



## MINUTES

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

May 16, 2023 – 2:30 p.m.

Meeting was conducted In-person and via WebEx Event

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107  
Red Rock Trail Rooms A and B

**MEMBERS PRESENT:** Jose L. Melendrez, Chair – Consumer Member (*Webex/In person*)  
Donna Feliz-Barrows, Vice-Chair – Consumer Member (*In-person*)  
Erin Breen – Community Member, UNLV Vulnerable Road Users Project (*via Webex*)  
Scott Black – Community Member, City of North Las Vegas (*via Webex*)  
Jasmine Coca – Community Member, Catholic Charities of Southern Nevada (*In person*)  
Gary Costa – Community Member, Golden Rainbow (*via Webex*)  
Brian Knudsen – Consumer Member (*via Webex*)  
Father Rafael Pereira – Community Member, All Saints Episcopal Church (*via Webex*)  
Lucille Scott – Consumer Member (*In person*)

**ABSENT:** Luz Castro – Consumer Member

**ALSO PRESENT:**

**LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel

**EXECUTIVE DIRECTOR:** Fermin Leguen, MD, MPH, District Health Officer

**STAFF:** Tawana Bellamy, Andria Cordovez Mulet, Cassius Lockett, Cortland Lohff, Randy Smith, Donnie (DJ) Whitaker, Justin Tully, Fernando R. Lara, Luann Province, David Kahananui, Merylyn Yegon, Fidel Cortes Serna

#### I. **CALL TO ORDER and ROLL CALL**

The Vice Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:33 p.m. Tawana Bellamy, Administrative Secretary, administered the roll call and confirmed a quorum.

*Member Costa joined the meeting at 2:34 p.m.*

#### II. **OATH OF OFFICE**

- Board Member – Jasmine Coca

The Oath of Office was administered to member Jasmine Coca by Tawana Bellamy, Administrative Secretary.

#### III. **PLEDGE OF ALLEGIANCE**

- IV. **FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Vice Chair closed the First Public Comment portion.

**V. ADOPTION OF THE MAY 16, 2023 MEETING AGENDA** *(for possible action)*

*A motion was made by Chair Melendrez, seconded by Member Father Rafael, and carried unanimously to approve the May 16, 2023 Meeting Agenda, as presented.*

**VI. CONSENT AGENDA:** Items for action to be considered by the Southern Nevada Community Health Center Governing Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

**1. APPROVE MINUTES – SNCHC Governing Board Meeting:** April 18, 2023 *(for possible action)*

**2. Approve the Ongoing Professional Practice Evaluation – Peer Review Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

**3. Approve Credentialing and Privileging of Provider Jerry Cade, MD;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

*A motion was made by Member Father Rafael, seconded by Member Breen, and carried unanimously to approve the Consent Agenda, as presented.*

*Member Scott joined the meeting at 2:37 p.m.*

**VII. REPORT / DISCUSSION / ACTION**

**Recommendations from the May 15, 2023 Finance & Audit Committee**

**1. Review and Discuss the Chair Nomination for the Finance and Audit Committee;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

David Kahananui, Senior FQHC Manager advised that the Finance and Audit committee nominated Jasmin Coca as the chair to the committee. Member Coca accepted the nomination.

**2. Review and Discuss the Finance and Audit Committee Meeting Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Heather Anderson-Fintak, General Counsel advised that the Finance and Audit Committee agree to meet on the third Mondays of the month at 4 p.m. Ms. Anderson-Fintak further advised that the meeting time may be moved if members are not able to meet on the agreed schedule.

**3. Receive, Discuss and Accept the Single Audit Report from Eide Bailly;** direct staff accordingly or take action as deemed necessary *(for possible action)*

Member Coca advised that the Finance and Audit Committee reviewed and accepted the Single Audit Report from Eide Bailly and the March 2023 YTD Financial Report and recommended approval by the board.

Donnie (DJ) Whitaker, Chief Financial Officer presented the Single Audit Report from Eide Bailly and advised it is required to get a single audit because of the amount of federal funding processed through Southern Nevada Health District. Ms. Whitaker advised the final report contained the Independent Auditors Report, Auditor's Report Government Auditing Standards, and the June 30, 2022 Single Audit Report, issued on March 29, 2023.

Ms. Whitaker outlined the total federal expenditures included in the Schedule of Expenditures of Federal Awards (SEFA) was \$84,020,096 and the following four programs were audited:

- Epidemiology & Lab Capacity – Assistance Listing 93.323
- Health Department Response to Public Health or Healthcare Crises – Assistance Listing 93.391

- Health Center Program Cluster – Assistance Listing 93.224 & 93.527
- HIV Prevention Activities – Assistance Listing 93.940

Ms. Whitaker advised there were no scheduled finding and questioned costs and Eide Bailly issued an unmodified report. Ms. Whitaker further advised that the communication from Eide Bailly outlined no significant difficulties were with management, no misstatements were identified and no disagreements with management.

*A motion was made by Chair Melendrez, seconded by Member Scott, and carried unanimously to accept the recommendation from the Finance and Audit Committee to accept the Single Audit Report from Eide Bailly, as presented.*

*Chair Melendrez left the Webex meeting at 2:43 p.m.*

- 4. Receive, Discuss and Accept the March 2023 YTD Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

*Chair Melendrez rejoined the meeting in person at 2:44 p.m.*

Ms. Whitaker presented the March 2023 YTD Financial Report with the following highlights:

Highlights

- Net Position – Negative \$3.6M budgeted and negative \$2.6M actual, variance of \$983K.
- Charges for Services – \$11.7M budgeted, and \$13.3M actual, variance increase mostly related to Pharmacy.
- Supplies - \$8.8M budgeted and \$11M actual, variance \$2.1M – increase due to Pharmacy activity continues to outpace expected patient encounters and rising cost of prescription drugs.

Patients by Department

- Number of Encounters through March 31, 2023 – 19,847
- Pharmacy had generated most of the revenue.

Ms. Whitaker further reviewed the:

- Revenue by Department (with and without Pharmacy)
- Expenses by Department (with and without Pharmacy)
- General Fund – Included information about what is funded by general fund and special revenue.
- Special Revenue by Fund
- Revenue by Fund
- Expenses by Fund

*A motion was made by Chair Melendrez, seconded by Member Scott, and carried unanimously to accept the recommendation from the Finance and Audit Committee to accept the March 2023 YTD, as presented.*

**SNCHC Governing Board**

- 5. Receive and Discuss the Quality, Credentialing and Risk Management Meeting Schedule;** direct staff accordingly or take action as deemed necessary *(for possible action)*

Mr. Kahananui advised that the Quality, Credentialing and Risk Management Committee agreed to meet four times per year and as deemed necessary. Mr. Kahananui further advised of the meeting dates.

- Thursday, April 13, 2023, 102 p.m. (Q1 activities)
- Wednesday, July 5, 1-2 p.m. (Q2 activities)
- Wednesday, October 11, 1-2 p.m. (Q3 activities)
- Wednesday, January 10, 2024, 1-2 p.m. (Q4 activities)

**6. Receive, Discuss and Approve Updates to the Risk Management Report;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Kahananui presented an update to the health center's Annual Risk Management Report learned during the submission of the FTCA application in December 2022. Mr. Kahananui advised that HRSA requested a plan that outlines how goals would be met and a report of the health center's progress towards those goals. Mr. Kahananui provided an overview of the plan indicating the CY23 goals, CY22 baseline, CY23 activities and CY23 performance that will help track and monitor the metrics. The tracking report will be submitted to HRSA as a part of the FTCA application.

*A motion was made by Chair Melendrez, seconded by Member Coca, and carried unanimously to approve the Updates to the Risk Management Report, as presented.*

**7. Receive, Discuss and Approve the Quality Management Plan;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Kahananui presented the Quality Management Plan for 2023 and advised there were no changes to the goals and objectives. Mr. Kahananui advised of changes to the organization and how it is governed. The quality improvement and assurance activities will be conducted by SNCHC Governing Board, to provide oversight and SNCHC Quality, Credentialing and Risk Management Committee, to manage the details. In the past, the Quality Improvement Committee worked internally on daily operations, strategic updates, and improvements. Many of the people on that committee did not have an immediate stake in the success of the health center and the group has been reestablished as the Quality Improvement Work Group. The work group will be comprised of clinical and administrative leaders and staff that are specific to the health center.

*A motion was made by Chair Melendrez, seconded by Member Scott, and carried unanimously to approve the Quality Management Plan, as presented.*

**8. Receive, Discuss and Approve Credentialing and Privileging of Provider Alireza Farabi, MD, PC;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Dr. Cortland Lohff, Chief Medical Officer presented the Credentialing and Privileging of Provider Alireza Farabi, MD, PC, Dr. Lohff advised the board of the unusual circumstances surrounding Dr. Farabi's credentialing. Dr. Lohff provided a brief background about Dr. Farabi's work at the Health Department and advised that Dr. Farabi's credentialing was previously approved by human resources.

Dr. Lohff advised that HRSA requires certain credentials to be verified through a process called primary source verification, which means confirming the authenticity of the credentials directly with the source. Dr. Lohff advised that human resources requested primary source verification of education directly from Dr. Farabi's medical school, however despite multiple attempts, they were unable to receive verification. Dr. Lohff further advised that human resources requested the verification through a secondary source and Dr. Farabi was able to provide documentation of attendance and completion of his medical education. Dr. Lohff advised that the Nevada Board of Medical Examiners require primary source verification for education and training when a physician applies for a license. Based on these findings, we recommend that the Governing Board approve the credentialing and privileging of Dr. Farabi.

Member Coca inquired where Dr. Farabi will be providing services. Dr. Lohff advised that Dr. Farabi would provide services at the health center.

Member Coca inquired about the type of services Dr. Farabi would provide. Dr. Lohff advised that Dr. Farabi is an infectious disease specialist and provides services to our HIV/AIDS patients in the Ryan White program. Dr. Farabi also helps to diagnose patients and manage other infectious disease conditions in the health center.

Dr. Leguen advised that Dr. Farabi's medical schools is in Iran, and it is difficult to get primary source verification from that country. Chair Melendrez inquired if Dr. Farabi is verified through the State of Nevada. Dr. Leguen commented yes.

*A motion was made by Chair Melendrez, seconded by Member Scott, and carried unanimously to approve the Credentialing and Privileging of Provider Alireza Farabi, MD, PC, as presented.*

**9. Highlights from the April 2023 Operational Report;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Kahananui presented the following highlights from the April 2023 Operational Report.

April 2023 Patients Served:

- 847 unduplicated patients served
- 214 new patients

Staffing:

- New mid-level provider started on 5/1
- Recruitment for staff physician and LCSW ongoing

Grants:

- FQHC Incubator Grant for \$1.4 million over two years to develop oral health services at Fremont
- HRSA Service Area Competition (SAC) will be released at the end of May

Audits:

- Ryan White Onsite Visit – May 2023
- Title X Onsite Visit – September 2023

Community Health Worker (CHW) new billable provider for FQHCs

- Requires a Payer Credentialing and Internal Privileging Process
- Scope of Billable work

Approved for three (3) billable Medicaid encounters each day

- Medical, Behavioral Health, Dental

Final PPS rate with State Medicaid Office

- Currently operating on an interim rate

**VIII. BOARD REPORTS:** The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. (**Information Only**)

There were no board reports.

**IX. EXECUTIVE DIRECTOR & STAFF REPORTS (Information Only)**

Dr. Leguen advised that May 11, 2023 was the last day of the public health emergency, which means many activities related to COVID-19 response will end. Services will continue at the health center until July 31, 2023. Dr. Leguen advised that the health center will continue to offer testing services to the community at two College of Southern Nevada locations. Dr. Leguen advised that the health center will also provide free home test kits in vending machines at six locations. Dr. Leguen further advised that back to school immunizations for children returning to school will be at the Fremont location.

Member Coca inquired the two Licensed Clinical Social Workers (LCSW) in behavioral health that was discussed at the Finance and Audit Committee meeting. Dr. Leguen advised that the behavioral health staff is being funded by thorough Ryan White and that includes the LCSWs. Dr. Leguen further advised

that the discussion at the Finance and Audit Committee meeting was for finance to create a separate line item in the financial report to identify the funds dedicated to that work.

Member Coca inquired if the LCSW are full time positions. Dr. Leguen advised they are full time positions.

Chair Melendrez inquired about the emergency medical relief fund ending and if the health center will be able to continue to provide vaccines. Dr. Leguen advised that the health center will continue to provide free COVID-19 vaccines as long as we receive federal supplies for it. After that, the COVID-19 vaccine will be available for free to people who have insurance. For the uninsured, the health center will provide the COVID-19 vaccine for children for free and the 339 program will allow adults to get the COVID-19 vaccine for free.

Chair Melendrez inquired about the COVID-19 cases trending down. Dr. Leguen advised that cases are trending down. The virus is still circulating but less than what it was in previous years. The number of hospitalizations has decreased dramatically, as well as the number of deaths.

**X. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) April 2023 Operations Reports

- XI. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Vice Chair closed the Second Public Comment.

**XIII. ADJOURNMENT**

The Vice Chair adjourned the meeting at 3:12 p.m.

Fermin Leguen, MD, MPH  
District Health Officer/Executive Secretary/CHC Executive Director

/tab

## AGENDA

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

May 16, 2023 – 2:30 p.m.

Meeting will be conducted In-person and via Webex Event  
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107  
Red Rock Trail Rooms A and B

## NOTICE

WebEx Event address for attendees:

<https://snhd.webex.com/snhd/j.php?MTID=me4ae3802be444018647f91cebad7cc90>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2559 290 4916](https://snhd.webex.com/snhd/j.php?MTID=me4ae3802be444018647f91cebad7cc90)

For other governmental agencies using video conferencing capability, the Video Address is:  
[25592904916@snhd.webex.com](mailto:25592904916@snhd.webex.com)

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#### NOTE:

- Agenda items may be taken out of order at the discretion of the Chair.
- The Board may combine two or more agenda items for consideration.
- The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

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#### I. CALL TO ORDER & ROLL CALL

#### II. OATH OF OFFICE

- Board Member – Jasmine Coca

#### III. PLEDGE OF ALLEGIANCE

- #### IV. FIRST PUBLIC COMMENT:
- A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:

- **By Webex:** Use the link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Community Health Center employee or by raising your hand during the public comment period, a Community Health Center employee will unmute your connection. Additional Instructions will be provided at the time of public comment.
- **By email:** [public-comment@snchc.org](mailto:public-comment@snchc.org) For comments submitted prior to and during the live meeting. Include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

**V. ADOPTION OF THE MAY 16, 2023 AGENDA** *(for possible action)*

**VI. CONSENT AGENDA:** Items for action to be considered by the Southern Nevada Community Health Center Governing Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. **APPROVE MINUTES – SNCHC Governing Board Meeting:** April 18, 2023 *(for possible action)*
2. **Approve the Ongoing Professional Practice Evaluation – Peer Review Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **Approve Credentialing and Privileging of Provider Jerry Cade, MD;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

**VII. REPORT / DISCUSSION / ACTION**

**Recommendations from the May 15, 2023 Finance & Audit Committee**

1. **Review and Discuss the Chair Nomination for the Finance and Audit Committee;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
2. **Review and Discuss the Finance and Audit Committee Meeting Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **Receive, Discuss and Accept the Single Audit Report from Eide Bailey;** direct staff accordingly or take action as deemed necessary *(for possible action)*
4. **Receive, Discuss and Accept the March 2023 YTD Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

**SNCHC Governing Board**

5. **Receive and Discuss the Quality, Credentialing and Risk Management Meeting Schedule;** direct staff accordingly or take action as deemed necessary *(for possible action)*
6. **Receive, Discuss and Approve Updates to the Risk Management Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
7. **Receive, Discuss and Approve the Quality Management Plan;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
8. **Receive, Discuss and Approve Credentialing and Privileging of Provider Alireza Farabi, MD, PC;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
9. **Highlights from the April 2023 Operational Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

**VIII. BOARD REPORTS:** The Southern Nevada Community Health Center Governing Board members may identify and comment on Health Center related issues or ask a question for clarification. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada Community Health Center Governing Board unless that subject is on the agenda and scheduled for action. ***(Information Only)***

**IX. EXECUTIVE DIRECTOR & STAFF REPORTS** *(Informational Only)*

- Executive Director Comments

**X. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) April Operations Reports



**SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote. **See above for instructions for submitting public comment.**

## **XI. ADJOURNMENT**

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Tawana Bellamy or Andria Cordovez Mulet in Administration at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at <https://snhd.info/meetings>, the Nevada Public Notice website at <https://notice.nv.gov>, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact Tawana Bellamy or Andria Cordovez Mulet at 280 S. Decatur Blvd, Las Vegas, NV, 89107 or dial (702) 759-1201.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

## MINUTES

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

April 18, 2023 – 2:30 p.m.

Meeting was conducted In-person and via WebEx Event

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107  
Red Rock Trail Rooms A and B

**MEMBERS PRESENT:** Jose L. Melendrez –Chair, Consumer Member (*In-person*)  
Brian Knudsen – Consumer Member (*via Webex*)  
Erin Breen – Community Member, UNLV Vulnerable Road Users Project (*via Webex*)  
Donna Feliz-Barrows – Consumer Member (*In-person*)  
Scott Black – Community Member, City of North Las Vegas (*via Webex*)  
Luz Castro – Consumer Member (*via Webex*)  
Father Rafael Pereira – Community Member, All Saints Episcopal Church (*In-person*)

**ABSENT:** April Allen-Carter – Consumer Member  
Gary Costa – Community Member, Golden Rainbow  
Lucille Scott – Consumer Member

**ALSO PRESENT:**

**LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel

**EXECUTIVE DIRECTOR:** Fermin Leguen, MD, MPH, District Health Officer

**STAFF:** Tawana Bellamy, Andria Cordovez Mulet, Cassius Lockett, Cortland Lohff, Randy Smith, Donnie (DJ) Whitaker, Kyle Parkson, Donna Buss, Justin Tully, Jacques Graham, Cassondra Major, Greg Tordjman, Maria Arganoza-Priess, Fernando R. Lara, David Kahananui, Fidel Cortes Serna

#### I. **CALL TO ORDER and ROLL CALL**

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:31 p.m. Tawana Bellamy, Administrative Secretary, administered the roll call and confirmed a quorum.

#### II. **PLEDGE OF ALLEGIANCE**

III. **FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the First Public Comment portion.

#### IV. **ADOPTION OF THE APRIL 18, 2023 MEETING AGENDA** (*for possible action*)

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the April 18, 2023 Meeting Agenda, as presented.*

**V. CONSENT AGENDA:** Items for action to be considered by the Southern Nevada Community Health Center Governing Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

**1. Approve Minutes – Southern Nevada Community Health Center Governing Board Meeting:**  
March 21, 2023 *(for possible action)*

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the Consent Agenda, as presented*

**VI. REPORT / DISCUSSION / ACTION**

**Recommendations from the April 13, 2023 Quality, Credentialing & Risk Management Committee**

Mr. Smith advised that the committee nominated Member Breen to chair the Quality, Credentialing and Risk Management Committee. Mr. Smith notified Member Breen of the nomination and Member Breen accepted the nomination and will chair the committee moving forward.

**1. Receive, Discuss and Approve the Quality, Credentialing & Risk Management Charter;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, FQHC Operations Officer advised the board of the changes made to the charter. Mr. Smith provided an overview of the changes noting most of the changes were made to the committee's duties and responsibilities to align with the HRSA requirements. The committee agreed to the changes that were presented and recommended approval by the board.

*A motion was made by Member Feliz-Barrows, seconded by Member Black, and carried unanimously to approve the Quality, Credentialing & Risk Management Charter, as presented.*

**2. Receive and Discuss the Quality, Credentialing & Risk Management Meeting Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith advised the committee would meet at least four (4) times per year. Mr. Smith proposed that the committee would meet quarterly to assess each quarter's activities.

- January – Quarter 4 activities
- April – Quarter 1 activities
- July – Quarter 2 activities
- October – Quarter 3 activities

Ms. Bellamy will reach out to committee member to confirm a date and time.

*No action required.*

**3. Receive, Discuss and Approve the Quality and Risk Management Activities Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the Quality and Risk Management Activities Report on behalf of Cassandra Major, FQHC Quality Management Coordinator with the following highlights.

- Quality Management Plan – no changes.
- Uniform Data Systems (UDS) – Required to report annually to HRSA in these areas:
  - Patient Demographics
  - Clinical Services and Outcomes
  - Financial Costs
- Clinical Performance Measures

- Every FQHC across the country are required to address eighteen (18) measures with patients and report to HRSA within the following categories:
  - Screening and Preventive Care
  - Maternal Care and Children's Health
  - Chronic Disease Management
- Cervical Cancer Screening and Tobacco Use: these measures have been changed and may impact what patients are included in the measure.
- Quality of Care Measures – UDS data for 2021 and 2022.
  - Eight of the 15 measures showed improvement in CY22.
- Quality Measures we are focusing on in 2023:
  - Controlling High Blood Pressure
  - Poor Controlled Hemoglobin A1c (HbA1c)
  - HIV Screening
  - HIV Linkage to Care
  - Tobacco Use Screening and Cessation Intervention
- Quarter 1 2023 Performance Measures
  - Controlling High Blood Pressure: 55.56% (CY22 – 50.84%)
  - Poor Controlled Hemoglobin A1c (HbA1c): 0.00%\*
  - HIV Screening: 53.49% (CY22 = 52.55%)
  - HIV Linkage to Care: 100% (CY22 – 94.69%)
  - Tobacco Use Screening and Cessation Intervention: 0.00%\*
  - Exceeding our performance in High Blood Pressure, HIV Screen and HIV Linkage to Care.

\* Working to correct data not calculating correctly in eCW

Risk Management Plan – no changes

- Risk Management Reports January, February and March:
  - Medical Event(s) (Dr. Bluebird) – Four (4)
  - Patient Complaint(s)/Grievance(s) – Two (2)
  - Medication Error(s) – Zero (0)
  - Patient Issue(s) – One (1) – patient was discharged from our clinic
  - Employee Incident(s) – One (1)
  - Health Insurance Portability and Accountability Act (HIPAA) Violation(s) – Zero (0)

Mr. Smith further reviewed the following:

- Activities Ms. Major is working on:
  - Clinical Practice Audits/Guidelines – developing a robust peer review process.
  - Incident Reporting
  - Patient Complaints/Grievances
  - Patient Safety
  - Patient Satisfaction Surveys
  - Policies and Standard Operating Procedures
  - Workflows
- Standard Operating Procedure (SOP)
  - Provides clear-cut direction and instructions as to the steps necessary to complete a specific task or process.
  - Finalized eight SOPs so far and working on more.
    - Basic Infertility (Family Planning)
    - Bus Passes
    - Late Arrival, No-Show and Same Day Cancellation
    - Prescription Refill
    - Prevention, Detection and Control of High Blood Pressure
    - Ryan White Outpatient Ambulatory Health Services
    - Telehealth Process
    - Vaccine Administration
- Survey Results
  - January 2023
    - Completed Surveys: 145 (81/64) 17% response rate.
  - February 2023

- Completed Surveys: 219 (109/110) 28% response rate.
- March 2023
  - Completed Surveys: 262 (144/118) 24% response rate.

Member Father Rafael inquired about the numbers in parentheses. Mr. Smith commented that the first number represents English, and second number is Spanish.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the Quality and Risk Management Activities Report, as presented.*

**4. Receive, Discuss and Approve the Credentialing and Privileging of Providers;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the following providers for Credentialing and Privileging:

- Chris Mariano, MSN, APRN, CPNP-PC
- Maria Arganoza-Priess, DO, MS
- Matthew Bonello, DO

*A motion was made Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the Credentialing and Privileging of Providers, as presented.*

**Recommendations from the April 17, 2023 Finance & Audit Committee**

Mr. Smith commented that the Finance and Audit committee was unable to meet quorum on April 17, 2023. He proceeded with items the board could act on.

**5. Review, Discuss and Approve the Finance and Audit Committee Charter;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the recommended changes to the Finance and Audit Committee Charter. The charter is consistent with HRSA requirements. There were minor changes to:

- Composition section – Changed the title of Financial Services Manager to Chief Financial Officer.
- Meetings section – Changed the meeting cadence from as deemed necessary to monthly and as necessary.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to the Finance and Audit Committee Charter, as presented.*

Member Feliz-Barrows commented that they need a third member on the Finance and Audit Committee. Ms. Anderson-Fintak advised that there is a new board member being brought to the board, if approved, they will need to serve on at least one committee.

**6. Review and Discuss the Finance and Audit Committee Meeting Schedule;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented a recommendation for the Finance and Audit Committee to meet. The recommendation is on the third Monday, 4-5 p.m., a day before the Governing Board.

Chair Melendrez inquired if the meeting time will give staff enough time to respond to issues or concerns prior the board meeting. Mr. Smith commented that is would tight, but it is better than meeting on the same day. Mr. Smith further advised that we are trying to balance the time staff needs to prepare the materials and the time needed to announce the meeting.

*No action required.*

**7. Receive, Discuss and Approve the SNHD Sliding Fee Schedule;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the SNHD/SNCHC Sliding Fee Discount Schedule and advised the HRSA requirements for a sliding fee discount program, including billing and collection. Mr. Smith further explained how the sliding fee program works and advised patients are placed on a sliding fee schedule based on income and family size and charged at the point of care. Patients may make full or partial payments, but outstanding balances are written off after 12 months without being sent to collections. The fees have been analyzed against other FQHCs in Nevada and found to be consistent with prevailing market rates. Patients at all income levels pay their nominal fees at reasonable rates, indicating that they do not present a financial barrier to accessing care.

Father Rafael inquired about previous history of outstanding balances and how much was written off. Mr. Smith advised the information can be provided in a report.

Mr. Smith further explained changes to the fee schedule for healthcare services, including adjustments based on income and HRSA requirements. Staff recommends a new sliding fee schedule for adoption which includes nursing-only. Mr. Smith emphasized that no patient is denied services due to inability to pay. The Family Planning and Ryan White programs have different schedule parameters but sliding fee discounts are still available in the same manner. The nominal fee for the other programs remains at \$20, which some board members expressed concerns which may discourage people from seeking care, but others note the importance of revenue for sustainability and suggest outreach efforts to educate the community to let them know they can still receive services if they cannot pay. Medicaid eligibility was also discussed to address uninsured patients.

Ms. Anderson-Fintak advised the board to make a vote. If no vote is taken, staff would continue to use the fee schedule that was previously approved. No vote would limit staff from incorporating the Sexual Health fees.

Member Feliz-Barrows made a motion to approve the Sliding Fee Schedule, with a contingent to revisit it in six months. Dr. Leguen commented the annual fee is brought to the board every year and can bring to the board if it is requested. The financial situation of the organization will not change in six months. He would love to see the organization go to zero dollars for the population at the lowest level of the federal poverty level. That would have further implications into the program.

Member Breen advised of a class she offered for people who received tickets for illegally crossing the street and was adamant about it being a free class. Member Breen further commented she will have a sliding fee schedule for the class because of the lack of respect from people who dismiss it because the service was offered for free. Member Breen noted it is a double-edged sword and we could look at posting signs that services are offered on a sliding fee scale. Services could be offered for free, but that is not our opening position.

Member Knudsen commented that the sliding fee scale presented is consistent with everything else the Health District is doing. There is complication with changing things outside of HRSA requirements. Member Knudsen further commented that he tends to follow staff's recommendation as it has implications for future grant opportunities.

Ms. Anderson-Fintak advised of the motion presented by Member Feliz-Barrows. No one seconded the motion, and a new motion was made.

*A motion was made by Member Father Rafael, seconded by Member Breen to approve the SNHD Sliding Fee Schedule, as presented. The motion passes with Members Black, Breen, Castro, Knudsen, Melendrez, Father Rafael voting in favor and Member Feliz-Barrows voting against.*

Mr. Smith commented that he will work with Ms. Whitaker through the monthly financials to have a metric to see if there are drastic changes and if a new decision needs to be made.

**8. Receive, Discuss and Approve the Billing Fee Schedule Updates;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Donnie (DJ) Whitaker, Chief Financial Officer, presented the Billing Fee Schedule updates with the following highlights:

Billing Fee Schedule Review

- The billing fee schedule is reviewed annually to add new fees or adjust existing fees.
- Annual review of fees allows for changes on a consistent basis to stay aligned with the local medical community. These regular fee changes position SNHD for the potential benefit of increased reimbursement from contracted insurances and Medicare.
- Uninsured patients will see minimal, or no impact based on the availability of the sliding fee discount.

Billing Fee Review Methodology

- Compare all fees currently utilized in SNHD operations to fees established in the Clark County local healthcare community (Source: The Physician Fees Report 2023)
- Identify fees lower than 50th percentile of reported fees for further review. Add new fees anticipated to be utilized in 2023.
- Propose fee changes based on comparison of current fees to 50th percentile of reported fees and Medicare reimbursement rate.
- Proposed changes to individual fees are included in Exhibit A (85 fees). All other fees on the billing fee schedule remain the same.

Ms. Whitaker advised the complete SNHD billing fee schedule is included in the Informational Section and the complete Master billing fee schedule that includes all Current Procedural Terminology (CPT) codes available for billing is available upon request. The Health District only use a small percentage of the entire schedule.

Member Father Rafael inquired about seeing a report of the changes in billing since done internally versus externally. Mr. Leguen commented that we can bring a report to the board regarding the billing activities of the health center during the last twelve months and the impact it has on the operations.

Member Feliz-Barrows inquired about the health clinic not paying for COVID tests. Ms. Whitaker commented the grant will not pay for the vaccines anymore.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the Billing Fee Schedule Updates, as presented.*

**9. Receive, Discuss and Accept the February 2023 YTD Financial Report;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Ms. Whitaker presented the February 2023 YTD Financial Report with the following highlights.

FQHC – All Funds by Divisions

- Net Position – negative \$3.2M was budgeted, negative \$1.5M actuals, which is better than the anticipated budgeted at this point in the year.
- Charges For Services are ahead by \$1.7M, mostly related to pharmacy operations.
- Supplies - \$7.8M budgeted, \$9.3M actuals, variance \$1.4M mostly due to pharmacy operations.
- Other - \$712K in actuals is from Wrap Reimbursements.
- Federal Revenue – \$1.7M was budgeted, actuals was \$2.7M, currently ahead of budget.
- Pass-Thru Revenue – \$3.16M budgeted, \$1.18M actuals, is slightly behind due to estimates that were made a year ago.
- Total Other Operating – \$9.1M was budgeted, \$10.4M actuals, about \$1.3M over budgeted due to pharmacy operations.

Ms. Whitaker further reviewed the:

- Revenue vs. Expenses (graphically)
- Patients Count by Department
- Revenue by Department (with and without Pharmacy)
- Expenses by Department (with and without Pharmacy)
- FQHC General Fund
- FQHC Special Revenue Fund
- FQHC Revenue by Fund
- FQHC Expenses by Fund

Member Father Rafael advised the health center to pay attention to the shortage of medical professional that is happening nation-wide.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the February 2023 YTD Financial Report, as presented.*

### **SNCHC Governing Board**

#### **10. Receive, Discuss and Approve the Board Member Candidate;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the new board member candidate with the following qualifications:

- Member of the Nevada Immigrant Coalition, Las Vegas, Nevada
- Master of Business Administration Candidate - Lee Business School, University of Nevada, Las Vegas. (Commenced January 2023)
- Juris Doctorate - William S. Boyd of Law, University of Nevada, Las Vegas
- BA Sarah Lawrence College, Bronxville, New York.
- Believes there should be health care for all, regardless of income and lack of medical insurance.
- The vision and mission of CHC resonates with them.
- They would like to help CHC promote and develop its services for the community.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the new Board Member Candidate, Jasmine Coca, as presented.*

Mr. Smith shared that there is another opening for a board member. Ms. Coca will fill the position vacated by Tim Burch. Mr. Smith advised to fill the open position by a community board member after member Gary Costa transitions to California.

#### **11. Highlights from the March 2023 Operational Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

*Member Knudsen left the meeting at 4:03 p.m.*

Mr. Smith presented the March 2023 Operational Report with the following highlights:

##### Unduplicated/New Patients Seen in March

- 1,350 unduplicated patients served.
- 318 new patients seen.
- New annual unduplicated patient goals will be established with the submission of the Service Area Competition (SAC) grant.

##### Program Updates

- 2022 UDS Report received final acceptance by HRSA.
- 2022 FPAR Report received final acceptance by HRSA.
- Service Area Competition (SAC) grant notice of funding opportunity (NOFO) anticipated to be released in a few weeks and due to HRSA in August 2023.



- Behavioral Health clinic build out at Decatur anticipated to commence in the summer of 2023; second round of space plan reviews in April.
- Ryan White services projected to begin at Fremont in Q2 of 2023.
- Title X Family Planning program audit scheduled to occur in September 2023.
- Oral Health Services – Fremont Dental Clinic
  - Henry Schein – operatory design and equipment list.
  - Community Partnerships.
  - Potential grant funding available through a competitive grant from the State targeting FQHCs.
- Provider Staffing Update:
  - New mid-level provider starting May 1<sup>st</sup> (backfill of vacancy)
  - New contracted Infectious Disease doctor starting in May
  - Active recruitment for a mid-level provider (backfill of vacancy)
  - Active recruitment for a family practice doctor (new position)
  - Active recruitment for a Licensed Clinical Social Worker (backfill for vacancy)
- Azara – DRVS implementation
  - Population Health, Care Gaps, Reporting
- Sexual Health Clinic integration
  - Go live: July 1, 2023
  - Transition Plan and Team created.
  - General and Focus meeting with SHC to discuss process and address questions/concerns.
  - Goal is to minimize disruptions to patients or staff.
  - Majority of changes are administrative in nature.
  - Ensure compliance with HRSA requirements.

Member Father Rafael again advised staffing is going to be the biggest challenge we are going to face. It is going to keep growing nation-wide. Member Father Rafael urge the health center to create packages that are competitive to the market.

*No action required.*

- VII. BOARD REPORTS:** The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. ***(Information Only)***

There were no Board reports.

- VIII. EXECUTIVE DIRECTOR & STAFF REPORTS (Information Only)**

Dr. Leguen advised the health center will put together an application to receive funds to help support dental services. The grant would support the initial staffing. If we are awarded the grant, the maximum amount is \$700K a year, for two years. Dr. Leguen further advised the health center has been meeting with Catholic Charities and the African Community Center with the intention to review our refugee services and expand our collaborations with them. Dr. Leguen also advised the intention is also to have the refugee service available at the Fremont location. That facility will be a better space and the resources would be closer to Catholic Charities and the African Community Center. Dr. Leguen advised that he and Mr. Smith are looking at a new behavioral health provider to help organize and lead the behavioral health services.

- IX. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) March 2023 Operations Reports

- X. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments

will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the Second Public Comment portion.

**XIII. ADJOURNMENT**

The Chair adjourned the meeting at 4:13 p.m.

Fermin Leguen, MD, MPH  
District Health Officer/Executive Secretary/CHC Executive Director

/tab

DRAFT

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER  
POLICY AND PROCEDURE**

<b>DIVISION:</b>	FQHC	<b>NUMBER(s):</b>	CHCA-017
<b>PROGRAM:</b>	Division Wide	<b>VERSION:</b>	1.01
<b>TITLE:</b>	Ongoing Professional Practice Evaluation – Peer Review	<b>PAGE:</b>	1 of 6
		<b>EFFECTIVE DATE:</b> Click or tap here to enter text.	
<b>DESCRIPTION:</b>	Professional Practice Evaluation Process	<b>ORIGINATION DATE:</b> 2/11/2020	
<b>APPROVED BY:</b>		<b>REPLACES:</b> FQHC-ADM-000-C	
<b>FQHC CHIEF OPERATIONS OFFICER:</b>			
Click or tap here to enter text. _____ Date			
<b>DISTRICT HEALTH OFFICER:</b>			
Fermin Leguen MD, MPH _____ Date			

**I. PURPOSE**

To establish an ongoing professional practice evaluation (OPPE) program to measure the performance of licensed independent practitioners (LIPs) and other licensed or certified practitioners (OLCPs) to support decision making for the granting, renewal, modification, and removal of privileges.

**II. SCOPE**

This policy applies to all employed, contracted, and volunteer LIPs and OLCPs providing clinical care services at Southern Nevada Community Health Center (SNCHC).

**III. POLICY**

SNCHC is committed to ensuring patient safety and delivering high quality clinical care services. To achieve these objectives, the health center engages in an ongoing professional practice evaluation using standardized tools and metrics to assess clinical proficiency, professional behavior, and patient satisfaction.

#### **IV. PROCEDURE**

- A.** The evaluation process uses standardized tools to support the professional practice evaluation through:
1. The use of clearly defined criteria approved by the CMO.
  2. A clearly defined process for collecting, assessing, and addressing clinical practice performance, concerns and for identifying best practices.
  3. Utilization of trend analysis to capture clinical quality and patient safety performance over time.
  4. A process that ensures that identified concerns regarding a LIP's or OLCP's professional practice are uniformly investigated and addressed as defined by policies and applicable law.
  5. A process that gives individual LIPs and OLCPs access to their performance reports and relevant internal and external benchmarks.
  6. Requires LIP and OLCP participate in peer review activities.
  7. Utilizes clinical performance measure, patient satisfaction, access, and employee evaluation data.
- B.** The health center will establish a Professional Practice Evaluation Committee to conduct assessment activities using information acquired through the following:
1. Targeted and Program Specific Chart Audits
  2. Peer Review Chart Audits (Internal and/or External)
    - a. Medical Director or designee will select charts. A calendar of what charts will be audited will be published.
      - i. Random Selection
      - ii. Selection based on Quality Measure or General Area
    - b. Chart audits will be performed quarterly
    - c. Five (5) charts per quarter
  3. Direct Observations
    - a. Clinical Practice Techniques/Patterns
    - b. Diagnostic and Treatment Techniques
    - c. Workflows and Access
  4. Proctoring
  5. Patient Complaints/Grievances
  6. Patient Satisfaction Survey

- 
- C.** The professional practice evaluation provides a mechanism to validate that patient care is based on current clinical standards of care utilizing six areas of general competencies:
1. Clinical/Medical Knowledge
  2. Interpersonal and Communication Skills
  3. Patient Care
  4. Practice Based Learning and Improvements
  5. Professionalism
  6. System-based Practice.
- D.** On a quarterly basis the Quality Improvement Work Group will review summary reports of LIP and OCLP performance for the purpose of conducting and evaluating process improvement activities.
- E.** Ongoing professional practice evaluation and any corrective actions shall be conducted pursuant to the criteria established in this policy.
- F.** Relevant information from LIP and OLCP performance reviews will be integrated into performance improvement activities and will be utilized to determine whether to continue, modify or remove existing privileges. Based on the findings of the ongoing professional practice review, interventions may be implemented. The criteria utilized to determine the type of intervention includes an assessment of severity/risk and/or frequency of occurrence. Interventions include, but may not be limited to, proctoring, education, focused review, and corrective actions. Types of interventions include:
1. Benchmarking, identifying indicators to use for comparative analysis for LIP and OLCP performance.
  2. Collecting and comparing aggregate data for these indicators.
  3. Developing thresholds to identify standard performance for focused review.
  4. All peer reviews will be presented to the Professional Practice Evaluation Committee. An action plan for LIP's and OLCP's that score below the threshold will be implemented.
    - a. First Occurrence: LIPs and OLCPs will meet with the medical director for an information discussion, review of clinical standards, and training as needed. A follow up peer review in the same focus areas will occur at (90) days. If the practitioner successfully meets the threshold of the peer review, no additional action is taken. Those practitioners who score below the threshold are required to advanced to the second occurrence phase.



**Acronyms/Definitions**

<b>Acronym</b>	<b>Definition</b>
Licensed Independent Practitioners (LIPs)	Medical Doctor (MD) Doctor of Osteopathic Medicine (DO) Physician Assistants (PA) Advance Practice Registered Nurse (APRN) Psychologist (PhD/PsyD) Licensed Clinical Social Worker (LCSW) Dentists (DDS) Pharmacist (PharmD)
Other Licensed and Certified Practitioners (OLCPs)	Registered Nurses (RNs) Licensed Practical Nurses (LPNs) Registered Dieticians (RDs)
External Review	A review conducted by an unbiased physician or other practitioner in an appropriate specialty or subspecialty who is actively in practice or has recently retired, but who is not a member of the Medical Staff.
On-going Professional Practice Evaluation (OPPE)	A process to identify professional practice trends and provide on-going evaluation of performance impacting clinical care and patient safety.
Peer Review	The objective measurement, assessment, and evaluation by Peer Reviewers or Peer Review Committees, of the quality of care provided by individual LIPs and OLCPs as well as the identification of opportunities to improve care.

**V. REFERENCES**

Quality Management Plan

Quality Management Program Policy

**VI. DIRECT RELATED INQUIRIES TO**

(Subject Matter Expert Title)

(Department Name)

(Department Extension, if applicable)

**HISTORY TABLE**

**Table 1: History**

Version/Section	Effective Date	Change Made
Version 1		1. Reformatted 2. Added history table
Version 0	2/11/2020	Origination Date 2/11/2020

**VII. ATTACHMENTS**

Not Applicable





March 29, 2023

To the Board of Health  
Southern Nevada Health District  
Las Vegas, Nevada

We have audited the financial statements of Southern Nevada Health District as of and for the year ended June 30, 2022, and have issued our report thereon dated January 25, 2023. Professional standards require that we advise you of the following matters relating to our audit.

We have previously communicated to you certain information required by professional standards in our letter to you dated January 25, 2023. This letter is an addendum to that letter, presented in relation to our Compliance Audit under the Uniform Guidance.

**Our Responsibility in Relation to the Financial Statement Audit under Generally Accepted Auditing Standards and *Government Auditing Standards* and our Compliance Audit under the Uniform Guidance**

As communicated in our letter dated November 3, 2021, our responsibility, as described by professional standards, is to form and express an opinion about whether the financial statements that have been prepared by management with your oversight are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America and to express an opinion on whether the Southern Nevada Health District complied with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Southern Nevada Health District major federal programs. Our audit of the financial statements and major program compliance does not relieve you or management of its respective responsibilities.

Our responsibility, as prescribed by professional standards, is to plan and perform our audit to obtain reasonable, rather than absolute, assurance about whether the financial statements are free of material misstatement. An audit of financial statements includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control over financial reporting. Accordingly, as part of our audit, we considered the internal control of Southern Nevada Health District solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

Our responsibility, as prescribed by professional standards as it relates to the audit of Southern Nevada Health District major federal program compliance, is to express an opinion on the compliance for each of Southern Nevada Health District major federal programs based on our audit of the types of compliance requirements referred to above. An audit of major program compliance includes consideration of internal control over compliance with the types of compliance requirements referred

to above as a basis for designing audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, as a part of our major program compliance audit, we considered internal control over compliance for these purposes and not to provide any assurance on the effectiveness of the Southern Nevada Health District's internal control over compliance.

We are also responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

We have provided our comments regarding internal controls during our audit in our Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards* dated January 25, 2023. We have also provided our comments regarding compliance with the types of compliance requirements referred to above and internal controls over compliance during our audit in our Independent Auditor's Report on Compliance with Each Major Federal Program and Report on Internal Control Over Compliance Required by the Uniform Guidance dated March 29, 2023.

#### **Planned Scope and Timing of the Audit**

We conducted our audit consistent with the planned scope and timing we previously communicated to you.

#### **Compliance with All Ethics Requirements Regarding Independence**

The engagement team, others in our firm, as appropriate, our firm, and other firms utilized in the engagement, if applicable, have complied with all relevant ethical requirements regarding independence.

