Parkland

HOMES
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, June 29, 2022 at 3:30 PM (or immediately following the Board of Managers Meeting)*** at 5200 Harry Hines Blvd (WISH Building) Dallas, TX 75235, Conference Room 02-175. (If assistance is needed in locating the room, please see the Administration receptionist on the 4th floor, 04-131.) A quorum will be physically present at the location of the meeting. Videoconferencing access is also possible via Webex. That application is available at https://www.webex.com/downloads.html. Teleconferencing access is possible by calling +1-415-655-0001. Both virtual access forms require inputting (meeting number: 2624 716 7460; meeting password: 1234) to join the meeting. The ***Board of Managers HOMES*** reserves the right to exercise discretion and may convene in Executive Session as permitted by Texas Government Code §§551.071 (consultation with attorney), 551.072 (deliberations regarding real estate), 551.074 (personnel matters), 551.076 (deliberations regarding security devices or security audits), 551.078 and/or 551.0785 (deliberations by medical committee or by governmental body that administers a public insurance, health or retirement plan regarding individuals' medical or psychiatric records), 551.085 (deliberation by governing board of certain providers of health care services), 551.087 (deliberation regarding economic development negotiations), 551.088 (deliberation regarding test item); Texas Government Code §418.183 (deliberation of information under §§418.175 – 418.182 for purposes of disaster management or disaster planning); Texas Health & Safety Code §161.032 (medical committee or medical peer review committee records, information or reports; and/or medical committee or medical peer review committee proceedings under Tex. Health & Safety Code Chapter 161 and/or Tex. Occ. Code Chapters 151 and 160); and/or as otherwise authorized by law on any item listed below. The ***Board of Managers HOMES*** may consider any of the agenda items in open or executive session and may continue the meeting as necessary to accomplish the business at the time and place designated by the Chair to reconvene.

		PAGE	TIME (MIN)	PRESENTER(S)
I.	**Declare a Quorum Present/Call to Order/Mission Statement** ***Advance Wellness | Relieve Suffering | Develop and Educate*** **I CARE** **I**ntegrity **C**ompassion and Collaboration **A**ccountability **R**espect **E**quity **Public Comments Regarding Agenda Items** *See public comment registration information and rules at* *https://www.parklandhospital.com/board-of-managers*			Chair
II.	**Consent Agenda**			
A.	Approve Minutes 2022-05-25 HOMES	2	1	Chair
B.	Approve Minutes 2022-06-13 HOMES Advisory Board	6		
III.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	Operations Update	14	2	Kyla Rankin
B.	Management and Finance Update	16	2	
C.	Governance Update	17	1	
D.	HRSA Compliance Manual Requirements: The Big 20	18		
E.	HRSA Compliance Manual Requirements: Chapter 8: Continuity of Care & Hospital	22	5	
F.	Approve Privileges-Requirements for HRSA Providers Policy	28	5	
IV.	**Action Items**			
A.	Board May Take Action on Any Agenda Item(s) Above			Chair
V.	**Adjourn**			

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Approve Minutes 2022-05-25 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
May 25, 2022

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, May 25, 2022, scheduled for 3:30 p.m. in the WISH Building Conference Room (02-175) at Parkland Health and via WebEx. These minutes do not constitute a certified agenda from the meeting.

I. Attendance and Call to Order

Chair Marjorie Petty, JD, noted that a quorum was physically present and called the meeting to order at 3:45 p.m.

Board Member attendees included: Chair Marjorie Petty, JD; Eric G. Bing, MD, PhD; Todd Furniss, JD; Robert Martinez, JD; Ramon Miguez, PE; Farida Minner, RN; Elizabeth Palacios, MD. Jeff Tillotson, JD, attended via Webex.

Board members Don O'Bannon, Esq, John Proctor; and Lisa Sutter were not present.

Staff Present (via Webex and in-person) included:

Forrest Stovall, Governance Program Coordinator (in-person)
Fred Cerise, President & Chief Executive Officer (in-person)
Kyla Rankin, HOMES Project Director (in-person)
Saul Cordero, VP & Chief Governance Officer (in-person)

II. Mission Statement

Chair began the meeting by stating the mission statement:
Advance Wellness | Relieve Suffering | Develop and Educate

III. Public Comments Regarding Agenda Items

No members of the public registered for comments regarding the agenda items.

