Worker (CHOW) to work with the Street Medicine Team (Intensive Care Coordination for 150 unduplicated individuals). However, LifeMoves declined the funding recommendation.

Program met with LifeMoves to discuss the offered agreement, and prepared a modified draft agreement with recommended funding at \$82,560. This request is for the Board to take action to approve the execution of this modified agreement with LifeMoves.

The proposal essentially called for providing intensive care coordination services to unsheltered homeless individuals in collaboration with San Mateo County's Street Medicine Team. Services include transportation to medical appointment, picking up medication, and establish and evaluate adherence to case plan, medical needs assessments and intensive follow-up. The modified proposal calls for services to 160 unduplicated individuals in addition to the increased funding, and includes a performance measure to refer uninsured street individuals to the LifeMoves eligibility assistance staff.

Included with this request is the draft Exhibit A & Exhibit B, along with a brief summary of the proposal. The proposed contract is for one (1) year through December 31, 2016. The maximum total value of the contract is \$82,560.

This request is for the Board to approve the proposed Exhibit A & Exhibit B for the contract with LifeMoves. It requires a majority vote of the Board members present to approve this action.

Attachments:
LifeMoves Contract for Enabling Services



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Jean S. Fraser • San Mateo Medical Center CEO: Susan Ehrlich, MD, MPP
222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030
www.sanmateomedicalcenter.org

Exhibit A

In consideration of the payments set forth in Exhibit B, Contractor shall provide the following services:

Each reporting period shall be defined as one (1) calendar year running from January 1st through December 31st, unless specified otherwise in this agreement.

Contractor shall provide the following services for each reporting period.

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with LifeMoves for enabling services to unsheltered homeless individuals in collaboration with San Mateo County's Street Medicine Team. LifeMoves will provide care coordination, including transportation to medical appointment, picking up medication, and establish and evaluate adherence to case plan, medical needs assessments and intensive follow-up to at least **160 unduplicated homeless individuals** who meet Bureau of Primary Health Care (BPHC) criteria for homeless individuals. A unique unduplicated individual is one who have not been previously served and invoiced for during the specified reporting period. **100%** of these individuals (**160**) will meet the BPHC definition as a street homeless individual at the time service is initiated.

The services to be provided by LifeMoves will be implemented as measured by the following objectives and outcome measures:

OBJECTIVE 1: Provide initial assessments and on-going care coordination services to a minimum of **160** homeless individuals each reporting period in order to better access primary medical care through the San Mateo County Health System, and HCH/FH Program contractors. A minimum of **300** on-going care coordination encounters will be provided to these 160 individuals.

Care Coordinator/Manager definition- acts as a liaison between the target population patient and health care organizations. They offer support by providing some or all of the following: information on health and community resources, coordinating transportation, making appointments, delivering appointment reminders, tracking whether appointments are kept, and accompanying people at appointments; help clients and providers develop a care management plan and assist clients to adhere to the plan.

Each care coordination encounter must meet BPHC visit criteria to be included in the count. Such criteria, as they may be amended from time to time, are incorporated by reference into this Agreement. BPHC presently defines a enabling services encounters encounter as an encounter between a service provider and a patient during which services are provided that assist patients in the management of their health needs, including patient needs assessments, the establishment of service plans, the maintenance of referral, tracking, and follow-up systems, and the provision of support services in accessing health care. These encounters must be face-to-face with the patient. Third party and remote (telephone, email) interactions on behalf of or with a patient are **not** counted in care coordination encounters.

OBJECTIVE 1.1.: Of the 160 homeless individuals served, assist at least **50** new (client has not been seen for primary care in the past two years) unduplicated homeless individuals each reporting period to engage and maintain participation in health programs and the health care system in order to better access health services through the San Mateo County Health System and HCH/FH Program contractors. These individuals will receive intensive and on-going care coordination services as appropriate. The determination of a client's status as a new unduplicated homeless individual shall be determined by LifeMoves through use of a standard information gathering protocol, as approved by the HCH/FH Program, which may include self-attestation by the client. A minimum of **150** on-going encounters will be provided to these 50 individuals.

Outcome Measure 1.A: Working with the Street Medicine Team, provide medical needs assessment for 100% (160) of the individuals served.

Outcome Measure 1.B: Of the homeless individuals that do not currently have a medical home, a minimum of 20% (32) will establish a medical home, as defined by a minimum of two (2) attended primary medical care service appointments (one initial appointment and one follow-up appointment).

Outcome Measure 1.C: At least 80% (128) of clients with a scheduled primary care appointment will attend at least one scheduled primary care appointment.

Outcome Measure 1.D 100% of clients that are uninsured will be referred to LifeMoves Health Care for Homeless staff for health insurance enrollment. As warm hand offs increase rate of success, it is highly encouraged that LifeMoves HCH eligibility staff accompany CHOW in field as schedule permits.

RESPONSIBILITIES:

The following are the contracted reporting requirements that LifeMoves must fulfill:

All demographic information as defined by the HCH/FH Program will be obtained from each homeless individual receiving enabling services from LifeMoves during the reporting period. All encounter information as defined by the HCH/FH Program shall be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with the monthly invoice. **This may include data for homeless individuals for whom the Contractor is not reimbursed.** The contractor will also assess and report each individual's farmworker status as defined by BPHC.

If there are charges for services provided in this contract, a **sliding fee scale policy** must be in place.

Any **revenue** received from services provided under this contract must be reported.

Site visits will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

- Lack of timely reporting, especially repeatedly
- Multiple invoicing errors: billings for duplicates; spreadsheet and invoice don't match; etc.
- Ongoing difficulties in scheduling routine site visits
- Complaints or reports that raise concerning issues; etc.,

the HCH/FH Program will advise the contractor of the issue and provide notice to the contractor of the possibility to perform an unannounced site visit.

Reporting requirements- monthly and quarterly submission of invoices and reports are required via template supplied to contracts. If the program pursues a cloud based data depository (data base) for monthly and quarterly data, contractor will be required to upload/submit data into data base.

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless individuals in this same time period will be submitted to the HCH/FH Program by the 10th of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.

Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th of the month following the completion of each calendar quarter throughout the contract.

If contractor observes routine and/or ongoing **problems in accessing medical or dental care services within SMMC**, contractor is required to track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in community activities that address homeless issues (i.e., Homeless, One Day Count, Homeless Project Connect, etc.).

Provide active involvement in the Bureau of Primary Health Care Office of Performance Review Process.

Exhibit B

In consideration of the services provided by Contractor described in Exhibit A and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

County shall pay Contractor at a rate of \$516.00 for each unduplicated homeless individual invoiced per reporting period for delivery of care coordination services, up to the maximum of 160 individuals per reporting period, limited as defined in Exhibit A for "unique unduplicated."

Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of homeless individuals and encounters for the previous month. Invoices will be approved by the Health Care for the Homeless/Farmworker Health Program Director or their designee.

The term of this Agreement is January 1, 2016 through December 31, 2016. Maximum payment for services provided under this Agreement will not exceed EIGHTY FIVE THOUSAND DOLLARS (\$82,560).

TAB 5
Request to
Approve
change in
form 5B



SAN MATEO COUNTY HEALTH SYSTEM

DATE: April 26, 2016

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION TO APPROVE HCH/FH PROGRAM UPDATES FOR FORMS 5A – SERVICES & FORM 5B - SITES

Under the Bylaws Article 3.E, the Board has the authority and responsibility to set the scope and availability of services to be delivered by and the location and hours of operation of the Program. This responsibility is also represented by HRSA Program Requirements #2 – Required and Additional Services, and Requirement #16 – Scope of Project.. Both of these Requirements were found to be out of compliance in the Operational Site Visit (OSV) Report received August 2015 for the site visit of March 10-12 2015.

Based on a review of the OSV Report, we concur that there is a duplicate Mobile Health Van listed on the current Form 5B – Sites. We have drafted an updated Form 5B to remove the duplicate entry.

In addition, in review of information about Enabling Services, we have come across information that indicates civil legal aide services needs to be listed as an optional “additional enabling/supportive services” on Form 5A – Services. As the HCH/FH Program and the Co-Applicant Board are considering an agreement with Legal Aide for such services, we have drafted an updated Form 5A – Services to add this reference.

In order to make or request either of the identified changes above on the official HRSA documents, governing Board action is required. The request is for the Board to take such action as to approve the draft updated version of Form 5A- Services and Form 5B – Sites for submission to HRSA.

Approval of this item requires a majority vote of the Board members present.

Attachments:

HCH/FH Form 5A

HCH/FH Form 5B



Self Updates: Services details

H80CS00051: SAN MATEO COUNTY HEALTH SERVICES AGENCY, San Mateo, CA

Grant Number: H80CS00051

BHCMIS ID: 091140

Project Period: 11/1/2001 - 10/31/2015

Budget Period: 11/1/2014 - 10/31/2015

Required Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X	X	
Diagnostic Laboratory	X	X	
Diagnostic Radiology	X	X	
Screenings	X	X	
Coverage for Emergencies During and After Hours	X	X	
Voluntary Family Planning	X	X	
Immunizations	X	X	
Well Child Services	X	X	
Gynecological Care	X	X	
Obstetrical Care			
Prenatal Care	X	X	
Intrapartum Care (Labor & Delivery)	X	X	
Postpartum Care	X	X	
Preventive Dental	X	X	
Pharmaceutical Services	X	X	
HCH Required Substance Abuse Services	X	X	X
Case Management	X	X	X
Eligibility Assistance	X	X	
Health Education	X	X	
Outreach	X	X	
Transportation	X	X	
Translation	X	X	
Additional Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services	X	X	
Behavioral Health Services			
Mental Health Services	X	X	
Optometry	X		
Environmental Health Services		X	
Occupational Therapy	X		
Physical Therapy	X		
Nutrition	X		X
Additional Enabling/Supportive Services Incl. Civil Legal Aide			X

Speciality 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)
Podiatry	X		
Psychiatry	X		
Ophthalmology	X		
Cardiology	X	X	
Dermatology	X	X	
Gastroenterology	X		
Other - Orthopedics	X		
Other - Hepatology	X		
Other - Neurology	X		

Close Window

Self Updates: Site details

H80CS00051: SAN MATEO COUNTY HEALTH SERVICES AGENCY, San Mateo, CA

Grant Number: H80CS00051 BHCNIS ID: 091140 Project Period: 11/1/2001 - 10/31/2015

Budget Period: 11/1/2014 - 10/31/2015

Site Id: BPS-H80-000552

Site Information			
Site Name	COASTSIDE MENTAL HEALTH CENTER	Physical Site Address	225 Cabrillo Hwy S, Half Moon Bay, CA 94019-8200
Site Type	Service Delivery Site	Site Phone Number	(650) 726-6369
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	05/01/1998	Site Operational Date	05/01/1998
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number <small>(Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)</small>	
FQHC Site National Provider Identification (NPI) Number <small>(Optional field)</small>		Total Hours of Operation <small>(when Patients will be Served per Week)</small>	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations <small>(Required only for 'Migrant Voucher Screening' Site Type)</small>		Number of Intermittent Sites <small>(Required only for 'Intermittent' Site Type)</small>	
Site Operated by	Grantee		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor EIN

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s) 94019

Site Id: BPS-H80-000785

Site Information			
Site Name	CENTRAL COUNTY MENTAL HEALTH CTR	Physical Site Address	1950 Alameda de las Pulgas, San Mateo, CA 94403
Site Type	Service Delivery Site	Site Phone Number	(650) 573-3571
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	07/31/2004	Site Operational Date	07/31/2004

FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Grantee		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			

Service Area Zip Code (Include only those from which the majority of the patient population will come)	
Saved Service Area Zip Code(s)	94403, 94402, 94401

Site Id: BPS-HS0-0037S2

Site Information			
Site Name	MOBILE HEALTH CLINIC	Physical Site Address	225 37th Ave, San Mateo, CA 94403-4324
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2786
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/05/1996	Site Operational Date	07/01/1994
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Grantee		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s)	94061, 94098, 94065, 94019, 94401, 94063, 94066, 94060, 94096, 94064, 94067, 94402, 94403, 94083
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Site Id: BPS-HS0-011967

Site Information			
Site Name	HCH Mobile Dental Van	Physical Site Address	222 W 39th Ave, San Mateo, CA 94403-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2561
Web URL			
Location Type	Mobile Van	Site Setting	All Other Clinic Types
Date Site was Added to Scope	08/15/2012	Site Operational Date	08/15/2012
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	

FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	20
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Grantee		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

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

Saved Service Area Zip Code(s)	94061, 94080, 94063, 94401, 94019, 94403
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Site Id: BPS-HS0-00479S

Site Information

Site Name	EDISON CLINIC	Physical Site Address	222 W 39th Ave, San Mateo, CA 94403-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2358
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1987	Site Operational Date	01/01/1987
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Grantee		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

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

Saved Service Area Zip Code(s)	94403
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Site Id: BPS-HS0-005603

Site Information			
Site Name	South County Community Health Center (Db; Ravenswood Family Health Center)	Physical Site Address	1798 BAY RD, EAST PALO ALTO, CA 94303-1611
Site Type	Service Delivery Site	Site Phone Number	(650) 330-7400
Web URL	www.ravenswoodfhc.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	12/01/2003	Site Operational Date	12/01/2003
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	551946
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	62
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Contractor		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
South County Community Health Center (Db; Ravensw	1798 Bay Rd, Palo Alto, CA 94303-1611	94-3372130	

Service Area Zip Code (Include only those from which the majority of the patient population will come)	
Saved Service Area Zip Code(s)	94303, 94025

Site Id: BPS-HS0-006S70

Site Information			
Site Name	Coastside Health Center	Physical Site Address	225 Cabrillo Hwy, HALF MOON BAY, 94019
Site Type	Service Delivery Site	Site Phone Number	(650) 573-3941
Web URL	www.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/05/1998	Site Operational Date	01/05/1998
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40

Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Grantee		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

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

Saved Service Area Zip Code(s)	94019
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Site Id: BPS-HS0-001373

Site Information			
Site Name	SOUTH SAN FRANCISCO CLINIC	Physical Site Address	306 SPRUCE STREET, SOUTH SAN FRANCISCO, CA 94080-2741
Site Type	Service Delivery Site	Site Phone Number	(650) 877-7070
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	11/01/1999	Site Operational Date	01/10/1999
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Grantee		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

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

Saved Service Area Zip Code(s)	94080
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Site Id: BPS-HS0-004460

Site Information			
Site Name	DALY CITY YOUTH HEALTH CENTER	Physical Site Address	2780 Junipero Serra Blvd, Daly City, CA 94015-1634

Site Type	Service Delivery Site	Site Phone Number	(650) 991-2240
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1992	Site Operational Date	01/01/1990
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Grantee		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

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

Saved Service Area Zip Code(s)	94015
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Site Id: BPS-HS0-001005

Site Information			
Site Name	HEALTH SERVICES AGENCY MENTAL HEALTH DIVISION	Physical Site Address	225 37th Ave, San Mateo, CA 94403-4324
Site Type	Administrative	Site Phone Number	(650) 573-2541
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/03/2001	Site Operational Date	01/03/2001
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	

Site Operated by	Grantee		
Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			
Service Area Zip Code (Include only those from which the majority of the patient population will come)			
Saved Service Area Zip Code(s)	94403		

Site Id: BPS-HS0-00544S

Site Information			
Site Name	Fair Oaks Health Center	Physical Site Address	2710 Middlefield Rd, Redwood City, CA 94063-3404
Site Type	Service Delivery Site	Site Phone Number	(650) 363-4602
Web URL	www.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1988	Site Operational Date	01/01/1998
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Grantee		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			
Service Area Zip Code (Include only those from which the majority of the patient population will come)			
Saved Service Area Zip Code(s)	94063		

Site Id: BPS-HS0-005524

Site Information			
Site Name	DALY CITY CLINIC	Physical Site Address	380 90th St, Daly City, CA 94015-1807
Site Type	Service Delivery Site	Site Phone Number	(650) 301-8600
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/05/1996	Site Operational Date	01/05/1996

FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Grantee		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

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

Saved Service Area Zip Code(s)	94015
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Site Id: BPS-HS0-000595

Site Information			
Site Name	39th Avenue Campus - Outpatient Clinics	Physical Site Address	222 W 39th Ave, San Mateo, CA 94403-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2222
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1994	Site Operational Date	01/01/1970
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Grantee		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

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

Saved Service Area Zip Code(s) 94403

Site Id: BPS-HS0-002922

Site Information			
Site Name	MAPLE STREET SHELTER	Physical Site Address	1580 A MAPLE STREET, REDWOOD CITY, CA 94603-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 364-4664
Web URL	www.shelternetwork.com		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/07/2006	Site Operational Date	01/07/2006
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Contractor		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
Shelter Network of San Mateo County	1450 Chapin Ave, Burlingame, CA 94010-4044	77-0160469

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

Saved Service Area Zip Code(s) 94063

Site Id: BPS-HS0-003064

Site Information			
Site Name	RON ROBINSON SENIOR CARE CENTER	Physical Site Address	222 W. 39TH AVE, SAN MATEO, CA 94403-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2426
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/03/2004	Site Operational Date	01/03/2004
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number"	

		is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Grantee		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			

Service Area Zip Code (Include only those from which the majority of the patient population will come)	
Saved Service Area Zip Code(s)	94403

Site Id: BPS-H80-005388

Site Information			
Site Name	SOUTH COUNTY MENTAL HEALTH	Physical Site Address	802 BREWSTER AVE, REDWOOD CITY, CA 94063-1510
Site Type	Service Delivery Site	Site Phone Number	(650) 363-4111
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1992	Site Operational Date	01/01/1992
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Grantee		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			

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

Site Id: BPS-HS0-009159

Site Information			
Site Name	sequoia teen wellness center	Physical Site Address	200 JAMES AVE, REDWOOD CITY, CA 94062-5123
Site Type	Service Delivery Site	Site Phone Number	(650) 261-3710
Web URL	www.sanmateo.ca.us		
Location Type	Permanent	Site Setting	School
Date Site was Added to Scope	11/05/2009	Site Operational Date	04/01/2009
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Grantee		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

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

Saved Service Area Zip Code(s)	94062
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Site Id: BPS-HS0-005206

Site Information			
Site Name	NORTH COUNTY MENTAL HEALTH	Physical Site Address	375 89th St, Daly City, CA 94015-1802
Site Type	Service Delivery Site	Site Phone Number	(650) 301-8650
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	07/31/2004	Site Operational Date	07/31/2004
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
		Total Hours of Operation	40

FQHC Site National Provider Identification (NPI) Number (Optional field)		(when Patients will be Served per Week)	
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Grantee		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
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No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s)	94015
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TAB 6
Request to
Approve
Travel
Request

REQUEST FOR TAYISCHA DELDRIGE

Linda,

We're requesting San Mateo County to cover Tayischa Deldridge's registration cost of \$500, hotel cost of \$800, and airline ticket cost of \$250 for upcoming NHCHC Conference in Portland on May 31 - June 3, 2016.

Thank you for support of Ravenswood Family Health Center.

Quynh Tran
Office Manager/Purchasing
South County Community Health Center, Inc.
dba Ravenswood Family Health Center

TAB 7
Request to
Accept
Audit
Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: April 26, 2016

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO REVIEW AND ACCEPT THE FINANCIAL AUDIT

On April 08, 2016, the Program received notification from the San Mateo County Controller's Office of the issuance of the 2015 Single Audit Report. Per the Controller's Office, the report contained no findings.

As part of a government entity, an HCH/FH Program is included as a part of San Mateo County's overall Federal Single Audit. In accordance with HRSA requirements, the Co-Applicant Agreement and the Board's Bylaws, the Board has the responsibility and authority to review and accept the audit. The Board may also take action as it deems appropriate to address any concerns raised in the audit.

This request is for the Board to review and accept the financial audit. A majority vote of the members present is sufficient for approval of the request.

Attachments:

San Mateo County Federal Single Audit Report



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Jean S. Fraser • San Mateo Medical Center CEO: Susan Ehrlich, MD, MPP
222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030
www.sanmateomedicalcenter.org

COUNTY OF SAN MATEO

Single Audit Reports

Year Ended June 30, 2015



Certified
Public
Accountants

COUNTY OF SAN MATEO

Single Audit Reports
Year Ended June 30, 2015

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Certified
Public
Accountants

Sacramento
Walnut Creek
San Francisco
Oakland
Los Angeles
Century City
Newport Beach
San Diego

**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 Board of Supervisors of
the County of San Mateo
Redwood City, California

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 units, each major fund, and the aggregate remaining fund information of the County of San Mateo (County) as of and for the year ended June 30, 2015, 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 9, 2015. Our report contains a reference to other auditors who audited the financial statements of the Housing Authority of the County of San Mateo, the San Mateo County Employees' Retirement Association, the First 5 San Mateo County, and the Health Plan of San Mateo, as described in our report on the County's financial statements. The financial statements of the Health Plan of San Mateo were not audited in accordance with *Government Auditing Standards*. This report does not include the results of the other auditors' testing of internal control over financial reporting or compliance and other matters that are reported separately by those auditors.

