



AGENDA

KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER BOARD OF DIRECTORS

**Community Health Center
Administrative Office
900 Truxtun Avenue, Suite 250
Bakersfield, California 93301**

Regular Meeting
Wednesday, April 23, 2025

11:30 A.M.

BOARD TO RECONVENE

Board Members: Behill, Kemp, Lopez, Martinez, Nichols, Sandoval, Smith, Valdez, Williams
Roll Call:

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A "CA" ARE CONSIDERED TO BE ROUTINE AND NON-CONTROVERSIAL BY KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER STAFF. THE "CA" REPRESENTS THE CONSENT AGENDA. CONSENT ITEMS WILL BE CONSIDERED FIRST AND MAY BE APPROVED BY ONE MOTION IF NO MEMBER OF THE BOARD OR AUDIENCE WISHES TO COMMENT OR ASK QUESTIONS. IF COMMENT OR DISCUSSION IS DESIRED BY ANYONE, THE ITEM WILL BE REMOVED FROM THE CONSENT AGENDA AND WILL BE CONSIDERED IN LISTED SEQUENCE WITH AN OPPORTUNITY FOR ANY MEMBER OF THE PUBLIC TO ADDRESS THE BOARD CONCERNING THE ITEM BEFORE ACTION IS TAKEN.

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

- 1) This portion of the meeting is reserved for persons to address the Board on any matter not on this agenda but under the jurisdiction of the Board. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Board at a later meeting. In addition, the Board may take action to direct the staff to place a matter of business on a future agenda. SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Board members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code section 54954.2(a)(2)) –
- CA
3) Minutes for the Kern County Hospital Authority Community Health Center Board of Directors regular meeting on March 26, 2025 –
APPROVE
- CA
4) Proposed approval of the Kern County Hospital Authority Community Health Center Board of Directors revised training schedule –
APPROVE
- CA
5) Proposed Amendment No. 1 to the Memorandum of Understanding 031-2025 with Kern Medical Center for the period April 1, 2025 through March 31, 2026, clarifying billing services, effective April 23, 2025 –
APPROVE; AUTHORIZE CHAIRMAN TO SIGN
- CA
6) Proposed approval of the Kern County Hospital Authority Community Health Center revised finance policies –
APPROVE
- CA
7) Proposed update to the Health Resources and Services Administration Health Center Program Form 5A: Services Provided (Required Services) –
APPROVE
- CA
8) Proposed update to the Patient Origin and Service Area Analysis and Form 5B: Service Sites –
APPROVE
- 9) Proposed approval of the Amended and Restated Bylaws of Kern County Hospital Authority Community Health Center Board of Directors, effective April 23, 2025 –
APPROVE; AUTHORIZE CHAIRMAN TO SIGN; REFER TO KERN COUNTY HOSPITAL AUTHORITY BOARD OF GOVERNORS FOR APPROVAL
- 10) Presentation regarding Kern County Hospital Authority Community Health Center Patient Complaint and Grievance Reports –
HEAR PRESENTATION; RECEIVE AND FILE
- 11) Presentation regarding Kern County Hospital Authority Community Health Center Service Utilization –
HEAR PRESENTATION; RECEIVE AND FILE

- 12) Proposed approval of the Kern County Hospital Authority Community Health Center preliminary budget for the period of January 1, 2025 through June 30, 2026, including Form 2: Staffing Profiles, Form 3: Income Analysis, and Form 3A: Look-Alike –
APPROVE; REFER TO KERN COUNTY HOSPITAL AUTHORITY BOARD OF GOVERNORS FOR APPROVAL
- 13) Kern County Hospital Authority Community Health Center Executive Director report –
RECEIVE AND FILE

ADJOURN TO CLOSED SESSION

CLOSED SESSION

- 14) PUBLIC EMPLOYEE PERFORMANCE EVALUATION - Title: Community Health Center Executive Director (Government Code Section 54957) –

RECONVENE FROM CLOSED SESSION

REPORT ON ACTIONS TAKEN IN CLOSED SESSION

ADJOURN TO WEDNESDAY, MAY 28, 2025 AT 11:30 A.M.

SUPPORTING DOCUMENTATION FOR AGENDA ITEMS

All agenda item supporting documentation is available for public review at Kern Medical Center in the Administration Department, 1700 Mount Vernon Avenue, Bakersfield, 93306 during regular business hours, 8:00 a.m. – 5:00 p.m., Monday through Friday, following the posting of the agenda. Any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available for review at the same location.

AMERICANS WITH DISABILITIES ACT (Government Code Section 54953.2)

The Kern Medical Center Conference Room is accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the Kern County Hospital Authority Community Health Center Board of Directors may request assistance at Kern Medical Center in the Administration Department, 1700 Mount Vernon Avenue, Bakersfield, California, or by calling (661) 326-2102. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting material available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.



SUMMARY OF PROCEEDINGS

KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER BOARD OF DIRECTORS

**Community Health Center
Administrative Office
900 Truxtun Avenue, Suite 250
Bakersfield, California 93301**

Regular Meeting
Wednesday, March 26, 2025

11:30 A.M.

BOARD RECONVENED

Board Members: Behill, Kemp, Lopez, Martinez, Nichols, Sandoval, Smith, Valdez, Williams
Roll Call: 7 Present; 2 Absent - Nichols, Valdez

NOTE: The vote is displayed in bold below each item. For example, Smith-Behill denotes Director Smith made the motion and Director Behill seconded the motion.

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

- 1) This portion of the meeting is reserved for persons to address the Board on any matter not on this agenda but under the jurisdiction of the Board. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Board at a later meeting. In addition, the Board may take action to direct the staff to place a matter of business on a future agenda. **SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!**
NO ONE HEARD

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Board members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code section 54954.2(a)(2)) –

DIRECTOR WILLIAMS HEARD REGARDING THE CONSENT AGENDA, DEFINITIONS AND ACRONYMS, AND HRSA APPLICATION APPROVAL PROCESS; EXECUTIVE DIRECTOR RENEE VILLANUEVA RESPONDED

CA

- 3) Minutes for the Kern County Hospital Authority Community Health Center Board of Directors regular meeting on February 26, 2025 –
APPROVED

Smith-Williams: 7 Present; 2 Absent - Nichols, Valdez

CA

- 4) Proposed ratification of the Kern County Hospital Authority Organizational Chart, effective March 19, 2025 –
RATIFIED

Smith-Williams: 7 Present; 2 Absent - Nichols, Valdez

CA

- 5) Proposed approval of Resolution to adopt the Kern County Hospital Authority Conflict of Interest Policy and Code –
APPROVED; ADOPTED RESOLUTION 2025-003

Smith-Williams: 7 Present; 2 Absent - Nichols, Valdez

CA

- 6) Proposed approval of the Kern County Hospital Authority Community Health Center Board of Directors training schedule –
APPROVED

Smith-Williams: 7 Present; 2 Absent - Nichols, Valdez

CA

- 7) Proposed approval of the Kern County Hospital Authority Community Health Center finance, operations and quality policies –
APPROVED WITH CORRECTIONS TO POLICY LAL-BC-01 (REPLACE “WHICH” WITH “WITH”) AND POLICY LAL-FIN-20 (REPLACE “HOSPITAL AUTHORITY” WITH “COMMUNITY HEALTH CENTER”)

Smith-Williams: 7 Present; 2 Absent - Nichols, Valdez

CA

- 8) Proposed approval of Resolution to adopt the Kern County Hospital Authority Human Resources policies –
APPROVED; ADOPTED RESOLUTION 2025-004

Smith-Williams: 7 Present; 2 Absent - Nichols, Valdez

- 9) Proposed Memorandum of Understanding with Kern Medical Center for shared services, effective April 1, 2025 –
EXECUTIVE DIRECTOR RENEE VILLANUEVA HEARD REGARDING MEMORANDUM OF UNDERSTANDING OUTLINING SERVICES BETWEEN KERN MEDICAL CENTER AND THE COMMUNITY HEALTH CENTER; APPROVED WITH CORRECTIONS TO EXHIBIT “A” (REPLACE “FQHC” WITH “CHC”); AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 030-2025
Smith-Behill: 7 Present; 2 Absent - Nichols, Valdez
- 10) Proposed Memorandum of Understanding with Kern Medical Center for the internal referral of health center patients for outpatient diagnostic and ancillary services at Kern Medical Center, effective April 1, 2025 –
EXECUTIVE DIRECTOR RENEE VILLANUEVA HEARD REGARDING PROCESS OF INTERNAL REFERRALS FROM THE COMMUNITY HEALTH CENTER TO KERN MEDICAL CENTER; DIRECTOR MARTINEZ HEARD REGARDING THE PATIENT REFERRAL PROCESS; COUNSEL SHANNON HOCHSTEIN HEARD REGARDING REFERRALS SENT TO OUTSIDE FACILITIES FOR SERVICES NOT PROVIDED BY KERN MEDICAL CENTER; APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 031-2025
Lopez-Behill: 7 Present; 2 Absent - Nichols, Valdez
- 11) Proposed approval of Kern County Hospital Authority Community Health Center Quality Improvement and Assessment policy –
EXECUTIVE DIRECTOR RENEE VILLANUEVA HEARD REGARDING THE HEALTH CENTER QUALITY IMPROVEMENT AND ASSESSMENT POLICY; DIRECTOR MARTINEZ HEARD REGARDING ANY DIFFERENCES IN THE QUALITY IMPROVEMENT AND ASSESSMENT PROCESSES OF THE HEALTH CENTER AND KERN MEDICAL CENTER; MS. VILLANUEVA RESPONDED; APPROVED
Williams-Smith: 7 Present; 2 Absent - Nichols, Valdez
- 12) Proposed approval of Kern County Hospital Authority Community Health Center Sliding Fee Scale policy –
FINANCE ADMINISTATOR ANDREW CANTU HEARD REGARDING THE REQUIREMENTS FOR THE SLIDING FEE SCALE POLICY; DIRECTOR KEMP HEARD REGARDING THE PROCESS FOR DETERMINING PATIENT ELIGIBILITY AND APPLICATION OF THE POLICY; MR. CANTU RESPONDED BY EXPLAINING THE PROCESS; APPROVED
Lopez-Kemp: 7 Present; 2 Absent - Nichols, Valdez
- 13) Presentation regarding Kern County Hospital Authority Community Health Center Sliding Fee Discount Program / Billing and Collections –
FINANCE ADMINISTATOR ANDREW CANTU HEARD REGARDING PURPOSE AND PROCESS OF THE SLIDING FEE SCALE DISCOUNT PROGRAM, BILLING AND COLLECTIONS FOR THE HEALTH CENTER; DIRECTOR MARTINEZ HEARD REGARDING THE FREQUENCY OF POLICY UPDATES; MR. CANTU ADVISED THE BOARD THAT THE POLICY WOULD BE UPDATED ANNUALLY; RECEIVED AND FILED
Smith-Lopez: 7 Present; 2 Absent - Nichols, Valdez

- 14) Presentation regarding Kern County Hospital Authority Community Health Center Patient Safety –
NURSING ADMINISTRATOR ALICIA GAETA AND QUALITY OFFICER CARMIE MAGNO HEARD REGARDING PATIENT SAFETY IN THE HEALTH CENTER; DIRECTOR SANDOVAL HEARD REGARDING NURSING EDUCATION ON THE DISCHARGE PROCESS; DIRECTOR KEMP HEARD REGARDING PROVIDER ACCOUNTABILITY FOR COMPLAINTS; MS. GAETA RESPONDED; RECEIVED AND FILED
Williams-Smith; 7 Present; 2 Absent - Nichols, Valdez

CA

- 15) Miscellaneous Correspondence as of March 26, 2025 –
RECEIVED AND FILED
Smith-Williams: 7 Present; 2 Absent - Nichols, Valdez

- 16) Kern County Hospital Authority Community Health Center Executive Director report –
EXECUTIVE DIRECTOR RENEE VILLANUEVA HEARD; RECEIVED AND FILED
Kemp-Behill: 7 Present; 2 Absent - Nichols, Valdez

ADJOURNED TO CLOSED SESSION
Smith-Kemp

- 17) PUBLIC EMPLOYEE PERFORMANCE EVALUATION - Title: Community Health Center Executive Director (Government Code Section 54957) – SEE RESULTS BELOW

RECONVENED FROM CLOSED SESSION
Williams-Smith

REPORT ON ACTIONS TAKEN IN CLOSED SESSION

Item 17 concerning PUBLIC EMPLOYEE PERFORMANCE EVALUATION - Title: Community Health Center Executive Director (Government Code Section 54957) – HEARD; NO REPORTABLE ACTION TAKEN

ADJOURNED TO WEDNESDAY, APRIL 23, 2025 AT 11:30 A.M.
Williams

/s/ Mona A. Allen
Clerk of the Board of Directors

/s/ Elsa Martinez
Chairman, Board of Directors
Kern County Hospital Authority Community Health Center

**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

April 26, 2025

Subject: Revised training schedule for the Kern County Hospital Authority Community Health Center (KCHA CHC) Board of Directors

Recommended Action: Approve

Summary:

The KCHA CHC Board has the discretion with respect to decision making or other activities on how to carry out its required responsibilities, functions, and authorities in areas such as following:

- Whether to establish standing committees, including the number and type of such committees, such as executive, finance, quality improvement, planning, etc. (in compliance with the Brown Act);
- Whether to seek input or assistance from other organizations or subject matter experts, such as a joint committee that includes CHC staff and other organizations, consultants, etc.; and
- How to format and determine its long-range planning.

The proposed training schedule for your Board outlines when and how your Board will be informed about key initiatives, required tasks, and long-range planning.

Therefore, it is recommended that your Board approve the revised training schedule for the Kern County Hospital Authority Community Health Center Board Directors.

Board Training Plan 2025

2025	Quality	Finance	Stewardship	Compliance	Closed Session
January	Quality Reporting Requirements: Patient Satisfaction and Grievances	Finance Reporting Requirements	Community Health Center Overview	Ralph M Brown Act	
February	Patient Satisfaction / Patient Engagement CGCAPHS			Section 330 Training Requirements	
March	Patient Safety Presentation	Sliding Fee Schedule and Nominal Charges, Billing / Collections			Executive Director EPR
April			Presentation: Health Center Utilization Report		Executive Director EPR
May	Presentation : Intro Quality Improvement CHC Metrics			Long Planning - Board Responsibilities	Executive Director EPR
June			Presentation: Peer Review		
July			Presentation: CHC Credentialing Process	Service Area Analysis and Key Management Responsibilities	
August		Grant management and funding sources			
September	SDOH Statistics of Service Area				
October				CEO and Board Relationship / Conflict of Interest	
November	Patient Engagement			Community Partnerships	
December				HRSA OSV Participation	

**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

April 23, 2025

Subject: Proposed Amendment No. 1 to the Memorandum of Understanding (MOU) 031-2025 with Kern Medical Center for patient referral services.

Recommended Action: Approve; Authorize Chairman to sign.

Summary:

The Kern County Hospital Authority Community Health Center's (CHC) Board has numerous authorities and oversight responsibilities related to the CHC, which includes providing necessary and required health services. CHC entered into a MOU with Kern Medical Center to provide all required services for its patients.

The proposed Amendment No. 1 adds language that clarifies how Kern Medical Center and CHC can bill for such services.

Therefore, it is recommended that your Board approve the proposed Amendment No. 1 to the Memorandum of Understanding with Kern Medical Center for patient referral services for a term of one (1) year, April 1, 2025 through March 31, 2026, with automatic one (1) year renewal terms, and authorize the Chairman to sign.

AMENDMENT NO. 1
MEMORANDUM OF UNDERSTANDING
REGARDING PATIENT REFERRALS

THIS AMENDMENT NO.1 is entered into and effective on April 23, 2025 by and between the Kern County Hospital Authority Community Health Center (hereinafter “Health Center”) and Kern Medical Center (hereinafter “Referral Partner”).

WITNESSETH:

- A. Health Center and Referral Partner are parties to Memorandum of Understanding (“MOU”), Agreement Number 031-2025, effective April 1, 2025; and
- B. Health Center and Referral Partner wish to amend the information regarding Patients and Billing in this MOU.

NOW, THEREFORE, the parties agree as follows:

1. Section 2.1 subsection (f) will be deleted in its entirety and replaced by the following;

“(f) **Patients and Billing.** To the extent that Health Center patients receive Referral Services from Referral Partner pursuant to this Agreement, such individuals shall be considered patients of Referral Partner. Accordingly, Referral Partner agrees to be solely responsible for billing and collecting all payment from appropriate third-party payors, and as applicable, Health Center patients, for such services. Referral Partner agrees to bill referred patients in a manner consistent with Health Center rules set forth at 42 CFR 51c.303(f) and (u) and provide:

- i. A full discount for individuals and families with annual incomes at or below 100 percent of the current Federal Poverty Guidelines (FPG), unless referral partner elects to have a nominal charge, which would be less than the fee paid by a patient in the first sliding fee discount pay class above 100 percent of the FPG, and
- ii. Partial discounts for individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the current FPG, and those discounts adjust based on gradations in income levels and include at least three discount pay classes, and
- iii. No discounts to individuals and families with annual incomes above 200 percent of the current FPG.

Health Center will review Referral Partner’s schedule of discounts to ensure compliance with the foregoing guidelines. Referral Partner’s schedule of discounts is attached hereto as **Exhibit B** and incorporated herein by this reference. Patients who are eligible for sliding fee discounts (such as those referenced above) and have third-party coverage are charged no more for any out-of-pocket costs than they would have paid under the applicable sliding

fee scale discount pay class, subject to any applicable restrictions in federal or state programs or private payer contracts.

2. To the extent that they do not conflict with the terms of this “Amendment No. 1,” all other sections and provisions of the MOU shall remain in full force and effect. In the event there is any inconsistency between the terms hereof and the MOU, this “Amendment No.1” shall control.

[The remainder of this page is intentionally left blank.]

IN WITNESS TO WHICH, each party to this Amendment No. 1 to MOU has signed this Amendment No. 1 to MOU upon the date indicated, and agrees for itself, its employees, officers, partners, and successors, to be fully bound by all terms and conditions of this MOU.

HEALTH CENTER

REFERRAL PARTNER

Elsa Martinez
Chairman, Board of Directors

Scott Thygerson
Chief Executive Officer

Date: _____

Date: _____

APPROVED AS TO FORM:
Legal Services Department

By *Shannon Hochstein*
Kern County Hospital Authority

EXHIBIT “B” – SLIDING FEE DISCOUNT SCALE

**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

April 23, 2025

Subject: Proposed approval of Community Health Center (CHC) Policies and Procedures

Recommended Action: Approve


Summary:

The CHC Board has oversight responsibilities for reviewing and approving the policies and procedures for the CHC. The following proposed policies and procedures which focus on Finance and Operations are required to be included FQHC Look-Alike application submitted to HRSA.

Policy	Policy #
Billing Collections Policy	LAL-BC-01
Waiver of Charges Policy	LAL-BC-02
Notification of Equipment and Supply Costs Policy	LAL-BC-03
Registration and Eligibility Policy	LAL-BC-04
Financial Management System	LAL-FIN-01
Maintenance of Internal Controls	LAL-FIN-02
Record Management and Retention	LAL-FIN-03
Bank Accounts	LAL-FIN-04
Program Income	LAL-FIN-05
Financial Statements and Reports	LAL-FIN-06
Annual Audits	LAL-FIN-07
Insurance Contracts	LAL-FIN-08
Month End Close	LAL-FIN-09
Cash Disbursements	LAL-FIN-10
Credit Cards	LAL-FIN-11
Fixed Assets	LAL-FIN-12
Real Property	LAL-FIN-13
Receipt of Funds	LAL-FIN-14
Payroll Processing	LAL-FIN-15
Out-of-Pocket Employees Exp	LAL-FIN-16
Legislative Mandates	LAL-FIN-17
Investment of Funds	LAL-FIN-18
Petty Cash Funds	LAL-FIN-19
Annual Budget Preparation	LAL-FIN-20

Therefore, it is recommended that your Board approve the proposed policies and procedures.

Kern County Hospital Authority Community Health Center

Department: Finance				 KernMedical Outpatient Health
Policy No.	Effective Date	Review Date:	Page	
LAL-BC-01	March 2025	March 2028	1 of 3	
Title: Billing Protocols				

POLICY STATEMENT:

Kern County Hospital Authority Community Health Center (KCHA CHC) is committed to ensuring a patient-center billing and collections process that seeks to minimize financial barriers patients may face in paying for services, while optimizing collections for amounts due. KCHA CHC has delegated all billing operations to be performed by co-applicant KCHA. In accordance with Health Resources Services Administration (HRSA) requirements, ~~KCHA on behalf of it is the policy of~~ KCHA CHC will to:

- Make every reasonable effort to secure payment for services from patients in accordance with health center fee schedules and the corresponding schedule of discounts.
- Make every reasonable effort to enter in contractual or other arrangements to collect reimbursement of its costs from the appropriate agencies which administer or supervise the administration of Medi-Cal, Medicare, other public benefit programs, and private health insurance and benefit programs.
- Collect appropriate reimbursement for its services on the basis of the full allowable amount when billing third-party payers.
- Efficiently process all claims in a timely manner and in compliance with payer and HRSA guidelines.
- Ensure all patient information is within the guidelines to process a clean claim before submission to each individual payer.

~~This policy applies to billers, the Billing Director and/or Manager, the CFO, Finance Administrator, and billing personnel, and accounting personnel.~~

POLICY GUIDELINES:

1. **Fee Schedule:** All patients and third-party payers are charged in accordance with KCHA CHC's fee schedule which is inclusive of services typically billed for in the local healthcare market and is developed using data on locally prevailing rates and actual health center costs. Discounts may be applied to these charges as applied to patients in accordance with KCHA CHC's Sliding Fee Discount Program and Waiver of Charges Policy.

Annually, KCHA CHC leadership recommends adjustments to KCHA CHC's fee schedule to establish charges for any new and/or additional services and to ensure KCHA CHC's fee schedule represents current locally prevailing rates and KCHA CHC's actual costs of providing services to ensure the financial viability and sustainability of the Health Center. These recommendations are presented to the Board of Directors for approval and then referred to the Kern County Hospital Authority Board of Governors for final approval prior to implementation. By regularly updating KCHA CHC's fee schedule, the health center is able to ~~legally and ethically~~ maximize reimbursement from third-party payers to cover ever increasing as healthcare costs of doing business increase.

2. **Coding and Billing:** KCHA CHC is committed to ensuring that coding and billing accurately reflects services performed; ~~and that~~ documentation is in compliance with applicable contractual, state, and federal requirements; ~~and that~~ staff are properly educated and trained on the requirements as they relate to compliance. KCHA CHC, through KCHA, it is a policy to ensure all claim information is ~~in~~ within guidelines to process a clean claim before submission to third party payers and that billing records are properly maintained. ~~and that billers make every effort to ensure clean claims before~~

~~submission to payers.~~

3. **Claims Processing:** KCHA ~~on behalf of the KCHA~~ CHC, will file all third-party claims ~~for on behalf of~~ patients who have signed the Assignment of Benefits Agreement. Claims are filed within five days of services.

KCHA CHC makes every reasonable effort to file claims with appropriate payers via electronic submissions. All claims should pass without error through electronic edits. KCHA ~~CHC's~~ billing team is responsible for errors detected during edits, and for reviewing all claims prior to submission for payment.

In the event that KCHA CHC must process paper claims, these are processed once per week to ensure that all claims are submitted to third party payers within 10 business days of the date of service. The appointed staff member (see **Billing & Collections Procedure**) will be responsible for ensuring the proper and efficient delivery of claims each week.

4. **Rejections and Denials Processing:** Should any claims submitted to third-party payers be rejected or denied due to accuracy, KCHA ~~CHC~~ corrects and resubmits these claims in a timely manner to maximize collections ~~for the KCHA CHC the health center.~~ Reasons for rejection and denial are reviewed regularly to ensure that common errors are resolved to avoid further rejections and denials.
5. **Patient Collections:** KCHA CHC collects fees for services in a timely manner in accordance with KCHA CHC's fee schedule and any corresponding discounts and applicable fee waivers. No patient is denied service based on inability to pay. Self-Pay patients are asked to pay at the time of service and are issued patient statements for non-payment and outstanding balances.

KCHA CHC educates patients on insurance and third-party coverage options available to them and, if applicable, assists patients in enrollment when possible.

If a patient with an outstanding or written off balance attempts to schedule a service, they will not be denied service. No patients will be limited ~~or~~ denied services for refusing or have the inability to pay.

- a. KCHA CHC attempts to collect balances owed by patients and maintains systems and processes for collecting owed charges, co-pays, nominal charges, and discounted fees.
- a.b. It is the policy of KCHA ~~CHC~~ to send statements to patients with an outstanding balance for 120 days from date of service, issuing three statements monthly following the date of service.
- b.c. Statements will include information on how the patient can contact a KCHA CHC Financial Counselor ~~if in case~~ the patient is interested in qualifying for a payment plan.
- c.d. At 120-180 days after the date of service, any outstanding patient balances will be written off as Bad Debt.
- d.e. No patient will be limited or denied services if they refuse to pay.
- e.f. Receivables are aged monthly and reviewed by the Billing Manager ~~Finance Administrator.~~ and/or CFO.

6. **Billing Month End Process:** It is the policy of KCHA CHC to close each month and perform appropriate reconciliation no later than the 6th day of the following month.
7. **Billing Reconciliation:** KCHA ~~CHC Patient Accounting, Physician Enterprise and finance department accounting personnel~~ reconciles all payments received against a general ledger to ensure all payments have been posted to the correct funding source. Monthly bank reconciliations are prepared by the CFO-Finance Administrator and reviewed by the CEO-Executive Director for completion including reconciliation of all cash receipts, ~~see Accounting Manual for more~~

information.


8. **Balance Adjustments and Write-Offs:** It is the policy of KCHA ~~CHC~~ to establish an efficient system when applying payments and adjustments to KCHA CHC accounts receivables balances. KCHA ~~CHC~~ is committed to ensuring a patient-center billing and collections process that seeks to minimize financial barriers patients may face in paying for services, while optimizing collections for amounts due. Receivables are aged monthly and reviewed by the [Billing Manager and/or CFO/Finance Administrator](#). Accounts are subject to write-off when they are determined to be uncollectible ~~as further details in the Billing & Collections Procedure~~.
9. **Refunds:** It is the policy of KCHA ~~CHC~~ to make an appropriate effort to return patient or other payer overpayments.
10. **Record Retention:** Medical records shall be retained for no less than 7 years and in accordance with local, state, and federal regulations. Medi-Cal patient records are retained for a minimum of 10 years.

REFERENCES

- ~~Billing & Collections Procedure~~
- Sliding Fee Discount Policy and Procedure
- Waiver of Charges Policy and Procedure
- HRSA Health Center Program Compliance Manual, Chapter 16

OWNERSHIP (Committee/Department/Team) Finance	
ORIGINAL MAR 2025	
REVIEWED, NO REVISIONS	
REVISED	
APPROVED BY COMMITTEE MAR 2025	
DISTRIBUTION	
REQUIRES REVIEW MAR 2028	
<hr/>	
Executive Director Signature of Approval	Date
Signature of Approval	Date

Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-BC-02	March 2025	March 2028	1 of 2	
Title: Waiver of Charges				

POLICY STATEMENT: It is the policy of Kern County Hospital Authority Community Health Center (KCHA CHC) to waive ~~the~~ charges in cases where it is determined that these charges represent a barrier to care.