IV. Conflicts of Interest

After review of the agenda, the Chair noted zero conflicts of interest for Board Members present.

V. Consent Agenda

A. Approve Minutes 2022-04-27 HOMES

Robert Martinez, JD, motioned for the approval of the Consent Agenda. Ramon Miguez, PE, seconded the motion. The motion passed unanimously.

VI. Reports Requiring Deliberation(s) or Approval(s)

The Board received information for the following updates presented by HOMES Project Director Kyla Rankin.

A. Operations Update
Kyla Rankin first reported on HOMES' staffing. There are 7.5 FTEs that remain vacant. Next, Kyla reported on the grand opening of the Dallas Deflection Center with go-live in the next few weeks. HOMES will begin primary care at the Deflection Center the first week of June. The Deflection Center is a collaboration with Homeward Bound, Dallas County, North Texas Behavioral Health Authority and Dallas Police Department.

B. Management and Finance Update
Kyla Rankin shared that HOMES annual unduplicated patient goal is 9,675. HOMES has currently seen 3,394 patients this year, which is 35% of the goal. HOMES continues to be under budget for over-time.

C. Governance Update
The next HOMES Advisory Board is Monday, June 13, 2022. The meeting will be offered both in-person and virtual.

D. HRSA Compliance Manual Requirements: The Big 20
Kyla Rankin reviewed The Big 20 manual.

E. HRSA Compliance Manual Requirements: Chapter 14: Collaborative Relationships
Kyla Rankin reviewed Chapter 14: Collaborative Relationships. She reported the requirements from HRSA and reported how HOMES demonstrates compliance. She reviewed the sites that HOMES maintains relationships with as well.

F. Approve HOMES Deflection Center Intake Policy and Procedure
Kyla introduced the HOMES Deflection Center Intake Policy & Procedure for approval. This is a new policy that will guide the scope of practice at the Deflection Center.

Robert Martinez, JD, motioned for the approval of the HOMES Deflection Center Intake Policy and Procedure. Farida Minner, RN, seconded the motion. The motion passed unanimously.

G. Approve Legislative Mandates in Grants Management Policy
Kyla introduced the Legislative Mandates in Grants Management Policy for approval.

Ramon Miguez, PE, motioned for the approval of the Legislative Mandates in Grants Management Policy. Robert Martinez, JD, seconded the motion. The motion passed unanimously.

H. State of Homeless Address
Kyla provided a brief overview of the State of Homeless Address (SOHA). The SOHA data was provided by Metro Dallas Homeless Alliance and showed the lowest point in time count since 2019. There has been an increase in permanent supportive housing - beds

went from 300 to 1100. Veteran and Family homelessness decreased but chronic homelessness increased.

The Board asked questions and received further information related to the outcomes of the Homeless Address and trends in homelessness across Dallas County.

I. Healthcare for the Homeless Conference 2022

Kyla reported on the Healthcare for the Homeless Conference, May 2022. HOMES leadership attended the conference in Seattle, WA. Kyla co-presented a session titled "Healthcare on Wheels."

The Board asked questions and received further information related to findings from the Healthcare for the Homeless Conference 2022.

VII. Adjourn

With no further business to discuss, the Chair adjourned the meeting at 4:05 p.m.

SO RECORDED:

Marjorie D. Petty, JD Chair	Steve Roth, JD, MPH Assistant Secretary

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Approve Minutes 2022-06-13 HOMES Advisory Board

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 6/13/22 **Time:** 1200 **Location:** Webex

Facilitators: Kyla Rankin

Attendees							
X	Kyla Rankin		Trudy Hernandez	X	Robert Martinez		Saul Cordero
X	Sara Galvez	X	Forrest Stovall		Latisha Blair		Guadalupe Ramirez
X	Dolores Diaz		W.R. Cunningham		Pink Elke	X	Donna Persaud
	Dennis Thomas	X	Wanda Wonzer		Marjorie Petty		Elfrieda Cole
X	Farida Minner						
Guests							
X	Benita Grant	X	Sharae Lemoine (Student Intern)				