#### **Qualitative Aspects of the Entity's Significant Accounting Practices**

##### *Significant Accounting Policies*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Southern Nevada Health District are described in Note 1 to the financial statements. As described in Note 1, Southern Nevada Health District changed accounting policies related to accounting for leases to adopt the provision of GASB Statement No. 87, *Leases*. No matters have come to our attention that would require us, under professional standards, to inform you about (1) the methods used to account for significant unusual transactions and (2) the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus. We noted no transactions entered into by the District during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

### *Significant Accounting Estimates*

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's current judgments. Those judgments are normally based on knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ markedly from management's current judgments.

The most sensitive accounting estimates affecting the financial statements are:

- Other postemployment benefit plans' actuarial accrued liabilities
- Pension plans' actuarial accrued liabilities

We evaluated the key factors and assumptions used to develop the estimates described above in determining that they are reasonable in relation to the basic financial statements taken as a whole and in relation to the applicable opinion units.

### *Financial Statement Disclosures*

Certain financial statement disclosures involve significant judgment and are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting Southern Nevada Health District's financial statements relate to:

The disclosures associated with the defined benefit pension plan and the other post-employment benefits. These are sensitive because they represent a significant percentage of the liabilities presented on the statement of net position.

### **Significant Difficulties Encountered during the Audit**

We encountered no significant difficulties in dealing with management relating to the performance of the audit.

### **Uncorrected and Corrected Misstatements**

For purposes of this communication, professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that we believe are trivial, and communicate them to the appropriate level of management. Further, professional standards require us to also communicate the effect of uncorrected misstatements related to prior periods on the relevant classes of transactions, account balances or disclosures, and the financial statements as a whole.

Misstatements that we identified as a result of our audit procedures were previously brought to the attention of and corrected by management.

## **Disagreements with Management**

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter, which could be significant to the financial statements or the auditor's report. No such disagreements arose during the course of the audit.

## **Circumstances that Affect the Form and Content of the Auditor's Report**

For purposes of this letter, professional standards require that we communicate any circumstances that affect the form and content of our auditor's report. As described in Note 1 to the financial statements, due to the adoption of GASB Statement No. 87, *Leases*, the Authority restated opening balances as of July 1, 2021. We have included an emphasis of matter in our report regarding this restatement.

## **Representations Requested from Management**

We have requested certain written representations from management that are included in the management representation letter dated March 29, 2023

## **Management's Consultations with Other Accountants**

In some cases, management may decide to consult with other accountants about auditing and accounting matters. Management informed us that, and to our knowledge, there were no consultations with other accountants regarding auditing and accounting matters.

## **Other Significant Matters, Findings, or Issues**

In the normal course of our professional association with Southern Nevada Health District, we generally discuss a variety of matters, including the application of accounting principles and auditing standards, business conditions affecting the entity, and business plans and strategies that may affect the risks of material misstatement. None of the matters discussed resulted in a condition to our retention as Southern Nevada Health District's auditors.

## **Noncompliance with Laws and Regulations**

Noncompliance that we identified as a result of our audit procedures were previously brought to the attention of and corrected by management.

## **Other Information in Documents Containing Audited Financial Statements**

Pursuant to professional standards, our responsibility as auditors for other information in documents containing Southern Nevada Health District's audited financial statements does not extend beyond the financial information identified in the audit report, and we are not required to perform any procedures to corroborate such other information.

Our responsibility also includes communicating to you any information which we believe is a material misstatement of fact. Nothing came to our attention that caused us to believe that such information, or its manner of presentation, is materially inconsistent with the information, or manner of its presentation, appearing in the financial statements.

This report is intended solely for the information and use of the Board of Health, and management of Southern Nevada Health District and is not intended to be, and should not be, used by anyone other than these specified parties.

*Eide Bailly LLP*

Las Vegas, Nevada



Financial Statements  
June 30, 2022

# Southern Nevada Health District

## Financial Section

Independent Auditor's Report .....	1
Management's Discussion and Analysis .....	4
Basic Financial Statements	
Government-Wide Financial Statements	
Statement of Net Position .....	14
Statement of Activities.....	15
Fund Financial Statements	
Governmental Funds – Balance Sheet .....	16
Reconciliation of the Balance Sheet - Governmental Funds to the Statement of Net Position - Governmental Activities .....	17
Governmental Funds Statement of Revenues, Expenditures and Changes in Fund Balances .....	18
Reconciliation of the Statement of Revenues, Expenditures and Changes in Fund Balances - Governmental Funds to the Statement of Activities - Governmental Activities .....	19
Statement of Net Position - Proprietary Funds.....	20
Statement of Revenues, Expenses and Changes in Net Position - Proprietary Funds.....	21
Statement of Cash Flows - Proprietary Funds.....	22
Statement of Fiduciary Net Position .....	23
Statement of Changes in Fiduciary Net Position .....	24
Notes to Financial Statements .....	25
Required Supplementary Information	
Schedule of Revenues, Expenditures and Changes in Fund Balance - Budget to Actual - General Fund.....	48
Schedule of Revenues, Expenditures and Changes in Fund Balance - Budget to Actual - Special Revenue Fund .....	49
Schedules of Changes in the Total OPEB Liability and Related Ratios.....	50
Schedules of Changes in the Total OPEB Liability and Related Ratios.....	51
Multiple-Employer Cost-Sharing Defined Benefit Pension Plan Proportionate Share of the Collective Net Pension Liability Information .....	52
Multiple-Employer Cost-Sharing Defined Benefit Pension Plan Proportionate Share of Statutorily Required Contribution Information .....	53
Notes to Required Supplementary Information .....	54
Compliance Section	
Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i> .....	55

Independent Auditor’s Report on Compliance for Each Major Federal Program; Report on Internal Control over Compliance; and Report on the Schedule of Expenditures of Federal Awards Required by the Uniform Guidance ..... 57

    Schedule of Expenditures of Federal Awards ..... 60

    Notes to the Schedule of Expenditures of Federal Awards ..... 69

    Schedule of Findings and Questioned Costs ..... 70





Financial Section  
June 30, 2022

# Southern Nevada Health District



## Independent Auditor's Report

To the Board of Health and  
Director of Administration  
Southern Nevada Health District

### Report on the Audit of the Financial Statements

#### ***Opinions***

We have audited the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Southern Nevada Health District (the Health District) as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise the Health District's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the Health District, as of June 30, 2022, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### ***Basis for Opinions***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Health District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

#### ***Adoption of New Accounting Standard***

As discussed in Note 1 to the financial statements, the Health District has adopted the provisions of GASB Statement No. 87, *Leases*. This adoption did not result in a restatement of net position as of July 1, 2021. Our opinions are not modified with respect to this matter.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### ***Required Supplementary Information***

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 6 through 15 as well as the respective budgetary comparison for the General Fund and the Special Revenue Fund, the schedules of changes in the Health District's total OPEB liability and related ratios, the schedule of the Health District's proportionate share of the net pension liability, and the schedule of District contributions for the Health District's defined benefit pension plan on pages 50 through 56 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the Management's Discussion and Analysis, the respective budgetary comparison for the General Fund and the Special Revenue Fund, the schedules of changes in the Health District's total OPEB liability and related ratios, the schedule of the Health District's proportionate share of the net pension liability, and the schedule of District contributions for the Health District's defined benefit pension plan because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

The budgetary comparison information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion the budgetary comparison information is fairly stated in all material respects in relation to the basic financial statements as a whole.

### ***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated "date of report" on our consideration of the Health District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Health District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Health District's internal control over financial reporting and compliance.



Las Vegas, Nevada  
January 25, 2023



Management's Discussion and Analysis  
June 30, 2022

# Southern Nevada Health District

As members of the Southern Nevada Health District's management, we offer the readers of the financial statements of Southern Nevada Health District (Health District) this narrative overview and analysis of the financial activities of the Health District for the fiscal year ended June 30, 2022.

#### Financial Highlights

The Health District's liabilities and deferred inflows of resources exceeded its assets and deferred outflows of resources at the close of the most recent fiscal year by \$32,682,893. Of this amount, unrestricted net position could be used to meet the government's on-going obligations to citizens and creditors, if it were a positive number.

The Health District's total net position increased by \$6,928,462, primarily due to the increase of special revenue from COVID-19 pandemic response efforts.

The Health District's total revenue increased by \$32,204,020. This was primarily driven by the pandemic response in the special revenue fund, an increase in volume of clients served, and property tax revenues. Expenses increased by \$32,095,538, which reflects the costs of the pandemic response/outreach initiatives including but not limited to vaccine, testing, and contact tracing efforts.

#### Overview of the Financial Statements

The discussion and analysis provided herein is intended to serve as an introduction to the Southern Nevada Health District's basic financial statements. The Health District's basic financial statements consist of three components:

Government-wide financial statements

Fund financial statements

Notes to financial statements

This report also includes supplementary information intended to furnish additional detail to support the basic financial statements themselves.

#### Government-wide Financial Statements

The *government-wide financial statements* are designed to provide readers with a broad overview of the Health District's finances, in a manner similar to a private-sector business.

The *statement of net position* presents financial information on all of the Health District's assets, deferred outflows, liabilities and deferred inflows. The difference between these elements is reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the Health District is improving or deteriorating.

The *statement of activities* presents information showing how the Health District's net position changed during the most recent fiscal year. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of related cash flows. Thus, revenues and expenses are reported for some items that will only result in cash flows in future fiscal periods (e.g., earned but unused vacation leave).

Both of the government-wide financial statements distinguish functions of the Health District that are principally supported by taxes and intergovernmental revenues (*governmental activities*) from other functions that are intended to recover all or a significant portion of their costs through user fees and charges (*business-type activities*). There were no business-type activities in 2022. The governmental activities of the Health District are comprised of the following divisions:

*Clinical Services.* Includes programs for primary care, communicable diseases, clinical services administration, immunizations, women's health, children's health, refugee health, and other clinical programs.

*Environmental Health.* Includes programs for environmental health and sanitation, waste management, and other environmental health programs.

*Community Health.* Includes programs for community health administration, chronic disease prevention and health promotion, epidemiology, public health preparedness, emergency medical/trauma services, disease surveillance, vital statistics, and informatics.

*Administration.* Includes programs for general administration, financial services, legal services, public information, food handler education, laboratory services, facilities maintenance, information technology, human resources, and business group.

The government-wide financial statements can be found beginning on page 16 of this report.

### Fund Financial Statements

A *fund* is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The Health District, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements. All of the funds of the Health District can be divided into three categories:

Governmental funds

Proprietary funds

Fiduciary funds

Governmental Funds

Governmental funds are used to account for essentially the same functions reported as governmental activities in the government-wide financial statements. However, unlike the government-wide financial statements, governmental fund financial statements focus on *near-term inflows and outflows of spendable resources, as well as on balances of spendable resources* available at the end of the fiscal year. Such information may be useful in assessing the Health District's near-term financing requirements.

### Governmental Funds

Because the focus of governmental funds is narrower than that of the government-wide financial statements, it is useful to compare the information presented for *governmental funds* with similar information presented for governmental activities in the government-wide financial statements. By doing so, readers may better understand the long-term impact of the Health District's near-term financing decisions. Both the governmental fund balance sheet and the governmental fund statement of revenues, expenditures, and changes in fund balances provide a reconciliation to facilitate this comparison between *governmental funds* and *governmental activities*.

The Health District maintains two individual governmental funds. Information is presented separately in the governmental fund balance sheet and in the governmental fund statement of revenues, expenditures, and changes in fund balances for the general fund and special revenue fund, all of which are considered to be major funds.

The Health District adopts an annual appropriated budget for its general and special revenue fund. A budgetary comparison statement has been provided for both to demonstrate compliance with each budget.

The basic governmental fund financial statements can be found beginning on page 16 of this report.

### Proprietary Fund

As of June 30, 2022, the Health District only maintains an internal service fund:

*An internal service fund* is used to accumulate and allocate costs internally among various functions. The Health District uses an internal service fund to account for the management of its self-insured workers compensation claims and payment for current non-self-insured workers compensation premiums. The Health District's self-insured workers compensation program became effective on July 1, 2005, after it was approved by the Division of Insurance of the State of Nevada on May 12, 2005 and the Southern Nevada District Board of Health on May 26, 2005. The Health District made the decision in August 2015 to move to a fully funded plan to manage the workers compensation claims. The internal service fund must remain open for future claims from injuries between 2005 and 2015.

Proprietary funds provide the same type of information as the government-wide financial statements, only in more detail. The internal service fund is a single, aggregated presentation in the proprietary fund financial statements. The basic proprietary fund financial statements can be found beginning on page 20 of this report.

### Fiduciary Funds

Fiduciary funds are used to account for resources held for the benefit of parties outside of the government. Fiduciary funds are not reported in the government-wide financial statements because the resources of those funds are not available to support the Health District's own programs. The Health District created an Employee Events Fund in July 2015 to manage funds collected by employees to be managed and used by and for employees.



Notes to the Financial Statements

The notes provide additional information that is necessary to acquire a full understanding of the data provided in the government-wide and fund financial statements.

The notes to the financial statements can be found beginning on page 27 of this report.

Other Information

In addition to the basic financial statements and accompanying notes, this report also presents required supplementary information concerning the Health District's progress in funding its obligation to provide pension and other postemployment benefits (OPEB) to its employees.

Required supplementary information can be found beginning on page 50 of this report.

Government-wide Overall Financial Analysis

Summary Statement of Net Position

	Governmental Activities	
	2022	2021
Assets		
Current and other assets	\$ 57,564,795	\$ 53,082,255
Net capital assets	36,662,219	27,739,485
Total assets	94,227,014	80,821,740
Deferred Outflows	51,546,231	21,197,014
Liabilities		
Short-term liabilities	22,070,057	16,284,135
Long-term liabilities	99,265,947	110,322,161
Total liabilities	121,336,004	126,606,296
Deferred Inflows	57,120,134	15,024,480
Net Position		
Net investment in capital assets	29,117,281	27,739,485
Restricted	368,975	311,088
Unrestricted	(61,108,870)	(67,662,595)
Total net position	\$ (31,622,614)	\$ (39,612,022)

Total unrestricted net position represents negative 190% of total net position of Governmental Activities and is not available to meet the Health District's ongoing obligations to citizens and creditors. The remainder of the Health District's net position reflects its investment in capital assets (e.g., land, buildings, equipment, vehicles, infrastructure) and funds restricted for grants and insurance liability reserve. The Health District uses these capital assets to provide a variety of services to citizens. Accordingly, these assets are not available for future spending.

The Health District's total net position increased by \$6,938,462 primarily due to increased operating grants and contributions.

#### Summary Statement of Changes in Net Position

	Governmental Activities	
	2022	2021
Revenues		
Program Revenues		
Charges for services	\$ 49,760,082	\$ 42,086,660
Operating grants and contributions	85,129,449	61,456,157
General Revenues		
Property tax allocation	28,258,566	26,169,886
Other income	1,061,273	821,759
Unrestricted investment income (loss)	<u>(1,382,412)</u>	<u>88,476</u>
Total Revenues	<u>162,826,958</u>	<u>130,622,938</u>
Expenses		
Public health		
Clinical services	60,849,715	45,158,133
Environmental health	23,508,809	23,094,986
Community health	86,223,506	42,328,165
Administration	<u>(15,743,813)</u>	<u>13,221,674</u>
Total Expenses	<u>154,838,217</u>	<u>123,802,958</u>
Change in Net Position	7,988,741	6,819,980
Net Position, Beginning	<u>(39,611,355)</u>	<u>(46,431,335)</u>
	<u>\$ (31,622,614)</u>	<u>\$ (39,611,355)</u>

#### Governmental Activities

During the current fiscal year, net position for governmental activities increased \$6,928,462 from the 2021 fiscal year to an ending balance of negative \$39,611,355.

### Financial Analysis of Governmental Funds

As noted earlier, the Health District uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

The focus of the Health District's governmental funds is to provide information on near-term inflows, outflows, and balances of spendable resources. Such information is useful in assessing the Health District's financing requirements. In particular, unassigned fund balance may serve as a useful measure of a government's net resources available for discretionary use as they represent the portion of fund balance which has not yet been limited to use for a particular purpose by either an external party, the Health District itself, or a group or individual that has been delegated authority to assign resources for use for particular purposes by the Health District's Board of Health.

At June 30, 2022, the Health District's governmental funds reported combined fund balances of \$41,826,781, an increase of \$4,624 in comparison with the prior year. Approximately 81%, or \$33,851,254 of this amount constitutes unassigned fund balance, which is available for spending at Health District's discretion. The remainder of governmental fund balance is classified as follows: \$2,286,648 is non-spendable; \$4,883,052 is assigned to capital project improvements; restricted funds of \$279,975 is Grant-related; \$525,852 is assigned to administrative projects.

The General Fund is the chief operating fund of the Health District. At the end of the current fiscal year, unassigned fund balance of the General Fund was \$34,085,452, while the total fund balance is \$36,886,107. As a measure of operating liquidity, it may be useful to compare both unassigned fund balance and total fund balance to total combined general fund and special revenue fund expenditures.

Unassigned fund balance represents approximately 17.3% of total combined general fund and special revenue fund expenditures and transfers, while total governmental fund balance represents approximately 17.1% of the total governmental expenditures and transfers. The Health District's general fund balance increased by \$1,581,460 during the current fiscal year, attributable to increased revenue and property tax allocation.

Other governmental funds consist of the Special Revenue Fund, the Bond Reserve Fund (also known as Building Fund) and the Capital Projects Fund. The Special Revenue Fund was created in fiscal year 2016 to account for the grant funds the Health District receives and has a non-spendable and restricted fund balance of \$291,820. The Bond Reserve Fund was approved by the Board of Health on March 27, 2008, so that the Health District will be able to pay bonded debt in the event that Clark County issues bonds on behalf of the Health District in order to fund a new facility replacement for the main campus. On December 16, 2010, the Southern Nevada District Board of Health amended the original purpose of the Bond Reserve Fund to allow the Board of Health to utilize the resources of the debt service fund for any identifiable projects at the discretion of the Board that benefit the public health of Clark County.

The Bond Reserve and capital funds have an assigned fund balance of \$4,883,052 at the end of the current fiscal year, which decrease by \$1,700,775 as compared to the prior fiscal year. This is not a significant decrease from the prior year.

Southern Nevada Health District  
Management's Discussion and Analysis  
June 30, 2022

Fund Revenues by Source:

	2022		2021		Increase (Decrease)	
	Amount	Percent	Amount	Percent	Amount	Percent
<u>General Fund Revenues</u>						
Charges for services						
Fees for service	\$ 25,661,858	33.34%	\$ 21,467,901	31.33%	\$ 4,193,957	19.54%
Regulatory revenue	21,579,715	28.04%	19,179,957	27.99%	2,399,758	12.51%
Title XIX & other	2,524,093	3.28%	1,438,802	2.10%	1,085,291	75.43%
Total charges for services	<u>49,765,666</u>	<u>64.66%</u>	<u>42,086,660</u>	<u>61.42%</u>	<u>7,679,006</u>	<u>18.25%</u>
Intergovernmental revenues						
Property tax	28,258,566	36.71%	26,169,886	38.20%	2,088,680	7.98%
General receipts						
Contributions and donations	9,136	0.01%	20,374	0.03%	(11,238)	-55.16%
Interest income	(1,270,116)	-1.65%	121,743	0.18%	(1,391,859)	-1143.28%
Other	205,013	0.27%	114,436	0.17%	90,577	79.15%
Total general fund revenues	<u>\$ 76,968,265</u>	<u>100.00%</u>	<u>\$ 68,513,099</u>	<u>100.00%</u>	<u>\$ 8,455,166</u>	<u>12.34%</u>
<u>Special Revenue Fund Revenues</u>						
Intergovernmental revenues						
Direct federal grants	\$ 14,769,382	17.19%	\$ 8,212,491	13.22%	\$ 6,556,891	79.84%
Indirect federal grants	69,327,432	80.69%	51,489,763	82.86%	17,837,669	34.64%
State funding	1,017,915	1.18%	1,733,529	2.79%	(715,614)	-41.28%
Total intergovernmental revenues	<u>85,114,729</u>	<u>99.06%</u>	<u>61,435,783</u>	<u>98.87%</u>	<u>23,678,946</u>	<u>38.54%</u>
Program Contract Services	808,427	0.94%	707,323	1.13%	101,104	14.29%
Total special fund revenues	<u>\$ 85,923,156</u>	<u>100.00%</u>	<u>\$ 62,143,106</u>	<u>100.00%</u>	<u>\$ 23,780,050</u>	<u>38.27%</u>
Combined Special Revenue and General Funds	<u>\$ 162,891,421</u>		<u>\$ 130,656,205</u>		<u>\$ 32,235,216</u>	<u>24.67%</u>

The increase in fees for service, including vital records, immunizations, and other medical services and regulatory services, is due to increased number of patients.

The increase in the property tax allocation of \$2,088,680 is due to a growing local economy, increases in property values, and subsequent increased property taxes. There is a 3% property tax cap on increases for all property in the State of Nevada.

The decrease in interest income was due to decreased fair market value compared to book value at year end from investments.

Southern Nevada Health District  
Management's Discussion and Analysis  
June 30, 2022

	2022		2021		Increase(Decrease)	
	Amount	Percent	Amount	Percent	Amount	Percent
<u>General Fund Expenditures</u>						
Current						
Public health						
Clinical services	\$ 33,277,692	58.83%	\$ 28,706,148	60.96%	\$ 4,571,544	15.93%
Environmental health	23,724,967	41.94%	19,136,376	40.63%	4,588,591	23.98%
Community health services	16,329,617	28.87%	9,609,519	20.40%	6,720,098	69.93%
Administration	(18,167,183)	-32.11%	(10,592,489)	-22.49%	(7,574,694)	71.51%
Debt service						
Principal	974,668	1.72%	-	0.00%	974,668	100%
Interest	85,611	0.14%	-	0.00%	85,611	100%
Capital outlay						
Public health	344,319	0.61%	234,431	0.50%	109,888	46.87%
Total general fund expenditures	<u>\$ 56,569,691</u>	<u>100.00%</u>	<u>\$ 47,093,985</u>	<u>100.00%</u>	<u>\$ 9,475,706</u>	<u>20.12%</u>
<u>Special Revenue Fund Expenditures</u>						
Current						
Public health						
Clinical services	\$ 28,821,673	27.54%	\$ 15,789,174	21.35%	\$ 13,032,499	82.54%
Environmental health	1,184,048	1.13%	3,310,153	4.48%	(2,126,105)	-64.23%
Community health services	70,180,202	67.05%	31,879,874	43.10%	38,300,328	120.14%
Administration	2,577,654	2.46%	20,948,893	28.32%	(18,371,239)	-87.70%
Capital outlay						
Public health	1,900,587	1.82%	2,037,803	2.75%	(137,216)	-6.73%
Total special revenue fund expenditures	<u>\$104,664,164</u>	<u>100.00%</u>	<u>\$ 73,965,897</u>	<u>100.00%</u>	<u>\$ 30,698,267</u>	<u>41.50%</u>
Combined General Funds & Special Revenue	<u>\$161,233,855</u>		<u>\$ 121,059,882</u>		<u>\$ 40,173,973</u>	<u>33.19%</u>

### General Fund Budget Highlights

#### Final budget compared to actual results

Current budget procedure allows funds to be moved within programs and departments. Revenues fell short of Budgeted amounts by \$771,114. Fees for services and investment earnings had been impacted due to the pandemic and economic impacts and did not meet projections.

Total budgeted expenditures exceeded actual amounts by \$4,696,245. This was primarily driven by Services and supplies as expectations for the expenditure for standard operations as well as grant funded operations were not meet.

Detailed information of budgeted revenue and expenditures and actual revenue and expenditures are included in the Supplementary Information on page 50 of the Financial Report.

CAPITAL ASSETS

As of June 30, 2022, the Health District's net investment in capital assets for its governmental activities was \$36,662,219. This investment in capital assets includes land, buildings and improvements, vehicles and equipment. The net increase in capital assets for the current fiscal year was approximately \$7,263,040 or 25%, driven by construction in progress and right of use leased assets.

Governmental activities	Balance June 30, 2021	Increases	Decreases	Transfers	Balance June 30, 2022
Total governmental activities	\$ 29,399,179	\$ 7,466,033	\$ (202,993)	\$ -	\$ 36,662,219

The Health District deleted capital assets by \$561,021. This included obsolete Office and Information Technology equipment as well replaced District Vehicles.

Additional detailed information on the Health District's capital assets can be found in Note 4 of this report.

Long-term Debt

At the end of the current fiscal year, the Health District has no outstanding debt other than lease liabilities.

Economic Factors and Next Year's Budgets and Rates

The Health District has an improved financial position even with the continued impact of the COVID-19 pandemic. To properly respond and manage the pandemic, additional resources were required which included personnel, supplies, services, and equipment.

Although created as an independent governmental entity pursuant to Nevada Revised Statute (NRS) 439.361, the Health District has no taxing authority and must rely on revenue from fees and other governmental sources in order to operate. Funding for all capital improvements must be derived from operating revenue unless capital grant funds are awarded.

Currently, the Health District is faced with the need to maintain a reserve to respond effectively to a possible pandemic outbreak and other public health emergencies. The Board of Health continued its previous approval of \$1,000,000 of fund balance to be used if needed for that purpose.

The Health District is confronted with inflationary factors affecting the cost of equipment, supplies, and other services. In addition, benefit costs will be higher due to retirement contributions and group insurance costs.

The Health District will continue to pursue not only proportional allocation of Federal pass-through dollars through the State, but also direct funding from the Federal government. Clark County has 72.8% of Nevada's population and is 4.7 times the population of Washoe County in Northern Nevada. The additional Federal support will enable the Health District to better address the needs of residents requiring services.

At present, the Health District has the financial resources and capacity to maintain current service levels. Though the Health District has a surplus of revenue over expenditures, it must be noted that the driver for that is Pandemic Relief funding. At the end of the declared emergency the Health District's expenditures will greatly exceed revenue, and to ensure operational viability the Health District must closely monitor revenues and expenditures in addition to making operational adjustments.

Request for Information

These financial statements are designed to provide a general overview to all parties who are interested in the Southern Nevada Health District's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to:

Southern Nevada Health District  
Attention: Chief Financial Officer  
280 S. Decatur Blvd. P.O. Box 3902  
Las Vegas, Nevada, 89127

This entire report is available online at: <http://www.southernnevadahealthdistrict.org>.



Basic Financial Statements  
June 30, 2022

# Southern Nevada Health District





Government-Wide Financial Statements  
June 30, 2022

# Southern Nevada Health District

Southern Nevada Health District  
Statement of Net Position  
June 30, 2022

	Governmental Activities
<b>Assets</b>	
Cash and equivalents, unrestricted	\$ 32,844,883
Restricted cash	89,000
Grants receivable	19,259,152
Accounts receivable, net	2,755,967
Interest receivable	58,325
Other receivables	270,820
Prepaid items	817,727
Inventories	1,468,921
Capital assets not being depreciated	
Land	3,447,236
Construction in progress	2,517,121
Capital assets, net of accumulated depreciation and amortization	
Buildings	16,412,426
Improvements other than buildings	1,883,823
Furniture, fixtures, and equipment	4,474,695
Right of use leased assets	7,525,084
Vehicles	401,834
Total assets	94,227,014
<b>Deferred Outflows of Resources</b>	
Deferred amounts related to pensions	47,229,699
Deferred amounts related to OPEB	4,316,532
	51,546,231
<b>Liabilities</b>	
Accounts payable	11,497,629
Accrued expenses	3,712,762
Workers compensation self-insurance claims	20,000
Unearned revenue	397,898
Retainage payable	23,603
Long-term liabilities, due within one year	
Compensated absences	5,547,832
Lease liability	870,333
Long-term liabilities, due in more than one year	
Compensated absences	3,731,118
Lease liability	6,674,605
Net pension liability	58,760,106
Total OPEB liability	30,100,118
Total liabilities	121,336,004
<b>Deferred Inflows of Resources</b>	
Deferred amounts related to pensions	48,900,707
Deferred amounts related to OPEB	8,219,427
	57,120,134
<b>Net Position</b>	
Net investment in capital assets	29,117,281
Restricted	368,975
Unrestricted (deficit)	(61,108,870)
Total net position	\$ (31,622,614)

Southern Nevada Health District  
Statement of Activities  
For the Fiscal Year Ended June 30, 2022

Function/Program	Expenses	Program Revenues		Net (Expenses) Revenues and Changes in Net Position Primary Government
		Charges for Services	Operating Grants and Contributions	Governmental Activities
Governmental activities				
Public health				
Clinical services	\$ 60,849,715	\$ 20,912,445	\$ 22,463,386	\$ (17,473,884)
Environmental health	23,508,809	21,285,048	995,194	(1,228,567)
Community health	86,223,506	7,554,321	59,445,178	(19,224,007)
Administration	(15,743,813)	8,268	2,225,691	17,977,772
Total governmental activities	<u>154,838,217</u>	<u>49,760,082</u>	<u>85,129,449</u>	<u>(19,948,686)</u>
Total function/program	<u>\$ 154,838,217</u>	<u>\$ 49,760,082</u>	<u>\$ 85,129,449</u>	<u>(19,948,686)</u>
General Revenues				
Property tax allocation				28,258,566
Other income				1,061,273
Unrestricted investment income				(1,382,412)
Total general revenues and transfers				<u>27,937,427</u>
Change in Net Position				<u>7,988,741</u>
Net Position, Beginning of Year				<u>(39,611,355)</u>
Net Position, End of Year				<u>\$ (31,622,614)</u>



Fund Financial Statements  
June 30, 2022

# Southern Nevada Health District

Southern Nevada Health District  
Governmental Funds – Balance Sheet  
June 30, 2022

	General Fund	Special Revenue Fund	Other Governmental Funds	Total Governmental Funds
<b>Assets</b>				
Cash and cash equivalents	\$ 28,766,852	\$ -	\$ 4,007,820	\$ 32,774,672
Grants receivable	-	19,259,152	-	19,259,152
Accounts receivable, net	2,762,321	-	(6,354)	2,755,967
Other receivables	257,620	13,200	-	270,820
Interest receivable	51,082	-	7,118	58,200
Due from other funds	10,002,165	-	874,468	10,876,633
Inventories	1,468,921	-	-	1,468,921
Prepaid items	805,882	11,845	-	817,727
	<u>\$ 44,114,843</u>	<u>\$ 19,284,197</u>	<u>\$ 4,883,052</u>	<u>\$ 68,282,092</u>
<b>Liabilities</b>				
Accounts payable	\$ 3,347,734	\$ 8,096,674	\$ -	\$ 11,444,408
Accrued expenses	3,732,569	-	-	3,732,569
Unearned revenue	148,433	249,465	-	397,898
Due to other funds	-	10,880,436	-	10,880,436
	<u>7,228,736</u>	<u>19,226,575</u>	<u>-</u>	<u>26,455,311</u>
<b>Fund Balances</b>				
Nonspendable				
Inventories	1,468,921	-	-	1,468,921
Prepaid items	805,882	11,845	-	817,727
Restricted for				
Grants	-	279,975	-	279,975
Assigned to				
Capital improvements	-	-	4,883,052	4,883,052
Administration	525,852	-	-	525,852
Unassigned	34,085,452	(234,198)	-	33,851,254
	<u>36,886,107</u>	<u>57,622</u>	<u>4,883,052</u>	<u>41,826,781</u>
<b>Total fund balances</b>	<u>\$ 44,114,843</u>	<u>\$ 19,284,197</u>	<u>\$ 4,883,052</u>	<u>\$ 68,282,092</u>
<b>Total liabilities and fund balances</b>	<u>\$ 44,114,843</u>	<u>\$ 19,284,197</u>	<u>\$ 4,883,052</u>	<u>\$ 68,282,092</u>

Southern Nevada Health District  
 Reconciliation of the Balance Sheet - Governmental Funds to the  
 Statement of Net Position - Governmental Activities  
 June 30, 2022

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Total fund balance - governmental funds		\$ 41,826,781
Amounts reported in the statement of net position are different because:		
Capital assets used in governmental activities are not current financial resources and, therefore, are not reported in governmental funds		
Capital assets, net of accumulated depreciation and amortization	36,662,219	36,662,219
Long-term liabilities are not due and payable in the current period, and therefore, are not reported in governmental funds:		
Postemployment benefits other than pensions	(30,100,118)	
Deferred outflows related to postemployment benefits other than pensions	4,316,532	
Deferred inflows related to postemployment benefits other than pensions	(8,219,427)	
Compensated absences	(9,278,950)	
Lease liability	(7,544,938)	
Net pension liability	(58,760,106)	
Deferred outflows related to pensions	47,229,699	
Deferred inflows related to pensions	(48,900,707)	(111,258,015)
Internal service funds are used by management to charge the costs of certain activities to individual funds:		
Internal service fund assets and liabilities included in governmental activities in the statement of net position	86,122	86,122
Total net position - governmental activities		\$ (32,682,893)

Southern Nevada Health District  
Governmental Funds Statement of Revenues, Expenditures and Changes in Fund Balances  
For the Fiscal Year Ended June 30, 2022

	<u>General Fund</u>	<u>Special Revenue Fund</u>	<u>Other Governmental Funds</u>	<u>Total Governmental Funds</u>
<b>Revenues</b>				
Charges for services				
Fees for service	\$ 25,661,858	\$ -	\$ -	\$ 25,661,858
Regulatory revenue	21,579,715	-	-	21,579,715
Title XIX & other	2,524,093	-	-	2,524,093
Intergovernmental revenues				
Property tax	28,258,566	-	-	28,258,566
Direct federal grants	-	14,769,382	-	14,769,382
Indirect federal grants	-	69,327,432	-	69,327,432
State grant funds	-	1,017,915	-	1,017,915
General receipts				
Contributions and donations	9,136	-	-	9,136
Interest income	(1,270,116)	-	(109,761)	(1,379,877)
Other	205,013	808,427	-	1,013,440
<b>Total revenues</b>	<u>76,968,265</u>	<u>85,923,156</u>	<u>(109,761)</u>	<u>162,781,660</u>
<b>Expenditures</b>				
Current				
Public health				
Clinical & nursing services	33,277,692	28,821,673	-	62,099,365
Environmental health	23,724,967	1,184,048	-	24,909,015
Community health	16,329,617	70,180,202	-	86,509,819
Administration	(18,167,183)	2,577,654	76,900	(15,512,629)
<b>Total current</b>	<u>55,165,093</u>	<u>102,763,577</u>	<u>76,900</u>	<u>158,005,570</u>
Debt service				
Principal	974,668	-	-	974,668
Interest	85,611	-	-	85,611
Capital outlay	344,319	1,900,587	1,514,114	3,759,020
<b>Total other expenditures</b>	<u>1,404,598</u>	<u>1,900,587</u>	<u>1,514,114</u>	<u>4,819,299</u>
<b>Total expenditures</b>	<u>56,569,691</u>	<u>104,664,164</u>	<u>1,591,014</u>	<u>162,824,869</u>
Excess (Deficiency) of Revenues Over (Under) Expenditures	<u>20,398,574</u>	<u>(18,741,008)</u>	<u>(1,700,775)</u>	<u>(43,209)</u>
<b>Other Financing Sources (Uses)</b>				
Transfers in	-	18,864,947	500,000	19,364,947
Transfers out	(18,864,947)	-	(500,000)	(19,364,947)
Proceeds from capital asset disposal	47,833	-	-	47,833
<b>Total other financing sources (uses)</b>	<u>(18,817,114)</u>	<u>18,864,947</u>	<u>-</u>	<u>47,833</u>
Change in Fund Balance	1,581,460	123,939	(1,700,775)	4,624
Fund Balance, Beginning of Year	<u>35,304,647</u>	<u>(66,317)</u>	<u>6,583,827</u>	<u>41,822,157</u>
Fund Balance, End of Year	<u>\$ 36,886,107</u>	<u>\$ 57,622</u>	<u>\$ 4,883,052</u>	<u>\$ 41,826,781</u>

Southern Nevada Health District  
 Reconciliation of the Statement of Revenues, Expenditures and Changes in Fund Balances -  
 Governmental Funds to the Statement of Activities - Governmental Activities  
 For the Fiscal Year Ended June 30, 2022

Change in fund balances, governmental funds		\$ 4,624
Amounts reported in the statement of activities are different because:		
Governmental funds report capital outlays as expenditures. However, in the statement of activities, the cost of capital assets is capitalized and depreciated over their estimated useful lives:		
Expenditures for capital assets	3,759,020	
Less current year depreciation	(3,287,015)	
Less loss on disposal capital assets	<u>(155,160)</u>	316,845
The issuance of long-term debt (i.e. lease liabilities) provides current financial resources to governmental funds while the repayment of the principal of long-term debt consumes the current financial resources of the governmental funds:		
Principal payments on lease liabilities	974,668	
Interest expense recognized as rent expense to the governmental funds	<u>85,611</u>	1,060,279
Some expenses reported in the statement of activities do not require the use of current financial resources, and therefore, are not reported as expenditures in governmental funds:		
Change in postemployment benefits other than pensions	(1,949,735)	
Change in deferred outflows related to postemployment benefits other than pensions	(115,861)	
Change in deferred inflows related to postemployment benefits other than pensions	1,087,388	
Change in compensated absences	(465,258)	
Change in deferred outflows related to pensions	30,465,078	
Change in deferred inflows related to pensions	(43,183,041)	
Change in net pension liability	<u>19,710,678</u>	5,549,249
Internal service funds are used by management to charge the costs of certain activities to individual funds:		
Internal service fund change in net position included in governmental activities in the statement of activities	<u>(2,535)</u>	<u>(2,535)</u>
Change in net position of governmental activities		<u><u>\$ 6,928,462</u></u>



Southern Nevada Health District  
Statement of Net Position - Proprietary Funds  
June 30, 2022

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	Governmental Activities
	Insurance Liability Reserve
Assets	
Current Assets	
Cash and cash equivalents	\$ 70,211
Restricted cash	89,000
Interest receivable	125
Due from other funds	7
Total current assets	159,343
Liabilities	
Current Liabilities	
Accounts payable	53,221
Workers compensation self-insurance claims	20,000
Total current liabilities	73,221
Net Position	
Restricted	89,000
Unrestricted	(2,878)
Total net position	\$ 86,122

Southern Nevada Health District  
Statement of Revenues, Expenses and Changes in Net Position - Proprietary Funds  
For the Fiscal Year Ended June 30, 2022

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	<u>Governmental  Activities  Insurance  Liability  Reserve</u>
Nonoperating Revenues	
Investment income	\$ (2,535)
Total nonoperating revenues	<u>(2,535)</u>
Income Before Transfers	<u>(2,535)</u>
Change in Net Position	(2,535)
Net Position, Beginning of Year	<u>88,657</u>
Net Position, End of Year	<u><u>\$ 86,122</u></u>

Southern Nevada Health District  
Statement of Cash Flows - Proprietary Funds  
For the Fiscal Year Ended June 30, 2022

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	Governmental Activities
	Insurance Liability Reserve
Cash Flows from Investing Activities	
Investment income	\$ (2,521)
Change in Cash and Cash Equivalents	(2,521)
Cash, Restricted Cash and Cash Equivalents, Beginning of Year	161,732
Cash, Restricted Cash, and Cash Equivalents, End of Year	\$ 159,211
Reconciliation of Cash Balances at End of Year:	
Unrestricted	\$ 70,211
Restricted	89,000
	\$ 159,211

Southern Nevada Health District  
Statement of Fiduciary Net Position  
June 30, 2022

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	<u>Custodial Fund</u>
Assets	
Cash and cash equivalents	\$ 11,439
Due from other funds	<u>3,796</u>
	15,235
Liabilities	
Accounts payable	<u>507</u>
Net Position	
Restricted for:	
Individuals and organizations	<u>\$ 14,728</u>

Southern Nevada Health District  
Statement of Changes in Fiduciary Net Position  
June 30, 2022

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	<u>Custodial Fund</u>
Additions	
Contributions	<u>\$ 5,465</u>
Deductions	
Services and supplies	<u>2,176</u>
Change in Net Position	3,289
Net Position, Beginning of Year	<u>11,439</u>
Net Position, End of Year	<u><u>\$ 14,728</u></u>



Notes to Financial Statements  
June 30, 2022

# Southern Nevada Health District

## **Note 1 - Summary of Significant Accounting Policies**

### **The Reporting Entity**

The accompanying financial statements include all of the activities that comprise the financial reporting entity of the Southern Nevada Health District (the Health District). The Health District is governed by a 11-member policymaking board (the Board of Health) comprised of two representatives each from the Board of County Commissioners and the largest city in Clark County, one elected representative from each of the four remaining jurisdictions in the county, a physician member at-large, one representative of a nongaming business, and one representative of the Association of Gaming Establishments. The Health District represents a unique consolidation of the public health needs of the cities of Boulder City, Las Vegas, North Las Vegas, Henderson, Mesquite and others within Clark County.

The accounting policies of the Health District conform to generally accepted accounting principles as applicable to governmental entities. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles.

### **Basic Financial Statements**

The Health District's basic financial statements consist of government-wide financial statements, fund financial statements, and related notes. The government-wide financial statements include a statement of net position and a statement of activities, and the fund financial statements include financial information for the governmental, proprietary, and fiduciary funds. Reconciliations between the governmental funds and the governmental activities are also included.

### **Government-wide Financial Statements**

The government-wide financial statements are made up of the statement of net position and the statement of activities. These statements include the aggregated financial information of the Health District as a whole, except for fiduciary activity. The effect of interfund activity has been removed from these statements.

The statement of activities demonstrates the degree to which the direct expenses of a given function or program are offset by program revenues. Direct expenses are those that are clearly identifiable with a specific function. Program revenues include 1) charges to customers or applicants who purchase, use, or directly benefit from goods, services, or privileges provided by a given function, and 2) grants and contributions that are restricted to meeting the operational or capital requirements of a particular function. Other sources of revenue not properly included among program revenues are reported instead as general revenues. This statement provides a net cost or net revenue of specific functions within the Health District. Those functions with a net cost are consequently dependent on general-purpose revenues, such as the property tax allocation from Clark County collected from various jurisdictions, to remain operational.

## **Fund Financial Statements**

The financial accounts of the Health District are organized on a basis of funds, each of which is considered a separate accounting entity. The operations of each fund are accounted for using a separate set of self-balancing accounts comprised of assets, deferred outflows of resources, liabilities, deferred inflows of resources, fund balance, revenues, and expenditures/expenses. Separate financial statements are provided for governmental funds, proprietary funds, and fiduciary funds, even though the latter are excluded from the government-wide financial statements.

The presentation emphasis in the fund financial statements is on major funds. All governmental funds are considered to be major funds and they are reported as separate columns in the fund financial statements.

The Health District reports the following major governmental funds:

*General Fund.* Accounts for all financial resources which are not accounted for in another fund and is the general operating fund of the Health District.

*Special Revenue Fund.* Accounts for all grant resources that have been restricted for specific programs.

The proprietary fund distinguishes operating revenues and expenses from non-operating items. Operating revenues and expenses generally result from providing services in connection with the proprietary fund's principal ongoing operations. Operating expenses of the internal service fund include claims and administrative expenses. All revenues and expenses not meeting this definition are reported as non-operating revenues and expenses.

The Health District reports the following internal service fund:

*The Insurance Liability Reserve Fund.* Accounts for the costs associated with the self-funded workers compensation insurance.

## **Measurement Focus, Basis of Accounting and Financial Statement Presentation**

The government-wide and proprietary fund financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants, contributions, and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.



Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Revenues are considered “measurable” when in the hands of the intermediary collecting governments and are considered to be available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period. For this purpose, the Health District considers property tax revenues to be available if they are collected within 60 days of the current fiscal year end. The major revenue sources of the Health District include the property tax allocation from Clark County collected from various jurisdictions, regulatory revenue, fees for service, and other intergovernmental revenues from state and federal sources, which have been treated as susceptible to accrual. All other revenue sources are considered to be measurable and available if they are collected within 60 days of the current fiscal year end by the Health District. In general, expenditures are recorded when liabilities are incurred, as under accrual accounting. The exception to this rule is that principal and interest on debt service, as well as liabilities related to compensated absences, postemployment benefits, and claims and judgments, are recorded when payment is due.

### **Cash and Cash Equivalents**

The Health District considers short-term, highly liquid investments that are both readily convertible to cash and have original maturity dates of three months or less to be cash equivalents. This includes all of the Health District’s cash and cash equivalents held by the Clark County Treasurer, which are combined with other Clark County funds in a general investment pool. As the Health District maintains the right to complete access to its funds held in the investment pool, these invested funds are presented as cash equivalents in the accompanying basic financial statements.

### **Interfund Receivables and Payables**

During the course of operations, numerous transactions occur between individual funds for goods provided or services rendered. The resulting payables and receivables outstanding at year end, if any, are referred to as due to or due from other funds. Transactions that constitute reimbursements to a fund for expenditures or expenses initially made from it that are properly applicable to another fund, are recorded as expenditures or expenses in the reimbursing fund and as reductions of expenditures or expenses in the fund that is reimbursed.

### **Inventories**

Inventories are stated at the lower of cost or market. Cost is determined on an average cost basis. Governmental fund inventories are accounted for under the consumption method where the costs are recorded as expenditures when the inventory item is used rather than when purchased.

Additionally, the Health District receives medical vaccines from the State of Nevada (the State) for use in the Health District’s clinics, which are not included in the Health District’s inventory since these vaccines remain the property of the State until they are administered. At June 30, 2022, the estimated value of such vaccines in the Health District’s possession was \$1,009,500.

**Prepaid Items**

Certain payments to vendors reflect costs applicable to future periods and are recorded as prepaid items in both the government-wide and fund financial statements. In the fund financial statements, prepaid items are recorded as expenditures when consumed rather than when purchased.

**Capital Assets**

Capital assets, which include property, plant and equipment, are reported in the government-wide financial statements. The Health District considers assets with an initial individual cost of more than \$5,000 and an estimated useful life in excess of one year to be capital assets. Purchased or constructed capital assets are recorded at historical cost or estimated historical cost and updated for additions and retirements during the year. Donated capital assets, if any, are valued at their estimated fair value as of the date of donation.

The cost of normal maintenance and repairs that do not significantly increase the functionality of the assets or materially extend the assets' lives are not capitalized. Major outlays for capital assets and improvements are capitalized as the projects are constructed.

Right of use leased assets are recognized at the lease commencement date and represent the Health District's right to use an underlying asset for the lease term. Right of use leased assets are measured at the initial value of the lease liability plus any payments made to the lessor before commencement of the lease term, less any lease incentives received from the lessor at or before the commencement of the lease term, plus any initial direct costs necessary to please the lease asset into service. Right of use leased assets are amortized over the shorter of the lease term or useful live of the underlying asset using the straight-line method.

Depreciation and amortization are computed using the straight-line method over the following estimated useful lives:

	Years
Buildings	50
Improvements other than buildings	5-25
Furniture, fixtures, and equipment	5-20
Vehicles	6

**Compensated Absences**

It is the Health District's policy to permit employees to accumulate earned but unused vacation and sick pay benefits, which are collectively referred to as compensated absences.

Vacation benefits earned by employees are calculated based on years of full-time service as follows:

Years of Service	Vacation Benefits (Days)
Less than one	10
One to eight	15
Eight to Thirteen	18
More than thirteen	20

The vacation pay benefits for any employee not used during the calendar year may be carried over to the next calendar year, but are not permitted to exceed twice the vacation pay benefits the employee earned per year. The employee forfeits any excess leave.

An employee is entitled to sick pay benefits accrued at one day for each month of full-time service. After 120 months of full-time service, an employee is entitled to 1.25 days of sick pay benefits for each month of full-time service. There is no limit on the amount of sick pay benefits that can be accumulated. Upon termination, an employee with at least three years of service will receive 100% of the sick pay benefits accrual for accrued days up to 100 days, 50% of the accrued days between 101 and 200 days, and 25% of the accrued days greater than 200 days. Upon death of an employee, the estate will receive a lump sum payment for all sick pay benefits accrued.

All vacation and sick pay benefits are accrued when incurred in the government-wide financial statements. A liability for these amounts is reported in governmental funds only if the liability is due and payable, for example, as a result of employee resignations, terminations and retirements. The liability for compensated absences is funded from currently budgeted payroll accounts from the general fund.

#### **Lease Liabilities**

Lease Liabilities represent the Health District’s obligation to make lease payments arising from the lease. Lease liabilities are recognized at the lease commencement date based on the present value of future lease payments expected to be made during the lease term. The present value of lease payments are discounted based on a borrowing rate determined by the Health District.

#### **Postemployment Benefits Other Than Pensions (OPEB)**

The Health District recognizes OPEB amounts for all benefits provided through the plans which include the total OPEB liability, deferred outflows of resources, deferred inflows of resources, and OPEB expense.

For the purposes of measuring the total OPEB liability, deferred outflows of resources and deferred inflows of resources related to OPEB and OPEB expense have been determined on the same basis as they are reported by PEPB. For this purpose, benefit payments are recognized by the Health District when due and payable in accordance with the benefit terms.

### **Multiple-Employer Cost-Sharing Defined Benefit Pension Plan**

The Health District uses the same basis used in the Public Employees' Retirement System of Nevada's (PERS) ACFR for reporting its proportionate share of the PERS collective net pension liability, deferred outflows and inflows of resources related to pensions, and pension expense, including information regarding PERS fiduciary net position and related additions to/deductions from. Benefit payments (including refunds of employee contributions) are recognized by PERS when due and payable in accordance with the benefit terms. PERS investments are reported at fair value.

### **Deferred Inflows and Outflows of Resources**

Deferred outflows of resources represents a consumption of net position that applies to a future period(s) and so will not be recognized as an outflow of resources (expense / expenditure) until then. Deferred outflows for the changes in proportion and differences between actual pension contributions and the Health District's proportionate share of pension contributions are deferred and amortized over the average expected remaining service life of all employees that are provided with pension benefits. Deferred outflows for pension contributions made by the Health District subsequent to the pension plan's actuarial measurement date are deferred for one year. Deferred outflows for the difference between actual and expected experience in the total OPEB liability are deferred and amortized over the average expected remaining service life of all employees that are provided with health benefits.

Deferred inflows of resources represent an acquisition of net position that applies to a future period(s) and so will not be recognized as an inflow of resources (revenue) until that time. The government-wide statement of net position also reports 1) the differences between expected and actual pension plan experience and changes of pension plan actuarial assumptions, which are deferred and amortized over the average expected remaining service life of all employees that are provided with pension benefits, 2) the net difference between projected and actual earnings on pension plan investments, which are deferred and amortized over five years, and 3) changes in assumptions or other inputs to the total OPEB liability which are deferred and amortized over the average expected remaining service life of all employees that are provided with health benefits.

### **Fund Balance and Net Position Classifications**

In the government-wide statements, equity is classified as net position and displayed in three components:

*Net Investment in Capital Assets.* This is the component of net position that represents capital assets net of accumulated depreciation and amortization.

*Restricted.* This component of net position reports the constraints placed on the use of assets by either external parties and/or enabling legislation.

*Unrestricted.* All other net position that does not meet the definition of net investment in capital assets and restricted net position.

In the fund financial statements, proprietary fund equity is classified the same as in the government-wide statements. Governmental fund balances are classified as follows:

*Nonspendable.* Includes amounts that cannot be spent because they are either (a) not in spendable form or (b) legally or contractually required to be maintained intact. This classification includes inventories and prepaid items.

*Restricted.* Similar to restricted net position discussed above, includes constraints placed on the use of resources that are either externally imposed by grantors, contributors, or other governments; or are imposed by law (through constitutional provisions or enabling legislation).

*Committed.* Includes amounts that can only be used for a specific purpose due to a formal resolution approved by the Board of Health, which is the Health District's highest level of decision-making authority. Those constraints remain binding unless removed or changed in the same manner employed to previously commit those resources.

*Assigned.* Includes amounts that are constrained by the Health District's intent to be used for specific purposes, but do not meet the criteria to be classified as restricted or committed. The Board of Health has set forth by resolution authority to assign fund balance amounts to the Health District's Director of Administration. Constraints imposed on the use of assigned amounts can be removed without formal resolution by the Board of Health.

*Unassigned.* This is the residual classification of fund balance in the general fund, which has not been reported in any other classification. The general fund is the only fund that can report a positive unassigned fund balance. Other governmental funds might report a negative unassigned fund balance as a result of overspending an amount which has been restricted, committed or assigned for specific purposes.

The Health District considers restricted amounts to have been spent when expenditures are incurred for purposes for which both restricted and unrestricted fund balance is available. Committed amounts are considered to have been spent when expenditures are incurred for purposes for which amounts in any of the unrestricted fund balance classifications could be used.

It is the Health District's policy to expend restricted resources first and use unrestricted resources when the restricted resources have been depleted. It is also the Health District's policy to maintain a minimum unassigned fund balance in the general fund of 16.6% of general fund expenditures (the general fund reserve).

The general fund reserve will be maintained to provide the Health District with sufficient working capital and a comfortable margin of safety to support one-time costs in the event of either a natural disaster or any other unforeseen emergency (as declared by the Board of Health), or unforeseen declines in revenue and/or large unexpected expenditures/expenses. These circumstances are not expected to occur routinely, and the general fund reserve is not to be used to support recurring operating expenditures/expenses.

### **Use of Estimates**

The preparation of these financial statements includes estimates and assumptions made by management that affect the reported amounts. Actual results could differ from those estimates.

### **Implementation of New GASB Statement**

As of July 1, 2021, the Health District adopted GASB Statement No. 87, *Leases*. The implementation of this standard establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. The standard requires recognition of certain right to use leased assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. As a result of implementing this standard the Health District recognized a right of use asset and lease liability of \$1,659,694 and \$1,659,694 as of July 1, 2021, respectively. As a result of these adjustments there was no effect on beginning net position. The additional disclosures required by this standard are included in Notes 4 and 6.

### **Note 2 - Stewardship and Accountability**

#### **Budgets and Budgetary Accounting**

Nevada Revised Statutes (NRS) require that local governments legally adopt budgets for all funds except fiduciary funds. The annual budgets for all funds are adopted on a basis consistent with accounting principles generally accepted in the United States. Budget augmentations made during the year ended June 30, 2022, were as prescribed by law.

The budget approval process is summarized as follows:

At the April Board of Health meeting, management of the Health District submits a tentative budget for the fiscal year commencing the following July. The operating budget includes proposed expenditures/expenses and the means of financing them.

Upon approval by the Board of Health, the tentative budget is submitted to Clark County where it is included in Clark County's public hearing held in May.

The Health District's budget is then filed with the State of Nevada, Department of Taxation by Clark County.

NRS allows appropriations to be transferred within or among any functions or programs within a fund without an increase in total appropriations. If it becomes necessary during the course of the year to change any of the departmental budgets, transfers are initiated by department heads and approved by the appropriate administrator. Transfers within program or function classifications can be made with appropriate administrator approval. The Board of Health is advised of transfers between funds, program, or function classifications and the transfers are recorded in the official Board of Health minutes.

Encumbrance accounting, under which purchase orders, contracts, and other commitments for the expenditure of resources are recorded to reserve that portion of the applicable appropriation, is utilized in the governmental funds.

Per NRS 354.626, actual expenditures may not exceed budgetary appropriations of the public health function of the general fund, or total appropriations of the internal service fund, special revenue fund or the individual capital projects funds. The sum of operating and nonoperating expenses in the internal service fund may not exceed total appropriations. At June 30, 2022, the Health District reported the following expenditures over appropriations:

The Health District's Special Revenue Fund expenditures for the public health function exceeded appropriations by \$1,697,446. This is driven by the fact that services and supplies were underbudgeted.

NRS 354.598005 states budget appropriations in excess of budget may be transferred between funds with Board approval. The Health District made transfers of \$1,740,568 in excess of the amount budgeted from the General Fund to the Special Revenue Fund, without obtaining Board approval. Cost allocations and transfers were not properly accounted for in the original budget or in the mid-year budget augmentation.

### **Note 3 - Cash and Cash Equivalents**

#### **Deposits**

The Health District's deposit policies are governed by the NRS. Deposits are carried at cost, which approximates market value and are maintained with insured banks in Nevada. At June 30, 2022, the carrying amount of the Health District's deposits was \$0 as all amounts were swept into the Clark County Investment Pool at the end of the day.

#### **Clark County Investment Pool**

The Health District participates in Clark County's investment pool. At June 30, 2022, all rated investments in the Clark County investment pool were in compliance with the rating criteria listed below. Pooled funds are invested according to the NRS which are limited to the following (the Health District has no investment policy that would further limit Clark County's investment choices):

Obligations of the U.S. Treasury and U.S. agencies in which the maturity dates do not extend more than 10 years from the date of purchase.

Negotiable certificates of deposit issued by commercial banks or insured savings and loan associations (those over \$100,000 must be fully collateralized) not to exceed 1 year maturity from date of purchase with minimum ratings by at least two rating services of "B" by Thomson Bank Watch or "A-1" by Standard & Poor's or "P-1" by Moody's.

Notes, bonds, and other unconditional obligations issued by corporations organized and operating in the United States. The obligations must be purchased from a registered broker/dealer. At the time of purchase the obligations must have a remaining term to maturity of no more than 5 years, are rated by a nationally recognized rating service as "A" or its equivalent, or better and cannot exceed 20% of the investment portfolio.

Bankers' acceptances eligible for rediscount with Federal Reserve Banks, not to exceed 180 days maturity and does not exceed 20% of the portfolio.

Collateralized mortgage obligations that are rated "AAA" or its equivalent not to exceed 20% of the portfolio.

Repurchase agreements that are collateralized at 102% of the repurchase price and do not exceed 90 days maturity. Securities used for collateral must meet the criteria listed above.

Money Market Mutual Funds which are rated "AAA" or its equivalent and invest only in securities issued by the Federal Government, U.S. agencies or repurchase agreements fully collateralized by such securities not to exceed 5 years maturity and does not exceed 20% of the portfolio.

Asset-backed securities that are rated AAA or its equivalent, not to exceed 20% of the portfolio.

Investment contracts for bond proceeds only, issuance for \$10,000,000 or more, and collateralized at a market value of at least 102% by obligations of the U.S. Treasury or agencies of the federal government.

The State of Nevada's Local Government Investment Pool.

Custodial credit risk is the risk that in the event a financial institution or counterparty fails, the Health District would not be able to recover the value of its deposits and investments. The Clark County Investment Policy states that securities purchased by Clark County shall be delivered against payment (delivery vs. payment) and held in a custodial safekeeping account with the trust department of a third party bank insured by the FDIC and designated by the Clark County Treasurer for this purpose in accordance with NRS 355.172. A custody agreement between the bank and Clark County is required before execution of any transactions, Clark County's public deposits are in participating depositories of the Nevada Collateral Pool (the Pool).

The Pool, which is administered by the State of Nevada, Office of the State Treasurer, is set up as a single financial institution collateral pool that requires each participating depository to collateralize with eligible collateral those ledger deposits not within the limits of insurance provided by an instrumentality of the United States through NRS 356.133 (*i.e.*, in excess of the FDIC levels). The collateral is pledged in the name of the Pool and the market value of the collateral must be at least 102% of the uninsured ledger balances of the public money held by the depository.

Interest rate risk is defined as the risk that changes in interest rates will adversely affect the fair value of an investment. Through its investment policy, Clark County (as the external investment pool operator) manages interest rate risk by limiting the average weighted duration of the investment pool portfolio to less than 2.5 years. Duration is a measure of the present value of a fixed income's cash flows and is used to estimate the sensitivity of a security's price to interest rate changes.

Concentration of credit risk is the risk of loss attributed to the magnitude of a government's investment in a single issuer. At June 30, 2022, all of the Health District's investments held by the Clark County Treasurer are invested in authorized investments in accordance with NRS 350.659, 355.165, 355.170, and 356.120. The limitations on amounts invested are covered on the aforementioned type of security.



As of June 30, 2022, the carrying amount and market value of the Health District's investments in the Clark County Investment Pool was \$32,850,806.

### Combined Cash and Cash Equivalents

At June 30, 2022, the Health District's cash and cash equivalents were as follows:

Cash on hand	\$ 5,516
Restricted cash	89,000
Clark County Investment Pool	<u>32,850,806</u>
Total cash and cash equivalents	<u><u>\$ 32,945,322</u></u>

At June 30, 2022, the Health District's cash and cash equivalents were presented in the District's financial statements as follows:

Governmental funds	\$ 32,774,672
Proprietary fund	159,211
Custodial funds	<u>11,439</u>
Total cash and cash equivalents	<u><u>\$ 32,945,322</u></u>

### Note 4 - Capital Assets

Changes in capital assets for the year ended June 30, 2022, were as follows:

	Balance June 30, 2021	Increases	Decreases	Transfers	Balance June 30, 2022
<b>Governmental Activities</b>					
<b>Capital Assets not Being Depreciated or Amortized</b>					
Construction in progress	\$ 525,637	\$ 2,066,776	\$ -	\$ (75,292)	\$ 2,517,121
Land	3,447,236	-	-	-	3,447,236
Total capital assets not being depreciated	<u>3,972,873</u>	<u>2,066,776</u>	<u>-</u>	<u>(75,292)</u>	<u>5,964,357</u>
<b>Capital Assets Being Depreciated or Amortized</b>					
Buildings	21,027,013	-	-	-	21,027,013
Improvements other than buildings	5,288,999	104,118	(215,560)	75,292	5,252,849
Furniture, fixtures, and equipment	16,158,960	1,588,126	(246,137)	-	17,500,949
Right of use leased buildings	899,467	6,994,028	-	-	7,893,495
Right of use leased equipment	760,227	-	-	-	760,227
Vehicles	1,448,022	-	(99,324)	-	1,348,698
Total capital assets being depreciated or amortized	<u>45,582,688</u>	<u>8,686,272</u>	<u>(561,021)</u>	<u>75,292</u>	<u>53,783,231</u>
<b>Accumulated Depreciation and Amortization</b>					
Buildings	(3,906,524)	(708,063)	-	-	(4,614,587)
Improvements other than buildings	(3,321,617)	(262,969)	215,560	-	(3,369,026)
Furniture, fixtures, and equipment	(12,081,918)	(987,480)	43,144	-	(13,026,254)
Right of use leased buildings	-	(750,741)	-	-	(750,741)
Right of use leased equipment	-	(377,897)	-	-	(377,897)
Vehicles	(846,323)	(199,865)	99,324	-	(946,864)
Total accumulated depreciation and amortization	<u>(20,156,382)</u>	<u>(3,287,015)</u>	<u>358,028</u>	<u>-</u>	<u>(23,085,369)</u>
Total capital assets being depreciated or amortized, net	<u>25,426,306</u>	<u>5,399,257</u>	<u>(202,993)</u>	<u>75,292</u>	<u>30,697,862</u>
<b>Total Governmental Activities</b>	<u><u>\$ 29,399,179</u></u>	<u><u>\$ 7,466,033</u></u>	<u><u>\$ (202,993)</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 36,662,219</u></u>

For the year ended June 30, 2022, depreciation and amortization expense was charged to the following functions and programs:

Governmental Activities	
Clinical services	\$ 145,854
Environmental health	31,446
Community health	656,532
Administration	<u>2,453,183</u>
Total depreciation and amortization expense, governmental activities	<u><u>\$ 3,287,015</u></u>

**Note 5 - Interfund Balances and Transfers**

Interfund balances at June 30, 2022 are as follows:

Receivable Fund	Payable Fund	Amount
General Fund	Special Revenue Fund	\$ 10,002,165
Other governmental funds	Special Revenue Fund	874,468
Insurance Reserve	Special Revenue Fund	7
Fiduciary fund	Special Revenue Fund	<u>3,796</u>
		<u><u>\$ 10,880,436</u></u>

These balances result from the time lag between the dates that (1) interfund goods and services are provided or reimbursable expenditures occur, (2) transactions are recorded in the accounting system and (3) payments between funds are made.

Interfund transfers for the year ended June 30, 2022, consisted of the following:

Transfers Out of Fund	Transfers In to Fund	Amount
General Fund	Special Revenue Fund	\$ 18,864,947
Bond Reserve	Capital Project Fund	<u>500,000</u>
		<u><u>\$ 19,364,947</u></u>

Transfers from were used to (1) move revenues from the fund that statute or budget requires to collect them to the fund that statute or budget requires to expend them, and (2) use unrestricted revenues collected in the general fund to finance various programs accounted for in other funds, and finance the administrative cost allocation to other funds, in accordance budgetary authorization.

**Note 6 - Leases**

As of July 1, 2021, the Health District implemented GASB Statement No. 87, *Leases*, see Note 1.

**Lessee Activities**

The Health District has entered into multiple leases for office, clinical, and warehouse space. The Health District is required to make principal and interest payments on these spaces. These lease agreements have terms expiring from January 2023 through March 2037. The lease liability was valued using discount rates between 3.25% and 4.75%. This rate was determined using the US Prime Rates applicable for each lease based on the lease period and date of initiation.

The Health District has entered into multiple leases for medical and office equipment. The Health District is required to make principal and interest payments on these equipment leases. These lease agreements have terms expiring from August 2022 through July 2024. The lease liability was valued using a discount rate of 3.25%. This rate was determined using the US Prime Rates applicable for each lease based on the lease period and date of initiation.

**Note 7 - Changes in Long-Term Liabilities**

Long-term liabilities activity for the year ended June 30, 2022, was as follows:

	Balance June 30, 2021	Increases	Decreases	Balance June 30, 2022	Due Within One Year
Governmental Activities					
Compensated absences	\$ 8,813,692	\$ 6,279,205	\$ (5,813,947)	\$ 9,278,950	\$ 5,547,832
Lease liability	1,525,580	6,994,026	(974,668)	7,544,938	870,333
Total long-term liabilities	<u>\$ 8,813,692</u>	<u>\$ 6,279,205</u>	<u>\$ (5,813,947)</u>	<u>\$ 9,278,950</u>	<u>\$ 5,547,832</u>

Compensated absences typically have been liquidated by the general fund.

Remaining principal and interest payments on leases are as follows:

<u>For the Year Ending June 30,</u>	<u>Principal</u>	<u>Interest</u>
2023	\$ 870,333	\$ 287,692
2024	638,295	227,401
2025	565,321	205,353
2026	571,173	186,210
2027	518,760	167,053
2028 - 2032	2,040,898	621,563
2033 - 2037	2,340,158	218,847
	<u>\$ 7,544,938</u>	<u>\$ 1,914,119</u>

## **Note 8 - Risk Management**

The Health District, like any governmental entity, is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; and natural disasters.

The Health District has joined together with similar public agencies (cities, counties and special districts) throughout the State of Nevada to create a pool under the Nevada Interlocal Cooperation Act. The Nevada Public Agency Pool Insurance (Pool) is a public entity risk pool currently operating as a common risk management and insurance program for its members.

The Health District pays an annual premium and specific deductibles, as necessary, to the Pool for its general insurance coverage. The Pool is considered a self-sustaining risk pool that will provide coverage for its members for up to \$10,000,000 per insured event with a \$10,000,000 annual aggregate per member. Additionally, coverage includes data security events up to a maximum of \$2,000,000 per event. Property, crime and equipment breakdown coverage is provided to its members up to \$300,000,000 per loss with various sub-limits established for earthquake, flood, equipment breakdown, and money and securities.

The Health District is also exposed to risks of loss related to injuries of employees. The Health District has joined together with similar public agencies (cities, counties, and special districts) throughout the State of Nevada to create a pool under the Nevada Interlocal Cooperation Act.

The Health District pays premiums based on payroll costs to the pool, commonly referred to as the PACT, for its workers compensation insurance coverage. The PACT is considered a self-sustaining risk pool that will provide coverage for its members based on established statutory limits. The PACT obtains independent coverage for insured events in excess of the aforementioned limits.

The Health District continues to carry commercial insurance for other risks of loss not covered by the Pool (bonding and boiler coverage) and employee health and accident insurance. Amounts in excess of insurance coverage for settled claims resulting from these risks were minimal over the past three fiscal years.

### **Litigation**

Various legal claims have arisen against the Health District during the normal course of operations. According to the Health District's legal counsel, the ultimate resolution of these matters is not ascertainable at this time and, therefore, no provision for loss has been made in the financial statements in connection therewith.

The Health District does not accrue for estimated future legal and defense costs, if any, to be incurred in connection with outstanding or threatened litigation and other disputed matters but rather, records such as period costs when the services are rendered.

**Note 9 - Multiple-Employer Cost-Sharing Defined Benefit Pension Plan**

The Health District's employees are covered by the Public Employees' Retirement System of Nevada, which was established by the Nevada Legislature in 1947, effective July 1, 1948, and is governed by the Public Employees Retirement Board (the PERS Board) whose seven members are appointed by the governor. The Health District does not exercise any control over PERS.

PERS is a cost-sharing, multiple-employer, defined benefit public employees' retirement system which includes both regular and police/fire members. PERS is administered to provide a reasonable base income to qualified employees who have been employed by a public employer and whose earnings capacities have been removed or substantially impaired by age or disability.

Benefits, as required by NRS, are determined by the number of years of accredited service at time of retirement and the member's highest average compensation in any 36 consecutive months with special provisions for members entering the system on or after January 1, 2010, and July 1, 2015. Benefit payments to which participants or their beneficiaries may be entitled under the plan include pension benefits, disability benefits, and survivor benefits.

Monthly benefit allowances for members are computed as 2.5% of average compensation for each accredited year of service prior to July 1, 2001. For service earned on or after July 1, 2001, this multiplier is 2.67% of average compensation. For members entering PERS on or after January 1, 2010, there is a 2.5% service time factor and for regular members entering PERS on or after July 1, 2015, there is a 2.25% factor. PERS offers several alternatives to the unmodified service retirement allowance which, in general, allow the retired employee to accept a reduced service retirement allowance payable monthly during his or her lifetime and various optional monthly payments to a named beneficiary after his or her death.

Post-retirement increases are provided by authority of NRS 286.575 - .579, which for members entering the system before January 1, 2010, is equal to the lesser of:

- 1) 2% per year following the third anniversary of the commencement of benefits, 3% per year following the sixth anniversary, 3.5% per year following the ninth anniversary, 4% per year following the twelfth anniversary and 5% per year following the fourteenth anniversary, or
- 2) The average percentage increase in the Consumer Price Index (or other PERS Board approved index) for the three preceding years.

In any event, a member's benefit must be increased by the percentages in paragraph 1, above, if the benefit of a member has not been increased at a rate greater than or equal to the average of the Consumer Price Index (All Items) (or other PERS Board approved index) for the period between retirement and the date of increase.

For members entering PERS with an effective date of membership on or after January 1, 2010 and before July 1, 2015, the post-retirement increases are the same as above, except that the increases do not exceed 4% per year.

For members entering PERS after July 1, 2015, the post-retirement increases 2% per year following the third anniversary of the commencement of benefits, 2.5% per year following the sixth anniversary, the lesser of 3% or the CPI for the preceding calendar year following the ninth anniversary.

Regular members entering PERS prior to January 1, 2010 are eligible for retirement at age 65 with 5 years of service, at age 60 with 10 years of service, or at any age with 30 years of service. Regular members entering PERS on or after January 1, 2010, are eligible for retirement at age 65 with 5 years of service, or age 62 with 10 years of service, or any age with 30 years of service. Regular members entering PERS on or after July 1, 2015, are eligible for retirement at age 65 with 5 years of service, or at age 62 with 10 years of service or at age 55 with 30 years of service or any age with 33 1/3 years of service.

The normal ceiling limitation on the monthly benefit allowances is 75% of average compensation. However, a member who has an effective date of membership before July 1, 1985, is entitled to a benefit of up to 90% of average compensation. Both regular and police/fire members become fully vested as to benefits upon completion of five years of service.

The authority for establishing and amending the obligation to make contributions and member contribution rates rests with NRS. New hires in agencies which did not elect the employer-pay contribution (EPC) plan prior to July 1, 1983, have the option of selecting one of two alternative contribution plans. Contributions are shared equally by employer and employee in which employees can take a reduced salary and have contributions made by the employer or can make contributions by a payroll deduction matched by the employer.

The PERS basic funding policy provides for periodic contributions at a level pattern of cost as a percentage of salary throughout an employee's working lifetime in order to accumulate sufficient assets to pay benefits when due.

PERS receives an actuarial valuation on an annual basis for determining the prospective funding contribution rates required to fund the system on an actuarial reserve basis. Contributions actually made are in accordance with the required rates established by NRS. These statutory rates are periodically updated pursuant to NRS 286.421 and 286.450. The actuarial funding method used is the entry age normal cost method. It is intended to meet the funding objective and result in a relatively level long-term contributions requirement as a percentage of salary.

Effective July 1, 2019, the required contribution rates for regular members was 15.25% and 29.25% for employer/employee matching and EPC, respectively. The Health District's portion of contributions was \$6,744,173 for the year ended June 30, 2022.

PERS collective net pension liability was measured as of **June 30, 2021**, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. For this purpose, certain actuarial valuation assumptions are stipulated by the GASB and may vary from those used to determine the prospective funding contribution rates.

The total PERS pension liability was determined using the following economic actuarial assumptions (based on the results of an experience review completed in 2017), applied to all periods included in the measurement:

Inflation rate	2.50%
Productivity pay increase	0.50%
Investment rate of return	7.25%
Actuarial cost method	Entry age normal and level percentage of payroll
Projected salary increases	Regular: 4.20% to 9.10%, depending on service Police/Fire: 4.60% to 14.50%, depending on service Rates include inflation and productivity increases
Other assumptions	Same as those used in the June 30, 2021 funding actuarial valuation

Mortality rates (Regular and Police/Fire) – For healthy members it is the Headcount-Weighted RP-2014 Healthy Annuitant Table projected to 2020 with Scale MP-2016, set forward one year for spouses and beneficiaries. For ages less than 50, mortality rates are based on the Headcount – Weighted RP-2014 Employee Mortality Tables. Those mortality rates are adjusted by the ratio of the mortality rate for healthy annuitants at age 50 to the mortality rate for employees at age 50. The mortality rates are then projected to 2020 with Scale MP-2016.

The mortality table used in the actuarial valuation to project mortality rates for all disabled regular members is the Headcount – Weighted RP-2014 Disabled Retiree Table, set forward four years.

For pre-retirement members it is the Headcount – Weighted RP-2014 Employee Table, projected to 2020 with Scale MP-2016.

The RP-2014 Headcount-Weighted Mortality Tables, set forward one year for spouses and beneficiaries, reasonably reflect the projected mortality experience of the Plan as of the measurement date. The additional projection of 6 years is a provision made for future mortality improvement.

PERS's policies which determine the investment portfolio target asset allocation are established by the PERS Board. The asset allocation is reviewed annually and is designed to meet the future risk and return needs of PERS. The following was the Board adopted policy target asset allocation as of **June 30, 2021**:

Asset Class	Target Allocation	Long-term Geometric Expected Real Rate of Return *
U.S. stocks	42%	5.50%
International stocks	18%	5.50%
U.S. bonds	28%	0.75%
Private markets	12%	6.65%

\* These geometric return rates are combined to produce the long-term expected rate of return by adding the long-term expected inflation rate of 2.50%

The discount rate used to measure the total pension liability was 7.25% as of **June 30, 2021**. The projection of cash flows used to determine the discount rate assumed that employee and employer contributions will be made at the rate specified by NRS. Based on that assumption, PERS's fiduciary net position at **June 30, 2021**, was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments (7.25%) was applied to all periods of projected benefit payments to determine the total pension liability as of **June 30, 2021**.

At June 30, 2022, the Health District's proportionate share of the net pension liability is calculated using a discount rate of 7.25%. The following shows the sensitivity of the valuation of the Health District's proportionate share of the net pension liability assuming the discount rate was either 1% lower or 1% higher:

	1% Decrease in Discount Rate (6.25%)	Discount Rate (7.25%)	1% Increase in Discount Rate (8.25%)
Net Pension Liability	\$ 116,989,657	\$ 58,760,106	\$ 10,725,647

Detailed information about PERS fiduciary net position is available in the PERS ACFR, which is available on the PERS website, [www.nvpers.org](http://www.nvpers.org) under publications.

The Health District's proportionate share of the collective net pension liability was \$58,760,106, which represents 0.64435% of the collective net pension liability, which is an increase from the previous year's proportionate share of 0.56339%. Contributions for employer pay dates within the fiscal year ending **June 30, 2021**, were used as the basis for determining each employer's proportionate share.

For the period ended June 30, 2022, the Health District's pension expense was \$9,332,742 and its reported deferred outflows and inflows of resources related to pensions as of June 30, 2022, were as follows:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ -	\$ 413,532
Net difference between projected and actual earnings on investments	6,508,835	47,946,374
Changes in proportion and differences between actual contributions and proportionate share of contributions	13,549,762	540,801
Change in assumptions	19,509,368	-
Contributions made subsequent to the measurement date	7,661,734	-
	\$ 47,229,699	\$ 48,900,707

Average expected remaining service life is 6.14 years.



Deferred outflows of resources related to pensions resulting from contributions subsequent to the measurement date totaling \$7,661,734 will be recognized as a reduction of the net pension liability in the year ending June 30, 2023. Other amounts reported as deferred outflows and inflows of resources related to pensions will be recognized in pension expense as follows:

<u>For the Year ending June 30,</u>	
2023	\$ (4,115,156)
2024	(3,664,166)
2025	(3,824,255)
2026	(4,873,158)
2027	6,275,044
Thereafter	<u>868,949</u>
	<u><u>\$ (9,332,742)</u></u>

## **Note 10 - Postemployment Benefits Other Than Pensions**

### **General Information about the Other Post Employment Benefit Plans**

*Plan Description:* The Health District subsidizes eligible retirees' contributions to the Public Employees' Benefits Plan (PEBP), a non-trust, agent multiple-employer defined benefit postemployment healthcare plan administered by the State of Nevada. NRS 287.041 assigns the authority to establish and amend benefit provisions to the PEBP nine-member board of trustees. The plan is now closed to future retirees, however, district employees who previously met the eligibility requirement for retirement within the Nevada Public Employee Retirement System had the option upon retirement to enroll in coverage under the PEBP with a subsidy provided by the Health District as determined by their number of years of service. The PEBP issues a publicly available financial report that includes financial statements and required supplementary information.

That report may be obtained by writing to Public Employee's Benefits Program, 901 S. Stewart Street, Suite 1001, Carson City, NV, 89701, by calling (775) 684-7000, or by accessing the website at [www.pebp.state.nv.us/informed/financial.htm](http://www.pebp.state.nv.us/informed/financial.htm).

*Plan Description:* The Retiree Health Program Plan (RHPP) is a non-trust, single-employer defined benefit postemployment healthcare plan administered by Clark County, Nevada. Retirees may choose between Clark County Self-Funded Group Medical and Dental Benefits Plan (Self-Funded Plan) and a health maintenance organization (HMO) plan.

### **Benefits Provided**

PEBP plan provides medical, dental, prescription drug, Medicare Part B, and life insurance coverage to eligible retirees and their spouses. Benefits are provided through a third-party insurer. As of November 1, 2008, PEBP was closed to any new participants.

RHPP provides medical, dental, prescription drug, and life insurance coverage to eligible active and retired employees and beneficiaries. Benefit provisions are established and amended through negotiations between the respective unions and the Health District.

**Employees Covered by Benefit Terms**

At **June 30, 2021**, the following employees were covered by the benefit terms:

	PEBP	RHPP	Total all Plans
Inactive employees or beneficiaries currently receiving benefit payments	72	70	142
Active employees	-	559	559
Total	72	629	701

**Total OPEB Liability**

The Health District's total OPEB liability of \$30,100,118 was measured as of **June 30, 2021**, and was determined by an actuarial valuation as of that date.

*Actuarial assumptions and other inputs:* The total OPEB liability for all plans as of June 30, 2022 was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement, unless otherwise specified:

Discount Rate	2.16%
Pre-Medicare Trend Rate	Select: 6.75%, Ultimate 4.0%
Post-Medicare Trend Rate	Select: 5.75%, Ultimate 4.0%
Mortality Table	Pub-2010 headcount weighted mortality table, projected generationally using scale MP-2020, applied on a gender-specific basis for general and safety personnel
Termination Tables	2020 NPERS Actuarial Valuation
Retirement Tables	2020 NPERS Actuarial Valuation

**Rationale for Assumptions:**

The demographic assumptions are based on the Nevada PERS Actuarial Experience Study for the period from July 1, 2006 through June 30, 2012. Salary scale and inflation assumptions are based on the Nevada PERS Actuarial Experience Study for the period from July 1, 2012 through June 30, 2018.

**Changes in the Total OPEB Liability**

	<u>PEBP</u>	<u>RHPP</u>	<u>Total OPEB Liability</u>
Balance Recognized at June 30, 2021	\$ 4,826,982	\$ 23,323,401	\$ 28,150,383
Changes Recognized for the Fiscal Year			
Service cost	-	1,570,297	1,570,297
Interest	104,479	546,330	650,809
Changes in assumptions	51,775	221,432	273,207
Benefit payments	<u>(198,836)</u>	<u>(345,742)</u>	<u>(544,578)</u>
Net Changes	<u>(42,582)</u>	<u>1,992,317</u>	<u>1,949,735</u>
Balance Recognized at June 30, 2022	<u>\$ 4,784,400</u>	<u>\$ 25,315,718</u>	<u>\$ 30,100,118</u>

**Changes in Assumptions and Experience:**

Certain key assumptions were changed as part of the actuary's updated study. Those changed are summarized below.

- The discount rate was updated from 2.21%, as of June 30, 2020, to 2.16%, as of June 30, 2021 (the actuarial measurement date).
- The trend rates were updated to an initial rate of 6.75% (5.75% for post-Medicare), grading down by 0.25% per year until reaching the ultimate rate of 4.00% based on current Healthcare Analytics (HCA) Consulting trend study

*Sensitivity of the total OPEB liability to changes in the discount rate.* The following presents the total OPEB liability of the Health District, as well as what the Health District's total OPEB liability would be if it were calculated using a discount rate that is 1-percentage-point lower (1.16 percent) or 1-percentage point higher (3.16 percent) than the current discount rate:

	<u>1% Decrease 1.16%</u>	<u>Discount Rate 2.16%</u>	<u>1% Increase 3.16%</u>
PEBP	\$ 5,500,000	\$ 4,784,400	\$ 4,200,000
RHPP	<u>30,675,000</u>	<u>25,315,718</u>	<u>21,142,000</u>
Total OPEB Liability	<u>\$ 36,175,000</u>	<u>\$ 30,100,118</u>	<u>\$ 25,342,000</u>

*Sensitivity of the total OPEB liability to changes in the healthcare cost trend rates.* The following presents the total OPEB liability of the Health District, as well as what the Health District's total OPEB liability would be if it were calculated using healthcare cost trend rates that are 1-percentage-point lower (or 1-percentage-point higher the current healthcare cost trend rates:

Southern Nevada Health District  
Notes to Financial Statements  
June 30, 2022

	1% Decrease	Trend Rates	1% Increase
PEBP	\$ 4,228,000	\$ 4,784,400	\$ 5,448,000
RHPP	21,132,000	25,315,718	30,636,000
<b>Total OPEB Liability</b>	<b>\$ 25,360,000</b>	<b>\$ 30,100,118</b>	<b>\$ 36,084,000</b>

**OPEB Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB**

For the year ended June 30, 2022, the Health District recognized OPEB expense of \$1,511,913. The breakdown by plan is as follows:

	PEBP	RHPP	Total All Plans
OPEB Expense	\$ 156,254	\$ 1,355,659	\$ 1,511,913

At June 30, 2022, the Health District reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
<b>PEBP</b>		
Contributions made in fiscal year ending 2022 after July 1, 2021 measurement date	\$ 231,262	\$ -
<b>Total PEBP</b>	<b>\$ 231,262</b>	<b>\$ -</b>
<b>RHPP</b>		
Differences between expected and actual experience	\$ 2,139,718	\$ 5,779,400
Changes of assumptions or other inputs	1,643,107	2,440,027
Contributions made in fiscal year ending 2022 after July 1, 2021 measurement date	302,445	-
<b>Total RHPP</b>	<b>\$ 4,085,270</b>	<b>\$ 8,219,427</b>
<b>Total All Plans</b>		
Differences between expected and actual experience	\$ 2,139,718	\$ 5,779,400
Changes of assumptions or other inputs	1,643,107	2,440,027
Contributions made in fiscal year ending 2022 after July 1, 2021 measurement date	533,707	-
<b>Total All Plans</b>	<b>\$ 4,316,532</b>	<b>\$ 8,219,427</b>

The amount of \$533,707 reported as deferred outflows of resources related to OPEB from Health District contributions subsequent to the measurement date will be recognized as a reduction of the OPEB liability in the year ended June 30, 2022. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

For the Year ending June 30,	RHPP
2023	\$ (760,968)
2024	(760,968)
2025	(760,968)
2026	(485,931)
2027	(403,269)
Thereafter	(1,264,498)
	\$ (4,436,602)

**Note 11 - Encumbrances**

The Health District utilizes encumbrance accounting in its governmental funds. Encumbrances are recognized as a valid and proper charge against a budget appropriation in the year in which a purchase order, contract, or other commitment is issued. In general, unencumbered appropriations lapse at year end. Open encumbrances at fiscal year end are included in restricted, committed or assigned fund balance, as appropriate. Significant encumbrances included in governmental fund balances are as follows:

	Assigned Fund Balance
General Fund	\$ 525,852

\$235,010 of the total encumbrance balance was assigned to purchase clinical health services. \$53,229 of the total encumbrance balance was assigned to purchase community health services. \$237,613 of the total encumbrance balance was assigned to purchase administrative services.