POLICY PURPOSE: The purpose of this policy is to ensure KCHA CHC has a mechanism to determine if a patient is experiencing financial hardship and may apply for a discount or waiver of charges (e.g., full payment if self-insured, or copayment, coinsurance, and/or unmet deductible if insured). Whether such a discount or waiver is granted shall be based on an individual assessment of the patient's financial and medical circumstances, and an assessment of KCHA CHC's legal and contractual obligations to the third-party payers.

POLICY SCOPE: This policy applies to ~~registration staff~~~~the front desk~~, Clinic Manager, Billing Director, ~~Manager/Director, Chief Financial Officer and Finance Administrator~~~~and Chief Operating Officer or designee~~, as well as other staff as appropriate.

POLICY DEFINITIONS:

Administrator: ~~Finance Administrator~~~~Clinic Manager, Billing Manager/Director, and Chief Financial Officer or designee with~~ has the authority to waive charges based on Waiver of Charges Procedures.

POLICY GUIDELINES:


1. It is the policy of KCHA CHC to determine whether the patient is a beneficiary of a private third-party payer plan. If appropriate, KCHA CHC will determine whether ~~it~~the agreement with the payer prohibits a financial hardship waiver or discount.
2. The ~~Finance Administrator~~~~Billing Manager/Director, Chief Financial Officer, or designee~~ has the authority to waive charges in cases where it is determined that the patient fees represents a barrier to care. Any waiving of charges will be documented in the patient's file along with ~~(1)~~ an explanation at the time the charges are adjusted and ~~(2)~~ an effective date, after which the waiver is no longer valid and must be re-evaluated if patient renews their request.
3. ~~Such~~Circumstances under which charges may be waived include the following ~~and are described under Waiver of Charges Procedures:~~
 - a. Extreme hardship cases with medical conditions requiring frequent or expensive care, with consultation with patient's Primary Care Provider;
 - b. Patient who has been determined to fall within one category on the sliding fee scale and later provides s documentation justifying a new position on the sliding fee scale;
 - c. Patients who are temporarily limited in their ability to pay for the services rendered (i.e. suffering extreme poverty, particularly when combined with immigration status, mental

health issues, homelessness with no income or other assets, unemployment with no other assets, and disability with no other assets; also in cases of patients having no income due to serious and expensive medical expenses or personal emergencies due to major accidents, catastrophes, earthquake, fire, or flood.)

4. Financial hardship waivers shall be applied only to the co-insurance or deductible amounts owed by the patient and shall be determined in accordance with applicable state law and contractual agreements. Waivers will not be applied to amounts owed by third-party payers.
5. The policy will be initiated when a patient requests for a reduction or waiver of charges. Any denial of the waiver request is documented and includes instructions for reconsideration. If additional documentation is received to support the financial hardship, the request is reviewed and reconsidered per the above guidelines. The decision of the Finance Administrator ~~or~~ ~~designee~~ is final.
6. All information related~~ing~~ to a financial hardship requests is kept confidential, except as required by law.
7. It is the policy of KCHA CHC to ensure all staff understands how to appropriately follow the established guidelines when there is a request for a waiver of charges, an unwillingness or refusal to pay, and/or fee disputes.

OWNERSHIP (Committee/Department/Team)		Finance	
ORIGINAL		MAR 2025	
REVIEWED, NO REVISIONS			
REVISED			
APPROVED BY COMMITTEE		MAR 2025	
DISTRIBUTION			
REQUIRES REVIEW		MAR 2028	
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Kern County Hospital Authority Community Health Center


Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-BC-03	March 2025	March 2028	1 of 2 (with addendum)	
Title: Notification of Equipment and Supply Costs				

POLICY STATEMENT: In cases in which Kern County Hospital Authority Community Health Center (KCHA CHC) provides supplies or equipment that are related to, but not included in, the service itself as part of prevailing standards of care^a and charges patients for these items, it is a policy of KCHA CHC to inform patients of such charges (“out-of-pocket costs”) prior to the time of service.

^a These items differ from supplies and equipment that are included in a service as part of prevailing standards of care and are reflected in the fee schedule (for example, casting materials, bandages)

OWNERSHIP (Committee/Department/Team)			
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Date		Date	

Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-BC-04	March 2025	March 2028	1 of 2 (with addendum)	
Title: Registration and Eligibility				

POLICY STATEMENT:

Kern County Hospital Authority Community Health Center (KCHA CHC) maintains accurate patient information through consistent and efficient insurance verification and patient registration processes. KCHA CHC is committed to assisting all patients who are uninsured or underinsured in identifying and applying for health insurance or other coverage.

It is a policy of KCHA CHC to enter patient demographics and insurance information into the electronic health system.

This policy applies to Registration and Health Benefit Advisors (HBAs).

POLICY GUIDELINES:


1. It is the policy of KCHA CHC to appropriately collect and enter patient demographics and insurance policy information of all patients into KCHA CHC's EHR. As such, all patients seeking healthcare at KCHA CHC undergo the patient registration process.
2. It is a policy of KCHA CHC to verify insurance coverage for patients before or at the time of each visit. This is to ensure that the clinic has the most up-to-date insurance information on a patient, the financial viability of KCHA CHC, and appropriate coordination of care.
3. KCHA CHC HBAs educate patients on insurance and, if applicable, related third-party coverage options available to them. They assist all interested patients in applying for health insurance through state-funded programs, such as Medi-Cal , Covered California, and other public benefit and safety net programs. Additionally, Health Benefit Advisors inform patients of the availability of sliding fee discounts and patient fee waivers. **See Sliding Fee Discount Program and Waiver of Charges Policies for more information.**

REFERENCES:

- **Sliding Fee Discount Program Policy**
- **Waiver of Charges Policy**

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Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-FIN-01	March 2025	March 2028	1 of 3 (with addendum)	
Title: Accounting and Financial Management System				

POLICY: It is the policy of Kern County Hospital Authority Community Health Center (KCHA CHC) to utilize a financial management and internal control system that reflects Generally Accepted Accounting Principles in the United States (US GAAP). KCHA CHC has designated its co-applicant, KCHA, to provide such services. KCHA ~~CHC~~will maintains appropriate accounting and internal control systems over, and accountability for, all funds, property, and other assets through adequate segregation of functions and safeguarding of assets. To this end, KCHA ~~CHC~~will maintains a professional accounting system to track KCHA CHC's finances and uses an accounting system that can produce all standard accounting reports and a chart of accounts that categorizes all transactions in a manner that is consistent with US GAAP.

PROCEDURE: KCHA CHC currently utilizes the Cerner Millennium Electronic Health Record (EHR) to record patient billing, patient accounts receivable, and patient cash collections transactions. KCHA CHC uses the PeopleSoft software system as its financial management system to record all general ledger accounting transactions. Cerner and PeopleSoft are both used to create the following reports for KCHA:

- Chart of Accounts
- Income or Expense Account
- Accounts Payable Aging Summary
- Open Invoices
- Cash Flow Report
- Accounts Receivable Aging Summary
- Profit and Loss Report
- Balance Sheet Report
- Comparisons of Budget vs. Actuals

The Cerner and PeopleSoft software systems are remotely backed up daily.

KCHA ~~CHC~~ maintains a double entry accounting system on an accrual basis and tracks revenue and expenditures by cost center and grant number with a comprehensive record keeping system including a general journal, a general ledger, a cash receipts journal, a cash disbursements journal, and individual payroll records. The general ledger, journals and payroll records are posted at least monthly. KCHA, on behalf of KCHA CHC, specifically identifies and accounts for all federal awards received and expended in its accounting as is required per 45 CFR 75.302.

KCHA CHC Accounting and Financial Management procedures are designed to establish a uniform accounting system that:

- Ensures that all costs of operation can be adequately accounted for.
- Provides for the functional classification of expenses in terms of grant and appropriate cost center.
- Ensures that all revenues and expenses are reported monthly and on an accrual basis.
- Provides financial records that clearly reflect and identify the cost of each type of service for which reimbursement is claimed.

Source documentation is maintained as a voucher package to support all entries made into the general ledger. Voucher information includes a purchase requisition, an invoice approved by the appropriate department manager, a receiving document, and a contract and/or purchase order if applicable. KCHA CHC uses PNC Bank's Integrated Payables system to process vendor payments and cash disbursements. Accounts payable pay cycles are run at least once a week to pay all invoices that have been properly approved for payment and have the appropriate support documents electronically attached. Vendor pay cycle files generated in PeopleSoft are electronically sent to PNC for processing. PNC processes the payments by Automated Clearing House (ACH) direct deposit if requested by vendors or by printing and mailing paper checks. Remittance information supporting payments is automatically emailed to vendors as set up in the Integrated Payables system. All cash disbursement and voucher information are saved and maintained electronically on the ~~KCHAern Medical~~ network and accounted for in monthly bank reconciliations (**see Month-End Close Policy and Procedure**). Payroll registers are also saved and maintained electronically to support salary and benefit expenses. Grant information is also maintained in a digital file. Tracking of authorizations, obligations, and unobligated balances of grant programs is maintained in an excel spreadsheet, updated by the Finance ~~Administrator Manager or designee~~, and retained on the KCHA CHC network in the ~~KCHA~~ Finance Department digital file.

Chart of Accounts

A chart of accounts shall be maintained by the ~~Finance~~~~Senior~~ Director ~~of Finance~~ to safeguard assets and assure they are used solely for authorized purposes in accordance with the terms and conditions of the Health Center Program award/designation. The ~~Senior Director of Finance~~ ~~Director and/or~~, Finance ~~Adminstrator~~~~Manager, and Chief Financial Officer (CFO)~~ shall authorize any changes to the chart of accounts structure.

All transactions are coded to a department/cost center and funding source, as appropriate. KCHA CHC's chart of accounts categorizes transactions into the following major classifications of accounts:

- Assets
- Liabilities
- Equity
- Revenue
- Expenses

All asset accounts shall begin with 1, all liability and equity accounts shall begin with 2, all revenue accounts shall begin with 3 or 5, and all expense accounts shall begin with 6 or 7.

In addition to the major classification codes described above, all transactions are coded to a department/cost center as appropriate for the reporting structure currently being utilized. The account code is designed with 18 digital codes (main code: 8 digits, facility: 5 digits, cost center: 5 digits).

KCHA, ~~on behalf of KCHA~~ CHC, will establish a separate account within the chart of accounts for each federal program it participates in. This allows for detailed reports of all transfer of funds from the PMS system and funds expensed under the federal program. Each federal grant program has its own account number within the chart of accounts and all transactions are recorded to the appropriate account. This allows the running of reports of revenue and expenditures by federal grant (consolidated) and by each federal program.

Maintaining the General Ledger

The general ledger is automated and maintained by KCHA, ~~CHC~~. All inputs and balancing are the responsibility of the ~~Senior Director of Finance~~ ~~Director~~ with the final approval by the ~~Finance Administrator~~~~CFO~~. GAAP is followed when recording information into the general ledger. The ~~Senior Director of Finance~~ ~~Director~~ reviews the general ledger on a monthly basis and analyzes variances between budget and actual amounts. The ~~Senior Director of Finance~~ ~~Director~~

presents the analysis to the ~~Finance AdministratorCFO~~. The ~~Finance AdministratorCFO~~ presents the financials to the ~~Executive Director, Board of Directors, CEO~~ and then the Board of Governors.

Cost Allocations

It is the policy of KCHA CHC to allocate costs in a consistent, fair, and accurate manner to the proper site or grant based on the relative benefits received. Only costs that are allowable in accordance with OMB Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards (2 CFR Section 200) can be allocated to benefiting sites and programs.

Shared administrative costs that are not directly charged to health center sites are allocated based on an appropriate allocation methodology at month-end and included in site specific management reports. Allocation procedures are reviewed at least yearly by the Finance Department and revised if necessary.

Capturing Accounting Data:


All accounting transactions must be verified by written evidence called a source document.

Source documents are written records of formal financial transactions. All source documents must be sent to the KCHA Finance Department for proper recording and coding. Source documents are filed and maintained. They include, but are not limited to:

- Receipt Vouchers (Grant Contracts, Client Collections, Remittance Advice, Inter-Account Loans Memorandum, Loan Contracts, Cash Receipts, Bank Deposit Slips, etc.)
- Disbursement Vouchers (Vendor Invoices, Service Contracts and Invoices, Petty Cash Vouchers, Time Sheets, Employee Advances, Employee Status Form, Purchase Orders and Cancelled Checks).

<u>OWNERSHIP</u> (Committee/Department/Team)			
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REQUIRES REVIEW			
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Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-FIN-02	March 2025	March 2028	1 of 2 (with addendum)	
Title: Maintenance of Internal Controls				

POLICY: It is the policy of Kern County Hospital Authority Community Health Center (KCHA CHC) to maintain sufficient internal controls to safeguard the organization and its assets. Internal controls should be sufficient to minimize risks, protect assets, ensure accuracy of records, prevent, and detect fraud and promote operational efficiency. Internal controls ensures that financial information is timely and accurate, which is essential for accountability and decision-making.

Internal controls ensure that employees' duties are arranged, and records and procedures are designed to enable the exercise of effective accounting controls over assets, liabilities, resources and expenditures. The basic application of these controls involves:

- Division of responsibility among different employees for a sequence of related functions.
- Clear establishment of each employee's responsibilities and duties.
- Separation of the responsibility for maintaining records from the responsibility for operations, acquisitions and custody of assets.
- Use of proofs, checks and other security measures.

Finance Management is responsible for devising, installing, and supervising a system of internal controls adequate to:

1. Safeguard the assets of the organization.
2. Check the accuracy and reliability of accounting data.
3. Promote operational efficiency.
4. Encourage adherence to prescribed management policies.
5. Provide an appropriate plan of organization, an adequate system of authorization and record procedures and sound practices.
6. Personnel of appropriate number and capabilities.

PROCEDURE:

The following measures ensure internal fiscal control for the overall organization:


1. The Board of Directors shall be given reasonably full and complete information relating to the operations of KCHA CHC. Monthly variance budget reports are provided to the Board for their review as a control to prevent expenditures of funds in excess of approved budget amounts. The Board of Directors reviews prior period's fiscal activity, including an operating statement of revenues and expenditures, balance sheet, ratios and other statistical information on visits and users monthly. The Board of Directors meets monthly to review and approve the financials.
2. There are written procedures for the:
 - a) Organizational structure
 - b) Accounting functions (including a chart of accounts, which provides for the identification of receipts and expenditures for each program and for each funding source).
 - c) Personnel policies, including all policies for accumulating vacation and sick

leave.

3. Duties within the organization are segregated so that no one individual has complete authority over an entire financial transaction. Accounting personnel duties and responsibilities should be clearly outlined. All cash-related duties are assigned to separate employees so that no one employee performs more than one cash handling or recording function.
4. All accounting records are secured in the KCHA Finance Department.
5. There shall be an annual audit by an outside certified public audit firm approved by the Board of Directors, and by the co-applicant Board, in accordance with Section 330 guidelines. See **Annual Audits** Section for more information.
6. Any suspected irregularities shall be reported to the Board of Directors first through the Finance AdministratorCFO and then through the Executive DirectorCEO. In instances where the irregularities involve the Executive DirectorCEO, Finance AdministratorCFO or Compliance Officer, personnel may proceed directly to the Board of Directors.

OWNERSHIP (Committee/Department/Team)	
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Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No. LAL-FIN-03	Effective Date March 2025	Review Date: March 2028	Page 1 of 4 (with addendum)	
Title: Record Management and Retention				

POLICY: This policy provides for the systematic review, retention, and destruction of documents received or created by Kern County Hospital Authority Community Health Center (KCHA CHC) in connection with the transaction of organization business. In accordance with federal and state laws and regulations, which makes it a crime to alter, cover up, falsify, or destroy any document with the intent of impeding or obstructing any official proceeding, KCHA, on behalf of: KCHGKCHAA CHC, maintains guidelines for how long certain documents should be kept, and how records should be destroyed (unless under a legal hold). This policy is designed to ensure compliance with federal and state laws and regulations, to eliminate accidental or innocent destruction of records, and to facilitate KCHA CHC's operations by promoting efficiency and freeing up valuable storage space.

PROCEDURE: Records include, but are not limited to originals and copies of:

1. Paper documents.
2. Films, microfilms, photographs, x-rays.
3. Electronic documents, e-mails, scanned images, structured data, etc., regardless of
4. storage location:
- 5.4. Network drives.
- 6.5. Electronic database programs.
- 7.6. Desktop and laptop hard drives.
- 8.7. Mobile devices (telephones, personal digital assistants, etc.).
- 9.8. Hard Drives.
- 10.9. CDs and DVDs.
- 11.10. USB drives.
- 12.11. iPhones and similar devices.

Financial records include but are not limited to:

- All originating documents such as grant letters, payment requests and invoices deposit documents; purchase orders, invoices and receiving reports, time reports and other payroll documents; journal vouchers and other financial transaction record.
- All fiscal reports including fund balance sheets; statements of support, revenue and expenses; statements of functional expenses; fiscal reports to grantors; inventory records and reports and audit reports.

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- All accounting books, journals and ledgers.
- Miscellaneous documents such as tax exemption requests, corporate legal documents, bank statements and property deeds.

Record Retention

~~KCHA~~, on behalf of ~~KCHAC~~ CHC, maintains records—including financial records, supporting documents, statistical records, and all other non-Federal entity records pertinent to a federal award—in accordance with 45 CFR § 75.361 and current versions of HHS Grants Policy Statements.

Electronic documents will be retained as if they were paper documents. Therefore, any electronic files will be maintained for the appropriate amount of time. If a user has sufficient reason to keep an e-mail message, the message should be printed in hard copy and kept in the appropriate file or moved to an “archive” computer file folder. Backup and recovery methods will be tested on a regular basis.

Records that must be retained for 7 years:

- Payroll:
 - Form 1099R
 - Form 941 & Support
 - Form W-4
 - Payroll Check Registers
 - Payroll Summaries
 - Timecards
 - Garnishments/tax levies/release
- Accounting:
 - AP Check Requests, Manual Checks, Purchase Orders (POs), Wires, Canceled Checks
 - Deposit Slips
 - General Ledgers & Support
 - Monthly reconciliations including bank reconciliations
 - Positive Pay & ACHs
 - Form 1099 MISC and 1099-NEC

Records that must be retained permanently:

- Payroll:
 - Form W-2
- Financials:
 - Tax Returns
 - Audited Financial Statements
- Other:
 - Articles of Incorporation
 - By-Laws
 - IRS Determination Status Letter
 - Application for Exempt Status
 - Notice of Revocation of Tax-Exempt Status
 - Actuarial Reports (Workers Compensation, LTD, Health Plans)
 - Unclaimed property filings and supporting documentation

In the event that ~~KCHC~~~~KCHA~~ CHC ceases operations, all funding sources will be contacted regarding the requirements for storage and retention of the accounting records.

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Specific Record Retention Guidance

- Personnel Services: Payroll records; time and attendance records are electronically signed by the employee and supervisor for each payroll (including employee name, number of hours worked, rate of pay, and pay period covered); time distribution records by program (accounting for total work time on a daily basis). These records shall be maintained for all employees.
 - Written authorization should be on file for all employees, covering rates of pay, withholding and deductions and all salary and wage rate changes.
 - Records on file should include documentation for Federal and State payroll taxes withheld.
- Consultant Services: Copies of contracts and billings. Depending upon the type of contract, the following may be required to support consultant services: time records, travel vouchers detailing purpose, time and location of travel, and invoices for supplies.
- Travel: Travel expense vouchers showing location, dates and time of travel; purpose of trip and rates claimed; vehicle mileage logs showing dates, destination, and purpose of trip and mileage.
- Operating Expenses: documents such as invoices, receiving reports, bills of lading, lease agreements, contracts, etc.

~~KCHCKCHA~~, on behalf of ~~KCHA~~ ~~CHC~~, maintains supporting documentation for services provided and revenues collected as follows:

- Encounter Forms: Copies of original encounter documents for each patient visit to record patient's name and ID, services provided, name of provider, diagnosis, and charges.
- Monthly Patient Billings: Aged trial balance reports for accounts receivable including individual patients billed, amounts collected, and balance due.
- Third Party Receipts: Remittance advices for all third-party payments to show amount billed, amount paid, and disallowed amounts.

Record Storage and Disposal

All records are stored in a manner that provides for appropriate security and privacy of information, preserves records from physical damage, and allows for easy access and retrieval within a reasonable amount of time when required. Stored records exceeding their retention period will be identified for disposal on an annual basis and will be destroyed in a manner to safeguard the privacy of the data. A certificate of destruction shall be required as appropriate.

All supporting documentation for program expenditures and revenues, or for services billed under fee-for-service, are filed in a systematic and consistent manner. Support documents are filed as follows:

<u>Checks</u>	Numerically
<u>Invoices</u>	Batched by check-run date
<u>Receipts</u>	date/monthly
<u>Service Records</u>	All patient encounter forms are filed by site, source number and date of service, so that it is possible to trace from monthly billing summaries (under fee-for-service) back to original service record documentation.


Accounting transactions posted can be cross-referenced to supporting documentation. For example, expenditure transactions can be cross-referenced to the invoice by vendor name and date as well as to the check-by-check number. Revenue transactions can be cross-referenced to receipt numbers.

Record Hold

The disposal of records will cease in the case of litigation, audit, or other qualifying event until appropriate resolution of the event has occurred.

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Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-FIN-04	March 2025	March 2028	1 of 1 (with addendum)	
Title: Bank Accounts				

POLICY: Kern County Hospital Authority Community Health Center (KCHA CHC) has a policy to maintain bank accounts necessary for its business operations. When possible, bank accounts shall be insured by the FDIC or other available governing bodies.

KCHA, on behalf of KCHA CHC, maintains the following types of bank accounts:

- General Checking Accounts
- Payroll Checking
- Investment Account

The establishment of bank accounts is under the authority and discretion of the Board of Directors, with final approval by the co-applicant Board. The co-applicant Board Chair must sign authorization forms to open new banking accounts, on behalf of KCHA CHC.

Only those officers and staff members ~~approved/authorized~~ by the Board of Directors and authorized by the co-applicant Board may sign the check signature cards. New signature cards are required each time there is a change of officers or staff members allowed signing. The co-applicant Board Chair must attest to these changes.

No bank account may be closed without the approval of the Board of Directors and authorization of the co-applicant Board.

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Transfers between KCHA CHC accounts require the written approval of the Finance Administrator ~~CFO~~.


PROCEDURE: Any decision to open or close a bank account must be recommended by the Finance Administrator and/or Executive Director, approved by the Board, and authorized by the co-applicant Board ~~recommended by the CEO and/or CFO~~. Such decisions will be recorded in KCHA CHC's Board minutes.

Bank Transfers:

If a transfer between accounts needs to be performed, the ~~Senior Director of Finance~~ Director or designee will submit the transfer for approval by the Finance Administrator ~~CFO~~.

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Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-FIN-05	March 2025	March 2028	1 of 1 (with addendum)	
Title: Program Income				

POLICY: All program income generated due to projects financed with federal funds must be limited to:

1. Furthering the eligible project/program objectives;
2. Financing the non-federal share of the project/program, or deducted from the total federal share of the project/program's allowable costs;
3. Utilized for allowable costs which have been approved by the Board of Directors via the Annual Budget; and
4. Purposes that not specifically prohibited under Section 330.


The Finance Administrator ~~CFO and Finance Department~~ will be responsible for maintaining the methodology for calculating program income, as well as under what conditions the program income is to be used.

PROCEDURE:

1. Annually, program income will be estimated based on the past year's performance, with growth objectives and change in the federally funded program payment methods (if any). This will become the amount placed in the budget as program income.
2. As Kern County Hospital Authority Community Health Center (KCHA CHC) is operating within the approved budget fiscal year, the program income is tracked by the Finance Administrator ~~Chief Financial Officer~~ through accounts receivable, aging reports and cash receipts.
3. Program income is comprised of payments for patient services including from patients and third-party payers.
4. Program income is recorded when received or earned and used to meet the expenditures of the project/program.

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Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-FIN-06	March 2025	March 2028	1 of 1 (with addendum)	
Title: Financial Statements and Reports				

POLICY: It is a policy of Kern County Hospital Authority Community Health Center (KCHA CHC) to inform and support management's efforts to make organizational decision making by providing appropriate, accurate and up-to-date monthly management reports, or other relevant information, as outlined below.

KCHA CHC delegates this process to the co-applicant Board's process. The Kern Medical Finance Department prepares financial reports for internal management purposes, to provide data to funding sources, and to meet federal and state regulations. All financial reports, both for internal control and to provide financial information to outside agencies, are produced on a timely basis according to the schedule developed by the Finance AdministratorDepartment.

Financial reporting is developed for the Board of Directors on a monthly basis and must include:

- A summary of activities and financial impact
- Statement of Financial Position
- Statement of Financial Activities, including Budget vs. Actuals
- Key performance indicators of overall financial performance

Procedures:


Financial statements are the culmination of the accounting process. They summarize all financial transactions within a given period. The following interim reports are produced and distributed to the Finance Committee, Board of Directors, Executive DirectorTeam, and department managers as applicable. The reports may be distributed to outside agencies at the direction of the Finance AdministratorCFO and/or Executive DirectorCEO:

- Summary of activities and financial impact
- Financial Statements with actual vs budget variance including Profit and Loss Statement and Balance Sheet,
- Financial Ratios and KPIs.

KCHA CHC Finance AdministratorCFO reviews all monthly reports for accuracy before they are submitted to the Executive DirectorCEO for review and approval. These monthly financial reports are then submitted to the Board of Directors.

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Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-FIN-07	March 2025	March 2028	1 of 2 (with addendum)	
Title: Annual Audits				

POLICY: Kern County Hospital Authority Community Health Center (KCHA CHC) will have an independent financial audit completed by a contracted audit firm annually no later than six months after the close of the fiscal year. An audited financial statement enhances the credibility of the organization's finances, ensuring that funds are used appropriately in alignment with the organization's mission and in compliance with regulatory requirements. Finance Administrator ~~KCHA CHC staff~~ shall provide the auditors with all requested documents. Additionally, the organization may need to undergo a Single Audit, as mandated below.

PROCEDURE:

Auditor Selection: ~~KCHA CHC has delegated this process to the co-applicant Board. The co-applicant Board will comply with the ORDINANCE have a request for bids/proposals at least every 5 years to select the independent audit firm. A minimum of 3 proposals will be secured. These will be presented to the Board of Directors for review and selection. The Board will select an audit firm and execute a contract for a period of 3-5 years, unless specifically determined that another period is more appropriate.~~

Single Audit Determination: The Single Audit, formerly known as OMB Circular A-133, are required from recipients (non-profit organizations) who expend \$~~1,000,750~~0,000 or more in aggregate federal funds within their fiscal year.

The ~~Finance Administrator~~ ~~CFO and designee~~ will ensure that the following preparations are completed for the financial audit at the request of the co-applicant:

- Compile all requested documentation for review by the auditors.
- Ensure that key staff will be present and available during fieldwork.
- Organize financial records.
- Perform reconciliations of the balance sheet and income statement.
- Document and update financial and accounting policies & procedures.
- Review and update internal controls processes.

~~Prior to the audit, the Controller and the CFO must update all individual general ledgers to an adjusted trial balance, prepare all necessary closing entries and analyze all deferred expenses and loans. The Senior Director of Finance must ensure that the fiscal files contain all necessary records, are in good order, and accessible.~~ Full cooperation with the auditor is required of all staff ~~and Board members~~ involved in the KCHA CHC fiscal management. Once the audit is completed, the ~~Senior Finance Director of Finance, Finance Administrator~~ Finance Administrator ~~CFO, and Executive Director~~ CFO will review it. It is then submitted to the Board for ~~approval~~ review.