	Agenda Item/ Presenter	Discussion	Action items
	Approval of April Minutes	- Motion to approve April minutes. - Robert asked Forrest if he is voting member of advisory board. Forrest stated to his understanding BOM are not voting members of the advisory. - Minutes were not approved due to no voting member being present. Approval of April minutes postponed until August meeting.	-Kyla to check Bylaws regarding approval of minutes.
	Staffing	- Reviewed by Kyla - HOMES has 8 open positions. 2-Mobile Unit Drivers 2-Peer Navigator 1-Medical Practice Assistant (MPA) 1-Dental Assistant 1-Business Intelligence Specialist 1-Social Worker - Since last meeting HOMES had 2 drivers, 1 Dental Assistant and 3 nurses onboard.	
	Operations	- Reviewed by Sara - Received a new dental unit last October. The unit has been delayed in service due to several issues with securing license and with supply chain - Recently received license; still waiting on 1 necessary item which is a water bottle for a chair. The chair cannot be used without the water bottle. Request for the bottle has been sent, awaiting a tracking number. - Driver/staffing shortage also an issue that is delaying mobile dental unit operations. - Tentatively, dental unit will be operational by end of July. - HOMES has given 4884 COVID doses since March 2021. Not much interest has been shown in receiving 2nd booster. Sites continue to reach out for HOMES to provide vaccines to patients and we accommodate as our schedule permits. - Pathways Forward- is a collaboration with Salvation Army to help high utilizers of the emergency department to get into shelter and case management services. The program went live May 2022, currently 10 patients in house.	

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HOMES ADVISORY BOARD
MEETING MINUTES

Date: 6/13/22 **Time:** 1200 **Location:** Webex

Facilitators: Kyla Rankin

		- HOMES Shed will be moving from current location to a temporary space (on Butler), this should be ready in October. Permanent space (Tex Oak) will be ready in Q3/Q4 2023. - Epic WISDOM dental module is expected to go live Dec 2022. IT will begin new weekly meetings due to new project manager. - Deflection Center ribbon cutting, May 2022. Parkland Senior Leadership and HOMES Leadership were present. Primary care soft opening June 2, 2022. Deflection center is not yet open to receive patients from law enforcement agencies. HOMES is providing primary care to current Homeward bound patients on Mondays and Thursdays, to date we've seen 26 patients. - Go live for Deflection is end of June. Operations will be 7 days a week. Homeward has 2 dedicated parking for HOMES staff. - HOMES role in the Deflection Center is to provide intake nursing assessments and primary care 2 days a week. - Kyla asked to clarify regarding delay in receiving deflection center patients. Sara clarified that law enforcement made a training video to show officers the process of patient intake and needed time to disseminate within their organization. - Wanda asked if training video is to help officers learn how to deal with people with mental disabilities. Sara stated the video is more about process training and who qualifies to go to the center. The video shows the officer process in bringing patient to Homeward Bound. - Security guard will be present at the Deflection Center. Guard will search for contraband. - Pictures of Dallas Deflection clinic were displayed - Homeward bound clinic is fully stocked. Floor stock and Class D medications will be behind locked cabinets. - Clinic has 2 identical exam rooms, nursing station and registration station.	
	Management & Finance	- Reviewed by Kyla - Unduplicated patient number is set by HRSA, 9675 is the annual goal. As of May, YTD is 4003. Trending low to meet annual goal. If on average ~600 patients are seen each month, it would put us closer to meeting annual goal. - No anticipation of penalty from HRSA if goal is not meet. HRSA is aware of COVID and workforce staffing issues effecting number of patients being seen. - Typically, there is a decline in unduplicated patients at the end of the year and the holiday season.	