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) to determine 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 determination of financial statement amounts. 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 entity'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 entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Macias Gini & O'Connell LLP

Walnut Creek, California
December 9, 2015



Certified
Public
Accountants

Sacramento
Walnut Creek
San Francisco
Oakland
Los Angeles
Century City
Newport Beach
San Diego

**Independent Auditor’s Report on Compliance for Each Major Federal Program;
Report on Internal Control Over Compliance; Report on the Schedule of Expenditures of
Federal Awards Required by OMB Circular A-133; and Report on Supplemental State of
California Department of Community Services and Development,
Community Services Block Grant, Schedules of Revenues and Expenditures**

To the Board of Supervisors of
the County of San Mateo
Redwood City, California

Report on Compliance for Each Major Federal Program

We have audited the County of San Mateo’s (County) compliance with the types of compliance requirements described in the *OMB Circular A-133 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, 2015. 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.

The County’s basic financial statements include the operations of the Housing Authority of County of San Mateo (Housing Authority), which expended \$64,609,489 in federal awards that are not included in the accompanying schedule of expenditures of federal awards during the year ended June 30, 2015. Our audit, described below, did not include the operations of the Housing Authority because the Housing Authority engaged other auditors to perform an audit in accordance with OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*.

Management’s Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants 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 OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 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 for the year ended June 30, 2015.

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 OMB Circular A-133, 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 OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal Awards Required by OMB Circular A-133 and Report on Supplemental State of California Department of Community Services and Development, Community Services Block Grant, Schedules of Revenues and Expenditures

We have audited the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of the County as of and for the year ended June 30, 2015, and the related notes to the financial statements, which collectively comprise the County's basic financial statements. We issued our report thereon dated December 9, 2015, 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 and the supplemental State of California Department of Community Services and Development, Community Services Block Grant, schedules of revenues and expenditures are presented for purposes of additional analysis as required by OMB Circular A-133 and the State of California Department of Community Services and Development, respectively, and are 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 and the supplemental State of California Department of Community Services and Development, Community Services Block Grant, schedules of revenues and expenditures are fairly stated in all material respects in relation to the basic financial statements as a whole.

Macias Gini & O'Connell LLP

Walnut Creek, California
March 30, 2016

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COUNTY OF SAN MATEO
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2015

Federal Grantor/Pass-Through Grantor/Program Title	Catalog of Federal Domestic Assistance Number (CFDA)	Federal Expenditures	Amount Provided to Subrecipients	Pass-Through Identifying Number
U.S. DEPARTMENT OF AGRICULTURE				
Passed Through State of California, Department of Food and Agriculture:				
Plant and Animal Disease, Pest Control, and Animal Care	10.025	\$ 222,389	\$ -	14-0191-SF
Plant and Animal Disease, Pest Control, and Animal Care	10.025	252,750	-	14-0175-SF
Plant and Animal Disease, Pest Control, and Animal Care	10.025	18,832	-	14-0402-SF
Plant and Animal Disease, Pest Control, and Animal Care	10.025	34,228	-	13-0491-SF
Plant and Animal Disease, Pest Control, and Animal Care	10.025	98,995	-	14-0501-SF
Total Plant and Animal Disease, Pest Control, and Animal Care		627,194	-	
Senior Farmers Market Nutrition Program	10.576	10,000	10,000	None
Passed Through State of California, Department of Social Services:				
SNAP:				
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program (SNAP)	10.561	7,013,078	-	None
State Administrative Matching Grants for SNAP	10.561	441,178	64,910	13-20532
State Administrative Matching Grants for SNAP	10.561	168,678	111,072	13-20532
Subtotal of SNAP		7,622,934	175,982	
Passed Through State of California, Department of Education:				
Child Nutrition Cluster:				
School Breakfast Program	10.553	75,760	-	41-10413-6045223-01
National School Lunch Program	10.555	110,095	-	41-10413-6045223-01
Subtotal of Child Nutrition Cluster		185,855	-	
Passed Through State of California, Department of Public Health:				
Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	2,030,604	-	None
Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	665,924	29,688	11-10492
Subtotal of Pass-Through Programs		11,142,511	215,670	
TOTAL U.S. DEPARTMENT OF AGRICULTURE		11,142,511	215,670	
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT				
Direct Programs:				
Community Development Block Grants / Entitlement Grants	14.218	3,456,701	1,891,795	--
Emergency Solutions Grant Program	14.231	245,156	222,662	--
Home Investment Partnerships Program	14.239	520,517	375,000	--
Subtotal of Direct Programs		4,222,374	2,489,457	
Passed Through City and County of San Francisco:				
Housing Opportunities for Persons with AIDS	14.241	741,259	609,347	None
TOTAL U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT		4,963,633	3,098,804	
U.S. DEPARTMENT OF THE INTERIOR				
Direct Program:				
Coastal Impact Assistance Program	15.668	68,356	-	--
Passed Through State of California, State Parks:				
Outdoor Recreation - Acquisition, Development and Planning	15.916	152,480	-	None
TOTAL U.S. DEPARTMENT OF THE INTERIOR		220,836	-	
U.S. DEPARTMENT OF JUSTICE				
Direct Programs:				
Drug Court Discretionary Grant Program	16.585	52,597	52,597	--
Juvenile Mentoring Program	16.726	118,112	-	--
Edward Byrne Memorial Justice Assistance Grant Program	16.738	125,671	-	--
DNA Backlog Reduction Program	16.741	85,776	-	--
Equitable Sharing Program	16.922	87,134	-	--
Subtotal of Direct Programs		469,290	52,597	
Passed Through State of California, Corrections Standards Authority:				
Juvenile Accountability Block Grants	16.523	36,647	-	CSA 181-09

See notes to the schedule of expenditures of federal awards

COUNTY OF SAN MATEO
Schedule of Expenditures of Federal Awards (continued)
Year Ended June 30, 2015

Federal Grantor/Pass-Through Grantor/Program Title	Catalog of Federal Domestic Assistance Number (CFDA)	Federal Expenditures	Amount Provided to Subrecipients	Pass-Through Identifying Number
U.S. DEPARTMENT OF JUSTICE (Continued)				
Passed Through State of California, Emergency Management Agency:				
Crime Victim Assistance	16.575	\$ 208,945	\$ -	VW14330410
Crime Victim Assistance	16.575	107,885	-	UV14050410
Crime Victim Assistance	16.575	26,572	-	UV13040410
Subtotal of Crime Victim Assistance		<u>343,402</u>	<u>-</u>	
Passed Through State of California, Board of State and Community Corrections:				
Edward Byrne Memorial Justice Assistance Grant Program	16.738	32,822	-	BSCC-638-13
Edward Byrne Memorial Justice Assistance Grant Program	16.738	120,000	-	BSCC-638-14
Subtotal of Edward Byrne Memorial Justice Assistance Grant Program		<u>152,822</u>	<u>-</u>	
Subtotal of Pass-Through Programs		<u>532,871</u>	<u>-</u>	
TOTAL U.S. DEPARTMENT OF JUSTICE		<u>1,002,161</u>	<u>52,597</u>	
U.S. DEPARTMENT OF LABOR				
Direct Program:				
Workforce Innovation Fund	17.283	1,017,736	76,007	--
Passed Through State of California, Employment Development Department:				
WIA Cluster:				
WIA Adult Program	17.258	363,158	229,710	K491052
WIA Adult Program	17.258	772,723	712,563	K594795
Subtotal of WIA Adult Program		<u>1,135,881</u>	<u>942,273</u>	
WIA Youth Activities	17.259	315,001	315,001	K491052
WIA Youth Activities	17.259	855,357	741,330	K594795
Subtotal of WIA Youth Activities		<u>1,170,358</u>	<u>1,056,331</u>	
WIA Dislocated Worker Formula Grants	17.278	730,708	146,099	K491052
WIA Dislocated Worker Formula Grants	17.278	1,041,704	1,032,486	K594795
WIA Dislocated Worker Formula Grants	17.278	53,469	-	K386331
Subtotal WIA Dislocated Worker Formula Grants		<u>1,825,881</u>	<u>1,178,585</u>	
Subtotal of WIA Cluster		<u>4,132,120</u>	<u>3,177,189</u>	
Subtotal of Pass-Through Programs		<u>4,132,120</u>	<u>3,177,189</u>	
TOTAL U.S. DEPARTMENT OF LABOR		<u>5,149,856</u>	<u>3,253,196</u>	
U.S. DEPARTMENT OF TRANSPORTATION				
Direct Programs:				
Airport Improvement Program	20.106	1,250,254	-	--
Jobs Access - Reverse Commute Program	20.516	100	-	--
Highway Planning and Construction Cluster:				
Passed Through State of California, Department of Transportation:				
Highway Planning and Construction	20.205	10,188	-	BPMP 5935(062)
Subtotal of Highway Planning and Construction		<u>10,188</u>	<u>-</u>	
Passed Through State of California, Department of Parks and Recreation:				
Recreational Trails Program	20.219	90,000	-	RT-41-006
Subtotal of Highway Planning and Construction Cluster		<u>100,188</u>	<u>-</u>	
Passed Through San Mateo County Transit District:				
Jobs Access - Reverse Commute Program	20.516	79,674	-	None
Subtotal of Pass-Through Programs		<u>179,862</u>	<u>-</u>	
TOTAL U.S. DEPARTMENT OF TRANSPORTATION		<u>1,430,216</u>	<u>-</u>	
U.S. DEPARTMENT OF EDUCATION				
Passed Through State of California, Department of Rehabilitation:				
Rehabilitation Services - Vocational Rehabilitation Grants to States	84.126	621,469	-	28829
TOTAL U.S. DEPARTMENT OF EDUCATION		<u>621,469</u>	<u>-</u>	

See notes to the schedule of expenditures of federal awards

COUNTY OF SAN MATEO
Schedule of Expenditures of Federal Awards (continued)
Year Ended June 30, 2015

Federal Grantor/Pass-Through Grantor/Program Title	Catalog of Federal Domestic Assistance Number (CFDA)	Federal Expenditures	Amount Provided to Subrecipients	Pass-Through Identifying Number
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				
Direct Programs:				
Environmental Public Health and Emergency Response	93.070	\$ 81,960	\$ -	--
Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224	1,793,828	-	--
Substance Abuse and Mental Health Services - Projects of Regional and National Significance	93.243	578,234	-	--
Affordable Care Act (ACA) Grants for Capital Development in Health Centers	93.526	62,434	-	--
Health Care Innovation Awards (HCIA)	93.610	156,373	-	--
Subtotal of Direct Programs		<u>2,672,829</u>	<u>-</u>	
Passed Through State of California, Department of Aging:				
Special Programs for the Aging - Title VII, Chapter 3 - Programs for Prevention of Elder Abuse, Neglect, and Exploitation	93.041	8,465	-	AP-1415-08
Special Programs for the Aging - Title VII, Chapter 2 - Long-Term Care Ombudsman Services for Older Individuals	93.042	42,930	42,930	AP-1415-08
Special Programs for the Aging - Title III, Part D - Disease Prevention and Health Promotion Services	93.043	41,817	41,817	AP-1415-08
Aging Cluster:				
Special Programs for the Aging - Title III, Part B - Grants for Supportive Services and Senior Centers	93.044	792,354	33,941	AP-1415-08
Special Programs for the Aging - Title III, Part C - Nutrition Services	93.045	1,278,481	636,305	AP-1415-08
Nutrition Services Incentive Program	93.053	180,182	93,358	AP-1415-08
Subtotal of Aging Cluster		<u>2,251,017</u>	<u>763,604</u>	
National Family Caregiver Support, Title III, Part E	93.052	310,870	278,174	AP-1415-08
Medicare Enrollment Assistance Program	93.071	8,208	7,506	MI-1314-08
Affordable Care Act State Health Insurance Assistance Program (SHIP) and Aging and Disability Resource Center (ADRC) Options Counseling for Medicare-Medicaid Individuals in States with Approved Financial Alignment Models	93.626	3,110	3,110	FA-1316-08
Medical Assistance Program	93.778	322,965	-	MS-1415-13
Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations	93.779	151,634	141,646	HI-1415-08
Passed Through State of California, Department of Community Services and Development:				
Community Services Block Grant	93.569	51,197	48,677	14F-3103
Community Services Block Grant	93.569	248,176	233,676	14F-3040
Community Services Block Grant	93.569	178,798	167,589	15F-2040
Subtotal of Community Services Block Grant		<u>478,171</u>	<u>449,942</u>	
Passed Through State of California, Department of Health Care Services:				
Disabilities Prevention	93.184	925,867	-	San Mateo (41)
Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program	93.505	1,117,787	-	201341 San Mateo
Immunization Cooperative Agreements	93.268	266,940	-	13-20344
Children's Health Insurance Program	93.767	302,581	1,042	None
Medical Assistance Program	93.778	1,784,129	4,863	None
Medical Assistance Program	93.778	82,588	-	14-10068
Maternal and Child Health Services Block Grant to the States	93.994	360,698	-	None
Passed Through State of California, Department of Public Health:				
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074	899,238	-	EPO 13-44
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116	220,331	-	None
HIV Care Formula Grants	93.917	299,976	-	13-20072
Preventive Health Services - Sexually Transmitted Diseases Control Grants	93.977	31,723	-	11-10059
Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance	93.944	97,006	-	13-20157
Preventive Health and Health Services Block Grant	93.991	12,080	-	14-10811
Maternal and Child Health Services Block Grant to the States	93.994	218,329	-	201341 San Mateo

See notes to the schedule of expenditures of federal awards

COUNTY OF SAN MATEO
Schedule of Expenditures of Federal Awards (continued)
Year Ended June 30, 2015

Federal Grantor/Pass-Through Grantor/Program Title	Catalog of Federal Domestic Assistance Number (CFDA)	Federal Expenditures	Amount Provided to Subrecipients	Pass-Through Identifying Number
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (Continued)				
Passed Through State of California, Department of Mental Health: Projects for Assistance in Transition from Homelessness (PATH)	93.150	\$ 139,711	\$ 139,711	None
Block Grants for Community Mental Health Services	93.958	922,811	262,200	None
Passed Through State of California, Department of Social Services:				
Guardianship Assistance	93.090	172,609	-	None
Promoting Safe and Stable Families	93.556	320,674	-	None
Temporary Assistance for Needy Families	93.558	28,186,754	-	None
Refugee and Entrant Assistance - State Administered Programs	93.566	26,858	-	None
Stephanie Tubbs Jones Child Welfare Services Program	93.645	351,016	-	None
Foster Care - Title IV-E	93.658	10,612,485	-	None
Foster Care - Title IV-E	93.658	1,517,747	-	2024-00.01
Subtotal of Foster Care - Title IV-E		<u>12,130,232</u>	-	
Adoption Assistance	93.659	2,921,292	-	None
Social Services Block Grant	93.667	438,205	-	None
Chafee Foster Care Independence Program	93.674	154,353	-	None
Medical Assistance Program	93.778	7,862,429	-	None
Passed Through State of California, Department of Child Support Services: Child Support Enforcement	93.563	7,130,610	-	None
Passed Through State of California, Department of Education: Child Care Mandatory and Matching Funds of the Child Care and Development Fund	93.596	422,392	-	CAPP-2060
Passed Through State of California, Alcohol and Drug Programs:				
Medical Assistance Program	93.778	1,433,575	1,433,575	None
Block Grants for Prevention and Treatment of Substance Abuse	93.959	4,581,793	4,428,880	None
Passed Through State of California, Secretary of State: Voting Access for Individuals with Disabilities - Grants to States	93.617	13,384	-	13G26126
Passed Through City and County of San Francisco:				
HIV Emergency Relief Project Grants	93.914	832,322	115,750	DPHC1400060301
HIV Emergency Relief Project Grants	93.914	298,703	49,055	None
Subtotal of HIV Emergency Relief Project Grants		<u>1,131,025</u>	<u>164,805</u>	
HIV Prevention Activities - Health Department Based	93.940	176,946	-	DPHC1300090401
HIV Prevention Activities - Health Department Based	93.940	243,367	-	DPHC1400071301
Subtotal of HIV Prevention Activities - Health Department Based		<u>420,313</u>	-	
Subtotal of Pass-Through Programs		<u>78,998,496</u>	<u>8,163,805</u>	
TOTAL U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES		<u>81,671,325</u>	<u>8,163,805</u>	
OFFICE OF THE EXECUTIVE PRESIDENT				
Direct Program: High Intensity Drug Trafficking Areas Program	95.001	3,535,826	-	None
TOTAL OFFICE OF THE EXECUTIVE PRESIDENT		<u>3,535,826</u>	-	
U.S. DEPARTMENT OF HOMELAND SECURITY				
Passed Through State of California, State Parks: Boating Safety Financial Assistance	97.012	173,859	-	None
Passed Through City and County of San Francisco: Homeland Security Grant Program	97.067	4,664,861	-	2013-UASI
Homeland Security Grant Program	97.067	1,851,747	-	2014-UASI
Passed Through City of San Diego: Homeland Security Grant Program	97.067	86,139	-	2014-UASI
Passed Through State of California, Emergency Management Agency: Emergency Management Performance Grants	97.042	28,841	-	2013-0047
Emergency Management Performance Grants	97.042	273,784	-	2014-0070
Subtotal of Emergency Management Performance Grants		<u>302,625</u>	-	
Homeland Security Grant Program	97.067	466,660	-	2012-SS-00123 UASI
Homeland Security Grant Program	97.067	2,236,856	-	2013-SS-00110 UASI
Homeland Security Grant Program	97.067	351,880	-	2014-00093
Subtotal of Pass-Through Programs		<u>10,134,627</u>	-	
TOTAL U.S. DEPARTMENT OF HOMELAND SECURITY		<u>10,134,627</u>	-	
TOTAL EXPENDITURES OF FEDERAL AWARDS		<u>\$ 119,872,460</u>	<u>\$ 14,784,072</u>	

See notes to the schedule of expenditures of federal awards

COUNTY OF SAN MATEO

Notes to the Schedule of Expenditures of Federal Awards Year Ended June 30, 2015

1. GENERAL

The schedule of expenditures of federal awards (Schedule) includes the federal grant activity of the County of San Mateo (County). All federal financial assistance received directly from federal agencies as well as federal financial assistance passed through other agencies are included in this Schedule except for assistance related to Medical Assistance (Medi-Cal) and Medicare Hospital Insurance (Medicare) (Note 5) and the Housing Authority of the County of San Mateo (Housing Authority) (Note 6).

2. BASIS OF ACCOUNTING

The accompanying Schedule is presented using the modified accrual basis of accounting for program expenditures accounted for in the governmental funds and the accrual basis of accounting for program expenditures accounted for in the proprietary funds as described in Note 2.B of the County's basic financial statements. Such expenditures are recognized following the cost principles contained in OMB Circular A-87, *Cost Principles for State, Local, and Indian Tribal Governments*, or the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

3. RELATIONSHIP TO FEDERAL FINANCIAL REPORTS

Amounts reported in the accompanying Schedule agree or can be reconciled with amounts reported in the related federal financial assistance reports.

4. RELATIONSHIP TO BASIC FINANCIAL STATEMENTS

Federal award expenditures agree or can be reconciled with the amounts reported in the County's basic financial statements.

5. MEDI-CAL AND MEDICARE

Direct Medi-Cal and Medicare expenditures are excluded from the Schedule. These expenditures represent fees for services and are not included in the Schedule or in determining major programs. The County assists the State of California in determining eligibility and provides Medi-Cal and Medicare services through County-owned facilities. However, administrative costs related to Medi-Cal and Medicare are included in the Schedule under the Medical Assistance Program (Federal CFDA number 93.778).

COUNTY OF SAN MATEO
Notes to the Schedule of Expenditures of Federal Awards
Year Ended June 30, 2015

6. HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO

Housing Authority federal expenditures are excluded from the Schedule and are separately audited by other auditors. Federal expenditures for the Housing Authority programs are taken from the separately issued single audit report for the year ended June 30, 2015. The federal programs of the Housing Authority are as follows:

<u>Program Title</u>	<u>CFDA Number</u>	<u>Federal Expenditures</u>
Moving To Work Demonstration Program:		
Low Rent Operating Subsidy	14.881	\$ 10,421
Capital Fund	14.881	245,103
Housing Choice Vouchers	14.881	57,712,519
Section 8 Programs:		
Moderate Rehabilitation	14.856	1,438,320
Housing Choice Vouchers	14.871	1,879,897
Shelter Plus Care	14.238	86,197
ROSS-FSS Coordinator	14.896	102,637
Continuum of Care	14.267	3,134,395
Total		<u>\$ 64,609,489</u>

COUNTY OF SAN MATEO

Notes to the Schedule of Expenditures of Federal Awards
Year Ended June 30, 2015

7. CALIFORNIA DEPARTMENT OF AGING (CDA) SINGLE AUDIT REPORTING REQUIREMENTS

The terms and conditions of agency contracts with CDA require agencies to display state-funded expenditures discretely along with the related federal expenditures. For state grants not involving federal funding, the amounts are to be displayed separately. The following schedule is presented to comply with these requirements.