Required Supplementary Information  
June 30, 2022

## Southern Nevada Health District

Southern Nevada Health District  
Schedule of Revenues, Expenditures and Changes in Fund Balance -  
Budget to Actual - General Fund  
For the Fiscal Year Ended June 30, 2022

	Original Budget	Final Budget	Actual	Final Budget to Actual Variance
<b>Revenues</b>				
Fees for service	\$ 27,074,597	\$ 27,830,913	\$ 25,661,858	\$ (2,169,055)
General receipts	-	-	214,149	214,149
Property tax	28,258,566	28,258,566	28,258,566	-
Regulatory revenue	20,430,848	20,443,400	21,579,715	1,136,315
Title XIX & other	1,480,757	878,573	2,524,093	1,645,520
Investment earnings	327,927	327,927	(1,270,116)	(1,598,043)
Total revenues	<u>77,572,695</u>	<u>77,739,379</u>	<u>76,968,265</u>	<u>(771,114)</u>
<b>Expenditures</b>				
<b>Public Health</b>				
Clinical & nursing services				
Salaries and wages	9,657,587	9,437,718	7,256,228	(2,181,490)
Employee benefits	3,850,802	3,850,802	3,106,947	(743,855)
Services and supplies	14,956,884	14,956,884	22,914,517	7,957,633
Principal	-	-	14,163	14,163
Interest	-	-	1,244	1,244
Capital outlay	10,000	-	-	-
Total clinical & nursing services	<u>28,475,273</u>	<u>28,245,404</u>	<u>33,293,099</u>	<u>5,047,695</u>
Environmental health				
Salaries and wages	12,347,710	12,347,710	12,570,546	222,836
Employee benefits	5,278,647	5,278,647	5,097,896	(180,751)
Services and supplies	722,171	722,171	6,056,525	5,334,354
Total environmental health	<u>18,348,528</u>	<u>18,348,528</u>	<u>23,724,967</u>	<u>5,376,439</u>
Community health				
Salaries and wages	7,994,920	7,994,920	7,324,419	(670,501)
Employee benefits	3,336,107	3,629,991	2,477,101	(1,152,890)
Services and supplies	3,269,605	4,423,350	6,528,097	2,104,747
Principal	-	-	307,459	307,459
Interest	-	-	27,006	27,006
Capital outlay	124,110	51,987	3,250	(48,737)
Total community health	<u>14,724,742</u>	<u>16,100,248</u>	<u>16,667,332</u>	<u>567,084</u>
Administration				
Salaries and wages	8,428,019	8,428,019	8,816,856	388,837
Employee benefits	3,602,977	3,602,977	4,610,603	1,007,626
Services and supplies	(8,492,482)	(11,996,794)	(31,594,642)	(19,597,848)
Principal	-	-	653,046	653,046
Interest	-	-	57,361	57,361
Capital outlay	235,000	235,000	341,069	106,069
Total administration	<u>3,773,514</u>	<u>269,202</u>	<u>(17,115,707)</u>	<u>(17,384,909)</u>
Total public health	<u>65,322,057</u>	<u>62,963,382</u>	<u>56,569,691</u>	<u>(6,393,691)</u>
Total expenditures	<u>65,322,057</u>	<u>62,963,382</u>	<u>56,569,691</u>	<u>(6,393,691)</u>
Excess (Deficiency) of Revenues Over (Under) Expenditures	<u>12,250,638</u>	<u>14,775,997</u>	<u>20,398,574</u>	<u>5,622,577</u>
<b>Other Financing Sources (Uses)</b>				
Transfers in	-	14,500	-	(14,500)
Transfers out	(12,250,929)	(17,124,379)	(18,864,947)	(1,740,568)
Proceeds from capital asset disposal	-	-	47,833	47,833
Total other financing sources (uses)	<u>(12,250,929)</u>	<u>(17,109,879)</u>	<u>(18,817,114)</u>	<u>(1,707,235)</u>
Change in Fund Balance	<u>(291)</u>	<u>(2,333,882)</u>	<u>1,581,460</u>	<u>3,915,342</u>
Fund Balance, Beginning of Year	<u>32,463,689</u>	<u>35,304,647</u>	<u>35,304,647</u>	<u>-</u>
Fund Balance, End of Year	<u>\$ 32,463,398</u>	<u>\$ 32,970,765</u>	<u>\$ 36,886,107</u>	<u>\$ 3,915,342</u>

See notes to required supplementary information.

Southern Nevada Health District  
Schedule of Revenues, Expenditures and Changes in Fund Balance -  
Budget to Actual - Special Revenue Fund  
For the Fiscal Year Ended June 30, 2022

	Original Budget	Final Budget	Actual	Final Budget to Actual Variance
<b>Revenues</b>				
Direct federal grants	\$ 5,183,726	\$ 14,769,382	\$ 14,769,382	\$ -
Indirect federal grants	48,314,683	69,327,432	69,327,432	-
State grant funds	-	1,017,915	1,017,915	-
Other grant funds	1,007,107	808,427	808,427	-
Total revenues	<u>54,505,516</u>	<u>85,923,156</u>	<u>85,923,156</u>	<u>-</u>
<b>Expenditures</b>				
<b>Public Health</b>				
Clinical & nursing services				
Salaries and wages	3,379,612	6,149,506	6,149,506	-
Employee benefits	1,438,038	3,310,698	3,310,698	-
Services and supplies	2,575,971	19,361,469	19,361,469	-
Capital outlay	10,420	146,828	146,828	-
Total clinical & nursing services	<u>7,404,041</u>	<u>28,968,501</u>	<u>28,968,501</u>	<u>-</u>
Environmental health				
Salaries and wages	318,269	564,380	564,380	-
Employee benefits	136,058	221,030	221,030	-
Services and supplies	489,403	398,638	398,638	-
Total environmental health	<u>943,730</u>	<u>1,184,048</u>	<u>1,184,048</u>	<u>-</u>
Community health				
Salaries and wages	12,198,067	9,887,212	9,887,212	-
Employee benefits	5,168,657	4,695,346	4,695,346	-
Services and supplies	40,354,014	53,900,198	55,597,644	1,697,446
Capital outlay	647,937	1,649,799	1,649,799	-
Total community health	<u>58,368,675</u>	<u>70,132,555</u>	<u>71,830,001</u>	<u>1,697,446</u>
Administration				
Salaries and wages	28,021	769,589	769,589	-
Employee benefits	11,979	290,569	290,569	-
Services and supplies	-	1,517,496	1,517,496	-
Capital outlay	-	103,960	103,960	-
Total administration expenditures	<u>40,000</u>	<u>2,681,614</u>	<u>2,681,614</u>	<u>-</u>
Total expenditures	<u>66,756,446</u>	<u>102,966,718</u>	<u>104,664,164</u>	<u>1,697,446</u>
Excess (Deficiency) of Revenues Over (Under) Expenditures	<u>(12,250,930)</u>	<u>(17,043,562)</u>	<u>(18,741,008)</u>	<u>(1,697,446)</u>
<b>Other Financing Sources (Uses)</b>				
Transfers in	12,250,930	17,124,379	18,864,947	1,740,568
Transfers out	-	(14,500)	-	14,500
Total other financing sources (uses)	<u>12,250,930</u>	<u>17,109,879</u>	<u>18,864,947</u>	<u>1,755,068</u>
Change in Fund Balance	<u>-</u>	<u>66,317</u>	<u>123,939</u>	<u>57,622</u>
Fund Balance, Beginning of Year	<u>-</u>	<u>(66,317)</u>	<u>(66,317)</u>	<u>-</u>
Fund Balance, End of Year	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 57,622</u>	<u>\$ 57,622</u>

See notes to required supplementary information.



Southern Nevada Health District  
Schedules of Changes in the Total OPEB Liability and Related Ratios<sup>1</sup>  
For the Year Ended June 30, 2022

**PEBP Plan**

	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>
Total OPEB Liability				
Interest	\$ 104,479	\$ 132,809	\$ 142,210	\$ 158,929
Changes of benefit terms	-	-	-	-
Difference between actual and expected experience	-	240,495	-	(935)
Changes of assumptions or other inputs	51,775	770,760	196,172	(582,796)
Benefit payments	<u>(198,836)</u>	<u>(223,274)</u>	<u>(213,733)</u>	<u>(210,183)</u>
Net Change in Total OPEB Liability	(42,582)	920,790	124,649	(634,985)
Total OPEB Liability - Beginning	<u>4,826,982</u>	<u>3,906,192</u>	<u>3,781,543</u>	<u>4,416,528</u>
Total OPEB Liability - Ending	<u>\$ 4,784,400</u>	<u>\$ 4,826,982</u>	<u>\$ 3,906,192</u>	<u>\$ 3,781,543</u>
Covered Payroll	N/A	N/A	N/A	N/A
Total OPEB Liability as a Percentage of Covered Payroll	N/A	N/A	N/A	N/A
	<u>2018</u>			
Total OPEB Liability				
Interest	\$ 136,641			
Changes of benefit terms	-			
Difference between actual and expected experience	(2,407)			
Changes of assumptions or other inputs	(408,034)			
Benefit payments	<u>(201,454)</u>			
Net Change in Total OPEB Liability	(475,254)			
Total OPEB Liability - Beginning	<u>4,891,782</u>			
Total OPEB Liability - Ending	<u>\$ 4,416,528</u>			
Covered Payroll	N/A			
Total OPEB Liability as a Percentage of Covered Payroll	N/A			

<sup>1</sup> Fiscal year 2018 is the first year of implementation, therefore only five years are shown. As it becomes available this schedule will ultimately present information for the ten most recent fiscal years.

Southern Nevada Health District  
Schedules of Changes in the Total OPEB Liability and Related Ratios<sup>2</sup>  
For the Year Ended June 30, 2022

**RHPP**

	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>
Total OPEB Liability				
Service cost	\$ 1,570,297	\$ 1,035,479	\$ 865,693	\$ 1,984,184
Interest	546,330	696,006	675,421	922,521
Changes of benefit terms	-	-	-	-
Difference between actual and expected experience	-	2,485,316	-	(8,138,337)
Changes of assumptions or other inputs	221,432	577,780	1,204,893	(1,686,349)
Benefit payments	<u>(345,742)</u>	<u>(643,182)</u>	<u>(322,093)</u>	<u>(236,966)</u>
Net Change in Total OPEB Liability	1,992,317	4,151,399	2,423,914	(7,154,947)
Total OPEB Liability - Beginning	<u>23,323,401</u>	<u>19,172,002</u>	<u>16,748,088</u>	<u>23,903,035</u>
Total OPEB Liability - Ending	<u>\$ 25,315,718</u>	<u>\$ 23,323,401</u>	<u>\$ 19,172,002</u>	<u>\$ 16,748,088</u>
Covered Payroll	\$ 49,853,806	\$ 40,103,356	\$ 34,918,861	\$ 34,918,861
Total OPEB Liability as a Percentage of Covered Payroll	50.78%	58.16%	54.90%	47.96%
	<u>2018</u>			
Total OPEB Liability				
Service cost	\$ 2,037,506			
Interest	753,304			
Changes of benefit terms	-			
Difference between actual and expected experience	26,065			
Changes of assumptions or other inputs	(3,119,749)			
Benefit payments	<u>(339,476)</u>			
Net Change in Total OPEB Liability	(642,350)			
Total OPEB Liability - Beginning	<u>24,545,385</u>			
Total OPEB Liability - Ending	<u>\$ 23,903,035</u>			
Covered Payroll	\$ 34,126,701			
Total OPEB Liability as a Percentage of Covered Payroll	70.04%			

<sup>2</sup> Fiscal year 2018 is the first year of implementation, therefore only five years are shown. As it becomes available this schedule will ultimately present information for the ten most recent fiscal years.

Southern Nevada Health District  
Multiple-Employer Cost-Sharing Defined Benefit Pension Plan  
Proportionate Share of the Collective Net Pension Liability Information<sup>3</sup>  
for the Year Ended June 30, 2022

<u>For the Year Ended June 30</u>	<u>Proportion of the Collective Net Pension Liability</u>	<u>Proportion of the Collective Net Pension Liability</u>	<u>Covered Payroll</u>	<u>Proportion of the Collective Pension Liability as a Percentage of Covered Payroll</u>	<u>PERS Fiduciary Net Position as a Percentage of Total Pension Liability</u>
2014	0.54090%	\$ 61,643,357	\$ 34,707,255	177.60943%	75.30000%
2015	0.54090%	61,984,011	32,508,190	190.67198%	75.13000%
2016	0.52151%	70,180,332	32,917,342	213.20170%	72.20000%
2017	0.50906%	67,704,469	33,079,430	204.67242%	74.40000%
2018	0.50995%	69,546,020	33,744,349	206.09679%	75.20000%
2019	0.54171%	73,866,832	37,250,362	198.29829%	76.50000%
2020	0.56339%	78,470,784	38,532,689	203.64731%	77.04000%
2021	0.64435%	58,760,106	44,284,315	132.68830%	86.51000%

<sup>3</sup> Information for the multiple employer cost sharing defined benefit pension plan is not available for years prior to the year ended June 30, 2014. As it becomes available this schedule will ultimately present information for the ten most recent fiscal years.

Southern Nevada Health District  
Multiple-Employer Cost-Sharing Defined Benefit Pension Plan  
Proportionate Share of Statutorily Required Contribution Information  
for the Year Ended June 30, 2022 and Last Seven Fiscal Years<sup>4</sup>

<u>For the Year Ended June 30</u>	<u>Statutorily Required Contribution</u>	<u>Contributions in relation to the Statutorily Required Contribution</u>	<u>Contribution Deficiency (Excess)</u>	<u>Covered Payroll</u>	<u>Contributions as a Percentage of Covered Payroll</u>
2015	\$ 4,174,514	\$ 4,174,514	\$ -	\$ 32,508,190	12.84%
2016	4,421,639	4,421,639	-	32,917,342	13.43%
2017	4,565,587	4,565,587	-	33,079,430	13.80%
2018	4,724,209	4,724,209	-	33,744,349	14.00%
2019	5,215,051	5,215,051	-	37,250,362	14.00%
2020	5,876,235	5,876,235	-	38,532,689	15.25%
2021	6,753,358	6,753,358	-	44,284,315	15.25%
2022	6,744,173	6,744,173	-	44,224,085	15.25%

<sup>4</sup> Information for the multiple-employer cost-sharing defined benefit pension plan is not available for years prior to the year ended June 30, 2015. As it becomes available this schedule will ultimately present information for the ten most recent fiscal years.  
See notes to required supplementary information.

**Note 1 - Postemployment Benefits Other Than Pensions**

There are no assets accumulated in a trust to pay related benefits.

**Changes of Assumptions and Experience**

Certain key assumptions were changed as part of the actuary's updated study. Those changes are summarized below:

- The discount rate was updated from 2.21%, as of June 30, 2020, to 2.16%, as of June 30, 2021.
- The Pre-Medicare Select Trend Rate was increased from 7.0% to 6.75%.
- The Post-Medicare Select Trend Rate was increased from 6.0% to 5.75%.

**Note 2 - Multiple-Employer Cost-Sharing Defined Benefit Pension Plan**

For the year ended June 30, 2022, there were no changes in the pension benefit plan terms to the actuarial methods and assumptions used in the actuarial valuation report dated **June 30, 2021**.

The actuarial valuation reports became available beginning June 30, 2014. As additional actuarial valuations are obtained these schedules will ultimately present information from the ten most recent valuations.

Additional pension plan information can be found at Note 10 to the basic financial statements.

**Note 3 - Budget Information**

The accompanying required supplementary schedules of revenues, expenditures and changes in fund balance for the general and major special revenue funds present the original adopted budget, the final amended budget, and actual data. The original budget was adopted on a basis consistent with financial accounting policies and with accounting principles generally accepted in the United States.

Additional budgetary information can be found in Note 2 to the basic financial statements.



Compliance Section  
June 30, 2022

# Southern Nevada Health District



**Independent Auditor’s Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards***

To the Board of Health and  
Director of Administration  
Southern Nevada Health District

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Southern Nevada Health District (the District) as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise Southern Nevada Health District’s basic financial statements, and have issued our report thereon dated January 25, 2023.

**Internal Control over Financial Reporting**

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

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

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We identified certain deficiencies in internal control, described in the accompanying Schedule of Findings and Responses as items 2022-001, 2022-002, and 2022-003 that we consider to be material weaknesses.

## **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Southern Nevada Health District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed instances of noncompliance or other matters that are required to be reported under Government Auditing Standards and which are described in the accompanying Schedule of Findings and Responses as item 2022-003.

## **Purpose of this Report**

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

The image shows a handwritten signature in black ink that reads "Eide Bailly LLP". The signature is written in a cursive, flowing style.

Las Vegas, Nevada  
January 25, 2023





**Independent Auditor’s Report on Compliance for Each Major Federal Program; Report on Internal Control over Compliance; and Report on the Schedule of Expenditures of Federal Awards Required by the Uniform Guidance**

To the Board of Health and  
Director of Administration  
Southern Nevada Health District

**Report on Compliance for Each Major Federal Program**

***Opinion on Each Major Federal Program***

We have audited Southern Nevada Health District’s compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of Southern Nevada Health District’s major federal programs for the year ended June 30, 2022. Southern Nevada Health District’s major federal programs are identified in the summary of auditor’s results section of the accompanying schedule of findings and questioned costs.

In our opinion, Southern Nevada Health District complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2022.

***Basis for Opinion on Each Major Federal Program***

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor’s Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Southern Nevada Health District and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Southern Nevada Health District’s compliance with the compliance requirements referred to above.

***Responsibilities of Management for Compliance***

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to Southern Nevada Health District’s federal programs.

## ***Auditor's Responsibilities for the Audit of Compliance***

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Southern Nevada Health District's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Southern Nevada Health District's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Southern Nevada Health District's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Southern Nevada Health District's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Southern Nevada Health District's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

### **Report on Internal Control over Compliance**

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

Our consideration of internal control over compliance was for the limited purpose described in the Auditor’s Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

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

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

We have audited the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of Southern Nevada Health District as of and for the year ended June 30, 2022 and the related notes to the financial statements, which collectively comprise Southern Nevada Health District’s basic financial statements. We issued our report thereon dated January 25, 2023, which contained unmodified opinions on those financial statements. Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the basic financial statements as a whole.

The image shows a handwritten signature in black ink that reads "Eric Sully LLP". The signature is written in a cursive, flowing style.

Las Vegas, Nevada  
March 29, 2023

Southern Nevada Health District, Nevada  
Schedule of Expenditures of Federal Awards  
Year Ended June 30, 2022

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Financial Assistance Listing	Pass-through Entity Identifying Number	Expenditures	Amounts Passed- Through to Subrecipients
<b>Department of Health and Human Services</b>				
Passed through Nevada Department of Health and Human Services, Center for Disease Control and Prevention				
Public Health Emergency Preparedness: CRI_22	93.069	NU90TP922047-03	\$ 443,099	\$ -
Public Health Emergency Preparedness: CRICO_22	93.069	NU90TP922047-02	38,272	-
Public Health Emergency Preparedness: PHCOLB22	93.069	NU90TP922047-02	81,399	-
Public Health Emergency Preparedness: PHCOPR22	93.069	NU90TP922047-02	233,765	-
Public Health Emergency Preparedness: PHEPLB22	93.069	NU90TP922047-03	858,383	-
Public Health Emergency Preparedness: PHEPR22	93.069	NU90TP922047-03	1,127,940	-
			<u>2,782,858</u>	<u>-</u>
Direct Program				
Environmental Public Health and Emergency Response	93.070		58,794	-
Environmental Public Health and Emergency Response	93.070		139,037	-
Environmental Public Health and Emergency Response	93.070		5,346	-
Environmental Public Health and Emergency Response	93.070		15,488	-
Environmental Public Health and Emergency Response	93.070		11,605	-
Environmental Public Health and Emergency Response	93.070		38,321	-
			<u>268,591</u>	<u>-</u>
Passed through Nevada Department of Health and Human Services, Food and Drug Administration				
Food and Drug Administration Research, MENTOR	93.103	G-MP-2108-09670	26,030	-
Food and Drug Administration Research, AFDISP	93.103	G-MP-1909-07397	14,400	-
Food and Drug Administration Research, AFDISP	93.103	G-SP-1909-07395	804	-
Food and Drug Administration Research, AFDISP	93.103	U50FD005933-05	3,977	-
Food and Drug Administration Research, AFDISP	93.103	U2FFD007358	28,587	-
Food and Drug Administration Research, AFDTF	93.103	U2FFD007358	923	-
Food and Drug Administration Research, AFDTRN	93.103	U2FFD007358	5,690	-
Food and Drug Administration Research, MENTOR	93.103	U2FFD007358	3,165	-
			<u>83,575</u>	<u>-</u>
Passed through Nevada Department of Health and Human Services, Centers for Disease Control and Prevention				
Project Grants and Cooperative Agreements for Tuberculosis Control Programs, TBOU SG25002	93.116	NU52PS910224-02	139,936	-
Project Grants and Cooperative Agreements for Tuberculosis Control Programs, TBSURV SG25526	93.116	NU52PS910224-03	128,861	-
Project Grants and Cooperative Agreements for Tuberculosis Control Programs, TBSURV SG25002	93.116	NU52PS910224-02	52,254	-
Project Grants and Cooperative Agreements for Tuberculosis Control Programs, TBOU SG25526	93.116	NU52PS910224-03	57,443	-
			<u>378,494</u>	<u>-</u>

Southern Nevada Health District, Nevada  
Schedule of Expenditures of Federal Awards  
Year Ended June 30, 2022

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Financial Assistance Listing	Pass-through Entity Identifying Number	Expenditures	Amounts Passed- Through to Subrecipients
Passed through Nevada Department of Health and Human Services, Centers for Disease Control and Prevention				
Injury Prevention and Control Research and State and Community Based Programs, NVDRS SG25000	93.136	NU17CE924856-05	15,062	1,962
Injury Prevention and Control Research and State and Community Based Programs, NVDRS D01240	93.136	NU17CE010040-01	115,570	41,607
Injury Prevention and Control Research and State and Community Based Programs, SUDORP HD17915	93.136	NU17CE925001-02	3,861	-
Injury Prevention and Control Research and State and Community Based Programs, SUDORS HD17915	93.136	NU17CE925001-02	40,333	5,961
Injury Prevention and Control Research and State and Community Based Programs, SUDORS SG25472	93.136	NU17CE925001-03	176,464	52,254
			<u>351,290</u>	<u>101,784</u>
Direct Program				
Injury Prevention and Control Research and State and Community Based Programs, ODTAP	93.136		193,679	193,679
Injury Prevention and Control Research and State and Community Based Programs, ODTAP	93.136		549,753	275,090
Injury Prevention and Control Research and State and Community Based Programs, ODTAP	93.136		1,408,930	826,292
Injury Prevention and Control Research and State and Community Based Programs, ODTAS	93.136		38,435	4,587
Injury Prevention and Control Research and State and Community Based Programs, ODTAS	93.136		288,007	39,791
			<u>2,478,804</u>	<u>1,339,439</u>
Total Injury Prevention and Control Research			<u>2,830,094</u>	<u>1,441,223</u>
Passed through Nevada Department of Health and Human Services, Centers for Disease Control and Prevention				
Childhood Lead Poisoning Project, NCLPP GR09969	93.197	NUE2EH001366-03	15,055	-
Childhood Lead Poisoning Project, NCLPP GR14034	93.197	NUE2EH001462-01	22,365	-
			<u>37,421</u>	-
Direct Program				
Family Planning Services	93.217		1,472,880	-
Family Planning Services	93.217		270,316	-
			<u>1,743,196</u>	-
Direct Program				
Health Center Program Cluster				
Health Center Program	93.224		695,090	-
Health Center Program	93.224		43,221	-
COVID-19 - Health Center Program	93.224		91,078	-
COVID-19 - Health Center Program	93.224		1,500,570	-
			<u>2,329,958</u>	-
Grant for New and Expanded Services Under the Health Center Program	93.527		70	-
Grant for New and Expanded Services Under the Health Center Program	93.527		129,661	-
			<u>129,731</u>	-
Total Health Center Program Cluster			<u>2,459,689</u>	-

Southern Nevada Health District, Nevada  
Schedule of Expenditures of Federal Awards  
Year Ended June 30, 2022

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Financial Assistance Listing	Pass-through Entity Identifying Number	Expenditures	Amounts Passed- Through to Subrecipients
Passed through Nevada Department of Health and Human Services, Centers for Disease Control and Prevention				
Substance Abuse and Mental Health Services	93.243	H79SP080994-03	62,798	-
Substance Abuse and Mental Health Services	93.243	SH79SP080994-04	15,003	-
			<u>77,801</u>	<u>-</u>
Direct Program				
Substance Abuse and Mental Health Services	93.243		143,914	-
			<u>143,914</u>	<u>-</u>
Total Substance Abuse and Mental Health Services			<u>221,715</u>	<u>-</u>
Passed through Nevada Department of Health and Human Services, Centers for Disease Control and Prevention				
COVID-19 - Immunization Cooperative Agreements, IMMCD SG25161	93.268	NH23IP922609-02	9,207,180	-
COVID-19 - Immunization Cooperative Agreements, IMMCD SG25388	93.268	NH23IP922609-02	601,473	-
COVID-19 - Immunization Cooperative Agreements, IMMCD SG25161	93.268	NH23IP922609-02	3,065,400	-
Immunization Cooperative Agreements, IMMCHID SG25384	93.268	NH23IP922609-03	36,331	-
Immunization Cooperative Agreements, IMMEQ SG25161	93.268	NH23IP922609-02	726,052	-
Immunization Cooperative Agreements, IMMEQ SG25388	93.268	NH23IP922609-02	129,565	-
Immunization Cooperative Agreements, IMMEQ3 SG25161	93.268	NH23IP922609-02	327,151	-
Immunization Cooperative Agreements, IMMFLU HD17836	93.268	NH23IP922609-01	163,243	-
Immunization Cooperative Agreements, IMMSPF SG25384	93.268	NH23IP922609-03	57,122	-
Immunization Cooperative Agreements, IMMVFC SG35384	93.268	NH23IP922609-03	257,186	-
Immunization Cooperative Agreements, IMMPPHF SG25384	93.268	NH23IP922609-03	115,946	-
			<u>14,686,649</u>	<u>-</u>
Passed through Nevada Department of Health and Human Services, Centers for Disease Control and Prevention				
Adult Viral Hepatitis Prevention and Control, ADUHEP SG25216	93.270	NU51PS005157-01	55,051	32,961
Adult Viral Hepatitis Prevention and Control, ADUHEP SG25689	93.270	NU51PS005157-02	10,757	-
			<u>65,808</u>	<u>32,961</u>
Passed through Nevada Department of Health and Human Services				
Strengthening Public Health Laboratories	93.322	NU60OE000104	6,304	-

Southern Nevada Health District, Nevada  
Schedule of Expenditures of Federal Awards  
Year Ended June 30, 2022

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Financial Assistance Listing	Pass-through Entity Identifying Number	Expenditures	Amounts Passed- Through to Subrecipients
Passed through Nevada Department of Health and Human Services, Division of Public and Behavioral Health				
COVID-19 - Epidemiology & Lab Capacity, DWCVS SG25012	93.323	NU50CK000560-01	132,671	-
Epidemiology & Lab Capacity, ECVA SG25489	93.323	NU50CK000560-03	72,894	-
Epidemiology & Lab Capacity, ECVHOM SG25705	93.323	NU50CK000560-03	18,793	-
Epidemiology & Lab Capacity, ECVPH SG25531	93.323	NU50CK000560-02	18,882	-
COVID-19 - Epidemiology & Lab Capacity, EL2DS HD17802	93.323	NU50CK000560-01	9,047,440	-
COVID-19 - Epidemiology & Lab Capacity, EL2HS HD17802	93.323	NU50CK000560-01	813,494	-
COVID-19 - Epidemiology & Lab Capacity, EL2LB HD17802	93.323	NU50CK000560-01	10,773,700	-
COVID-19 - Epidemiology & Lab Capacity, EL3DS SG25218	93.323	NU50CK000560-02	15,521,600	-
COVID-19 - Epidemiology & Lab Capacity, EL3EH SD25218	93.323	NU50CK000560-02	166,863	-
COVID-19 - Epidemiology & Lab Capacity, EL3LB SG25218	93.323	NU50CK000560-02	1,659,320	-
Epidemiology & Lab Capacity, ELCARL SG25410	93.323	NU50CK000560-03	5,500	-
Epidemiology & Lab Capacity, ELCARV HD17668	93.323	NU50CK000560-02	498	-
Epidemiology & Lab Capacity, ELCDMI SG25637	93.323	NU50CK000560-03	64,481	-
Epidemiology & Lab Capacity, ELCEGP HD17668	93.323	NU50CK000560-02	2,929	-
Epidemiology & Lab Capacity, ELCEGP SG25410	93.323	NU50CK000560-03	18,887	-
Epidemiology & Lab Capacity, ELCEPI SG25410	93.323	NU50CK000560-03	6,908	-
Epidemiology & Lab Capacity, ELCLFLU SG25410	93.323	NU50CK000560-03	53,620	-
Epidemiology & Lab Capacity, ELCHAI SG25410	93.323	NU50CK000560-03	4,542	-
Epidemiology & Lab Capacity, ELCHIS HD17668	93.323	NU50CK000560-02	55,144	-
Epidemiology & Lab Capacity, ELCHIS SG25410	93.323	NU50CK000560-03	44,439	-
Epidemiology & Lab Capacity, ELCLE SG25639	93.323	NU50CK000560-03	58,483	-
Epidemiology & Lab Capacity, ELCLEG HD17668	93.323	NU50CK000560-02	7,916	-
Epidemiology & Lab Capacity, ELCLEG SG25410	93.323	NU50CK000560-03	60,313	-
Epidemiology & Lab Capacity, ELCNIR SG25410	93.323	NU50CK000560-03	14,223	-
Epidemiology & Lab Capacity, ELCNRM HD17668	93.323	NU50CK000560-02	75,205	-
Epidemiology & Lab Capacity, ELCNRM SG25410	93.323	NU50CK000560-03	50,179	-
Epidemiology & Lab Capacity, ELCTEP SG25550	93.323	NU50CK000560-03	1,916	-
Epidemiology & Lab Capacity, ELCTHI SG25550	93.323	NU50CK000560-03	186,757	-
Epidemiology & Lab Capacity, ELCTNR SG25550	93.323	NU50CK000560-03	33,638	-
Epidemiology & Lab Capacity, ELCTVC SG25550	93.323	NU50CK000560-03	599	-
Epidemiology & Lab Capacity, ELCVAM SG25543	93.323	NU50CK000560-02	11,499	-
Epidemiology & Lab Capacity, ELHIS HD17752	93.323	NU50CK000560-01	187,354	-
Epidemiology & Lab Capacity, ELLAB HD17752	93.323	NU50CK000560-01	2,419,550	-
Epidemiology & Lab Capacity, LTCST SG25640	93.323	NU50CK000560-03	14,104	-
Epidemiology & Lab Capacity, RWB2NM SG25627	93.323	NU50CK000560-02	45,486	-
Epidemiology & Lab Capacity, RWBNM SG25515	93.323	NU50CK000560-02	126,801	-
Epidemiology & Lab Capacity, RWBPH SG25517	93.323	NU50CK000560-02	157,309	-
			<u>41,933,936</u>	-
Passed through Nevada Department of Health and Human Services, Center for Disease Control and Prevention				
COVID-19 - Public Health Crisis Response, CRVD SG25503	93.354	NU90TP922191-01	14,283	-
COVID-19 - Public Health Crisis Response, PHCVLB HD17630	93.354	NU90TP922107-01	191,926	-
COVID-19 - Public Health Crisis Response, PHCVOE HD17630	93.354	NU90TP922107-01	48,992	-
COVID-19 - Public Health Crisis Response, PHCVPH HD17630	93.354	NU90TP922107-01	82,402	-
			<u>337,604</u>	-
Passed through Nevada Department of Health and Human Services, Center for Disease Control and Prevention				
National and State Tobacco Control SG25143	93.387	NU58DP006783-02	520,503	114,956
National and State Tobacco Control SG25672	93.387	NU58DP006783-03	10,250	-
			<u>530,753</u>	<u>114,956</u>

Southern Nevada Health District, Nevada  
Schedule of Expenditures of Federal Awards  
Year Ended June 30, 2022

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Financial Assistance Listing	Pass-through Entity Identifying Number	Expenditures	Amounts Passed- Through to Subrecipients
Passed through Nevada Department of Health and Human Services, Center for Disease Control and Prevention				
COVID-19 - Health District Response to Public Health Crisis	93.391	NH75OT000092-01	222,232	-
Direct Program				
COVID-19 - Health District Response to Public Health Crisis	93.391		1,571,990	1,414,867
COVID-19 - Health District Response to Public Health Crisis	93.391		1,340,500	998,563
COVID-19 - Health District Response to Public Health Crisis	93.391		130,035	77,845
COVID-19 - Health District Response to Public Health Crisis	93.391		743,899	184,640
			<u>3,786,424</u>	<u>2,675,915</u>
Total COVID-19 - Health District Response to Public Health Crisis			<u>4,008,656</u>	<u>2,675,915</u>
Passed through Nevada Department of Health and Human Services				
Strengthening Public Health Systems	93.421	NU38OT000289-03	31,320	-
Passed through Nevada Department of Health and Human Services, Center for Disease Control and Prevention				
Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke, HDS15 SG25237	93.426	NU58DP006538-04	109,865	-
Passed through Nevada Department of Health and Human Services, Center for Disease Control and Prevention				
Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke, HDS17 HD17873	93.435	NU58DP006624-03	34,291	-
Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke, HDS17 SG25478	93.435	NU58DP006624-04	69,136	-
			<u>103,426</u>	<u>-</u>
Passed through Nevada Department of Health and Human Services, Administration for Children and Families				
Refugee and Entrant Assistance State Administered Programs, RHP	93.566	2102NVRCMA	63,840	-
Refugee and Entrant Assistance State Administered Programs, RHP	93.566	*	107,389	-
			<u>171,229</u>	<u>-</u>
Direct Program				
CCDF Cluster				
Child Care and Development, NFPTF	93.575		355,949	-
Total CCDF Cluster			<u>355,949</u>	<u>-</u>
Passed through Nevada Department of Health and Human Services, Center for Disease Control and Prevention				
Ending the HIV Epidemic: A Plan for America, EHEADM	93.686	UT8HA33925â€02	3,721	-
Ending the HIV Epidemic: A Plan for America, EHEADM	93.686	*	5,142	-
Ending the HIV Epidemic: A Plan for America, EHERD	93.686	UT8HA33925â€02	70,217	-
Ending the HIV Epidemic: A Plan for America, EHERD	93.686	*	49,967	-
			<u>129,047</u>	<u>-</u>



Southern Nevada Health District, Nevada  
Schedule of Expenditures of Federal Awards  
Year Ended June 30, 2022

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Financial Assistance Listing	Pass-through Entity Identifying Number	Expenditures	Amounts Passed- Through to Subrecipients
<b>Direct Program</b>				
Racial and Ethnic Approaches to Community Health Program Finances solely by Public Prevention Health Funds (PPHF)	93.738		229,924	64,847
Racial and Ethnic Approaches to Community Health Program Finances solely by Public Prevention Health Funds (PPHF)	93.738		335,940	155,063
Racial and Ethnic Approaches to Community Health Program Finances solely by Public Prevention Health Funds (PPHF)	93.738		513,815	121,646
			<u>1,079,679</u>	<u>341,556</u>
<b>Passed through Nevada Department of Health and Human Services, Centers for Disease Control and Prevention</b>				
Opiod STR HCSOR SOR-2021	93.788	H79TI081732	16,889	-
<b>Passed through Department of Health and Human Services, Office of the Secretary</b>				
Early Child Home Visiting, NFP HD17762	93.870	X10MC39700	75,258	-
Early Child Home Visiting, NFP SG25341	93.870	X10MC33594-01	182,959	-
COVID-19 - Early Child Home Visiting, NFPCVD SG25371	93.870	X11MC41943-01	35,220	-
			<u>293,437</u>	<u>-</u>
<b>Passed through Nevada Department of Health and Human Services, Office of the Secretary</b>				
National Bioterrorism Hospital Preparedness Program, HPP SG25296	93.889	U3REP190613-03	882,119	99,315
COVID-19 - National Bioterrorism Hospital Preparedness Program, HPPCCO SG25549	93.889	U3REP190613-03	104,706	-
			<u>986,825</u>	<u>99,315</u>
<b>Passed through Nevada Department of Health and Human Services, Health Resources and Services Administration</b>				
HIV Emergency Relief Project Grants, RWA	93.914	H89HA06900-16	62,912	-
HIV Emergency Relief Project Grants, RWA	93.914	H89HA06900-16	15,456	-
HIV Emergency Relief Project Grants, RWA	93.914	H89HA06900-16	98,955	-
HIV Emergency Relief Project Grants, RWA	93.914	H89HA06900-16	90,363	-
HIV Emergency Relief Project Grants, RWA	93.914	H89HA06900-16	21,159	-
HIV Emergency Relief Project Grants, RWA	93.914	H89HA06900-16	19,431	-
HIV Emergency Relief Project Grants, RWA	93.914	H89HA06900-16	1,908	-
HIV Emergency Relief Project Grants, RWA	93.914	H89HA06900-16	48,967	-
HIV Emergency Relief Project Grants, RWA	93.914	H89HA06900-16	107,099	-
HIV Emergency Relief Project Grants, RWA	93.914	H89HA06900-16	250,201	-
HIV Emergency Relief Project Grants, RWA	93.914	H89HA06900-16	175,295	-
HIV Emergency Relief Project Grants, RWA	93.914	H89HA06900-16	49,388	-
HIV Emergency Relief Project Grants, RWA	93.914	H89HA06900-16	35,764	-
HIV Emergency Relief Project Grants, RWA	93.914	H89HA06900-16	5,051	-
			<u>981,949</u>	<u>-</u>
<b>Passed through Nevada Department of Health and Human Services, Health Resources and Services Administration</b>				
HIV Care Formula Grants, RWBCM SG25200	93.917	X07HA00001-31	13,204	-
HIV Care Formula Grants, RWBCM SG25516	93.917	X07HA00001-31	135,013	-
COVID-19 - HIV Care Formula Grants, RWBCVD SG25126	93.917	X7CHA369233æ01	32,084	-
HIV Care Formula Grants, RWBDC SG25203	93.917	X07HA00001-31	335	-
HIV Care Formula Grants, RWBEIS SG25198	93.917	X07HA00001-31	2,655	-
HIV Care Formula Grants, RWBPH SG25201	93.917	X07HA00001-31	3,088	-
HIV Care Formula Grants, RWB2CM22 SG25628	93.917	*	44,565	-
HIV Care Formula Grants, RWBRD SG25202	93.917	X07HA00001-31	945	-
			<u>231,888</u>	<u>-</u>

See notes to the schedule of expenditures of federal awards.

Southern Nevada Health District, Nevada  
Schedule of Expenditures of Federal Awards  
Year Ended June 30, 2022

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Financial Assistance Listing	Pass-through Entity Identifying Number	Expenditures	Amounts Passed- Through to Subrecipients
Direct Program				
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.918		126,062	-
Passed through Nevada Department of Health and Human Services, Office of the Secretary				
Special Projects of National Significance	93.928	U90HA39341-01	7,583	-
Special Projects of National Significance	93.928	U90HA39341-02	31,444	-
			<u>39,027</u>	<u>-</u>
Passed through Department of Health and Human Services, Centers for Disease Control and Prevention				
HIV Prevention Activities Health Department Based, HIVPRV SG25027	93.940	NU62PS924579-04	1,052,900	177,990
HIV Prevention Activities Health Department Based, HIVPRC SG25494	93.940	NU62PS924579-05	861,216	126,207
HIV Prevention Activities Health Department Based, HIVSRV SG25031	93.940	NU62PS924579-04	61,101	-
HIV Prevention Activities Health Department Based, HIVSRV SG25498	93.940	NU62PS924579-05	78,349	-
			<u>2,053,567</u>	<u>304,197</u>
Direct Program				
HIV Prevention Activities Health Department Based	93.940		1,300,930	1,065,453
HIV Prevention Activities Health Department Based	93.940		1,225,790	807,117
			<u>2,526,720</u>	<u>1,872,570</u>
Total HIV Prevention Activities Health Department Based			<u>4,580,287</u>	<u>2,176,767</u>
Passed through Nevada Department of Health and Human Services, Substance Abuse and Mental Health Services Administration				
Block Grants for Prevention and Treatment of Substance Abuse, SAPTB HD17714	93.959	B08TI083130-01	7,262	-
Block Grants for Prevention and Treatment of Substance Abuse, SAPTB SG25380	93.959	B08TI083433-01	37,580	-
			<u>44,842</u>	<u>-</u>
Passed through Nevada Department of Health and Human Services, Centers for Disease Control and Prevention				
Preventive Health Services Sexually Transmitted Diseases Control Grants STD SG25043	93.977	NH25PS005179-03	306,762	-
Preventive Health Services Sexually Transmitted Diseases Control Grants STD SG25558	93.977	NH25PS005179-04	267,024	-
Preventive Health Services Sexually Transmitted Diseases Control Grants STDS2 SG25570	93.977	6NH25PS005179	398,683	-
Preventive Health Services Sexually Transmitted Diseases Control Grants STDSP SG25439	93.977	NH25PS005179-03	623,275	-
			<u>1,595,744</u>	<u>-</u>

Southern Nevada Health District, Nevada  
Schedule of Expenditures of Federal Awards  
Year Ended June 30, 2022

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Financial Assistance Listing	Pass-through Entity Identifying Number	Expenditures	Amounts Passed- Through to Subrecipients
Passed through Nevada Department of Health and Human Services, Substance Abuse and Mental Health Services Administration				
STD Provider Education	93.978	NU62PS924588-02	32,870	-
STD Provider Education	93.978	NU62PS924588-03	21,991	-
			<u>54,861</u>	<u>-</u>
Passed through Nevada Department of Health and Human Services, Center for Disease Control and Prevention				
Preventive Health and Health Services Block Grant HD17864	93.991	NB01OT009309-01	12,683	-
Preventive Health and Health Services Block Grant SG25425	93.991	NB01OT009322-01	33,828	-
			<u>46,511</u>	<u>-</u>
Total Department of Health and Human Services			<u>83,354,179</u>	<u>6,882,694</u>
<u>Department of Agriculture</u>				
Passed through Nevada Department of Agriculture				
SNAP Cluster				
Agriculture Food & Nutrition, SNAPED ED2206	10.561	7NV430NV5	34,268	-
Agriculture Food & Nutrition, SNAPED ED2106	10.561	7NV430NV5	70,727	-
Total SNAP Cluster			<u>104,996</u>	<u>-</u>
Total Department of Agriculture			<u>104,996</u>	<u>-</u>
<u>Department of Justice</u>				
Passed through Nevada Department of Justice				
Comprehensive Opioid and Addiction Program	16.838	2019-ODMAP-0029	37,887	-
Total Department of Justice			<u>37,887</u>	<u>-</u>
<u>Environmental Protection Agency</u>				
Passed through Nevada Environmental Protection Agency Office of Water				
Drinking Water State Revolving Fund Cluster				
State Public Water System Supervision, SDW 43%	66.432	*	150,000	-
Total Drinking Water State Revolving Fund Cluster			<u>150,000</u>	<u>-</u>
Passed through Nevada Environmental Protection Agency Office of Solid Waste and Emergency Response				
Underground Storage Tank Prevention, Detection and Compliance Program, UST 30% 70%	66.804	L 99T86701-2	148,750	-
Underground Storage Tank Prevention, Detection and Compliance Program, UST 30%	66.805	L 99T86701-2	63,750	-
			<u>212,500</u>	<u>-</u>
Total Environmental Protection Agency			<u>362,500</u>	<u>-</u>

Southern Nevada Health District, Nevada  
 Schedule of Expenditures of Federal Awards  
 Year Ended June 30, 2022

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Financial Assistance Listing	Pass-through Entity Identifying Number	Expenditures	Amounts Passed- Through to Subrecipients
<u>Department of Homeland Security</u>				
Passed through Nevada Department of Homeland Security				
Homeland Security Grant Program	97.067	EMW-2019-SS-00061	37,748	-
Homeland Security Grant Program	97.067	EMW-2020-SS-00056	90,654	-
Homeland Security Grant Program	97.067	EMW-2021-SS-00046-S01	14,134	-
			<u>142,535</u>	<u>-</u>
Passed through Nevada Department of Homeland Security				
Homeland Security Biowatch Program	97.091	OHBIO00025-09	18,000	-
			<u>160,535</u>	<u>-</u>
Total Department of Homeland Security			<u>160,535</u>	<u>-</u>
Total Federal Financial Assistance			<u>\$ 84,020,096</u>	<u>\$ 6,882,694</u>

**Note A – Basis of Presentation**

The accompanying schedule of expenditures of federal awards (the schedule) includes the federal award activity of Southern Nevada Health District (the “District”) under programs of the federal government for the year ended June 30, 2022. The information is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the schedule presents only a selected portion of the operations of the District, it is not intended to and does not present the financial position, changes in fund balance, or cash flows, of the District.

**Note B – Significant Accounting Policies**

Expenditures reported in the schedule are reported on the modified accrual basis of accounting, except for subrecipient expenditures, which are recorded on the cash basis. When applicable, such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

**Note C – Indirect Cost Rate**

Southern Nevada Health District has not elected to use the 10% de minimis indirect cost rate.