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HOMES ADVISORY BOARD
MEETING MINUTES

Date: 6/13/22 **Time:** 1200 **Location:** Webex

Facilitators: Kyla Rankin

	Quality	- Reviewed by Donna - Scorecard was reviewed - Improvements with Environment of Care audits and responding to patient messages - 6 safety posts in April 2022 PT had a minor fall, fell off a chair-was not injured Wrong patient information in another patient chart Patient had a pocket-knife, identified by nurse when asked to empty pockets for weight; patient was counseled. Staff member received a sexually inappropriate call from patient Patient had severe reaction to medication and had to be hospitalized. Provider had to do reeducation about adverse reactions. 2 Austin Street Center residents got into an altercation outside next to the mobile unit. One suffered a laceration to the head. EMT was called. HOMES provider provided care to wound until EMT arrived. Patient was taken to local hospital. - Kyla made a comment regarding increase in safety posts. Parkland is moving towards HRO (High Reliability Organization) which means we may see an increase. Staff has been educated and encourage to make safety posts. - Wanda shared concerns about her reaction to COVID booster. Dr. Persaud responded. - Patient satisfaction survey numbers are not reflection of number of patients volume. HOMES continues to focus on how to consistently get the surveys back from patients. - Patient survey comments were shared with the Advisory Board. - YTD patient experience analysis. Our area of opportunity is in after-hours access. Patients rarely utilize HOMES after hours line. Will provide more education to patients about how to access after-hours line.	
	ICARE	- Reviewed by Dolores - Parkland recently updated mission, vision, and values to ICARE. - HOMES had a departmental meeting regarding ICARE and came up with top 3 commitments. Commitments were chosen by staff. Listen to understand We will foster an environment that promotes honesty without fear of getting into trouble or retaliation. Lead by example - Wanda asked if ICARE is just for staff or how patients are to be treated. Kyla answered that it should translate into both-how staff conduct themselves and the way they treat patients.	

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HOMES ADVISORY BOARD
MEETING MINUTES

Date: 6/13/22 **Time:** 1200 **Location:** Webex

Facilitators: Kyla Rankin

	Community Updates	- Reviewed by Benita - HOMES Community Health Needs Assessment (CHNA) focus group was held on 5/18/22. There were 12 participants which included 1 advisory board member, William Cunningham. - Feedback given by participants-overall was favorable of HOMES department - Major concerns expressed, were lack of transportation, insurance questions and difference between HOMES Parkland Financial Assistance (PFA) and Parkland Financial Assistance (PFA) - UBC (Unit Base Council) started an initiative to collect new reusable water bottles to hand out to homeless during the summer months. Primary areas for collection will be Bridge, Stewpot and Our calling. - CHNA is required by HRSA for grant. Focus group is one piece of the submission to collect data.	
	State of the Homeless Address	- Reviewed by Kyla - Metro Dallas Homeless Alliance (MDHA) Point in Time (PIT) count was Feb 2022. Data was presented by MDHA in May 2022. - Count was 4410, lowest number since 2019. This is believed to be due to increase in permanent supportive housing beds. Dallas county beds increased from 300 to 1100. - Veteran and family homelessness is down. Chronic homelessness is up. - Slight rise in return to homelessness - Racial disparities in Dallas Co continue. Individuals of color make up about 18% of Dallas Co but are 54% of homeless population. - MDHA goal is to make homelessness rare, brief, and nonrecurring.	
	Healthcare for the Homeless	- Reviewed by Kyla - Kyla, Dr. Persaud and Sara went to Healthcare for the Homeless 2022 conference in Seattle, WA in May. Grant funded travel. Several sessions were attended. - Kyla was a co-presenter for healthcare on wheels session.	
	Patient story	- Kyla read a story from 24-hour patient that was sent to the Parkland foundation.	
	Next Meeting	- Will be August 8, 2022.	
	Miscellaneous	- HRSA recommends that member from the Parkland Board of Managers is assigned to HOMES Advisory Board. Previously that has been Robert Martinez. Farida Minner is primary representative, Robert is staying on and Marjorie will participate as needed.	

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 6/13/22 **Time:** 1200 **Location:** Webex

Facilitators: Kyla Rankin

The minutes, records and improvement activities operate under HB 4495b and the Texas Health & Safety Code, Sec. 161.031 & 161.032 affording protection from disclosure or discovery. Records of these committees are not public and are not subject to court subpoena. Records may be made available to persons who have a right to review the records and who are required to keep the information confidential.