Independent Financial Auditor's Report

The independent financial auditor's report shall be the mechanism through which the auditor expresses an opinion or, if circumstances require, disclaims an opinion on such items as:

- The fairness presented in the financial statements relating to KCHA CHC present financial position.
- The result of operations and changes in financial position.

- c. The conformity with generally accepted accounting principles.

Independent Financial Auditor's Management Letter

- a. The independent financial auditor's management letter describes in reasonable detail the objectives and limitations of the internal control system implemented at KCHA CHC.
- b. The auditor's management letter should indicate whether any identified weaknesses relate to procedures or the implementation of those procedures. The auditor's management letter may also include recommendations for improving procedures, comments concerning corrective action taken or in process, or other appropriate comments related to the financial audit process.

Distribution of the Financial Audit Report and Management Letter

The purposes of the independent financial audit are for the oversight of the governing Board of Directors, compliance to grant funders and transparency to donors and the public. ~~Therefore, the auditors should formally present their audit report and management letter to the Governing Board of Directors and/or a formally designated Committee of the Board.~~

~~Distribution of the financial audit report and related documents shall be made to:~~


- ~~a. The Chief Executive Officer and Chief Financial Officer~~
- ~~b. The Board of Directors and the Finance Committee (if applicable)~~
- ~~c. The Federal Audit Clearinghouse, Bureau of the Census~~
- ~~d. The Office Grants Management, Bureau of Primary Health Care~~

~~The Board of Directors must review and accept the entire financial audit report before it is released to any person or agency. Once the board has reviewed and accepted the audit, it will be submitted to the Federal Audit Clearinghouse as required within the earlier of 30 days after the receipt or nine months after the fiscal year end.~~

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Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-FIN-08	March 2025	March 2028	1 of 2 (with addendum)	
Title: Insurance Contracts				

POLICY: It is the policy of Kern County Hospital Authority Community Health Center (KCHA CHC) that under the authority of the Board of Directors, KCHA CHC shall maintain adequate insurance coverage for:

- Medical Malpractice
- General Corporate Liability
- Equipment Breakdown insurance
- Property Damage and General Liability
- Personal Injury including Defamation and Slander of Officers or Staff
- Bonding Insurance
- Bodily Injury
- Employee Health and Dental Coverage
- Worker's Compensation
- Board of Directors and Officers Liability
- Cyber

The scope of coverage shall be adequate to meet the requirements of funding agencies as well as local, state, and federal laws.

PROCEDURE:

Any occurrences with possible professional liability implications or personal injury are to be reported immediately to the ~~Executive Director~~CEO and CFO. The procedure is intended to:

- Protect the assets of KCHA CHC, its Board of Directors, management, and staff from liability claims that arise from activities that are within the scope of duties at KCHA CHC;
- Assure that KCHA CHC obtains adequate coverage within the guidelines established by the ~~co-applicant~~ Board-of-Directors, funding agencies, and governmental bodies. Assure that all insurance policies are periodically reviewed and renewed on schedule to provide for continuous coverage; and
- Assure that claims against KCHA CHC are processed in a timely manner and that adequate documentation is provided to the carrier.


~~The CFO, CEO, and the Vice President,~~ Legal Counsel ~~is~~are responsible for:

- Reviewing and approving all new insurance policies as well as any changes in scope of coverage, premiums, or carriers for existing policies.
- Recommending insurance policies to the ~~Executive Director~~CEO for initial approval.
- Reviewing all claims filed against KCHA CHC with implications for malpractice liability, all incidents resulting in bodily injury, and theft.
- Informing the Board of Directors of major liability claims against KCHA CHC and other incidents that could result in ~~exposure~~major damages.

The Board of Directors shall remain informed of new insurance policies, changes in scope in coverage for existing policies, and/or policies that cover directors and officer's liability.

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DISTRIBUTION	
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Executive Director Signature of Approval	Date
Signature of Approval	Date

Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-FIN-09	March 2025	March 2028	1 of 2 (with addendum)	
Title: Month End Close				

POLICY: The purpose of this policy is to ensure month-end closing procedures are performed in a timely manner and ~~to be reported~~ to the Board of Directors ~~and Finance Committee~~ (if applicable). Month-end closing procedures are necessary for the purposes of proper accounting and recording processes, reconciling the bank statement, accounts receivable and account payables, and for making timely business decisions based on current operating results. The ~~Finance AdministratorCFO, Controller and designee~~ and Finance Director review reconciliations and reports for accuracy. Kern County Hospital Authority Community Health Center (KCHA CHC) ~~Finance Administrator and/or Finance DirectorCFO and designee~~ prepares financial reports on a monthly basis, comparing the organization's budget to actuals for review by the ~~Executive DirectorCFO, and~~ Board of Directors ~~and Finance Committee~~ (if applicable). KCHA CHC has delegated all finance tasks to the co-applicant.

PROCEDURE:

1. The ~~Senior Director of Finance~~ Director and the Finance Manager will develop the month-end closing schedule and delegate tasks, considering internal controls and the segregation of duties. All journal entries shall be reviewed and approved by the Finance Manager ~~or its designee~~.
2. A month-end journal entries schedule is maintained to track all monthly journal entries that need processing. This schedule ensures that all standard monthly entries are completed, approved, and entered in the general ledger. It also provides information about any adjusting entries made during the month.
3. All general ledger journal entries must be clearly documented with the entry's purpose, account numbers, dollar amounts, and any other relevant description. The accounting system automatically assigns an identifying journal number and audit trail number to both recurring (standard) and non-recurring entries. Additionally, the system identifies the individual responsible for entering the journal entry into the computerized general ledger.
4. Month-end closing journal entries may consist of, but are not limited to, prepaid rent, prepaid insurance, depreciation and amortization recognition, funds transfers between bank accounts, and accrued revenue and expenses.
5. All journal entries shall be recorded on an accrual basis in accordance with GAAP.

Bank reconciliations are prepared monthly by a finance staff accountant (or designee assigned by the Finance Manager) and reviewed by the Finance Manager. Once the month has been closed; Board financial statements are prepared. Board financial statements are reviewed by the Executive DirectorCFO, Finance AdministratorCFO, and Senior Director of Finance Director in preparation for the monthly Board of Directors meeting.

Prior to completion and review of bank reconciliations, finance staff will:

- Ensure that the bank statements reconcile with the organization's books including the

Cash Disbursements Journal, Cash Receipts Journal, and the General Ledger.

- Provide a listing of all outstanding checks.
- Provide a listing of all deposits in transits (DIT).
- Provide a summary of all bank reconciliation adjustments to the General Ledger.
- Ensure that there ~~is an~~adequate segregation of duties between the preparation of bank reconciliations and other cash-related responsibilities (cash deposit, cash disbursement).

This procedure is completed for each bank account through the financial management software. The following is a condensed summary of the bank reconciliation format:

Bank Balance at Month End ^(L) _{SEP}	\$XXXXXX
Plus: Deposits in Transit	\$XXXXXX
Less: Outstanding Checks	\$(XXXXX)
Plus/Minus Other Reconciling Items	\$XXXXXX
Balance	\$XXXXXX
Balance Per G/L	\$XXXXXX


The co-applicant~~Kern Medical Outpatient Health~~ will use the following procedures to maintain adequate segregation of duties:

1. Financial management system workflow permissions/rights:
 - The finance staff who enters deposits and/or invoices into the financial management system should not be performing bank reconciliations.
 - The finance staff who reconciles bank accounts should not be a check signer.
 - Check signers should not have posting and entering rights in the financial management system.
2. Deposits in Transit (DIT) - Any DIT greater than one month old should be investigated immediately. Reviewing DIT is essential to determining whether there have been any lost or misapplied deposits.
3. Outstanding Checks - A detailed list of outstanding checks should be maintained. A stop payment should be issued on any outstanding checks older than 6 months (time can vary). These checks should be investigated immediately as to why they have not been cashed. A new check should be issued, if applicable.
4. Other Reconciling Items - The detail should be reviewed monthly to determine appropriateness and a method of resolution (i.e., journal entry)

There should be no difference between the reconciled bank balance and the general ledger balance. If the balances do not match, then there may be more reconciling items than originally identified.

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Executive Director Signature of Approval	Date
Signature of Approval	Date

Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-FIN-10	March 2025	March 2028	1 of 3 (with addendum)	
Title: Cash Disbursements				

POLICY: It is Kern County Hospital Authority Community Health Center (KCHA CHC) policy that all cash disbursements have the approval of the appropriate personnel prior to issuing payment. Disbursements must have the proper back-up documentation including an invoice, check stub and an accounts payable voucher (if applicable). ~~Checks KCHA CHC has delegated all finance tasks to the co-applicant. Checks~~ are issued once a week according to a published schedule. The Finance Department is required to keep complete vendor files including invoices, vouchers and cross-reference checks issued.

All disbursements shall be for pre-approved, budgeted items, and any disbursement greater than \$250,000 which was not in the board-approved budget must be presented to the Board of Directors.

To determine reasonableness, all disbursements must follow KCHA CHC **Procurement & Contracting Policy**, and expenditure receipts must be retained for documentation.

~~All checks require authorized signatures. The following individuals have check signing authority:~~

- ~~• Chief Executive Officer~~
- ~~• Chief Financial Officer~~
- ~~• Chair, Board of Directors~~

Additionally, any check exceeding ~~KCHA CHC~~KCHA CHC~~the organization's~~ threshold must bear two authorized signatures.

It is the policy of ~~KCHA CHC~~KCHA CHC~~the health center~~ to provide effective segregation of duties to safeguard assets, including in vendor account creation and EFT initiation.

Blank checks/check stocks are kept in a locked safe in the Kern Medical finance department.

PROCEDURE:

Accounts Payable (AP) Check Runs and Reconciliations

- Requests for payments may come from the following sources:
 - Invoices
 - Check request forms
 - Employee travel reimbursement forms
 - Employee mileage reimbursement forms
- Required information process for payment:
 - Payee name, payee address, amount, business purpose, date of request, date needed, grant to charge (if applicable)
 - Supporting documentation may be in the form of a receipt, license application, registration confirmation, etc.
- Approvals: All requests for payment must have a written supervisor approval.
- Coding: Invoices must be coded with a natural account number, cost center number, fund/grant number if applicable, and construction-in-progress (CIP) number if applicable.

Including all relevant information as back up documentation for payments is essential to allocate expenditures correctly and prevent duplicate entries to a vendor or fund/grant.

- Invoice processing: the A/P clerk/accountant reviews each invoice and reimbursement request for accuracy, allowability, cost reasonableness, consistency, adequate documentation, proper approval signatures, grant and/or cost center reference, and available discounts or credits that can be applied. Data is then entered into the financial management system for review by the Finance Manager or designee.
- Aging Invoices: Invoices are typically aged for a minimum of 15 days, unless expedited payment is necessary to avoid penalties or for other urgent reasons. The aging period may be extended in response to cash flow management considerations.
- Vendor Information: All vendors are required to have a completed Form W-9 on file. Updates are requested periodically to ensure vendors remain compliant with laws and regulations. Vendor information is entered and updated in the vendor maintenance files, which are managed by the AP Clerk/Accountant.
- Payment Frequency: Check runs typically occur on a weekly basis. Before checks are issued, the ~~Finance Senior~~ Director ~~of Finance~~ or the Finance Manager reviews the Accounts Payable (A/P) Aging Report, which the A/P Clerk/Accountant has prepared to show invoices due for payment. Additionally, the ~~Finance Administrator~~CFO or ~~Senior Finance~~ Director ~~of Finance~~ reviews cash availability. In rare cases of limited cash reserves, the ~~Finance Administrator~~CFO and/or ~~Senior Finance~~ Director ~~of Finance~~ may exercise discretion in prioritizing payments.
- Checks made to "Cash": No checks will be made out to "Cash." Petty cash replenishment checks will be made payable to the Kern County Hospital Authority.
- ~~The following table delineates Kern Medical Outpatient Health's check signing authority:~~

Types of Checks	Types of Signatures	Exceptions
Accounts Payable Checks	Electronic signature	Amounts > \$25,000 Must have dual signatures, with one original signature
Payroll Checks	Electronic signature	Bonus checks > \$25,000 must have dual signatures, with one original signature
Manual (in-house) Checks	Hand signature, once the check and documentation have been approved and signed off by CFO or CEO	Amounts > \$25,000 Must have dual signatures, with one original signature
Checks above \$100,000 will require two (2) signatures, with the additional requirement that one signature be from an authorized signatory on the Board of Directors.		

- ~~○ Chief Executive Officer~~
- ~~○ Chief Financial Officer~~
- ~~○ Chair, Board of Directors~~


- EFT Payments: Some invoices are paid by ACH or EFT (Electronic Fund Transfer) set up with the bank. The PNC Bank Integrated Payables system is used to process vendor payments. Check runs consist of sending electronic files listing vendor invoices pre-approved for payment with all back up documentation attached to PNC Bank. ACH payment request files are created in the PeopleSoft software system. Electronic remittance information is automatically emailed to vendors.
- Post Payment: AP Clerk/Accountant runs and electronically files a check register and posting journal report. All paid invoices, check stubs, EFT stub check requests along with

all supporting documentation are electronically stored and saved. Paid invoices are filed with either a check stub or EFT stub attached to the original invoice or request along with supporting documentation.

Credit Card Payments: Some expenses are paid with the company credit cards. See **Credit Cards** policy and procedure

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Executive Director Signature of Approval		Signature of Approval	
Date		Date	

Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-FIN-11	March 2025	March 2028	1 of 2 (with addendum)	
Title: Credit Cards				

POLICY: Kern County Hospital Authority Community Health Center (KCHA CHC) provides credit cards to authorized personnel to efficiently make business purchases where other methods of payment are not accepted. Credit cards may not be used for personal expenditures. Authorized expense types and amounts shall be clearly defined. All credit card purchase receipts must be submitted for review and reconciled monthly against the respective credit card statement(s).

Credit cards shall be used under predefined circumstances as dictated in the associated procedure. Credit card usage shall be fully documented. KCHA CHC credit cards are for necessary business purchases only.

PROCEDURE:

1. Issuance of credit cards are approved by the Finance AdministratorCFO on an as needed basis only. Credit cards may not be used for personal expenditures. ~~Credit limits for issued credit cards are as follows:~~
 - a. ~~Chief Executive Officer~~ \$20,000
 - b. ~~Chief Financial Officer~~ \$20,000
 - c. ~~Chief Operating Officer~~ \$20,000
 - d. ~~Leadership (Directors)~~ \$10,000
 - e. ~~1. All other employees~~ \$ 5,000
2. Issuance: Credit cards are issued in the name of the employee.
3. Usage: Credit cards are to be used principally for ~~emergency purchases hotel bookings and other pre-travel requirements of staff and for exceptional circumstances where immediate payment is required and/or the check request process is not an alternative. Typical uses of the credit card include: travel, food, and emergency purchases. Transactions should not exceed \$1,000 without justification.~~
4. Liability: Persons issued credit cards are responsible for the card's protection and custody and shall immediately notify the ~~credit card company and Finance AdministratorCFO~~ in the event it is lost or stolen.
5. End of Employment: All persons issued credit cards must immediately surrender credit cards to the current Finance AdministratorCFO or Executive DirectorCEO when affiliation with KCHA CHC or co-applicant has ended.
6. Periodic Review: The Finance AdministratorCFO shall review all credit card accounts and signatories on a periodic basis.
7. Supporting Documentation: Receipts and other documents pertaining to credit card transactions shall be retained by the holder of each credit card, including a brief description of the purpose of the transaction, date, amount, and account to be charged.
8. Non-business/Unapproved Charges: Any amount inappropriately charged to the company credit card will be recovered via check reimbursement or payroll deduction (to the extent allowable by law). Furthermore, the cardholder will receive guidance on the correct use of the card, and the credit card may be revoked. Disciplinary action, including termination, may be taken if necessary.
9. Reconciliations: At the end of the billing cycle, each credit cardholder will be provided with their statement to reconcile. Each cardholder shall verify all charges on their respective


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statements and match with respective receipts. The cardholder is required to resolve any discrepancies. After the statement and receipts have been reconciled, the cardholder forwards the statement and receipts to the Finance Department.

10. Post Review: Credit card statements are reconciled monthly by an Accounts Payable Accountant, entered into the financial management system and reviewed by the Finance Manager.
11. Credit Card Statement Balance Payment: The credit card balance is paid in full monthly after reconciliation has been completed. Any discrepancies will be investigated.

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DISTRIBUTION	
REQUIRES REVIEW	
Executive Director Signature of Approval	Signature of Approval
Date	Date

Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-FIN-12	March 2025	March 2028	1 of 3 (with addendum)	
Title: Fixed Assets				

POLICY: All capitalized assets shall be documented in a fixed asset property log. This log shall include a description, cost, purchase date, source of funding, location, and condition of each property item; this fixed asset inventory will be physically reconciled no less than every 18 months. Property purchased with government funds must be tagged, and a loss/theft safeguarding scheme must be documented and implemented.

Plant, Property & Equipment (PP&E) items acquired and put into service with a purchase price exceeding \$5,000 per unit are classified as Fixed Assets on the organization's financial statements. Items costing less than this threshold are expensed in the year of purchase. The total cost of individual items billed across multiple invoices should be combined and reported as a single item. Components of a system that are not useful to the organization without the entire system should be aggregated into one item if they share a similar useful life.

For the purposes of federal award accounting and administration, "supplies" shall include all assets with a unit cost equal to or lesser than \$5,000, the capitalization threshold utilized by Kern County Hospital Authority Community Health Center (KCHA CHC). All purchases of "supplies" with federal funds shall be approved, in advance and in writing, by the federal awarding agency.

Capitalized assets will be reported as expense for grants if they were included in the grant's approved application budget. However, for the organization's financial statements, these assets will be capitalized and depreciated, per this policy.

PROCEDURE:

All capitalized assets shall be recorded in a fixed asset property log. This log shall include the following information with respect to each asset:

- Date of acquisition
- Acquisition Cost
- Description (including model and serial number)
- Funding source of equipment, including the federal award number if applicable
- Location of assets
- Depreciation method
- Estimated useful life
- Condition of property

The fixed asset inventory recorded in this log will be reconciled at the end of each fiscal year. Any adjustments for impairment resulting from the reconciliation will require approval by the [Finance Administrator](#) ~~GFO~~.

Property includes equipment, furniture, and similar items valued at \$5,000 or more and expected to last more than one year under normal use. Group purchases totaling \$5,000 or more are capitalized only if the individual items exceed \$5,000 each.

Depreciation and Useful Lives

Capitalized assets shall be depreciated on a straight-line basis using the estimated lives and guidelines specified in American Hospital Association's latest "Estimated Useful Lives of Depreciable Hospital Assets" or any other reasonable method.

Repairs and Maintenance of PP&E

Repairs and maintenance for PP&E are capitalized when they meet specific criteria indicating that they improve the asset's useful life, productivity, or capacity. If the repair extends the asset's life or improves its functionality beyond its original condition, it is typically capitalized. However, routine maintenance and repairs that simply maintain the asset in its current condition are expensed as incurred. The decision to capitalize repairs and maintenance should follow GAAP.

Disposals of PP&E

PP&E purchased, whether funded by federal or non-federal funds, shall remain on the books until sale, retirement or disposed. At that time, both the cost and related accumulated depreciation shall be removed from KCHA CHC books, and any resulting gain or loss shall be recognized. KCHA CHC will follow the regulations under 45 CFR §75.320 for disposition of property obtained with federal funds.

No property shall be sold, returned to any outside organization or retired without prior written authorization from the Finance Administrator CFO.

When property is retired, all information should be noted in the fixed asset property log. When possible, some items may be traded for usable items, supplies, etc., In such cases, proper documentation and records must be maintained on all traded items and/or supplies.

Government Funds Use

Should any government funds be used to purchase property/equipment, such property will be appropriately tagged for identification.

Safeguarding of Property


All PP&E records are maintained in the Kern Medical Finance Department.

KCHA CHC PP&E should only be used in conjunction with the activities of KCHA CHC and shall not be removed from KCHA CHC without proper approval of Management. KCHA CHC premises are secured and alarmed for after hours. In the event of loss or theft of KCHA CHC property, the Finance Senior Director of Finance and Finance Administrator CFO should be notified in writing, describing property lost/stolen, date & time, loss or theft noticed and if applicable copy of a police report.

KCHA CHC Executive Director CFO is responsible for administering this procedure, including updating it as required by changes in circumstances and responding to questions which arise concerning its implementation.

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Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No. LAL-FIN-13	Effective Date March 2025	Review Date: March 2028	Page 1 of 1 (with addendum)	
Title: Real Property				

POLICY: Kern County Hospital Authority Community Health Center (KCHA CHC) properly accounts for expenditures and disbursements related to the acquisition, disposal and/or construction of real property.

Real property is defined as land, structural buildings and any permanent improvements attached to it such as: HVAC systems, central AC units, permanent flooring, permanent landscaping.

The Board of Directors shall participate in discussions related to the acquisition, disposal and/or construction of real property including but not limited to purchases, leases, and lease options. Any agreement or commitment, verbal or written, regarding a real property transaction must be approved in advance by the Board of Directors with final approval by the co-applicant Board.


The ~~F~~inance ~~D~~epartment will track and maintain all transactions and records including disbursements during construction (if applicable).

PROCEDURE:

1. The Board of Directors will be notified of all prospective transactions related to the acquisition, disposal and/or construction of real property. The Board will also be updated on the status of ongoing projects including any legal, financial, planning, and other implications.
2. Staff must ensure all legal requirements for real property transactions are met, such as obtaining appraisals, permits and easements.
3. The ~~Finance Administrator~~~~CFO~~ must approve all payments related to the acquisition or construction of real property. Approval will only be granted upon review of vendor contract, invoice and/or other reasonable supporting documentation.
4. The ~~Kern Medical~~~~F~~inance ~~D~~epartment will compile and document all costs associated with real property transactions. This information will be accessible to the Board of Directors upon request.

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APPROVED BY COMMITTEE	
DISTRIBUTION	
REQUIRES REVIEW	
Executive Director Signature of Approval _____	Signature of Approval _____
Date _____	Date _____

Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-FIN-14	March 2025	March 2028	1 of 4 (with addendum)	
Title: Receipt of Funds				

POLICY: It is a policy of Kern County Hospital Authority Community Health Center (KCHA CHC) to receive payments by various methods, prepare deposits, track payments received, and record cash receipts in as timely, accurate, compliant, and efficient manner, while ensuring that a separation of duties is in place to safeguard cash handling. KCHA CHC has delegated these tasks to the co-applicant. The policy aims to account for all collected funds to prevent theft.

It is KCHA CHC policy is that all cash and cash equivalents, whether in the form of cash, ACH, EFT, checks, credit cards or foreign currency, are reasonably recorded at the time of receipt. Cash receipts are forwarded to the Kern Medical Finance department along with proper documentation for deposit and reconciliation. Reasonable efforts shall be made to deposit cash or cash equivalents at least weekly unless exceptional circumstances prevent this. See **Petty Cash Policy and Procedure** for more information.

It is the policy of KCHA CHC to accept donations consistent with adopted KCHA ~~CHC~~ Conflict of Interest policy, ~~section~~ following all federal, state, local laws or regulations.

PROCEDURE:

1. Mail Handling: ~~A s~~Staff member outside of the fiscal department receives and opens mail. Checks received are routed to the designated fiscal staff. After review by fiscal staff, checks are handed to Accounts Receivable (A/R) staff member.
2. Check Deposit Preparation (Bank Deposit): A/R endorses checks with a bank account stamp and prepares a deposit slip in duplicate. Checks are listed separately on an adding machine tape and attached to original deposit slip. A listing of checks received is made on a spreadsheet. Checks and deposit slip are photocopied, and photocopies filed. Checks and deposit slip are given to another fiscal staff member to be deposited.
3. Electronic Check Deposits/Transmissions: A/R staff electronically transmits checks to the bank. No photocopies are made. Checks deposited are retained on site in a locked drawer, and then destroyed. See **Records Retention policy & procedures** for more information.
4. Check backups:
 - a. Back-up for checks in payment of patient accounts are routed to the Billing Department for posting to patient accounts in KCHA CHC's EHR.
 - b. For all other payments received, payments are listed individually on a spreadsheet, coded, reviewed by the Controller or designee, and then posted to the general ledger.
5. **Electronic Fund Transfers (EFTs), ACH and Credit Card Payments:** Payments from various sources, including Medi-Cal, Medicare, some private insurers, some grants (i.e. HRSA) are received by electronic remittance advice and automatically posted in the Cerner EHR. Payments received in bank lockbox accounts are downloaded from the

bank website on a daily basis. The information is sorted, grouped, and posted to the general ledger by a designated fiscal staff member. Credit card payments are similarly downloaded, sorted, and posted to the general ledger on a regular basis.

6. **Cash Receipts:** Cash, checks, and credit card receipts from Medical Reception desks are collected daily by the Cash Management supervisor, who prepares a deposit slip and bank deposit bag. See **Petty Cash Management policy and procedures** for more information.

Recording Cash Receipts

- Front desk staff collects patient payments in various forms such as: cash, checks and credit cards.
- Front desk staff records all patient payment collections directly into the EHR to credit the patients account at the time of visit.
- Each patient is given a receipt printed from the EHR.
At the end of the day, the front desk staff balances their batches and provides a printout to the Finance department along with cash collected.

Reconciling Cash Receipts

- The supervisor or designee reconcile individual batches with health center batch totals. Any discrepancies are investigated, and an incident report is completed if money is found to be out of balance.
- Once batches are verified to be in balance and money collected ties to the Daily Cash Receipt summary, they are placed in a locking cash bag.
- A courier will pick up the locked cash bags from the sites daily to transport to Finance.
- Couriers will not have access to open the locked cash bags. Keys to open locked cash bags are assigned only to the health center supervisor and fiscal staff.

Recording Payments by Mail

- The Accounts Payable Clerk/Accountant (AP) receives all checks in the mail. They open, endorse, date stamps supporting documentation, and prepares a list of checks received with check number and amount.
- The Accounts Receivable Clerk/Accountant (AR) prepares the deposit.

Preparing Deposits

For remote deposits:

- A fiscal staff reviews checks, sorts by type and prepares the batch to scan for electronic deposit.
- The Controller or designee reviews and submits deposits to the bank via online banking to process.
- After checks are electronically deposited; the fiscal staff stamps "Deposited" on the check for security purposes.
- Checks along with the respective electronic deposit confirmations are filed. See **Record Retention policy & procedures** for additional information.

For courier deposits:

- AR prepares a bank deposit slip daily. All currency and coins are listed separately from checks with their bank numbers on the bank's deposit slip.
- All currency and checks are segregated according to date. They are kept in the Finance department's safe between deposits.
- After a deposit is made, the bank retains the original deposit ticket, while a copy is stamped on the back with the date. Check copies are then attached to the deposit slip and filed chronologically in monthly folders.

- The fiscal staff files away the deposit ticket copy along with copies of deposited checks.

Posting Cash Receipts to the General Ledger

- A fiscal staff enters cash receipts into the General Ledger daily as deposits are made.
- The Finance Manager or designee will review cash receipts entries and post.

