Parkland

HOMES
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, August 24, 2022 at 12:30 PM*** 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 448 4798; 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 2022-07-27 HOMES	2	1	Chair
B.	Approve Minutes 2022-08-08 HOMES Advisory Board	6		
III.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	Operations Update	12	2	Kyla Rankin
B.	Management and Finance Update	14	2	
C.	Governance Update	15	2	
D.	HRSA Compliance Manual Requirements: The Big 20	25	3	
E.	HRSA Compliance Manual Requirements - Chapter 12: Contracts	29	3	
F.	HRSA Update	32		
IV.	**Action Items**			
A.	Board May Take Action on Any Agenda Item(s) Above			Chair
V.	**Adjourn**			
A.	Closing Remarks			
B.	Call to Adjourn			

Parkland

Approve Minutes 2022-07-27 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
July 27, 2022

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, July 27, 2022, scheduled for 12:30 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 12:30 p.m.

Board Member attendees included: Chair Marjorie Petty, JD; Eric G. Bing, MD, PhD; Todd Furniss, JD; Robert Martinez, JD; Ramon Miguez, PE; Don O'Bannon, Esq; and Elizabeth Palacios, MD.

Board members John Proctor and Lisa Sutter attended via Webex.

Board members Farida Minner, RN, and Jeff Tillotson, JD, were not present.

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

Andrew Devine, Sr. Associate Attorney
April Audain, VP UT Contracts Administration
Brad Nitschke, Associate General Counsel
Donna Persaud, HOMES Medical Director (in-person)
Donna Richardson, EVP & Chief Nursing Executive
Felicia Miller, EVP & Chief Talent Officer
Forrest Stovall, Governance Program Manager (in-person)
Fred Cerise, President & Chief Executive Officer (in-person)
Jared Ginter, VP Institutional Risk Management
Joseph Chang, Chief Medical Officer
Kyla Rankin, HOMES Project Director (in-person)
Pam Bryant, SVP Chief Supply Chain Officer
Rick Humphrey, EVP & Chief Financial Officer
Roberto de la Cruz, EVP & Chief Clinical Officer
Saul Cordero, VP & Chief Governance Officer (in-person)
Steven Roth, EVP & General Counsel (in-person)
Vic Summers, SVP & Chief Audit Officer

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 2022-06-29 HOMES

Todd Furniss, 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. HOMES has 7.5 FTEs currently posted due to the recent hire of a driver and LVN. Kyla noted HOMES is working with OTM to target better candidates. Next, Kyla reported HOMES has given 5,073 COVID vaccines. There is an increase in COVID cases within shelters. Kyla provided an update on the restart of EPIC Wisdom and the roll out of Telehealth in HOMES.

B. Management and Finance Update

Kyla Rankin shared that HOMES annual unduplicated patient goal is 9,675. HOMES has currently seen 4,653 patients this year, which is 48% of the goal. She does not expect to meet the unduplicated patient goal. Kyla also noted HOMES experienced over-time in June due to driver and dental assistant vacancies.

The Board asked questions and received additional information related to the unduplicated count goal and what can be done to reach the goal. Kyla reported to the board reaching unduplicated patients is a challenge particularly working with current shelter partners as they continue to mitigate the lingering effects of COVID-19 and now the uncertainty of Monkeypox.

C. Governance Update

The next HOMES Advisory Board is Monday, August 8, 2022. The meeting will be offered both in-person and virtual. Kyla will bring the HOMES Bylaws for review and approval to the meeting.

D. Quality Improvement Update

Dr. Donna Persaud provided a Quality Improvement Update to the Board. She first reviewed HOMES' scorecard for which performance is acceptable. Dr. Persaud reported on the HRSA Quality Measures. Ten measures are above goal, four measures with year over year improvement although no goal established. She discussed action plans for four measures needing improvement.

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

F. HRSA Compliance Manual Requirements: Chapter 5: Clinical Staffing
Kyla Rankin reviewed Chapter 5: Clinical Staffing. She reviewed the HRSA requirements and demonstrated that HOMES meets the requirements by the completion of Form 5A-services provided, staff credentialing and privileging policies, operating procedures, and maintaining records for all clinical staff.

