SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

03

FROM: Riverside County Regional Medical Center

Prev. Agn. Ref.:

SUBMITTAL DATE: March 20, 2012

SUBJECT: Acceptance of Song Brown Grant Award Number 12-3013 from the Office of Statewide Health Planning and Development for Family Medicine Residency Program at Riverside County Regional Medical Center.

RECOMMENDED MOTION: Move that the Board of Supervisors:

- 1) Authorize the Chairperson to accept, on behalf of the Board, \$34,410.00 in Fiscal Years 2012-13, 2013-2014, and 2014-15 for a total of \$103,230.00.
- 2) Approve and authorize the Hospital Director to execute the agreement on behalf of the County

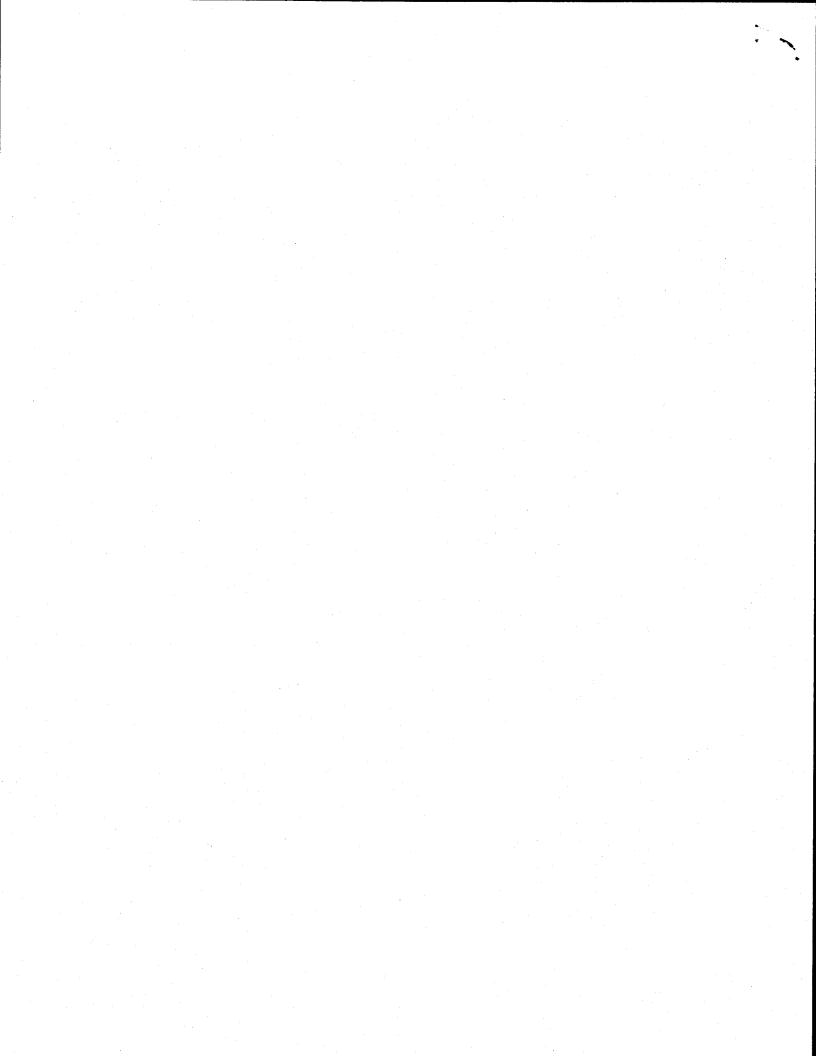
	Departmental Concurrence	BACKGROUND: Riverside County Regional Medical Center's (RCRMC) Family Medicine Residency Program was established in 1971 and is one of the oldest programs in the State of California. It was founded with the goal of improving health care access for underserved communities while increasing the primary care workforce in Riverside County and California. (continued on Page 2) Douglas D. Bagley, Hospital Director				
	Da.		Current F.Y. Total Cost:	\$0	In Current Year Budget:	Yes
	90	FINANCIAL	Current F.Y. Net County Cost:	\$0	Budget Adjustment:	No
		DATA	Annual Net County Cost FY:	\$0	For Fiscal Year:	12/13
		SOURCE OF FO	JNDS: Office of Statewide Health Plani	ning and	Positions To Be Deleted Per A-30	
		•			Requires 4/5 Vote	
		C.E.O. RECOM	MENDATION: APPROVE			
	N Policy	County Execut	MENDATION: APPROVE BY: Nelliconic Signature Debra Co		ncyel	
		County Execut	By: Weluc	ournoyer	. 0	
Consent N Policy	X	County Execut	ive Office Signature Debra Co	RD OF	SUPERVISORS pervisor Ashley and du	ly carried,