Federal Grantor Pass-through Grantor Program Title	CFDA No.	Grant/ Contract Number	Expenditures	
			State	Federal
U.S. Department of Health and Human Services				
<i>Passed through State of California Department of Aging</i>				
Special Programs for Aging-Title VII, Chapter 3 - Programs for Prevention of Elder Abuse, Neglect, and Exploitation	93.041	AP-1415-08	\$ -	\$ 8,465
Special Programs for Aging-Title VII, Chapter 2 - Long-Term Care Ombudsman Services for Older Individuals	93.042	AP-1415-08	-	42,930
Special Programs for Aging-Title III, Part D - Disease Prevention and Health Promotion Services	93.043	AP-1415-08	-	41,817
Special Programs for Aging-Title III, Part B - Grants for Supportive Services and Senior Centers	93.044	AP-1415-08	-	792,354
Special Programs for Aging-Title III, Part C - Nutrition Services	93.045	AP-1415-08	135,323	1,278,481
National Family Caregiver Support, Title III, Part E	93.052	AP-1415-08	-	310,870
Nutrition Services Incentive Program	93.053	AP-1415-08	-	180,182
Medicare Enrollment Assistance Program	93.071	MI-1314-08	-	8,208
Affordable Care Act State Health Insurance Assistance Program (SHIP) and Aging and Disability Resource Center Options Counseling for Medicare-Medicaid Individuals in States with Approved Financial Alignment Models	93.626	FA-1316-08	-	3,110
Medical Assistance Program (Medicaid; Title XIX)	93.778	MS-1415-13	322,965	322,965
Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations	93.779	HI-1415-08	178,036	151,634
Total Expenditures of CDA and Federal Awards			<u>636,324</u>	<u>\$ 3,141,016</u>
State Awards-California Department of Aging:				
Ombudsman Special Deposit Fund		AP-1415-08	15,671	
Ombudsman Skilled Nursing Facility Quality & Accountability Fund		AP-1415-08	52,897	
C1 Special Nutrition Funds		AP-1415-08	28,636	
C2 Special Nutrition Funds		AP-1415-08	16,845	
Total Expenditures of CDA Awards			<u>\$ 750,373</u>	

COUNTY OF SAN MATEO

Notes to the Schedule of Expenditures of Federal Awards
Year Ended June 30, 2015

8. PROGRAM TOTALS

The following table summarizes programs funded by various sources whose totals are not shown on the Schedule.

CFDA no. / Program Title / Federal Grantor or Pass-Through Grantor	Pass Through Identifying Number	Federal Expenditures
(1) CFDA no. 16.738 - Edward Byrne Memorial Justice Assistance Grant Program		
U.S. Department of Justice	None	\$ 125,671
State of California, Board of State and Community Corrections	BSCC-638-13	32,822
State of California, Board of State and Community Corrections	BSCC-638-14	120,000
	Program Total	<u>\$ 278,493</u>
(2) CFDA no. 20.516 - Jobs Access - Reverse Commute Program		
U.S. Department of Transportation	None	\$ 100
San Mateo County Transit District	None	79,674
	Program Total	<u>\$ 79,774</u>
(3) CFDA no. 93.778 - Medical Assistance Program (Medicaid: Title XIX)		
State of California, Department of Aging	MS-1415-13	\$ 322,965
State of California, Department of Health Care Services	None	1,784,129
State of California, Department of Health Care Services	14-10068	82,588
State of California, Department of Social Services	None	7,862,429
State of California, Alcohol and Drug Programs	None	1,433,575
	Program Total	<u>\$ 11,485,686</u>
(4) CFDA no. 93.994 - Maternal and Child Health Services Block Grant to the States		
State of California, Department of Health Care Services	None	\$ 360,698
State of California, Department of Public Health	201341 San Mateo	218,329
	Program Total	<u>\$ 579,027</u>
(5) CFDA no. 97.067 - Homeland Security Grant Program		
City and County of San Francisco	2013-UASI	\$ 4,664,861
City and County of San Francisco	2014-UASI	1,851,747
City of San Diego	2014-UASI	86,139
State of California, Emergency Management Agency	2012-SS-00123 UASI	466,660
State of California, Emergency Management Agency	2013-SS-00110 UASI	2,236,856
State of California, Emergency Management Agency	2014-00093	351,880
	Program Total	<u>\$ 9,658,143</u>

COUNTY OF SAN MATEO
Notes to the Schedule of Expenditures of Federal Awards
Year Ended June 30, 2015

**9. SCHEDULES OF STATE OF CALIFORNIA EMERGENCY MANAGEMENT AGENCY
GRANT EXPENDITURES**

The following schedule represents expenditures for U.S. Department of Justice grants passed through the State of California Emergency Management Agency (CalEMA) as well as CalEMA funded grant expenditures for the year ended June 30, 2015. This information is included in the County's single audit report at the request of CalEMA.

Program Title and Expenditure Category	Grant Number Grant Period	Budget	Cumulative through June 30, 2014	Actual 7/1/14-6/30/15		Cumulative through June 30, 2015	Variance
				Non-match*	Match		
Victim Witness Assistance Program							
Personnel Services	YW14330410	\$ 208,945	\$ -	\$ 208,945	\$ -	\$ 208,945	\$ -
Operating Expenses	7/1/14-6/30/15	-	-	-	-	-	-
Equipment	CFDA no. 16.575	-	-	-	-	-	-
Total		<u>\$ 208,945</u>	<u>\$ -</u>	<u>\$ 208,945</u>	<u>\$ -</u>	<u>\$ 208,945</u>	<u>\$ -</u>
Underserved Victim Advocacy and Outreach Program							
Personnel Services	UV14050410	\$ 162,166	\$ -	\$ 107,885	\$ 26,971	\$ 134,856	\$ 27,310
Operating Expenses	10/1/14-9/30/15	-	-	-	-	-	-
Equipment	CFDA no. 16.575	-	-	-	-	-	-
Total		<u>\$ 162,166</u>	<u>\$ -</u>	<u>\$ 107,885</u>	<u>\$ 26,971</u>	<u>\$ 134,856</u>	<u>\$ 27,310</u>
Underserved Victim Advocacy and Outreach Program							
Personnel Services	UV13040410	\$ 156,250	\$ 123,033	\$ 26,572	\$ 6,645	\$ 156,250	\$ -
Operating Expenses	10/1/13-9/30/14	-	-	-	-	-	-
Equipment	CFDA no. 16.575	-	-	-	-	-	-
Total		<u>\$ 156,250</u>	<u>\$ 123,033</u>	<u>\$ 26,572</u>	<u>\$ 6,645</u>	<u>\$ 156,250</u>	<u>\$ -</u>

* Actual non-match expenditures are reported as federal expenditures in the Schedule under the designated CFDA numbers.

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COUNTY OF SAN MATEO
 Schedule of Findings and Questioned Costs
 Year Ended June 30, 2015

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?	No
• Significant deficiency(ies) identified?	None noted
Noncompliance material to financial statements noted?	No

Federal Awards:

Internal control over major programs:	
• Material weakness(es) identified?	No
• Significant deficiency(ies) identified?	None noted
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 Section 510(a) of OMB Circular A-133?	No

Identification of major programs:

<u>Program Title</u>	<u>CFDA Number</u>
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program.....	10.561
Temporary Assistance for Needy Families	93.558
Child Support Enforcement	93.563
Foster Care – Title IV-E.....	93.658
Adoptions Assistance	93.659
High Intensity Drug Trafficking	95.001

Dollar threshold used to distinguish between Type A and Type B programs:	\$3,000,000
Auditee qualified as low-risk auditee?	No

COUNTY OF SAN MATEO
Schedule of Findings and Questioned Costs
Year Ended June 30, 2015

Section II – Financial Statement Findings

No findings are reported.

Section III – Federal Awards Findings and Questioned Costs

No findings are reported.

COUNTY OF SAN MATEO
Schedule of Prior Year Findings and Questioned Costs
Year Ended June 30, 2015

Prior Year Findings and Questioned Costs

No prior year findings were reported.

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SUPPLEMENTARY INFORMATION

COUNTY OF SAN MATEO
 State of California Department of Community Services and Development
 Community Services Block Grant (CSBG) – CFDA No. 93.569

Contract No. 14F-3040
 Schedule of Revenues and Expenditures
 For the Period January 1, 2014 to June 30, 2015

REVENUES	Fiscal Year 2013/14	Fiscal Year 2014/15	Total Audited Costs	Total Reported Expenses	Total Budget
Grant Revenue*	\$ 173,309	\$ 248,176	\$ 421,485	\$ -	\$ 421,485
EXPENDITURES					
Administrative Costs					
Salaries and Wages	\$ -	\$ 14,500	\$ 14,500	\$ 14,500	\$ 14,500
Program Costs					
Sub-Contractors	173,309	233,676	406,985	406,985	406,985
Total Expenditures**	\$ 173,309	\$ 248,176	\$ 421,485	\$ 421,485	\$ 421,485

* Revenue represents advances/reimbursements of federal funds for the years ended June 30, 2014 and 2015.

** Expenditures are reported in the schedule of expenditures of federal awards under the designated CFDA and pass-through entity numbers.

COUNTY OF SAN MATEO
 State of California Department of Community Services and Development
 Community Services Block Grant (CSBG) – CFDA No. 93.569

Contract No. 14F-3103
 Schedule of Revenues and Expenditures
 For the Period January 1, 2015 to June 30, 2015

REVENUES	Fiscal Year 2014/15	Total Audited Costs	Total Reported Expenses	Total Budget
Grant Revenue*	\$ 51,197	\$ 51,197	\$ -	\$ 62,724
EXPENDITURES				
Administrative Costs				
Salaries and Wages	\$ 2,520	\$ 2,520	\$ 2,520	\$ 2,520
Program Costs				
Sub-Contractors	48,677	48,677	48,677	60,204
Total Expenditures**	\$ 51,197	\$ 51,197	\$ 51,197	\$ 62,724

* Revenue represents advances/reimbursements of federal funds for the year ended June 30, 2015.

** Expenditures are reported in the schedule of expenditures of federal awards under the designated CFDA and pass-through entity numbers.

COUNTY OF SAN MATEO

State of California Department of Community Services and Development
Community Services Block Grant (CSBG) – CFDA No. 93.569

Contract No. 15F-2040
Schedule of Revenues and Expenditures
For the Period January 1, 2015 to June 30, 2015

REVENUES	Fiscal Year 2014/15	Total Audited Costs	Total Reported Expenses	Total Budget
Grant Revenue*	\$ 178,798	\$ 178,798	\$ -	\$ 425,265
EXPENDITURES				
Administrative Costs				
Salaries and Wages	\$ 11,209	\$ 11,209	\$ 11,209	\$ 14,500
Program Costs				
Sub-Contractors	167,589	167,589	167,589	410,765
Total Expenditures**	<u>\$ 178,798</u>	<u>\$ 178,798</u>	<u>\$ 178,798</u>	<u>\$ 425,265</u>

* Revenue represents advances/reimbursements of federal funds for the year ended June 30, 2015.

** Expenditures are reported in the schedule of expenditures of federal awards under the designated CFDA and pass-through entity numbers.

TAB 8
Update on
Strategic
Plan

San Mateo Health Care for the Homeless/Farmworker Health

Draft Strategic Plan 2016-2018

April 14, 2016

Mission

The mission of the San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is to serve homeless and farmworker individuals and families by providing access to comprehensive health care, in particular, primary health care, dental health care, and behavioral health services in a supportive, welcoming, and accessible environment.

Vision

- The HCH/FH Program provides services that are patient centered and utilize a harm reduction model that meets patients where they are in their progress towards their goals.
- The HCH/FH Program lessens the barriers that homeless and/or farmworker individuals and their families may encounter when they try to access care.
- The HCH/FH Program provides health services in consistent, accessible locations where the homeless and farmworkers can receive timely care and have their immediate needs addressed in a supportive, respectful environment.
- Through its services, the HCH/FH Program reduces the health care disparities in the homeless and farmworker populations.

Values

ACCESS

Homeless and farmworker individuals and their families have full access to the continuum of health care and social services.

DIGNITY

The services provided by the HCH/FH Program are respectful, culturally competent and treat the whole person's physical health and behavioral health.

INTEGRITY

Homeless and farmworker individuals and their families are valued and considered a partner in making decision regarding their health care.

INNOVATION

Services provided by the HCH/FH Program will be targeted to respond to the needs of the homeless and farmworker individuals and their families with the outcome of making these individuals healthier and their lives more stable.

External Environment

Strengths/ Opportunities

- San Mateo is an affluent county with financial resources and extensive services.
- Healthcare Reform has increased the number of people eligible and enrolled in Medi-Cal.
- San Mateo has a history of service provision without regard to immigration status and a strong program for the low-income population not eligible for Medi-Cal (ACE).
- Homeless redesign is a priority of the County.
- HRSA funding has been increasing and allows for program flexibility

Internal Operating Environment

Strengths/ Opportunities

- San Mateo County has a strong system of medical and behavioral health care with extensive services.
- San Mateo has great outreach teams (provided both through county and from HCH/FH funding).
- The HCH/FH Board and Staff are passionate and ready to move forward with new initiatives.
- History of service provision without regard to immigration status
- The mobile van and street outreach have been providing needed services and have been expanding.
- New service expansions in Half Moon Bay and Pescadero are increasing services offered to farmworkers.
- The HRSA funding has been increasing.

External Operating Environment

Weaknesses/ Threats

- The cost of housing is very high and income disparity is increasing.
- San Mateo County is geographically spread out and separated by a mountain range.
- County departments are siloed.
- HRSA requirements are burdensome and hard to navigate.

Internal Operating Environment

Weaknesses/ Threats

- County/SMMC services are not tailored to the unique needs of the homeless or farmworker population.
- There is limited information and understanding about the location and demographics of the farmworker population.
- The HCH/FH program is siloed from other homeless and farmworker services and does not have a communication strategy for the HCH/FH program or an inventory of the services available for the target population.
- The HCH/FH Program has a small staff and does not include clinical (beyond medical director) or service coordination staff.
- The Board consists primarily of individuals affiliated with a contracted organization and does not have representation in all desired areas of expertise.

FOUR STRATEGIC GOALS

I. Expand health services for homeless and farmworkers.

II. Improve the ability to assess the on-going needs for homeless and farmworkers.

III. Maximize the effectiveness of the HCH/FH Board and Staff.

IV. Improve communication about resources for the homeless and farmworkers.

GOAL I. Expand health services for homeless and farmworkers.

Strategy	Actions
1. Increase dental services for adult farmworkers.	<ul style="list-style-type: none">A. Work with Coastside clinic to add more dental care for adult farmworkers and family members.B. Do a Request for Proposals to expand dental services for farmworkers.
2. Promote preventive dental care for homeless and farmworkers.	<ul style="list-style-type: none">A. Determine current capacity (dental van, Sonrisas, and SMMC) for routine and preventive dental services.B. Develop communication and messaging around the importance of oral health.C. Work with case managers and other organizations working directly with homeless and farmworkers on communicating about preventative care.
3. Increase mental health clinical services, including psychiatry services, for homeless and farmworkers.	<ul style="list-style-type: none">A. Add psychiatry to mobile van unit.B. Identify areas with high concentrations of homeless where mental health service providers could come on location and see multiple clients.C. Work with all primary care clinics to develop immediate access to mental health services with a warm hand-off.D. Meet with BHRS to talk about needs for homeless and farmworkers (Steve Kaplan, Terry Wilcox-Rittgers, Pernille Gutschick).E. Ask BHRS to provide psychiatry consultation by phone.F. Increase the number of new therapists with “ability to speak Spanish.”

GOAL I. Increase health services for homeless and farmworkers CONTINUED

Strategy	Actions
4. Increase drug and alcohol support for farmworkers.	<ul style="list-style-type: none">A. Meet with BHRS AOD staff (Clara Boyden) to talk about needs of farmworkers.B. Identify 1-3 innovative approaches to provide support.C. Work with BHRS to target resources.
5. Increase available respite care with wrap-around services for homeless.	<ul style="list-style-type: none">A. Survey, or do a “point in time” county at the hospitals of number of homeless people they would release to respite if they could and what current resources they have for respite.B. Research licensure requirements , reimbursement and potential funding.C. Define model(s), staffing and criteria for referrals.D. Provide funding (either through HCH/FH grant or from hospitals) to coordinate care for respite beds at shelters.
6. Provide wrap-around services for medically fragile, homeless seniors staying at shelters.	<ul style="list-style-type: none">A. Define what wrap-around services are needed to enable medically fragile services to stay in shelters.B. Provide funding (either through HCH/FH grant or from hospitals) to coordinate care at shelters.C. Depending on model, include funding for transportation for clients between the shelters and medical care or to bring care to shelters.
7. Investigate needs for homeless navigator position within San Mateo Medical Center and other hospitals.	<ul style="list-style-type: none">A. Contact the Stanford program to review their model.B. Review recommendations from Board committee.C. Discuss model and needs with SMMC leadership and other hospitals.

GOAL II. Improve the ability to assess the on-going needs for homeless and farmworkers

Strategy	Actions
1. Integration and alignment of additional measurable outcomes for homeless and farmworker population with SMMC.	<ul style="list-style-type: none">A. Develop a dashboard that is produced quarterly and shared with Board and leadership at SMMC and BHRS.B. Review outcome measures of HRSA and SMMC with Tosan Boyo.C. Develop outcome goals for homeless and farmworkers that demonstrate alignment between HRSA and SMMC goals.
2. Work with partners to increase data collection capacity.	<ul style="list-style-type: none">A. Work with SMMC to see how “homeless” and “farmworker” status is collected at registration and displayed in the EHR (Jonathon Mesinger, Kirk Stone, and Nereda Gonzales are good contacts for pulling reports from CORE).B. Determine whether display should be modified.C. Discuss homeless and farmworker data collection in AVATAR with BHRS leadership and request regular reports.D. Review contractor and other partner homeless and farmworker data collection capacity.
3. Strengthen collaboration with San Mateo Medical Center.	<ul style="list-style-type: none">A. Attend SMMC monthly clinic director’s meetings.B. Establish grand rounds for homeless patients 2 times per year at SMMC.C. Establish regular walkthrough of Coastside and Pescadero services for farmworkers to assess care needs.D. Establish regular meetings with SMMC leadership to review homeless and farmworker data and needs.

GOAL III. Maximize the effectiveness of the HCH/FH Board and Staff

Strategy	Actions
1. Increase diversity of expertise on the Board	<ul style="list-style-type: none">A. Target growing the board to include additional farmworker health expertise, more members who are not affiliated with a contract. Also, look for the following experience: finance, IT, HR, PR, org development, retired from SMMC, knowledge of East Palo Alto.B. Assess appropriateness of Board meeting times/locations /support to encourage attendance e.g. rotating meeting location, changing meeting time, providing translation services, providing child care.
2. Determine whether additional staff and/or consultants should be hired to complete strategies and on-going efforts.	<ul style="list-style-type: none">A. Review “action” items and timeline with Board.B. Sort tasks by short-term planning and implementation versus long-term needs.C. Determine whether existing staff and/or Board members can complete tasks or whether additional staff and consultants will be needed.
3. Use all available resources.	<ul style="list-style-type: none">A. Develop program budget to fully expend the available funding.B. Develop and follow a process for a mid-year review of funding and redistribution.C. Develop guidelines about what types of one-time expenditures are allowed.

GOAL IV. Improve communication about resources for the homeless and farmworkers.

Strategy	Actions
1. Elevate visibility and knowledge of HCH/FH program known within County departments and other agencies/providers serving homeless and farmworkers.	<ul style="list-style-type: none">A. Establish regular meetings with BHRS leadership to review homeless and farmworker data and needs with intention of developing 1-3 initiatives per year that address the needs of the homeless and farmworker populations.B. Develop web-site for HCH/ FH programC. Participate in more regular planning meetings throughout the County.
2. Develop easy to use material for homeless and farmworker providers with information about resources available.	<ul style="list-style-type: none">A. Meet with BHRS leadership to gain deeper understanding of the services available and referral process to access services.B. Map out all services available to homeless and farmworkers in San Mateo.C. Create directory of services available to homeless and guidelines for referral process.D. Establish a navigator position to serve at point to help patients access services at SMMC.