Maintaining Internal Control for Cash Receipts

The following measures are followed to ensure that cash receipts are properly recorded and accounted for:

- All cash receipts, whether received through mail or collected on site, are promptly deposited. Cash is transported in locked banker's bags from the site to the Finance department, with keys held by Finance and site leadership. Cash is stored in a safe between deposits.
- Duplicate deposit slips are kept and organized chronologically, containing enough information for comparison with individual receipts and the Cash Receipts Journal.
- The Front Desk Supervisor, in charge of cash receipts, does not sign checks or reconcile monthly bank statements. They are not responsible for non-cash accounting records.
- Monthly bank statements are reconciled by an independent Accountant, separate from cashing and depositing functions.
- Daily deposit dates and amounts on bank statements are reconciled with the cash receipts journal, which is further reconciled with the monthly automated General Ledger Statement.
- The Cashier maintains a log to account for and control all unused receipt numbers.

Donations and Contributions

Communication to Kern Medical Foundation (the Foundation) team: All donations shall be communicated to the Foundation team. The Foundation is responsible for acknowledging all donations of funds, goods, and materials to donors, including issuing a receipt.

Revenue Recognition:

KCHA CHC will follow guidance from FASB Statement No. 116 regarding the accounting for contributions received (issued 6/93). Below is a summary of the guidance, which may be subject to change. KCHA CHC will follow the most update-to-date guidance for the purposes of compliance with GAAP.


Revenue from contributions will be recognized as follows:

- Unrestricted: Revenue from unrestricted contributions is recognized upon receipt (or when written documentation is received, if applicable).
- Restricted: Restrictions are made by donors. Revenue is recognized when written documentation is received, regardless of when cash is received.
- Conditional: Revenue is not recognized until the condition set by the donor has been met or satisfied, regardless of when the organization receives the cash.
- Stock donations: Revenue from stock donations is recognized at the time of donation based on Fair Market Value (FMV), regardless of when the organization redeems, sells or liquids the stock donation.
- Promises to Give/Pledges: Revenue recognition for pledges will follow the same principles as contributions defined in the above categories (unrestricted, restricted, conditional)
- In-Kind: may be for either services or tangible items. Donations of tangible items should only be accepted for new and unused items only. Revenue will be recognized based on reasonable and applicable Fair Market Value (FMV) data.

The CFO and/or the Senior Director of Finance have the authority to annually assess and evaluate material thresholds for the revenue recognition process of the organization's donations and contributions in accordance with FASB Statement No. 116.

OWNERSHIP (Committee/Department/Team)	
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APPROVED BY COMMITTEE	
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REQUIRES REVIEW	
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Executive Director Signature of Approval	Date
Signature of Approval	Date

Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-FIN-15	March 2025	March 2028	1 of 4 (with addendum)	
Title: Payroll Processing				

POLICY: This policy ensures that all employee staffs, both exempt and non-exempt, accurately record their time worked, holidays, and leave taken for payroll, benefits tracking, and cost allocation purposes. It also ensures that the payroll process is consistent, timely, and accurate. Kern County Hospital Authority Community Health Center (KCHA CHC) has delegated all Human Resource and Payroll responsibilities to co-applicant KCHA.

Policy Statement:

1. All employee staffs of ~~Kern County Hospital Authority Community Health Center (KCHA CHC)~~ are required to record their time worked, holidays, and leave taken using the JBDev timekeeping system.
2. Payroll checks will be generated only from approved timecards. No payroll checks will be issued based on unapproved timecards.
3. This policy applies to all personnel responsible for completing time records, their respective timecard supervisor(s) and the Kern Medical finance department.


PROCEDURE:

1. Overview: Salaries are based on the Board of Director's approved budget. Changes in salaries require the Finance Administrator's CEO's approval and notification to Executive Director CFO.
2. Payroll frequency: Employee Staffs receive their pay every two weeks, totaling 26 pay periods per year. Paydays are every other Tuesday fall on the Tuesday following the end of each pay cycle. Each pay period covers two weeks, running from Saturday Monday to Friday of each week. Sunday of the following week.
3. Timesheet recording: Each employee Staff must accurately record their work hours and obtain pre-authorization from their supervisor for overtime, vacation days, personal days, sick time, and other paid time off (PTO). Requests for time off must be submitted before the last day of the pay period. Any planned unpaid time off must be submitted for supervisor review and Unpaid Absence entered approval of on timesheets. Special care should be given when planning leave or vacation. A completed time sheet should be completed by employee Staffs in JBDev and submitted for supervisor review and approval before leaving.
4. Timesheet submission: Employee Staff time entries must be entered in JBDev by the end of the pay period on Friday. submitted by 10:00am on Monday before the Tuesday payday the following week.
5. Supervisor timesheet review: Supervisors are required to review all time entries for accuracy and appropriateness, make any necessary adjustments to timesheets, respond to time off requests, and approve timesheets by 10:00am on the Monday following the end of a pay period. first business day of the payday week.
6. Failure to submit timesheets timely/inaccurate timesheets:
 - a. Timesheets not approved and submitted in by 10:00am on Monday morning before the Tuesday payday the following week may be run the risk of not being processed

- ~~until in~~ the next payroll period. Every effort is made to limit the delay ~~to two working days for each day that of payment if~~ the time sheet is submitted late.
- b. Inaccurate timesheets due to missed hours or timesheets not completed timely must be reported by the ~~employeeStaff~~'s supervisor. Missed hours may be processed in the next payroll period or on an off-cycle payroll.
 7. Timesheet review: The payroll ~~team accountant~~ will review timesheets and the payroll register for completeness and accuracy including total hours worked, time off for PTO, EIB, vacation, sick leave, holiday, etc.
 8. Payroll register review: The payroll register is ~~printed~~generated and given to the Human Resources and Payroll Team~~Controller or designee to for~~ review for completeness and accuracy. The Payroll Manager makes any final changes and prints a final register. Payroll is submitted to the payroll processing service by ~~Monday at noon~~Thursday at 4pm.
 9. Payday: ACHs and live payroll checks are available by Tuesday morning. Live checks are ~~delivered to employees by Tuesday end of day available for pick up at the Human Resources office~~. In the event ~~an employeeStaff~~ is not available (on PTO, left early) to receive their paycheck, every effort will be made to deliver the ~~employeeStaff~~'s paycheck ~~as soon as possible by the next available business day~~.
 10. Post payroll: ~~Staff Accountant~~Payroll Manager downloads the payroll file and uploads into the GL. The Finance Manager or designee reviews and post the entry.
 11. ~~EmployeeStaff~~ records: KCHA Human Resources maintains all ~~employee staff~~ records in the payroll system and supporting documents electronically in the HRIS system.~~on the Kern Medical Outpatient Health computer network~~. Payroll records are stored electronically in the network and shared only with individuals that have a business need for access.
 12. Manual paychecks: The Payroll ~~Manager accountant~~ prepares out of cycle paychecks as needed for various reasons, including terminations, bonuses, etc.
 13. Payroll deductions: made for health benefits, annuities or other tax purposes will be paid to the proper agencies by respective required deadlines. Payments will be processed timely in the most cost-efficient manner via check, ACH or wire.
 - 13.14. Timesheet attestation: For grant activity, time and commitment attestation reports may be required to be completed each pay period based on actual time spent on each grant program by each ~~employeeStaff~~ whose time is charged to a specific grant. ~~The employeeStaff~~ must indicate the percentage of time he/she spent on each grant program. The time and commitment attestation reports are then signed by each ~~employeeStaff~~ and their supervisor and retained along with the payroll records.
 - 14.15. Segregation of duties:
 - a. Access to enter/make changes to ~~employeeStaff~~ information (HR) should be separate from the payroll processor (Payroll ~~Manager accountant~~).
 - b. The fiscal staff (staff accountant) uploading payroll register data to the GL should be separate from the fiscal staff (Finance ~~Manager Director~~ or designee) posting the journal entry.

OWNERSHIP (Committee/Department/Team)	
ORIGINAL	
REVIEWED, NO REVISIONS	
REVISED	
APPROVED BY COMMITTEE	
DISTRIBUTION	
REQUIRES REVIEW	
Executive Director Signature of Approval	Date
Signature of Approval	Date

Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-FIN-16	March 2025	March 2028	1 of 5 (with addendum)	
Title: Out of Pocket Employee <u>Staff</u>				

POLICY: It is the policy of Kern County Hospital Authority Community Health Center (KCHA CHC) that necessary business expenses paid out of pocket be reimbursed. These include but are not limited to cellphone expenses, local and out-of-town travel expenses, continuing professional education. KCHA CHC has delegated all reimbursement actions to co-applicant KCHA.

Mileage Reimbursement Policy:

- KCHA ~~CHC~~ offers mileage reimbursement to ~~Employee~~Staffs when deemed appropriate.
- Reimbursement is based on the IRS standard mileage rate and undergoes annual review by management, typically in January.

Eligibility Criteria:

- Mileage reimbursement applies when an ~~employee~~Staff drives to a location for KCHA CHC business beyond their regular commuting distance to and from KCHA CHCthe Health Center.
- Additional mileage reimbursements are subject to the discretion of the Finance Administrator~~CEO.~~

Documentation Requirements:

- Proper documentation is essential for reimbursement.
- ~~Employee~~Staffs must provide detailed mileage information on the Mileage Reimbursement Request or Travel Expense Report Form.
- Documentation should include the travel date, miles traveled, starting location, destination, and the business purpose for the travel.

PROCEDURE:

- ~~Employee~~Staffs, with prior approval by the Executive Director~~their Supervisor~~, can be reimbursed for out-of-pocket necessary business expenses directly related to work and patient services.
- Submission Process: All reimbursements must be completed and submitted on the necessary forms as required by the organization.

Cell Phone Reimbursement

- Option for Personal Cell Phone Usage:
 - ~~Employee~~Staffs can opt to use their personal cell phones instead of a company-provided phone for conducting company business.
 - Approval is contingent upon the requirements of their role and function within the organization.
- Request Process:

- ~~EmployeeStaffs~~ seeking to use their personal cell phone for KCHA CHC business must complete a formal request.
- The request should then be forwarded to the ~~Executive Director~~~~r~~ ~~Supervisor~~ for approval.
- Stipend Submission:
 - Upon approval, ~~employeeStaffs~~ are required to submit the stipend amount of \$XX.00 per month.
 - A current copy of the first page of the monthly bill should accompany the stipend submission.
 - Submissions are to be made to the Finance department using the appropriate request form, signed by the ~~Executive Director~~~~r~~ ~~Supervisor~~.
- Part-Time ~~EmployeeStaff~~ Reimbursement:
 - Part-time ~~employeeStaffs~~ are eligible for a pro-rated reimbursement based on their Full-Time Equivalent (FTE) status.

Mileage Reimbursement:

Only local mileage related to KCHA CHC business and/or patient services may be reimbursed to the ~~employeeStaff~~. Only the ~~employeeStaff~~ driving the vehicle may request for mileage reimbursement. Passengers are not eligible for mileage reimbursement. Permit fees and parking fees are also eligible for reimbursement. **Moving violations and/or parking violations will not be reimbursed under any circumstances.**

1. Overview: ~~Employees-Staff~~ of KCHA CHC may be reimbursed for mileage for the use of their personal vehicle related to the conduct of authorized business of KCHA CHC.
2. Supervisor approval: ~~StaffEmployee~~'s supervisors shall be responsible for authorizing the use of an ~~employeeStaff~~'s personal vehicle for ~~corporate~~~~KCHA CHC~~ business.
3. Permitted uses of personal automobiles for reimbursement: includes, but are not limited to, errands for copying, mail, purchase of supplies, delivery of Board related information to Board members and similar activities.
4. ~~EmployeeStaff~~ mileage for commuting to and from the ~~employeeStaff~~'s home to their assigned location are not eligible for reimbursement.
5. Processing: reimbursements will be processed monthly by check or ACH.
6. To receive mileage reimbursement: ~~EmployeeStaffs~~ must submit a log of their mileage. The log shall include date of trip, total mileage, business purpose and a printout of google maps detailing the trip begin and end points. ~~EmployeeStaffs~~ must sign off verifying that the information provided are true and correct. Mileage statements shall be turned in no later than the 5th day of the following month for timely processing.
7. Deadline: It is the ~~employeeStaff~~'s responsibility to submit mileage claims on a timely basis. Mileage claims submitted more than 90 days after the end of a month's period may not be honored. This is necessary for KCHA CHC to be able to plan for its cash flow obligations.

KCHA CHC Mileage Reimbursement Form

Name: _____ Title: _____

Department: _____ Date Submitted: _____

Month & Year: _____

Date	From	To	Purpose	Total Mileage
Total Miles				
Amount (Total Miles x \$0.70)				

Employee~~Staff~~ Signature: _____ Date: _____

Approved by ~~CEO/Supervisor~~**Executive Director**: _____ Date: _____

KCHA CHC Expense Reimbursement Form

Name: _____ Title: _____

Department: _____ Date Submitted: _____

Month & Year: _____


Date of Transaction	Paid To	Description	Amount
Total Reimbursement Requested			

~~Employee~~Staff Signature: _____ Date: _____

Approved by ~~Executive Director~~GEO/Supervisor: _____ Date: _____

OWNERSHIP (Committee/Department/Team)	
ORIGINAL	
REVIEWED, NO REVISIONS	
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APPROVED BY COMMITTEE	
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REQUIRES REVIEW	
Executive Director Signature of Approval	Date
Signature of Approval	Date

Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-FIN-17	March 2025	March 2028	1 of 1 (with addendum)	
Title: Legislative Mandates				

POLICY: Kern County Hospital Authority Community Health Center (KCHA CHC) is committed to high standards and compliance with all applicable laws and regulations and maintains safeguards to ensure KCHA CHC's compliance with the Legislative Mandates.

PROCEDURE: KCHA CHC maintains compliance with requirements mandated by the most recent Consolidated Appropriations Act, which provides funding to HRSA and limits uses of funds.

A complete description of the Legislative Mandates for fiscal year 2024 is included in [HRSA Bulletin 2024-02E](#):

Division B, Title VII

(1) Confidentiality Agreements (Section 742)

Division D, Title II

(2) Salary Rate Limitation (Section 202)

(3) Gun Control (Section 210)

Division D, Title V

4) Anti-Lobbying (Section 503)

(5) Acknowledgment of Federal Funding (Section 505)

(6) Restriction on Abortions (Section 506)

(7) Exceptions to Restriction on Abortions (Section 507)

(8) Ban on Funding Human Embryo Research (Section 508)


(9) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)

(10) Restriction of Pornography on Computer Networks (Section 520)

(11) Restriction on Purchase of Sterile Needles (Section 526)

OWNERSHIP (Committee/Department/Team)	
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Executive Director Signature of Approval	Date
Signature of Approval	Date

Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-FIN-18	March 2025	March 2028	1 of 2 (with addendum)	
Title: Investment of Funds				

POLICY: Kern County Hospital Authority Community Health Center (KCHA CHC) maintains clear investment goals and guidelines for investments along with appropriate measurement benchmarks and periods. The guidelines quantify the specific asset allocation limits as well as criteria for investment vehicles and fiduciary responsibilities including requirements for present and future cash flow and for the preservation of principle.

KCHA, on behalf of KCHA CHC, will invest excess cash in an appropriate and responsible manner. This policy provides guidance in the investment of excess cash to achieve a reasonable rate of return with minimal risk that will allow for quick availability of cash while preserving and protecting capital.

- **Security:** All cash and investments as is practical shall be maintained in insured accounts (FDIC or private) or in government-backed securities.
- **Interest Bearing:** KCHA CHC shall maintain an interest-bearing account. Cash will be moved from this interest-bearing account into a checking account as needed for disbursements.
- **Operating Funds/ Short-Term Reserves:** Certificates of Deposits may be purchased in a staggered manner for terms not to exceed six months with any unrestricted funds in excess of four months of operational cash on hand.
- **Board Restricted Funds/ Long-Term Reserves:** Board restricted funds, and operating funds in excess of 12 months of operational cash may be invested in longer term Certificates of Deposit or in US Government Securities at the Board's discretion.

KCHA CHC's Conflict of Interest policy and procedure will be observed in all investment-related actions.

PROCEDURE:


The following objectives are applicable for all investments:

- a. **Preservation of Purchasing Power.** The Fund will be managed to achieve returns in excess of the rate of inflation over the investment horizon in order to preserve purchasing power. Risk control is an important element in the investment of KCHA CHC's assets. KCHA CHC desires to achieve at least a real rate of return of 3% over the rate of inflation (measured by the Consumer Price Index).
- b. **Preservation of Capital.** The Fund should be managed to minimize the probability of loss of principal over the investment horizon. Emphasis is placed on minimizing return volatility rather than purely maximizing return.
- c. **Growth.** The long-term horizon of the Fund(s) necessitates the use of equity securities in order to provide the opportunity for growth of principal and positive real rates of return over time at an overall target rate of return of 6-7.5% per annum over a full market cycle, approximately 5 to 7 years. Short term volatility will be tolerated in as much as it is consistent with the volatility of a comparable market index.
- d. **Liquidity.** The Fund(s) shall invest in securities which can be sold readily and efficiently with minimal impact on market price to ensure the ability to meet all expected or unexpected cash flow needs.
- e. **Income.** The income derived from the invested assets will provide support and stability to the Fund(s). Therefore, an important component of the Fund(s) shall be the generation of investment income (interest or dividends) while avoiding excessive risk.

Operating Reserves should be managed with a horizon of less than one year, prioritizing (1) Liquidity, (2) Preservation of Capital, and (3) Income.
Investment Reserves should be managed with a horizon of 12-48+ months, prioritizing (1) Preservation of Purchasing Power, (2) Growth, (3) Preservation of Capital, (4) Liquidity, (5) Income.

OWNERSHIP (Committee/Department/Team)			
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APPROVED BY COMMITTEE			
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REQUIRES REVIEW			
Executive Director Signature of Approval		Signature of Approval	
Date		Date	

Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-FIN-19	March 2025	March 2028	1 of 2 (with addendum)	
Title: Petty Cash Funds				

I. PURPOSE:

To define the necessary steps to be taken regarding the internal controls and account reconciliation for the petty cash account. The total balance in the petty cash account consists of petty cash funds maintained in cash boxes by ~~several staff custodians throughout various hospital departments, including Patient Accounting,~~ Ambulatory Patient Access ~~and the Emergency Department (ED).~~ The petty cash fund is maintained for minor disbursements and to facilitate quick transactions. The ability to collect patient copays and deductibles at time of service is a primary reason for maintaining these cash boxes.

II. DEFINITIONS: N/A

III. POLICY STATEMENT:

It is the policy of Kern County Hospital Authority Community Health Center (KCHA CHC) to implement internal controls and regular account reconciliations regarding petty cash asset management.

In general, there is a total of **\$3,000** in petty cash maintained in cash boxes by KCHA CHC custodians and it will be equal to the total per the petty cash general ledger balance sheet account in the KCHA CHC financial accounting system.

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IV. PROCEDURE:

- A. Each cash box custodian is responsible for maintaining the correct cash balance in the cash box at all times. The total balance could consist of any combination of currency, coin or vouchers, and receipts. Any voucher or receipt that a custodian makes change for will have the appropriate signed approval of the custodian's supervisor or department director. The balance sheet reconciliation for the account will be maintained monthly, per policy, **FIN-IM-115**, Account Reconciliation. In addition to monthly balance sheet reconciliations, surprise cash counts will be conducted by **KCHA** finance staff on a regular basis to maintain the integrity of the account. Discrepancies discovered during surprise or random cash box counts will require a written remedy regarding improved internal controls to be prepared and provided by the ~~Finance Directorsupervisor or department director where the cash box resides.~~ Cash box replenishment due to shortages or vouchers will be completed before the end of the month.
- B. Cash asset management responsibility will reside with the ~~Finance DD~~ **Director of Finance or equivalent position at the facility.**
- C. Fiscal Control:
 - Two persons have access to the petty cash fund.
 - Petty cash funds are kept separate from other money.
 - Loans or advances are not permitted from petty cash funds.
 - A member of the Accounts Payable (AP) team counts, balances the fund, and

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examines vouchers as needed.

V. EDUCATION:

- A. KCHA CHC ~~Cash Custodian(s)~~~~General Accounting Staff~~: Will receive education pertaining to this policy, as appropriate, at time of general orientation and/or unit-specific orientation and as changes occur in legislation, quality or regulatory requirements. In addition, all petty cash custodians, their supervisors and department directors will be required to acknowledge this policy.

VI. DOCUMENTATION: N/A


VII. ADDENDUMS: N/A

VIII. REFERENCES: N/A

IX. KEY WORDS: Cash, Controls

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Executive Director Signature of Approval	Date
Signature of Approval	Date

Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No.	Effective Date	Review Date:	Page	
LAL-FIN-20	March 2025	March 2028	1 of 3 (with addendum)	
Title: Annual Budget Preparation				

I. PURPOSE:

The purpose of this policy is to document the requirement that Kern County Hospital Authority Community Health Center (KCHA CHC) must prepare and approve for submission a balanced annual operating budget prior to the start of the fiscal year, July 1st. Final approval needs to be secured from the KCHA and submit it to the Board of Governors for approval prior to the start of the fiscal year. In addition, this document policy outlines the procedure used to that should be followed to develop the budget.

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II. DEFINITIONS:

Fiscal Year

- The fiscal year for KCHA CHC the Hospital Authority begins on July 1st and ends on June 30th.

Balanced Budget

- A balanced budget occurs when revenues are equal to or greater than expenses.

III. POLICY STATEMENT:

The budget will reflect the mission of KCHA CHC the Hospital Authority by ensuring that resources are properly allocated across all departments of the hospital and clinics. Revenues and expenses for lines of business outside the HRSA-approved scope of the health center organization are fully supported by non-health center project revenues and are excluded from the annual operating budget for the health center project.

This budget is reflective of all projected costs and revenues necessary to support the KCHA CHC the Hospital Authority's HRSA-approved scope of project, including revenue and expenses for all sites, services and activities within the scope of project. This includes all projected revenue sources that will support the KCHA CHC Health Center Program project, specifically:

- Fees, premiums and third-party reimbursements and payments that are generated from the delivery of services
- Revenues from state, local or other federal grants or contracts
- Private support or income generated from contributions
- Any other funding expected to be received for purposes of supporting KCHA CHC the Health Center Program project

The Finance Administrator Chief Financial Officer (CFO) will initiate the budget preparation process, coordinate necessary input, and obtain KCHA Board of Governors approval of the budget prior to the start of the new fiscal year on July 1st.

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IV. PROCEDURE:

The annual operating budget shall include all projected revenue sources. The operating budget will communicate short-term operating plans, approve staffing of monetary requests, and monitor performance. Regular variance reports shall be created to note changes in actual expenditures compared to the budget; said reports will be presented monthly to the Board of Directors for their review. These reports may prompt the Board of Directors to direct staff to reduce expenditures or find new revenue sources.

1. The ~~Finance Administrator~~CFO and finance department managers will meet with ~~the Executive Director~~all Hospital Authority Vice Presidents and the department directors that report to them to review. ~~During the initial planning stage, particular emphasis will be placed on the nursing departments to determine the volumes of service expected for the next fiscal year and, T the number of full-time equivalent (FTE) employees needed to cover anticipated volumes. will be adjusted at the department level.~~ Consideration will be given to:
 - o Current volumes ~~(Average Daily Census, Admissions, Outpatient Visits, Emergency Department Visits, Surgeries, Deliveries, etc.)~~.
 - o Any anticipated increases/decreases or changes in patient services.
 - o Any anticipated changes in payer mix.
2. ~~Meet with Chief Executive Officer (CEO) and i~~ identify any capital projects, equipment purchases, and other initiatives to account for during the next year.
3. Based on the projected patient volumes and on historical financial results, calculate a baseline of expected revenues and expenses for the following year.
~~3.~~
4. Apply an appropriate inflation factor to each revenue and expense line item. In addition, adjust for known changes in employee wage rates.
~~4.~~
5. Make necessary adjustments to revenues and expenses based on input from ~~Executive Director~~department vice presidents, directors, and managers.
~~5.~~
6. Draft ~~hospital-wide~~ budgeted income statement and individual ~~department/clinic~~ budgets.
~~6.~~
7. Allocate ~~department/clinic~~ budgets to ~~Executive d~~Directors and managers of all cost centers of the hospital and clinics for their review.
~~7.~~
8. All changes and edits needed to clear review points and finalize the ~~KCHA~~CHChospital-wide budget will be made before submission to the ~~Finance~~

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~~Administrator~~CEO for review and approval. A corresponding narrative will be drafted to highlight key points in the budget.
~~8.~~

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9. After ~~CEO~~Executive Director approval, the budget will be added to the next Board of ~~Directors~~Governors meeting agenda for their review and submission to the KCHA Board of Governors approval.
~~9.~~

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10. Once approved by the Board of Governors, the budget is also submitted to the ~~Kern~~ County Board of Supervisors for their review and approval. After approval, the budget will be included in monthly financial statements. Financial statements will be produced each month and variances in actual revenue and expenses compared to the budget will be analyzed and appropriate corrective action taken as needed.

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V. EDUCATION:

~~Clinic~~Department ~~mana~~ managers will be educated by finance staff about interpreting and analyzing monthly financial reports, productivity reports, and statistical reports.

OWNERSHIP (Committee/Department/Team)	
ORIGINAL	
REVIEWED, NO REVISIONS	
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APPROVED BY COMMITTEE	
DISTRIBUTION	
REQUIRES REVIEW	
Executive Director Signature of Approval	Signature of Approval
Date	Date

**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

April 23, 2025

Subject: Proposed update to the Health Resources and Services Administration Health Center Program Form 5A: Services Provided (Required Services)

Recommended Action: Approve

Summary:

Pursuant to Section 330 of the Public Health Services (PHS) Act, the Community Health Center (CHC) must provide the required primary health services listed in Section 330(b)(1) and 330(h) of the PHS Act. CHC may provide additional (supplemental) health services that are appropriate to meet the health needs of the population served by the health center, subject to review and approval by the Health Resources and Services Administration (HRSA).

All required and applicable additional health services must be provided through one or more service delivery method(s): directly, or through written contracts and/or cooperative arrangements. As services and vendors change, this Form 5A will be updated as needed.

The attached Form 5A: Services, delineates which delivery service (direct or formal written agreement) will provide access to all services included in CHC's scope of project. The 5A form has been updated since you last approved the form at your February 26, 2025 Board meeting. This updated 5A form will be submitted to HRSA as part of the application process.