Parkland

Homeless Outreach Medical Services Program Monthly Update Report – June 2022

Kyla Rankin, Project Director

Agenda

- Operational Updates
- Management and Finance
- Governance
- HRSA: The Big 20
  - Chapter 8: Continuity of Care and Hospital Admitting
- Policy Approval
- Patient Story

Staffing

- Accepted
  - 1.0 FTE MPA
  - 1.0 FTE Peer Navigator
- Posted
  - 2.0 FTE Drivers
  - 1.0 FTE Peer Navigator
  - 1.0 FTE Dental Assistant
  - 0.5 FTE Business Intelligence Specialist (ARPA)
  - 1.0 FTE Social Work (ARPA)

Operations

- COVID
  - 4884 doses (5/31/22)
- Shed facilities move
- Pathways Forward
  - Go Live-May 2022
- Dallas Deflection Center
  - Primary Care-2 days per week
  - Deflection center-delayed

Management & Finances – May 2022

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	4003	9,675	41%	42%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	3037	1993	1044	52.4%	23,931	17853	6087	34%
Expenses	$550,193	$629,289	$79,096	12.6%	$4,300,830	$4,904,514	$603,684	12.3%
Charges	$2,487,421	$982,175	$1,505,246	153.3%	$16,591,942	$8,798,179	$7,793,763	88.6%
Revenue	$9085				$102,915			
Commercial	$216				$2083			
Medicaid	$6528				$69,735			
Medicare	$2341				$31,097			
FTE	52.86	63.33	10.47	16.5%	56.05	62.97	6.92	11.0%
FTE - OT	0.68	0.79	0.11	14.3%	1.31	1.42	0.11	7.8%

- HRSA recommendation is claims billed in less than 30 days.
- HRSA grant year: January 1, 2022 to December 31, 2022

Governance

- Meeting: Monday, June 13, 2022
  - Approval: HOMES Advisory Board June 14, 2022 minutes
  - 1 Advisory Board member present
  - 2 BoM members present
- Next Meeting: Monday, August 8, 2022
  - Hybrid option

The Big 20

The HRSA Compliance Manual has 21 chapters which cover 19 requirements in the four (4) areas:

1. Need
2. Services
3. Management & Finance
4. Governance
5. Annual training was added as a 20th requirement

Developed a calendar to review each chapter with the Board of Managers.

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

HRSA Requirement	Description	Board Month
1. Needs Assessment (Ch. 3)	Demonstrates and documents the needs of its target population, updating its service area, when appropriate. Community Needs Assessment	September Every 3 years (2019)
2. Required & Additional Services (Ch. 4)	Provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals.	May
3. Staffing (Ch. 5)	Maintains a core staff as necessary to carry out all required health services either directly or through arrangements and referrals. Staff must be appropriately licensed, credentialed, and privileged.	June
4. Accessible Hours of Operation / Locations (Ch. 6)	Provides services at times and locations that assure accessibility and meet the needs of the population.	May
5. Coverage for Medical Emergencies During & After Hours (Ch. 7)	Provides professional coverage for medical emergencies during regularly scheduled hours and when the center is closed.	April
6. Hospital Admitting Privileges & Continuum of Care (Ch. 8)	Physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.	June and update as needed