TAB 9
Update on
UDS

UDS Data	2010	2011	2012	2013	2014	2015
UNDUP PTS	5,110	4,897	5,779	7,516	7,707	6,556
• Homeless	4,883	4,109	4,803	6,171	5,596	4,714
• MSFW	227	837	1,031	1,435	2,265	1,947
VISITS	20,002	20,854	28,400	39,628	41,361	37,388
AGE RANGE						
• 0-19 YRS	17%	21%	24%	23%	27%	26%
• 20-64 YRS	79%	76%	72%	67%	62%	63%
• Over 65 YRS	4%	3%	4%	10%	11%	11%
SEX						
• Male	58%	55%	52%	51%	52%	52%
• Female	42%	45%	48%	49%	48%	48%

Homeless Status

	2010	2011	2012	2013	2014	2015
Shelter	35%	32%	34%	32%	28%	29%
Transitional	24%	28%	27%	20%	19%	17%
Doubling Up	33%	30%	29%	41%	33%	10%
Street	8%	9%	9%	7%	9%	9%
Other	0%	0%	0%	0%	11%	36%
Unknown	0%	1%	0%	0%	0%	0%

Farmworker Status

	2010	2011	2012	2013	2014	2015
Migratory	0%	24%	18%	5%	15%	11%
Seasonal	100%	76%	82%	95%	85%	89%

UDS Outcome Measures (HCH/FH Program SAC Goals) *universal report was ran	2010	2011	2012	2013	2014	2015
• Childhood IZs Completed by Age 2-3 (80%)	82%	72%	74%	87%	88%	86%
• Pap Test in Last 3 Years (60%)	64%	60%	86%	67%	57%	64%
• Child & Adolescent BMI & Counseling (70%)	N/A	70%	47%	83%	80%	74%
• Adult BMI & Follow-up Plan (60%)	N/A	59%	31%	66%	44%	50%
• Tobacco Use Queried (80%)	N/A	74%	80%	96%	77%	* 92%
• Tobacco Cessation Offered (95%)	N/A	97%	90%	90%		
• Treatment for Persistent Asthma (85%)	N/A	83%	88%	100%	100%	100%
• Lipid Therapy in CAD Patients (90%)	N/A	N/A	96%	96%	90%	*80%
• Aspirin Therapy in IVD Patients (90%)	N/A	N/A	99%	96%	98%	*89%
• Colorectal Screening Performed (40%)	N/A	N/A	40%	54%	34%	*49%
• Babies with Normal Birth Weight (95%)	93%	96%	87%	94%	99%	92%
• Hypertension Controlled <140/90 (70%)	59%	66%	60%	80%	64%	61%
• Diabetes Controlled <9 HgbA1C (80%)	61%	73%	71%	74%	49%	*69%
• First Trimester Prenatal Care (75%)	61%	73%	71%	75%	84%	89%

UDS Outcome Measures	HCH/FH Program 2015 (SAC goal)	330-Progs CA 2014	Healthy People 2020 Goals
• Childhood Immunizations Complete by Age 2-3	86% (90% goal)	78.5%	80%
• Pap Test in Last 3 Years	64% (70% goal)	58.6%	93%
• Child & Adolescent BMI & Counseling	74% (85% goal)	58.4%	57.7 (BMI)/15.2% for all patients
• Adult BMI & Follow-up Plan	50% (70% goal)	57.7%	53.6% (BMI)/31.8% (obese adults)
• Tobacco Use Queried	92% (80% goal)	79.7%	69%
• Treatment for Persistent Asthma	100% (100% goal)	80.7%	Diff measures
• Lipid Therapy in CAD Patients	80% (90% goal)	76.2%	Diff measures
• Aspirin Therapy in Ischemic Heart Disease Patients	89% (99% goal)	77%	Diff measures
• Colorectal Screening Performed	49% (60% goal)	34.8%	Diff measures
• Babies with Normal Birth Weight	92% (95% goal)	94.1%	92%
• Hypertension Controlled (<140/90)	61% (75% goal)	64.5%	61%
• Diabetes Controlled (<9 HgbA1c)	69% (75% goal)	67.4%	85%
• First Trimester Prenatal Care	89% (85% goal)	77.1%	78%

Program Name: Health Center 330

Submission Status: Change Requested

UDS Report - 2015
Center / Health Center Profile**Do you self-identify as an NMHC? No**

Title	Name	Phone	Fax	Email
UDS Contact	Jim Beaumont	(650) 573-2459	Not Available	jbeaumont@smcgov.org
Project Director	Jim Beaumont	(650) 573-2459	(650) 573-2030	jbeaumont@smcgov.org
CEO	Susan Ehrlich	(650) 573-2041	Not Available	sehrlich@co.sanmateo.ca.us
Chairperson	Not Available	Not Available	Not Available	Not Available
Clinical Director	Not Available	Not Available	Not Available	Not Available

Program Name: Health Center 330

Submission Status: Change Requested

UDS Report - 2015
Patients by ZIP Code

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
94002	9	52	31	0	92
94005	89	30	1	0	120
94010	19	60	19	0	98
94014	29	57	26	1	113
94015	27	76	10	2	115
94018	3	23	5	0	31
94019	309	576	41	9	935
94020	5	11	0	0	16
94025	76	74	21	17	188
94030	7	36	11	0	54
94038	18	36	2	1	57
94044	10	36	5	0	51
94060	148	157	5	15	325
94061	60	152	26	1	239
94062	9	64	14	4	91
94063	310	428	75	16	829
94064	1	8	3	0	12
94065	2	9	2	0	13
94066	46	95	31	1	173
94070	10	47	18	1	76
94080	182	293	65	7	547
94303	134	267	38	5	444
94401	478	591	69	9	1147
94402	27	71	24	1	123
94403	43	211	62	6	322
94404	11	51	28	1	91
Other ZIP Codes	23	107	30	25	185
Unknown Residence	11	53	5	0	69
Total	2096	3671	667	122	6556

Program Name: Health Center 330
Submission Status: Change RequestedUDS Report - 2015
Table 3A: Patients By Age and Gender - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	101	69
2.	Age 1	69	77
3.	Age 2	42	55
4.	Age 3	65	50
5.	Age 4	48	51
6.	Age 5	50	27
7.	Age 6	44	49
8.	Age 7	52	34
9.	Age 8	43	48
10.	Age 9	37	42
11.	Age 10	28	40
12.	Age 11	43	31
13.	Age 12	26	37
14.	Age 13	24	40
15.	Age 14	29	30
16.	Age 15	30	45
17.	Age 16	38	49
18.	Age 17	28	35
Subtotal Patients (Sum lines 1-18)		797	809
19.	Age 18	24	38
20.	Age 19	28	21
21.	Age 20	22	22
22.	Age 21	27	35
23.	Age 22	29	27
24.	Age 23	44	51
25.	Age 24	41	35
26.	Ages 25-29	266	260
27.	Ages 30-34	281	231
28.	Ages 35-39	237	204
29.	Ages 40-44	249	195
30.	Ages 45-49	280	198
31.	Ages 50-54	329	246
32.	Ages 55-59	283	197
33.	Ages 60-64	207	144
Subtotal Patients (Sum lines 19-33)		2,347	1,904

OMB Control Number: 0195-0193

Program Name: Health Center 330
 Submission Status: Change Requested

UDS Report - 2015
Table 3A: Patients By Age and Gender - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	114	150
35.	Ages 70-74	71	91
36.	Ages 75-79	45	98
37.	Ages 80-84	26	38
38.	Age 85 and over	21	45
Subtotal Patients (Sum lines 34-38)		277	422
39.	Total Patients (Sum lines 1-38)	3,421	3,135

OMB Control Number: 0195-0193

Program Name: Health Center 330
Submission Status: Change Requested

UDS Report - 2015
Table 3A: Patients By Age and Gender - Migrant Health Center

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	76	53
2.	Age 1	45	57
3.	Age 2	20	24
4.	Age 3	37	25
5.	Age 4	28	23
6.	Age 5	26	13
7.	Age 6	25	29
8.	Age 7	31	19
9.	Age 8	28	28
10.	Age 9	26	29
11.	Age 10	18	30
12.	Age 11	29	20
13.	Age 12	16	25
14.	Age 13	19	25
15.	Age 14	22	21
16.	Age 15	18	29
17.	Age 16	23	33
18.	Age 17	16	20
Subtotal Patients (Sum lines 1-18)		503	503
19.	Age 18	11	18
20.	Age 19	7	10
21.	Age 20	4	6
22.	Age 21	6	13
23.	Age 22	7	6
24.	Age 23	10	14
25.	Age 24	8	10
26.	Ages 25-29	40	54
27.	Ages 30-34	43	67
28.	Ages 35-39	46	78
29.	Ages 40-44	60	61
30.	Ages 45-49	41	62
31.	Ages 50-54	39	49
32.	Ages 55-59	31	38
33.	Ages 60-64	28	15
Subtotal Patients (Sum lines 19-33)		381	501

OMB Control Number: 0195-0193

Program Name: Health Center 330
 Submission Status: Change Requested

UDS Report - 2015
Table 3A: Patients By Age and Gender - Migrant Health Center

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	12	20
35.	Ages 70-74	11	3
36.	Ages 75-79	2	7
37.	Ages 80-84	0	3
38.	Age 85 and over	0	1
Subtotal Patients (Sum lines 34-38)		25	34
39.	Total Patients (Sum lines 1-38)	909	1,038

OMB Control Number: 0195-0193

Program Name: Health Center 330
 Submission Status: Change Requested

UDS Report - 2015
Table 3A: Patients By Age and Gender - Health Care For The Homeless

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	29	18
2.	Age 1	25	21
3.	Age 2	24	32
4.	Age 3	28	25
5.	Age 4	22	29
6.	Age 5	26	16
7.	Age 6	20	20
8.	Age 7	21	16
9.	Age 8	15	20
10.	Age 9	11	14
11.	Age 10	11	10
12.	Age 11	14	11
13.	Age 12	10	12
14.	Age 13	6	15
15.	Age 14	7	9
16.	Age 15	13	17
17.	Age 16	17	17
18.	Age 17	13	16
Subtotal Patients (Sum lines 1-18)		312	318
19.	Age 18	13	20
20.	Age 19	21	12
21.	Age 20	18	16
22.	Age 21	21	24
23.	Age 22	22	21
24.	Age 23	35	37
25.	Age 24	33	25
26.	Ages 25-29	228	213
27.	Ages 30-34	240	167
28.	Ages 35-39	197	129
29.	Ages 40-44	194	138
30.	Ages 45-49	242	139
31.	Ages 50-54	294	205
32.	Ages 55-59	256	162
33.	Ages 60-64	184	130
Subtotal Patients (Sum lines 19-33)		1,998	1,438

OMB Control Number: 0195-0193

Program Name: Health Center 330
 Submission Status: Change Requested

UDS Report - 2015

Table 3A: Patients By Age and Gender - Health Care For The Homeless

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	102	135
35.	Ages 70-74	61	89
36.	Ages 75-79	43	92
37.	Ages 80-84	26	35
38.	Age 85 and over	21	44
Subtotal Patients (Sum lines 34-38)		253	395
39.	Total Patients (Sum lines 1-38)	2,563	2,151

OMB Control Number: 0195-0193

Program Name: Health Center 330
 Submission Status: Change Requested

UDS Report - 2015

Table 3B - Patients By Hispanic Or Latino Ethnicity / Race / Linguistic Barriers to Care - Universal

S.No	Patients by Race	Patients by Hispanic or Latino Ethnicity			
		Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d)
1.	Asian	10	444		454
2a.	Native Hawaiian	0	2		2
2b.	Other Pacific Islander	7	145		152
2.	Total Hawaiian/Other Pacific Islander (Sum lines 2a+2b)	7	147		154
3.	Black/African American	11	557		568
4.	American Indian/Alaska native	75	22		97
5.	White	2,131	1,695		3,826
6.	More than one race	1,143	243		1,386
7.	Unreported/Refused to report race	29	10	32	71
8.	Total Patients (Sum lines 1+2+3 through 7)	3,406	3,118	32	6,556

S.No	Patients by Language	Number (a)
12.	Patients Best Served in a Language other than English	2,660

OMB Control Number: 0195-0193

Program Name: Health Center 330
 Submission Status: Change Requested

UDS Report - 2015

Table 3B - Patients By Hispanic Or Latino Ethnicity / Race / Linguistic Barriers to Care - Migrant Health Center

S.No	Patients by Race	Patients by Hispanic or Latino Ethnicity			
		Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d)
1.	Asian	0	49		49
2a.	Native Hawaiian	0	0		0
2b.	Other Pacific Islander	0	15		15
2.	Total Hawaiian/Other Pacific Islander (Sum lines 2a+2b)	0	15		15
3.	Black/African American	0	22		22
4.	American Indian/Alaska native	16	5		21
5.	White	1,228	109		1,337
6.	More than one race	450	37		487
7.	Unreported/Refused to report race	6	0	10	16
8.	Total Patients (Sum lines 1+2+3 through 7)	1,700	237	10	1,947

S.No	Patients by Language	Number (a)
12.	Patients Best Served in a Language other than English	1,506

OMB Control Number: 0195-0193

Program Name: Health Center 330
 Submission Status: Change Requested

UDS Report - 2015

Table 3B - Patients By Hispanic Or Latino Ethnicity / Race / Linguistic Barriers to Care - Health Care For The Homeless

S.No	Patients by Race	Patients by Hispanic or Latino Ethnicity			
		Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d)
1.	Asian	10	400		410
2a.	Native Hawaiian	0	2		2
2b.	Other Pacific Islander	7	132		139
2.	Total Hawaiian/Other Pacific Islander (Sum lines 2a+2b)	7	134		141
3.	Black/African American	11	541		552
4.	American Indian/Alaska native	60	17		77
5.	White	944	1,611		2,555
6.	More than one race	711	213		924
7.	Unreported/Refused to report race	23	10	22	55
8.	Total Patients (Sum lines 1+2+3 through 7)	1,766	2,926	22	4,714

S.No	Patients by Language	Number (a)
12.	Patients Best Served in a Language other than English	1,201

OMB Control Number: 0195-0193

Program Name: Health Center 330
Submission Status: Change Requested

UDS Report - 2015
Table 4 - Selected Patient Characteristics - Universal

S.No	Characteristic	Number of Patients (a)	
Income as Percent of Poverty Level			
1.	100% and below	3,894	
2.	101 - 150%	560	
3.	151 - 200%	214	
4.	Over 200%	82	
5.	Unknown	1,806	
6.	Total (Sum lines 1-5)	6,556	
Principal Third Party Medical Insurance Source		0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	355	1,741
8a.	Regular Medicaid (Title XIX)	1,233	2,438
8b.	CHIP Medicaid	0	0
8.	Total Medicaid (Sum lines 8a+8b)	1,233	2,438
9a.	Dually eligible (Medicare and Medicaid)	0	277
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	0	667
10a.	Other Public Insurance Non-CHIP (Specify: -)	0	0
10b.	Other Public Insurance CHIP	0	0
10.	Total Public Insurance (Sum lines 10a+10b)	0	0
11.	Private Insurance	18	104
12.	Total (Sum lines 7+8+9+10+11)	1,606	4,950

Managed Care Utilization						
S.No	Payer Category	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a.	Capitated Member months	23,970	0	0	54	24,024
13b.	Fee-for-service Member months	0	2,705	0	0	2,705
13c.	Total Member Months (Sum lines 13a+13b)	23,970	2,705	0	54	26,729

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Program Name: Health Center 330

Submission Status: Change Requested

UDS Report - 2015

Table 4 - Selected Patient Characteristics - Universal

S.No	Special Populations	Number of Patients (a)
14.	Migratory (330g Health Centers Only)	213
15.	Seasonal (330g Health Centers Only)	1,734
16.	Total Agricultural Workers or Dependents (All Health Centers Report This Line)	1,947
17.	Homeless Shelter (330h Health Centers Only)	1,355
18.	Transitional (330h Health Centers Only)	814
19.	Doubling Up (330h Health Centers Only)	451
20.	Street (330h Health Centers Only)	408
21.	Other (330h Health Centers Only)	1,686
22.	Unknown (330h Health Centers Only)	0
23.	Total Homeless (All Health Centers Report This Line)	4,714
24.	Total School Based Health Center Patients (All Health Centers Report This Line)	57
25.	Total Veterans (All Health Centers Report This Line)	83
26.	Total Public Housing Patients (All Health Centers Report This Line)	0

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Program Name: Health Center 330
Submission Status: Change Requested

UDS Report - 2015
Table 4 - Selected Patient Characteristics - Migrant Health Center

S.No	Characteristic	Number of Patients (a)	
Income as Percent of Poverty Level			
1.	100% and below	622	
2.	101 - 150%	260	
3.	151 - 200%	137	
4.	Over 200%	48	
5.	Unknown	880	
6.	Total (Sum lines 1-5)	1,947	
Principal Third Party Medical Insurance Source		0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	161	461
8a.	Regular Medicaid (Title XIX)	832	397
8b.	CHIP Medicaid	0	0
8.	Total Medicaid (Sum lines 8a+8b)	832	397
9a.	Dually eligible (Medicare and Medicaid)	0	31
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	0	65
10a.	Other Public Insurance Non-CHIP (Specify: -)	0	0
10b.	Other Public Insurance CHIP	0	0
10.	Total Public Insurance (Sum lines 10a+10b)	0	0
11.	Private Insurance	13	18
12.	Total (Sum lines 7+8+9+10+11)	1,006	941

Managed Care Utilization						
S.No	Payer Category	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a.	Capitated Member months	-	-	-	-	-
13b.	Fee-for-service Member months	-	-	-	-	-
13c.	Total Member Months (Sum lines 13a+13b)					

S.No	Special Populations	Number of Patients (a)
14.	Migratory (330g Health Centers Only)	213
15.	Seasonal (330g Health Centers Only)	1,734
16.	Total Agricultural Workers or Dependents (All Health Centers Report This Line)	1,947
17.	Homeless Shelter (330h Health Centers Only)	
18.	Transitional (330h Health Centers Only)	
19.	Doubling Up (330h Health Centers Only)	
20.	Street (330h Health Centers Only)	

S.No	Special Populations	Number of Patients (a)
21.	Other (330h Health Centers Only)	
22.	Unknown (330h Health Centers Only)	
23.	Total Homeless (All Health Centers Report This Line)	-
24.	Total School Based Health Center Patients (All Health Centers Report This Line)	20
25.	Total Veterans (All Health Centers Report This Line)	1
26.	Total Public Housing Patients (All Health Centers Report This Line)	-

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Program Name: Health Center 330
Submission Status: Change Requested

UDS Report - 2015

Table 4 - Selected Patient Characteristics - Health Care For The Homeless

S.No	Characteristic	Number of Patients (a)	
Income as Percent of Poverty Level			
1.	100% and below	3,342	
2.	101 - 150%	313	
3.	151 - 200%	85	
4.	Over 200%	34	
5.	Unknown	940	
6.	Total (Sum lines 1-5)	4,714	
Principal Third Party Medical Insurance Source		0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	200	1,308
8a.	Regular Medicaid (Title XIX)	425	2,080
8b.	CHIP Medicaid	0	0
8.	Total Medicaid (Sum lines 8a+8b)	425	2,080
9a.	Dually eligible (Medicare and Medicaid)	0	250
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	0	610
10a.	Other Public Insurance Non-CHIP (Specify: -)	0	0
10b.	Other Public Insurance CHIP	0	0
10.	Total Public Insurance (Sum lines 10a+10b)	0	0
11.	Private Insurance	5	86
12.	Total (Sum lines 7+8+9+10+11)	630	4,084

Managed Care Utilization						
S.No	Payer Category	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a.	Capitated Member months	-	-	-	-	-
13b.	Fee-for-service Member months	-	-	-	-	-
13c.	Total Member Months (Sum lines 13a+13b)					

S.No	Special Populations	Number of Patients (a)
14.	Migratory (330g Health Centers Only)	
15.	Seasonal (330g Health Centers Only)	
16.	Total Agricultural Workers or Dependents (All Health Centers Report This Line)	-
17.	Homeless Shelter (330h Health Centers Only)	1,355
18.	Transitional (330h Health Centers Only)	814
19.	Doubling Up (330h Health Centers Only)	451
20.	Street (330h Health Centers Only)	408

S.No	Special Populations	Number of Patients (a)
21.	Other (330h Health Centers Only)	1,686
22.	Unknown (330h Health Centers Only)	0
23.	Total Homeless (All Health Centers Report This Line)	4,714
24.	Total School Based Health Center Patients (All Health Centers Report This Line)	38
25.	Total Veterans (All Health Centers Report This Line)	82
26.	Total Public Housing Patients (All Health Centers Report This Line)	-