VII. Adjourn

With no further business to discuss, the Chair adjourned the meeting at 12:49 p.m.

SO RECORDED:

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

Parkland

Approve Minutes 2022-08-08 HOMES Advisory Board

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 8/8/22 **Time:** 1200 **Location:** Webex

Facilitators: Kyla Rankin

Attendees							
X	Kyla Rankin		Trudy Hernandez		Robert Martinez	X	Saul Cordero
X	Sara Galvez	X	Forrest Stovall		Latisha Blair	x	Guadalupe Ramirez
	Dolores Diaz		W.R. Cunningham		Pink Elke	X	Donna Persaud
	Joyce Smith		Margie Roberts		Moyinoluwa Ajibade		Elfrieda Cole
	Dennis Thomas	X	Wanda Wonzer		Marjorie Petty		Farida Minner
Guests							
x	Michael Gilot	x	Queen Jeffery	x	Todd Furniss		

	Agenda Item/ Presenter	Discussion	Action items
	Approval of April Minutes	- Motion to approve April and June minutes. - Ms. Wonzer approved April and June minutes.	
	Introductions	- HOMES Community Development Specialist, Benita Grant invited 2 guests to the meeting Michael Gilot & Queen Jeffery. Todd Furniss attended on behalf of Parkland Board of Managers. Introductions were provided.	
	Staffing	- Reviewed by Kyla Rankin - HOMES has 8 open positions. 2-Mobile Unit Drivers 2-Peer Navigator 1-Dental Assistant 1-Business Intelligence Specialist 1-Social Worker - A new mobile unit driver is starting next week 8/15/22.	
	Operations	- Reviewed by Sara Galvez - we have given 5,301 COVID vaccines through July 2022. Parkland has returned to mandatory masking for employees. We have been communicating with shelters/community partners about COVID precaution changes. - Dental unit returned to operation for about two weeks and then we incurred staffing issues. We are working through that with the hopes of running the fixed dental site and the mobile dental unit (with adjusted schedules). - EPIC Wisdom project has restarted. Our go-live date is in December 2022. - We have been collaborating with Office of Homeless Solutions/Metro Dallas Homeless Alliance on encampment decommission outreaches. Patients at these encampments are given access to HOMES services while being offered help to find housing. - There has been an increase in MonkeyPox. Parkland has testing available. Ms. Wonzer asked what the criteria is to be tested and if they are same day test results. Dr. Persaud said if there are concerns, they should contact their primary care provider. If they do not have a primary care provider, they can contact Parkland for a virtual visit	

Parkland

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 8/8/22 **Time:** 1200 **Location:** Webex

Facilitators: Kyla Rankin

		with access to testing and results are not immediate. Mr. Furniss asked if we know how MonkeyPox is spread. Dr. Persaud said that there should be an open wound to contract. Another way is respiratory secretion (saliva) and must be close contact. Ms. Wonzer asked if this could be mistaken for chicken pox and Dr. Persaud say yes it can, but a provider would have to assess. Ms. Wonzer also asked if there was treatment and Dr. Persaud said no only a vaccination. Mr. Gilot asked if the smallpox vaccine we received years ago help with monkey pox. Dr Persaud said it was not lifelong. - Deflection Center is operational starting today. No patients have been seen, but we anticipate we will start seeing patients slowly. - Primary care at the Deflection Center has been operational for about 2 months. In that time, we have had approximately 110 primary care visits, including some nurse and virtual visits. With the fixed site, Homeward Bound weekly service hours increased from 4 hours to 16 hours. Mr. Cordero asked where the patients come from. Sara informed him that for primary care, patients are from residential living at Homeward Bound. There are also 16 beds that are reserved for Deflection Center. Ms. Wonzer asked why these patients were being picked up and Sara said it could be a low-level offense like criminal trespassing. - HOMES unduplicated patient count is 5,190. We are not likely to meet goal for 2022. Our primary challenges are staffing and mitigation of lingering effects of COVID19. Leadership looks at this monthly and tries to see if there are any changes we can make to help meet the goal. - We are staying above 95% on our score card and audits. We had some safety posts that were related to a medication error, falls and labeling errors. Our patient satisfaction survey collection amount went down from 347 to 166. Sara stated we will be working on some new ideas at The Bridge to increase that number.	
	HRSA Update	- Non-compete continuation grant is due Friday 8/19. - Kyla stated that the competitive grant was extended one year due to COVID19. It will now be due Fall 2023 for a January 2024 start date. In preparation for the competitive grant, we have started working on our CHNA with help from the Parkland CHNA team. We have already held one focus group. - ARPA – we are working toward spending the funds by purchasing mobile units, implementing EPIC Wisdom and staffing.	
	Advisory Board Bylaws	- Kyla would like to amend the bylaws regarding the meetings and attendance. She would like to add that the December meeting will be a joint Advisory Board meeting of all Parkland Health centers. Currently, the bylaws do not have any wording to address absence of meetings. Kyla is recommending that if a member misses three consecutive	Kyla to present proposed bylaw changes to Parkland BOM Kyla to contact advisory Board member to reassess commitment