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

7. Sliding Fee Discounts (Ch. 9)	A system is in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay. • This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income. • No discounts may be provided to patients with incomes over 200 % of the Federal poverty guidelines. • No patient will be denied health care services due to an individual's inability to pay for such services by the health center, assuring that any fees or payments required by the center for such services will be reduced or waived.	September
8. Quality Improvement/ Assurance Plan (Ch. 10)	A Quality Improvement/Quality Assurance (QI/QA) program is in place which includes clinical services and management, and confidentiality of patient records. The QI/QA program must include: • A clinical director whose focus of responsibility is to support the quality improvement/assurance program and the provision of high quality patient care; • periodic assessment of the appropriateness of the utilization of services, quality of services provided or proposed to be provided to individuals served by the health center; assessments shall: – be conducted by physicians or by other licensed health professionals under the supervision of physicians; – be based on the systematic collection and evaluation of patient records; and – identify and document the necessity for change in the provision of services by the health center where indicated.	February May August November
9. Key Management Staff (Ch. 11)	Maintains a fully staffed team as appropriate for the size and needs of the center. Prior approval by HRSA of a change in the Project Director/Executive Director/CEO position is required.	April and update as needed
10. Contractual/Affiliation Agreements (Ch. 12)	Exercises appropriate oversight and authority over all contracted services, including assuring that any subrecipient(s) meets Health Center program requirements.	Ongoing
11. Collaborative Relationships (Ch. 14)	Makes effort to establish and maintain collaborative relationships with other health care providers, and health centers, in the service area of the center. The health center secures letter(s) of support from existing health centers in the service area or provides an explanation for why such letter(s) of support cannot be obtained.	February and ongoing
12. Financial Management and Control Policies (Ch. 15)	Maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to safeguard assets and maintain financial stability. An annual independent financial audit is performed in accordance with Federal audit requirements, including submission of a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report.	February

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

13. Billing and Collections (Ch. 16)	Systems in place to maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures.	September
14. Budget (Ch. 17)	Develops a budget that reflects the costs of operations, expenses, and revenues necessary to accomplish the service delivery plan, including the number of patients to be served.	August
15. Program Monitoring & Data Reporting Systems (Ch. 18)	Have systems in place to accurately collect and organize data for program reporting and support management decision making.	April
16. Scope of Project	Maintains its funded scope of project (sites, services, service area, target population, and providers); including any increases based on recent grant awards.	September
17. Board Authority (Ch. 19)	Governing board maintains appropriate authority to oversee the operations of the center, including: • holding monthly meetings; • approval of the health center grant application and budget; • selection/dismissal and performance evaluation of the health center CEO; • selection of services to be provided and the health center hours of operations; • measure and evaluate the organization's progress in meeting its annual and long-term programmatic and financial goals and develop future plans for the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance; and • establish policies for the health center.	October
18. Board Composition (Ch. 20)	Governing board is composed of individuals, a majority of whom are being served by the center and, this majority as a group represents the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex. Specifically: • Governing board has at least 9 but no more than 25 members, as appropriate for the complexity of the organization. • The remaining non-consumer members of the board shall be representative of the community in which the center's service area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community. • No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry.	October
19. Conflict of Interest Policy (Ch. 13)	Bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by board members, employees, consultants and those who furnish goods or services to the health center. No board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as a non-voting ex-officio member of the board.	October
20. Annual Board Training	Annual training of governing board. New governing board members will be trained during board orientation.	December

For additional information on these requirements, please review:

- Health Center Program Statute: Section 330 of the Public Health Service Act (42 U.S.C. §254b)
- Program Regulations: 42 CFR Part 51c and 42 CFR Parts 56.201-56.604
- Grants Regulations: 45 CFR Part 74

HRSA Health Center Program Compliance Requirements – Chapter 8: Continuity of Care & Hospital Admitting

Requirements

- Provider required primary health services
- Ongoing referral relationship with one or more hospitals

HRSA Health Center Program Compliance Requirements – Chapter 8: Continuity of Care & Hospital Admitting

Demonstrating Compliance

- HRSA Approved Form 5A: Services Provided
- Documentation of admitting privileges
  - All MDs have the approved privilege: Admission to the Internal Medicine or Family Medicine Services of PHHS for patients requiring inpatient services.
- Documentation of addressing hospitalization/ER department referrals, discharge follow-up, and patient tracking to assure continuity of care for hospitalized health center patients
  - System-wide EMR
  - Discharge summaries forwarded to PCP in-basket

HRSA Health Center Program Compliance Requirements

Form 5A: Direct Services (Health Center Pays)

- General Primary Medical Care
- Diagnostic Laboratory
- Screenings
- Voluntary Family Planning
- Immunizations
- Well Child Services
- Gynecological Care
- Preventive Dental
- Pharmaceutical Services
- SUD
- Case Management
- Eligibility Assistance
- Health Education
- Outreach
- Transportation
- Translation
- Additional Dental Services
- Mental Health Services
- Nutrition
- Additional Enabling/Supportive Services
- Podiatry

Policy Approval

- Privileges-Requirements for HRSA providers
  - 2 years
  - Minor changes

24 Hour Club patient story

Parkland | *Care. Compassion. Community.*

Questions?