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Program Name: Health Center 330
Submission Status: Change RequestedUDS Report - 2015
Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Medical Care Services				
1.	Family Physicians	-	820	
2.	General Practitioners	1.00	2,702	
3.	Internists	1.40	3,574	
4.	Obstetrician/Gynecologists	0.30	759	
5.	Pediatricians	1.50	3,993	
7.	Other Specialty Physicians	1.20	3,262	
8.	Total Physicians (Sum lines 1-7)	5.40	15,110	
9a.	Nurse Practitioners	2.50	5,349	
9b.	Physician Assistants	0.10	306	
10.	Certified Nurse Midwives	-	19	
10a.	Total NP, PA, and CNMs (Sum lines 9a - 10)	2.60	5,674	
11.	Nurses	3.40	5,952	
12.	Other Medical Personnel	-		
13.	Laboratory Personnel	-		
14.	X-Ray Personnel	-		
15.	Total Medical (Sum lines 8+10a through 14)	11.40	26,736	6,295
Dental Services				
16.	Dentists	1.10	3,490	
17.	Dental Hygienists	-	107	
18.	Other Dental Personnel	-		
19.	Total Dental Services (Sum lines 16-18)	1.10	3,597	1,108
Mental Health Services				
20a.	Psychiatrists	1.00	540	
20a1.	Licensed Clinical Psychologists	1.10	693	
20a2.	Licensed Clinical Social Workers	-	25	
20b.	Other Licensed Mental Health Providers	-	-	
20c.	Other Mental Health Staff	-	12	
20.	Total Mental Health (Sum lines 20a-20c)	2.10	1,270	324

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Program Name: Health Center 330
Submission Status: Change Requested

UDS Report - 2015
Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Substance Abuse Services				
21.	Substance Abuse Services	-	-	-
Other Professional Services				
22.	Other Professional Services (Specify: Podiatry)	0.20	527	228
Vision Services				
22a.	Ophthalmologists	0.10	270	
22b.	Optometrists	0.20	595	
22c.	Other Vision Care Staff	-		
22d.	Total Vision Services (Sum lines 22a-22c)	0.30	865	452
Pharmacy Personnel				
23.	Pharmacy Personnel	-		
Enabling Services				
24.	Case Managers	0.40	3,699	
25.	Patient/Community Education Specialists	-	1,221	
26.	Outreach Workers	-		
27.	Transportation Staff	-		
27a.	Eligibility Assistance Workers	-		
27b.	Interpretation Staff	-		
28.	Other Enabling Services (Specify: -)	-		
29.	Total Enabling Services (Sum lines 24-28)	0.40	4,920	1,031

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UDS Report - 2015
Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Other Programs/Services				
29a.	Other Programs and services (Specify: -)	-		
Administration and Facility				
30a.	Management and Support Staff	3.30		
30b.	Fiscal and Billing Staff	-		
30c.	IT Staff	-		
31.	Facility Staff	-		
32.	Patient Support Staff	11.60		
33.	Total Facility and Non-Clinical Support Staff (Lines 30a - 32)	14.90		
Grand Total				
34.	Grand Total (Sum lines 15+19+20+21+22+22d+23+29+29a+33)	30.40	37,915	

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Program Name: Health Center 330
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Table 5 - Staffing And Utilization - Migrant Health Center

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Medical Care Services				
1.	Family Physicians		-	
2.	General Practitioners		784	
3.	Internists		599	
4.	Obstetrician/Gynecologists		236	
5.	Pediatricians		2,818	
7.	Other Specialty Physicians		896	
8.	Total Physicians (Sum lines 1-7)		5,333	
9a.	Nurse Practitioners		1,433	
9b.	Physician Assistants		16	
10.	Certified Nurse Midwives		-	
10a.	Total NP, PA, and CNMs (Sum lines 9a - 10)		1,449	
11.	Nurses		800	
12.	Other Medical Personnel			
13.	Laboratory Personnel			
14.	X-Ray Personnel			
15.	Total Medical (Sum lines 8+10a through 14)		7,582	1,729
Dental Services				
16.	Dentists		888	
17.	Dental Hygienists		-	
18.	Other Dental Personnel			
19.	Total Dental Services (Sum lines 16-18)		888	340
Mental Health Services				
20a.	Psychiatrists		60	
20a1.	Licensed Clinical Psychologists		84	
20a2.	Licensed Clinical Social Workers		-	
20b.	Other Licensed Mental Health Providers		-	
20c.	Other Mental Health Staff		-	
20.	Total Mental Health (Sum lines 20a-20c)		144	23

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UDS Report - 2015
Table 5 - Staffing And Utilization - Migrant Health Center

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Substance Abuse Services				
21.	Substance Abuse Services		-	-
Other Professional Services				
22.	Other Professional Services (Specify: Podiatry)		131	60
Vision Services				
22a.	Ophthalmologists		49	
22b.	Optometrists		83	
22c.	Other Vision Care Staff			
22d.	Total Vision Services (Sum lines 22a-22c)		132	67
Pharmacy Personnel				
23.	Pharmacy Personnel			
Enabling Services				
24.	Case Managers		823	
25.	Patient/Community Education Specialists		-	
26.	Outreach Workers			
27.	Transportation Staff			
27a.	Eligibility Assistance Workers			
27b.	Interpretation Staff			
28.	Other Enabling Services (Specify: -)			
29.	Total Enabling Services (Sum lines 24-28)		823	169

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UDS Report - 2015
Table 5 - Staffing And Utilization - Migrant Health Center

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Other Programs/Services				
29a.	Other Programs and services (Specify: -)			
Administration and Facility				
30a.	Management and Support Staff			
30b.	Fiscal and Billing Staff			
30c.	IT Staff			
31.	Facility Staff			
32.	Patient Support Staff			
33.	Total Facility and Non-Clinical Support Staff (Lines 30a - 32)			
Grand Total				
34.	Grand Total (Sum lines 15+19+20+21+22+22d+23+29+29a+33)		9,700	

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Submission Status: Change Requested

UDS Report - 2015

Table 5 - Staffing And Utilization - Health Care For The Homeless

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Medical Care Services				
1.	Family Physicians		820	
2.	General Practitioners		1,918	
3.	Internists		2,975	
4.	Obstetrician/Gynecologists		523	
5.	Pediatricians		1,175	
7.	Other Specialty Physicians		2,366	
8.	Total Physicians (Sum lines 1-7)		9,777	
9a.	Nurse Practitioners		3,916	
9b.	Physician Assistants		290	
10.	Certified Nurse Midwives		19	
10a.	Total NP, PA, and CNMs (Sum lines 9a - 10)		4,225	
11.	Nurses		5,152	
12.	Other Medical Personnel			
13.	Laboratory Personnel			
14.	X-Ray Personnel			
15.	Total Medical (Sum lines 8+10a through 14)		19,154	4,676
Dental Services				
16.	Dentists		2,602	
17.	Dental Hygienists		107	
18.	Other Dental Personnel			
19.	Total Dental Services (Sum lines 16-18)		2,709	781
Mental Health Services				
20a.	Psychiatrists		480	
20a1.	Licensed Clinical Psychologists		607	
20a2.	Licensed Clinical Social Workers		25	
20b.	Other Licensed Mental Health Providers		-	
20c.	Other Mental Health Staff		12	
20.	Total Mental Health (Sum lines 20a-20c)		1,124	302

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UDS Report - 2015
Table 5 - Staffing And Utilization - Health Care For The Homeless

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Substance Abuse Services				
21.	Substance Abuse Services		-	-
Other Professional Services				
22.	Other Professional Services (Specify: Podiatry)		396	176
Vision Services				
22a.	Ophthalmologists		221	
22b.	Optometrists		512	
22c.	Other Vision Care Staff			
22d.	Total Vision Services (Sum lines 22a-22c)		733	420
Pharmacy Personnel				
23.	Pharmacy Personnel			
Enabling Services				
24.	Case Managers		2,876	
25.	Patient/Community Education Specialists		1,221	
26.	Outreach Workers			
27.	Transportation Staff			
27a.	Eligibility Assistance Workers			
27b.	Interpretation Staff			
28.	Other Enabling Services (Specify: -)			
29.	Total Enabling Services (Sum lines 24-28)		4,097	862

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 Submission Status: Change Requested

UDS Report - 2015
Table 5 - Staffing And Utilization - Health Care For The Homeless

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Other Programs/Services				
29a.	Other Programs and services (Specify: -)			
Administration and Facility				
30a.	Management and Support Staff			
30b.	Fiscal and Billing Staff			
30c.	IT Staff			
31.	Facility Staff			
32.	Patient Support Staff			
33.	Total Facility and Non-Clinical Support Staff (Lines 30a - 32)			
Grand Total				
34.	Grand Total (Sum lines 15+19+20+21+22+22d+23+29+29a+33)		28,213	

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Program Name: Health Center 330
Submission Status: Change RequestedUDS Report - 2015
Table 5A - Tenure for Health Center Staff

S.No	Health Center Staff	Full and Part Time		Locum, On-Call, etc	
		Persons (a)	Total Months (b)	Persons (c)	Total Months (d)
1.	Family Physicians	15	1,258	-	-
2.	General Practitioners	-	-	-	-
3.	Internists	46	4,486	-	-
4.	Obstetrician/Gynecologists	14	2,310	-	-
5.	Pediatricians	37	4,201	-	-
7.	Other Specialty Physicians	67	9,688	-	-
9a.	Nurse Practitioners	39	5,002	-	-
9b.	Physician Assistants	1	88	-	-
10.	Certified Nurse Midwives	-	-	-	-
11.	Nurses	85	14,273	-	-
16.	Dentists	20	2,270	-	-
17.	Dental Hygienists	-	-	-	-
20a.	Psychiatrists	5	465	-	-
20a1.	Licensed Clinical Psychologists	6	539	-	-
20a2.	Licensed Clinical Social Workers	-	-	-	-
20b.	Other Licensed Mental Health Providers	-	-	-	-
22a.	Ophthalmologist	4	628	-	-
22b.	Optometrist	4	276	-	-
30a1.	Chief Executive Officer	1	66	-	-
30a2.	Chief Medical Officer	1	26	-	-
30a3.	Chief Financial Officer	-	-	-	-
30a4.	Chief Information Officer	-	-	-	-

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Program Name: Health Center 330
Submission Status: Change Requested

UDS Report - 2015
Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases					
1-2.	Symptomatic / Asymptomatic HIV	042, 079.53, V08	B20, B97.35, O98.7, Z21	701	105
3.	Tuberculosis	010.xx - 018.xx	A15- thru A19-	213	157
4.	Sexually transmitted infections	090.xx - 099.xx	A50- thru A64- (Exclude A63.0), M02.3-, N34.1	76	36
4a.	Hepatitis B	070.20, 070.22, 070.30, 070.32, V02.61	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	37	20
4b.	Hepatitis C	070.41, 070.44, 070.51, 070.54, 070.70, 070.71, V02.62	B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52	474	161
Selected Diseases of the Respiratory System					
5.	Asthma	493.xx	J45-	1,196	560
6.	Chronic obstructive pulmonary diseases	490.xx - 492.xx	J40- thru J44- and J47-	159	122
Selected Other Medical Conditions					
7.	Abnormal Breast Findings, Female	174.xx; 198.81; 233.0x; 238.3; 793.8x	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.71-, C50.81-, C50.91-, C79.81, D48.6-, R92-	167	69
8.	Abnormal Cervical Findings	180.xx; 198.82; 233.1x; 795.0x	C53-, C79.82, D06-, R87.61-, R87.810, R87.820	54	37
9.	Diabetes Mellitus	250.xx; 648.0x	E10- thru E13-, O24- (Exclude O24.41-)	3,596	762
10.	Heart Disease (selected)	391.xx - 392.0x 410.xx - 429.xx	I01-, I02- (exclude I02.9), I20- thru I25, I26- thru I28-, I30- thru I52-	1,595	373
11.	Hypertension	401.xx - 405.xx;	I10- thru I15-	4,183	1,340
12.	Contact Dermatitis and other Eczema	692.xx	L23- thru L25-, L30- (Exclude L30.1, L30.3, L30.4, L30.5), L55- thru L59	283	224

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
			(Exclude L57.0 thru L57.4)		
13.	Dehydration	276.5x	E86-	4	4
14.	Exposure to Heat or Cold	991.xx - 992.xx	T33.XXXA, T34.XXXA, T67.XXXA, T68.XXXA, T69.XXXA	2	2
14a.	Overweight and Obesity	ICD-9: 278.0 – 278.03 or V85.xx (excluding V85.0, V85.1, V85.51, V85.52)	E66-, Z68- (Excluding Z68.1, Z68.20-24, Z68.51, Z68.52)	2,159	1,321
Selected Childhood Conditions (limited to ages 0 thru 17)					
15.	Otitis media and Eustachian tube disorders	381.xx - 382.xx	H65- thru H69-	416	225
16.	Selected Perinatal Medical Conditions	770.xx;771.xx;773.xx; 774.xx - 779.xx (Excluding 779.3x)	A33-, P20- thru P29- (exclude P22.0, P29.3); P35- thru P96- (exclude P50-, P51-, P52-, P54-, P91.6-, P92-, P96.81), R78.81, R78.89	80	73
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only. Does not include sexual or mental development.	260.xx – 269.xx (excluding 268.2); 779.3x; 783.3x – 783.4x	E40-E46, E50- thru E63- (exclude E64-), P92-, R62- (exclude R62.7), R63.2, R63.3	1,023	494

Sources of codes:

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.

Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.

Current Dental Terminology, (CDT) 2010/2011. American Dental Association.

Note: x in a code denotes any number including the absence of a number in that place.

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UDS Report- 2015
Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Mental Health and Substance Abuse Conditions					
18.	Alcohol Related Disorders	291.xx, 303.xx; 305.0x; 357.5x	F10-, G62.1	783	372
19.	Other Substance Related Disorders (Excluding Tobacco Use Disorders)	292.1x – 292.8x; 292.9; 304.xx; 305.2x – 305.9x; 357.6x; 648.3x	F11- thru F19- (Exclude F17-), G62.0, O99.32-	1,152	738
19a.	Tobacco use disorder	305.1	F17-	706	426
20a.	Depression and Other Mood Disorders	296.xx, 300.4, 301.13, 311.xx	F30- thru F39-	1,831	634
20b.	Anxiety Disorders Including PTSD	300.0x, 300.2x, 300.3, 308.3, 309.81	F40- thru F42- F43.0, F43.1-	952	387
20c.	Attention Deficit and Disruptive Behavior Disorders	312.8x, 312.9x, 313.81, 314.xx	F90- thru F91-	104	52
20d.	Other mental disorders, excluding drug or alcohol dependence	290.xx, 293.xx – 302.xx (excluding 296.xx, 300.0x, 300.2x, 300.3, 300.4, 301.13); 306.xx - 319.xx (excluding 307.xx, 308.3, 309.81, 311.xx, 312.8x, 312.9x, 313.81, 314.xx)	F01- thru F09-, F20- thru F29-, F43- thru F48- (exclude F43.1-), F50- thru F59- (exclude F55-), F60- thru F99- (exclude F84.2, F90-, F91-, F98-), R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	1,117	514

S.No	Service Category	Applicable ICD-9-CM or CPT-4/II Code	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services					
21.	HIV Test	CPT-4: 86689; 86701 - 86703; 87390 - 87391	CPT-4: 86689; 86701 - 86703; 87390 - 87391	97	92
21a.	Hepatitis B Test	CPT-4: 86704, 86706, 87515-17	CPT-4: 86704, 86706, 87515-17	178	177
21b.	Hepatitis C Test	CPT-4: 86803-04, 87520-22	CPT-4: 86803-04, 87520-22	312	309
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-9: V76.11; V76.12	CPT-4: 77052, 77057 OR ICD-10: Z12.31	168	160
23.	Pap Test	CPT-4: 88141-88155; 88164-88167, 88174-88175	CPT-4: 88141-88155; 88164-88167, 88174-88175 OR	375	350

S.No	Service Category	Applicable ICD-9-CM or CPT-4/II Code	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
		OR ICD-9: V72.3; V72.31; V72.32; V76.2	ICD-10: Z01.41-, Z01.42, Z12.4		
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT-4: 90633-90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	CPT - 4: 90633 - 90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	1,603	1,225
24a.	Seasonal Flu vaccine	CPT-4: 90654 - 90662, 90672-90673, 90685-90688	CPT-4: 90654 – 90662, 90672-90673, 90685-90688	1,771	1,544

Sources of codes:

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.

Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.

Current Dental Terminology, (CDT) 2010/2011. American Dental Association.

Note: x in a code denotes any number including the absence of a number in that place.

OMB Control Number: 0195-0193

Program Name: Health Center 330
Submission Status: Change Requested

UDS Report - 2015
Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
25.	Contraceptive Management	ICD-9: V25.xx	ICD-10: Z30-	778	402
26.	Health Supervision of Infant or Child (ages 0 through 11)	CPT-4: 99391 - 99393; 99381 - 99383	CPT-4: 99391 - 99393; 99381 - 99383	1,259	827
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	CPT-4: 83655	273	265
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408-99409	CPT-4: 99408-99409	1	1
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406 and 99407; HCPCS: S9075, CPT-II: 4000F, 4001F	CPT-4: 99406 and 99407; HCPCS: S9075, CPT-II: 4000F, 4001F	1,188	605
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	CPT-4: 92002, 92004, 92012, 92014	762	452

S.No	Service Category	Applicable ADA Code	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services					
27.	I. Emergency Services	ADA: D9110	ADA: D9110	21	19
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	761	628
29.	Prophylaxis - Adult or Child	ADA: D1110, D1120	ADA: D1110, D1120	343	305
30.	Sealants	ADA: D1351	ADA: D1351	48	43
31.	Fluoride Treatment - adult or child	ADA: D1206, D1208	ADA: D1206, D1208	458	315
32.	III. Restorative Services	ADA: D21xx - D29xx	ADA: D21xx - D29xx	589	308
33.	IV. Oral Surgery (Extractions and other Surgical Procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290-D7294	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290-D7294	396	280
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	528	270

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.

Program Name: Health Center 330
Submission Status: Change Requested

UDS Report - 2015

Table 6A - Selected Diagnoses And Services Rendered - Migrant Health Center

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases					
1-2.	Symptomatic / Asymptomatic HIV	042, 079.53, V08	B20, B97.35, O98.7, Z21	77	7
3.	Tuberculosis	010.xx - 018.xx	A15- thru A19-	8	6
4.	Sexually transmitted infections	090.xx - 099.xx	A50- thru A64- (Exclude A63.0), M02.3-, N34.1	6	5
4a.	Hepatitis B	070.20, 070.22, 070.30, 070.32, V02.61	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	4	3
4b.	Hepatitis C	070.41, 070.44, 070.51, 070.54, 070.70, 070.71, V02.62	B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52	35	10
Selected Diseases of the Respiratory System					
5.	Asthma	493.xx	J45-	510	224
6.	Chronic obstructive pulmonary diseases	490.xx - 492.xx	J40- thru J44- and J47-	13	13
Selected Other Medical Conditions					
7.	Abnormal Breast Findings, Female	174.xx; 198.81; 233.0x; 238.3; 793.8x	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.71-, C50.81-, C50.91-, C79.81, D48.6-, R92-	39	18
8.	Abnormal Cervical Findings	180.xx; 198.82; 233.1x; 795.0x	C53-, C79.82, D06-, R87.61-, R87.810, R87.820	15	10
9.	Diabetes Mellitus	250.xx; 648.0x	E10- thru E13-, O24- (Exclude O24.41-)	728	164
10.	Heart Disease (selected)	391.xx - 392.0x 410.xx - 429.xx	I01-, I02- (exclude I02.9), I20- thru I25, I26- thru I28-, I30- thru I52-	117	45
11.	Hypertension	401.xx - 405.xx;	I10- thru I15-	554	199
12.	Contact Dermatitis and other Eczema	692.xx	L23- thru L25-, L30- (Exclude L30.1, L30.3, L30.4, L30.5), L55- thru L59	81	73

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
			(Exclude L57.0 thru L57.4)		
13.	Dehydration	276.5x	E86-	3	3
14.	Exposure to Heat or Cold	991.xx - 992.xx	T33.XXXA, T34.XXXA, T67.XXXA, T68.XXXA, T69.XXXA	0	0
14a.	Overweight and Obesity	ICD-9: 278.0 – 278.03 or V85.xx (excluding V85.0, V85.1, V85.51, V85.52)	E66-, Z68- (Excluding Z68.1, Z68.20-24, Z68.51, Z68.52)	837	499
Selected Childhood Conditions (limited to ages 0 thru 17)					
15.	Otitis media and Eustachian tube disorders	381.xx - 382.xx	H65- thru H69-	280	136
16.	Selected Perinatal Medical Conditions	770.xx;771.xx;773.xx; 774.xx - 779.xx (Excluding 779.3x)	A33-, P20- thru P29- (exclude P22.0, P29.3); P35- thru P96- (exclude P50-, P51-, P52-, P54-, P91.6-, P92-, P96.81), R78.81, R78.89	39	19
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only. Does not include sexual or mental development.	260.xx – 269.xx (excluding 268.2); 779.3x; 783.3x – 783.4x	E40-E46, E50- thru E63- (exclude E64-), P92-, R62- (exclude R62.7), R63.2, R63.3	256	143

Sources of codes:

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.

Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.

Current Dental Terminology, (CDT) 2010/2011. American Dental Association.

Note: x in a code denotes any number including the absence of a number in that place.

OMB Control Number: 0195-0193

Program Name: Health Center 330
Submission Status: Change Requested

UDS Report - 2015

Table 6A - Selected Diagnoses And Services Rendered - Migrant Health Center

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Mental Health and Substance Abuse Conditions					
18.	Alcohol Related Disorders	291.xx, 303.xx; 305.0x; 357.5x	F10-, G62.1	33	20
19.	Other Substance Related Disorders (Excluding Tobacco Use Disorders)	292.1x – 292.8x; 292.9; 304.xx; 305.2x – 305.9x; 357.6x; 648.3x	F11- thru F19- (Exclude F17-), G62.0, O99.32-	44	24
19a.	Tobacco use disorder	305.1	F17-	60	39
20a.	Depression and Other Mood Disorders	296.xx, 300.4, 301.13, 311.xx	F30- thru F39-	308	102
20b.	Anxiety Disorders Including PTSD	300.0x, 300.2x, 300.3, 308.3, 309.81	F40- thru F42- F43.0, F43.1-	153	64
20c.	Attention Deficit and Disruptive Behavior Disorders	312.8x, 312.9x, 313.81, 314.xx	F90- thru F91-	55	25
20d.	Other mental disorders, excluding drug or alcohol dependence	290.xx, 293.xx – 302.xx (excluding 296.xx, 300.0x, 300.2x, 300.3, 300.4, 301.13); 306.xx - 319.xx (excluding 307.xx, 308.3, 309.81, 311.xx, 312.8x, 312.9x, 313.81, 314.xx)	F01- thru F09-, F20- thru F29-, F43- thru F48- (exclude F43.1-), F50- thru F59- (exclude F55-), F60- thru F99- (exclude F84.2, F90-, F91-, F98-), R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	275	132

S.No	Service Category	Applicable ICD-9-CM or CPT-4/II Code	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services					
21.	HIV Test	CPT-4: 86689; 86701 - 86703; 87390 - 87391	CPT-4: 86689; 86701 - 86703; 87390 - 87391	0	0
21a.	Hepatitis B Test	CPT-4: 86704, 86706, 87515-17	CPT-4: 86704, 86706, 87515-17	25	24
21b.	Hepatitis C Test	CPT-4: 86803-04, 87520-22	CPT-4: 86803-04, 87520-22	70	70
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-9: V76.11; V76.12	CPT-4: 77052, 77057 OR ICD-10: Z12.31	20	19
23.	Pap Test	CPT-4: 88141-88155; 88164-88167, 88174-88175	CPT-4: 88141-88155; 88164-88167, 88174-88175 OR	114	113

S.No	Service Category	Applicable ICD-9-CM or CPT-4/II Code	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services					
		OR ICD-9: V72.3; V72.31; V72.32; V76.2	ICD-10: Z01.41-, Z01.42, Z12.4		
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT-4: 90633-90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	CPT - 4: 90633 - 90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	735	486
24a.	Seasonal Flu vaccine	CPT-4: 90654 - 90662, 90672-90673, 90685-90688	CPT-4: 90654 - 90662, 90672-90673, 90685-90688	744	626

Sources of codes:

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.

Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.

Current Dental Terminology, (CDT) 2010/2011. American Dental Association.

Note: x in a code denotes any number including the absence of a number in that place.

OMB Control Number: 0195-0193

Program Name: Health Center 330
Submission Status: Change Requested

UDS Report - 2015

Table 6A - Selected Diagnoses And Services Rendered - Migrant Health Center

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
25.	Contraceptive Management	ICD-9: V25.xx	ICD-10: Z30-	375	194
26.	Health Supervision of Infant or Child (ages 0 through 11)	CPT-4: 99391 - 99393; 99381 - 99383	CPT-4: 99391 - 99393; 99381 - 99383	903	568
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	CPT-4: 83655	195	188
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408-99409	CPT-4: 99408-99409	0	0
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406 and 99407; HCPCS: S9075, CPT-II: 4000F, 4001F	CPT-4: 99406 and 99407; HCPCS: S9075, CPT-II: 4000F, 4001F	89	38
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	CPT-4: 92002, 92004, 92012, 92014	177	67

S.No	Service Category	Applicable ADA Code	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services					
27.	I. Emergency Services	ADA: D9110	ADA: D9110	2	1
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	240	204
29.	Prophylaxis - Adult or Child	ADA: D1110, D1120	ADA: D1110, D1120	171	151
30.	Sealants	ADA: D1351	ADA: D1351	37	35
31.	Fluoride Treatment - adult or child	ADA: D1206, D1208	ADA: D1206, D1208	337	218
32.	III. Restorative Services	ADA: D21xx - D29xx	ADA: D21xx - D29xx	190	78
33.	IV. Oral Surgery (Extractions and other Surgical Procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290-D7294	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290-D7294	42	33
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	52	31

Sources of codes:

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.

Program Name: Health Center 330
 Submission Status: Change Requested

UDS Report - 2015

Table 6A - Selected Diagnoses And Services Rendered - Health Care For The Homeless

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases					
1-2.	Symptomatic / Asymptomatic HIV	042, 079.53, V08	B20, B97.35, O98.7, Z21	627	99
3.	Tuberculosis	010.xx - 018.xx	A15- thru A19-	212	156
4.	Sexually transmitted infections	090.xx - 099.xx	A50- thru A64- (Exclude A63.0), M02.3-, N34.1	70	31
4a.	Hepatitis B	070.20, 070.22, 070.30, 070.32, V02.61	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	36	19
4b.	Hepatitis C	070.41, 070.44, 070.51, 070.54, 070.70, 070.71, V02.62	B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52	446	155
Selected Diseases of the Respiratory System					
5.	Asthma	493.xx	J45-	707	345
6.	Chronic obstructive pulmonary diseases	490.xx - 492.xx	J40- thru J44- and J47-	147	110
Selected Other Medical Conditions					
7.	Abnormal Breast Findings, Female	174.xx; 198.81; 233.0x; 238.3; 793.8x	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.71-, C50.81-, C50.91-, C79.81, D48.6-, R92-	128	51
8.	Abnormal Cervical Findings	180.xx; 198.82; 233.1x; 795.0x	C53-, C79.82, D06-, R87.61-, R87.810, R87.820	42	29
9.	Diabetes Mellitus	250.xx; 648.0x	E10- thru E13-, O24- (Exclude O24.41-)	2,928	613
10.	Heart Disease (selected)	391.xx - 392.0x 410.xx - 429.xx	I01-, I02- (exclude I02.9), I20- thru I25, I26- thru I28-, I30- thru I52-	1,509	334
11.	Hypertension	401.xx - 405.xx;	I10- thru I15-	3,701	1,164
12.	Contact Dermatitis and other Eczema	692.xx	L23- thru L25-, L30- (Exclude L30.1, L30.3, L30.4, L30.5), L55- thru L59	210	156

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
			(Exclude L57.0 thru L57.4)		
13.	Dehydration	276.5x	E86-	1	1
14.	Exposure to Heat or Cold	991.xx - 992.xx	T33.XXXA, T34.XXXA, T67.XXXA, T68.XXXA, T69.XXXA	2	2
14a.	Overweight and Obesity	ICD-9: 278.0 – 278.03 or V85.xx (excluding V85.0, V85.1, V85.51, V85.52)	E66-, Z68- (Excluding Z68.1, Z68.20-24, Z68.51, Z68.52)	1,358	847
Selected Childhood Conditions (limited to ages 0 thru 17)					
15.	Otitis media and Eustachian tube disorders	381.xx - 382.xx	H65- thru H69-	145	98
16.	Selected Perinatal Medical Conditions	770.xx;771.xx;773.xx; 774.xx - 779.xx (Excluding 779.3x)	A33-, P20- thru P29- (exclude P22.0, P29.3); P35- thru P96- (exclude P50-, P51-, P52-, P54-, P91.6-, P92-, P96.81), R78.81, R78.89	41	14
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only. Does not include sexual or mental development.	260.xx – 269.xx (excluding 268.2); 779.3x; 783.3x – 783.4x	E40-E46, E50- thru E63- (exclude E64-), P92-, R62- (exclude R62.7), R63.2, R63.3	779	356

Sources of codes:

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.

Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.

Current Dental Terminology, (CDT) 2010/2011. American Dental Association.

Note: x in a code denotes any number including the absence of a number in that place.

OMB Control Number: 0195-0193

Program Name: Health Center 330
Submission Status: Change Requested

UDS Report- 2015

Table 6A - Selected Diagnoses And Services Rendered - Health Care For The Homeless

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Mental Health and Substance Abuse Conditions					
18.	Alcohol Related Disorders	291.xx, 303.xx; 305.0x; 357.5x	F10-, G62.1	761	359
19.	Other Substance Related Disorders (Excluding Tobacco Use Disorders)	292.1x – 292.8x; 292.9; 304.xx; 305.2x – 305.9x; 357.6x; 648.3x	F11- thru F19- (Exclude F17-), G62.0, O99.32-	1,126	727
19a.	Tobacco use disorder	305.1	F17-	661	397
20a.	Depression and Other Mood Disorders	296.xx, 300.4, 301.13, 311.xx	F30- thru F39-	1,554	548
20b.	Anxiety Disorders Including PTSD	300.0x, 300.2x, 300.3, 308.3, 309.81	F40- thru F42- F43.0, F43.1-	808	329
20c.	Attention Deficit and Disruptive Behavior Disorders	312.8x, 312.9x, 313.81, 314.xx	F90- thru F91-	52	30
20d.	Other mental disorders, excluding drug or alcohol dependence	290.xx, 293.xx – 302.xx (excluding 296.xx, 300.0x, 300.2x, 300.3, 300.4, 301.13); 306.xx - 319.xx (excluding 307.xx, 308.3, 309.81, 311.xx, 312.8x, 312.9x, 313.81, 314.xx)	F01- thru F09-, F20- thru F29-, F43- thru F48- (exclude F43.1-), F50- thru F59- (exclude F55-), F60- thru F99- (exclude F84.2, F90-, F91-, F98-), R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	855	390

S.No	Service Category	Applicable ICD-9-CM or CPT-4/II Code	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services					
21.	HIV Test	CPT-4: 86689; 86701 - 86703; 87390 - 87391	CPT-4: 86689; 86701 - 86703; 87390 - 87391	97	92
21a.	Hepatitis B Test	CPT-4: 86704, 86706, 87515-17	CPT-4: 86704, 86706, 87515-17	160	160
21b.	Hepatitis C Test	CPT-4: 86803-04, 87520-22	CPT-4: 86803-04, 87520-22	248	245
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-9: V76.11; V76.12	CPT-4: 77052, 77057 OR ICD-10: Z12.31	150	143
23.	Pap Test	CPT-4: 88141-88155; 88164-88167, 88174-88175	CPT-4: 88141-88155; 88164-88167, 88174-88175 OR	265	241

S.No	Service Category	Applicable ICD-9-CM or CPT-4/II Code	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services					
		OR ICD-9: V72.3; V72.31; V72.32; V76.2	ICD-10: Z01.41-, Z01.42, Z12.4		
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT-4: 90633-90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	CPT - 4: 90633 - 90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	904	766
24a.	Seasonal Flu vaccine	CPT-4: 90654 - 90662, 90672-90673, 90685-90688	CPT-4: 90654 - 90662, 90672-90673, 90685-90688	1,035	945

Sources of codes:

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.

Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.

Current Dental Terminology, (CDT) 2010/2011. American Dental Association.

Note: x in a code denotes any number including the absence of a number in that place.

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Table 6A - Selected Diagnoses And Services Rendered - Health Care For The Homeless

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
25.	Contraceptive Management	ICD-9: V25.xx	ICD-10: Z30-	414	214
26.	Health Supervision of Infant or Child (ages 0 through 11)	CPT-4: 99391 - 99393; 99381 - 99383	CPT-4: 99391 - 99393; 99381 - 99383	386	276
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	CPT-4: 83655	87	86
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408-99409	CPT-4: 99408-99409	1	1
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406 and 99407; HCPCS: S9075, CPT-II: 4000F, 4001F	CPT-4: 99406 and 99407; HCPCS: S9075, CPT-II: 4000F, 4001F	1,127	576
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	CPT-4: 92002, 92004, 92012, 92014	660	395

S.No	Service Category	Applicable ADA Code	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services					
27.	I. Emergency Services	ADA: D9110	ADA: D9110	19	18
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	529	432
29.	Prophylaxis - Adult or Child	ADA: D1110, D1120	ADA: D1110, D1120	179	161
30.	Sealants	ADA: D1351	ADA: D1351	11	8
31.	Fluoride Treatment - adult or child	ADA: D1206, D1208	ADA: D1206, D1208	127	102
32.	III. Restorative Services	ADA: D21xx - D29xx	ADA: D21xx - D29xx	532	234
33.	IV. Oral Surgery (Extractions and other Surgical Procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290-D7294	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290-D7294	357	249
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	483	243

Sources of codes:

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.

Program Name: Health Center 330
Submission Status: Change Requested

UDS Report - 2015
Table 6B - Quality Of Care Measures

Prenatal care by referral only: No

Section A - Age Categories for Prenatal Patients

Demographic Characteristics of Prenatal Care Patients		
S.No	Age	Number of Patients (a)
1.	Less than 15 Years	0
2.	Ages 15 - 19	21
3.	Ages 20 - 24	21
4.	Ages 25 - 44	81
5.	Ages 45 and Over	0
6.	Total Patients (Sum lines 1-5)	123

Section B - Trimester of Entry into Prenatal Care

S.No	Trimester of Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7.	First Trimester	90	20
8.	Second Trimester	7	5
9.	Third Trimester	1	0

Section C - Childhood Immunization

S.No	Childhood Immunization	Total Number of Patients with 3rd Birthday During Measurement Year (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10.	MEASURE: Children who have received age appropriate vaccines prior to their 3rd birthday during measurement year (on or prior to December 31)	104	70	60

Section D - Cervical Cancer Screening

S.No	Cervical Cancer Screening	Total Number of Female Patients 24-64 Years of Age (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11.	MEASURE: Female patients aged 24-64 who received one or more Pap tests to screen for cervical cancer	1,941	70	45

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UDS Report - 2015
Table 6B - Quality Of Care Measures

Section E - Weight Assessment and Counseling for Children and Adolescents				
S.No	Weight Assessment and Counseling for Children and Adolescents	Total Patients Aged 3-17 on December 31 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12.	MEASURE: Children and adolescents aged 3 until 17 during measurement year (on or prior to 31 December) with a BMI percentile, and counseling on nutrition and physical activity documented for the current year.	1,164	70	52

Section F - Adult Weight Screening and Follow-Up				
S.No	Adult Weight Screening and Follow-Up	Total Patients 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13.	MEASURE: Patients aged 18 and older with (1) BMI charted and (2) follow-up plan documented if patients are overweight or underweight	4,655	70	35

Section G - Tobacco Use Screening and Cessation Intervention				
S.No	Tobacco Use Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User (c)
14a.	MEASURE: Patients aged 18 and older who (1) were screened for tobacco use one or more times in the measurement year or the prior year and (2) for those found to be a tobacco user, received cessation counseling intervention or medication	4,584	4,584	4,218

Section H - Asthma Pharmacological Therapy				
S.No	Asthma Pharmacologic Therapy	Total Patients Aged 5-40 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16.	MEASURE: Patients aged 5 through 40 diagnosed with persistent asthma who have an acceptable pharmacological treatment plan	500	70	70

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UDS Report - 2015
Table 6B - Quality Of Care Measures

Section I - Coronary Artery Disease (CAD): Lipid Therapy				
S.No	Coronary Artery Disease (CAD): Lipid Therapy	Total Patients 18 and Older with CAD Diagnosis (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed A Lipid Lowering Therapy (c)
17.	MEASURE: Patients aged 18 and older with a diagnosis of CAD prescribed a lipid lowering therapy	301	301	242

Section J - Ischemic Vascular Disease (IVD): Aspirin or Antithrombotic Therapy				
S.No	Ischemic Vascular Disease (IVD): Aspirin or Antithrombotic Therapy	Total Patients 18 and Older with IVD Diagnosis or AMI, CABG, or PTCA Procedure (a)	Charts Sampled or EHR Total (b)	Number of Patients with Aspirin or other Antithrombotic Therapy (c)
18.	MEASURE: Patients aged 18 and older with a diagnosis of IVD or AMI,CABG, or PTCA procedure with aspirin or another antithrombotic therapy	233	233	207

Section K - Colorectal Cancer Screening				
S.No	Colorectal Cancer Screening	Total Patients 51 through 74 Years of Age (a)	Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19.	MEASURE: Patients age 51 through 74 years of age during measurement year (on or prior to 31 December) with appropriate screening for colorectal cancer	1,652	1,652	803

Section L - HIV Linkage to Care				
S.No	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)
20.	MEASURE: Patients whose first ever HIV diagnosis was made by health center staff between October 1, of the prior year and September 30, of the measurement year and who were seen for follow-up treatment within 90 days of that first ever diagnosis	5	5	4

Section M - Patients Screened for Depression and Follow-Up				
S.No	Patients Screened for Depression and Follow-Up	Total Patients Aged 12 and Older (a)	Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21.	MEASURE: Patients aged 12 and older who were (1) screened for depression with a standardized tool and if screening was positive (2) had a follow-up plan documented	5,117	70	19

Section N - Dental Sealants

S.No	Dental Sealants	Total Patients Aged 6 through 9 Identified as Moderate to High Risk for Caries (a)	Charts Sampled or EHR Total (b)	Number of patients with Sealants to First Molars (c)
22.	MEASURE: Children aged 6 through 9 years at moderate to high risk of caries who received a sealant on a permanent first molar tooth	73	70	16

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UDS Report - 2015
Table 7 - Health Outcomes and Disparities

S.No	Prenatal Services	Total (i)
0	HIV Positive Pregnant Women	0
2	Deliveries Performed by Health Center's Provider	0

Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity					
S.No	Race and Ethnicity	Prenatal Care Patients who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births : 1500 - 2499 grams (1c)	Live Births : > = 2500 grams (1d)
Hispanic/Latino					
1a.	Asian	3	0	0	3
1b1.	Native Hawaiian	1	0	0	1
1b2.	Other Pacific Islander	0	0	0	0
1c.	Black/African American	0	0	0	0
1d.	American Indian/Alaska Native	0	0	0	0
1e.	White	34	1	3	30
1f.	More Than One Race	18	0	2	16
1g.	Unreported/Refused to Report Race	0	0	0	0
Subtotal Hispanic/Latino (Sum lines 1a-1g)		56	1	5	50
Non-Hispanic/Latino					
2a.	Asian	4	0	0	4
2b1.	Native Hawaiian	0	0	0	0
2b2.	Other Pacific Islander	3	0	0	3
2c.	Black/African American	2	0	0	2
2d.	American Indian/Alaska Native	0	0	0	0
2e.	White	5	0	0	5
2f.	More Than One Race	3	0	0	3
2g.	Unreported/Refused to Report Race	1	0	0	1
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		18	0	0	18
Unreported/Refused to Report Ethnicity					
h.	Unreported /Refused to Report Race and Ethnicity	1	0	0	1
i.	Total (Sum lines 1a-h)	75	1	5	69

Program Name: Health Center 330
Submission Status: Change RequestedUDS Report - 2015
Table 7 - Health Outcomes and Disparities

Section B: Hypertension by Race and Hispanic/Latino Ethnicity				
S.No	Race and Ethnicity	Total Hypertensive Patients (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
Hispanic/Latino				
1a.	Asian	3	0	0
1b1.	Native Hawaiian	1	0	0
1b2.	Other Pacific Islander	4	0	0
1c.	Black/African American	5	1	1
1d.	American Indian/Alaska Native	6	0	0
1e.	White	366	26	16
1f.	More Than One Race	5	5	4
1g.	Unreported/Refused to Report Race	7	3	2
Subtotal Hispanic/Latino (Sum lines 1a-1g)		397	35	23
Non-Hispanic/Latino				
2a.	Asian	176	3	3
2b1.	Native Hawaiian	0	0	0
2b2.	Other Pacific Islander	40	2	0
2c.	Black/African American	156	6	0
2d.	American Indian/Alaska Native	3	0	0
2e.	White	360	20	15
2f.	More Than One Race	47	4	2
2g.	Unreported/Refused to Report Race	2	0	0
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		784	35	20
Unreported/Refused to Report Ethnicity				
h.	Unreported /Refused to Report Race and Ethnicity	6	0	0
i.	Total (Sum lines 1a-h)	1,187	70	43

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UDS Report - 2015
Table 7 - Health Outcomes and Disparities