Form 5A: Services Provided

OMB No.: 0915-0285. Expiration Date: 4/30/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5A: SERVICES PROVIDED (REQUIRED SERVICES)	FOR HRSA USE ONLY		
	LAL Number	Application Tracking Number	
This form will pre-populate for competing continuation applicants. For more information, refer to the Service Descriptors for Form 5A: Services Provided and the Column Descriptors for Form 5A: Services Provided .			
Service Type	Service Delivery Methods		
	Direct (Health Center pays)	Formal Written Contract/ Agreement (Health Center pays)	Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X	X	
Diagnostic Laboratory	X	X	X ¹
Diagnostic Radiology			X ¹
Screenings	X	X	X ¹
Coverage for Emergencies During and After Hours	X	X	
Voluntary Family Planning	X	X	X ¹
Immunizations	X	X	
Well Child Services	X		
Gynecological Care	X	X	
Obstetrical Care			
• Prenatal Care	X	X	
• Intrapartum Care (Labor & Delivery)			X ¹
• Postpartum Care	X	X	
Preventive Dental	X		
Pharmaceutical Services	X	X	X ¹
HCH Required Substance Use Disorder Services			
Case Management	X		
Eligibility Assistance	X		X
Health Education	X		X
Outreach	X		
Transportation	X		
Translation	X	X	

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5A: SERVICES PROVIDED (ADDITIONAL SERVICES)		FOR HRSA USE ONLY	
		LAL Number	Application Tracking Number
Service Type	Service Delivery Methods		
	Direct (Health Center pays)	Formal Written Contract/ Agreement (Health Center pays)	Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services			
Behavioral Health Services			
• Mental Health Services	X		
• Substance Use Disorder Services			X ¹
Optometry			
Recuperative Care Program Services			X ¹
Environmental Health Services			
Occupational Therapy			
Physical Therapy			
Speech-Language Pathology/Therapy			
Nutrition		X	
Complementary and Alternative Medicine			
Additional Enabling/Supportive Services			

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until 4/30/2026. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

April 23, 2025

Subject: Revised Form 5B - Service Sites

Recommended Action: Approve

Summary:

The proposed Revised Form 5 - Service Sites is a required document needed to support the Kern County Hospital Authority Community Health Center (KCHA CHC) Look-Alike Application to pursue a Federally Qualified Health Center (FQHC).

The KCHA CHC Board has oversight responsibilities for the strategic planning of KCHA CHC, recommending services to be provided by KCHA CHC, and reviewing the program requirements of the Health Resources and Services Administration (HRSA) for compliance. The proposed revised KCHA CHC Form 5B - Service Sites is a requirement for the Look-Alike application and meets all HRSA requirements.

Therefore, it is recommended that your Board approve the revised Form 5B - Service Sites for submission to HRSA.

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5B: SERVICE SITES		FOR HRSA USE ONLY	
		LAL Number	Application Tracking Number
<p>Note: This form will pre-populate for competing continuation applicants.</p> <p>New and Competing Supplement Applicants: If you are requesting funding to target the general underserved community (CHC), residents of public housing (PHPC), or people experiencing homelessness (HCH), you must propose at least one new Service Delivery site or Administrative/Service Delivery site with the Location Type as 'Permanent' and operating for at least 40 hours.</p> <p>If you are proposing to serve ONLY migrant and seasonal agricultural workers (MHC), you must propose at least one new Service Delivery site or Administrative/Service Delivery site with the Location Type as 'Permanent' or 'Seasonal' and operating for at least 40 hours.</p>			
Site 1 Qualification Criteria – KERN MEDICAL ADMINISTRATIVE OFFICES (1700 MOUNT VERNON)			
<p>1. Is the site an Admin-only site?</p> <p>If Yes, the site is an Admin-only site, select 'Not Applicable' for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.</p>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
b. Do/will providers exercise independent judgment in the provision of services to the patient?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<p>2. Is the site a Domestic Violence (Confidential) shelter?</p> <p>Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
Site Information			
Site Name	KERN MEDICAL ADMINISTRATIVE OFFICES	Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, select Change Physical Location and update as appropriate)	1700 Mount Vernon Avenue, First Floor Bakersfield, CA 93306
Site Type	<input type="checkbox"/> Administrative/Service Delivery Site <input type="checkbox"/> Service Delivery Site <input checked="" type="checkbox"/> Administrative Site	Site Phone Number	661.326.2000
Web URL	Kern Medical Outpatient Health Healthcare Services in Kern County, CA		

Site Information			
The following fields are required for “Service Delivery” and “Administrative/Service Delivery” site types: (N/A for Administrative Sites only)			
Location Type	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent	Site Setting	<input type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School
Date Site was Added to Scope	<i>Read-only for sites already in scope and disabled when adding a new site</i>	Site Operational Date	mm/dd/yyyy
FQHC Site Medicare Billing Number Status	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number	FQHC Site Medicare Billing Number (Required if 'This site has a Medicare billing number' is selected in 'FQHC Site Medicare Billing Number Status' field)	N/A
FQHC Site National Provider Identification (NPI) Number (Optional field)	N/A	Total Hours of Operation (when patients will be served per week)	N/A
Months of Operation			
Service Area Zip Codes	N/A		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	N/A	Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	N/A
Site Operated by	<input checked="" type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Subrecipient <input type="checkbox"/> 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			

Site 2 Qualification Criteria – KERN MEDICAL PEDIATRICS AND OBGYN (COLUMBUS, Suite 1000)

1. Is the site an Admin-only site? If Yes, the site is an Admin-only site, select 'Not Applicable' for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
b. Do/will providers exercise independent judgment in the provision of services to the patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
2. Is the site a Domestic Violence (Confidential) shelter? Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable

Site Information

Site Name	KERN MEDICAL PEDIATRICS & OBGYN – COLUMBUS 1000 COLUMBUS, Suite 1000	Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, select Change Physical Location and update as appropriate)	1111 Columbus Street, Suite 1000 Bakersfield, CA 93305
Site Type	<input type="checkbox"/> Administrative/Service Delivery Site <input checked="" type="checkbox"/> Service Delivery Site <input type="checkbox"/> Administrative Site	Site Phone Number	661.326.2800
Web URL	www.kernmedical.com/kern-medical-outpatient-health/		

Site Information

The following fields are required for “Service Delivery” and “Administrative/Service Delivery” site types:

Location Type	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent	Site Setting	<input checked="" type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School
Date Site was Added to Scope	01/16/2025 (date the co-applicant board was established as placeholder)	Site Operational Date	07/1/2016 (hospital date as placeholder)

FQHC Site Medicare Billing Number Status	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input checked="" type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number	FQHC 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	1780498915	Total Hours of Operation	60 hrs/week
Months of Operation	January – December		
Service Area Zip Codes	93307, 93306, 93305, 93304, 93308, 93309, 93313, 93311, 93301, 93312, 93241		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	N/A	Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	N/A
Site Operated by	<input checked="" type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Subrecipient <input type="checkbox"/> 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			

Site 3 Qualification Criteria – KERN MEDICAL COLUMBUS (COLUMBUS, Suite 2000)

1. Is the site an Admin-only site? If Yes, the site is an Admin-only site, select 'Not Applicable' for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
b. Do/will providers exercise independent judgment in the provision of services to the patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
2. Is the site a Domestic Violence (Confidential) shelter? Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable

Site Information

Site Name	KERN MEDICAL – COLUMBUS 2000 COLUMBUS, Suite 2000	Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, select Change Physical Location and update as appropriate)	1111 Columbus Street, Suite 2000 Bakersfield, CA 93305
Site Type	<input type="checkbox"/> Administrative/Service Delivery Site <input checked="" type="checkbox"/> Service Delivery Site <input type="checkbox"/> Administrative Site	Site Phone Number	661.326.2800
Web URL	www.kernmedical.com/kern-medical-outpatient-health/		

Site Information

The following fields are required for “Service Delivery” and “Administrative/Service Delivery” site types:

Location Type	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent	Site Setting	<input checked="" type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School
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01/16/2025 (date the co-applicant board was established as placeholder)	Site Operational Date	07/1/2016 (hospital date as placeholder)	01/16/2025 (date the co-applicant board was established as placeholder)
FQHC Site Medicare Billing Number Status	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input checked="" type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number	FQHC 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	1679379135	Total Hours of Operation (when patients will be served per week)	60 hrs/week
Months of Operation	January – December		
Service Area Zip Codes	93307, 93306, 93305, 93304, 93308, 93309, 93313, 93311, 93301, 93312, 93241		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	N/A	Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	N/A
Site Operated by	<input checked="" type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Subrecipient <input type="checkbox"/> 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			

Site 4 Qualification Criteria – KERN MEDICAL FAMILY PRACTICE (COLUMBUS, Suite 3000)

1. Is the site an Admin-only site? If Yes, the site is an Admin-only site, select 'Not Applicable' for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
b. Do/will providers exercise independent judgment in the provision of services to the patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
2. Is the site a Domestic Violence (Confidential) shelter? Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable

Site Information

Site Name	KERN MEDICAL FAMILY PRACTICE – COLUMBUS 3000 COLUMBUS, Suite 3000	Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, select Change Physical Location and update as appropriate)	1111 Columbus Street, Suite 3000 Bakersfield, CA 93305
Site Type	<input type="checkbox"/> Administrative/Service Delivery Site <input checked="" type="checkbox"/> Service Delivery Site <input type="checkbox"/> Administrative Site	Site Phone Number	661.326.2800
Web URL	www.kernmedical.com/kern-medical-outpatient-health/		

Site Information

The following fields are required for “Service Delivery” and “Administrative/Service Delivery” site types:

Location Type	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent	Site Setting	<input checked="" type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School
Date Site was Added to Scope	01/16/2025 (date the co-applicant board was established as placeholder)	Site Operational Date	07/1/2016 (hospital date as placeholder)

FQHC Site Medicare Billing Number Status	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input checked="" type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number	FQHC 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	1003612565	Total Hours of Operation	60 hrs/week
Months of Operation	January – December		
Service Area Zip Codes	93307, 93306, 93305, 93304, 93308, 93309, 93313, 93311, 93301, 93312, 93241		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	N/A	Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	N/A
Site Operated by	<input checked="" type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Subrecipient <input type="checkbox"/> 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			

Site 5 Qualification Criteria – KERN MEDICAL OBYGN (9300 STOCKDALE, Suite 100)

1. Is the site an Admin-only site? If Yes, the site is an Admin-only site, select 'Not Applicable' for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
b. Do/will providers exercise independent judgment in the provision of services to the patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
2. Is the site a Domestic Violence (Confidential) shelter? Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable

Site Information

Site Name	KERN MEDICAL OBGYN – STOCKDALE 100 9300 STOCKDALE, Suite 100	Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, select Change Physical Location and update as appropriate)	9300 Stockdale Highway Suite 100 Bakersfield, CA 93311
Site Type	<input type="checkbox"/> Administrative/Service Delivery Site <input checked="" type="checkbox"/> Service Delivery Site <input type="checkbox"/> Administrative Site	Site Phone Number	661.664.2200
Web URL	www.kernmedical.com/kern-medical-outpatient-health/		

Site Information

The following fields are required for “Service Delivery” and “Administrative/Service Delivery” site types:

Location Type	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent	Site Setting	<input checked="" type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School
Date Site was Added to Scope	01/16/2025 (date the co-applicant board was established as placeholder)	Site Operational Date	07/1/2016 (hospital date as placeholder)

FQHC Site Medicare Billing Number Status	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input checked="" type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number	FQHC 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	1396559522	Total Hours of Operation (when patients will be served per week)	M-F 8a-5p
Months of Operation	January – December		
Service Area Zip Codes	93307, 93306, 93305, 93304, 93308, 93309, 93313, 93311, 93301, 93312, 93241		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	N/A	Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	N/A
Site Operated by	<input checked="" type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Subrecipient <input type="checkbox"/> 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			

Site 6 Qualification Criteria – KERN MEDICAL FAMILY MEDICINE (9330 STOCKDALE, Suite 400)

1. Is the site an Admin-only site? If Yes, the site is an Admin-only site, select 'Not Applicable' for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
b. Do/will providers exercise independent judgment in the provision of services to the patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
2. Is the site a Domestic Violence (Confidential) shelter? Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable

Site Information

Site Name	KERN MEDICAL FAMILY MEDICINE – STOCKDALE 400 9330 STOCKDALE, Suite 400	Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, select Change Physical Location and update as appropriate)	9330 Stockdale Highway Suite 400 Bakersfield, CA 93311
Site Type	<input type="checkbox"/> Administrative/Service Delivery Site <input checked="" type="checkbox"/> Service Delivery Site <input type="checkbox"/> Administrative Site	Site Phone Number	661.664.2200
Web URL	www.kernmedical.com/kern-medical-outpatient-health/		

Site Information

The following fields are required for “Service Delivery” and “Administrative/Service Delivery” site types:

Location Type	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent	Site Setting	<input checked="" type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School
Date Site was Added to Scope	01/16/2025 (date the co-applicant board was established as placeholder)	Site Operational Date	07/1/2016 (hospital date as placeholder)

FQHC Site Medicare Billing Number Status	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input checked="" type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number	FQHC 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	1740094986	Total Hours of Operation	M-F 8-5
Months of Operation	January – December		
Service Area Zip Codes	93307, 93306, 93305, 93304, 93308, 93309, 93313, 93311, 93301, 93312, 93241		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	N/A	Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	N/A
Site Operated by	<input checked="" type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Subrecipient <input type="checkbox"/> 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			

Site 7 Qualification Criteria – KERN MEDICAL PEDIATRICS (9330 STOCKDALE, Suite 500)

1. Is the site an Admin-only site? If Yes, the site is an Admin-only site, select 'Not Applicable' for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
b. Do/will providers exercise independent judgment in the provision of services to the patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
2. Is the site a Domestic Violence (Confidential) shelter? Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable

Site Information

Site Name	KERN MEDICAL PEDIATRICS & OBGYN – STOCKDALE 500 9330 STOCKDALE, Suite 500	Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, select Change Physical Location and update as appropriate)	9330 Stockdale Highway Suite 500 Bakersfield, CA 93311
Site Type	<input type="checkbox"/> Administrative/Service Delivery Site <input checked="" type="checkbox"/> Service Delivery Site <input type="checkbox"/> Administrative Site	Site Phone Number	661.847.9705
Web URL	www.kernmedical.com/kern-medical-outpatient-health/		

Site Information

The following fields are required for “Service Delivery” and “Administrative/Service Delivery” site types:

Location Type	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent	Site Setting	<input checked="" type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School
Date Site was Added to Scope	01/16/2025 (date the co-applicant board was established as placeholder)	Site Operational Date	07/1/2016 (hospital date as placeholder)

FQHC Site Medicare Billing Number Status	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input checked="" type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number	FQHC 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	1184420630	Total Hours of Operation (when patients will be served per week)	M-F 8-5
Months of Operation	January – December		
Service Area Zip Codes	93307, 93306, 93305, 93304, 93308, 93309, 93313, 93311, 93301, 93312, 93241		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	N/A	Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	N/A
Site Operated by	<input checked="" type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Subrecipient <input type="checkbox"/> 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			

Site 8 Qualification Criteria – KERN MEDICAL REACH AND GROW & GERIATRICS (34th STREET, Suite 202)

1. Is the site an Admin-only site? <small>If Yes, the site is an Admin-only site, select 'Not Applicable' for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.</small>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
b. Do/will providers exercise independent judgment in the provision of services to the patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
2. Is the site a Domestic Violence (Confidential) shelter? <small>Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.</small>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable

Site Information

Site Name	KERN MEDICAL REACH AND GROW & GERIATRICS – 34 th STREET 34th STREET, Suite 202	Site Physical Address <small>(Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, select Change Physical Location and update as appropriate)</small>	820 34th Street Suite 202 Bakersfield, CA 93301
Site Type	<input type="checkbox"/> Administrative/Service Delivery Site <input checked="" type="checkbox"/> Service Delivery Site <input type="checkbox"/> Administrative Site	Site Phone Number	661.862.7370
Web URL	www.kernmedical.com/kern-medical-outpatient-health/		

Site Information

The following fields are required for “Service Delivery” and “Administrative/Service Delivery” site types:

Location Type	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent	Site Setting	<input checked="" type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School
Date Site was Added to Scope	01/16/2025 (date the co-applicant board was established as placeholder)	Site Operational Date	07/1/2016 (hospital date as placeholder)

FQHC Site Medicare Billing Number Status	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input checked="" type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number	FQHC 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	1164974739	Total Hours of Operation (when patients will be served per week)	M-F 8-5
Months of Operation	January – December		
Service Area Zip Codes	93307, 93306, 93305, 93304, 93308, 93309, 93313, 93311, 93301, 93312, 93241		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	N/A	Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	N/A
Site Operated by	<input checked="" type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Subrecipient <input type="checkbox"/> 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			

Site 9 Qualification Criteria – KERN MEDICAL ADMIN OFFICE (M STREET)			
1. Is the site an Admin-only site? If Yes, the site is an Admin-only site, select 'Not Applicable' for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
b. Do/will providers exercise independent judgment in the provision of services to the patient?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
2. Is the site a Domestic Violence (Confidential) shelter? Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
Site Information			
Site Name	KERN MEDICAL ADMIN OFFICE – M STREET	Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, select Change Physical Location and update as appropriate)	2700 M Street Suite #280 Bakersfield, CA 93301
Site Type	<input type="checkbox"/> Administrative/Service Delivery Site <input type="checkbox"/> Service Delivery Site <input checked="" type="checkbox"/> Administrative Site	Site Phone Number	661.326.2000
Web URL	www.kernmedical.com/kern-medical-outpatient-health/		

Site Information			
The following fields are required for “Service Delivery” and “Administrative/Service Delivery” site types:			
Location Type – N/A	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent	Site Setting – N/A	<input type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School
Date Site was Added to Scope – N/A	<i>Read-only for sites already in scope and disabled when adding a new site</i>	Site Operational Date – N/A	mm/dd/yyyy

FQHC Site Medicare Billing Number Status – N/A	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number	FQHC Site Medicare Billing Number (Required if 'This site has a Medicare billing number' is selected in 'FQHC Site Medicare Billing Number Status' field)	N/A
FQHC Site National Provider Identification (NPI) Number (Optional field)	N/A	Total Hours of Operation (when patients will be served per week)	N/A
Months of Operation	N/A		
Service Area Zip Codes	N/A		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	N/A	Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	N/A
Site Operated by	<input type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor		
Subrecipient or Contractor Information (Required only if 'Subrecipient' or 'Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name		N/A	
Subrecipient/Contractor Organization Physical Site Address		N/A	
Subrecipient/Contractor EIN		N/A	

Site 10 Qualification Criteria – KERN MEDICAL ADMIN OFFICE (OFFICE PARK)			
1. Is the site an Admin-only site? If Yes, the site is an Admin-only site, select 'Not Applicable' for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
b. Do/will providers exercise independent judgment in the provision of services to the patient?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
2. Is the site a Domestic Violence (Confidential) shelter? Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
Site Information			
Site Name	KERN MEDICAL ADMIN OFFICE – OFFICE PARK	Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, select Change Physical Location and update as appropriate)	5101 Office Park Drive Third Floor Bakersfield, CA 93309
Site Type	<input type="checkbox"/> Administrative/Service Delivery Site <input type="checkbox"/> Service Delivery Site <input checked="" type="checkbox"/> Administrative Site	Site Phone Number	661.326.2000
Web URL	www.kernmedical.com/kern-medical-outpatient-health/		

Site Information			
The following fields are required for “Service Delivery” and “Administrative/Service Delivery” site types:			
Location Type – N/A	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent	Site Setting – N/A	<input type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School
Date Site was Added to Scope – N/A	<i>Read-only for sites already in scope and disabled when adding a new site</i>	Site Operational Date – N/A	mm/dd/yyyy
FQHC Site Medicare Billing Number Status – N/A	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number	FQHC Site Medicare Billing Number (Required if 'This site has a Medicare billing number' is selected in 'FQHC Site Medicare Billing Number Status' field)	N/A
FQHC Site National Provider Identification (NPI) Number (Optional field)	N/A	Total Hours of Operation (when patients will be served per week)	N/A
Months of Operation	N/A		
Service Area Zip Codes	N/A		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	N/A	Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	N/A
Site Operated by	<input type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor		
Subrecipient or Contractor Information			
(Required only if 'Subrecipient' or 'Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name		N/A	
Subrecipient/Contractor Organization Physical Site Address		N/A	
Subrecipient/Contractor EIN		N/A	

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until 3/31/2023. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden

estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

FINAL ZIP CODED FROM PATIENT ORIGIN STUDY AND SERVICE AREA ANALYSIS
93307, 93306, 93305, 93304, 93308, 93309, 93313, 93311, 93301, 93312, 93241

BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER REGULAR MEETING

April 23, 2025

Subject: Proposed approval of the Amended and Restated Bylaws of the Kern County Hospital Authority Community Health Center Board of Directors

Recommended Action: Approve; Authorize Chairman to sign; Refer to Kern County Hospital Authority Board of Governors for approval

Summary:

On February 26, 2025, your Board approved the Bylaws of the Kern County Hospital Authority Community Health Center (CHC) Board of Directors. On March 19, 2025, the Kern County Hospital Authority Board of Governors approved these Bylaws.

In March 2025, the Health Resources and Services Administration (HRSA) released updates to the Health Center Program Compliance Manual, which included changes that require modifications to the CHC Bylaws. The revisions include clarifying language on board member eligibility and language regarding the required powers of the board. Clean and redline versions of the Amended and Restated Bylaws are attached for your ease of reference.

Therefore, it is recommended that your Board approve the proposed Amended and Restated Bylaws of the Kern County Hospital Authority Community Health Center Board of Directors, authorize the Chairman to sign, and refer to the Kern County Hospital Authority Board of Governors for approval.

AMENDED AND RESTATED BYLAWS-
OF
KERN COUNTY HOSPITAL AUTHORITY
COMMUNITY HEALTH CENTER BOARD OF DIRECTORS

ARTICLE I: Mission and Purpose

Section 1.01 Mission Statement

The Kern County Hospital Authority Community Health Center (“Health Center”) was created by the Kern County Hospital Authority Board of Governors to provide access to affordable, high-quality health care services and to preserve and strengthen the viability of the health care safety net in its service area in order to maintain and improve the health status of its patients through an operational structure that facilitates and improves the ability of Kern Medical Center to function.

Section 1.02 Purpose

The purpose of the Health Center is to act as the Co-Applicant organization in support of the Kern County Hospital Authority's (“Authority”) efforts to qualify as a Federally Qualified Health Center Look-Alike (“FQHC”) as defined in Section 330 of the Public Health Services Act or Section 186l(aa)(4) and Section 1905(1)(2)(B) of the Social Security Act, respectively, each as amended and interpreted by statute and governing regulations (collectively, the “Act”) as supervised and implemented by the Health Resources and Services Administration (“HRSA”). It is the intent of the Health Center to enter into a Co-Applicant Agreement with the Authority to establish the details of the relationship between the Health Center and the Authority.

ARTICLE II: Governing Body

Section 2.01 Definition

The governing body of the Health Center shall be known as the Kern County Hospital Authority Community Health Center Board of Directors (“CHC Board”).

Section 2.02 Composition

The CHC Board shall consist of nine (9) voting members, as follows:

- (a) At least five (5) of the members, or at least fifty-one percent (51%), of the CHC Board (“Members”) shall be patients served by the Health Center or the Health Center’s service area. These five Members shall, as a group and to the extent possible, represent individuals served by the Health Center based on race, ethnicity, ~~gender-sex~~ and age. For purposes of board composition, a patient is an individual who has received at least one (1) ~~in-scope service at the Health Center in the past twenty-four (24) months~~ service in the past twenty-four (24) months that generated a health center visit, where both the service and the site where the service was received are within the HRSA approved scope of project;
- (b) Non-patient members of the CHC Board shall be representative of the community served by the Health Center and shall be selected for their expertise in relevant subject areas;
- (c) No more than one-half of the non-patient members of the CHC Board may derive more

than ten percent (10%) of their annual income from the health care industry;

- (d) The Health Center Executive Director shall serve as staff the CHC Board.

Section 2.03 Qualifications

(a) **Desired Qualifications**

The CHC Board shall be composed of Members with the expertise necessary to enable the Health Center to achieve the highest quality of care and appropriate scope of services, including insights from patients of the Health Center. Members shall be full-time residents of the County of Kern, at least 18 years of age and representative of the Health Center patient population. To the extent feasible, non-patient members are selected to provide their collective relevant experience and skills including:

- (1) Knowledge of health care delivery systems;
- (2) An understanding of finance and banking;
- (3) Experience in advocating for safety net populations including, but not limited to, the pursuit of public funding for the delivery of health care services;
- (4) An understanding of local government and needs of the community;
- (5) Experience with social services and community-based organizations.

(b) **Disqualified Persons**

The following types of persons may not serve as Members of the CHC Board:

- (1) An employee of the Health Center or the Authority, or spouse or child, parent, brother or sister by blood marriage or adoption of such an employee of the Health Center or the Authority;
- (2) Persons who are or may be in competition with, or otherwise have a conflict of interest with the Health Center or Authority;
- (3) Any persons excluded from participation in a federal or state health care programs, or is currently suspended from participation in any such program;
- (4) Any person who has been convicted of a felony, or has been convicted or subject to discipline for any crime involving moral turpitude;
- (5) Any person who holds an incompatible office;
- (6) Any person whose service as a Member would constitute having an interest in a contract as provided by Article 4 (commencing with Section 1090) of Chapter 1 of Division 4 of Title 1 of the Government Code.

Section 2.04 Reappointment and End of Term of the CHC Board

- (a) A Member whose term is expiring and who is eligible for reappointment shall not be required to submit a new application for reappointment if such Member notifies the Chair of the CHC Board in writing of his or her intent to seek reappointment.
- (b) For a Member appointed by the Authority Board of Governors, the CHC Board shall notify the Board of Governors of the Member's intent to continue to serve on the CHC Board and the Board of Governors may reappoint the Member or may deny the reappointment and create a vacancy.
- (c) For a Member appointed by the CHC Board, the CHC Board may reappoint the Member or may deny the reappointment and create a vacancy.

Section 2.05 Manner of Appointment for Vacancies on the CHC Board

- (a) Recruitment

Announcement of CHC Board vacancies shall be posted on the Authority and Health Center websites and at the Health Center locations. The announcement shall include minimum qualifications, submission deadline and, if applicable the CHC Board interview date.

- (b) Applications

- (1) All applicants shall complete the application process by submitting by the submission deadline (1) a complete an approved application and (2) a security clearance consent form. The application and the security consent form may be modified from time to time.
- (2) The Health Center Executive Director shall post the required notice that applications are being accepted.
- (3) Applications shall be accepted from all eligible persons.
- (4) Applications to serve on the CHC Board may be made by submitting a completed application to: Kern County Hospital Authority Community Health Center, 1700 Mount Vernon Avenue, Bakersfield, CA 93306, Attn.: Executive Director.
- (5) The completed applications of all qualified candidates for Members appointed by the CHC Board shall be submitted to the CHC Board at least thirty (30) days prior to the scheduled meeting of the CHC Board to consider appointment of an individual to fill any Majority vacancy of the CHC Board.
- (6) The completed applications of all qualified candidates for Members appointed by the Authority Board of Governors shall be considered at a regularly scheduled meeting of the Board of Governors to fill any Minority vacancy of the CHC Board.

- (c) Selection

- (1) Selection of Vacant CHC Board Positions:
 - a. The CHC Board shall appoint five (5) Members (a "Majority") to the CHC Board:

1. The Authority shall forward to the CHC Board all applications received by all qualified applicants to fill any vacancy to be appointed by the CHC Board. The CHC Board may consider any such application to fill a vacancy
- b. The Authority Board of Governors shall appoint four (4) Members (a “Minority”) to the CHC Board:
 1. The Authority shall forward to the Board of Governors all applications received by all qualified applicants to fill any vacancy to be appointed by the Board of Governors. The Board of Governors may consider any such application to fill a vacancy. Notwithstanding the foregoing, the Authority shall appoint only one (1) non-patient board member.
- c. A qualified applicant shall remain in the pool of qualified applicants to serve on the CHC Board for a period of three (3) years and may be considered for appointment to any vacancy occurring during that time period for which he or she is qualified. A qualified applicant may withdraw his or her name from consideration to serve on the CHC Board at any time.
- d. The Authority Board of Governors and the CHC Board shall consider qualified applicants for appointment, but shall not be bound to appoint any such individual. Only qualified individuals who have formally applied for membership on the CHC Board and have passed security clearance may be appointed to the CHC Board. Depending on whether the vacancy is a Majority or Minority appointment, the Board of Governors or the CHC Board may make an appointment from the pool of qualified applicants or request the submission of additional candidates to fill the vacancy, within thirty (30) days of receiving the list of qualified applicants.