**Note D – Relationship to Basic Financial Statements**

Expenditures of federal awards have been included in the individual funds of the District as follows:

Special Revenue Fund	\$ <u>84,020,096</u>
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**Section I – Summary of Auditor’s Results**

**FINANCIAL STATEMENTS**

Type of auditor's report issued	Unmodified
Internal control over financial reporting:	
Material weaknesses identified	Yes
Significant deficiencies identified not considered to be material weaknesses	None Reported
Noncompliance material to financial statements noted?	Yes

**FEDERAL AWARDS**

Internal control over major program:	
Material weaknesses identified	No
Significant deficiencies identified not considered to be material weaknesses	None reported
Type of auditor's report issued on compliance for major programs:	Unmodified
Any audit findings disclosed that are required to be reported in accordance with Uniform Guidance 2 CFR 200.516(a):	No

**Identification of major programs:**

<u>Name of Federal Program</u>	<u>Federal Financial Assistance Listing</u>
Epidemiology & Laboratory Capacity for Infectious Disease	93.323
Health Department Response to Public Health or Healthcare Crises	93.391
Health Center Program Cluster	93.224, 93.527
HIV Prevention Activities	93.940
Dollar threshold used to distinguish between type A and type B programs:	\$ 2,520,603
Auditee qualified as low-risk auditee?	No

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**Section II – Financial Statement Findings**

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**2022-001      Material Weakness in Financial Close and Reporting Controls**

*Criteria* – The internal control structure should include procedures to ensure management is able to identify and perform material reconciliations, accruals, and adjustments in a timely manner as part of financial close.

*Condition* – During the course of performing audit procedures, we identified multiple year-end account reconciliations, accruals, and adjustments that had not been completed prior to the start of the audit.

*Cause* – The Health District experienced significant management turnover in the Finance department near year-end. As a result of this turnover, certain year-end reconciliations and adjustments were not completed until the audit process had begun.

*Effect* – A breakdown of controls of this magnitude could lead to a material misstatement of an account or balance that is not detected and corrected by Management.

*Recommendation* – We recommend that the new management team augment existing documentation of year-end reconciliation processes to be more specific regarding the exact reports, processes, and activities required to close out and balance all accounts. Further, we recommend that the Health District identify ways to improve management and staff retention in order to improve continuity within the controls process.

*Management’s Response* – Management agrees with the finding.

**2022-002      Material Weakness in Financial Close and Reporting Controls – IT Accounting System**

*Criteria* – The internal control structure should include an accounting system that is capable of recording transactions and journal entries without error, and with sufficient controls to prevent errors.

*Condition* – During the course of performing audit procedures, we identified that multiple funds were out of balance due to the accounting system recording one-sided entries across multiple funds.

*Cause* – The Health District’s accounting system appears to have experienced a breakdown in its automated processes and controls. The result was that multiple transactions were recorded where the system was recording transactions which impacted multiple funds as one-sided journal entries. Further, these errors were not identified and corrected by Health District personnel until the audit process had begun.

*Effect* – A breakdown of controls of this magnitude could lead to a material misstatement of an account or balance that is not detected and corrected by Management.

*Recommendation* – We recommend that the Health District review the accounting systems processes and controls, communicate with their vendor, and implement safeguards to ensure that this issue does not recur.

*Management’s Response* – Management agrees with the finding.

**2022-003      Noncompliance with Nevada Revised Statutes Budget Requirements**  
**Material Noncompliance**  
**Material Weakness in Internal Control Over Compliance**

*Criteria* – Nevada Revised Statute (NRS) 354.626, Unlawful expenditure of money in excess of amount appropriated; penalties; exceptions, states that “No governing body or member thereof, officer, office, department or agency may, during any fiscal year, expend or contract to expend any money or incur any liability, or enter into any contract which by its terms involves the expenditure of money, in excess of the amounts appropriated for that function, other than bond repayments, medium-term obligation of repayments and any other long-term contract expressly authorized by law.”

NRS 354.598005, Procedures and requirements for augmenting or amending budget, allows for the transfer of budget appropriations between functions and/or funds if such a transfer does not increase the total appropriation for any fiscal year and is not in conflict with other statutory provisions. Budget appropriations may be transferred in the following manner:

- (a) The person designated to administer the budget for a local government may transfer appropriations within any function.
- (b) The person designated to administer the budget may transfer appropriations between functions or programs within a fund, if:
  - (1) The governing body is advised of the action at the next regular meeting; and
  - (2) The action is recorded in the official minutes of the meeting.
- (c) Upon recommendation of the person designated to administer the budget, the governing body may authorize the transfer of appropriations between funds or from the contingency account, if:
  - (1) The governing body announces the transfer of appropriations at a regularly scheduled meeting and sets forth the exact amounts to be transferred and the accounts, functions, programs and funds affected;
  - (2) The governing body sets forth its reasons for the transfer; and
  - (3) The action is recorded in the official minutes of the meeting.

*Condition* – The Health District made transfers in excess of budget of \$1,740,568 from the General Fund to the Special Revenue Fund without obtaining Board approval. Additionally, the Health District’s Special Revenue Fund expenditures exceeded the available budget appropriations by \$1,697,446.



*Cause* – Controls over adhering to the NRS budget requirements were not properly followed to prevent material noncompliance from occurring. The Health District’s budget augmentation did not fully take into account the increased revenues and resource demands of the special revenue funds that result from the Health District’s cost allocation plan. As a result, allocations to the Special Revenue fund from the General Fund were not adequately budgeted.

*Effect* – The Health District is not in compliance with the NRS budget requirements identified above.

*Recommendation* – We recommend management revisit the Health District’s process for establishing, monitoring, amending, and augmenting its final budget.

*Management’s Response* – Management agrees with the finding.

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**Section III – Federal Award Findings and Questioned Costs**

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None reported.

# **FQHC FINANCIAL REPORT**

Results as of March 31, 2023

# FQHC – ALL FUNDS/DIVISIONS

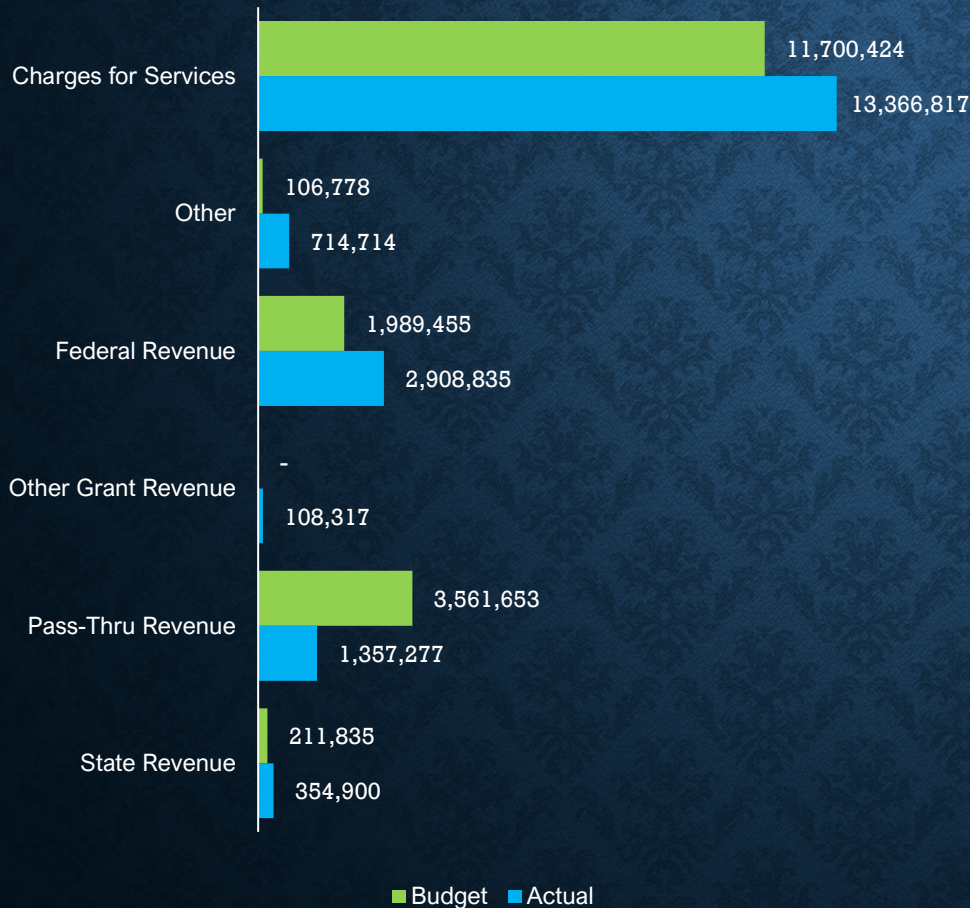
Activity	Budget as of March	Actual as of March	Variance	%	
Charges for Services	11,700,424	13,366,817	1,666,394	14%	1
Other	106,778	714,714	607,936	569%	2
Federal Revenue	1,989,455	2,908,835	919,380	46%	3
Other Grant Revenue	-	108,317	108,317	0%	
Pass-Thru Revenue	3,561,653	1,357,277	(2,204,376)	-62%	4
State Revenue	211,835	354,900	143,064	68%	
<b>Total FQHC Revenue</b>	<b>17,570,144</b>	<b>18,810,859</b>	<b>1,240,714</b>	<b>7%</b>	
Salaries	4,705,639	4,076,389	(629,250)	-13%	5
Taxes & Fringe Benefits	1,996,072	1,652,005	(344,067)	-17%	
Travel & Training	60,130	57,635	(2,494)	-4%	
<b>Total Salaries &amp; Benefits</b>	<b>6,761,841</b>	<b>5,786,029</b>	<b>(975,812)</b>	<b>-14%</b>	
Supplies	8,886,646	11,064,789	2,178,143	25%	6
Capital Outlay	79,841	11,376	(68,465)	-86%	
Contractual	1,287,272	1,163,919	(123,354)	-10%	
<b>Total Other Operating</b>	<b>10,253,759</b>	<b>12,240,083</b>	<b>1,986,324</b>	<b>19%</b>	
Indirect Costs/Cost Allocations	4,249,335	3,462,478	(786,857)	-19%	
Transfers IN	(1,069,547)	(928,212)	141,334	-13%	
Transfers OUT	1,036,462	928,212	(108,250)	-10%	
<b>Total Transfers</b>	<b>4,216,250</b>	<b>3,462,478</b>	<b>(753,772)</b>	<b>-18%</b>	
<b>Net Position</b>	<b>(3,661,706)</b>	<b>(2,677,732)</b>	<b>983,974</b>	<b>-27%</b>	

NOTES:

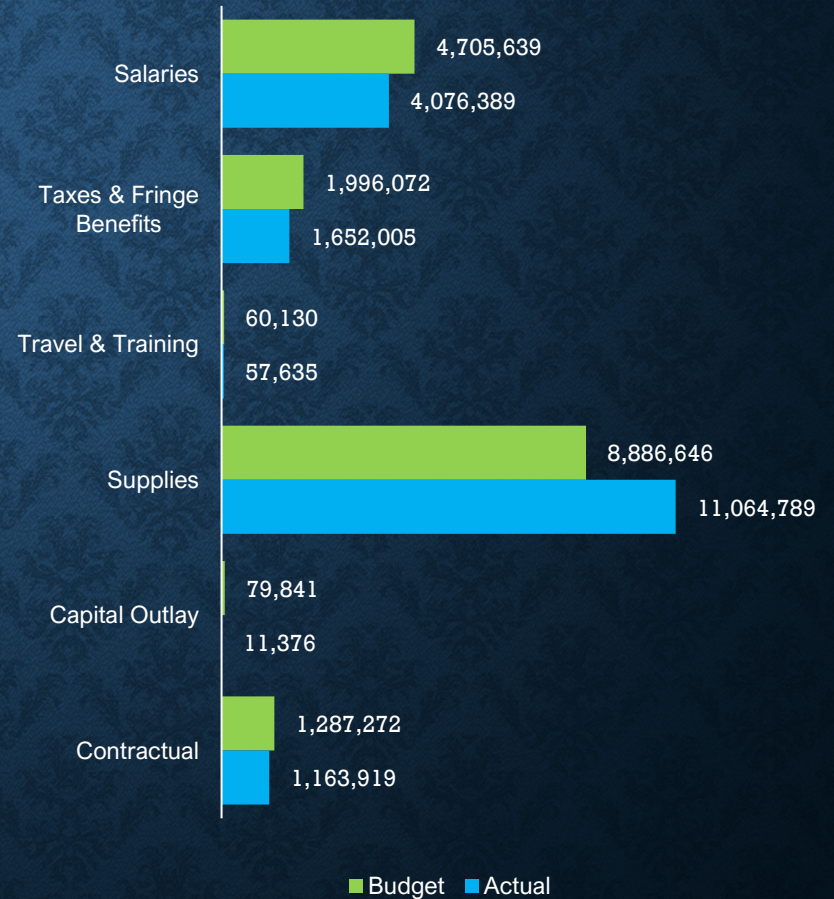
- 1) PAYER MIX INCLUDES A HIGHER PERCENTAGE OF COMMERCIALY INSURED PATIENTS COMBINED WITH AN INCREASE IN PRESCRIPTION MEDICATIONS PER ENCOUNTER.
- 2) OUTPACING BUDGET DUE TO CHANGES IN NEVADA MEDICAID REIMBURSEMENT (THE WRAP) PROGRAM UPDATES LEADING TO MULTI-PERIOD REVENUE CATCHUP.
- 3) ADDITIONAL FEDERAL GRANT REVENUES FROM INCREASE IN REIMBURSABLE PATIENT ENCOUNTERS.
- 4) TIMING DIFFERENCE FOR REVIEW AND POSTING OF REQUESTS FOR REIMBURSEMENT ACROSS ALL DEPARTMENTS (SEE ADDITIONAL NOTES ON SLIDE 5).
- 5) SEVEN OPEN POSITIONS IN ACTIVE RECRUITMENT THROUGHOUT THE FISCAL YEAR (INCLUDING FULL-TIME PRIMARY CARE APRN).
- 6) PHARMACY ACTIVITY CONTINUES TO OUTPACE EXPECTED PATIENT ENCOUNTERS AND RISING COST OF PRESCRIPTION DRUGS LED TO INCREASE EXPENSES.

# REVENUES & EXPENSES

## FQHC Total Revenue by Type



## FQHC Total Expense by Type



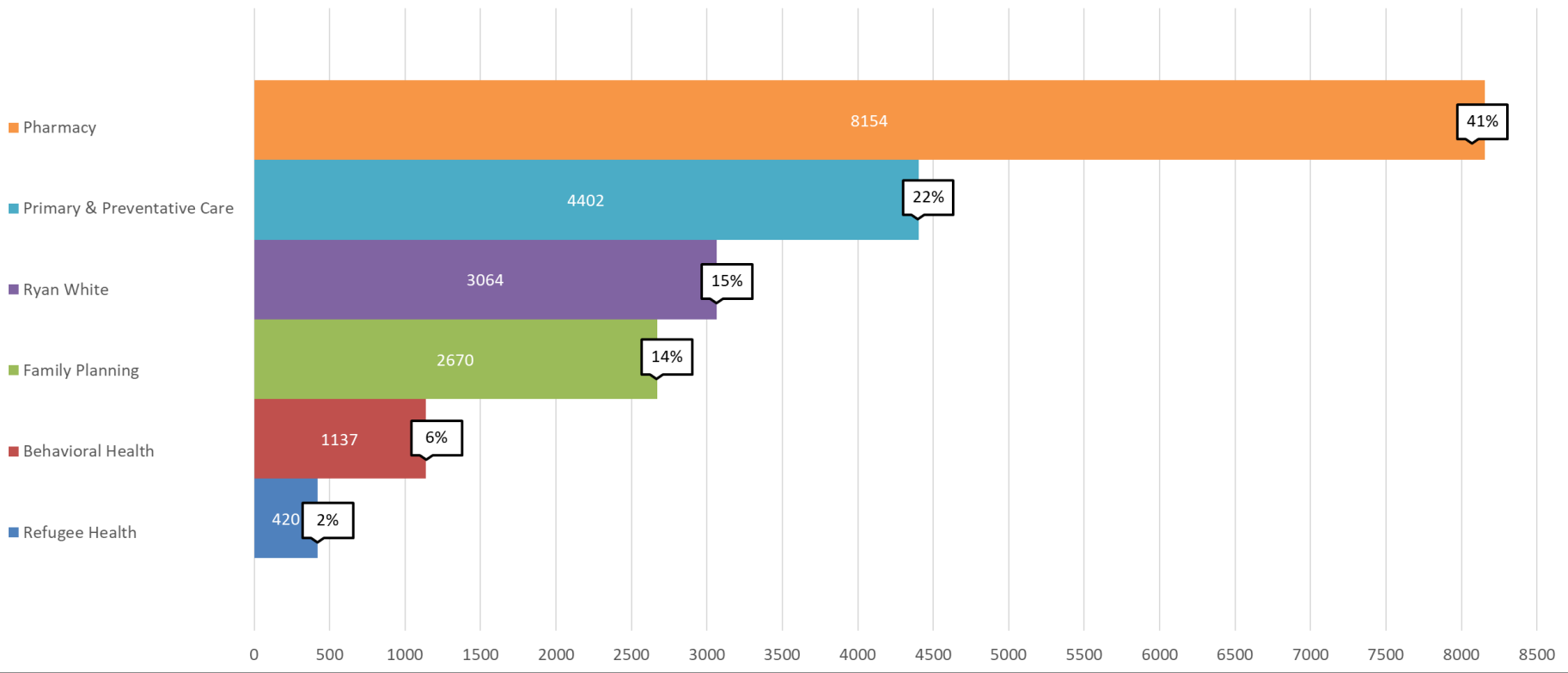
■ Budget ■ Actual

■ Budget ■ Actual

# PATIENTS BY DEPARTMENT

Number of Encounters Through March 31, 2023

Total: 19,847



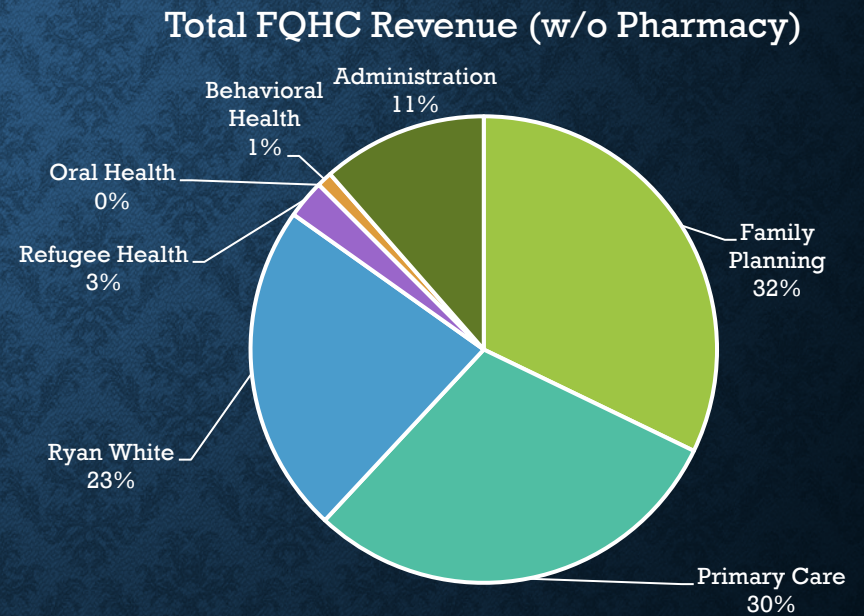
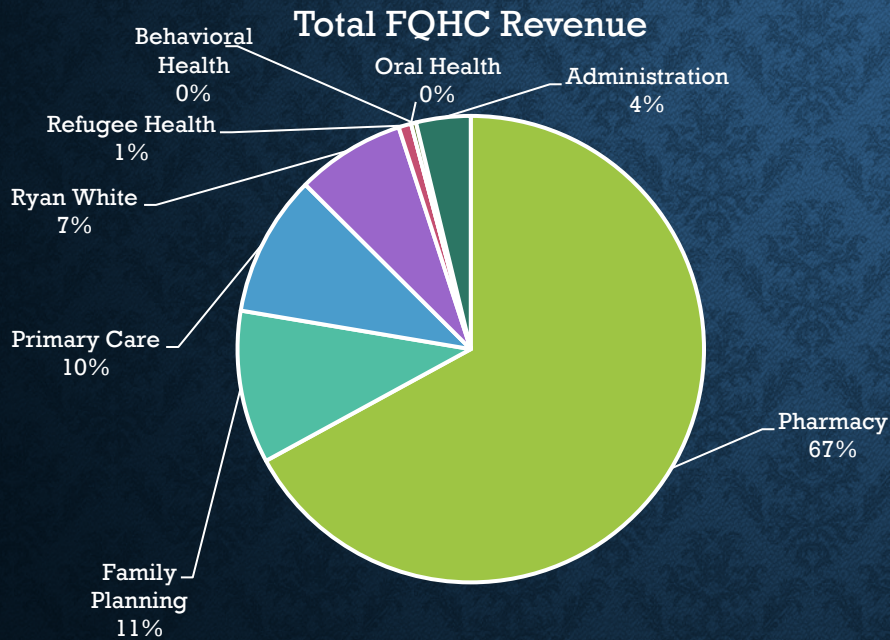
# REVENUE BY DEPARTMENT

Department	Budget as of March	Actual as of March	Variance	%
<b>Charges for Services (+ Wrap)</b>				
Family Planning	255,585	327,637	72,052	28%
Pharmacy	10,813,500	12,613,013	1,799,513	17%
Oral Health (Dental)	5,490	-	(5,490)	-100%
Primary Care	496,335	141,436	(354,899)	-72%
Ryan White	(971)	160,448	161,420	-16620%
Refugee Health	237,263	64,030	(173,232)	-73%
Behavioral Health	-	65,288	65,288	0%
Administration	-	709,678	709,678	0%
<b>OPERATING REVENUE</b>	<b>11,807,201</b>	<b>14,081,531</b>	<b>2,274,330</b>	<b>19%</b>
<b>Grants</b>				
Family Planning	2,107,577	1,665,178	(442,399)	-21%
Pharmacy	144,757	-	(144,757)	-100%
Oral Health (Dental)	-	-	-	0%
Primary Care	1,920,117	1,704,004	(216,113)	-11%
Ryan White	1,352,548	1,258,670	(93,877)	-7%
Refugee Health	237,944	101,475	(136,469)	-57%
Behavioral Health	-	-	-	0%
<b>SPECIAL REVENUE</b>	<b>5,762,943</b>	<b>4,729,328</b>	<b>(1,033,615)</b>	<b>-18%</b>
<b>TOTAL REVENUE</b>	<b>17,570,144</b>	<b>18,810,859</b>	<b>1,240,714</b>	<b>7%</b>

**NOTES:**

- 1) PAYER MIX INCLUDES A HIGHER PERCENTAGE OF COMMERCIALY INSURED PATIENTS COMBINED WITH AN INCREASE IN PRESCRIPTION MEDICATIONS PER ENCOUNTER.
- 2) ANTICIPATED NET ADJUSTMENT LEFT CREDIT BALANCE IN REVENUE BUDGET.
- 3) ACTIVITY NOT SPECIFICALLY BUDGETED IN FY2023.
- 4) MISCELLANEOUS REIMBURSEMENTS FROM NEVADA MEDICAID (THE WRAP).
- 5) PROGRAM IS REQUESTING A NO-COST EXTENSION FOR COVID TELEHEALTH GRANT WITH PLANS TO HIRE ADDITIONAL PERSONNEL TO MAXIMIZE UTILIZATION IN FY2023.
- 6) PHARMACY BUDGETED FOR A GRANT WHICH WAS NOT APPROVED RESULTING IN NO GRANT REVENUE FOR FY2023.
- 7) PRIMARY CARE BUDGETED FOR CONSTRUCTION PROJECTS NOT YET SCHEDULED. PROGRAM PLANS TO COMPLETE CONSTRUCTION BY END OF SEPTEMBER 2024.
- 8) TIMING DIFFERENCE FOR REVIEW AND POSTING OF REQUESTS FOR REIMBURSEMENT.

# REVENUE BY DEPARTMENT (WITH AND WITHOUT PHARMACY)





# EXPENSES BY DEPARTMENT

Department	Budget as of March	Actual as of March	Variance	%
<b>Employment (Salaries, Fringe, Training)</b>				
Family Planning	1,402,517	1,227,904	(174,613)	-12%
Pharmacy	224,608	212,469	(12,139)	-5%
Oral Health (Dental)	1,883	-	(1,883)	-100%
Primary Care	3,023,073	2,647,420	(375,653)	-12%
Ryan White	1,764,201	1,517,356	(246,845)	-14%
Refugee Health	127,432	90,337	(37,095)	-29%
Behavioral Health	750	-	(750)	-100%
Administration	217,377	90,542	(126,835)	-58%
<b>Total Personnel Costs</b>	<b>6,761,841</b>	<b>5,786,029</b>	<b>(975,812)</b>	<b>-14%</b>
<b>Other (Supplies, Contractual, Capital)</b>				
Family Planning	519,230	735,296	216,066	42%
Pharmacy	8,140,102	10,432,790	2,292,688	28%
Oral Health (Dental)	39,525	-	(39,525)	-100%
Primary Care	1,102,475	856,505	(245,970)	-22%
Ryan White	257,990	145,507	(112,482)	-44%
Refugee Health	130,998	67,767	(63,231)	-48%
Behavioral Health	8,700	-	(8,700)	-100%
Administration	54,740	2,219	(52,522)	-96%
<b>Total Other Expenses</b>	<b>10,253,759</b>	<b>12,240,083</b>	<b>1,986,324</b>	<b>19%</b>
<b>Total Operating Expenses</b>	<b>17,015,600</b>	<b>18,026,112</b>	<b>1,010,512</b>	<b>6%</b>
Indirect Costs/Cost Allocations	4,249,335	3,462,478	(786,857)	-19%
Transfers IN	(1,069,547)	(928,212)	141,334	-13%
Transfers OUT	1,036,462	928,212	(108,250)	-10%
<b>Total Transfers &amp; Allocations</b>	<b>4,216,250</b>	<b>3,462,478</b>	<b>(753,772)</b>	<b>-18%</b>
<b>TOTAL EXPENSES</b>	<b>21,231,850</b>	<b>21,488,590</b>	<b>256,740</b>	<b>1%</b>

1

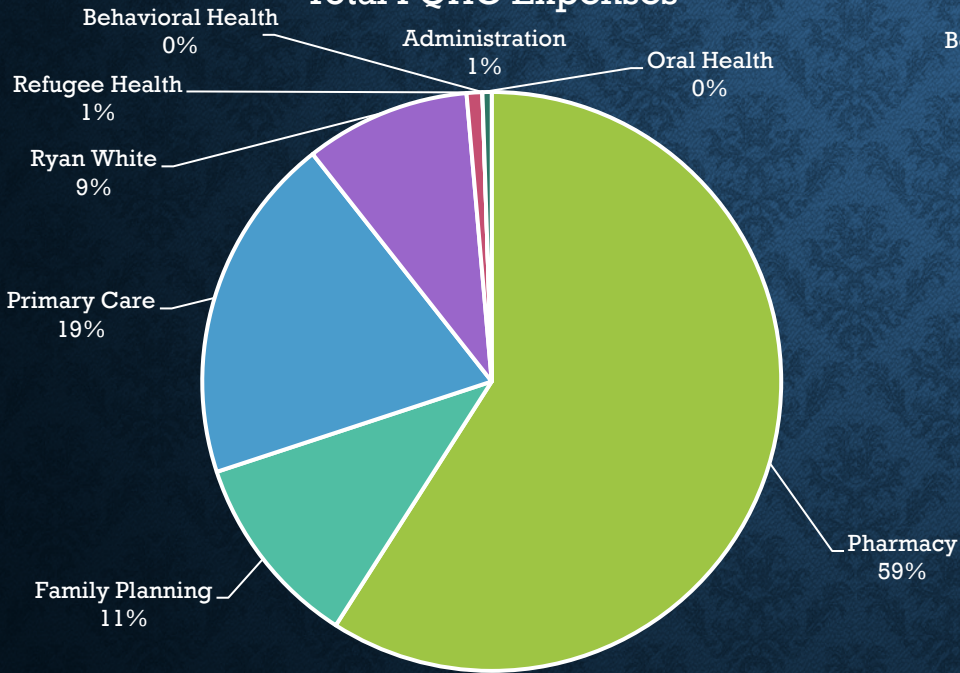
2

**NOTES:**

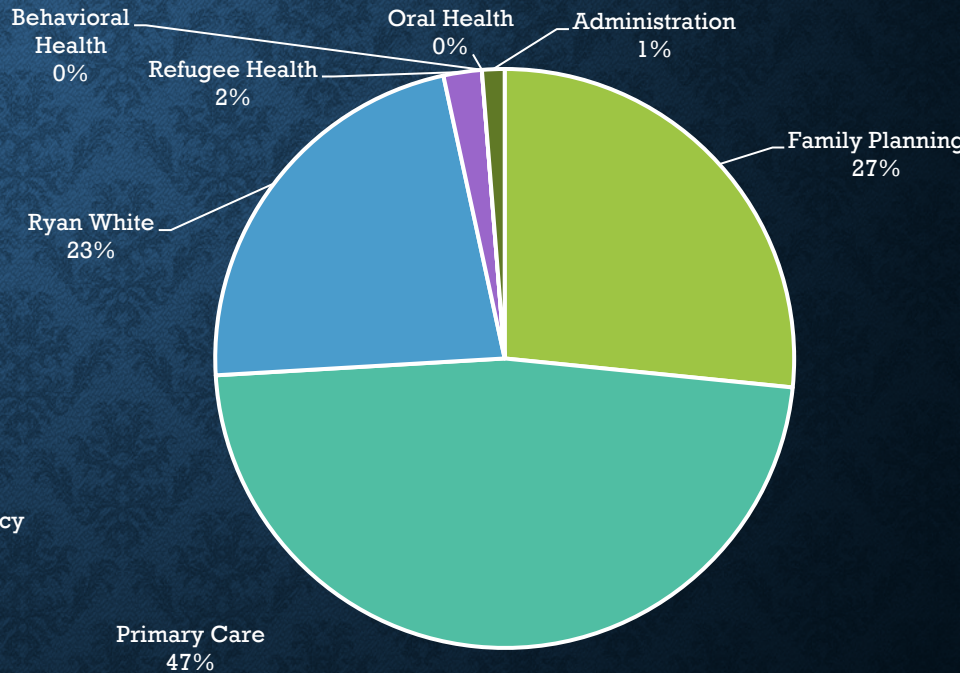
- 1) SEVEN OPEN POSITIONS IN ACTIVE RECRUITMENT THROUGHOUT THE FISCAL YEAR (INCLUDING TWO PRIMARY CARE PHYSICIANS, TWO APRN, AND TWO CHN).
- 2) INCREASED PHARMACY ACTIVITY COMBINED WITH RISING COST OF PRESCRIPTION DRUGS.

# EXPENSES BY DEPARTMENT (WITH AND WITHOUT PHARMACY)

## Total FQHC Expenses



## Total FQHC Expenses (w/o Pharmacy)



# FQHC - GENERAL FUND

FQHC - GENERAL FUND	Budget Through March 2023	Actual Through March 2023	Variance	+/- %
<b>Revenues</b>				
Charges for Services	11,700,424	13,366,817	1,666,394	14%
Other	106,778	714,714	607,936	569%
<b>Total Revenue</b>	<b>11,807,201</b>	<b>14,081,531</b>	<b>2,274,330</b>	<b>19%</b>
<b>Expenses</b>				
Salaries	1,875,514	1,675,531	199,983	11%
Taxes & Fringe Benefits	793,269	661,320	131,949	17%
Travel & Training	31,810	7,246	24,564	77%
<b>Total Personnel Costs</b>	<b>2,700,593</b>	<b>2,344,097</b>	<b>356,496</b>	<b>13%</b>
Supplies	8,364,810	10,572,754	(2,207,944)	-26%
Capital Outlay	7,500	-	7,500	100%
Contractual	403,621	269,461	134,160	33%
Other	-	-	-	0%
<b>Total Other Expenses</b>	<b>8,775,931</b>	<b>10,842,215</b>	<b>(2,066,284)</b>	<b>-24%</b>
Indirect Costs/Cost Allocations	2,955,922	2,356,128	599,794	20%
Transfers IN	-	(2,812)	2,812	0%
Transfers OUT	1,036,462	925,401	111,061	11%
<b>Total Transfers &amp; Allocations</b>	<b>3,992,384</b>	<b>3,278,717</b>	<b>713,666</b>	<b>18%</b>
<b>Total Expense</b>	<b>15,468,907</b>	<b>16,465,029</b>	<b>(996,122)</b>	<b>-6%</b>
<b>Net Position</b>	<b>(3,661,706)</b>	<b>(2,383,498)</b>	<b>1,278,208</b>	<b>-35%</b>

Unaudited General Ledger Data - July 1, 2022 to March 31, 2023

# FQHC – SPECIAL REVENUE FUND

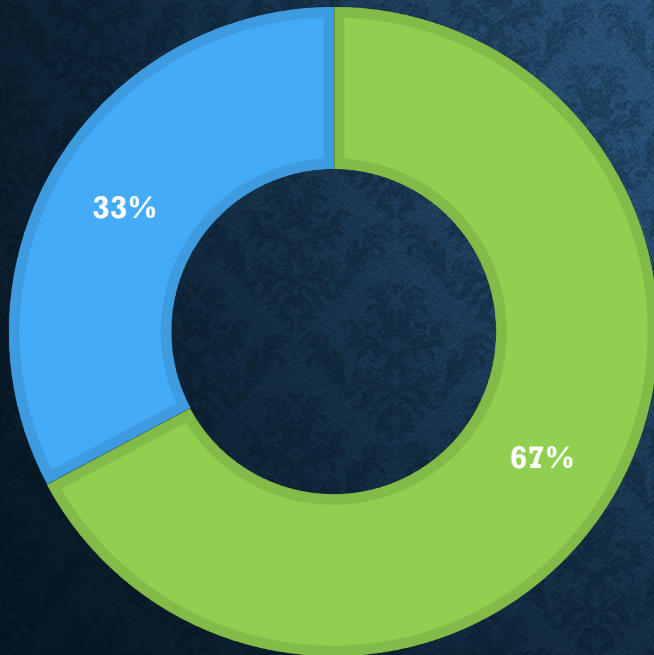
FQHC - SPECIAL REVENUE	Budget Through March 2023	Actual Through March 2023	Variance	+/- %
<b>Revenues</b>				
Grants	5,762,943	4,729,328	(1,033,615)	-18%
<b>Total Revenue</b>	<b>5,762,943</b>	<b>4,729,328</b>	<b>(1,033,615)</b>	<b>-18%</b>
<b>Expenses</b>				
Salaries	2,830,125	2,400,858	429,267	15%
Taxes & Fringe Benefits	1,202,803	990,685	212,118	18%
Travel & Training	28,320	50,390	(22,070)	-78%
<b>Total Personnel Costs</b>	<b>4,061,248</b>	<b>3,441,932</b>	<b>619,316</b>	<b>15%</b>
Supplies	521,836	492,035	29,801	6%
Capital Outlay	72,341	11,376	60,965	84%
Contractual	883,652	894,458	(10,806)	-1%
Other	-	-	-	0%
<b>Total Other Expenses</b>	<b>1,477,829</b>	<b>1,397,869</b>	<b>79,960</b>	<b>5%</b>
Indirect Costs/Cost Allocations	1,293,413	1,106,350	187,063	14%
Transfers IN	(1,069,547)	(925,401)	(144,146)	13%
Transfers OUT	-	2,812	(2,812)	0%
<b>Total Transfers &amp; Allocations</b>	<b>223,867</b>	<b>183,761</b>	<b>40,106</b>	<b>18%</b>
<b>Total Expense</b>	<b>5,762,943</b>	<b>5,023,562</b>	<b>739,382</b>	<b>13%</b>
<b>Net Position</b>	<b>(0)</b>	<b>(294,234)</b>	<b>(294,234)</b>	<b>0%</b>

Unaudited General Ledger Data - July 1, 2022 to March 31, 2023

# FQHC – REVENUE BY FUND

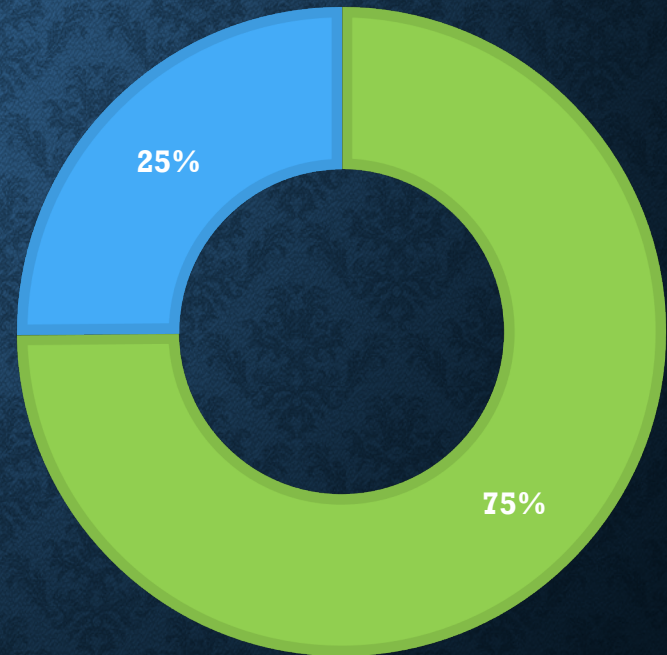
## BUDGET

■ Operating ■ Grant



## ACTUAL

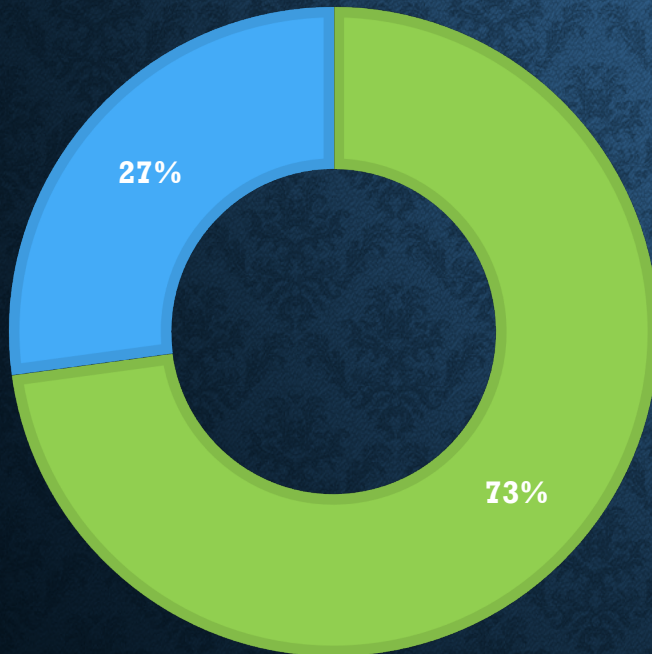
■ Operating ■ Grant



# FQHC – EXPENSES BY FUND

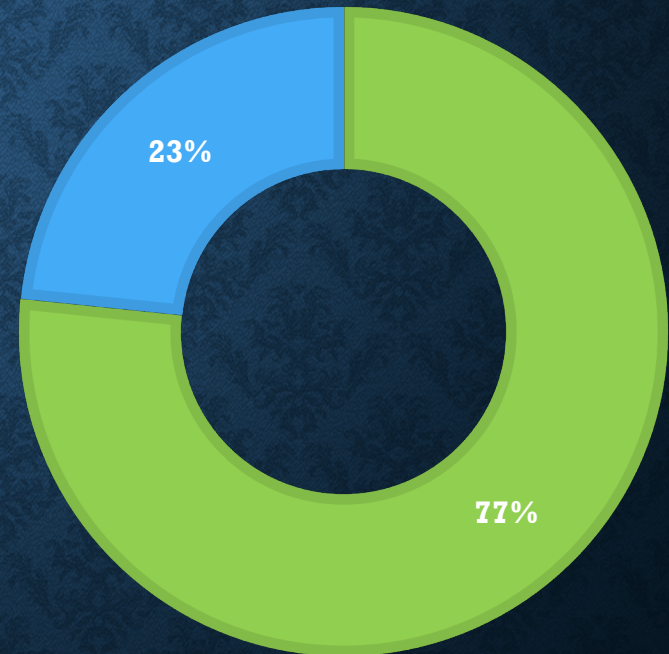
## BUDGET

■ Operating ■ Grant



## ACTUAL

■ Operating ■ Grant



**I. PURPOSE**

As part of the Southern Nevada Community Health Center's (SNCHC) dedication to providing quality care, SNCHC has implemented a Quality Management Program, a systematic, organization-wide approach to provide uncompromising quality care and service to clients. Through this systematic approach, the Quality Management Program provides a mechanism to constantly survey the performance of SNCHC and provides opportunities to improve performance levels.

**II. SCOPE**

SNCHC's Quality Management Program is outlined in its Quality Management Plan (QMP). The Plan's scope involves the physicians, nurses, allied health disciplines, community service agencies, administrators, managers, and staff that provide care to the uninsured or underinsured individuals of our community. The program focuses on improving key organizational functions within SNCHC, and is aligned with HRSA's BPHC Program Expectations, the NCQA Patient-Centered Medical Home (PCMH) standards, and appropriate guidelines of the Federal Tort Claims Act (FTCA). The key functions are assessed by collecting and analyzing data related to one or more dimensions of performance, which includes but may not be limited to efficacy, appropriateness (evidenced-based medical practice), availability, timeliness, effectiveness, continuity, safety, efficiency, and respect and caring. The six key functional areas within the scope of SNCHC's QMP are:

- Care Management: Biological, social, and/or quality of life consequences of patient health through clinical and social evaluation and management of care and services in areas such as preventive health, acute or chronic conditions, and behavioral health.
- Safety: Capabilities to promote a safe environment for clients by evaluation in areas such as client and provider education, continuity, and coordination of care.
- Financial and Administrative: Ability to manage the financial and administrative aspects of the organization efficiently and effectively.
- Network Quality: Periodic peer review assessments of client records by physicians or by other licensed health professionals under the supervision of physicians of the appropriateness of the utilization of services; capabilities, satisfaction, accessibility, and availability of healthcare and human services, including monitoring and evaluation of quality care/quality service complaints, credentialing/recredentialing, and adverse occurrence tracking to deliver up to date and evidence based medical care.
- Client Satisfaction: Ability to meet the needs of SNCHC patients and ultimately engaged our population base in the management of their health.
- Customer Service: Capabilities, satisfaction, accessibility of the provision of customer service. Organizational arrangements, including a focus of

responsibility, to support the quality assurance program and the provision of high-quality patient care.

### **III. INTEGRATION OF QUALITY MANAGEMENT PLAN WITH GUIDING PRINCIPLES AND PRIORITIES**

This plan will be aligned with SNCHC's Strategic Plan and annual work plans. The key attributes that support SNCHC's vision of a health delivery system describes a system that:

- Is centered upon treating people with dignity and improving the health of our patients.
- Provides an integrated continuum of care
- Demands excellence in service by meeting or exceeding our patient's expectations.
- Requires effective communication and information sharing.
- Continually improves its operating and clinical practices by meeting and exceeding staff expectations.
- Is best achieved by teamwork.
- Uses resources optimally.
- Is scientific and results oriented.
- Provides a safe environment for patients, visitors, and staff.
- Delivers value-based care that aligns with the best scientific evidence combined with committed and compassionate judgment of expert clinicians. Care that embodies the tenet of treating our patients holistically not as an individual/isolated organ system but as a whole – encompassing social, behavioral, and economic components.