Section C: Diabetes by Race and Hispanic/Latino Ethnicity					
S.No	Race and Ethnicity	Total Patients with Diabetes (3a)	Charts sampled or EHR Total (3b)	Patients with Hba1c < 8% (3d1)	Patients with Hba1c > 9% or No Test During Year (3f)
Hispanic/Latino					
1a.	Asian	1	1	0	0
1b1.	Native Hawaiian	1	1	0	1
1b2.	Other Pacific Islander	2	2	1	1
1c.	Black/African American	2	2	2	0
1d.	American Indian/Alaska Native	5	5	3	2
1e.	White	212	212	114	66
1f.	More Than One Race	95	95	53	27
1g.	Unreported/Refused to Report Race	4	4	3	1
Subtotal Hispanic/Latino (Sum lines 1a-1g)		322	322	176	98
Non-Hispanic/Latino					
2a.	Asian	72	72	54	9
2b1.	Native Hawaiian	0	0	0	0
2b2.	Other Pacific Islander	21	21	8	9
2c.	Black/African American	61	61	36	23
2d.	American Indian/Alaska Native	3	3	1	1
2e.	White	143	143	74	49
2f.	More Than One Race	23	23	12	10
2g.	Unreported/Refused to Report Race	0	0	0	0
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		323	323	185	101
Unreported/Refused to Report Ethnicity					
h.	Unreported /Refused to Report Race and Ethnicity	9	9	4	3
i.	Total (Sum lines 1a-h)	654	654	365	202

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UDS Report - 2015
Table 8A - Financial Costs

S.No		Accrued Cost (a) \$	Allocation of Facility and Non-Clinical Support Services (b) \$	Total Cost after Allocation of Facility and Non-Clinical Support Services (c) \$
Financial Costs for Medical Care				
1.	Medical Staff	3,153,050	2,440,185	5,593,235
2.	Lab and X-ray	706,957	539,476	1,246,433
3.	Medical/Other Direct	1,490,841	1,131,602	2,622,443
4.	Total Medical Care Services (Sum lines 1-3)	5,350,848	4,111,263	9,462,111
Financial Costs for Other Clinical Services				
5.	Dental	351,551	266,840	618,391
6.	Mental Health	544,483	413,283	957,766
7.	Substance Abuse	-	-	-
8a.	Pharmacy not including pharmaceuticals	639,391	486,310	1,125,701
8b.	Pharmaceuticals	200,899		200,899
9.	Other Professional (Specify: Podiatry)	64,479	50,458	114,937
9a.	Vision	69,594	52,825	122,419
10.	Total Other Clinical Services (Sum lines 5-9a)	1,870,397	1,269,716	3,140,113
Financial Costs of Enabling and Other Program Related Services				
11a.	Case Management	285,412		285,412
11b.	Transportation	-		-
11c.	Outreach	-		-
11d.	Patient and Community Education	-		-
11e.	Eligibility Assistance	46,700		46,700
11f.	Interpretation Services	-		-
11g.	Other Enabling Services (Specify: -)	-		-
11.	Total Enabling Services Cost (Sum lines 11a-11g)	332,112	-	332,112
12.	Other Related Services (Specify: -)	-	-	-
13.	Total Enabling and Other Services (Sum lines 11-12)	332,112		332,112
Facility and Non-Clinical Support Services and Totals				
14.	Facility	29,721		
15.	Non-Clinical Support Services	5,351,258		
16.	Total Facility and Non-Clinical Support Services (Sum lines 14 and 15)	5,380,979		
17.	Total Accrued Costs (Sum lines 4+10+13+16)	12,934,336		12,934,336
18.	Value of Donated Facilities, Services and Supplies (Specify: -)			-
19.	Total with Donations (Sum lines 17-18)			12,934,336

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Table 9D: Patient Related Revenue (Scope of Project Only)

S.No	Payer Category	Full Charges this Period (a) \$	Amount Collected this Period (b) \$	Retroactive Settlements, Receipts, and Paybacks (c)				Allowances (d) \$	Sliding Discounts (e) \$	Bad Debt Write Off (f) \$
				Collection of Reconciliation/ Wrap around Current Year (c1) \$	Collection of Reconciliation/ Wrap around Previous Years (c2) \$	Collection of Other Retro Payments: P4P, Risk Pools, Withholds etc. (c3) \$	Penalty/ Payback (c4) \$			
1.	Medicaid Non-Managed Care	3,007,001	1,494,572	1,236,196	-	-	-	1,696,891		
2a.	Medicaid Managed Care (capitated)	8,217,368	1,829,107	1,209,402	-	-	-	6,498,604		
2b.	Medicaid Managed Care (fee-for-service)	-	-	-	-	-	-	-		
3.	Total Medicaid (Sum lines 1+2a+2b)	11,224,369	3,323,679	2,445,598				8,195,495		
4.	Medicare Non-Managed Care	1,672,025	560,005	136,347	-	-	-	1,034,084		
5a.	Medicare Managed Care (capitated)	-	-	-	-	-	-	-		
5b.	Medicare Managed Care (fee-for-service)	1,993,426	868,746	252,379	-	-	-	1,114,280		
6.	Total Medicare (Sum lines 4+5a+5b)	3,665,451	1,428,751	388,726				2,148,364		
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)	822,684	160,795	12,234	-	-	-	659,259		
8a.	Other Public including Non-Medicaid CHIP (Managed Care capitated)	-	-	-	-	-	-	-		
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)	-	-	-	-	-	-	-		
9.	Total Other Public (Sum lines 7+8a+8b)	822,684	160,795	12,234				659,259		
10.	Private Non-Managed Care	20,362	5,616					9,392		
11a.	Private Managed Care (capitated)	3,565	933					2,382		
11b.	Private Managed Care (fee-for-service)	-	-					-		
12.	Total Private (Sum lines 10+11a+11b)	23,927	6,549					11,774		
13.	Self-pay	2,702,861	282,500						-	83,281
14.	Total (Sum lines 3+6+9+12+13)	18,439,292	5,202,274	2,846,558	-	-	-	11,014,892		83,281

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Table 9E: Other Revenues

S.No	Source	Amount (a) \$
BPHC Grants (Enter Amount Drawn Down - Consistent with PMS-272)		
1a.	Migrant Health Center	386,692
1b.	Community Health Center	-
1c.	Health Care for the Homeless	1,454,698
1e.	Public Housing Primary Care	-
1g.	Total Health Center Cluster (Sum lines 1a-1e)	1,841,390
1j.	Capital Improvement Program Grants (excluding ARRA)	-
1k.	Affordable Care Act (ACA) Capital Development Grants, including School Based Health Center Capital Grants	-
1.	Total BPHC Grants (Sum lines 1g+1j+1k)	1,841,390
Other Federal Grants		
2.	Ryan White Part C HIV Early Intervention	-
3.	Other Federal Grants (Specify:-)	-
3a.	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	-
5.	Total Other Federal Grants (Sum lines 2-3a)	
Non-Federal Grants or Contracts		
6.	State Government Grants and Contracts (Specify:-)	-
6a.	State/Local Indigent Care Programs (Specify:ACE)	5,890,672
7.	Local Government Grants and Contracts (Specify:-)	-
8.	Foundation/Private Grants and Contracts (Specify:-)	-
9.	Total Non-Federal Grants and Contracts (Sum lines 6+6a+7+8)	5,890,672
10.	Other Revenue (Non-patient related revenue not reported elsewhere) (Specify:-)	-
11.	Total Revenue (Sum lines 1+5+9+10)	7,732,062

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UDS Report - 2015
Electronic Health Record Capabilities and Quality Recognition

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?	<input checked="" type="checkbox"/> Yes, at all sites and for all providers <input type="checkbox"/> Yes, but only at some sites or for some providers <input type="checkbox"/> No
1a. Is your system certified under the Office of the National Coordinator for Health IT(ONC) Health IT Certification Program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vendor	eClinicalWorks LLC
Product Name	eClinicalWorks
Version Number	V10
Certified Health IT Product List Number	CC-2014-955447-1
1b. Did you switch to your current EHR from a previous system this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1c. How many sites have the EHR system in use?	N/A
1d. How many providers use the EHR system?	N/A
1e. When do you plan to install the EHR system?	N/A
2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
3. Does your center use computerized, clinical decision support such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
4. Does your center exchange clinical information electronically with other key providers/health care settings such as hospitals, emergency rooms, or subspecialty clinicians?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
5. Does your center engage patients through health IT such as patient portals, kiosks, secure messaging (i.e., secure email) either through the EHR or through other technologies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
6. Does your center use the EHR or other health IT system to provide patients with electronic summaries of office visits or other clinical information when requested?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?	<input type="checkbox"/> We use the EHR to extract automated reports <input type="checkbox"/> We use the EHR but only to access individual patient charts <input checked="" type="checkbox"/> We use the EHR in combination with another data analytic system <input type="checkbox"/> We do not use the EHR
8. Are your eligible providers participating in the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program commonly known as "Meaningful Use"?	<input checked="" type="checkbox"/> Yes, all eligible providers at all sites are participating <input type="checkbox"/> Yes, some eligible providers at some sites are participating <input type="checkbox"/> No, our eligible providers are not yet participating <input type="checkbox"/> No, because our providers are not eligible <input type="checkbox"/> Not Sure
8a. If yes (a or b), at what stage of Meaningful Use are the majority (more than half) of your participating providers (i.e., what is the stage for which they most recently received incentive payments)?	<input type="checkbox"/> Adoption, Implementation, or Upgrade (AIU) <input type="checkbox"/> Stage 1 <input type="checkbox"/> Stage 2 <input type="checkbox"/> Stage 3 <input checked="" type="checkbox"/> Not Sure
8b. If no (c only), are your eligible providers planning to participate?	N/A
9. Does your center use health IT to coordinate or to provide enabling services such as outreach, language translation, transportation, case management, or other similar services?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, then specify the type(s) of service	-
10. Has your health center received or retained patient centered medical home recognition or certification for one or more sites during the measurement year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>If yes, which third party organization(s) granted recognition or certification status? (Can identify more than one.)</p>	<p><input type="checkbox"/> National Committee for Quality Assurance (NCQA) <input type="checkbox"/> The Joint Commission (TJC) <input type="checkbox"/> Accreditation Association for the Ambulatory Health Care (AAAHC) <input type="checkbox"/> State Based Initiative <input type="checkbox"/> Private Payer Initiative <input type="checkbox"/> Other Recognition Body (Specify: -)</p>
<p>11. Has your health center received accreditation?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If yes, which third party organization granted accreditation?</p>	<p><input checked="" type="checkbox"/> The Joint Commission (TJC) <input type="checkbox"/> Accreditation Association for the Ambulatory Health Care (AAAHC)</p>

OMB Control Number: 0195-0193

Program Name: Health Center 330
Submission Status: Change Requested

UDS Report - 2015
Data Audit Report

Table 3A-Patients by Age and Gender

<p>Edit 02160: Patients in Question - The total number of patients differs substantially from the prior year. Please correct or explain. Current year - (6,556). Prior Year - (7,707).</p>
<p>Related Tables: Table 3A(UR)</p>
<p>Elli Lo (Health Center) on 2/12/2016 8:53 PM EST: As of 2015, the homeless one day count for San Mateo County has decreased 40%. This number (6,556) is aligned and reflecting the decrease in number of homeless individuals in San Mateo County.</p>
<p>Edit 03950: Numbers Questioned For Patients Aged 15 - 44. - The proportion of Females aged 15-44 (0.48) is outside the typical range when compared to total patients in the same group. Females aged 15-44 (1,248); Males aged 15-44 (1,344). Please correct or explain.</p>
<p>Related Tables: Table 3A(UR)</p>
<p>Elli Lo (Health Center) on 2/12/2016 8:47 PM EST: This number is larger driven by the number of MSFW females who receive care. The farmworker males are reluctant to leave the fields and lose income. So we have a largely female MSFW population in these age cohorts. This has been consistent over the past few years since we added the MSFW population to our scope.</p>

Table 4-Selected Patient Characteristics

<p>Edit 01235: Inter-year Change in Patients - There is a decrease in the number of Migrant Health patients reported on Line 16 (1,947) from prior year (2,265) . Please correct or explain.</p>
<p>Related Tables: Table 4(UR)</p>
<p>Jim Beaumont (Health Center) on 2/13/2016 10:23 PM EST: This year's number is still more than 500 greater than the number of MH patients in 2013 and more than 900 more than in 2012. The largest segment of the reduction was in the migrant count as there was a 35% reduction in this group. This would indicate the possibility of a significant drop in the utilization of farmworkers likely due to the ongoing drought conditions. Also, a significant portion of the drop in patients was in the Under Age 1 group, where we went from 230 total patients in 2014 to 129 in 2015. We are not completely sure what the meaning of this is, but we also show a significant drop in the number of Hispanic/Latino receiving Pre-natal care. While all of the Hispanic/Latino patients are in the MH population, a huge portion of the MH population is Hispanic/Latino. In general, it looks like there were just fewer pregnancies and births, strongly contributing to the drop in patients.</p>
<p>Edit 04132: Inter-year Change in Patients - There is a decrease in the number of Homeless patients reported on Line 23 Column a (4,714) from prior year Line 23 Column a (5,596) . Please correct or explain.</p>
<p>Related Tables: Table 4(UR)</p>
<p>Elli Lo (Health Center) on 2/12/2016 8:55 PM EST: As of 2015, the homeless one day count for San Mateo County has decreased 40%. This number (4,714) is aligned and reflecting the decrease in number of homeless individuals in San Mateo County.</p>
<p>Edit 04184: Inter-year Member Months in question - A significant change in managed care participation Capitated Member months Medicare Line 13a Column b (0) is reported compared with the prior year (2,982) . Please correct or explain.</p>
<p>Related Tables: Table 4(UR)</p>
<p>Jim Beaumont (Health Center) on 2/14/2016 12:29 AM EST: This appears to have been an error in last year's report. A review of Table 9D shows no collections for capitated Medicare.</p>
<p>Edit 04186: Inter-year Member Months in question - A significant change in managed care participation Capitated Member months Private Line 13a Column d (54) is reported compared with the prior year () . Please correct or explain.</p>
<p>Related Tables: Table 4(UR)</p>
<p>Jim Beaumont (Health Center) on 3/1/2016 6:07 PM EST: This represents a new effort by the county to provide some health coverage for In-Home Support Services Staff that otherwise do not qualify for county benefits and otherwise do not have any health coverage.</p>
<p>Edit 04200: Inter-year Member Months in question - A significant change in managed care participation Fee-for-service Member months Medicare Line 13b Column b (2,705) is reported compared with the prior year () . Please correct or explain.</p>
<p>Related Tables: Table 4(UR)</p>
<p>Jim Beaumont (Health Center) on 2/14/2016 12:31 AM EST: This appears to have been an error in last year's report. A review of Table 9D shows collections for fee-for-service Medicare.</p>
<p>Edit 06090: Inter-year change in Unknown Income Patients - The percentage of patients with unknown income has significantly increased when compared to prior year. Current Year = ((27.55)% , Unknown Number of Patients Line 5 Column a (1,806)); Prior Year = ((17.21)% , Unknown Number of Patients Line 5 Column a (1,326)). Please correct or explain.</p>

Related Tables: Table 4(UR)

Jim Beaumont (Health Center) on 2/13/2016 11:09 PM EST: This is accurate as the income information on file. We have had reports that more individuals are not completing the coverage process, resulting in fewer complete data files. We deliver the services first, so it is possible for this to occur.

Table 5A-Tenure for Health Center Staff

Edit 05834: Staff Tenure in Question - It appears that all staff have increased tenure by twelve or more months over the past year. Please correct or explain.

Related Tables: Table 5A

Jim Beaumont (Health Center) on 2/13/2016 11:57 PM EST: There were no changes in reported staff. All reported staff increased tenure by exactly 12 months.

Table 5-Staffing and Utilization

Edit 04142: Inter-year Patients questioned - On Health Care for the Homeless - A large change in Dental patients from the prior year is reported on Line 19 Column C. (PY = (1,099) , CY = (781)). Please correct or explain.

Related Tables: Table 5(HCH)

Jim Beaumont (Health Center) on 2/13/2016 11:33 PM EST: The decrease appears to be partially linked to the overall drop in Homeless patients. In addition, our clinic visits were relatively stable indicating that the patients seem may have required additional visits (reducing the number of total patients that could be seen).

Edit 04150: Inter-year Patients questioned - On Health Care for the Homeless - A large change in Enabling Services patients from the prior year is reported on Line 29 Column C. (PY = (2,286) , CY = (862)). Please correct or explain.

Related Tables: Table 5(HCH)

Jim Beaumont (Health Center) on 2/13/2016 11:40 PM EST: These numbers are as reported by our contractors. We have worked with our contractors to focus on more intensive care coordination/case management to get patients completely engaged and participating in receiving health services. This is likely reflective of that effort.

Edit 05141: Inter-year Patients questioned - On Health Care for the Homeless - A large change in Vision Services patients from the prior year is reported on Line 22d Column c (PY = (482) , CY = (420)). Please correct or explain.

Related Tables: Table 5(HCH)

Jim Beaumont (Health Center) on 2/13/2016 11:49 PM EST: The drop in Vision Services patients corresponds to the overall drop in total patients.

Edit 00058: NP Productivity Questioned - A significant change in Productivity of Nurse Practitioners on Line 9a (2,139.6) is reported from the prior year (2,941.67). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Jim Beaumont (Health Center) on 2/13/2016 11:18 PM EST: This results from reporting from one of our contractors. Per UDS instructions, we are to report the visits from out contractor, but if we do not pay for the time directly or on an FTE basis, we do not (and cannot) report the FTE. There were more reported NP visits from our contractor last year, which made the productivity number appear much higher.

Edit 00066: General Practitioner Productivity Questioned - A significant change in Productivity of General Practitioners on Line 2 (2,702) is reported from the prior year (3,485). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Arthur Stickgold (Reviewer) on 2/23/2016 6:08 PM EST: IMPLICATION: PRODUCTIVITY IS AT LEAST THIS BAD, BUT IT MIGHT BE WORSE. IT WAS BEING HIDDEN BY THE CONTRACTOR PRODUCTIVITY.

Edit 00158: PA Productivity Questioned - A significant change in Productivity of PAs on Line 9b (3,060) is reported from the prior year (3,970). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Jim Beaumont (Health Center) on 2/13/2016 11:24 PM EST: This results from reporting from one of our contractors. Per UDS instructions, we are to report the visits from out contractor, but if we do not pay for the time directly or on an FTE basis, we do not (and cannot) report the FTE. As their number of visits for a given provider type fluctuates, it causes the overall productivity number to change.

Edit 04135: Substantial Inter-year variance in Providers - The number of Mid-Level FTEs reported on Line 10a Column a differs from the prior year. Current Year - (2.6) . Prior Year - (1.9) . Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

Related Tables: Table 5(UR)

Jim Beaumont (Health Center) on 2/13/2016 11:28 PM EST: This number is consistent with staffing changes as more mid-levels have been brought on board, and the corresponding visits with mid-levels have increased significantly.

Edit 04149: Inter-year Patients questioned - On Universal - A large change in Enabling Services patients from the prior year is reported on Line 29 Column C. (PY = (3,537) , CY = (1,031)). Please correct or explain.

Related Tables: Table 5(UR)

Jim Beaumont (Health Center) on 2/13/2016 11:38 PM EST: These numbers are as reported by our contractors. We have worked with our contractors to focus on more intensive care coordination/case management to get patients completely engaged and participating in receiving health services. This is likely reflective of that effort.

Edit 05138: Inter-year Patients questioned - On Universal - A large change in Vision Services patients from the prior year is reported on Line 22d Column c (PY = (534) , CY = (452)). Please correct or explain.

Related Tables: Table 5(UR)

Jim Beaumont (Health Center) on 2/13/2016 11:48 PM EST: The drop in Vision Services patients corresponds to the overall drop in total patients.

Table 6A-Selected Diagnoses and Services Rendered

Edit 05461: Dental in Question - Total dental visits (2,237) on Table 6A(HCH) is less than the total dental visits reported on Table 5(HCH) Total Dental Services (Sum lines 16-18) Clinic Visits Line 19 Column b (2,709) . Please correct or explain.

Related Tables: Table 6A(HCH), Table 5(HCH)

Jim Beaumont (Health Center) on 2/13/2016 11:52 PM EST: The visit count for Table 5 includes that of our contractors. Table 6A represents our clinic visit count.

Edit 04697: Visits per Patient questioned - A high number of Immunizations services, Line 24, per patient is reported on Migrant Health Center. Please correct or explain.

Related Tables: Table 6A(MHC)

Linda Nguyen (Health Center) on 2/12/2016 9:12 PM EST: Consistent with previous reporting data as well as Health Center's aggressive moves to immunize children.

Edit 05115: Visits per Patient Questioned - For Migrant Health Center, a high number of Vision services, Line 26d, per patient is reported. Please correct or explain.