Parkland

Approve Privileges- Requirements for HRSA Providers Policy

Privileges – Requirements for HRSA Providers		Published: XX/XX/XX
Medical Staff Services		Page 1 of 4

PURPOSE:

For the HOMES Program to demonstrate compliance of privileging procedures in conformity with the standards of the Bureau of Primary Health Care, as defined in HRSA's Health Center Program Compliance Manual which follows the standards established by the National Committee for Quality Assurance (NCQA) and the guidelines of the *Joint Commission*.

SCOPE:

The scope of this procedure covers the operating procedures of the HOMES Program for the initial and recurring review (every two years) of credentials for all clinical staff members (licensed independent practitioners (LIPs providing services on behalf of the HOMES Program) who are HOMES Program employees, individual contractors, or volunteers.

PROCEDURE:

1. ~~The~~ Medical Staff Professional Services ~~Office~~ will ensure verification of the following
   A. Current licensure, registration, or certification using a primary source;
   B. Education and training for initial credentialing, using primary sources for LIPs
   C. Completion of a query through the National Practitioner Databank (NPDB);
   D. Clinical staff member's identity for initial credentialing using a government-issued picture identification;
   E. Drug Enforcement Administration (DEA) registration; and
   F. Current documentation of basic life support training.
2. The HOMES Program follows the Parkland Health & Hospital System's Medical Staff Bylaws for the initial granting and renewal (every two years) of privileges for clinical

DRAFT

staff members (LIPs providing services on behalf of the HOMES Program) who are HOMES Program employees, individual contractors, or volunteers. These privileging procedures would address the following:

A. Verification of immunization and TB surveillance

B. For initial privileging, verification of current clinical competence and and fitness for duty via training, education, and, as available, reference reviews;

C. For renewal of privileges, verification of current clinical competence via peer review or other comparable methods (for example, supervisory performance reviews); and

D. Process for denying, modifying or removing privileges based on assessments of clinical competence and~~/or~~ fitness for duty.

3. If the HOMES Program has contracts with provider organizations (for example, group practices, locum tenens staffing agencies, training programs) or formal, written referral agreements with other provider organizations that provide services within its scope of project, the HOMES Program ensures that such providers are:

   A. Licensed, certified, or registered as verified through a credentialing process, in accordance with applicable Federal, state, and local laws; and

   B. Competent and fit to perform the contracted or referred services, as assessed through a privileging process.

4. Approval Process

   A. Parkland Health & Hospital System Board of Managers serves as the HOMES Program Board of Directors and has sole authority to grant or deny clinical appointment and privileges to licensed independent practitioners.

   B. Once privileges have been granted, the Project Director of the HOMES Program and the Chair of Parkland Health & Hospital Systems Board of Managers will sign the privilege form.

   C. The LIP will be notified in writing of the Board's decision.

5. Maintenance of Credentials and the Credentialing File

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A. Credential files for LIPs are maintained and securely stored by credentialing staff in accordance with the HOMES Program and the Bureau of Primary Care guidelines, as well as Joint Commission standards.

B. The file for each provider will contain: a current application, current privilege list, letters of notification concerning privilege/appointment decisions, current state license, verification of applicable education and training, specialty board certification (if applicable), results of NPDB and other queries, claims history information, basic life support training, current resume/CV, and evidence of current competence. Documentation in file should be by primary and secondary source, as required. For non-employee LIPs, the file should also have proof of current tuberculosis surveillance and vaccination.

C. Each LIP is responsible for maintaining his/her licensure, board certifications (as applicable), life support training, TB surveillance and vaccination, and up to date training.

   1) The LIP assumes responsibility for providing credential staff with renewed credentials prior to the expiration of the credential on file.

   2) As a courtesy, credentials staff attempts to remind LIPs before credentials expire.