### **IV. GOALS AND OBJECTIVES**

The goal of the plan is to increase the value of services by enhancing clinical quality, the patient's experience, and access to care while strengthening the ability of SNCHC to deliver sustainable cost-effective care.

#### **Objectives**

- A. To design and implement effective processes to meet the needs of patients in a manner consistent with the health center's mission, vision, goals, and strategic plans.
- B. To promote and implement evidenced based care that addresses health equity and disparities in the communities served by SNCHC.
- C. To collect and use data to monitor the stability of existing processes, identify opportunities for improvement, identify changes that will lead to improvement, and evaluate the effectiveness of programs.



- D. To aggregate and analyze data on an ongoing basis and to identify changes that will lead to improved clinical effectiveness and operation efficiency.
- E. and a reduction in errors.
- F. To promote and foster collaboration and a culture focused on quality improvement and risk mitigation at all levels of the organization.
- G. To educate leaders and staff regarding continuous quality improvement and participation in performance improvement activities.

## V. ORGANIZATION

Quality improvement and assurance activities are conducted at SNCHC by:

- A. **SNCHC Board:** The SNCHC Board is the final authority and is ultimately responsible for approving the QMP as well as monitoring activities and performance. The board delegates authority and responsibility to the health center's Executive Director who in turn, may delegate authority and responsibility to the Chief Medical Officer (CMO) and/or other chosen designees.
- B. **SNCHC Quality, Risk and Credentials Committee:** The Quality, Risk and Credentials Committee is a committee of the SNCHCH Governing Board. The Committee helps perform work related to the boards requirement to establish goals and activities around quality improvement and quality assurance and to monitor the health center's performance in these areas. The Committee meets at least quarterly and more frequently as needed.

The Committee in collaboration with leadership identifies and prioritizes improvement opportunities; ensuring that adequate resources are available to accomplish performance improvement and assurance initiatives. The Committee receives, reviews, and evaluates performance improvement activities and reports regularly to the SNCHC Governing Board. The Committee is responsible for the following activities:

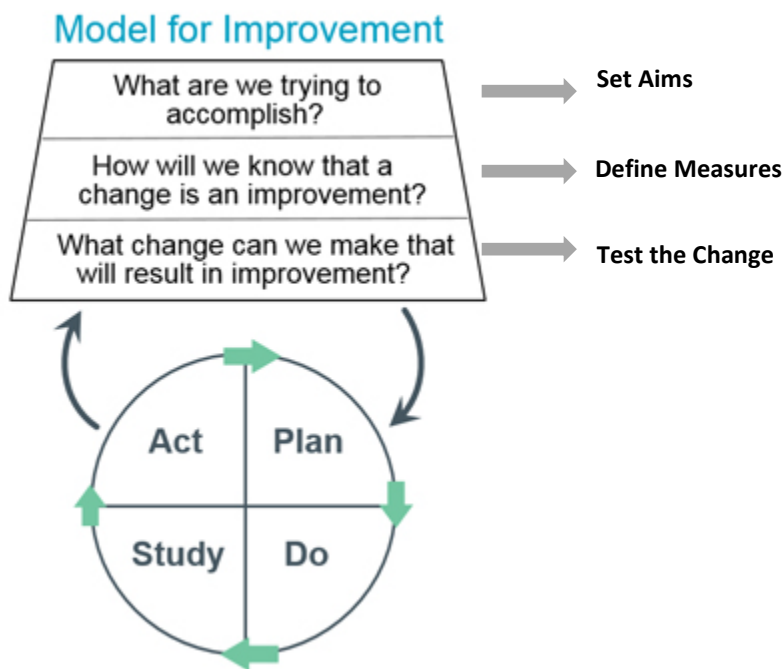
1. Reviews and recommends the approval of the Quality Management (QM) Plan to the Board.
  2. Monitors patient and employee satisfaction.
  3. Monitors progress towards clinical quality performance goals and risk management mitigation activities. Performs benchmarking against relevant sources.
  4. Reviews and recommends to the Board for approval the annual Risk Management Plan.
  5. Overseeing the effectiveness of the medical staff credentialing process.
  6. Reviews and recommends to the Board for approval medical staff appointments, reappointments, and clinical privileges.
- C. **Quality Improvement Work Group:** This group is comprised of health center leadership and staff. The purpose of the work group is to facilitate the application of health center's quality improvement and quality assurance activities. The group will provide

leadership support, prioritization of initiatives, review and analysis audits/reports and implementation of improvement activities.

## VI. PERFORMANCE IMPROVEMENT PROCESS

SNCHC will use an Improvement Model that consists of three fundamental questions and a Plan-Do-Study-Act (PDSA) cycle (Deming Cycle) to test, implement, and evaluate changes.

**Figure 1: Model for Improvement**



## VII. COLLECTION AND CONTINUOUS MONITORING OF DATA

SNCHC's ongoing collection and monitoring program covers a multitude of variables including clinical, financial, operational, as well as patient and staff satisfaction.

Data collection activities will be based on priorities set by SNCHC's Strategic Plan and the Quality, Risk and Credentials Committee. In collaboration and support of staff, the Committee will consider the population served by the Health Center, as well as, high risk, high volume, and problem prone activities that occur. Requirements for data collection imposed by funding sources and legal/regulatory agencies will also be included, when appropriate. The data collected will be used to monitor the stability of existing processes, identify opportunities for improvement, identify changes that lead to improvement, and/or to demonstrate sustained improvement.

**Southern Nevada Community Health Center  
Quality Management Plan**

The following table is a summary of the data collection efforts that are currently underway at SNCHC along with the schedule outlining when data will be collected, analyzed, and reported.

**Table 1: Data Collection Plan**

<b>Clinical Quality</b>			
<b>Performance Measure</b>	<b>Collected</b>	<b>Reported</b>	<b>Person Responsible</b>
Peer Reviews of Licensed Independent Practitioners (LIPs)	Quarterly	Annually	CMO/Dental Director FQHC Operations Officer, FQHC CHN Manager
Patient Appointment Availability, Access to Clinical Advice, No-Show Rates	Monthly	Biannually	Sr. FQHC Manager, FQHC CHN Manager
Review of Uniform Data System (UDS) Information	Monthly	Quarterly	FQHC Manager, Quality Management Coordinator
Patient Satisfaction Surveys Results	Daily	Quarterly	FQHC Manager, FQHC CHN Manager, Quality Management Coordinator
Patient Complaints/Grievances	Daily	Quarterly	FQHC Manager, FQHC CHN Manager, Quality Management Coordinator
HRSA and NCQA (PCMH) Requirements	As Per Guidelines	As Deemed Necessary	FQHC Manager, FQHC CHN Manager, Quality Management Coordinator
Clinical Indicators Targeted for Improvement (PDSA)	Quarterly	Quarterly	CMO, Quality Management Coordinator, Sr. Compliance Specialist

**Table 2: Data Collection Plan for Safety and Risk Management**

<b>Safety and Risk Management (Reports to the SNCHC Board)</b>			
<b>Performance Measure</b>	<b>Collected</b>	<b>Reported</b>	<b>Person Responsible</b>
Incident Reporting (Patient Safety, Employee Safety)	Daily	Monthly (Sentinel Events) Quarterly (All Others)	Quality Management Coordinator, Sr. Compliance Specialist
Health Information Technology (HIT) Security Review	Biannually	Annually	Chief Information Officer
HIPAA Compliance	Monthly	Annually	Sr. Compliance Specialist

**Table 3: Data Collection Plan for Human Resources Committee**

**Southern Nevada Community Health Center  
Quality Management Plan**

<b>Credentialing, Privileging, and Engagement</b> (Reports to the SNCHC Board as necessary)			
<b>Performance Measure</b>	<b>Collected</b>	<b>Reported</b>	<b>Person Responsible</b>
Competency Reviews of Staff (In Conjunction with Annual Review)	Annually	Annually	CMO/Dental Director/CAN
Staff Engagement	Annually	Annually	Human Resources (HR) Director
Staff Competency (Patterns and Trends)	Annually	Annually	FQHC Sr. Manager, FQHC CHN Manager

**Table 4: Data Collection Plan for Fiscal Committee**

<b>Revenue Cycle and Utilization:</b> (Reports to the SNCHC Board)			
<b>Performance Measure</b>	<b>Collected</b>	<b>Reported</b>	<b>Person Responsible</b>
Operating Revenue	Quarterly	Annually	Chief Financial Officer
Profit Center Report	Monthly	Annually	Chief Financial Officer

Other information may be collected on an as needed basis and will be based upon performance improvement objectives or other rationales.

### **VIII. AGGREGATION AND ANALYSIS OF DATA**

Decision-making will be supported by data collection and information analysis. Data will be aggregated and analyzed by the organization in such a way that current performance levels, patterns, or trends can be identified. The organization will utilize appropriate statistical tools and techniques to analyze and display data.

When appropriate, data will be trended and compared internally over time. In addition, external sources of information will be used to benchmark SNCHC performance when it is available and appropriate to identify opportunities for improvement.

Analysis will be conducted when data indicates that levels of performance, patterns, or trends vary substantially from those expected and for those topics chosen by SHND as priorities for improvement.

At a minimum, each clinical and financial performance indicator collected for the purposes of UDS reporting will be tracked monthly. In addition, each committee will have the responsibility to establish meaningful monitoring in their area of expertise and make recommendations to the Board regarding the level of information to be shared regularly.

Each PDSA activity will establish quantitative tracking methodology and a corresponding performance goal as part of its process. More intensive aggregations and analysis of data may be required in an active PDSA activity above and beyond general monitoring.

## **IX. QUALITY ASSURANCE ACTIVITIES**

### **A. Credentialing and Privileging**

All SNCHC Licensed Independent Practitioners (LIPs), Other Licensed and Certified Practitioners (OLCPs), and Other Clinical Staff (OCS) are credentialed and privileged at the time of hire and are re-credentialed and privileged every two years. Modifications and/or the removal or reinstatement of privileges can occur at any time because of ongoing professional evaluation.

### **B. Clinical Practice Guidelines**

SNCHC's clinicians and staff will provide health care services with utmost accuracy, efficiency, confidentiality, and precision. All applications of health care or health care related services will be guided by appropriate governing entities. SNCHC adheres to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of medical, dental, and behavioral health services. (See Protocols and Medical Orders, and Confidentiality Privacy of PHI Policy).

### **C. Risk Management**

All employees will be informed of the principles of risk management at the start of employment, annually, and as deemed necessary. Risk management is defined by the Joint Commission as "clinical and administrative activities undertaken to identify, evaluate, and reduce the risk of injury to patients, staff, and visitors, and the risk of loss to the organization itself." SNCHC supports the establishment of a culture that emphasizes implementing evidence-base best practices, learning from error analysis, and providing constructive feedback rather than blame and punishment. Employees are encouraged to bring their risk management concerns to the Safety Officer, Compliance Officer, their supervisor, the FQHC Operations Officer or a member of the Safety and Risk Management Committee at any time.

### **D. Incident Reporting**

All employees are oriented to the Incident Reporting Policy and Procedure that provides guidance for reporting 1) Incidents affecting patients or visitors, 2) Injury, illness or near-miss events affecting employees, and 3) non-safety related incidents affecting patients. A summary of incidents is reported quarterly to the Quality, Risk and Credentials Committee. Incidents will be assigned a "category of harm" and those incidents that have a category of harm of E-I will be reported to the Board (See Patient Safety Policy). A summary of all incidents is reported the board quarterly.

### **E. Patient Satisfaction**

All SNCHC locations and service lines participate in patient satisfaction surveys. SNCHC surveys patients routinely in the two most prevalent languages of the patient population, in either English, or Spanish. Aggregate and service line survey results are shared with the health center's leadership weekly and with all staff monthly. Additionally, survey results are reviewed and tabulated quarterly by staff and reported to the Quality, Risk and Credentials Committee. Improvements are

recommended based on the survey results. A summary is provided annually to the Board.

#### **F. Patient Grievance**

SHND has a patient grievance and complaint process that ensures patients can freely voice complaints/grievances and recommend changes without being subject to discrimination, retaliation or unreasonable interruption of care, treatment, or service (See Client Complaints/Grievance Policy). The health center's leadership team attempts to resolve grievances informally at first. The FQHC Operations Officer will support the resolution of formal grievances. The Quality, Risk and Credentials Committee is given a report on the number and type of grievances on a quarterly basis and is responsible for ensuring the resolution of grievances and collaborates with leadership to ensure resolution of grievance and the implementation of improvements to mitigate future grievances.

#### **G. Clinical Audits**

Quality is monitored through audits, data review, and analysis to assure problems are identified (i.e., peer reviews, front desk/billing/health information technology audits, personnel files, UDS data, program audits etc.) and reported to the appropriate manager and the management team. All audits are reviewed by the Quality Improvement Work Group. This group will provide direction and resources to respond to audit findings as well as quality improvement and quality assurance activities.

#### **H. Policies and Procedures**

Policies and procedures related to quality improvement and assurance are initiated by health center leadership, reviewed, and recommended by the Quality, Risk and Credentials Committee to the SNCHC Governing Board for final review and approval. Policies are reviewed on a three-year schedule or earlier as needed by the Quality Improvement Work Group. Policies with substantial changes are sent to the Governing Board for approval. Upon hire, staff members are assigned job-relevant policies and procedures through an online policy management system. Each time a policy is updated, all staff members who are assigned that document are required to read and acknowledge it.

Protocols, standing orders, and procedures are developed and approved by the FQHC Operations Officer or their designee and are reviewed annually. These documents are also kept in the online document management software system.

#### **I. Patient Safety Program**

SNCHC is committed to improving safety for its patients at all its locations. This continuous quality improvement plan has incorporated the activities and functions necessary to establish and maintain a comprehensive program for patient safety and will be implemented at all levels of the organization.

Activities and functions that have been incorporated to address patient safety include:

- All patients will be given a copy of the Patient Rights and Responsibilities along

## Southern Nevada Community Health Center Quality Management Plan

with the Notice of Privacy Practices at their first visit. These documents are available upon request after their initial visit. Patients will sign a form verifying that they have read/acknowledged the Patient Rights and Responsibilities and Notice of Privacy Practices.

- Annual HIPPA trainings for staff.
- Communication with patients about patient safety including patient education and informing patients about their care.
- Staff education including related orientation and training and expectations for Incident Reporting.
- Safety improvement activities included in Section VII of this plan under “Collection and Continuous Monitoring of Data.”
- Annual Infection Control trainings for staff.
- Reporting of results to staff, committees, executive leadership, and governance.
- Process for proactive risk reduction and analysis of sentinel events.

### **X. PERFORMANCE IMPROVEMENT INITIATIVES**

Performance improvement initiatives will be facilitated through the Quality Improvement Work Group based on the data identified and reviewed in Section VII. A key part of this data is the UDS data which will be reviewed in February or March. After analyzing the UDS data and comparing it to the clinic’s internal goals, state and national counterparts, and Healthy People 2030 goals for clinical quality, initiatives will be reassessed and determined. Initiatives will be aligned with SNCHC’s Strategic Plan. As other opportunities or challenges arise, SNCHC may add or delete goals using the Plan-Do-Study Act (PDSA) process.

### **XI. DOCUMENTATION OF QUALITY IMPROVEMENT ACTIVITIES**

Quality improvement activities will be documented utilizing a variety of tools and forms. The Governing Board and its Committees will document their activities in a minutes’ format. The Quality Improvement Work Group PDSA cycles will be documented on a cycle of change form or on PDSA worksheets. Other forms and tools that may be used to document activities include narrative reports and trend sheets.

### **XII. EDUCATION and TRAINING**

Educational and training needs for quality improvement and quality assurance activities will be identified by Quality Improvement Work Group and/or the FQHC Operations Officer and will be provided in the appropriate setting. To ensure training occurs, a training plan for new employee orientation and ongoing training has been developed for each position type and is followed. Providers are required to have continuing medical education through lectures and seminars and their involvement in such activities are monitored annually. This will provide them with the opportunity to keep up with current trends and

evidenced based medical care.

### XIII. ANNUAL PLAN EVALUATION

The Quality Improvement Work Group is responsible for performing an annual evaluation of the appropriateness and effectiveness of the Quality Management Plan. The result of the annual evaluation is reviewed with the Quality, Risk and Credentials Committee. The Quality Management Plan is approved by the Governing Board annually.

### XIV. CONFIDENTIALITY

SHND will maintain the confidentiality of patient records, including all information as to personal facts and circumstances obtained by SHND staff about recipients of services. Specifically, SNCHC will not divulge such information without the individual's consent except as may be required by law or as may be necessary to provide service to the individual or to provide for medical audits by the Secretary of HHS or his/her designee with appropriate safeguards for confidentiality of patient records.

Confidentiality statements are signed by all SNCHC employees, contracted providers, SNCHC Board, and guests. Information including, but not limited to, minutes, reports, medical records, or other documents used will be maintained to insure confidentiality for patients and providers. Access to these records will be restricted to the administrative personnel as deemed necessary and will be kept in a locked file.

All information generated from the Quality Management Plan is considered confidential and will be exempt from subpoena or discovery. This is in accordance with Laws 2005, LB 361, Sections 71-8701 to 71-8721, which is known as the Patient Safety Act. Discussions in the context of peer reviews and medical record reviews are completely confidential.

### XV. RESPONSIBILITIES

- A. **SNCHC Board:** The SNCHC Board is ultimately accountable for the quality of care and services provided by SNCHC through the development of a comprehensive performance program. The Board delegates responsibility for implementation and evaluation of this program through the Quality, Risk and Credentials Committee and the Executive Director.
- B. **Executive Director:** The Executive Director is responsible for implementation and evaluation of the CMP Plan as outlined in the above plan. In collaboration with the SNCHC Board, the Executive Director will work with the health center's management team to align the performance improvement activities with the strategic plan and prioritize improvement efforts.
- C. **Quality Improvement Work Group:** A group of leadership and staff of SNCHC who operationalize the Quality Management Plan
- D. **FQHC Operations Officer/Chief Medical Officer/Medical Director/Dental**



**Southern Nevada Community Health Center  
Quality Management Plan**

- Director/Behavioral Health Director:** These positions are responsible for providing leadership support of the quality improvement/assurance program and to ensure the provision of high-quality care.
- E. **Managers/Supervisors:** Directors, managers, and supervisors are responsible for the implementation of the QM program for their respective units/clinics/programs. In addition, these managers may serve as chairs, team leaders or as members of committees, subcommittees, teams, and/or task forces.
- F. **Clinical Staff:** Clinical staff members should be familiar with the performance measures and QM initiatives of SNCHC and their respective unit/program/clinic. Clinical staff will be active participants in the performance improvement activities through participation on committees, subcommittees, teams, and task forces as appointed as well as through the implementation of improvement activities. The purpose of this participation is to bring the care provider’s perspective to the performance improvement opportunities and initiatives of SNCHC as well as resolution of problems.
- G. **Other Professional and Classified Staff:** Staff members should be familiar with performance measures and Quality Improvement Work Group initiatives underway for SNCHC and their specific unit/program/clinic. Staff members will be asked to participate in these activities as well as participate on committees, subcommittees, teams, and task forces as appointed. The purpose of this participation is to provide a broader perspective of performance improvement opportunities and initiatives at SNCHC as well as resolution of problems.

**Effective (Original) Date:** 01/08/2020  
**Approval Date:**  
**Distribution:** All FQHC Division Staff  
**Review & Update:** Annually  
**Revision Date(s):** 01/01/2022, 05/10/2023  
**Responsible for Review & Update:** FQHC Operations Officer  
**Distribution:** All FQHC Division Staff  
**Rescinded Date:** N/A  
**Related Policies/Reference:** Quality Management Policy, Credentialing and Privileging Policy and Procedure, Protocol Development and Use Policy and Procedure, Risk Management Policy and Plan, Incident Reporting Policy and Procedure, Patient Grievance and Complaint Policy and Procedure

# Memorandum

**Date:** May 16, 2023

**To:** Southern Nevada Community Health Center Governing Board

**From:** Randy Smith, FQHC Operations Officer *RS*  
Fermin Leguen, MD, MPH, District Health Officer *PL*

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**RE: COMMUNITY HEALTH CENTER FQHC OPERATIONS OFFICER REPORT – APRIL 2023**

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Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention and education in a culturally respectful environment regardless of the patient's ability to pay.

## April Highlights

### Operations

- 847 unduplicated patients seen in April
- 214 new patients seen

### Administrative

- Behavioral health buildout finalized

### COVID-19 Vaccine Clinic Facility: COVID-19 Response

- COVID-19 vaccination clinic services available at Fremont, Decatur, and outreach locations
- COVID-19 Services – Grant funding to support testing, treatment, and vaccinations available through July 31, 2023

## HIV / Ryan White Care Program

- A. The Ryan White program received 42 referrals between April 1<sup>st</sup> and April 30<sup>th</sup>. There were four (4) pediatric clients referred to the MCM (Medical Case Management) program; no referrals for pregnant women living with HIV were received.
- B. A total of 1,418 total service encounters provided by the Ryan White program (Linkage Coordinator, Eligibility Workers, Nurse Case Managers, Community Health Workers, Registered Dietitian, and Health Educator) in April. There were 472 unduplicated clients served under these programs.
- C. The Ryan White ambulatory clinic provided 353 visits in the month of April: 23 initial provider visits, 139 established provider visits, 7 tele-visits (established clients). There were 19 Nurse visits and 165 lab visits provided. There were 13 Ryan White clients seen under Behavioral Health by the Licensed Clinical Social Worker and the Psychiatric APRN.

- D. The Ryan White clinic continues to implement the Rapid stART project, which has a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were six (6) patients enrolled and seen under the Rapid stART program in April.

### Family Planning (FP)

Unduplicated Patients	April 2022	April 2023		FY 21-22	FY 22-23	
Number of Pt: Fremont PHC	175	203	↑	1,029	965	↓
Number of Pt: Decatur PHC	315	181	↓	1,780	1,870	↑

Duplicated Patients	April 2022	April 2023		FY 21-22	FY 22-23	
Number of Pt: Fremont PHC	178	220	↑	1,612	1,633	↑
Number of Pt: Decatur PHC	340	188	↓	2,844	3,233	↑
New Patients	153	83	↓	1,232	1,251	↑
Number of Pt: Fremont PHC	42	65	↑	380	436	↑
Number of Pt: Decatur PHC	111	18	↓	852	815	↓
APRN Visits	403	283	↓	3,197	3,499	↑
Number of Pt: Fremont PHC	127	167	↑	1,052	1,123	↑
Number of Pt: Decatur PHC	276	116	↓	2,145	2,376	↑

- A. FP Program services at Fremont Public Health Center and Decatur Public Health Center served 408 clients: 384 of them were unduplicated.

### Pharmacy Services

Pharmacy Services	Apr-22	Apr-23		FY22	FY23		% Change YTD
Client Encounters (Pharmacy)	1,190	1,059	↓	10,966	11,496	↑	4.8%
Prescriptions Filled	1,564	1,496	↓	13,996	15,519	↑	10.9%
Client Clinic Encounters (Pharmacist)	40	48	↑	298	472	↑	58.4%
Financial Assistance Provided	8	19	↑	105	97	↓	-7.6%
Insurance Assistance Provided	8	3	↓	44	20	↓	-54.5%

- A. Dispensed 1,496 prescriptions for 1,059 clients.  
 B. Pharmacist completed 48 client clinic encounters.  
 C. Assisted 19 clients to obtain medication financial assistance.  
 D. Assisted three (3) clients with insurance approvals.

## Eligibility Case Narrative and Monthly Report

As a team, the Eligibility Workers submitted a total of 131 Applications for the month of April 2023.

- 63 applications were Approved
- 22 were Denied
- 46 are in currently Pending status

## Tuberculosis Clinic/Refugee Health Program

Refugee Health Program for the month of April 2023.

Client required medical follow- up for Communicable Diseases	5
Referrals for TB issues	1
Referrals for Chronic Hep B	2
Referrals for STD	2
Pediatric Refugee Exams	9
Clients encounter by program (adults)	40
Refugee Health screening for April 2023	40 adults
<b>Total for FY22-23</b>	<b>432</b>

## Quality & Risk Management

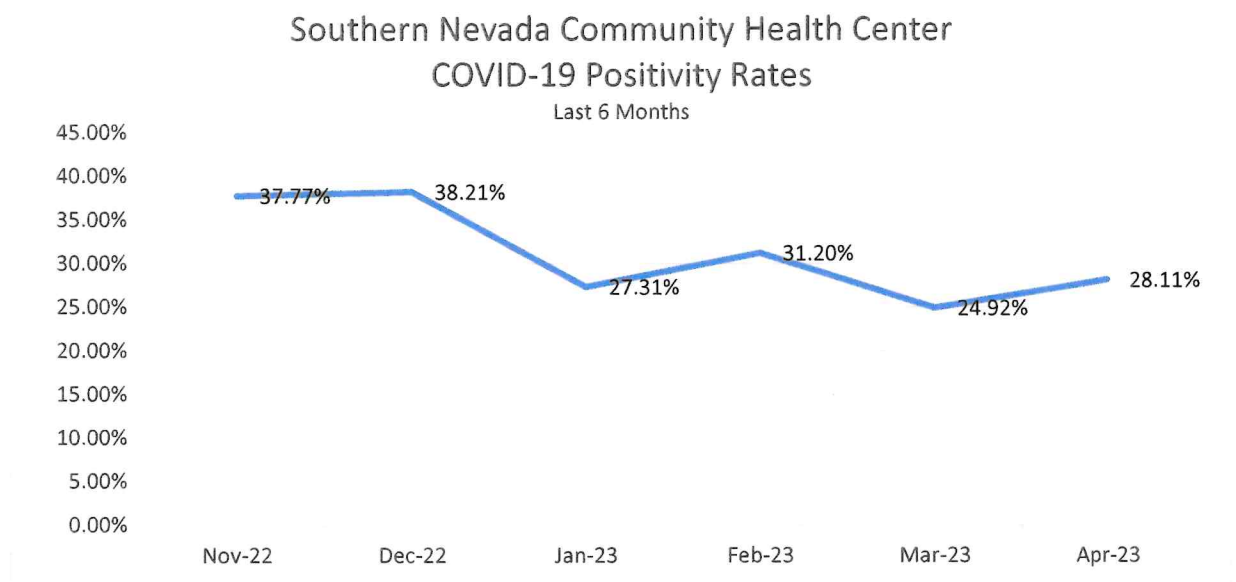
### A. Quality

#### COVID-19 Testing

From January 2021 to April 2023 the Southern Nevada Community Health Center completed 100,016 COVID-19 tests, 249 of which were conducted in April of 2023.

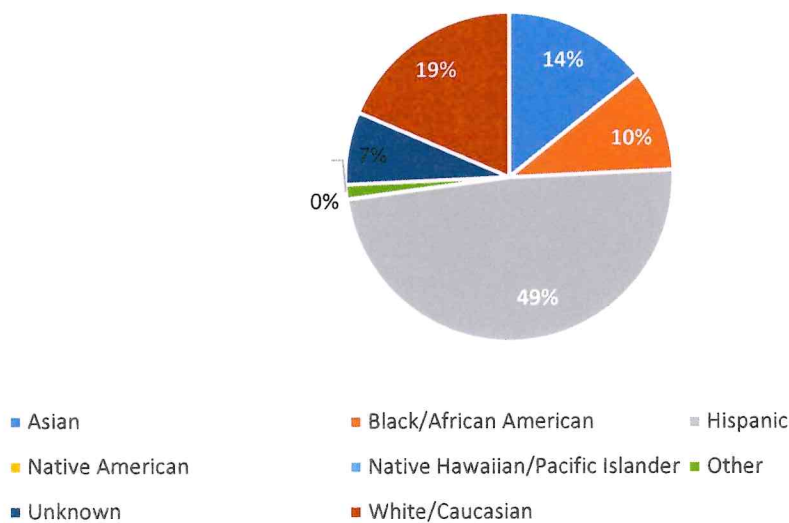
The Health Center and the Southern Nevada Health District continue to remind those who are sick to stay home and if they have been in contact with a person who has COVID-19 or think they have been exposed, they should get tested. SNCHC is also providing antiviral medications for appropriate candidates. The Health Center and Health District also encourage those who are medically appropriate to get the COVID-19 vaccine.

In April 2023, the COVID test positivity rate was 28.11%.



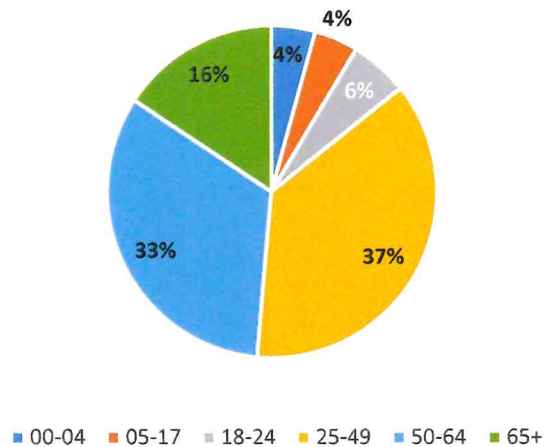
Testing positivity rates broken out by race and ethnicity below:

### Southern Nevada Community Health Center COVID-19 Testing by Race and Ethnicity (Positive Result) April 2023



Testing positivity rates broken out by age below:

Southern Nevada Community Health Center  
COVID-19 Testing by Age Group (Positive Result)  
April 2023



**B. COVID-19 Vaccine Program and Monkeypox**

The Southern Nevada Community Health Center administered 380 COVID/Monkeypox doses in April 2023.

**C. Telehealth**

The Health Center tele-health services to 51 patients or 3.24% of the patients that were seen in our clinics in April.

**D. Health Center Visits**

The Health Center scheduled 1,572 patient appointments in April. There was a 35.94% no-show and same day cancellation rate.


**E. Behavioral Health Clinic**

The Health Center scheduled 180 Behavioral Health patient appointments in April. There were 39 no-show and 31 cancelled visits.

**Risk Management**

- Medical Events (Dr. Bluebird) – Zero (0)
- Patient Complaints/Grievances – Zero (0)
- Medication Errors – Zero (0)
- Patient Issues – Zero (0)
- Employee Incidents – Zero (0)

# Health Center Visit Report Summary – April 2023

 SOUTHERN NEVADA <b>Community</b> HEALTH CENTER <small>AT THE SOUTHERN NEVADA HEALTH DISTRICT</small>	Completed Pt Visits		Cancelled Visits		No Show Visits		Telehealth Visits				Total Scheduled Patients			
	Provider Visits						Audio Visit		Tele-Visit		Total Telehealth Visits			
Family Health Clinic	388	24.68%	74	4.71%	168	10.69%	28	54.90%	4	7.84%	32	2.04%	662	42.11%
Behavioral Health Clinic	104	6.62%	31	1.97%	39	2.48%	6	11.76%		0.00%	6	0.38%	180	11.45%
Family Planning Clinic	281	17.88%	31	1.97%	100	6.36%	3	5.88%	2	3.92%	5	0.32%	417	26.53%
Refugee Clinic	2	0.13%		0.00%	1	0.06%		0.00%		0.00%	0	0.00%	3	0.19%
Ryan White	181	11.51%	55	3.50%	66	4.20%	1	7.00%	7	13.73%	8	0.51%	310	19.72%
<b>Totals</b>	<b>956</b>	<b>60.81%</b>	<b>191</b>	<b>12.15%</b>	<b>374</b>	<b>23.79%</b>	<b>38</b>	<b>74.51%</b>	<b>13</b>	<b>25.49%</b>	<b>51</b>	<b>3.24%</b>	<b>1,572</b>	<b>100.00%</b>

Patient Satisfaction:

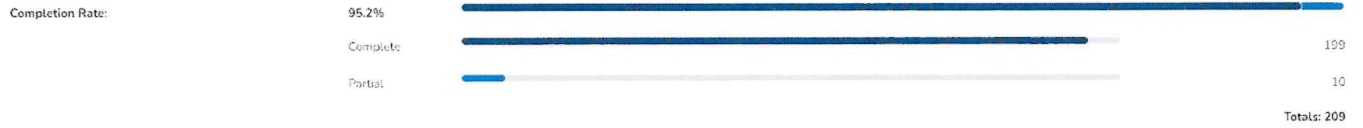
- See attached survey results.

The Health Center continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, wait time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation of the Health Center to friends and family.

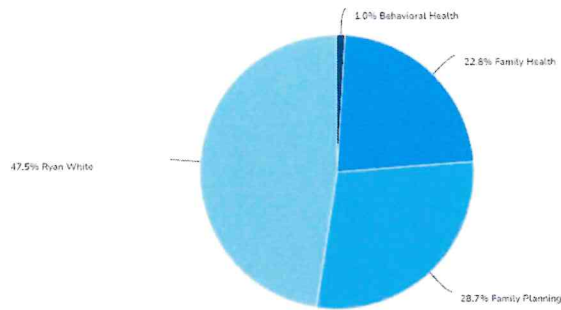


## April 2023 Report for Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey (English)

### Response Counts

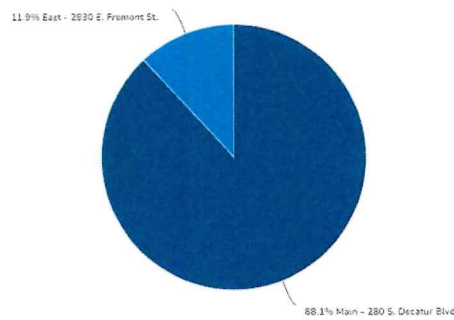


### 1. Service received during your visit



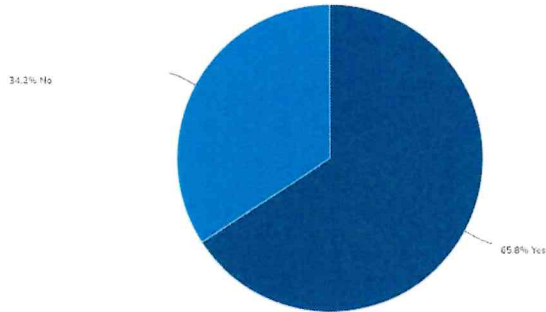
Value	Percent	Responses
Behavioral Health	1.0%	2
Family Health	22.8%	46
Family Planning	28.7%	58
Ryan White	47.5%	96
<b>Totals</b>		<b>202</b>

### 2. Southern Nevada Health District (SNHD) location



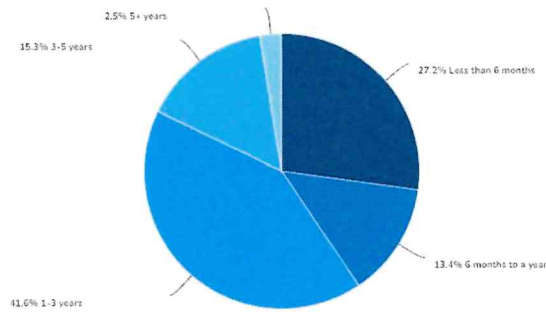
Value	Percent	Responses
Main - 280 S. Decatur Blvd	88.1%	178
East - 2830 E. Fremont St.	11.9%	24
<b>Totals</b>		<b>202</b>

3. Do you have health insurance?



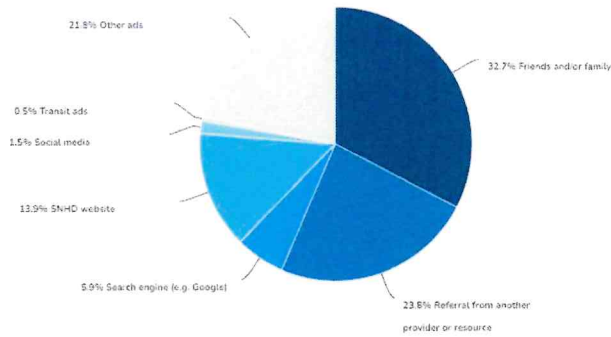
Value	Percent	Responses
Yes	65.8%	133
No	34.2%	69
		<b>Totals: 202</b>

4. How long have you been a patient at the Southern Nevada Health District/Southern Nevada Community Health Center?



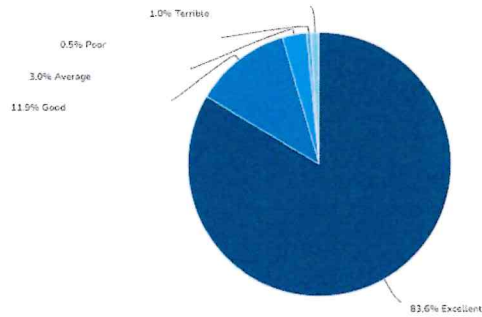
Value	Percent	Responses
Less than 6 months	27.2%	55
6 months to a year	13.4%	27
1-3 years	41.6%	84
3-5 years	15.3%	31
5+ years	2.5%	5
		<b>Totals: 202</b>

5. How did you hear about us?



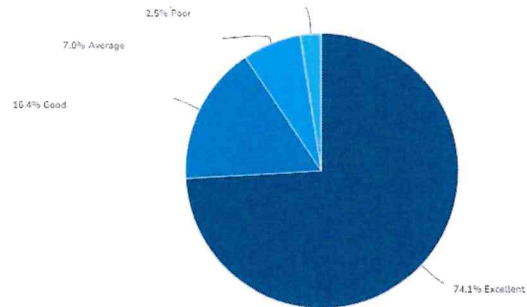
Value	Percent	Responses
Friends and/or family	32.7%	66
Referral from another provider or resource	23.8%	48
Search engine (e.g. Google)	5.9%	12
SNHD website	13.9%	28
Social media	1.5%	3
Transit ads	0.5%	1
Other ads	21.8%	44
<b>Totals:</b>		<b>202</b>

6. Ease of scheduling an appointment



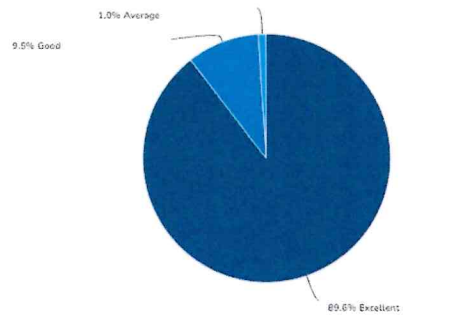
Value	Percent	Responses
Excellent	83.6%	168
Good	11.9%	24
Average	3.0%	6
Poor	0.5%	1
Terrible	1.0%	2
<b>Totals:</b>		<b>201</b>

7. Wait time to see provider



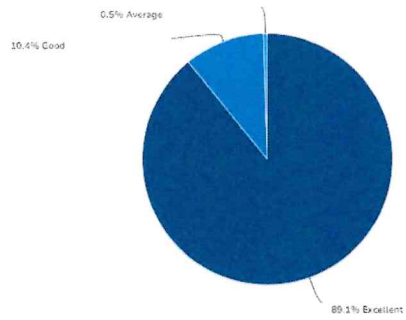
Value	Percent	Responses
Excellent	74.1%	149
Good	16.4%	33
Average	7.0%	14
Poor	2.5%	5
		<b>Totals: 201</b>

8. Care received from providers and staff



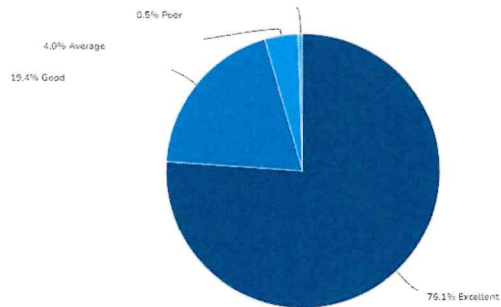
Value	Percent	Responses
Excellent	89.6%	180
Good	9.5%	19
Average	1.0%	2
		<b>Totals: 201</b>

9. Understanding of health care instructions following your visit



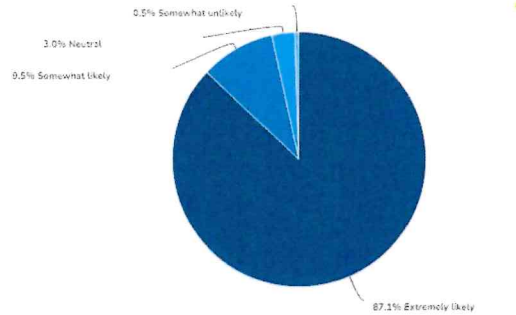
Value	Percent	Responses
Excellent	89.1%	179
Good	10.4%	21
Average	0.5%	1
		<b>Totals: 201</b>

10. Hours of operation



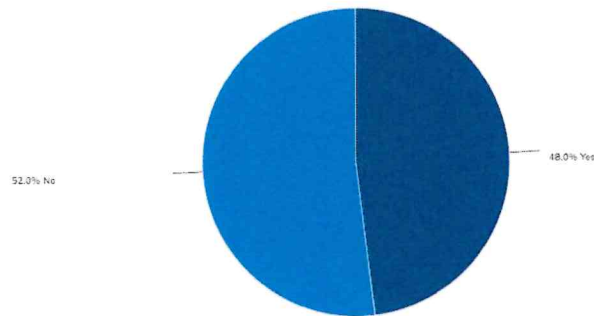
Value	Percent	Responses
Excellent	76.1%	153
Good	19.4%	39
Average	4.0%	8
Poor	0.5%	1
		<b>Totals: 201</b>

11. Recommendation of our health center to friends and family



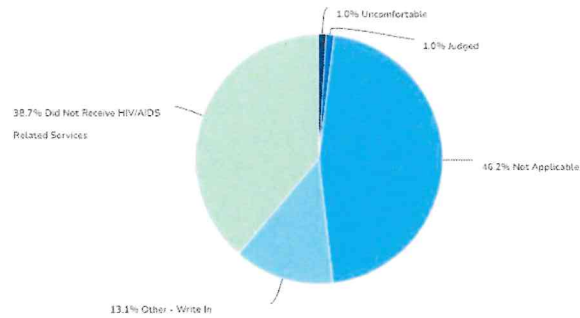
Value	Percent	Responses
Extremely likely	87.1%	175
Somewhat likely	9.5%	19
Neutral	3.0%	6
Somewhat unlikely	0.5%	1
		<b>Totals: 201</b>

12. Are you visiting today for HIV/AIDS related prevention or treatment services or to received relate information?



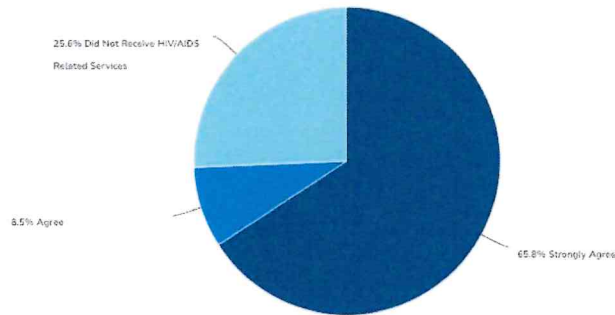
Value	Percent	Responses
Yes	48.0%	96
No	52.0%	104
		<b>Totals: 200</b>

13. Based on your HIV status, at any moment during your visit, did you feel...



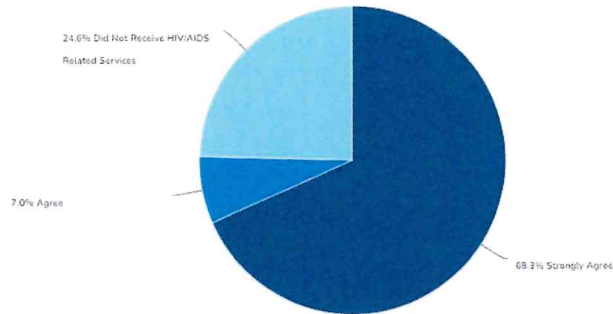
Value	Percent	Responses
Uncomfortable	1.0%	2
Judged	1.0%	2
Not Applicable	46.2%	92
<a href="#">Other - Write In /click to view</a>	13.1%	26
Did Not Receive HIV/AIDS Related Services	38.7%	77
		<b>Totals: 199</b>

14. During your visit, did you feel that staff members treated you with care?



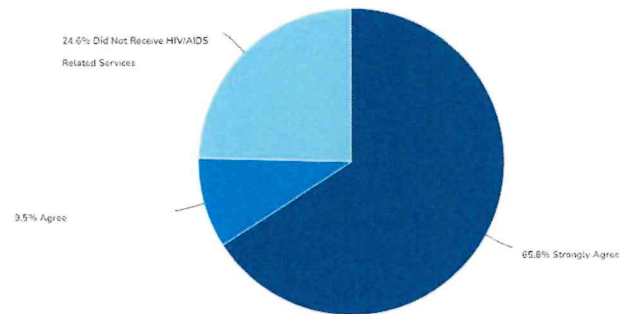
Value	Percent	Responses
Strongly Agree	65.8%	121
Agree	8.5%	17
Did Not Receive HIV/AIDS Related Services	25.6%	51
		<b>Totals: 199</b>

15. During your visit, did you feel that staff members treated you with respect



Value	Percent	Responses
Strongly Agree	68.3%	136
Agree	7.0%	14
Did Not Receive HIV/AIDS Related Services	24.6%	49
		<b>Totals: 199</b>

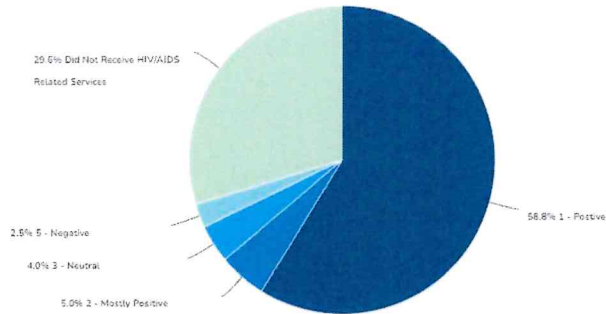
16. During your visit, did you feel that staff members were supportive?