Related Tables: Table 6A(MHC)

Linda Nguyen (Health Center) on 2/12/2016 9:17 PM EST: Consistent with data from previous year, program is aggressive with care coordination staff assisting people get into care needed.

Edit 05459: Dental in Question - Total dental visits (3,144) on Table 6A(Universal) is less than the total dental visits reported on Table 5(Universal) Total Dental Services (Sum lines 16-18) Clinic Visits Line 19 Column b (3,597) . Please correct or explain.

Related Tables: Table 6A(UR), Table 5(UR)

Linda Nguyen (Health Center) on 2/12/2016 9:10 PM EST: Consistent with previous reporting data as well as past history of aggressive care coordination services to get patients into care needed.

Table 6B-Quality of Care Indicators

Edit 05775: Line 11 Universe in Question - You are reporting (118.22)% of total possible medical patients in the universe for the Cervical Cancer Screening measure (line 11 Column A). This appears high compared to estimated medical patients in the age group being measured. Please review and correct or explain.

Related Tables: Table 6B, Table 3A(UR), Table 5(UR), Table 4(UR)

Arthur Stickgold (Reviewer) on 2/23/2016 6:33 PM EST: Some inconsistency is to be expected -- but 20% difference does not come from a six month offset in the ages. The data are flawed and apparently irreparably so.

Edit 05785: Asthma/Line 16 - Based on the universe for total Patients with persistent Asthma on line 16 column A we estimate a prevalence of (17.94)%. This appears high compared to national averages. Please review and correct or explain.

Related Tables: Table 6B, Table 3A(UR), Table 5(UR), Table 4(UR)

Arthur Stickgold (Reviewer) on 2/23/2016 6:39 PM EST: Grantees is unable to do a review to submit accurate data.

Edit 05787: CAD/Line 17 - Based on the universe for total patients with Coronary Artery Disease (CAD) on line 17 column A, we estimate a prevalence rate of (6.33)%. This appears high compared to national averages. Please review and correct or explain.

Related Tables: Table 6B, Table 3A(UR), Table 5(UR), Table 4(UR)

Linda Nguyen (Health Center) on 2/12/2016 9:06 PM EST: This number is consistent with our reporting numbers from last year.

Edit 06094: Dental Patient Universe in Question - You are reporting (123.76)% of total possible dental patients in the universe for Patients with Sealant To First Molars (Line 22 Column A). This appears high compared to estimated dental patients in the age group being measured. Please review and correct or explain.

Related Tables: Table 6B, Table 3A(UR), Table 5(UR), Table 4(UR)

Linda Nguyen (Health Center) on 2/12/2016 9:07 PM EST: Small sample group

Edit 05193: Line 16 Compliance Rate Questioned - A compliance rate of 100% is reported for the Asthma Pharmacological Therapy measure, Line 16. Please review the reporting of Column c in relation to the sample or universe reported in Column b for accuracy and correct or explain.

Related Tables: Table 6B

Arthur Stickgold (Reviewer) on 2/23/2016 6:40 PM EST: grantee is unable to do review to identify correct universe or patients in universe.

Table 7-Health Outcomes and Disparities

Edit 05547: Low Birthweights Questioned - The White LBW and VLBW percentage of births reported appears high. Please correct or explain. CY (10.26)% ;PYN (6.4)%

Related Tables: Table 7

Arthur Stickgold (Reviewer) on 2/23/2016 6:41 PM EST: comment by grantee is correct

Edit 05552: Low Birthweights Questioned - The Hispanic/Latino LBW and VLBW percentage of births reported appears high. Please correct or explain. CY (10.71)%; PYN (6.01)%

Related Tables: Table 7

Arthur Stickgold (Reviewer) on 2/23/2016 6:42 PM EST: comment by grantee is correct

Table 8A-Financial Costs

Edit 03729: Costs Higher Than Reasonable for Staff Only - Medical Staff Costs on Table 8a, Line 1 are higher than typical salaries alone for the FTE reported on Table 5 Line 15. Please correct or explain. (Cost/FTE (276,583.33); PY National Average (89,847.02))

Related Tables: Table 8A, Table 5(UR)

Jim Beaumont (Health Center) on 2/14/2016 1:18 AM EST: With the high cost of living in the Bay Area, this is a true and accurate reflection of cost per FTE.

Edit 04117: Cost Per Visit Questioned - Total Medical Care Cost Per Visit is substantially different than the prior year. Current Year (395.29); Prior Year (357.09).

Related Tables: Table 8A, Table 5(UR)

Arthur Stickgold (Reviewer) on 2/23/2016 7:06 PM EST: 6. Table 8A/9D. The charge to cost ratio is relevant because the law requires that charges be approximately what costs are. However, your costs are more thtn double the average in the state of California and your charges – at nearly \$700/visit – are among the highest in the entire nation. 6. Table 8A/9D. The charge to cost ratio is relevant because the law requires that charges be approximately what costs are. However, your costs are more than double the average in the state of California and your charges – at nearly \$700/visit – are among the highest in the entire nation. Part of that is because yor overhead costs – as a percent of the already inflated costs -- are also 60% higher than normal.

Edit 04125: Cost Per Visit Questioned - Dental Care Cost Per Visit is substantially different than the prior year. Current Year (171.92); Prior Year (143.73).

Related Tables: Table 8A, Table 5(UR)

Arthur Stickgold (Reviewer) on 2/23/2016 7:06 PM EST: 6. Table 8A/9D. The charge to cost ratio is relevant because the law requires that charges be approximately what costs are. However, your costs are more thtn double the average in the state of California and your charges – at nearly \$700/visit – are among the highest in the entire nation. 6. Table 8A/9D. The charge to cost ratio is relevant because the law requires that charges be approximately what costs are. However, your costs are more than double the average in the state of California and your charges – at nearly \$700/visit – are among the highest in the entire nation. Part of that is because yor overhead costs – as a percent of the already inflated costs -- are also 60% higher than normal.

Edit 04126: Cost Per Visit Questioned - Mental Health Cost Per Visit is substantially different than the prior year. Current Year (754.15); Prior Year (308.32).

Related Tables: Table 8A, Table 5(UR)

Arthur Stickgold (Reviewer) on 2/23/2016 7:06 PM EST: 6. Table 8A/9D. The charge to cost ratio is relevant because the law requires that charges be approximately what costs are. However, your costs are more thtn double the average in the state of California and your charges – at nearly \$700/visit – are among the highest in the entire nation. 6. Table 8A/9D. The charge to cost ratio is relevant because the law requires that charges be approximately what costs are. However, your costs are more than double the average in the state of California and your charges – at nearly \$700/visit – are among the highest in the entire nation. Part of that is because yor overhead costs – as a percent of the already inflated costs -- are also 60% higher than normal.

Edit 04131: Cost Per Visit Questioned - Total Enabling Services Cost Per Visit is substantially different than the prior year. Curent Year (67.5); Previous Year (47.47).

Related Tables: Table 8A, Table 5(UR)

Jim Beaumont (Health Center) on 2/14/2016 1:26 AM EST: During the past year, we focused with our contractors on doing more intensive care coordination/case management in an effort to fully engage the patients in medical and health services. This leads to longer visits and the resultant increase in costs.

Edit 04136: Costs and FTE Questioned - Other Professional Services are reported on Table 8A, Line 9 (64,479) and Table 5, Line 22 (0.2) . Review and confirm that FTEs relate to costs or correct.

Related Tables: Table 8A, Table 5(UR)

Jim Beaumont (Health Center) on 2/14/2016 1:32 AM EST: This figure is accurate. Cost of staff - particularly in the form of benefits, is very high in the Bay Area.

Edit 05937: Cost per Visit Questioned - Vision Cost Per visit is substantially different than the prior year. Current Year (141.52); Prior Year (70.56).

Related Tables: Table 8A, Table 5(UR)

Jim Beaumont (Health Center) on 2/14/2016 1:37 AM EST: On review of the actual costs for staff and =facility and non-clinic support services, the costs for 2015 are correct.

Edit 03772: Overhead Costs Questioned on Line 11 - You report direct costs Total Enabling Services Cost (Sum Lines 11a through 11g) Accrued Cost Line 11 Column a (332,112) but no overhead allocation has been made. Please check to see that the numbers are entered correctly.

Related Tables: Table 8A

Jim Beaumont (Health Center) on 2/14/2016 1:39 AM EST: Enabling Services are delivered by contract agencies; therefore there are no attributable overhead costs.

Edit 05767: Charge to Cost Ratio Questioned - Total charge to cost ratio of (1.48) is reported which suggests that charges are more than costs. Please review the information reported across the tables and correct or explain.

Related Tables: Table 8A, Table 9D

Arthur Stickgold (Reviewer) on 2/23/2016 7:06 PM EST: 6. Table 8A/9D. The charge to cost ratio is relevant because the law requires that charges be approximately what costs are. However, your costs are more than double the average in the state of California and your charges – at nearly \$700/visit – are among the highest in the entire nation. 6. Table 8A/9D. The charge to cost ratio is relevant because the law requires that charges be approximately what costs are. However, your costs are more than double the average in the state of California and your charges – at nearly \$700/visit – are among the highest in the entire nation. Part of that is because your overhead costs – as a percent of the already inflated costs -- are also 60% higher than normal.

Table 9D-Patient Related Revenue (Scope of Project Only)

Edit 04155: Inter-year Capitation PMPM questioned - The average Medicaid capitation PMPM reported on Line 2a (25.85) is significantly different from the prior year (44.05). Please correct or explain.

Related Tables: Table 9D, Table 4(UR)

Jim Beaumont (Health Center) on 2/13/2016 10:47 PM EST: We understand this to be the result of the "new" Medicaid eligibles. The payment rate is different/lower and as these patients become a larger component of the service population, the "average" goes down.

Edit 05100: PMPM collections in question - Private Capitation PMPM is outside the typical range. Check to see that the revenue and member months are entered correctly or explain.

Related Tables: Table 9D, Table 4(UR)

Jim Beaumont (Health Center) on 3/1/2016 6:09 PM EST: Verified with fiscal and Collections Office that the \$933.00 represents the total for collections for the Private Capitated coverage during 2015.

Edit 04064: Average Charges - Average charge per medical + dental + mental health + vision visits varies substantially from the prior year national average. Current Year (711.36); Prior Year National Average (225.62). Please correct or explain.

Related Tables: Table 9D, Table 5(UR)

Jim Beaumont (Health Center) on 2/14/2016 12:40 AM EST: With the very high cost of living in the Bay Area, average charges for all medical and health services are correspondingly high.

Edit 04216: Average Collections - A large change from the prior year in collections per medical+dental+mental health visit is reported. Current Year (202.81); Prior year (245.07). Please review the information and correct or explain.

Related Tables: Table 9D, Table 5(UR)

Jim Beaumont (Health Center) on 2/14/2016 12:43 AM EST: Most of this change is likely due to changing reimbursement rates; there was a reduction in FQHC rate for the Mobile Health Van which is a significant provider of our homeless clinic visits.

Edit 01917: FQHC Medicaid Non-Managed Care retros questioned - FQHC Medicaid Non-Managed Care retros (1,236,196) exceed 50% of Medicaid Non-Managed Care Amount Collected This Period Line 1 Column b (1,494,572) . Verify that Columns C1 through C4 are included in Column b and subtracted from Column d. Please correct or explain.

Related Tables: Table 9D

Jim Beaumont (Health Center) on 2/14/2016 12:11 AM EST: Because of the processing methodology in fiscal, a large number of payments are categorized as current year reconciliation. The numbers are correct.

Edit 01973: FQHC Medicaid Capitation retros exceed 50% total collections - FQHC Medicaid Capitation retros (1,209,402) exceed 50% of Medicaid Managed Care (capitated) Amount Collected This Period Line 2a Column b (1,829,107) . Verify that Verify that Cols C1 through C4 are included in Col B and subtracted from Col D. Please correct or explain.

Related Tables: Table 9D

Jim Beaumont (Health Center) on 2/14/2016 12:13 AM EST: Because of the processing methodology in fiscal, a large number of payments are categorized as current year reconciliation. The numbers are correct.

Edit 02021: Large change in accounts receivable for Total Self Pay is reported - Total Self Pay, Line 13: When we subtract collections (Column b), sliding discounts (Column e), and bad debt (Column f) from your total Self Pay charges (Column a) there is a large difference (86.47)%. While we do not expect it to be zero, a difference this large is unusual. Please explain or correct.

Related Tables: Table 9D

Jim Beaumont (Health Center) on 2/14/2016 1:48 AM EST: This is not out-of-line with past experience (last year was over 70%). There appears to have simply been less success at collecting charges this year.

Edit 03994: Accounts Receivable not equal to zero - Line 2a, Capitated Medicaid Charges - Collections - Allowances does not equal zero (-110,343). Allowances for capitated plans are the difference between charges and payments unless payments are not received in the month of service. Please correct or explain.

Related Tables: Table 9D

Jim Beaumont (Health Center) on 2/14/2016 12:23 AM EST: The amount shown (-110,343) would represent the amount not received in the month of services.

Edit 03997: Accounts Receivable not equal to zero - Line 11a, Capitated Private Charges - Collections - Allowances does not equal zero (250). Allowances for capitated plans are the difference between charges and payments unless payments are not received in the month of service. Please correct or explain.

Related Tables: Table 9D

Jim Beaumont (Health Center) on 2/14/2016 12:25 AM EST: This appears to represent out-of-network services, and the balance in this isolated instance in likely what is still in collection efforts.

Edit 05155: Sliding Discounts in Question - Self-pay charges and/or collections are reported without self-pay sliding discounts. This is unusual. Please correct or explain.

Related Tables: Table 9D

Jim Beaumont (Health Center) on 2/14/2016 12:48 AM EST: The local indigent care program provides extensive coverage with little to no charges for the homeless and farmworkers. It is not unusual for us to have little or no sliding fee discounts attributed within a year. However, there is a segment of the MH population that does have income above 200% of FPL and they appear to be responsible for the majority of the self-pay collections (and they do not qualify for sliding fee discounts since their income is GT 200% FPL).

Table 9E-Other Revenues

Edit 04089: State/Local Indigent Care Program Exceeds Sliding Discounts - State/Local Indigent Care Programs Amount Line 6a Column a (5,890,672) on Table 9E exceeds Self Pay Sliding Discounts Line 13 Column e () on Table 9D. Please correct or explain.

Related Tables: Table 9E, Table 9D

Arthur Stickgold (Reviewer) on 2/23/2016 7:20 PM EST: 8. Table 9E. What is ACE? Please explain. It would appear that you collected \$6.2 million in indigent care funds to support the write off of \$2.7 million in charges.

Edit 02178: Inter-Year Variation in Grant Funds - Current year Migrant Health Center (Section 330(g)) funds vary substantially from the prior year. This may occur if BPHC has substantially changed the grant amount or may be due to the timing of draw downs. Please correct or explain. Current Year - Migrant Health Center Amount Line 1a Column a (386,692) . Prior Year - Migrant Health Center Amount Line 1a Column a (285,849)

Related Tables: Table 9E

Jim Beaumont (Health Center) on 2/14/2016 12:51 AM EST: We are a (h) and (g) only program. As our MH population has grown as a proportion of our total patient population, HRSA has changed the share of funding designated for the program. During 2015, the program ratio for MH funding went from approximately 16% to approximately 22%, which accounts for the difference.

Program Name: Health Center 330

Submission Status: Change Requested

UDS Report- 2015

Comments

Report Comments

Not Available

TAB 10
Director's
Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: April 26, 2016

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: DIRECTOR'S REPORT

Program activity update since the February 11, 2016 Co-Applicant Board meeting:

1. Grant Conditions

On April 04, 2016, we received a Notice of Award from HRSA (15-02) informing us that our plan for compliance with the After Hours Program Requirement (#5) had been accepted.

As specified in the plan, we have contacted Ambulatory Services and they have identified their key participants for review and resolution of issues concerning compliance with the requirement, and we will be meeting with them soon. The deadline for submission of documentation of compliance (successful completion of the plan) is August 02, 2016.

2. Strategic Plan

Our consultants have developed a draft Strategic Plan based on our Strategic Planning Meeting of March 17, 2016. This item is on the agenda for further discussion.

3. Request for Proposals & Contracts

We continue to work with our outstanding proposals. Two (2) contracts are on today's agenda for Board Action.

In addition, we have received a new proposal from Language Circle of California – for translation services. We also working through our review of the proposal and will have further information for the Board at a future meeting.



4. UDS Report Submission

On March 18, 2016, we were notified by our UDS reviewer, Art Stickgold, that our UDS Report submission of March 01, 2016 had been reviewed and finalized and that our UDS process for the year was complete. This is an enormous success and represents outstanding work by all of the HCH/FH staff and our partners with Business Intelligence (BI) in preparing for and processing the required data.

A copy of the final, full UDS Report is attached. In addition, comparative UDS data is also provided elsewhere on today's agenda.

In addition, HRSA has released the current known updates for the 2016 UDS Report. This includes the collection of demographic data on Sexual Orientation & Gender Identity. We are reviewing this information currently and will provide updates to the Board and our contractors as we move forward.

5. Automation Efforts

As the Board may recall, the HCH/FH Program submitted a Business Requirements Document (BRD) last August to initiate the process of potentially acquiring a cloud-based care coordination/case management and reporting system. The intent was to provide an online system to support the care coordination services of any of our partners who did not otherwise have that capacity (or chose to use ours), create a portal for standardized submission of contract data, and support the merging of data for UDS and other reporting requirements and needs.

Lately we have been in contact with staff from the BI Team to renew this effort. An additional program at SMMC – The Care Transition Program – has a similar (and even more urgent) need. We have met with them and worked together to develop our BRD's in unison to support moving this effort forward. The BRD's have been submitted and we should be on the agenda for the first level review of the project during the first week of May.

6. Seven Day Update

TAB 11
Program
Budget/Finance
Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: April 26, 2016

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Expenditures to date – through March 31, 2016 – total just under \$325,000. This is understating program activity to date as a number of contracts are still in the process of ramping up, as well as some contracts for past months still being processed.

Based on expected activity, we project total expenditures to be around \$2,000,000 for the grant year, based on current activity and approved contracts (including Street Medicine Expanded Services, and the contracts recommended on today's agenda) out of our awarded grant of \$2,373,376.00. [We anticipate being able to carry-over at least the \$264,942 award for 2015 Expanded Services utilized to fund the Street Medicine Program. This would bring total available funding to \$2,638,318.00.]

Overall, as we move forward with decision for this grant year – the proposals still under review and consideration, new efforts resulting from the Strategic Planning process, additional staffing, etc. – there currently appears to be approximately \$600,000 in unobligated funding.

Attachment: GY 2016 Summary Report



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Jean S. Fraser • San Mateo Medical Center CEO: Susan Ehrlich, MD, MPP
222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030
www.sanmateomedicalcenter.org

Details for budget estimates	Budget [SF-424]	To Date (03/31/16)	Projection for GY (+~39 wks)	Projected for GY 2017
<u>Salaries</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	<u>697,262</u>	<u>90,713</u>	<u>370,000</u>	<u>395,000</u>
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	<u>417,915</u>	<u>39,510</u>	<u>165,000</u>	<u>230,000</u>
<u>Travel</u>				
National Conferences (1500*4)			5,000	9,000
Regional Conferences (1000*5)		1,859	3,500	7,500
Local Travel		778	800	1,500
Taxis		153	2,500	4,000
Van			1,200	\$ 3,000
	<u>16,000</u>	<u>2,790</u>	<u>13,000</u>	<u>25,000</u>
<u>Supplies</u>				
Office Supplies, misc.	7,000	3,932	5,500	7,500
	<u>7,000</u>	<u>3,932</u>	<u>5,500</u>	<u>7,500</u>
<u>Contractual</u>				
Current 2016 contracts	561,425	89,272	600,000	650,000
Current 2016 MOUs	433,300	84,014	540,000	900,000
--unallocated--	168,474			
	<u>1,163,199</u>	<u>173,286</u>	<u>1,140,000</u>	<u>1,550,000</u>
<u>Other</u>				
Consultants/grant writer		9,990	75,000	75,000
IT/Telcom		2,434	8,000	12,000
Memberships		0	4,000	5,000
Training		950	2,500	2,000
Misc (food, etc.)		792	2,500	\$ 2,500
	<u>72,000</u>	<u>14,166</u>	<u>92,000</u>	<u>96,500</u>
TOTALS - Base Grant	<u>2,373,376</u>	<u>324,397</u>	<u>1,785,500</u>	<u>2,304,000</u>
Expanded Services Grant	264,942	0	264,942	
HCH/FH PROGRAM TOTAL	<u>2,638,318</u>	<u>324,397</u>	<u>2,050,442</u>	<u>2,304,000</u>
PROJECTED AVAILABLE	BASE GRANT		<u>587,876</u>	396,000

based on est. grant
of \$2,700,000