District: 5/5

WITH THE CLERK OF THE BOARD

ATTACHMENTS FILED

Agenda Number:



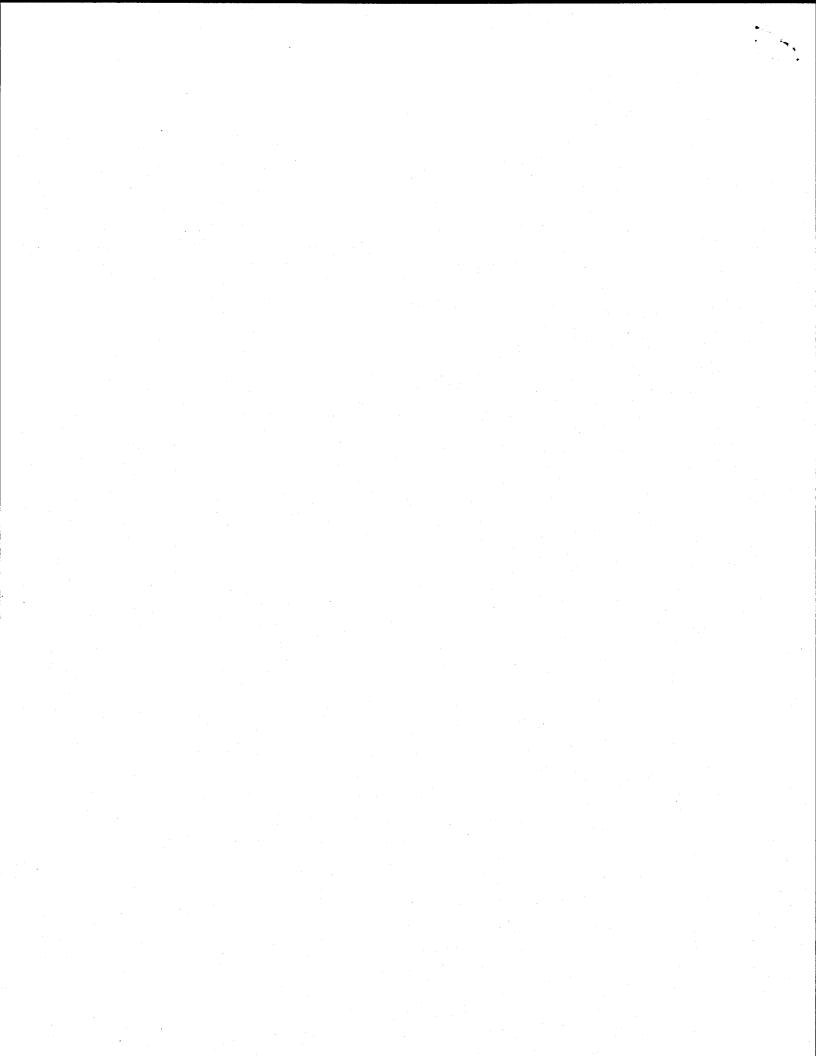
SUBJECT: Acceptance of Song Brown Grant Award Number 12-3013 from the Office of Statewide Health Planning and Development for Family Medicine Residency Program at Riverside County Regional Medical Center.

BACKGROUND continued:

The Song-Brown program provides support funding to Family Medicine training programs and was passed by the California Legislature in September 1973 to encourage program graduates to practice in designated underserved areas of California. It has expanded the training programs of Family Medicine residencies by providing funding for over thirty years. The RCRMC Family Medicine Residency Training Program has participated with and received funding from the Song-Brown program beginning July 1, 1997.