(2) Selection of Members for Midterm Vacancies

- a. In the event of a vacancy occurring before the expiration of a Member’s term, all applications from qualified applicants shall be forwarded to the Authority Board of Governors if a Minority appointment or to the CHC Board if a Majority appointment. The list of qualified candidates and copies of their applications shall be submitted within sixty (60) days after the vacancy occurs.
- b. Within thirty (30) days of receiving the names of qualified candidates to fill a midterm vacancy, or at its next regularly scheduled meeting, if such meeting occurs later than thirty (30) days after receiving candidates’ names, the Authority Board of Governors or CHC Board, as the case may be, shall act to either: (a) appoint an individual to serve the remaining term of a Member; or (b) ask for additional qualified applicants.

Section 2.06 Term of Office

- (a) The Term of Office for appointed Members shall conform to the following:
 - (1) Each Member shall hold office for a term of three years, except the Members initially appointed shall have staggered terms of one, two, and three years. The Authority Board of Governors shall determine which Members shall be appointed to terms of one, two,

or three years when making the initial appointments.

- (2) The first term for the initial appointed Members of the CHC Board shall commence on the date of the initial CHC Board meeting and shall end at midnight on June 30 of the year in which the Member has served his or her initial term of office of one, two, or three years, as the case may be.
- (3) Terms for Members other than the initial Members shall commence on July 1, or the date of the first scheduled CHC Board meeting subsequent to his or her appointment if the Member is appointed to fill a vacancy.
- (4) An individual who is appointed to fill a vacancy mid-term shall have the balance of that term as his or her initial term.

(b) Reappointment

- (1) Members may serve an unlimited number of terms if reappointed by either the CHC Board or the Authority Board of Governors.
- (2) Each Member, whether serving an initial term or reappointed to a subsequent term, shall serve continuously until the expiration of his or her then-current term, or until a replacement is appointed, whichever occurs last.

Section 2.07 Vacancies; Removal

(a) Attendance

- (1) A Member shall automatically be removed from office, and said office shall become vacant, if within a one-year period of time, he or she fails to attend any combination of three (3) properly noticed regular and/or special meetings of the CHC Board without having secured, either in advance of or promptly after the missed meeting, approval from majority of the other Members of the CHC Board, or from the Chair of the CHC Board, to miss the meeting.
- (2) The CHC Board shall advise in writing the Member of the pending removal under this section and shall recite facts forming the basis for such removal. The removal shall become effective forty-five (45) days after the Member has been notified, without further action, unless action is taken to reinstate the Member for the balance of his or her term within the forty-five (45) day period.

(b) Removal

- (1) A Member appointed by the CHC Board may be removed by the CHC Board during his or her term with or without cause, on its own initiative.
- (2) A Member appointed by the Authority Board of Governors may be removed from the CHC Board during his or her term with or without cause, on its own initiative.

(c) Resignation

A Member may resign by submitting a letter of resignation to the Chair of the CHC Board.

(d) Vacancies

Vacancies shall be filled pursuant section 2.05.

Section 2.08 Reimbursement and Compensation

Members may be reimbursed for actual and reasonable expenses incurred in the performance of official business of the Health Center as assigned by the CHC Board. Members shall not receive any other compensation for their service on the CHC Board or committees.

Section 2.09 Conflict of Interest

(a) Conflict of Interest Code

The CHC Board and officers shall be subject to the Authority's Conflict of Interest Policy and Code.

(b) Code of Conduct and Business Ethics

The CHC Board and officers shall (1) be subject to the Authority's Code of Conduct and Business Ethics policy, (2) conduct their activities in conformity with the applicable laws and regulations related to impartiality in the conduct of Health Center business, and (3) disclose any actual or potential conflict of interest and refrain from voting on approval, participation in discussion, taking any action, or attempting to influence decisions on any matters having a material effect on his/her personal or private interest. Neither Members nor officers of the Health Center may act in a manner that creates the appearance of a conflict with the objective exercise of his or her official duties.

Section 2.10 Confidentiality: Public Statements

In the course of carrying out his or her duties or responsibilities, each Member shall receive or have access to confidential information, including, without limitation, patient information, confidential financial, operational, business and planning information, trade secrets, personal information about employees or staff, information and data related to or derived from provider credentialing, discipline, governance and appeals processes or quality assessment and performance improvement processes (collectively, "Proprietary Information"). Subject to the Brown Act, the Public Records Act, or other applicable laws regarding disclosure, each Member is required (a) to keep and maintain such Proprietary Information solely for the purpose of carrying out his or her responsibilities as a Member, (b) to use and disclose such Proprietary Information solely for the purpose of carrying out his or her responsibilities as a Member, and (c) not to directly or indirectly disclose such Proprietary Information to any third person without the prior written approval of the CHC Board, following a vote of the CHC Board approving such disclosure. No Member shall make a public statement on behalf of the CHC Board, or in a manner that appears to be on behalf of the CHC Board, unless a majority of the CHC Board has given prior authorization for the public statement by a motion duly adopted.

Section 2.11 Role of the Authority Board of Governors

The Authority Board of Governors has all powers relative to the Health Center set forth in the Co-Applicant Agreement, which may be modified from time to time subject to a formal written amendment signed by authorized representatives of the Board of Governors and the CHC Board.

Notwithstanding the foregoing, the Authority Board of Governors shall:

- (1) Approve the Health Center's annual budget after the budget is approved by the CHC Board. The Board of Governors may either approve or reject the Health Center's budget in its entirety or approve or reject individual line items in the budget. If the Health Center fails to provide a budget, the Board of Governors shall adopt an annual budget for the Health Center.
- (2) Maintain policymaking authority over financial management and accounting systems for the Health Center.
- (3) Employ the Health Center Executive Director and all staff of the Health Center and maintain policymaking authority over all personnel matters related to the Health Center.
- (4) Conduct all business pertaining to the exclusive bargaining unit(s) of the Authority.
- (5) Provide all other services to the Health Center, as agreed to in writing between the Authority Board of Governors and the CHC Board.
- (6) Arrange for and provide legal services to the Health Center and shall bill the Health Center accordingly.
- (7) Maintain organization of the physicians, dentists, podiatrists, and other health professionals expressly granted clinical privileges in the Medical Staff of Kern Medical Center.

Section 2.12 Powers and Duties of the CHC Board

The Health Center shall have the authority for oversight of the Health Center Program project, as set forth in the HRSA Health Center Program Compliance Manual, most recently updated ~~August 20, 2018~~March 2025, and the Co-Applicant Agreement, including the following required authorities and responsibilities:

- (a) Holding monthly meetings where a quorum is present to ensure the Health Center has the ability to exercise its required authorities and functions;
- (b) Approving the selection, evaluation and, if necessary, the termination or dismissal of the Health Center's Executive Director;
- (c) Establishing and/or approving policies that govern the operations of the Health Center, including evaluating and approving updates to policies regarding the sliding fee discount program, quality improvement and assessment, and billing and collections;
- (d) Approving the annual Health Center Program project budget and applications;
- (e) Evaluating the performance of the Health Center based on quality assurance/quality improvement assessments and ensuring appropriate follow-up actions are taken regarding achievement of project objectives, service utilization patterns, quality of care, efficiency and effectiveness of the Health Center, and patient satisfaction, including addressing any patient grievances;
- (f) Monitoring the financial status of the Health Center, including reviewing the results of the annual audit, and ensuring appropriate follow-up actions are taken;

- (g) Conducting long-range/strategic planning;
- (h) Assuring that the Health Center operates in compliance with applicable federal, state and local laws and regulations;
- (i) Approve the Health Center services and the location and hours of operation of the Health Center sites;
- (j) Evaluating the performance of the Health Center Executive Director annually.

No other individual, entity, or committee reserves approval authority or has veto power over the CHC Board with regard to the required authorities and functions. The Health Center shall not enter into collaborations or agreements with other entities that restrict or infringe upon the CHC Board's required authorities and functions. The CHC Board may not adopt any policy or practice, or take any action, which is inconsistent with the Authority's enabling statute or ordinance or which alters the scope of any rights and authorities retained by the Authority and its Board of Governors, as set forth in the Co-Applicant Agreement.

Section 2.13 Open and Public Meetings

All meetings of the CHC Board and all standing committees that have continuing subject matter jurisdiction shall be conducted in accordance with the Ralph M. Brown Act and shall have legal counsel present. Each meeting shall have an agenda, structured and posted as required by law. A written record of proceedings of all meetings of the CHC Board and of committees of the CHC Board shall be kept on file. A quorum is required to conduct business and make recommendations. A quorum shall be constituted by the presence of a majority of the authorized number of Members of the CHC Board. A majority vote of those Members present and voting is required to take any action. No Member may vote on or participate in any matter that materially affects his or her personal financial interest within the meaning of the Political Reform Act. Each Member shall be entitled to one vote. Voting must be in person; no telephonic, virtual or proxy votes will be accepted. All meetings shall be conducted in Bakersfield, California, at the administrative offices of the Health Center, or at such other location within the County of Kern designated by the CHC Board as permitted under the Brown Act.

Article III: CHC Board Officers

Section 3.01 List of Officers

- (a) Chair
- (b) Vice-Chair
- (c) Secretary/Treasurer
- (d) Executive Director (ex-officio)
- (e) Chief Financial Officer (ex-officio)
- (f) Other officers deemed necessary by the CHC Board Section

Section 3.02 Appointment; Terms of Office

- (a) Officers, except for ex-officio officers, are elected by the CHC Board at the first meeting of each fiscal year commencing July 1, 2026 from among its own Members.
- (b) Officers, except for ex-officio officers, are elected for a period of one (1) year and shall serve until a successor has been duly elected. A Member of the CHC Board may hold an office for any number of terms, whether or not consecutive
- (c) A Member shall not simultaneously hold more than ~~on~~one CHC Board office.

Section 3.03 Duties of the Officers

- (a) The Chair shall:
 - (1) Preside at all meetings of the CHC Board;
 - (2) Be an ex-officio, non-voting member of all committees;
 - (3) Execute correspondence, contracts, conveyances, and other written instruments as properly authorized by the CHC Board;
 - (4) Perform such other duties as authorized by the CHC Board.
- (b) The Vice-Chair shall:
 - (1) In the absence of the Chair assume the duties of the Chair;
 - (2) Perform such reasonable duties as may be required by the Members of the CHC Board, or by the Chair of the CHC Board acting within the scope of his or her authority.
- (c) The Secretary/Treasurer shall:
 - (1) Keep, or cause to be kept, accurate and complete minutes of all meetings, call meetings on order of the Chair, attend to all correspondence of the CHC Board, and perform such other duties as ordinarily pertain to his or her office;
 - (2) Perform all duties related to record keeping as assigned by the CHC Board.
- (d) The Health Center Executive Director (see Article V).
- (e) The Health Center Chief Financial Officer.

The Health Center Financial Officer shall be appointed by the Health Center Executive Director, and employed, contracted with, or otherwise engaged by the Authority, and shall not be a Member of the CHC Board. The Chief Financial Officer shall keep and maintain or cause to be kept and maintained adequate and correct accounts of the business transactions of the Health Center, including (without limitation) accounts of its assets, liabilities, receipts, disbursements, gains, and losses. The books of account shall at all times be open to inspection by any Member of the CHC Board or any member of the Authority Board of Governors or their designees. The Chief Financial Officer shall have such other powers and perform other such duties as may be prescribed by the CHC Board from time to time.

Section 3.03 Vacancies and Removal of Officers

- (a) A vacancy in any office shall be filled by nomination and election by the CHC Board as soon as is reasonably possible. The Health Center Executive Director shall be appointed as provided in Article V.
- (b) Officers may resign at any time by providing written notice to the Chair with a copy to the Health Center Executive Director, or be removed by a majority vote of the CHC Board at a scheduled meeting where a quorum is present.

Article IV: Executive Director of the Health Center

Section 4.01 Selection; Authority to Act; Relationship to CHC Board and Authority Board of Governors

- (a) The CHC Board shall appoint a competent and experienced Health Center Executive Director to have responsibility for the general management of the Health Center. Subject to the rights of the CHC Board, the Health Center Executive Director shall be employed, contracted with, or otherwise engaged by the Authority.
- (b) The Health Center Executive Director shall be given necessary authority to operate the Health Center in all its activities and departments and shall be held responsible for the administration of the Health Center, subject to these Bylaws, and to the direction, policies, or orders of the CHC Board or by any of the committees to which the CHC Board has lawfully delegated authority for such action.
- (c) Subject to the control of the CHC Board and the scope of his or her lawful authority as it may be defined from time to time by the CHC Board, the Health Center Executive Director shall act as the duly authorized representative of the Health Center in all matters in which the CHC Board has not formally designated some other person to so act.
- (d) Subject to the approval of the CHC Board, the Health Center Executive Director shall designate a member of the Health Center staff to serve as an interim Executive Director during periods of absence of more than three (3) working days where the Executive Director is unable to substantially perform his or her duties. In the event of the absence of both the Executive Director and the interim Executive Director, the duties of the Administrator shall be assumed by a standby Executive Director designated by the Executive Director, subject to the approval by the CHC Board.

Section 4.02 Powers and Duties

The Health Center Executive Director shall be the general manager of the Health Center, and shall have the authority to exercise supervision over the general business and affairs of the Health Center in accordance with the statement of duties and responsibilities adopted by the CHC Board, including, but not limited, to the following:

- (a) Establish and implement rules, regulations, policies and procedures necessary to carry out the objectives and goals of the Health Center;
- (b) Plan for outpatient services and facilities, and other medical services to promote population

health in the County of Kern;

- (c) Prepare and recommend budgets;
- (d) Coordinate with Authority departments in promoting community health efforts;
- (e) Ensure compliance with all laws, policies and requirements of governmental and legal bodies relevant to the operation of the Health Center;
- (f) Perform such duties assigned by the CHC Board and required by these Bylaws or applicable law.

Section 4.03 Performance Monitoring

The CHC Board shall conduct a formal performance evaluation of the Health Center Executive Director at least annually. In the event the CHC Board determines that the Executive Director's performance requires improvement, the CHC Board may develop a written performance improvement plan indicating areas of concern. The CHC Board may remove the Executive Director from his or her position within the Health Center. Decisions regarding the employment status of the Executive Director are retained by the Authority.

Article V: Medical Staff

Section 5.01 Medical Staff; Provider Credentialing

- (a) The organization and oversight of the Health Center medical staff shall be provided by the Authority.
- (b) The CHC Board delegates its authority to the Executive Director of the Health Center to determine if a licensed or certified health care practitioner meets credentialing requirements based on approved policies and procedure. The Executive Director shall review policies and procedures annually to ensure compliance with HRSA Primary Care regulations.

Article VI: Quality Assessment and Performance Improvement

The CHC Board shall ensure that the Health Center has an ongoing, health center-wide, data-driven program for quality assessment and performance improvement ("QAPI Program"), which reflects the complexity of the Health Center's organization and services. The QAPI Program shall involve all the Health Center services and focus on indicators related to improved health outcomes and the prevention and reduction of medical errors. The CHC Board shall ensure that the QAPI Program is defined, implemented, and maintained and that the Health Center maintain and be able to demonstrate evidence of its QAPI program for review. The Health Center shall use the data collected to (a) monitor the effectiveness and safety of services and quality of care, (b) identify opportunities for improvement and changes that will lead to improvement, and (c) ensure that a process is developed for hearing and resolving patient grievances. The CHC Board shall ensure that the QAPI Program operates in accordance with applicable law, regulations, and accreditation requirements.

Article VII: Fiscal Year

The fiscal year of the Health Center shall commence on July 1 and end on June 30.

Article VIII: Indemnification and Insurance

Directors, officers, employees, and contractors of the Health Center shall have such immunity from liability as provided by law for individuals serving in such capacity, and shall be indemnified for any loss, cost, or expense related to any claim for liability in connection with the Health Center including, without limitation, the cost of legal defense, to the extent provided by law.

The Authority shall arrange for and maintain appropriate insurance coverage for the Health Center, its officers, directors, agents, and employees. All officers, directors, agents, and employees shall be properly bonded.

Article X: Adoption of and Amendment to Bylaws

Section 9.01 Amendment of Bylaws

These Bylaws may be amended by a majority vote of the Authority Board of Governors.

APPROVED by the Kern County Hospital Authority Board of Governors on this ____ day of _____, 2025.

KERN COUNTY HOSPITAL AUTHORITY

By _____
Chairman, Board of Governors

KERN COUNTY HOSPITAL AUTHORITY
COMMUNITY HEALTH CENTER BOARD

By _____
Chairman, Board of Directors

APPROVED AS TO CONTENT:
KERN COUNTY HOSPITAL AUTHORITY

By _____
Scott Thygerson
Chief Executive Officer

APPROVED AS TO CONTENT:
COMMUNITY HEALTH CENTER

By _____
Renee Villanueva
Executive Director

APPROVED AS TO FORM:

By _____
Karen S. Barnes
Vice President & General Counsel
Kern County Hospital Authority

**AMENDED AND RESTATED BYLAWS
OF
KERN COUNTY HOSPITAL AUTHORITY
COMMUNITY HEALTH CENTER BOARD OF DIRECTORS**

ARTICLE I: Mission and Purpose

Section 1.01 Mission Statement

The Kern County Hospital Authority Community Health Center (“Health Center”) was created by the Kern County Hospital Authority Board of Governors to provide access to affordable, high-quality health care services and to preserve and strengthen the viability of the health care safety net in its service area in order to maintain and improve the health status of its patients through an operational structure that facilitates and improves the ability of Kern Medical Center to function.

Section 1.02 Purpose

The purpose of the Health Center is to act as the Co-Applicant organization in support of the Kern County Hospital Authority's (“Authority”) efforts to qualify as a Federally Qualified Health Center Look-Alike (“FQHC”) as defined in Section 330 of the Public Health Services Act or Section 186l(aa)(4) and Section 1905(1)(2)(B) of the Social Security Act, respectively, each as amended and interpreted by statute and governing regulations (collectively, the “Act”) as supervised and implemented by the Health Resources and Services Administration (“HRSA”). It is the intent of the Health Center to enter into a Co-Applicant Agreement with the Authority to establish the details of the relationship between the Health Center and the Authority.

ARTICLE II: Governing Body

Section 2.01 Definition

The governing body of the Health Center shall be known as the Kern County Hospital Authority Community Health Center Board of Directors (“CHC Board”).

Section 2.02 Composition

The CHC Board shall consist of nine (9) voting members, as follows:

- (a) At least five (5) of the members, or at least fifty-one percent (51%), of the CHC Board (“Members”) shall be patients served by the Health Center or the Health Center’s service area. These five Members shall, as a group and to the extent possible, represent individuals served by the Health Center based on race, ethnicity, sex and age. For purposes of board composition, a patient is an individual who has received at least one (1) service in the past twenty-four (24) months that generated a health center visit, where both the service and the site where the service was received are within the HRSA approved scope of project;
- (b) Non-patient members of the CHC Board shall be representative of the community served by the Health Center and shall be selected for their expertise in relevant subject areas;
- (c) No more than one-half of the non-patient members of the CHC Board may derive more than ten percent (10%) of their annual income from the health care industry;

- (d) The Health Center Executive Director shall serve as staff the CHC Board.

Section 2.03 Qualifications

(a) Desired Qualifications

The CHC Board shall be composed of Members with the expertise necessary to enable the Health Center to achieve the highest quality of care and appropriate scope of services, including insights from patients of the Health Center. Members shall be full-time residents of the County of Kern, at least 18 years of age and representative of the Health Center patient population. To the extent feasible, non-patient members are selected to provide their collective relevant experience and skills including:

- (1) Knowledge of health care delivery systems;
- (2) An understanding of finance and banking;
- (3) Experience in advocating for safety net populations including, but not limited to, the pursuit of public funding for the delivery of health care services;
- (4) An understanding of local government and needs of the community;
- (5) Experience with social services and community-based organizations.

(b) Disqualified Persons

The following types of persons may not serve as Members of the CHC Board:

- (1) An employee of the Health Center or the Authority, or spouse or child, parent, brother or sister by blood marriage or adoption of such an employee of the Health Center or the Authority;
- (2) Persons who are or may be in competition with, or otherwise have a conflict of interest with the Health Center or Authority;
- (3) Any persons excluded from participation in a federal or state health care programs, or is currently suspended from participation in any such program;
- (4) Any person who has been convicted of a felony, or has been convicted or subject to discipline for any crime involving moral turpitude;
- (5) Any person who holds an incompatible office;
- (6) Any person whose service as a Member would constitute having an interest in a contract as provided by Article 4 (commencing with Section 1090) of Chapter 1 of Division 4 of Title 1 of the Government Code.

Section 2.04 Reappointment and End of Term of the CHC Board

- (a) A Member whose term is expiring and who is eligible for reappointment shall not be required to submit a new application for reappointment if such Member notifies the Chair of the CHC Board in writing of his or her intent to seek reappointment.

- (b) For a Member appointed by the Authority Board of Governors, the CHC Board shall notify the Board of Governors of the Member's intent to continue to serve on the CHC Board and the Board of Governors may reappoint the Member or may deny the reappointment and create a vacancy.
- (c) For a Member appointed by the CHC Board, the CHC Board may reappoint the Member or may deny the reappointment and create a vacancy.

Section 2.05 Manner of Appointment for Vacancies on the CHC Board

(a) Recruitment

Announcement of CHC Board vacancies shall be posted on the Authority and Health Center websites and at the Health Center locations. The announcement shall include minimum qualifications, submission deadline and, if applicable the CHC Board interview date.

(b) Applications

- (1) All applicants shall complete the application process by submitting by the submission deadline (1) a complete an approved application and (2) a security clearance consent form. The application and the security consent form may be modified from time to time.
- (2) The Health Center Executive Director shall post the required notice that applications are being accepted.
- (3) Applications shall be accepted from all eligible persons.
- (4) Applications to serve on the CHC Board may be made by submitting a completed application to: Kern County Hospital Authority Community Health Center, 1700 Mount Vernon Avenue, Bakersfield, CA 93306, Attn.: Executive Director.
- (5) The completed applications of all qualified candidates for Members appointed by the CHC Board shall be submitted to the CHC Board at least thirty (30) days prior to the scheduled meeting of the CHC Board to consider appointment of an individual to fill any Majority vacancy of the CHC Board.
- (6) The completed applications of all qualified candidates for Members appointed by the Authority Board of Governors shall be considered at a regularly scheduled meeting of the Board of Governors to fill any Minority vacancy of the CHC Board.

(c) Selection

- (1) Selection of Vacant CHC Board Positions:
 - a. The CHC Board shall appoint five (5) Members (a "Majority") to the CHC Board:
 - 1. The Authority shall forward to the CHC Board all applications received by all qualified applicants to fill any vacancy to be appointed by the CHC Board. The CHC Board may consider any such application to fill a vacancy
 - b. The Authority Board of Governors shall appoint four (4) Members (a "Minority") to the CHC Board:

1. The Authority shall forward to the Board of Governors all applications received by all qualified applicants to fill any vacancy to be appointed by the Board of Governors. The Board of Governors may consider any such application to fill a vacancy. Notwithstanding the foregoing, the Authority shall appoint only one (1) non-patient board member.
 - c. A qualified applicant shall remain in the pool of qualified applicants to serve on the CHC Board for a period of three (3) years and may be considered for appointment to any vacancy occurring during that time period for which he or she is qualified. A qualified applicant may withdraw his or her name from consideration to serve on the CHC Board at any time.
 - d. The Authority Board of Governors and the CHC Board shall consider qualified applicants for appointment, but shall not be bound to appoint any such individual. Only qualified individuals who have formally applied for membership on the CHC Board and have passed security clearance may be appointed to the CHC Board. Depending on whether the vacancy is a Majority or Minority appointment, the Board of Governors or the CHC Board may make an appointment from the pool of qualified applicants or request the submission of additional candidates to fill the vacancy, within thirty (30) days of receiving the list of qualified applicants.
- (2) Selection of Members for Midterm Vacancies
- a. In the event of a vacancy occurring before the expiration of a Member's term, all applications from qualified applicants shall be forwarded to the Authority Board of Governors if a Minority appointment or to the CHC Board if a Majority appointment. The list of qualified candidates and copies of their applications shall be submitted within sixty (60) days after the vacancy occurs.
 - b. Within thirty (30) days of receiving the names of qualified candidates to fill a midterm vacancy, or at its next regularly scheduled meeting, if such meeting occurs later than thirty (30) days after receiving candidates' names, the Authority Board of Governors or CHC Board, as the case may be, shall act to either: (a) appoint an individual to serve the remaining term of a Member; or (b) ask for additional qualified applicants.

Section 2.06 Term of Office

- (a) The Term of Office for appointed Members shall conform to the following:
 - (1) Each Member shall hold office for a term of three years, except the Members initially appointed shall have staggered terms of one, two, and three years. The Authority Board of Governors shall determine which Members shall be appointed to terms of one, two, or three years when making the initial appointments.
 - (2) The first term for the initial appointed Members of the CHC Board shall commence on the date of the initial CHC Board meeting and shall end at midnight on June 30 of the year in which the Member has served his or her initial term of office of one, two, or three years, as the case may be.

- (3) Terms for Members other than the initial Members shall commence on July 1, or the date of the first scheduled CHC Board meeting subsequent to his or her appointment if the Member is appointed to fill a vacancy.
 - (4) An individual who is appointed to fill a vacancy mid-term shall have the balance of that term as his or her initial term.
- (b) Reappointment
 - (1) Members may serve an unlimited number of terms if reappointed by either the CHC Board or the Authority Board of Governors.
 - (2) Each Member, whether serving an initial term or reappointed to a subsequent term, shall serve continuously until the expiration of his or her then-current term, or until a replacement is appointed, whichever occurs last.

Section 2.07 Vacancies; Removal

- (a) Attendance
 - (1) A Member shall automatically be removed from office, and said office shall become vacant, if within a one-year period of time, he or she fails to attend any combination of three (3) properly noticed regular and/or special meetings of the CHC Board without having secured, either in advance of or promptly after the missed meeting, approval from majority of the other Members of the CHC Board, or from the Chair of the CHC Board, to miss the meeting.
 - (2) The CHC Board shall advise in writing the Member of the pending removal under this section and shall recite facts forming the basis for such removal. The removal shall become effective forty-five (45) days after the Member has been notified, without further action, unless action is taken to reinstate the Member for the balance of his or her term within the forty-five (45) day period.
- (b) Removal
 - (1) A Member appointed by the CHC Board may be removed by the CHC Board during his or her term with or without cause, on its own initiative.
 - (2) A Member appointed by the Authority Board of Governors may be removed from the CHC Board during his or her term with or without cause, on its own initiative.
- (c) Resignation

A Member may resign by submitting a letter of resignation to the Chair of the CHC Board.
- (d) Vacancies

Vacancies shall be filled pursuant section 2.05.

Section 2.08 Reimbursement and Compensation

Members may be reimbursed for actual and reasonable expenses incurred in the performance of official business of the Health Center as assigned by the CHC Board. Members shall not receive any other compensation for their service on the CHC Board or committees.

Section 2.09 Conflict of Interest

(a) Conflict of Interest Code

The CHC Board and officers shall be subject to the Authority's Conflict of Interest Policy and Code.