   3) LIPs with expired mandatory credentials in their file may not provide patient care.

   4) Verification of renewed items as described above (primary or secondary source) is required.

D. The credentialing staff will alert the Clinical / Medical Director of the HOMES Program if primary source verification is not obtainable after two attempts, if LIPs do not respond to appointment/reappointment requests in timely manner after reasonable follow up has been attempted, if an LIP has allowed a credential to expire, and of any other circumstances which may delay the credentialing and privileging process, which raise questions about an LIP's competency and capability to provide quality care to HOMES Program patients, or which seem otherwise notable.

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EQUIPMENT:

N/A

DEFINITIONS:

Licensed Independent Practitioner (LIP): any individual permitted by law and the organization to practice independently and provide care and services without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges (e.g. physician, dentist, nurse practitioner).

REFERENCES:

Bureau of Primary Health Care, as defined in HRSA's Health Center Program Compliance Manual which follows the standards established by the National Committee for Quality Assurance (NCQA) and the guidelines of the *Joint Commission*.

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Privileges – Requirements for HRSA Providers		Published: XX/XX/XX
Medical Staff Services		Page 1 of 4

PURPOSE:

For the HOMES Program to demonstrate compliance of privileging procedures in conformity with the standards of the Bureau of Primary Health Care, as defined in HRSA's Health Center Program Compliance Manual which follows the standards established by the National Committee for Quality Assurance (NCQA) and the guidelines of the *Joint Commission*.

SCOPE:

The scope of this procedure covers the operating procedures of the HOMES Program for the initial and recurring review (every two years) of credentials for all clinical staff members (licensed independent practitioners (LIPs providing services on behalf of the HOMES Program) who are HOMES Program employees, individual contractors, or volunteers.

PROCEDURE:

1. Medical Staff Professional Services will ensure verification of the following
   A. Current licensure, registration, or certification using a primary source;
   B. Education and training for initial credentialing, using primary sources for LIPs
   C. Completion of a query through the National Practitioner Databank (NPDB);
   D. Clinical staff member's identity for initial credentialing using a government-issued picture identification;
   E. Drug Enforcement Administration (DEA) registration; and
   F. Current documentation of basic life support training.
2. The HOMES Program follows the Parkland Health & Hospital System's Medical Staff Bylaws for the initial granting and renewal (every two years) of privileges for clinical staff members (LIPs providing services on behalf of the HOMES Program) who are

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HOMES Program employees, individual contractors, or volunteers. These privileging procedures would address the following:

A. Verification of immunization and TB surveillance

B. For initial privileging, verification of current clinical competence and fitness for duty via training, education, and, as available, reference reviews;

C. For renewal of privileges, verification of current clinical competence via peer review or other comparable methods (for example, supervisory performance reviews); and

D. Process for denying, modifying or removing privileges based on assessments of clinical competence and fitness for duty.

3. If the HOMES Program has contracts with provider organizations (for example, group practices, locum tenens staffing agencies, training programs) or formal, written referral agreements with other provider organizations that provide services within its scope of project, the HOMES Program ensures that such providers are:

   A. Licensed, certified, or registered as verified through a credentialing process, in accordance with applicable Federal, state, and local laws; and

   B. Competent and fit to perform the contracted or referred services, as assessed through a privileging process.

4. Approval Process

   A. Parkland Health & Hospital System Board of Managers serves as the HOMES Program Board of Directors and has sole authority to grant or deny clinical appointment and privileges to licensed independent practitioners.

   B. Once privileges have been granted, the Project Director of the HOMES Program and the Chair of Parkland Health & Hospital Systems Board of Managers will sign the privilege form.

   C. The LIP will be notified in writing of the Board's decision.

5. Maintenance of Credentials and the Credentialing File

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B. The file for each provider will contain: a current application, current privilege list, letters of notification concerning privilege/appointment decisions, current state license, verification of applicable education and training, specialty board certification (if applicable), results of NPDB and other queries, claims history information, basic life support training, current resume/CV, and evidence of current competence. Documentation in file should be by primary and secondary source, as required. For non-employee LIPs, the file should also have proof of current tuberculosis surveillance and vaccination.

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