The RCRMC Family Medicine Residency Training Program has been awarded with two (2) capitation cycle renewals equal to \$51,615.00 each for a total award of \$103,230.00 to be received in increments of \$34,410.00 annually for fiscal years 2012/13 through 2014/15 to support the continued training of our residents at RCRMC and the Federally Qualified Health Center (FQHC) look-alike county clinics in Riverside County, along with training at community- and school-based sites.

The Song-Brown program has been critical in helping the RCRMC Family Medicine residents increase their training in the areas of outpatient Pediatrics, Women's Health, and routine prenatal care. With support from the Song-Brown program, the RCRMC Family Medicine residents will continue to gain valuable training in these areas; as well as obtain experience caring for underserved populations in community settings, expose residents to a broader demographic of clinic patients, increase the number of resident clinic visits and increase the number of resident continuity obstetric deliveries.



RESOLUTION

BE IT RESOLVED by the Board of Supervisors of the County of Riverside,

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State of California, in regular session assembled on March 20, 2012, that the Riverside County Regional Medical Center is authorized and directed to execute on behalf of said County the **State Standard Agreement NO. 12-3013** between the Riverside County and the Office of Statewide Health Planning and Development (OSHPD) providing for: Family Medicine Residency Program at Riverside County Regional Medical Center.

Roll Call: 11

Ayes:

Buster, Stone, Benoit and Ashlev

Nays:

None

Absent:

Tavaglione

Board of Supervisors on the date therein set forth.

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The foregoing is certified to be a true copy of a resolution duly adopted by said

KECIA HARPER-IHEM. Clerk of the Board

CTAND	W D D	AGREE	RAENIT
STAIND	ARU.	AGREE	

ANDARD AGREEME 213 (Rev 06/03)	to Riverside County Clerk of the Board, Post Office Box 1147, Riverside, Ca 92:	Stop 1010	AGREEMENT NUMBER	
	Thank you.	F	REGISTRATION NUMBER	and the same of th
This Agreement is en	tered into between the State Agen	cy and the Contrac	ctor named below:	
Office of Statewide	Health Planning and Developn	nent (OSHPD)		<u> </u>
Riverside County F	Regional Medical Center			· .
The term of this Agreement is:	07/01/2012 throor upon DGS approval	ough 08/15/	2015	
The maximum amour of this Agreement is:	One hundred three thou	usand, two hundr	ed thirty dollars and	zero cents
The parties agree to o	omply with the terms and condition	ns of the following	exhibits which are by	his reference made a
Exhibit A – Scope o	f Work			01 page(s)
Exhibit B – Budget I	Detail and Payment Provisions			02 page(s)
Exhibit C* – Genera	I Terms and Conditions			GTC610
Exhibit - D S	m below as Exhibit D: pecial Terms and Conditions (Atta	ched hereto as par	rt of this agreement)	01 page(s)
Exhibit - D* S	Special Terms and Conditions			04 page(s)
Attachment A	all tovisions			02 page(s)
hereto.	Asterisk (*), are hereby incorporate		reto.	Department of General
	CONTRACTOR	4 - 4 - 4 - 1		vices Use Only
	er than an individual, state whether a corporation egional Medical Center	, partnersnip, etc.)		
BY (Authorized Signature)		DATE SIGNED(Do	not type)	
& Wan	len	3/2/12		
PRINTED NAME AND TITLE	F FERSON SIGNING			
Douglas Bagley,	Hospital Director			
ADDRESS			·	
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26520 Cactus Aven Moreno Valley, CA	92555			
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EXHIBIT D

SPECIAL TERMS AND CONDITIONS

1. RESOLUTION OF CONTRACT DISPUTES:

Any dispute arising under this agreement, which cannot be resolved at the State Program Administrator level nor at the Director's level of the Department (OSHPD) signing this contract may be submitted to non-binding arbitration after the following process, has been completed:

- (A) The Contractor first discusses a problem informally with the Family Physician Training Act Administrator. If unresolved, the problem shall be presented as a grievance to the Deputy Director, Healthcare Workforce Development Division, in writing, stating the issues in dispute, the legal authority or other basis for the Contractor's position and the remedy sought.
- (B) The Deputy Director shall make a determination on the problem within ten (10) working days after receipt of the written communication from the Contractor and shall respond in writing to the Contractor indicating the decision and reasons for it
- (C) Should the Contractor find the Deputy Director's decision an unacceptable one, a letter shall be sent to the Director within ten (10) working days of receipt of the Deputy Director's decision. The Director or designee shall meet with the Contractor within twenty (20) working days of receipt of the Contractor's letter. Should the Contractor disagree with the Director's decision, the Contractor and Director may agree to submit the matter to non-binding arbitration.

ADDITIONAL PROVISIONS

- 1. <u>Family Practice Standards Adopted by the California Healthcare Workforce Policy Commission June 11, 1999.</u>
- I. Each Family Practice Residency Training Program approved for funding and contracted with under the Health Care Workforce Training Act (hereinafter "the Act") shall, prior to the initiation of training and the transfer of State funds:
 - A. Meet the American Medical Association's "Essentials for Residency Training in Family Practice", and
 - B. Be approved by the Residency Review Committee on Family Practice of the American Medical Association, as documented in a formal letter of approval from the Residency Review Committee, or the Liaison Committee on Graduate Medical Education, and
 - C. Be provided by an accredited medical school or a teaching hospital, which has programs, or departments that recognize family practice as a major independent specialty,

or

For postgraduate osteopathic medical programs in family practice:

- A. Be approved by the American Osteopathic Association (AOA) Council on Postdoctoral Training and meet requirements to ensure that Osteopathic Programs are comparable to programs specified above and
- B. Be accredited as an "Osteopathic Postdoctoral Training Institution" (OPTI) by the Bureau of Professional Education through the Council on Postdoctoral Training (COPT) and
- C. Meet <u>C</u> requirement above.
- II. Each Family Practice Residency Training Program, or Post Graduate Osteopathic Medical Program in Family Practice approved for funding under the Act shall include a component of training in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare family physicians for service in such neighborhoods and communities.
- III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Family Physicians who are trained in the training program funded by the Act, to enter into practice in areas of unmet priority need for primary care family physicians within California as defined by the California Healthcare Workforce Policy Commission (hereinafter referred to as "areas of need"). Such strategies shall incorporate the following elements:

- A. An established procedure to identify, recruit and match family practice residents who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need.
- B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.
- C. A program component such as a preceptorship experience in an area of need, which will enhance the potential.

2. <u>Family Practice Contract Criteria Adopted by the California Healthcare Workforce Policy Commission February 16, 2000.</u>

I. Contract Awards

- A. Each contract entered into, pursuant to the Song-Brown Health Care Workforce Training Act, Health and Safety Code, Sections 128200, etc seq., (hereinafter "the Act"), shall be based on the recommendation of the California Healthcare Workforce Policy Commission to the Director of the Office of Statewide Health Planning and Development recorded in the California Healthcare Workforce Policy Commission official minutes.
- B. Each contract shall be for a purpose authorized by the California Healthcare Workforce Policy Commission Standards for Family Practice Residency Training Programs.
- C. Each contract shall be between the Office of Statewide Health Planning and Development and a Contractor authorized to apply for funds by the California Healthcare Workforce Policy Commission Standards for Family Practice Residency Training Programs.
- D. Purpose for Which Contract Funds May be Expended
 - Contract funds may be expended for any purpose which the training institution judges will most effectively advance the training of family practice residents, but may not be expended for any purpose specifically prohibited by State law, by these contract criteria, or by the contract with the training institution.
 - 2. Contract funds may be used for expenses incurred for the provision of training, including faculty and staff salaries, family practice resident's stipends, alterations and renovations necessary to the provision of the residency training programs, and supplies and travel directly related to the training program.
 - 3. Contract funds may be used for new construction only when such construction is specifically provided for in the contract.