(b) Code of Conduct and Business Ethics

The CHC Board and officers shall (1) be subject to the Authority's Code of Conduct and Business Ethics policy, (2) conduct their activities in conformity with the applicable laws and regulations related to impartiality in the conduct of Health Center business, and (3) disclose any actual or potential conflict of interest and refrain from voting on approval, participation in discussion, taking any action, or attempting to influence decisions on any matters having a material effect on his/her personal or private interest. Neither Members nor officers of the Health Center may act in a manner that creates the appearance of a conflict with the objective exercise of his or her official duties.

Section 2.10 Confidentiality: Public Statements

In the course of carrying out his or her duties or responsibilities, each Member shall receive or have access to confidential information, including, without limitation, patient information, confidential financial, operational, business and planning information, trade secrets, personal information about employees or staff, information and data related to or derived from provider credentialing, discipline, governance and appeals processes or quality assessment and performance improvement processes (collectively, "Proprietary Information"). Subject to the Brown Act, the Public Records Act, or other applicable laws regarding disclosure, each Member is required (a) to keep and maintain such Proprietary Information solely for the purpose of carrying out his or her responsibilities as a Member, (b) to use and disclose such Proprietary Information solely for the purpose of carrying out his or her responsibilities as a Member, and (c) not to directly or indirectly disclose such Proprietary Information to any third person without the prior written approval of the CHC Board, following a vote of the CHC Board approving such disclosure. No Member shall make a public statement on behalf of the CHC Board, or in a manner that appears to be on behalf of the CHC Board, unless a majority of the CHC Board has given prior authorization for the public statement by a motion duly adopted.

Section 2.11 Role of the Authority Board of Governors

The Authority Board of Governors has all powers relative to the Health Center set forth in the Co-Applicant Agreement, which may be modified from time to time subject to a formal written amendment signed by authorized representatives of the Board of Governors and the CHC Board.

Notwithstanding the foregoing, the Authority Board of Governors shall:

- (1) Approve the Health Center's annual budget after the budget is approved by the CHC Board. The Board of Governors may either approve or reject the Health Center's budget in its entirety or approve or reject individual line items in the budget. If the

Health Center fails to provide a budget, the Board of Governors shall adopt an annual budget for the Health Center.

- (2) Maintain policymaking authority over financial management and accounting systems for the Health Center.
- (3) Employ the Health Center Executive Director and all staff of the Health Center and maintain policymaking authority over all personnel matters related to the Health Center.
- (4) Conduct all business pertaining to the exclusive bargaining unit(s) of the Authority.
- (5) Provide all other services to the Health Center, as agreed to in writing between the Authority Board of Governors and the CHC Board.
- (6) Arrange for and provide legal services to the Health Center and shall bill the Health Center accordingly.
- (7) Maintain organization of the physicians, dentists, podiatrists, and other health professionals expressly granted clinical privileges in the Medical Staff of Kern Medical Center.

Section 2.12 Powers and Duties of the CHC Board

The Health Center shall have the authority for oversight of the Health Center Program project, as set forth in the HRSA Health Center Program Compliance Manual, most recently updated March 2025, and the Co-Applicant Agreement, including the following required authorities and responsibilities:

- (a) Holding monthly meetings where a quorum is present to ensure the Health Center has the ability to exercise its required authorities and functions;
- (b) Approving the selection, evaluation and, if necessary, the termination or dismissal of the Health Center's Executive Director;
- (c) Establishing and/or approving policies that govern the operations of the Health Center, including evaluating and approving updates to policies regarding the sliding fee discount program, quality improvement and assessment, and billing and collections;
- (d) Approving the annual Health Center Program project budget and applications;
- (e) Evaluating the performance of the Health Center based on quality assurance/quality improvement assessments and ensuring appropriate follow-up actions are taken regarding achievement of project objectives, service utilization patterns, quality of care, efficiency and effectiveness of the Health Center, and patient satisfaction, including addressing any patient grievances;
- (f) Monitoring the financial status of the Health Center, including reviewing the results of the annual audit, and ensuring appropriate follow-up actions are taken;
- (g) Conducting long-range/strategic planning;

- (h) Assuring that the Health Center operates in compliance with applicable federal, state and local laws and regulations;
- (i) Approve the Health Center services and the location and hours of operation of the Health Center sites;
- (j) Evaluating the performance of the Health Center Executive Director annually.

No other individual, entity, or committee reserves approval authority or has veto power over the CHC Board with regard to the required authorities and functions. The Health Center shall not enter into collaborations or agreements with other entities that restrict or infringe upon the CHC Board's required authorities and functions. The CHC Board may not adopt any policy or practice, or take any action, which is inconsistent with the Authority's enabling statute or ordinance or which alters the scope of any rights and authorities retained by the Authority and its Board of Governors, as set forth in the Co-Applicant Agreement.

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All meetings of the CHC Board and all standing committees that have continuing subject matter jurisdiction shall be conducted in accordance with the Ralph M. Brown Act and shall have legal counsel present. Each meeting shall have an agenda, structured and posted as required by law. A written record of proceedings of all meetings of the CHC Board and of committees of the CHC Board shall be kept on file. A quorum is required to conduct business and make recommendations. A quorum shall be constituted by the presence of a majority of the authorized number of Members of the CHC Board. A majority vote of those Members present and voting is required to take any action. No Member may vote on or participate in any matter that materially affects his or her personal financial interest within the meaning of the Political Reform Act. Each Member shall be entitled to one vote. Voting must be in person; no telephonic, virtual or proxy votes will be accepted. All meetings shall be conducted in Bakersfield, California, at the administrative offices of the Health Center, or at such other location within the County of Kern designated by the CHC Board as permitted under the Brown Act.

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- (f) Other officers deemed necessary by the CHC Board Section

Section 3.02 Appointment; Terms of Office

- (a) Officers, except for ex-officio officers, are elected by the CHC Board at the first meeting of each fiscal year commencing July 1, 2026 from among its own Members.

- (b) Officers, except for ex-officio officers, are elected for a period of one (1) year and shall serve until a successor has been duly elected. A Member of the CHC Board may hold an office for any number of terms, whether or not consecutive
- (c) A Member shall not simultaneously hold more than one CHC Board office.

Section 3.03 Duties of the Officers

- (a) The Chair shall:
 - (1) Preside at all meetings of the CHC Board;
 - (2) Be an ex-officio, non-voting member of all committees;
 - (3) Execute correspondence, contracts, conveyances, and other written instruments as properly authorized by the CHC Board;
 - (4) Perform such other duties as authorized by the CHC Board.
- (b) The Vice-Chair shall:
 - (1) In the absence of the Chair assume the duties of the Chair;
 - (2) Perform such reasonable duties as may be required by the Members of the CHC Board, or by the Chair of the CHC Board acting within the scope of his or her authority.
- (c) The Secretary/Treasurer shall:
 - (1) Keep, or cause to be kept, accurate and complete minutes of all meetings, call meetings on order of the Chair, attend to all correspondence of the CHC Board, and perform such other duties as ordinarily pertain to his or her office;
 - (2) Perform all duties related to record keeping as assigned by the CHC Board.
- (d) The Health Center Executive Director (see Article V).
- (e) The Health Center Chief Financial Officer.

The Health Center Financial Officer shall be appointed by the Health Center Executive Director, and employed, contracted with, or otherwise engaged by the Authority, and shall not be a Member of the CHC Board. The Chief Financial Officer shall keep and maintain or cause to be kept and maintained adequate and correct accounts of the business transactions of the Health Center, including (without limitation) accounts of its assets, liabilities, receipts, disbursements, gains, and losses. The books of account shall at all times be open to inspection by any Member of the CHC Board or any member of the Authority Board of Governors or their designees. The Chief Financial Officer shall have such other powers and perform other such duties as may be prescribed by the CHC Board from time to time.

Section 3.03 Vacancies and Removal of Officers

- (a) A vacancy in any office shall be filled by nomination and election by the CHC Board as soon as is reasonably possible. The Health Center Executive Director shall be appointed as provided in Article V.

- (b) Officers may resign at any time by providing written notice to the Chair with a copy to the Health Center Executive Director, or be removed by a majority vote of the CHC Board at a scheduled meeting where a quorum is present.

Article IV: Executive Director of the Health Center

Section 4.01 Selection; Authority to Act; Relationship to CHC Board and Authority Board of Governors

- (a) The CHC Board shall appoint a competent and experienced Health Center Executive Director to have responsibility for the general management of the Health Center. Subject to the rights of the CHC Board, the Health Center Executive Director shall be employed, contracted with, or otherwise engaged by the Authority.
- (b) The Health Center Executive Director shall be given necessary authority to operate the Health Center in all its activities and departments and shall be held responsible for the administration of the Health Center, subject to these Bylaws, and to the direction, policies, or orders of the CHC Board or by any of the committees to which the CHC Board has lawfully delegated authority for such action.
- (c) Subject to the control of the CHC Board and the scope of his or her lawful authority as it may be defined from time to time by the CHC Board, the Health Center Executive Director shall act as the duly authorized representative of the Health Center in all matters in which the CHC Board has not formally designated some other person to so act.
- (d) Subject to the approval of the CHC Board, the Health Center Executive Director shall designate a member of the Health Center staff to serve as an interim Executive Director during periods of absence of more than three (3) working days where the Executive Director is unable to substantially perform his or her duties. In the event of the absence of both the Executive Director and the interim Executive Director, the duties of the Administrator shall be assumed by a standby Executive Director designated by the Executive Director, subject to the approval by the CHC Board.

Section 4.02 Powers and Duties

The Health Center Executive Director shall be the general manager of the Health Center, and shall have the authority to exercise supervision over the general business and affairs of the Health Center in accordance with the statement of duties and responsibilities adopted by the CHC Board, including, but not limited, to the following:

- (a) Establish and implement rules, regulations, policies and procedures necessary to carry out the objectives and goals of the Health Center;
- (b) Plan for outpatient services and facilities, and other medical services to promote population health in the County of Kern;
- (c) Prepare and recommend budgets;
- (d) Coordinate with Authority departments in promoting community health efforts;
- (e) Ensure compliance with all laws, policies and requirements of governmental and legal bodies relevant to the operation of the Health Center;

- (f) Perform such duties assigned by the CHC Board and required by these Bylaws or applicable law.

Section 4.03 Performance Monitoring

The CHC Board shall conduct a formal performance evaluation of the Health Center Executive Director at least annually. In the event the CHC Board determines that the Executive Director's performance requires improvement, the CHC Board may develop a written performance improvement plan indicating areas of concern. The CHC Board may remove the Executive Director from his or her position within the Health Center. Decisions regarding the employment status of the Executive Director are retained by the Authority.

Article V: Medical Staff

Section 5.01 Medical Staff; Provider Credentialing

- (a) The organization and oversight of the Health Center medical staff shall be provided by the Authority.
- (b) The CHC Board delegates its authority to the Executive Director of the Health Center to determine if a licensed or certified health care practitioner meets credentialing requirements based on approved policies and procedure. The Executive Director shall review policies and procedures annually to ensure compliance with HRSA Primary Care regulations.

Article VI: Quality Assessment and Performance Improvement

The CHC Board shall ensure that the Health Center has an ongoing, health center-wide, data-driven program for quality assessment and performance improvement ("QAPI Program"), which reflects the complexity of the Health Center's organization and services. The QAPI Program shall involve all the Health Center services and focus on indicators related to improved health outcomes and the prevention and reduction of medical errors. The CHC Board shall ensure that the QAPI Program is defined, implemented, and maintained and that the Health Center maintain and be able to demonstrate evidence of its QAPI program for review. The Health Center shall use the data collected to (a) monitor the effectiveness and safety of services and quality of care, (b) identify opportunities for improvement and changes that will lead to improvement, and (c) ensure that a process is developed for hearing and resolving patient grievances. The CHC Board shall ensure that the QAPI Program operates in accordance with applicable law, regulations, and accreditation requirements.

Article VII: Fiscal Year

The fiscal year of the Health Center shall commence on July 1 and end on June 30.

Article VIII: Indemnification and Insurance

Directors, officers, employees, and contractors of the Health Center shall have such immunity from liability as provided by law for individuals serving in such capacity, and shall be indemnified for any loss, cost, or expense related to any claim for liability in connection with the Health Center including, without limitation, the cost of legal defense, to the extent provided by law.

The Authority shall arrange for and maintain appropriate insurance coverage for the Health Center, its officers, directors, agents, and employees. All officers, directors, agents, and employees shall be properly bonded.

Article X: Adoption of and Amendment to Bylaws

Section 9.01 Amendment of Bylaws

These Bylaws may be amended by a majority vote of the Authority Board of Governors.

APPROVED by the Kern County Hospital Authority Board of Governors on this _____ day of _____, 2025.

KERN COUNTY HOSPITAL AUTHORITY

By _____
Chairman, Board of Governors

KERN COUNTY HOSPITAL AUTHORITY
COMMUNITY HEALTH CENTER BOARD

By _____
Chairman, Board of Directors

APPROVED AS TO CONTENT:
KERN COUNTY HOSPITAL AUTHORITY

By _____
Scott Thygerson
Chief Executive Officer

APPROVED AS TO CONTENT:
COMMUNITY HEALTH CENTER

By _____
Renee Villanueva
Executive Director

APPROVED AS TO FORM:

By _____
Karen S. Barnes
Vice President & General Counsel
Kern County Hospital Authority



**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

April 23, 2025

Subject: Kern County Hospital Authority Community Health Center Quality Report

Recommended Action: Hear Presentation; Receive and File

Summary:

The Chief Medical Officer for the Community Health Center, will provide your Board with a Quality Update, focusing on Quarter 1 FY 2025 Patient Complaints and Grievances.

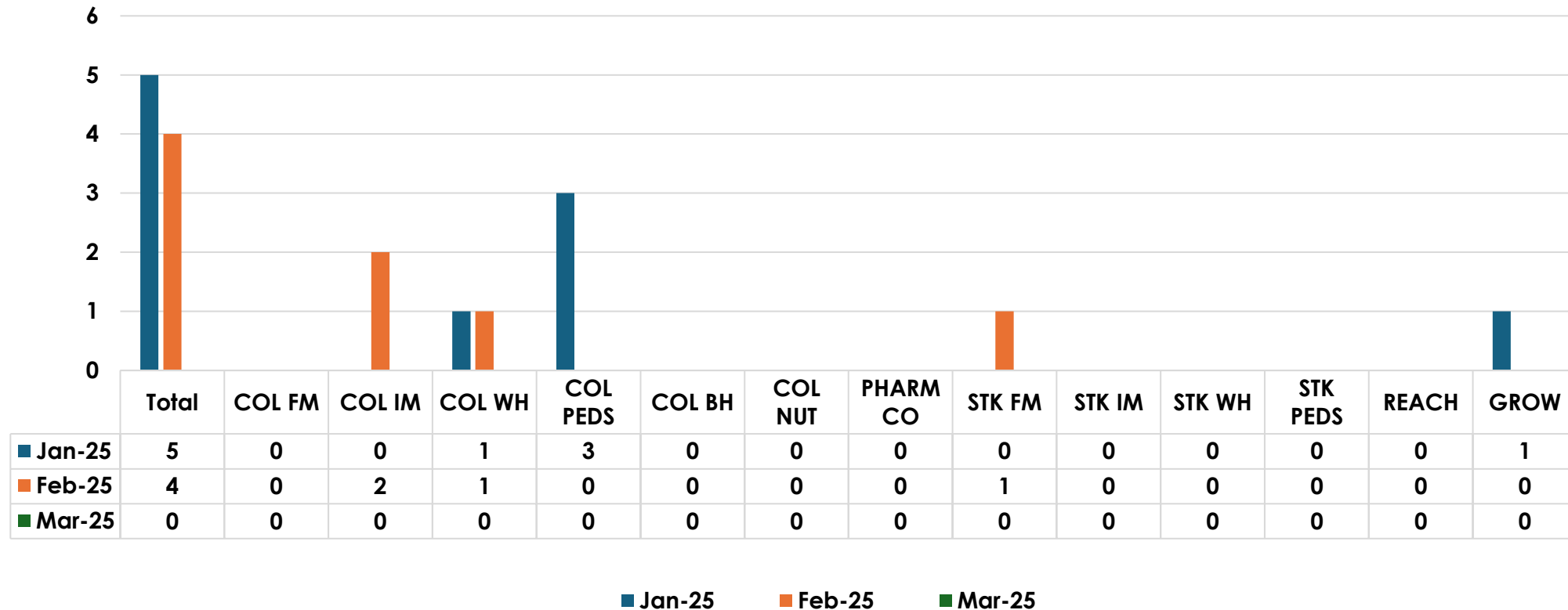


Quality:
Patient Complaint and Grievance Reports
Q1 2025

Community Health Center Board of Directors

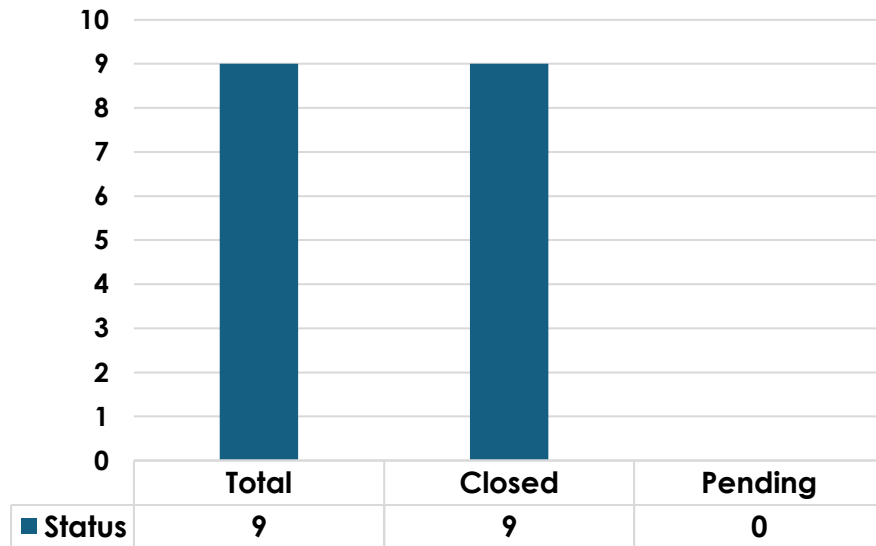
Q1 2025 Complaints

Q1 2025 Complaints by Clinics

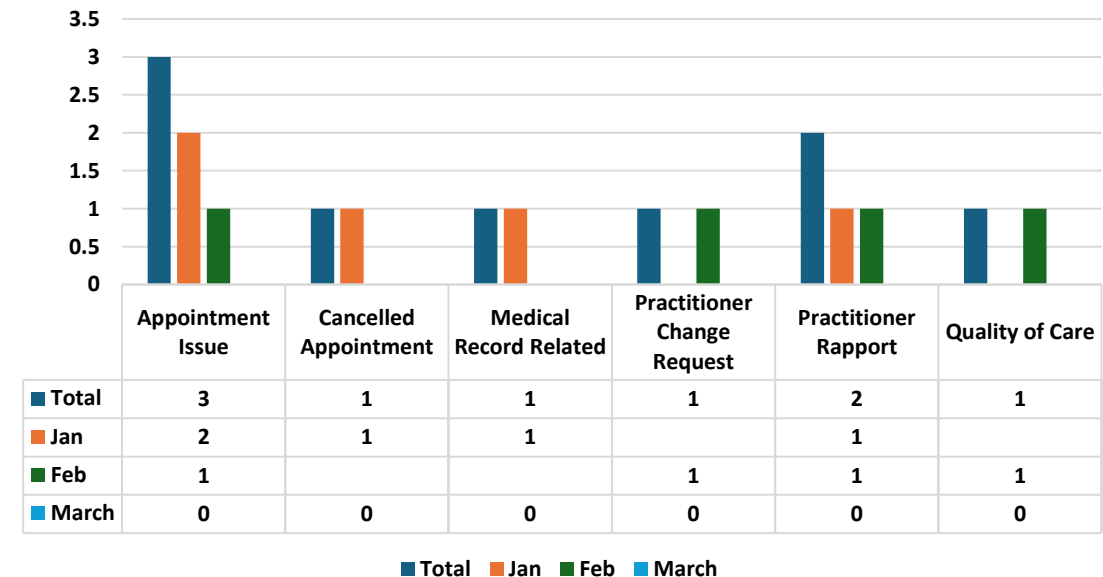


Q1 2025 Complaint Types and Status

Q1 2025 Complaints Status

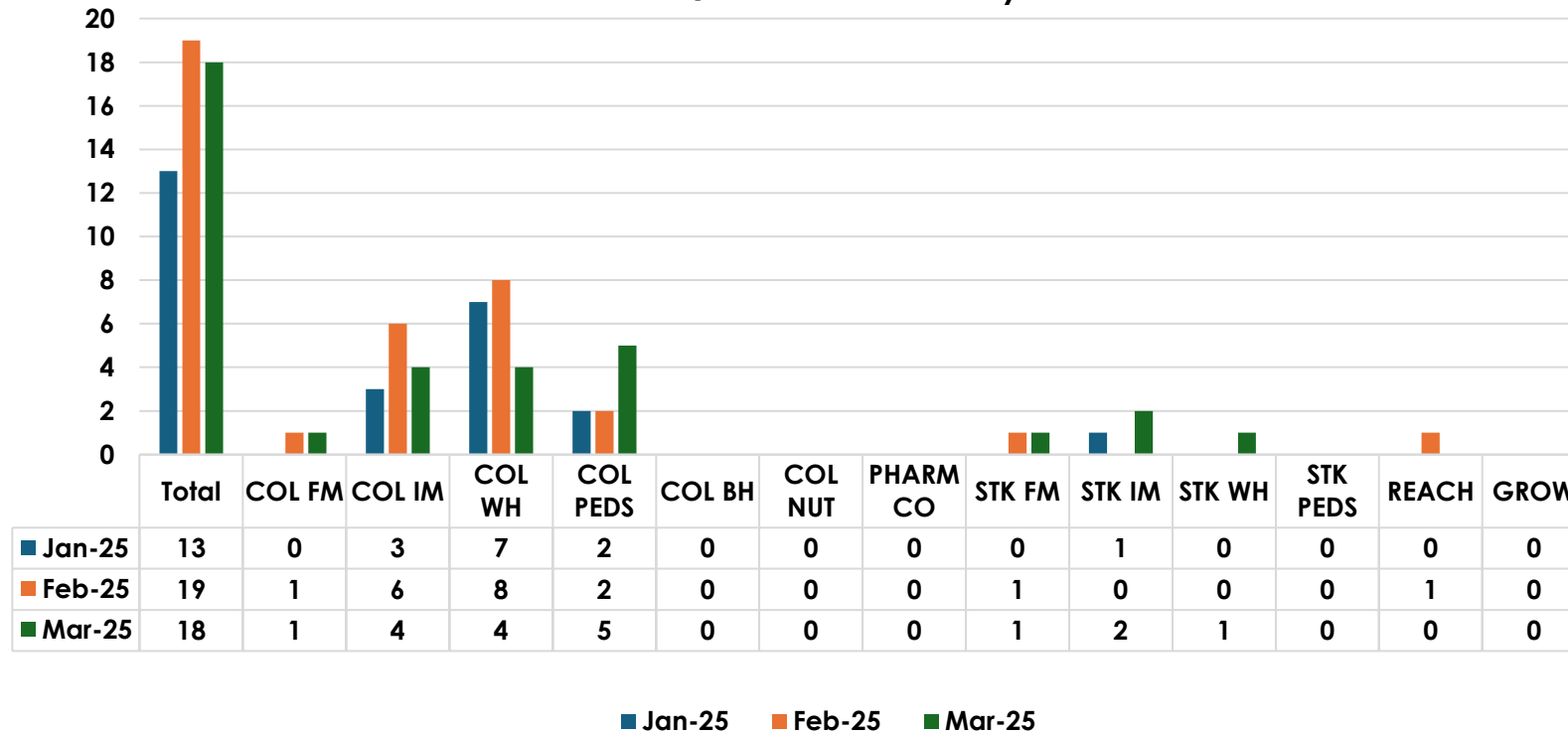


Q1 2025 Complaint Types



Q1 2025 Grievances

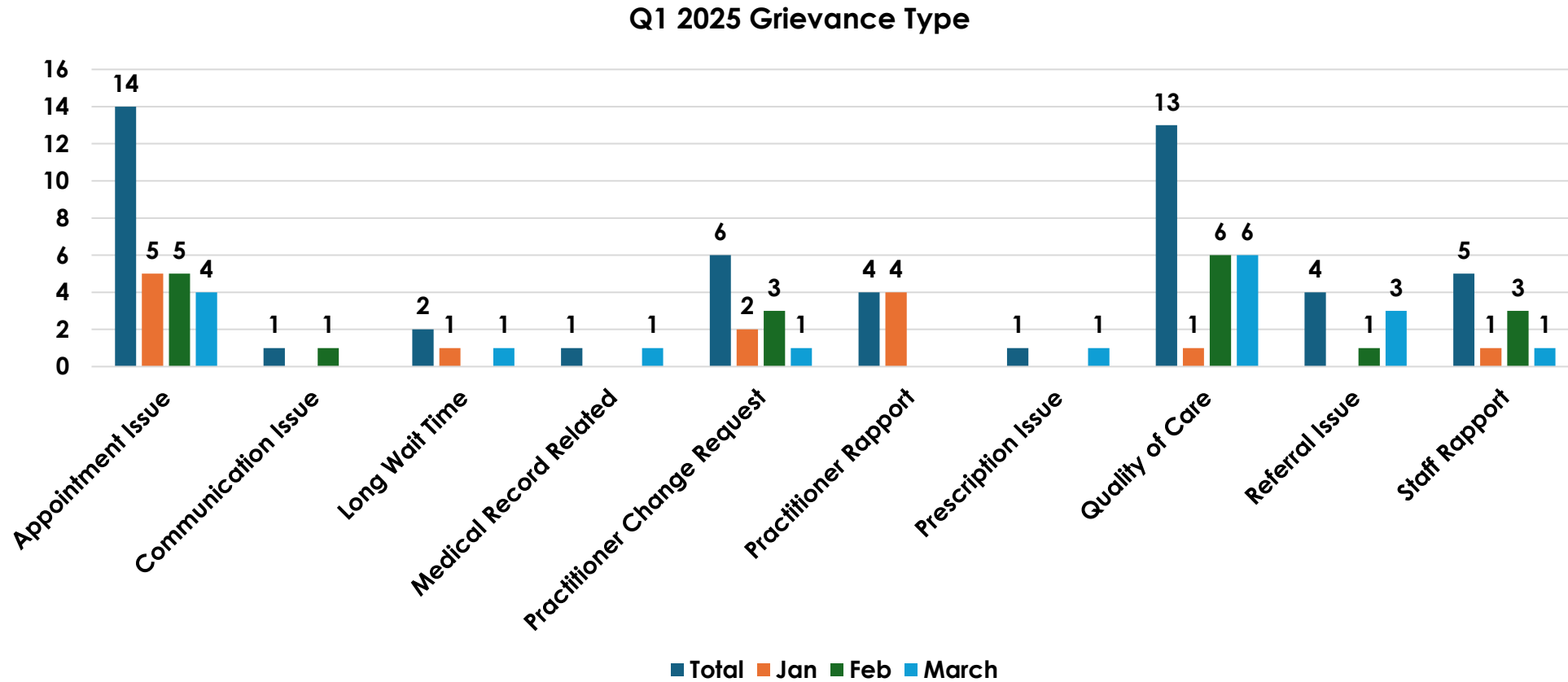
Q1 2025 Grievance by Clinics



Number of Clinic Visits

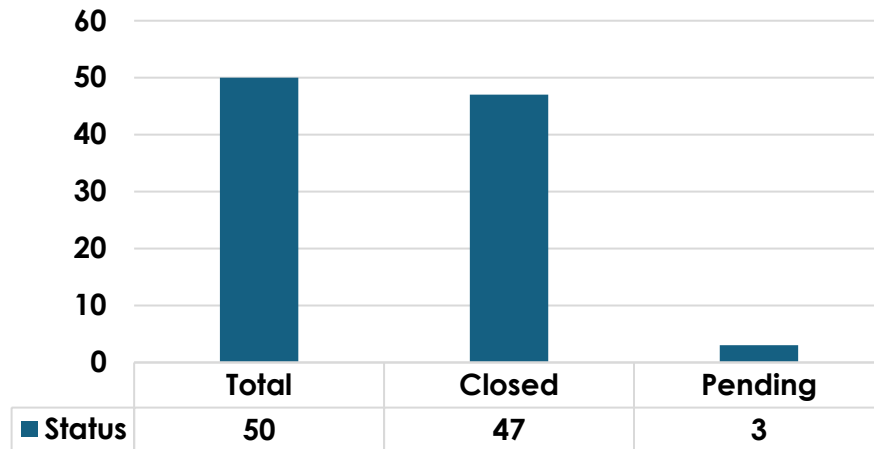
Clinics	Q1 2025 Total
Col FM	3500
Col IM	7069
Col WH	4750
Col Peds	5081
Col BH	474
Col Nut	109
Pharm Co	700
STK FM	560
STK IM	501
STK WH	834
REACH/GROW	2482

Q1 2025 Grievances



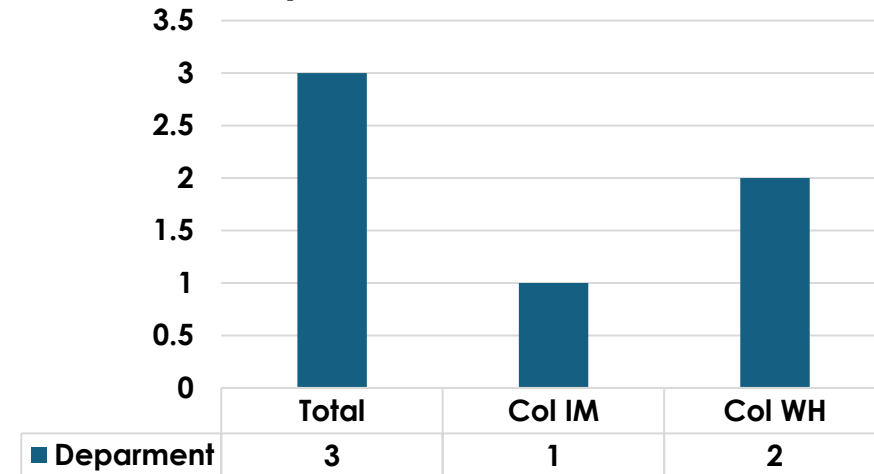
Q1 2025 Grievance Status

Q1 2025 Grievance Status



There are 3 cases that were submitted on the last day of March that have not been closed as of April 10

Q1 2025 Substantiated Grievances



Of the 47 Closed Grievances, there were 3 cases that were substantiated which means the Health Plan determined in favor of the patient. Col WH had 2 substantiated cases regarding appointment issues. These 2 cases were resolved by rescheduling appointments that were agreed upon by the patients. Col IM had 1 substantiated case regarding Physician rapport. This was resolved by changing PCP.