Parkland

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 8/8/22 **Time:** 1200 **Location:** Webex

Facilitators: Kyla Rankin

			unexcused absence from regular scheduled meetings, they shall be deemed to have resigned. For notification of excused absences, members should send written communication to HOMES Project Director and Administrative Assistant. Project Director and/or Administrative Assistant will notify member when two meetings have been missed. There was discussion around the recommendation. Ms. Wonzer asked what examples would you give a reason to dismiss member and if we were to dismiss someone who will vote. Kyla said we haven't done this before which is why she is bringing it to the board and the board would be the ones to vote for the dismissal of a member. Mr. Furniss recommended adding language to clarify that this process can happen at any regular meeting. Mr. Furniss also asked how many members were on the roster and of those member how many had missed 3 or more meetings. Kyla indicated 11 members with 6 having missed 3 or more. Mr. Furniss recommended also contacting each member to reassess their commitment to the Board. Ms. Ramirez agreed with the discussion and recommended keeping the virtual option because it allows for ease of participation.	
	UBC Water Bottle Drive	-	In collaboration with Nursing excellence, HOMES had an inaugural reusable water bottle drive. We collected approximately 1,200 bottles that were distributed to patients and community partners.	
	Next Meeting	-	October 10, 2022. 12pm-virtual option will be available.	
	Miscellaneous	-	Mr. Gilot added that he checks in with the 24-Hour club residents after seeing our mobile unit and he has not heard any of them say anything about a survey. Kyla thanked Mr. Gilot for his feedback and said we would follow up with our staff to remind them about patient satisfaction surveys.	

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 – August 2022

Kyla Rankin, Project Director

Agenda

- Operational Updates
- Management and Finance
- Governance
- HRSA Compliance Manual Requirements: The Big 20
- HRSA Update

Staffing

- Accepted
  - 1.0 FTE LVN
  - 1.0 FTE DA
  - 1.0 FTE Driver
- Posted
  - 2.0 FTE Driver positions
  - 1.0 FTE RN
  - 1.0 FTE Peer Recovery Navigator
  - 1.0 FTE MPA
  - 2.0 FTE Dental Assistant
  - 0.5 FTE Business Intelligence Specialist (ARPA)
  - 1.0 FTE Social Work (ARPA)

Operations

- COVID update
  - 5301 doses given (3/3/21-7/31/22)
  - Ongoing communication with partners (outbreaks & quarantine)
- Monkeypox
  - vaccine available at all sites
  - Testing will be available on site
- Deflection Center
  - Primary care and deflection center both operational
- Encampments
- ED Coverage

Management & Finances – July 2022

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	5190	9,675	54%	58%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	2971	2025	946	46.7%	30,362	21,750	8612	39.6%
Expenses	$594,010	$630,575	$36,565	5.8%	$5,512,364	$6,143,880	$631,516	10.3%
Charges	$3,107,030	$997,945	$2,109,085	211.3%	$22,339,252	$10,718,668	$11,620,583	108.4%
Revenue	$9,942				$122,447			
Commercial	$0				$2151			
Medicaid	$8874				$84,370			
Medicare	$1068				$35,926			
FTE	56.74				56.24			
FTE - OT	1.29	.58	(.72)	-124.6%	1.34	1.24	(0.10)	-8.1%