E. Maintenance of Effort

Training institutions approved for funding under the Act shall, as a minimum, maintain a level of expenditures equivalent to that expended on the family practice residency training programs during the 1973-74 fiscal year. Capitation contracts that begin July 1, 2003 or thereafter will have no resident maintenance of effort requirement beyond the number of Song-Brown cycles awarded.

II. Accounting Records and Audits

A. Accounting

Accounting for contract funds will be in accordance with the training institution's accounting practices based on generally accepted accounting principles consistently applied regardless of the source of funds. Supporting records must be in sufficient detail to show the exact amount and nature of expenditures.

Training institutions may elect to commingle capitation funds received under the Act with any other income available for operation of the family practice residency training program provided that the institution maintains such written fiscal control and accounting procedures as are necessary to assure proper disbursement of, and accounted for, such commingled funds, including provisions for:

- 1. the accurate and timely separate identification of funds received under the Act.
- 2. the separate identification of expenditures prohibited by the contract criteria.
- 3. an adequate record of proceeds from the sale of any equipment purchased by funds received under the Act.

B. Expenditure Reporting

Reports of training program expenditures and enrollment of family practice residents under the contract must be submitted as requested by the Commission or the Director of the Office of Statewide Health Planning and Development for purposes of program administration, evaluation, or review.

C. Record Retention and Audit

1. The training institution shall permit the Director of the Office of Statewide Health Planning and Development, or the Auditor General, or the State Controller, or their authorized representatives, access to records maintained on source of income and expenditures of its family practice residency training program for the purpose of audit and examination.

- 2. The training institution shall maintain books, records, documents, and other evidence pertaining to the costs and expenses of this contract (hereinafter collectively called the "records") to the extent and in such detail as will properly reflect all net costs, direct and indirect, of labor, materials, equipment, supplies and services, and other costs and expenses of whatever nature for which reimbursement is claimed under the provisions of this contract.
- 3. The training institution agrees to make available at the office of the training institution at all reasonable times during the period set forth in subparagraph 4 below any of the records for inspection, audit or reproduction by an authorized representative of the State.
- 4. The training institution shall preserve and make available its records (a) for a period of three years from the date of final payment under this contract, and (b) for such longer period, if any, as is required by applicable statute, by any other clause or this subcontract, or by subparagraph a or b below:
 - a. If this contract is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of three years from the date of any resulting final settlement.
 - b. Records which relate to (1) litigation of the settlement of claims arising out of the performance of this contract, or (2) costs and expenses of this contract as to which exception has been taken by the State or any of its duly authorized representatives, shall be retained by the training institution until disposition of such appeals, litigation, claims, or exceptions.
- 5. Except for the records described in subparagraph 4 above, the training institution may in fulfillment of its obligation to retain the records as required by this clause substitute photographs, microphotographs, or other authentic reproductions of such records, after the expiration of the two years following the last day of the month or reimbursement to the training institution of the invoice or voucher to which such records relate, unless a charter person is authorized by the State or its duly authorized representatives.

ATTACHMENT A

Capitation Funding - Final Report

- This form is a SAMPLE only
- The original will be available for download on July 1, 2015
- Download form at: http://www.oshpd.ca.gov

For payment years July 1, 2012 thru June 30, 2015						
Residents identified during contract period	Date of most recent ABFM or AOBFP Certification	Graduate practice site (Name and Address)				
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Section 128230 of the Song-Brown Act requires that:

- "...the commission shall give priority to programs that have demonstrated success in the following areas:
 - a) Actual placement of individuals in medically underserved areas.
 - b) Success in attracting and admitting members of minority groups to the program.
 - c) Success in attracting and admitting individuals who were former residents of medically underserved areas.
 - d) Location of the program in a medically underserved area.
 - e) The degree to which the program has agreed to accept individuals with an obligation to repay loans awarded pursuant to the Health Professions Education Funds.
 - 1. What accomplishments in your program demonstrate success in further advancement of the goals cited in Section 128230 of the Song-Brown Act?

ATTACHMENT A

ns successes and/or cha	llenges during the contract p	eriod.
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