Questions ?

**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

April 23, 2025

Subject: Presentation regarding Kern County Hospital Authority Community Health Center Service Utilization

Recommended Action: Hear Presentation; Receive and File

Summary:

The Health Resources and Services Administration (HRSA) Health Center Program Compliance Manual outlines certain roles and responsibilities that must reside with the Community Health Center Board (CHC Board). One of these responsibilities includes oversight for service utilization.

The Community Health Center produces data-based reports on patient service utilization, trends and patterns in the patient population and overall health center performance, as necessary to inform and support internal decision-making and oversight by key management staff and your Board. This training is essential for your Board.

Therefore, it is recommended that your Board receive and file the presentation.



**Kern County Hospital Authority
Community Health Center
Board of Directors' Training – February 2025
Health Center Service Utilization**

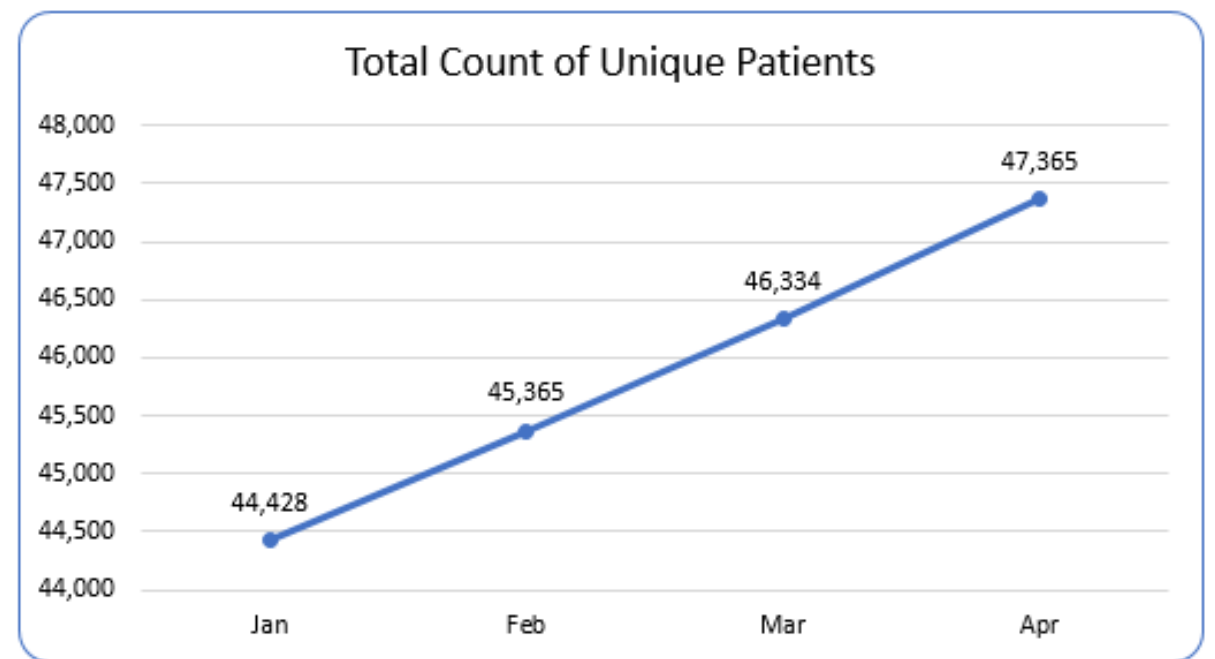
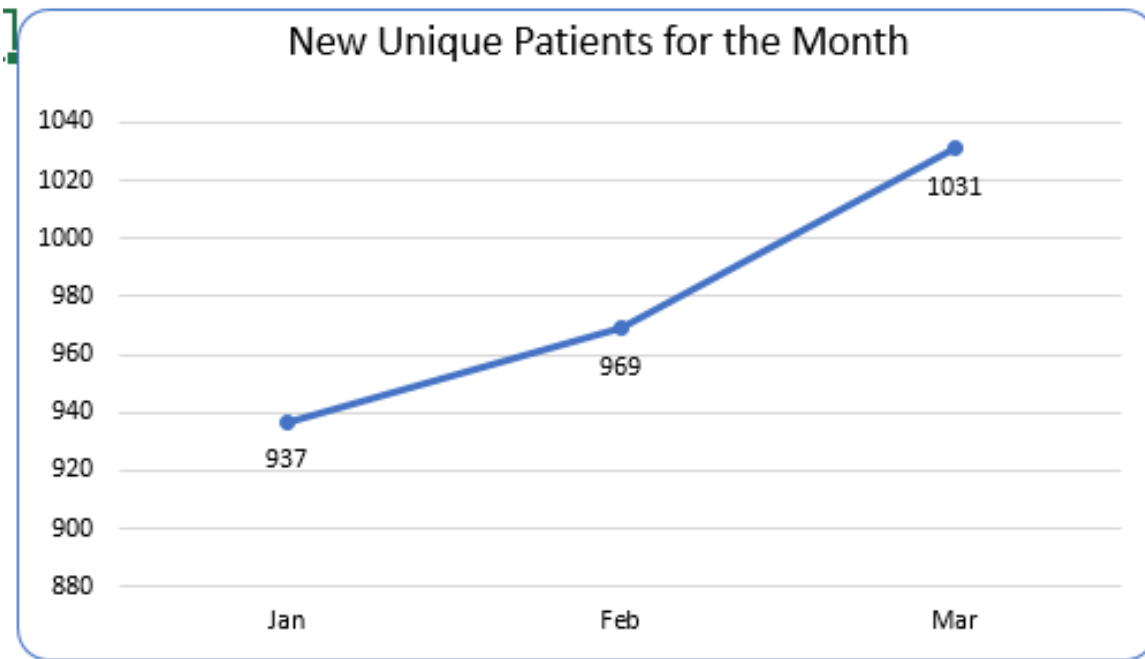
Health Center Board Responsibilities

The Community Health Center produces data-based reports on:

- patient service utilization
- trends and patterns in the patient population
- overall health center performance

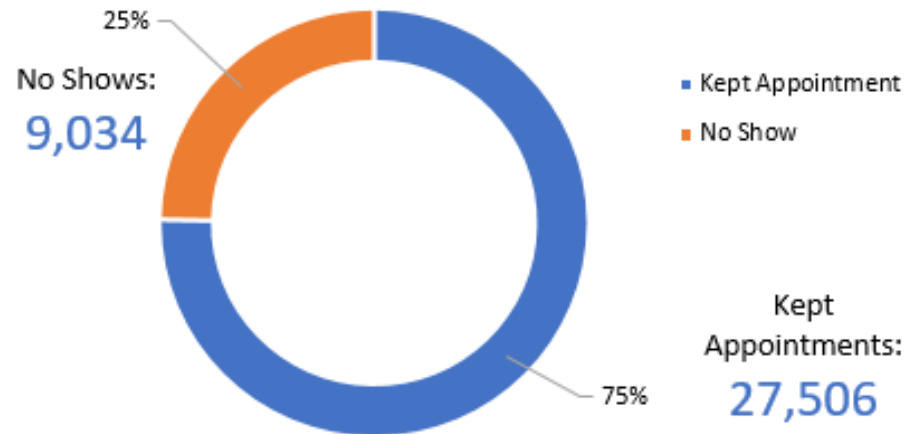
To inform and support internal decision-making and oversight by key management staff and governing board.

Reporting: Unique Patient Data Quarter 1, Jan – Mar 2025

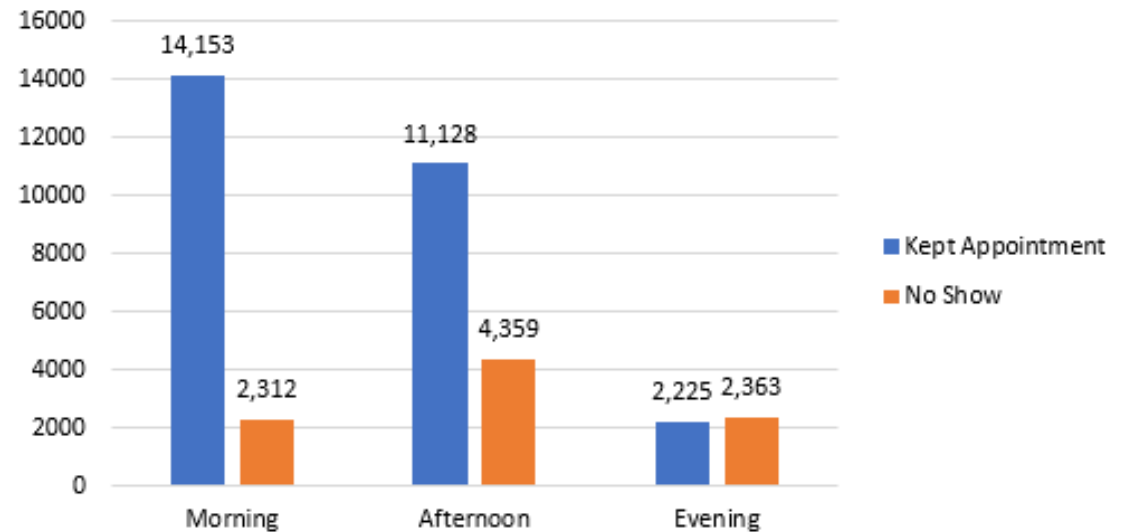


Reporting: Visits Per Month Quarter 1, Jan – Mar 2025

Quarter 1 2025 Appointment Status



Quarter 1 Appointments: Time of Day

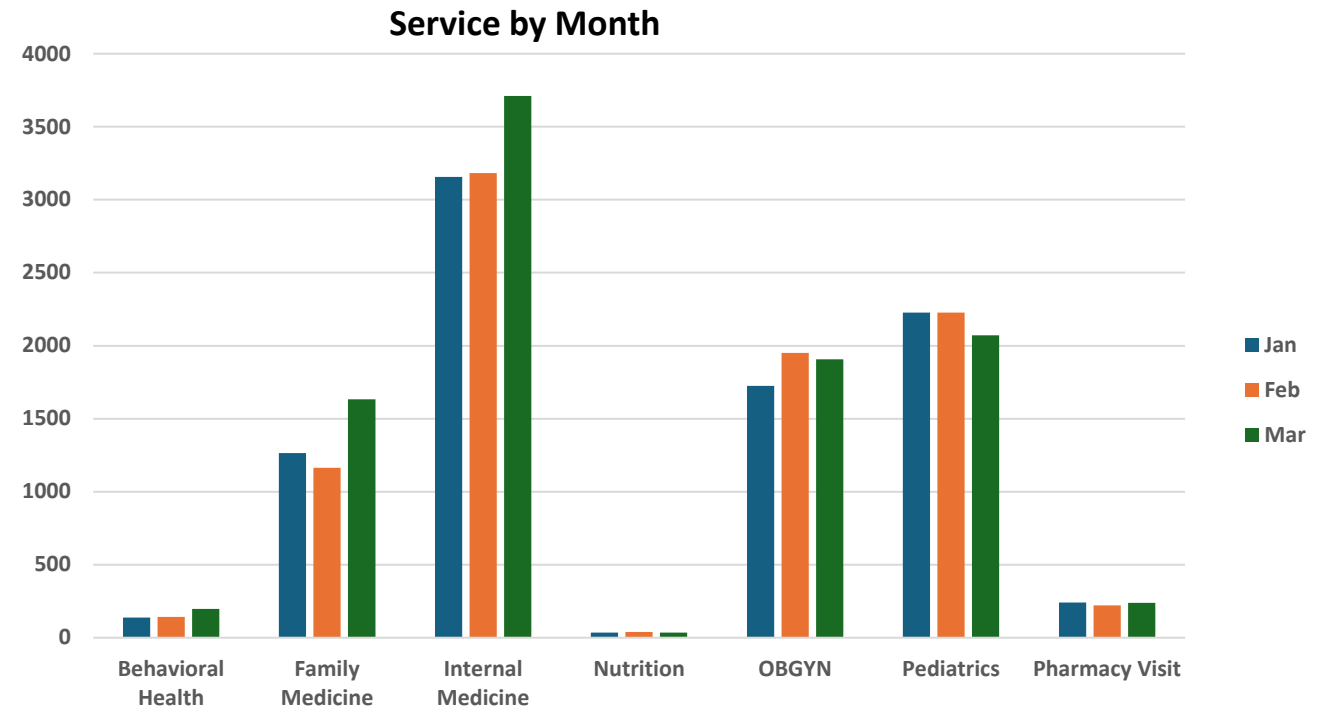


Morning: 8am-12pm
Afternoon: 12pm -5pm
Evening: 5pm-8pm

Reporting: Visits by Month and Service Line

Quarter 1, Jan – Mar 2025

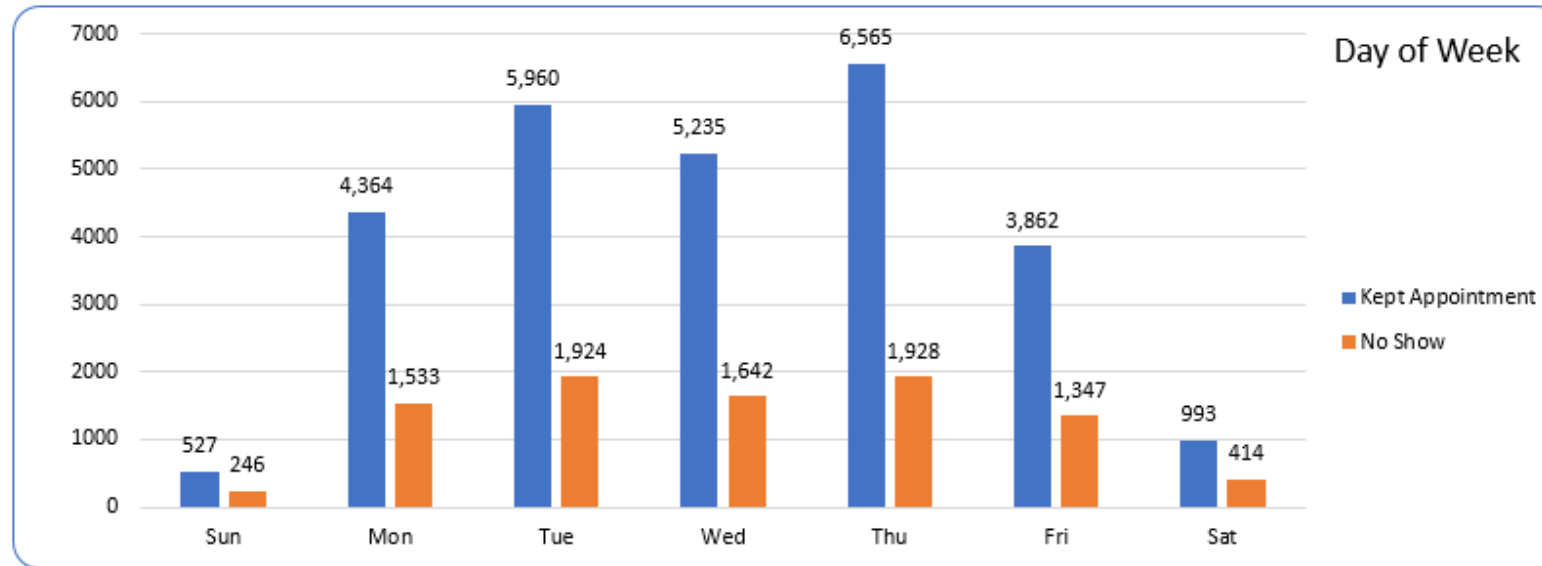
Row Labels	Jan	Feb	Mar	Grand Total
Behavioral Health	137	141	196	474
Col Pharm Co	240	221	239	700
Family Medicine	1265	1163	1632	4060
Internal Medicine	3157	3183	3712	10052
Nutrition	35	39	35	109
OBGYN	1726	1951	1907	5584
Pediatrics	2227	2228	2072	6527
Grand Total	8787	8926	9793	27506



Reporting: Visits by Month and Location Quarter 1, Jan - Mar 2025

Location	Jan	Feb	Mar	Grand Total
34ST GROW	278	298	524	1100
34ST REACH	409	371	602	1382
Col Behavioral Health	137	141	196	474
Col Family Practice	1078	989	1433	3500
Col Internal Medicine	2331	2327	2411	7069
Col Nutrition	35	39	35	109
Col Pediatrics	1608	1717	1756	5081
Col Womens Health	1441	1650	1659	4750
Stockdale Family Practice	187	174	199	560
Stockdale Internal Medicine	139	187	175	501
Stockdale Pediatrics	619	511	316	1446
Stockdale Womens Health	285	301	248	834
Pharmacy Visit	240	221	239	700
Grand Total	8787	8926	9793	27506

Reporting: Appointments by Day of Week Quarter 1, Jan – Mar 2025



2025 YTD Day of Week				
	Kept Appointment	No Show	Grand Total	Show Rate
Sun	527	246	773	68%
Mon	4364	1533	5897	74%
Tue	5960	1924	7884	76%
Wed	5235	1642	6877	76%
Thu	6565	1928	8493	77%
Fri	3862	1347	5209	74%
Sat	993	414	1407	71%
Grand Total	27506	9034	36540	75%

Reporting: Visits by Zip Code

Quarter 1, Jan – Mar 2025

Area	Count
⊕ Bakersfield ZIP codes	24558
⊕ Greater Kern County	2894
⊕ Other California	54
Grand Total	27506

Zip Codes Included in Application:

93301, 93304, 93305, 93306, 93307, 93308,
93309, 93311, 93312, 93313, 93241

Top 10 Zip Codes - Count	
93307	5370
93306	4378
93305	4019
93304	2277
93308	2059
93309	1812
93313	1308
93311	1114
93312	825
93301	778

Health Center Service Utilization Reporting Process

- Staff will continue to refine data
- Providing Key Management Staff tools necessary to make recommendations to Community Health Center Board
- Staff to make recommendations for Health Center Process Improvements, as needed
- Monthly: CHC Board Meeting Review Current Information
- Quarterly: Reviewed in CHC Board Meeting
- Annual Report of Health Center Service Utilization: Reviewed in CHC Board Meeting



**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

April 23, 2025

Subject: Proposed approval of the Kern County Hospital Authority Community Health Center preliminary budget for the period July 1, 2025 through June 30, 2026, including Form 2: Staffing Profiles, Form 3: Income Analysis, and Form 3A: Look-Alike

Recommended Action: Approve; Refer to Kern County Hospital Authority Board of Governors for approval

Summary:

As part of Kern Medical's priorities to both develop an integrated healthcare delivery system and meet certain regulatory requirements in primary care as a public hospital, Kern Medical continues to pursue alternative payment models. As part of this effort, Kern Medical is undertaking HRSA designation for its primary care clinics as clinics that are eligible for payment rates comparable to the rates realized by Federally Qualified Health Center (FQHC) payment rates. The Kern Medical model will be hospital-based, not a stand-alone FQHC. Therefore, the Kern County Hospital Authority Community Health Center (CHC) will be considered a FQHC Look-Alike (LAL) clinic system. An LAL meets all of the eligibility requirements of a FQHC and receives many of the same benefits. Most notably, LAL clinics receive reimbursement for patient services at rates comparable to FQHC clinic reimbursement rates.

The proposed LAL application budget includes all current in-scope services provided in a one-year budget period, including Medical and Behavioral Health visits provided across in-scope clinical sites. In Year 1 of operation, KCHA CHC expects to provide a total of 100,135 medical visits and 13,244 behavioral health visits, generating a total of \$35.5 million in patient service revenue. As a FQHC LAL, the CHC will be eligible for enhanced PPS reimbursement for Medicaid and Medicare patients, who are expected to comprise 69.1% and 13.1% of patients respectively. The CHA expects 11.9% of its payer mix to consist of commercially insured patients, and 5.9% of patients to be self-pay.

Net Revenues

The CHC budgeted \$60.3 million of total revenue for the period of July 1, 2025 through June 30, 2026. Total revenue includes \$35.5 million of patient service revenue. Budgeted patient revenue is based on the approximate number of total clinic visits expected and a conservative per visit reimbursement rate. For the LAL application budget, Health Resources Services Administration (HRSA) requires that the organization provide a breakeven budget. As such, in Year 1, the CHC is expected to invest \$24.7 million to cover expected expenses associated with the organization's first year of operation as an LAL.

Operating and Other Expenses

Budgeted operating and other expenses total \$60.3 million for the period of July 2025 through June 2026. Staffing costs, including fringe benefits, account for \$45.7 million, which is the CHC's largest expense. These costs include a total of 30.25 directly employed medical providers, including physicians, nurse practitioners, and medical residents, as well as 14.00 full-time equivalents (FTEs) directly employed behavioral health providers. The remaining \$14.6 million of operating expenses are comprised primarily of medical supplies, contracted physician fees, purchased medical services, insurance, utilities, and repairs and maintenance. Other expenses include recruiting, legal expenses, and lease expenses for office space and information technology. In addition, a percentage of overhead expenses from Kern Medical services and support departments such as housekeeping, engineering, and information systems has been allocated to the CHC clinics and is included in total operating expense.

Staffing and Authorized Positions

The proposed budget provides funding for all authorized positions. Although all recommended positions are funded for the year, it is important to note that the CHC budgets for staffing based on patient clinic visits and FTEs, not authorized positions. The appropriate allocation of FTEs drive staffing costs, as is customary in the healthcare industry.

#

Kern Medical has proudly served our community for over 155 years and is one of California's 21 designated public hospitals and safety net providers caring for the most vulnerable. Our organization has a broad and vital mission as the county's only teaching hospital and trauma center. Kern Medical also has the distinction of providing vital specialty services not available elsewhere in our area. This includes inpatient behavioral health services for the most acute and medically complex patients as well as programs offered in the Sickle Cell Clinic, HIV Clinic, Shelter Medicine services, Addiction Medicine, GYN/Oncology, and mobile clinics in rural school settings. We continuously look forward to advancing our mission and enhancing access to care for all.

Therefore, it is recommended that your Board approve the Kern County Hospital Authority Community Health Center preliminary budget for the period July 1, 2025 through June 30, 2026, including Form 2: Staffing Profiles, Form 3: Income Analysis, and Form 3A: Look-Alike, and refer to the Kern County Hospital Authority Board of Governors for approval.



**Kern County Hospital Authority
Community Health Center
Board of Directors' Report – February 2025**

Kern County Hospital Authority Community Health Center LOOK ALIKE INITIAL DESIGNATION BUDGET NARRATIVE

REVENUE	
REVENUE	Year 1 Total
Applicant (Retained Earnings)	\$ 24,727,873
Program Income	\$ 35,534,577
TOTAL REVENUE	\$ 60,262,450
EXPENSES	
PERSONNEL	Year 1 Total
TOTAL PERSONNEL	\$ 29,240,163
TOTAL FRINGE BENEFITS @ 56.86%	\$ 16,420,691
TOTAL TRAVEL	\$ 629,313
TOTAL EQUIPMENT	\$ 511,212
TOTAL SUPPLIES	\$ 1,897,338
TOTAL CONTRACTUAL	\$ 7,389,458
TOTAL CONSTRUCTION	\$ -
TOTAL OTHER	\$ 4,174,275
TOTAL DIRECT CHARGES	\$ 60,262,450
TOTALS	\$ 60,262,450
Net Balance	\$ 0



**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

April 23, 2025

Subject: Kern County Hospital Authority Community Health Center Executive Director Report

Recommended Action: Receive and File

Summary:

The Executive Director will provide a report regarding the Community Health Center operations.

**KERN COUNTY HOSPITAL AUTHORITY
COMMUNITY HEALTH CENTER
BOARD OF DIRECTORS
PUBLIC STATEMENT REGARDING CLOSED SESSION**

The Board of Directors will hold a closed session on April 23, 2025, to consider:

 X PUBLIC EMPLOYEE PERFORMANCE EVALUATION - Title: Community Health Center Executive Director (Government Code Section 54957) –