Value	Percent	Responses
Strongly Agree	65.8%	131
Agree	9.5%	19
Did Not Receive HIV/AIDS Related Services	24.6%	49
		<b>Totals: 199</b>

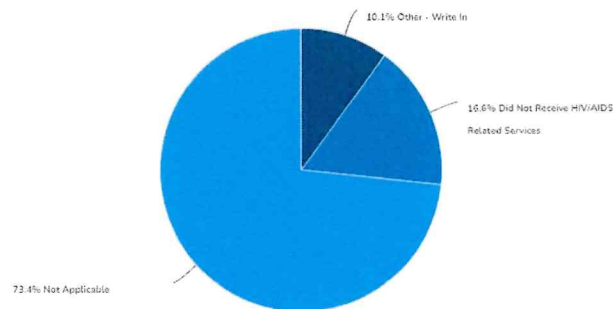


17. On a scale from 1-5, during your visit, did you feel that any staff interactions negatively or positively impacted your likelihood of remaining in care?



Value	Percent	Responses
1 - Positive	58.8%	117
2 - Mostly Positive	5.0%	10
3 - Neutral	4.0%	8
5 - Negative	2.5%	5
Did Not Receive HIV/AIDS Related Services	29.6%	59
		<b>Totals: 199</b>

18. Please provide any feedback that can help SNCHC staff reduce HIV/AIDS related stigma and create a more welcoming and supportive environment.



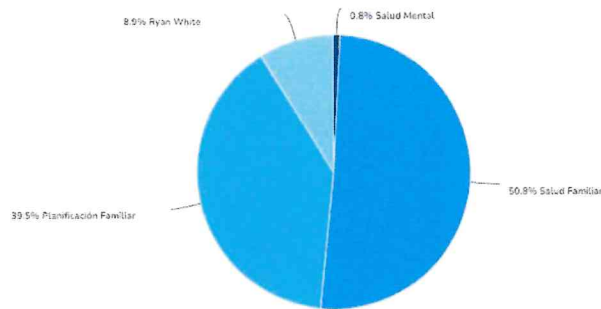
Value	Percent	Responses
<a href="#">Other - Write In (click to view)</a>	10.1%	20
Did Not Receive HIV/AIDS Related Services	16.6%	33
Not Applicable	73.4%	146
		<b>Totals: 199</b>

## April 2023 Report for Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC) (Spanish)

### Response Counts

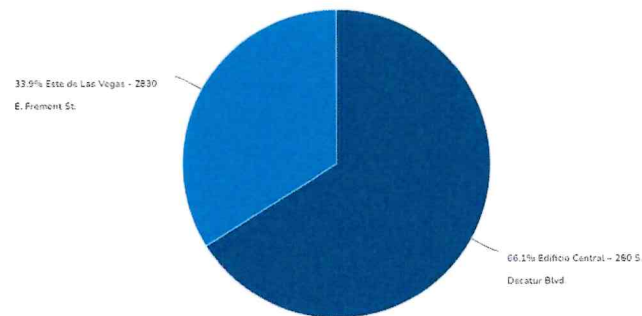


### 1. Marque los servicios recibidos durante su visita



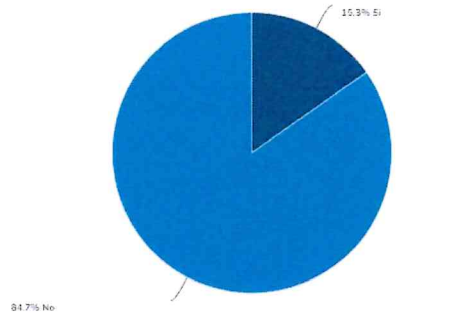
Value	Percent	Responses
Salud Mental	0.8%	1
Salud Familiar	50.8%	63
Planificación Familiar	39.5%	49
Ryan White	8.9%	11
<b>Totals:</b>		<b>124</b>

### 2. ¿En cuál de las localidades del Distrito de Salud recibió los servicios?



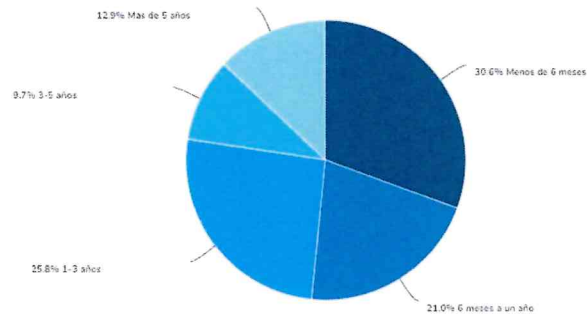
Value	Percent	Responses
Edificio Central - 280 S. Decatur Blvd	66.1%	82
Este de Las Vegas - 2830 E. Fremont St.	33.9%	42
<b>Totals:</b>		<b>124</b>

3. ¿Tiene seguro médico?



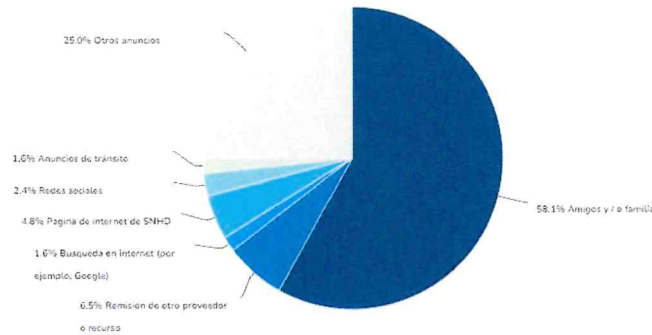
Value	Percent	Responses
Si	15.3%	19
No	84.7%	105
		<b>Totals: 124</b>

4. ¿Cuánto tiempo ha sido usted paciente en el Distrito de Salud del Sur de Nevada/Centro de Salud Comunitario del Sur de Nevada?



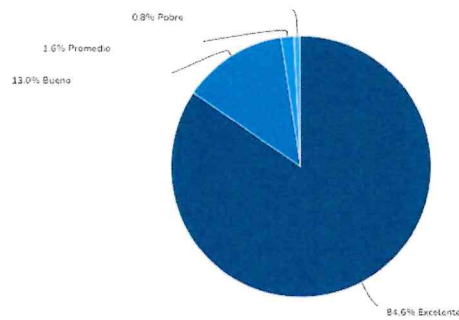
Value	Percent	Responses
Menos de 6 meses	30.6%	38
6 meses a un año	21.0%	26
1-3 años	25.8%	32
3-5 años	9.7%	12
Más de 5 años	12.9%	16
		<b>Totals: 124</b>

5. ¿Como usted supo de nosotros?



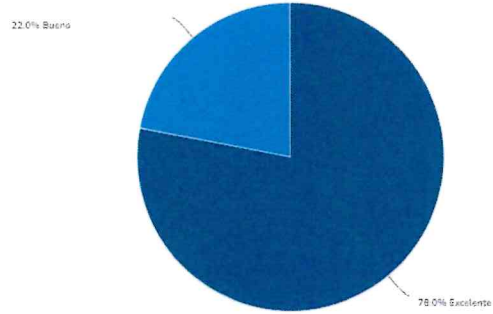
Value	Percent	Responses
Amigos y / o familia	58.1%	72
Remisión de otro proveedor o recurso	6.5%	8
Búsqueda en internet (por ejemplo, Google)	1.6%	2
Página de internet de SNHD	4.8%	6
Redes sociales	2.4%	3
Anuncios de tránsito	1.6%	2
Otros anuncios	25.0%	31
<b>Totals:</b>		<b>124</b>

6. Facilidad para programar una cita



Value	Percent	Responses
Excelente	84.6%	104
Buena	13.0%	16
Promedio	1.6%	2
Pobre	0.8%	1
<b>Totals:</b>		<b>123</b>

7. Tiempo de espera para ver a un proveedor de salud



**Value**

Excelente

Bueno

**Percent**

78.0%

22.0%

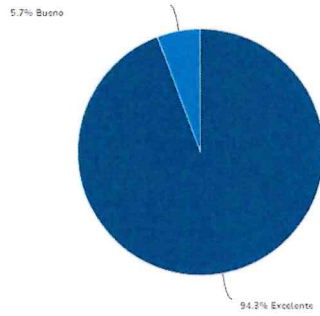
**Responses**

96

27

**Totals: 123**

8. Atención recibida de los proveedores y personal



**Value**

Excelente

Bueno

**Percent**

94.3%

5.7%

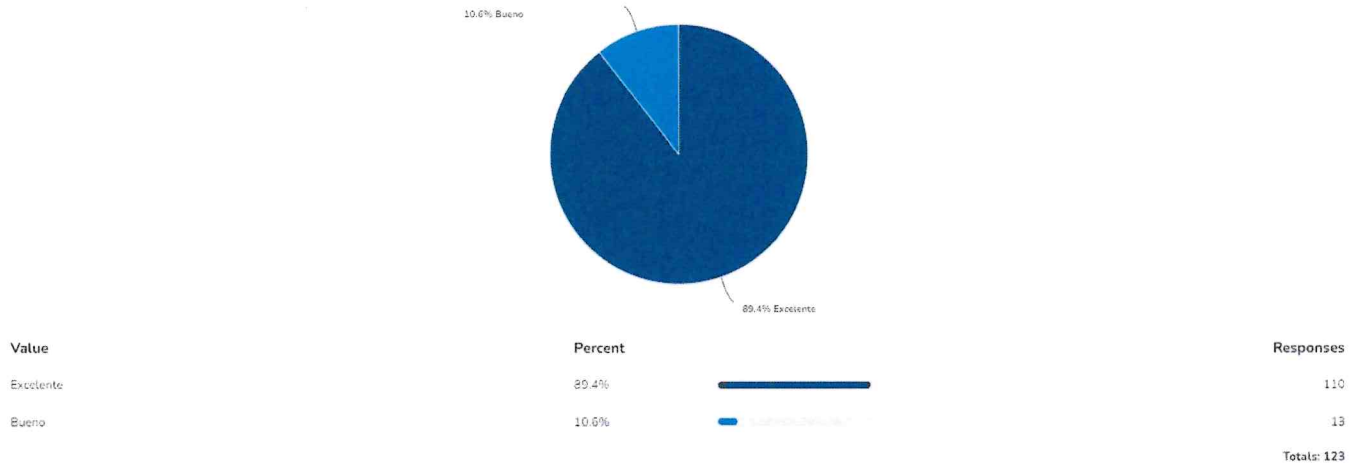
**Responses**

116

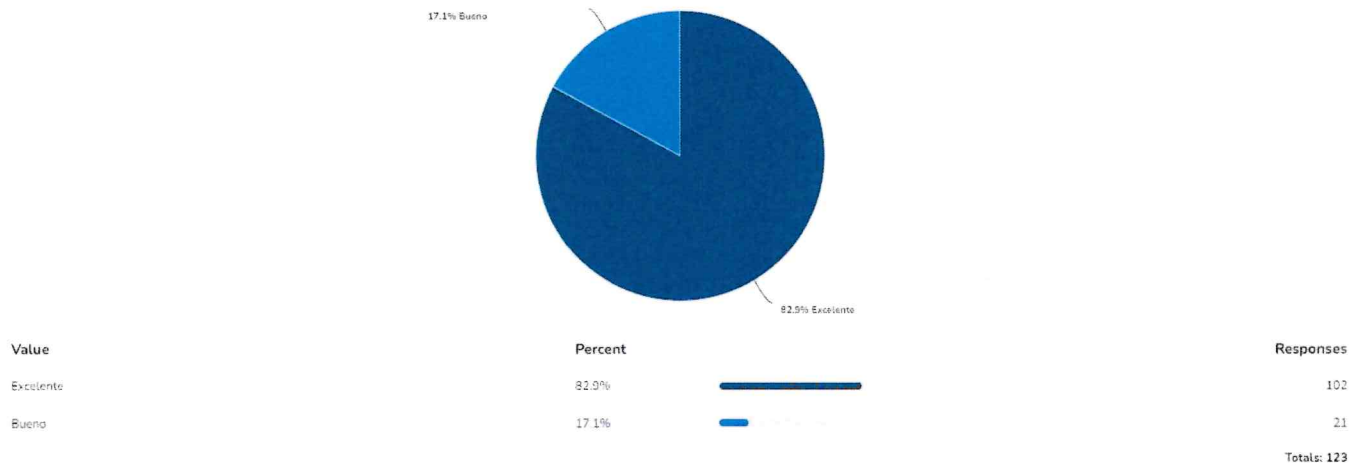
7

**Totals: 123**

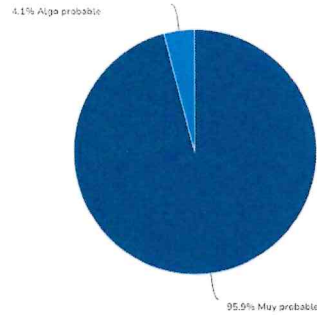
9. Comprensión de las instrucciones del cuidado de salud después de su visita



10. Horarios de operación

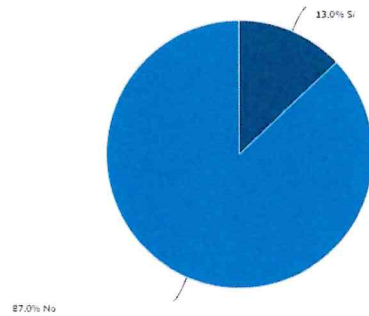


11. Recomendaría nuestro centro de salud a amigos y familiares



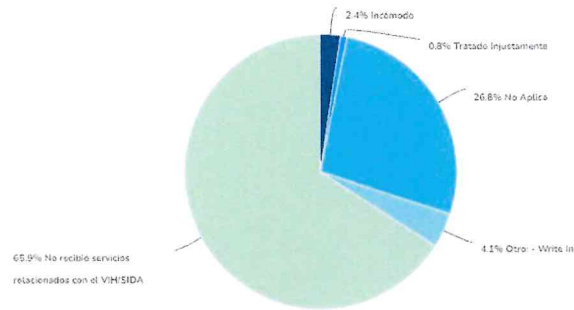
Value	Percent	Responses
Muy probable	95.9%	118
Algo probable	4.1%	5
<b>Totals: 123</b>		

12. ¿Está de visita hoy para recibir servicios de prevención o tratamiento relacionados con el VIH/SIDA o para recibir información relacionada?



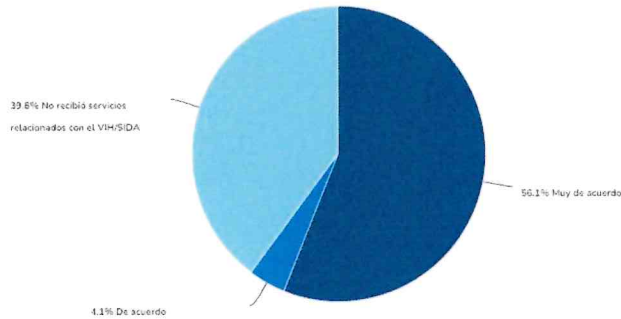
Value	Percent	Responses
Sí	13.0%	16
No	87.0%	107
<b>Totals: 123</b>		

13. Con base en su estatus de VIH, en algún momento de su visita, se sintió...



Value	Percent	Responses
Incómodo	2.4%	3
Tratado Injustamente	0.8%	1
No Aplica	26.8%	33
Otro - Write In (click to view)	4.1%	5
No recibí servicios relacionados con el VIH/SIDA	65.9%	81
<b>Totals: 123</b>		

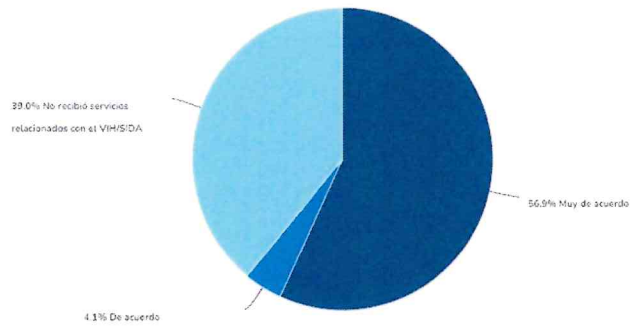
14. ¿Durante su visita, sintió que los miembros del personal lo trataron bien?



Value	Percent	Responses
Muy de acuerdo	56.1%	69
De acuerdo	4.1%	5
No recibí servicios relacionados con el VIH/SIDA	39.8%	49
<b>Totals: 123</b>		

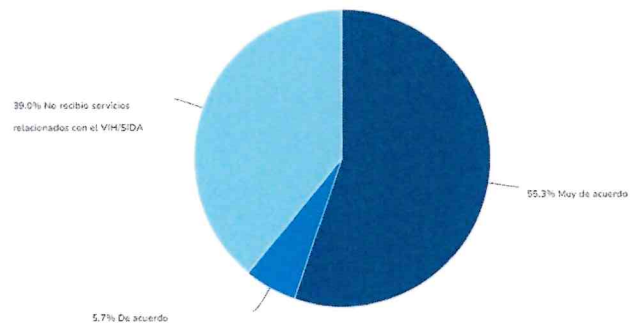


15. ¿Durante su visita, sintió que los miembros del personal lo trataron con respeto?



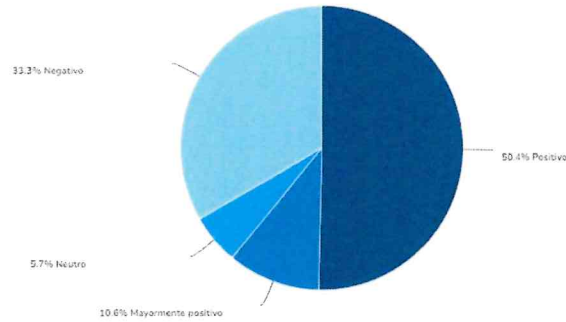
Value	Percent	Responses
Muy de acuerdo	56.9%	70
De acuerdo	4.1%	5
No recibí servicios relacionados con el VIH/SIDA	39.0%	48
<b>Totals: 123</b>		

16. ¿Durante su visita, sintió que los miembros del personal lo apoyaron?



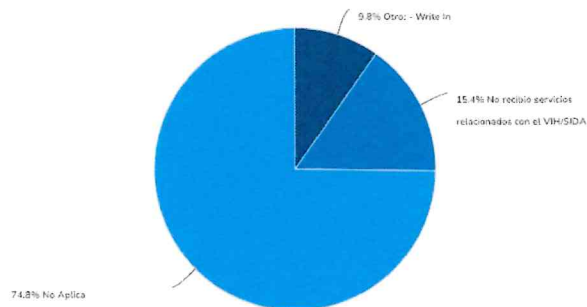
Value	Percent	Responses
Muy de acuerdo	55.3%	68
De acuerdo	5.7%	7
No recibí servicios relacionados con el VIH/SIDA	39.0%	48
<b>Totals: 123</b>		

17. En una escala del 1 al 5, durante su visita, ¿sintió que alguna interacción del personal tuvo un impacto negativo o positivo en su probabilidad de permanecer bajo cuidado?



Value	Percent	Responses
Positivo	50.4%	62
Mayormente positivo	10.6%	13
Neutro	5.7%	7
Negativo	33.3%	41
		<b>Totals: 123</b>

18. Proporcione cualquier comentario que pueda ayudar al personal de SNHD a reducir el estigma relacionado con el VIH/SIDA y crear un ambiente mas agradable y de apoyo.



Value	Percent	Responses
<a href="#">Otro - Write in (click to view)</a>	9.8%	12
No recibí servicios relacionados con el VIH/SIDA	15.4%	19
No Aplica	74.8%	92
		<b>Totals: 123</b>

SNCHC Governing Board Meeting

May 16, 2023



**SOUTHERN NEVADA**  
*Community*  
**HEALTH CENTER**

**AT THE SOUTHERN NEVADA HEALTH DISTRICT**



# Finance & Audit Committee Chair Nomination

The Committee nominated Member  
Jasmine Coca to Chair the Finance and  
Audit Committee.

# Finance & Audit Committee Meeting Schedule

- Meets monthly and as deemed necessary to carry out its responsibilities.
- The Finance & Audit Committee accepted and approved staff's recommendation to meet on the Third Monday of the month, 4-5 p.m. (a day before the Governing Board Meeting).



# Southern Nevada Community Health Center

May 16, 2023

- ▶ June 30, 2022 Single Audit
- ▶ Presented by: Donnie (DJ) Whitaker, CFO

# Single Audit Related Requirements

- A non-Federal entity that expends \$750,000 or more in federal awards during its fiscal year is required to obtain a Single Audit
- Audit submission is required the earlier of 30 calendar days after receipt of the auditor's report or 9 months after the end of the audit period (fiscal year)
- The June 30, 2022 Single Audit was completed and submitted to the Federal Audit Clearinghouse (repository for single audit reporting packages) upon issuance

# Report Content

- The final reporting package issued by Eide Bailly on March 29, 2023 includes three audit reports:
  - Independent Auditors Report - Issued January 25, 2023 (unmodified opinion issued; approved previously)
  - Auditor's Report Government Auditing Standards - Issued January 25, 2023 (approved previously)
  - June 30, 2022 Single Audit Report - Issued March 29, 2023



# Single Audit Highlights

- Total Federal Expenditures included in the SEFA
  - \$84,020,096 (page 68 & 69 of report)
- Four Federal programs audited (page 70 of report):
  - Epidemiology & Lab Capacity - Assistance Listing 93.323 (\$41,933,936 on page 63 of report)
  - Health Department Response to Public Health or Healthcare Crises - Assistance Listing 93.391 (\$4,008,656 on page 64 of report)
  - Health Center Program Cluster - Assistance Listing 93.224 & 93.527 (\$2,329,958 and \$2,459,689 on page 61 of report)
  - HIV Prevention Activities - Assistance Listing 93.940 (\$4,580,287 on page 66 of report)
- Schedule of Findings and Questioned Costs
  - None reported (page 74 of report)
- Type of Report Issued on compliance with major programs
  - Unmodified (page 70 of report)

# Eide Bailly Communication

- Communication dated March 29, 2023
  - addendum to the required communications presented in January 2023
- Highlights included in communication:
  - No significant difficulties were encountered with management during the performance of the single audit (page 3 of communication)
  - No misstatements were identified as a result of the June 30, 2022 Single Audit procedures (page 3 of communication)
  - No disagreements with management during the course of the audit (page 4 of communication)



SOUTHERN NEVADA  
*Community*  
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

# Questions?

*Request a Motion to Accept the Single Audit Report from Eide Bailey.*

# FQHC FINANCIAL REPORT

Results as of March 31, 2023

# FQHC – ALL FUNDS/DIVISIONS

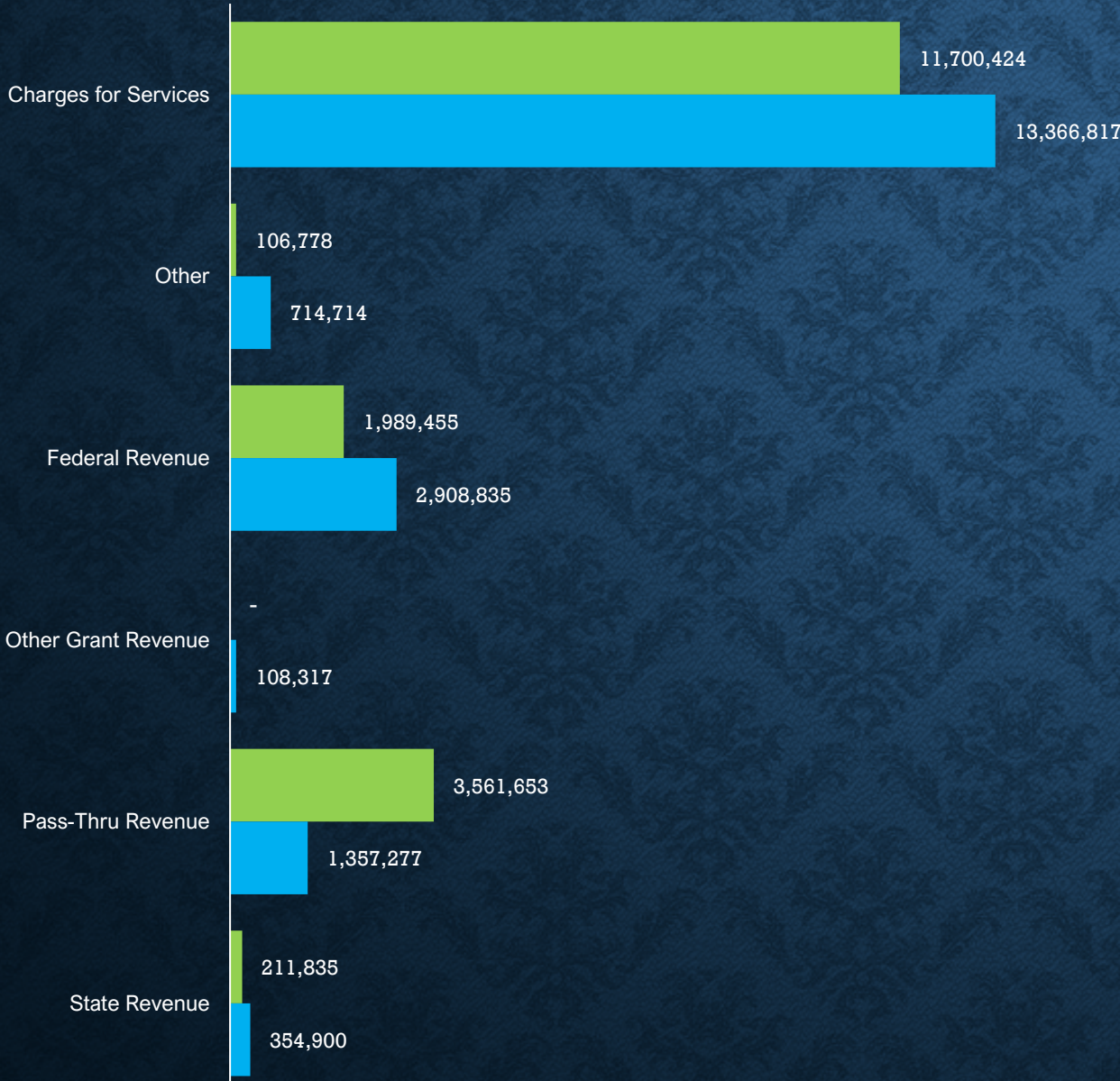
Activity	Budget as of March	Actual as of March	Variance	%
Charges for Services	11,700,424	13,366,817	1,666,394	14%
Other	106,778	714,714	607,936	569%
Federal Revenue	1,989,455	2,908,835	919,380	46%
Other Grant Revenue	-	108,317	108,317	0%
Pass-Thru Revenue	3,561,653	1,357,277	(2,204,376)	-62%
State Revenue	211,835	354,900	143,064	68%
<b>Total FQHC Revenue</b>	<b>17,570,144</b>	<b>18,810,859</b>	<b>1,240,714</b>	<b>7%</b>
Salaries	4,705,639	4,076,389	(629,250)	-13%
Taxes & Fringe Benefits	1,996,072	1,652,005	(344,067)	-17%
Travel & Training	60,130	57,635	(2,494)	-4%
<b>Total Salaries &amp; Benefits</b>	<b>6,761,841</b>	<b>5,786,029</b>	<b>(975,812)</b>	<b>-14%</b>
Supplies	8,886,646	11,064,789	2,178,143	25%
Capital Outlay	79,841	11,376	(68,465)	-86%
Contractual	1,287,272	1,163,919	(123,354)	-10%
<b>Total Other Operating</b>	<b>10,253,759</b>	<b>12,240,083</b>	<b>1,986,324</b>	<b>19%</b>
Indirect Costs/Cost Allocations	4,249,335	3,462,478	(786,857)	-19%
Transfers IN	(1,069,547)	(928,212)	141,334	-13%
Transfers OUT	1,036,462	928,212	(108,250)	-10%
<b>Total Transfers</b>	<b>4,216,250</b>	<b>3,462,478</b>	<b>(753,772)</b>	<b>-18%</b>
<b>Net Position</b>	<b>(3,661,706)</b>	<b>(2,677,732)</b>	<b>983,974</b>	<b>-27%</b>

NOTES:

- 1) PAYER MIX INCLUDES A HIGHER PERCENTAGE OF COMMERCIALY INSURED PATIENTS COMBINED WITH AN INCREASE IN PRESCRIPTION MEDICATIONS PER ENCOUNTER.
- 2) OUTPACING BUDGET DUE TO CHANGES IN NEVADA MEDICAID REIMBURSEMENT (THE WRAP) PROGRAM UPDATES LEADING TO MULTI-PERIOD REVENUE CATCHUP.
- 3) ADDITIONAL FEDERAL GRANT REVENUES FROM INCREASE IN REIMBURSABLE PATIENT ENCOUNTERS.
- 4) TIMING DIFFERENCE FOR REVIEW AND POSTING OF REQUESTS FOR REIMBURSEMENT ACROSS ALL DEPARTMENTS (SEE ADDITIONAL NOTES ON SLIDE 5).
- 5) SEVEN OPEN POSITIONS IN ACTIVE RECRUITMENT THROUGHOUT THE FISCAL YEAR (INCLUDING FULL-TIME PRIMARY CARE APRN).
- 6) PHARMACY ACTIVITY CONTINUES TO OUTPACE EXPECTED PATIENT ENCOUNTERS AND RISING COST OF PRESCRIPTION DRUGS LED TO INCREASE EXPENSES.

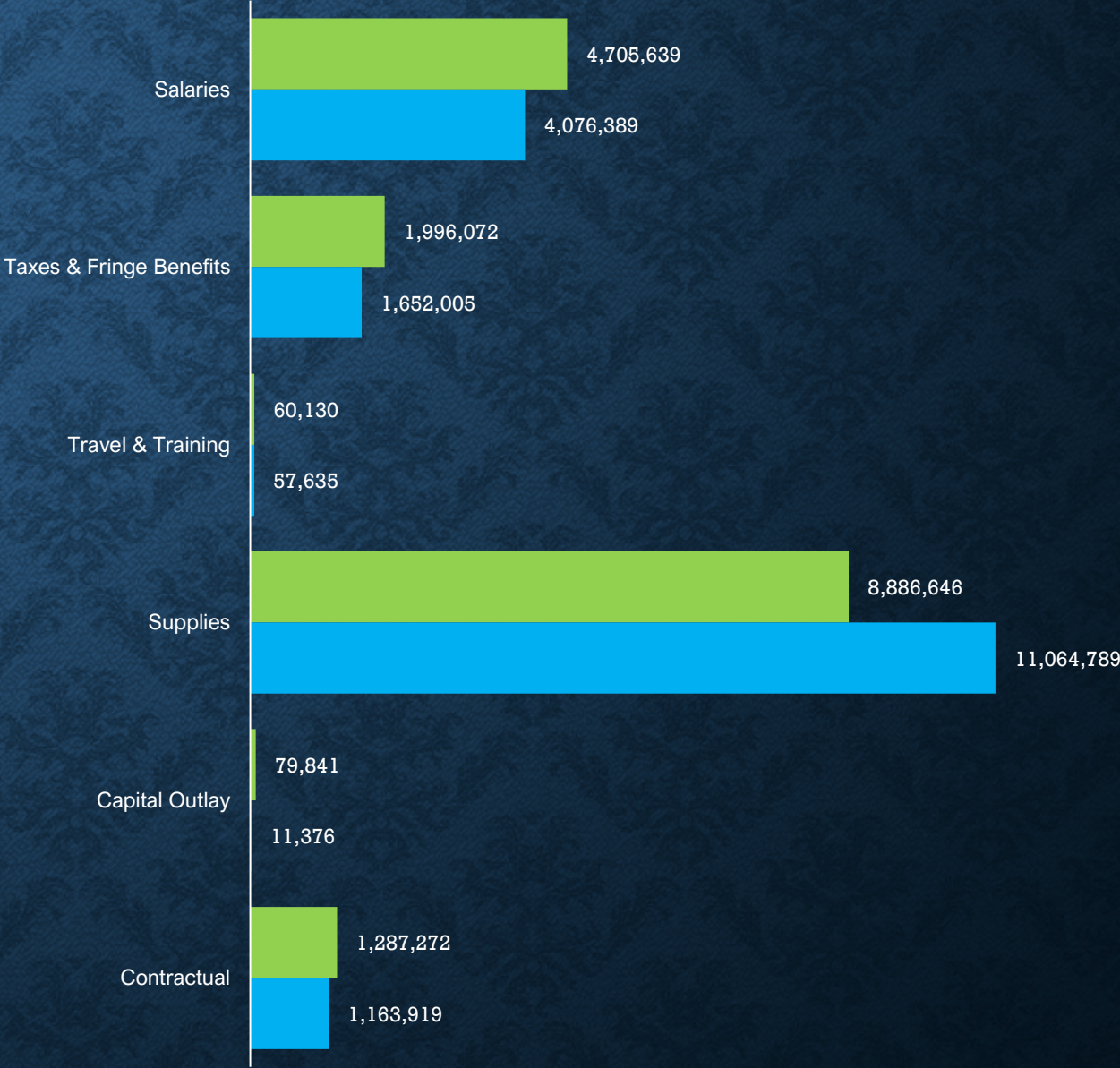
# REVENUES & EXPENSES

FQHC Total Revenue by Type



■ Budget ■ Actual

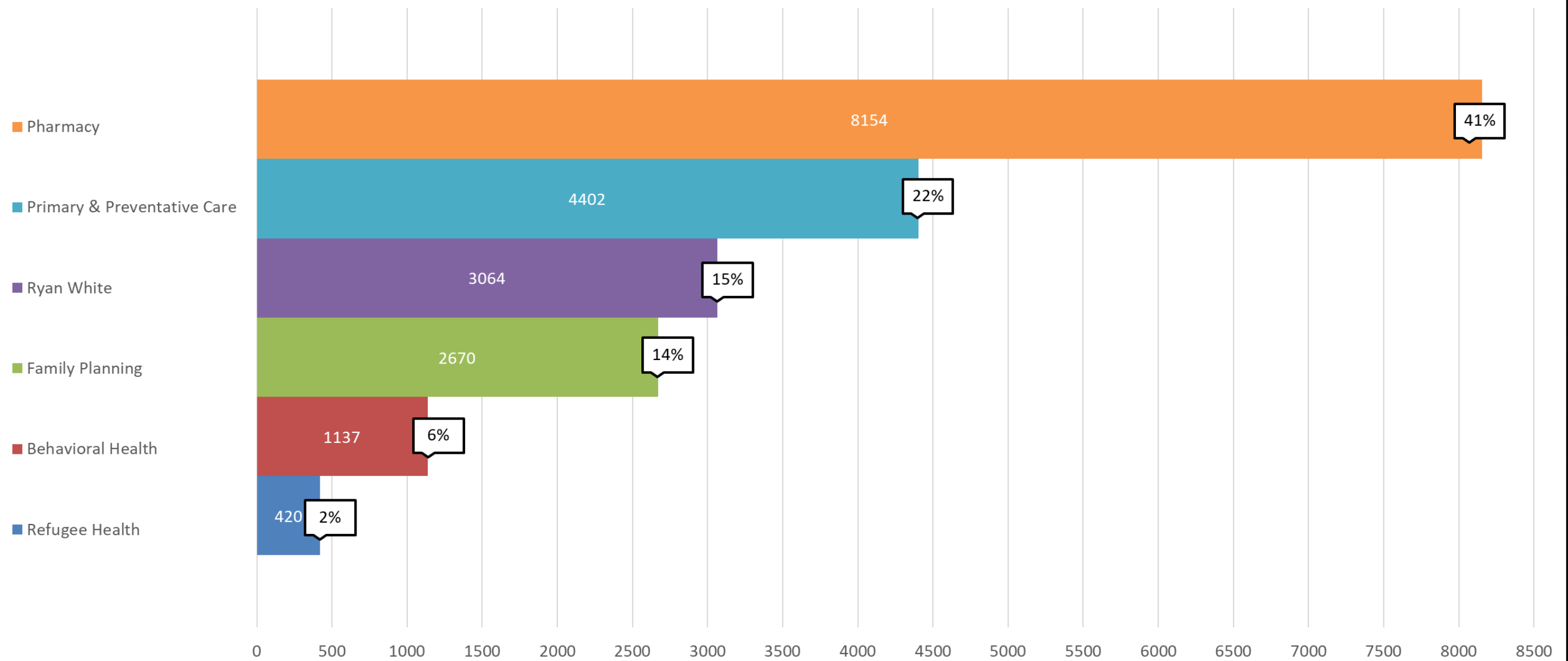
FQHC Total Expense by Type



■ Budget ■ Actual

# PATIENTS BY DEPARTMENT

Number of Encounters Through March 31, 2023  
Total: 19,847



# REVENUE BY DEPARTMENT

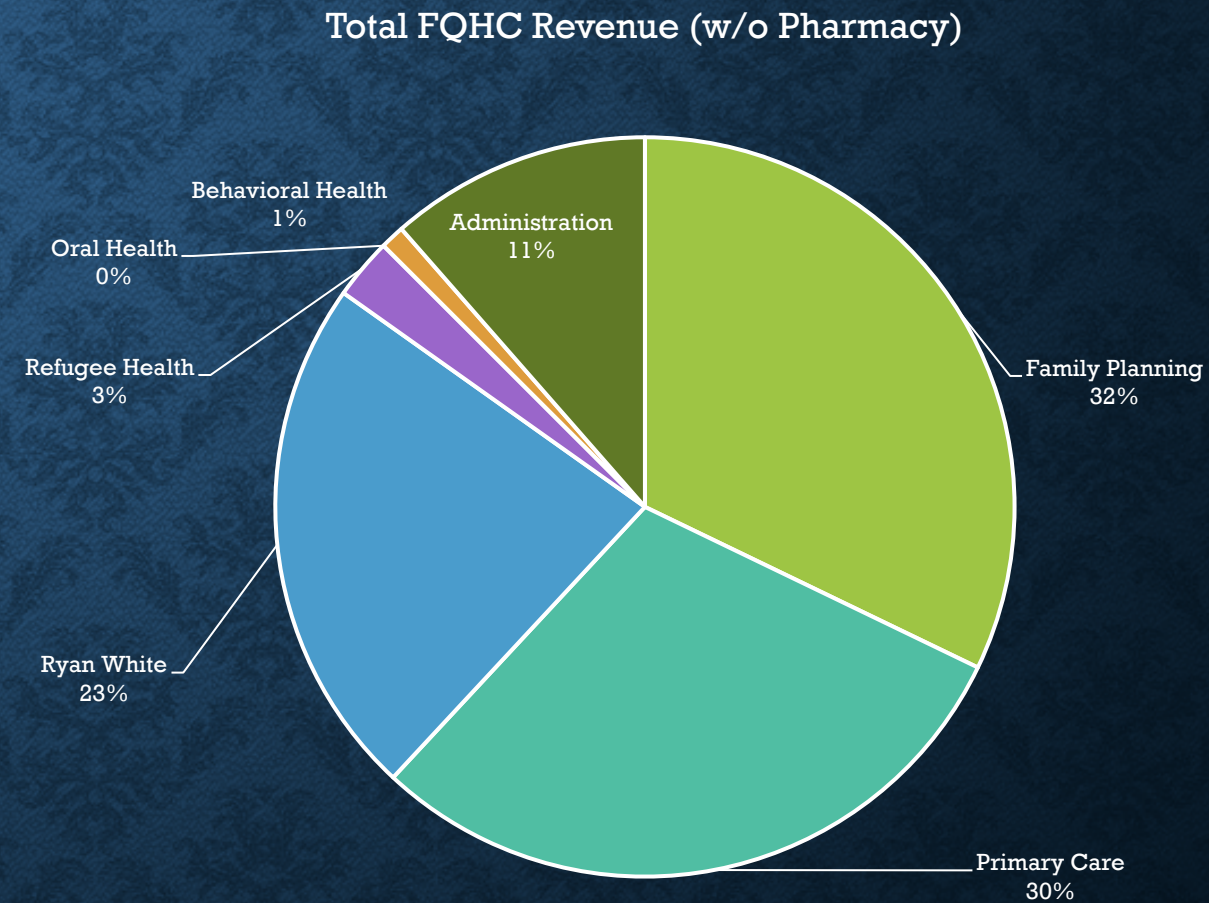
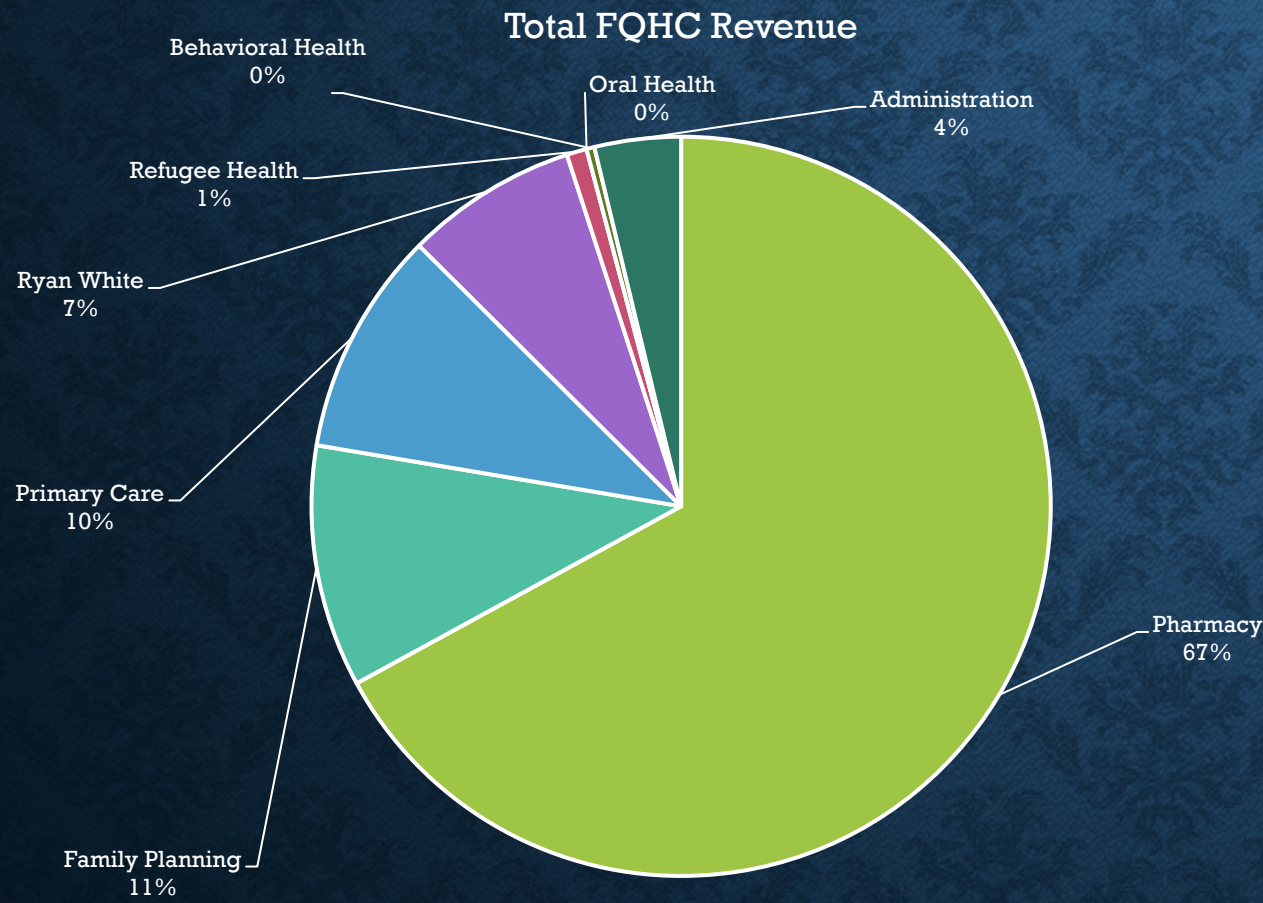
Department	Budget as of March	Actual as of March	Variance	%
<b>Charges for Services (+ Wrap)</b>				
Family Planning	255,585	327,637	72,052	28%
Pharmacy	10,813,500	12,613,013	1,799,513	17%
Oral Health (Dental)	5,490	-	(5,490)	-100%
Primary Care	496,335	141,436	(354,899)	-72%
Ryan White	(971)	160,448	161,420	-16620%
Refugee Health	237,263	64,030	(173,232)	-73%
Behavioral Health	-	65,288	65,288	0%
Administration	-	709,678	709,678	0%
<b>OPERATING REVENUE</b>	<b>11,807,201</b>	<b>14,081,531</b>	<b>2,274,330</b>	<b>19%</b>
<b>Grants</b>				
Family Planning	2,107,577	1,665,178	(442,399)	-21%
Pharmacy	144,757	-	(144,757)	-100%
Oral Health (Dental)	-	-	-	0%
Primary Care	1,920,117	1,704,004	(216,113)	-11%
Ryan White	1,352,548	1,258,670	(93,877)	-7%
Refugee Health	237,944	101,475	(136,469)	-57%
Behavioral Health	-	-	-	0%
<b>SPECIAL REVENUE</b>	<b>5,762,943</b>	<b>4,729,328</b>	<b>(1,033,615)</b>	<b>-18%</b>
<b>TOTAL REVENUE</b>	<b>17,570,144</b>	<b>18,810,859</b>	<b>1,240,714</b>	<b>7%</b>

**NOTES:**

- 1) PAYER MIX INCLUDES A HIGHER PERCENTAGE OF COMMERCIALY INSURED PATIENTS COMBINED WITH AN INCREASE IN PRESCRIPTION MEDICATIONS PER ENCOUNTER.
- 2) ANTICIPATED NET ADJUSTMENT LEFT CREDIT BALANCE IN REVENUE BUDGET.
- 3) ACTIVITY NOT SPECIFICALLY BUDGETED IN FY2023.
- 4) MISCELLANEOUS REIMBURSEMENTS FROM NEVADA MEDICAID (THE WRAP).
- 5) PROGRAM IS REQUESTING A NO-COST EXTENSION FOR COVID TELEHEALTH GRANT WITH PLANS TO HIRE ADDITIONAL PERSONNEL TO MAXIMIZE UTILIZATION IN FY2023.
- 6) PHARMACY BUDGETED FOR A GRANT WHICH WAS NOT APPROVED RESULTING IN NO GRANT REVENUE FOR FY2023.
- 7) PRIMARY CARE BUDGETED FOR CONSTRUCTION PROJECTS NOT YET SCHEDULED. PROGRAM PLANS TO COMPLETE CONSTRUCTION BY END OF SEPTEMBER 2024.
- 8) TIMING DIFFERENCE FOR REVIEW AND POSTING OF REQUESTS FOR REIMBURSEMENT.



# REVENUE BY DEPARTMENT (WITH AND WITHOUT PHARMACY)



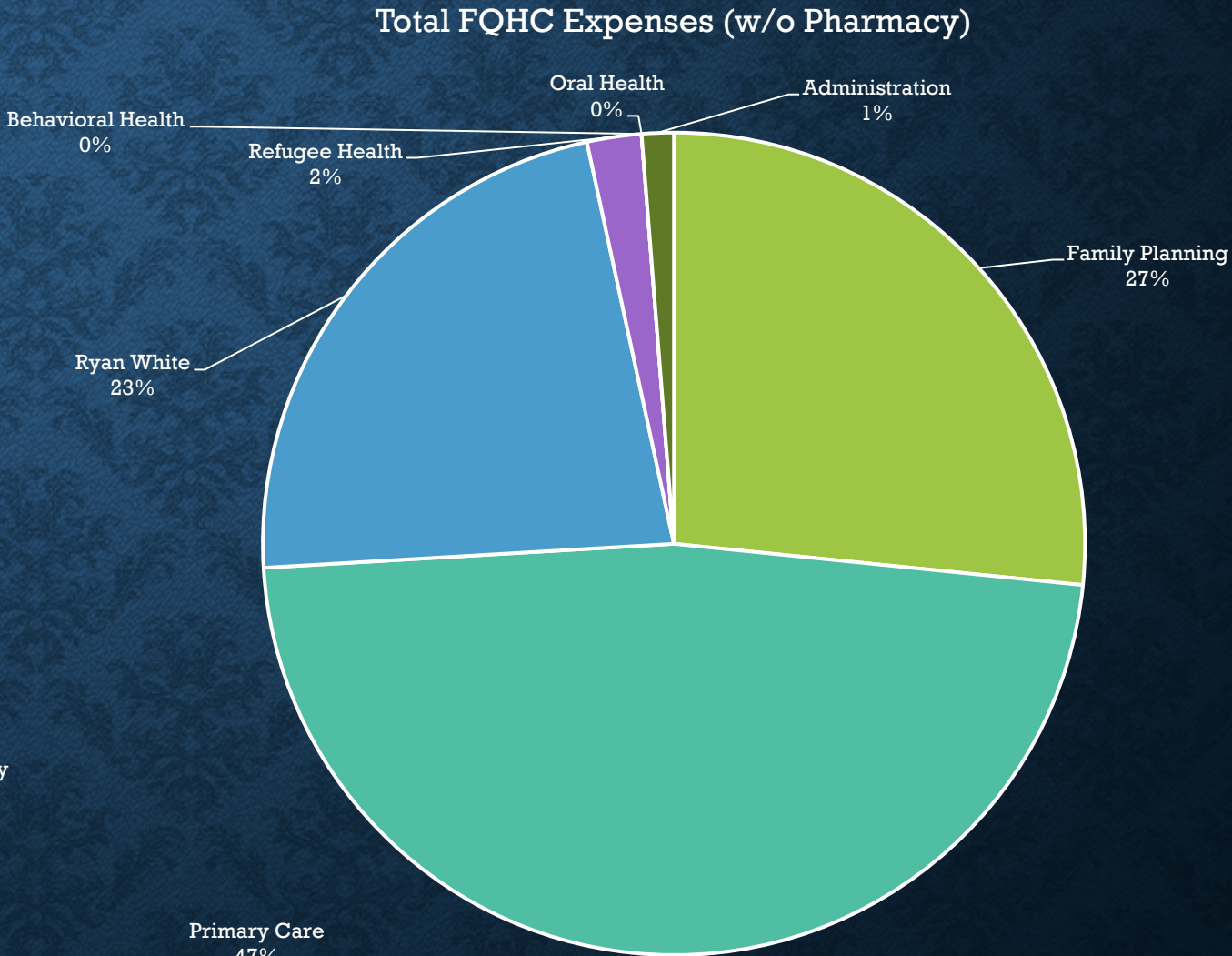
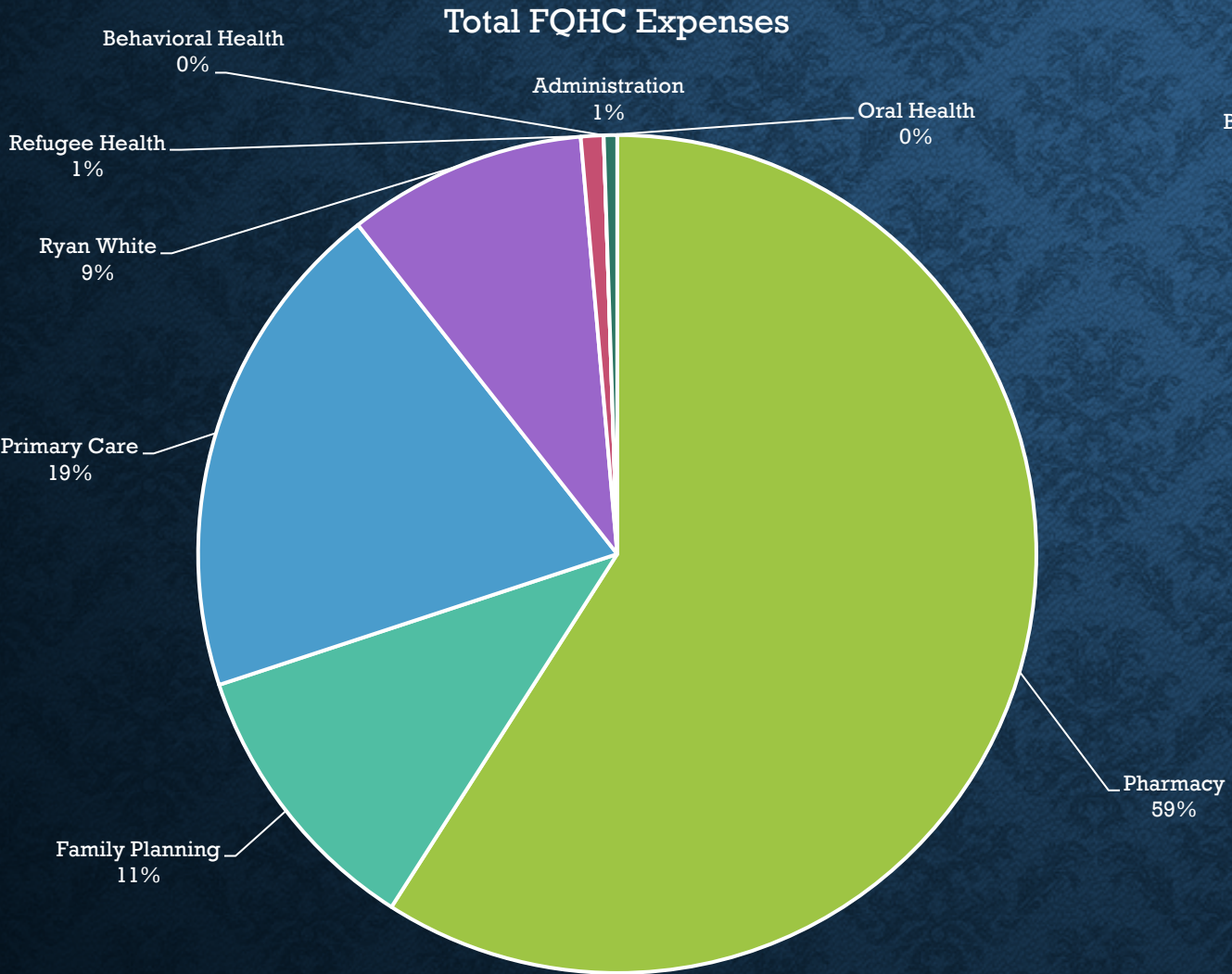
# EXPENSES BY DEPARTMENT

Department	Budget as of March	Actual as of March	Variance	%
<b>Employment (Salaries, Fringe, Training)</b>				
Family Planning	1,402,517	1,227,904	(174,613)	-12%
Pharmacy	224,608	212,469	(12,139)	-5%
Oral Health (Dental)	1,883	-	(1,883)	-100%
Primary Care	3,023,073	2,647,420	(375,653)	-12%
Ryan White	1,764,201	1,517,356	(246,845)	-14%
Refugee Health	127,432	90,337	(37,095)	-29%
Behavioral Health	750	-	(750)	-100%
Administration	217,377	90,542	(126,835)	-58%
<b>Total Personnel Costs</b>	<b>6,761,841</b>	<b>5,786,029</b>	<b>(975,812)</b>	<b>-14%</b>
<b>Other (Supplies, Contractual, Capital)</b>				
Family Planning	519,230	735,296	216,066	42%
Pharmacy	8,140,102	10,432,790	2,292,688	28%
Oral Health (Dental)	39,525	-	(39,525)	-100%
Primary Care	1,102,475	856,505	(245,970)	-22%
Ryan White	257,990	145,507	(112,482)	-44%
Refugee Health	130,998	67,767	(63,231)	-48%
Behavioral Health	8,700	-	(8,700)	-100%
Administration	54,740	2,219	(52,522)	-96%
<b>Total Other Expenses</b>	<b>10,253,759</b>	<b>12,240,083</b>	<b>1,986,324</b>	<b>19%</b>
<b>Total Operating Expenses</b>	<b>17,015,600</b>	<b>18,026,112</b>	<b>1,010,512</b>	<b>6%</b>
Indirect Costs/Cost Allocations	4,249,335	3,462,478	(786,857)	-19%
Transfers IN	(1,069,547)	(928,212)	141,334	-13%
Transfers OUT	1,036,462	928,212	(108,250)	-10%
<b>Total Transfers &amp; Allocations</b>	<b>4,216,250</b>	<b>3,462,478</b>	<b>(753,772)</b>	<b>-18%</b>
<b>TOTAL EXPENSES</b>	<b>21,231,850</b>	<b>21,488,590</b>	<b>256,740</b>	<b>1%</b>

NOTES:

- 1) SEVEN OPEN POSITIONS IN ACTIVE RECRUITMENT THROUGHOUT THE FISCAL YEAR (INCLUDING TWO PRIMARY CARE PHYSICIANS, TWO APRN, AND TWO CHN).
- 2) INCREASED PHARMACY ACTIVITY COMBINED WITH RISING COST OF PRESCRIPTION DRUGS.

# EXPENSES BY DEPARTMENT (WITH AND WITHOUT PHARMACY)



# FQHC - GENERAL FUND

FQHC - GENERAL FUND		Budget Through March 2023	Actual Through March 2023	Variance	+/- %
<b>Revenues</b>					
Charges for Services		11,700,424	13,366,817	1,666,394	14%
Other		106,778	714,714	607,936	569%
<b>Total Revenue</b>		<b>11,807,201</b>	<b>14,081,531</b>	<b>2,274,330</b>	<b>19%</b>
<b>Expenses</b>					
Salaries		1,875,514	1,675,531	199,983	11%
Taxes & Fringe Benefits		793,269	661,320	131,949	17%
Travel & Training		31,810	7,246	24,564	77%
<b>Total Personnel Costs</b>		<b>2,700,593</b>	<b>2,344,097</b>	<b>356,496</b>	<b>13%</b>
Supplies		8,364,810	10,572,754	(2,207,944)	-26%
Capital Outlay		7,500	-	7,500	100%
Contractual		403,621	269,461	134,160	33%
Other		-	-	-	0%
<b>Total Other Expenses</b>		<b>8,775,931</b>	<b>10,842,215</b>	<b>(2,066,284)</b>	<b>-24%</b>
Indirect Costs/Cost Allocations		2,955,922	2,356,128	599,794	20%
Transfers IN		-	(2,812)	2,812	0%
Transfers OUT		1,036,462	925,401	111,061	11%
<b>Total Transfers &amp; Allocations</b>		<b>3,992,384</b>	<b>3,278,717</b>	<b>713,666</b>	<b>18%</b>
<b>Total Expense</b>		<b>15,468,907</b>	<b>16,465,029</b>	<b>(996,122)</b>	<b>-6%</b>
<b>Net Position</b>		<b>(3,661,706)</b>	<b>(2,383,498)</b>	<b>1,278,208</b>	<b>-35%</b>

Unaudited General Ledger Data - July 1, 2022 to March 31, 2023

# FQHC – SPECIAL REVENUE FUND

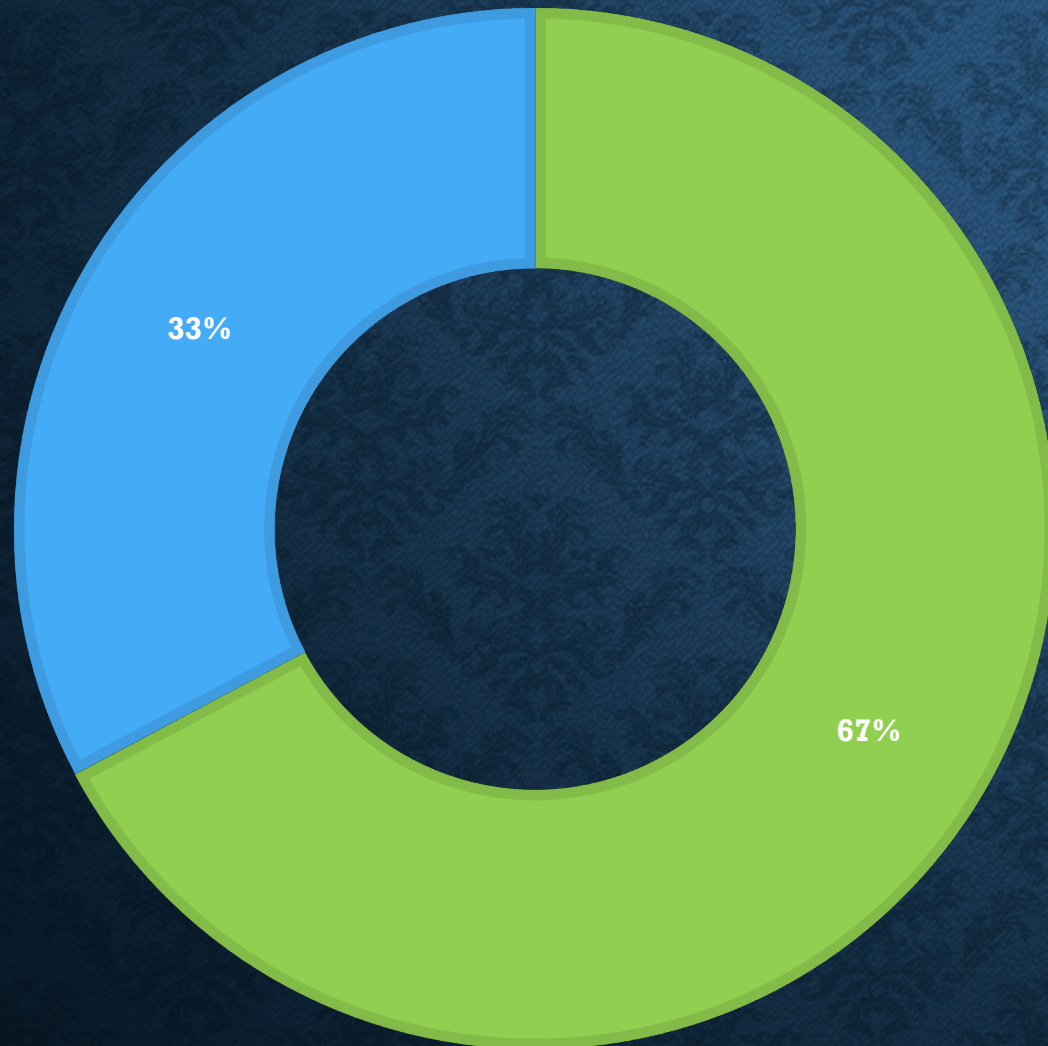
FQHC - SPECIAL REVENUE		Budget Through March 2023	Actual Through March 2023	Variance	+/- %
<b>Revenues</b>					
Grants		5,762,943	4,729,328	(1,033,615)	-18%
<b>Total Revenue</b>		<b>5,762,943</b>	<b>4,729,328</b>	<b>(1,033,615)</b>	<b>-18%</b>
<b>Expenses</b>					
Salaries		2,830,125	2,400,858	429,267	15%
Taxes & Fringe Benefits		1,202,803	990,685	212,118	18%
Travel & Training		28,320	50,390	(22,070)	-78%
<b>Total Personnel Costs</b>		<b>4,061,248</b>	<b>3,441,932</b>	<b>619,316</b>	<b>15%</b>
Supplies		521,836	492,035	29,801	6%
Capital Outlay		72,341	11,376	60,965	84%
Contractual		883,652	894,458	(10,806)	-1%
Other		-	-	-	0%
<b>Total Other Expenses</b>		<b>1,477,829</b>	<b>1,397,869</b>	<b>79,960</b>	<b>5%</b>
Indirect Costs/Cost Allocations		1,293,413	1,106,350	187,063	14%
Transfers IN		(1,069,547)	(925,401)	(144,146)	13%
Transfers OUT		-	2,812	(2,812)	0%
<b>Total Transfers &amp; Allocations</b>		<b>223,867</b>	<b>183,761</b>	<b>40,106</b>	<b>18%</b>
<b>Total Expense</b>		<b>5,762,943</b>	<b>5,023,562</b>	<b>739,382</b>	<b>13%</b>
<b>Net Position</b>		<b>(0)</b>	<b>(294,234)</b>	<b>(294,234)</b>	<b>0%</b>

Unaudited General Ledger Data - July 1, 2022 to March 31, 2023

# FQHC – REVENUE BY FUND

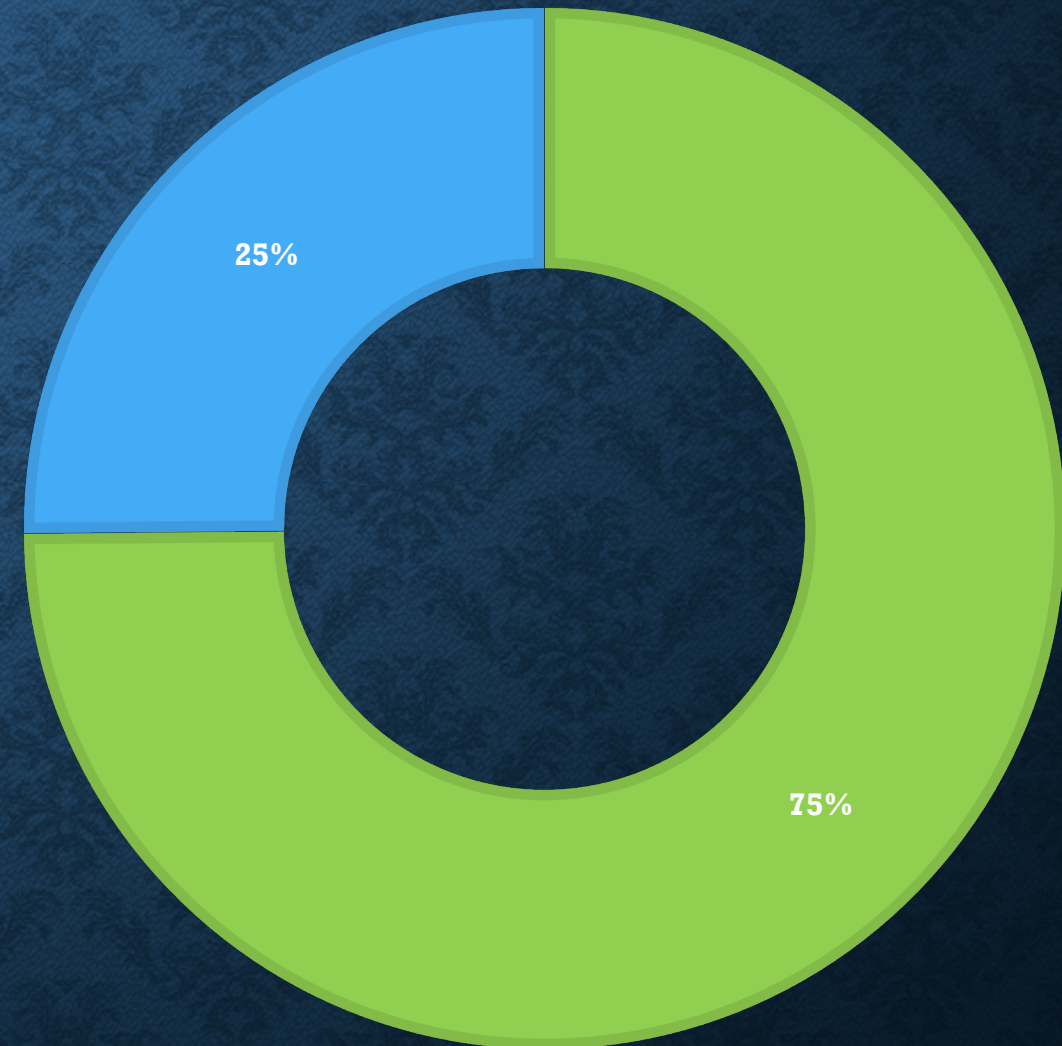
## BUDGET

■ Operating ■ Grant



## ACTUAL

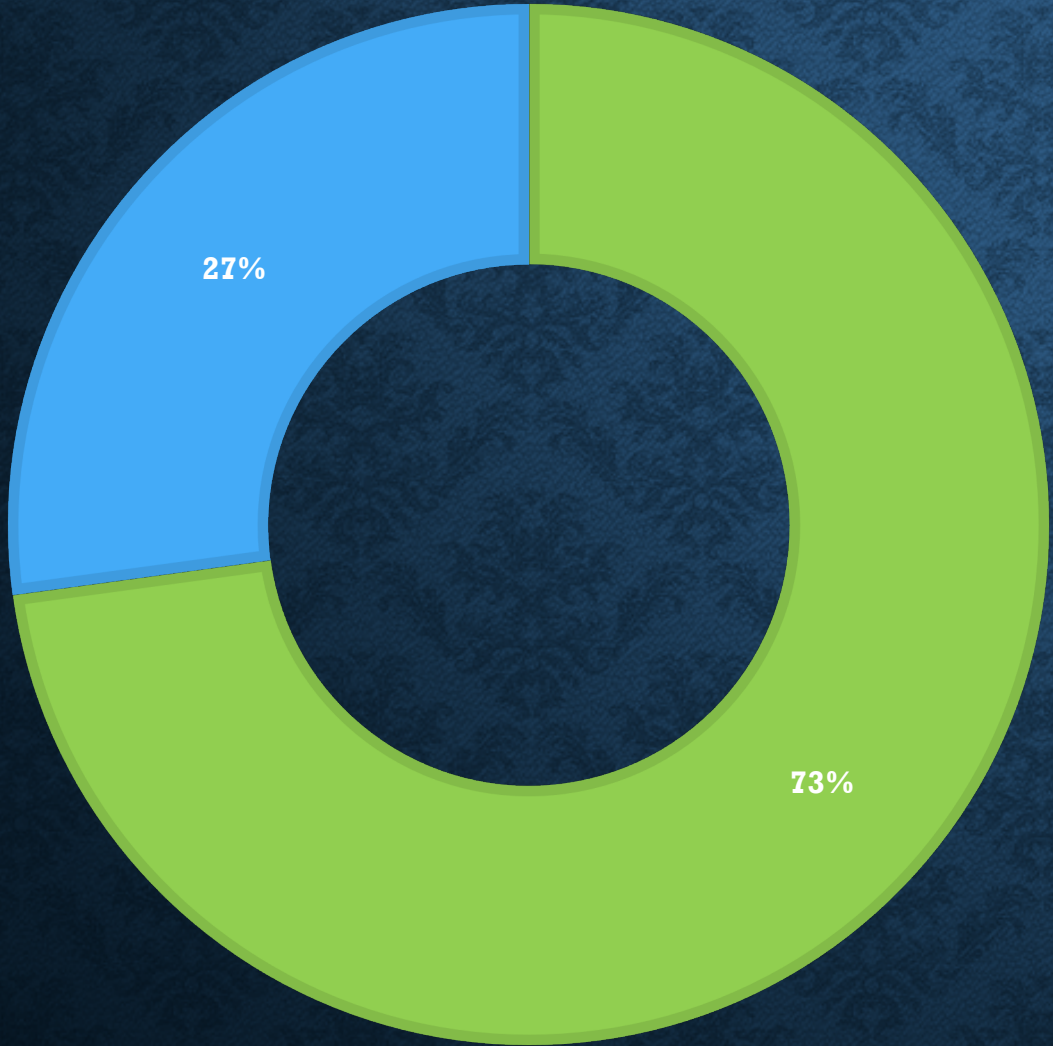
■ Operating ■ Grant



# FQHC – EXPENSES BY FUND

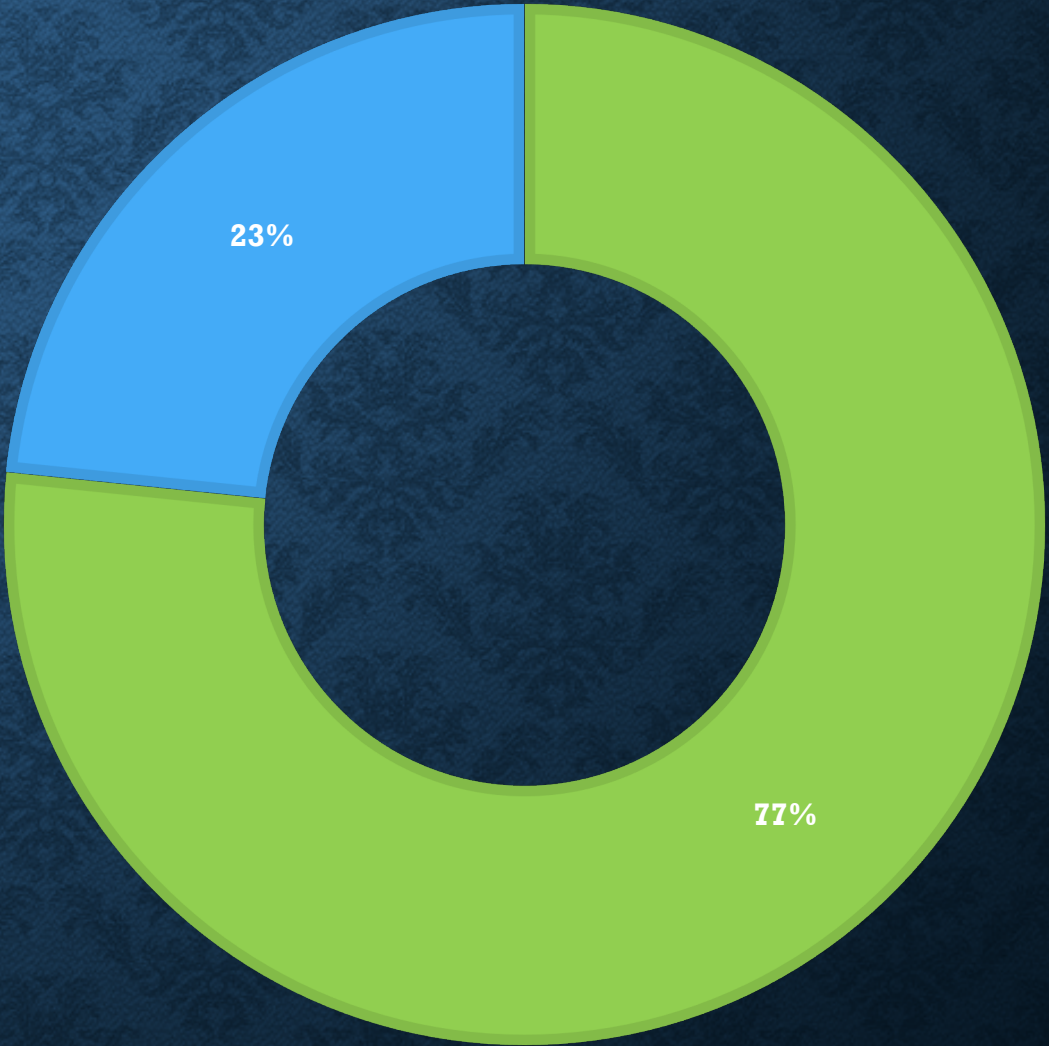
**BUDGET**

■ Operating ■ Grant



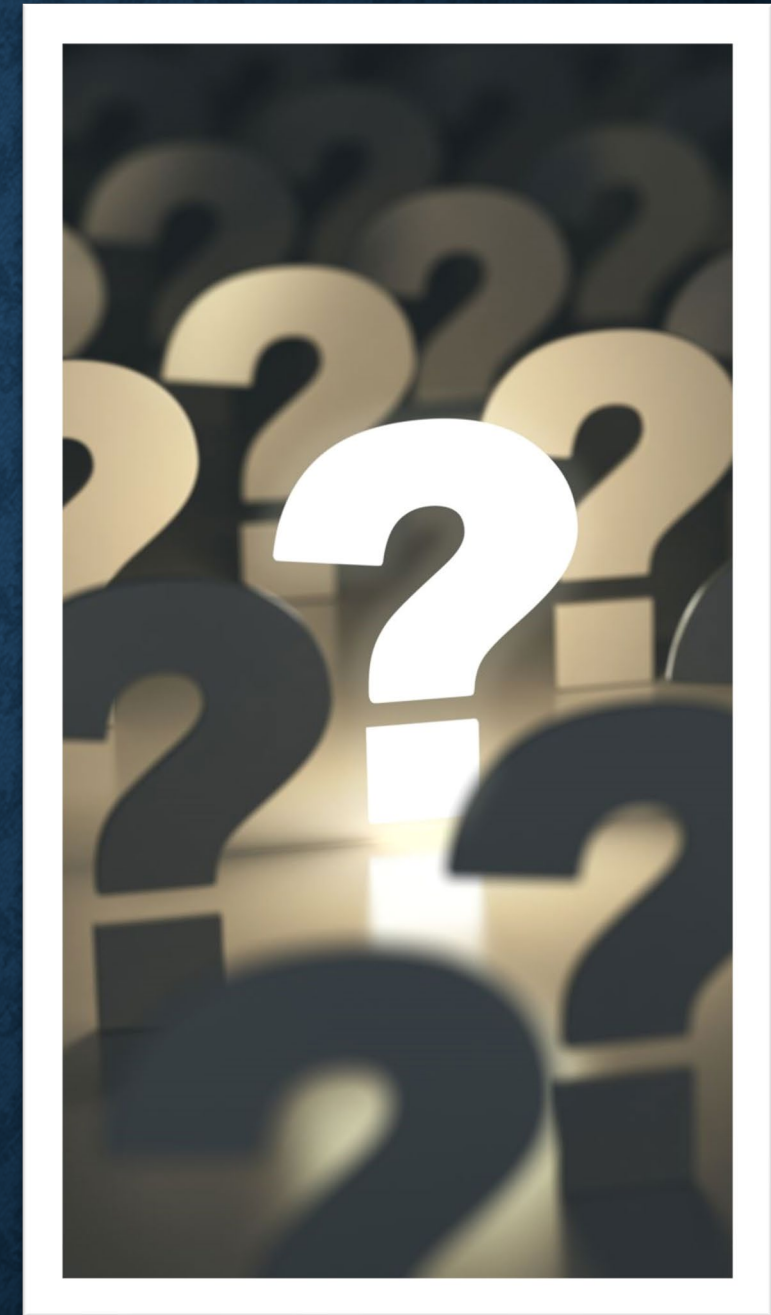
**ACTUAL**

■ Operating ■ Grant



# QUESTIONS?

*Request a Motion to Accept the  
March 2023 YTD Monthly Financial Report.*





# Quality, Credentialing and Risk Management Committee Meeting Schedule

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- Meets four (4) times per year and as deemed necessary to carry out its responsibilities.
- Committee agreed to meet on the following dates:
  - Thursday, April 13, 2023, 10-11 a.m. (Q1 activities)
  - Wednesday, July 5, 1-2 p.m. (Q2 activities)
  - Wednesday, October 11, 1-2 p.m. (Q3 activities)
  - Wednesday, January 10, 2024, 1-2 p.m. (Q4 activities)

*No action required.*

# Risk Management Report Update

- The following is an update to the health center's Annual Risk Management Report resulting from new information learned during the submission of the FTCA application in December.

# Risk Management Report Updates

CY23 Goals	CY22 Baseline	CY23 Activities (What, Who, When)	CY23 Performance
Goal #1: Reduce medication errors to 0.	Seven (7) errors	<ul style="list-style-type: none"> <li>Implementation of the vaccine administration training and competency checklist, which is reviewed one by one during employee evaluation, and updated by the supervisor annually.</li> <li>Annual vaccine administration training every September organized and facilitated by the Vaccine Coordinator.</li> </ul>	Q1: 0 medication errors. Q2: Q3: Q4: CY23:0
Goal #2: Reduce delayed response time for Dr. Bluebird events by 50% year over year.	5 bluebird incidents – 25% of which had a delayed response time at or longer than 2 minutes	<ul style="list-style-type: none"> <li>Clinical staff and Chief Nurse working to revise the current policy for medical events, that will include training for staff responding to medical events. This is currently in process and should be ready for presentation in Q3.</li> <li>Inspect and verify the crash carts are labeled and stocked with supplies.</li> <li>Mapping of AEDs and provide biannual training for use of AEDs when BLS licenses are renewed.</li> </ul>	Q1: 3/3 bluebird responses were under 2 minutes Q2: Q3: Q4: CY23: 0
Goal #3: Reduce the number of physical safety findings by 5%	12 findings and 17 recommendations made from a legal and liability institute, who performed a safety and security assessment in Sept of 2022 1 employee injury in 2022	<ul style="list-style-type: none"> <li>Director of Facilities and Security organized the train the trainer program for safety and security, and de-escalation, which will occur in Q3 of 2023.</li> <li>Working with a vendor to update internal and external camera coverage. This is currently in progress and should be complete by Q3.</li> <li>Director of Facilities and Security and the Safety Officer will organize a way to monitor safety and security on a regular basis by Q3.</li> </ul>	Q1: 1 employee injury Q2: Q3: Q4: CY23: 1
Goal #4: Improve the reporting of actual or potential incidents	15 total incidents reported in CY22	<ul style="list-style-type: none"> <li>FQHC Operations Officer to review and revised as needed the current Incident Reporting policy and procedure. – June 2023</li> <li>FQHC Quality Improvement Coordinator to review and revise as needed the current Incident Reporting form. – June 2023</li> <li>FQHC Operations Officer to facilitate the completion of division-wide training on the current/revised Incident Reporting policy, procedure, and form. – July 2023</li> </ul>	Q1: 4 # of incident reports completed Q2: Q3: Q4: CY23: 4

# 2023 Quality Management Plan





# Goals and Objectives

To design and implement effective processes to meet the needs of patients in a manner consistent with the health center's mission, vision, goals, and strategic plans.

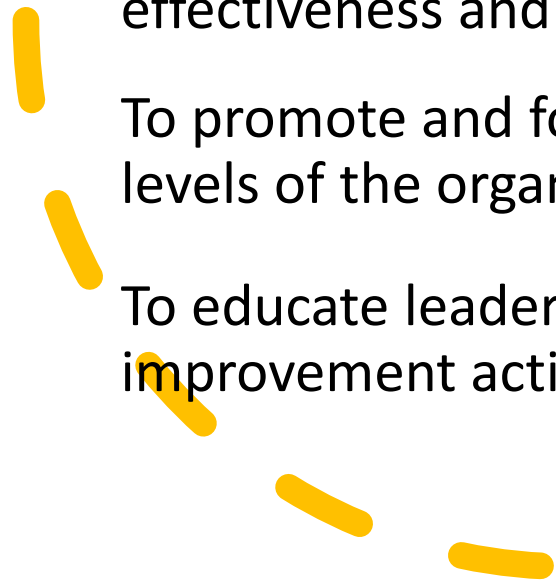
To promote and implement evidenced based care that addresses health equity and disparities in the communities served by SNCHC.

To collect and use data to monitor the stability of existing processes, identify opportunities for improvement, identify changes that will lead to improvement, and evaluate the effectiveness of programs.

To aggregate and analyze data on an ongoing basis and to identify changes that will lead to improved clinical effectiveness and operation efficiency and a reduction in errors.

To promote and foster collaboration and a culture focused on quality improvement and risk mitigation at all levels of the organization.

To educate leaders and staff regarding continuous quality improvement and participation in performance improvement activities.





# Organization

Quality improvement and assurance activities conducted by:

- SNCHC Governing Board
- SNCHC Quality, Risk and Credentials Committee
- Quality Improvement Work Group
  - An internal work group comprised of clinical and administrative leaders and staff



# Questions?

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Thank you!



**SOUTHERN NEVADA**  
*Community*  
**HEALTH CENTER**

**AT THE SOUTHERN NEVADA HEALTH DISTRICT**

# Credentialing and Privileging of Provider – Alireza Farabi, MD, PC

- For credentialing, HRSA requires certain credentials be verified through a process called *primary source verification*:
  - Confirming the authenticity of the credentials directly with the source.
  - Credentials include education, training, and licensure.
- Initially, sought primary source verification of education directly from Dr Farabi's medical school.
  - Despite repeated attempts, failed to receive that verification.
  - Then sought secondary source verification from Dr Farabi, who provided documentation.
  - Agenized this item due to its atypical circumstances.



# Credentialing and Privileging of Provider – Alireza Farabi, MD, PC

- Recently, learned we can rely on the Nevada Board of Medical Examiners to verify a physician's education and training if we can document that they conduct primary source verification of these credentials
  - Determined that the Board's procedures require primary source verification for education and training when a physician applies for a license
- Based on the above, recommend that the Governing Board approve the credentialing and privileging of Dr Farabi.

***Request a Motion to Approve the Credentialing and Privileging of Provider  
Alireza Farabi, MD, PC.***



# Highlights from the April 2023 Operational Report

# Program Updates

- April 2023 Patients Served:
  - 847 unduplicated patients served
    - 214 new patients
- Staffing:
  - New mid-level provider started on 5/1
  - Recruitment for staff physician and LCSW ongoing
- Grants:
  - FQHC Incubator Grant for \$1.4 million over two years to develop oral health services at Fremont
  - HRSA Service Area Competition (SAC) released at the end of May
- Audits:
  - Ryan White – May 2023
  - Title X – September 2023

# PPS Billing for Medicaid Patients

- Community Health Worker (CHW) new billable provider for FQHCs
  - Payer Credentialing
  - Internal Privileging
  - Scope of Billable work
- Approved for three (3) billable Medicaid encounters each day
  - Medical, Behavioral Health, Dental
- Final PPS rate with State Medicaid Office
  - Currently operating on an interim rate

Questions?



SOUTHERN NEVADA  
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AT THE SOUTHERN NEVADA HEALTH DISTRICT