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

Governance

- Advisory Board Meeting: Monday, August 8, 2022
  - 2 Advisory Board members in attendance
  - 2 guests in attendance
- BoM in attendance
  - Todd Furniss
- Next Meeting: October 10, 2022

Governance

Summary of HOMES Bylaw changes

- Update Parkland Health & Hospital to Parkland Health
- Update to Article V-Board meetings
  - December meeting
  - Meeting absences

Bylaws for
Homeless Outreach Medical Services (HOMES)
Advisory Board

Article I

These bylaws constitute the code of rules adopted by the HOMES Advisory Board for the regulation and management of its affairs.

Article II
Purpose

The HOMES Advisory Board is organized exclusively to advise the management of the HOMES program and the Parkland Board of Managers on issues relevant to homeless individuals and their health care needs. Within the scope of the foregoing, but not by way of limitation thereof, the HOMES Advisory Board shall support Parkland Health ~~& Hospital System~~, and in particular the HOMES program, through education, advice, and networking opportunities

Article III

Members

(1) **Powers**
The Members of the HOMES Advisory Board are invested in the health and well being of homeless individuals in Dallas County and in the prosperity of the HOMES program.

(2) **Qualifications**
Memberships shall not be denied to any person on the basis of race, creed, sex, religion, sexual orientation, housing status or national origin.

(3) **Number of Members**
The Advisory Board shall consist of a minimum of nine and a maximum of fifteen members. Upon majority resolution of the Advisory Board, the number of Members may be increased or decreased from time to time, but in no event shall a decrease have the effect of shortening the term of an incumbent Member, or decreasing the total number of Members to less than three.

(4) **Terms of Directors**
The term of a membership is one year, but there are no term limits.

(5) **Election of Members**
Any membership to be filled by reason of an increase in the number of Members shall be filled at the next regular meeting of the Advisory Board or at a special meeting called for that purpose. When a re-appointment or replacement is made, the re-appointment or replacement shall be considered effective on the date of the meeting.

(6) **Resignation**
Any Member may resign at any time by delivering written notice to a member of the HOMES

management. Such resignation shall take effect upon receipt or, if later, at the time specified in the notice.

(7) **Removal**
Any Member may be removed without cause, at any time, by a majority of the entire Advisory Board, at a Regular or Special Meeting called for that purpose. Any Member under consideration of removal must first be notified about the consideration by written notice at least five days before the meeting at which the vote takes place.

(8) **Vacancies**
Vacancies shall be filled by majority vote of the remaining members of the Advisory Board. Vacancies shall be filled as soon as practical. Any Member or HOMES staff member may make nominations to fill vacant memberships.

(10) **Compensation**
Members shall not receive any salaries or other compensation for their services.

Article IV
Conflict of Interest Policy

HOMES Advisory Board Members will comply with Parkland Health's ~~& Hospital's~~ Conflict of Interest Policy, attached as Exhibit A, as amended from time to time.

Article V
Board Meetings

(1) **Place of Board Meetings**
Regular and Special Meetings of the Advisory Board will be held at any place the HOMES management may designate.

(2) **Regular and Special Meetings**
Regular meetings of the Advisory Board shall be held every other month, or more frequently as deemed necessary by the HOMES management staff. The December meeting will be a joint Advisory Board meeting of all Parkland Health Centers. Special Meetings may be called by the HOMES management staff or any three Members.

(3) Absence of Meetings

A member with three (3) consecutive unexcused absences from regular scheduled Advisory Board meetings shall be deemed to have resigned. Written notification to HOMES Project Director and Administrative Assistant prior to the meeting shall constitute an excused absence. The Project Director and or Administrative Assistant will notify the member when two (2) meetings have been missed.

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(4~~3~~) **Notice of Board Meetings**
Regular meetings of the board may be held without notice. Special meetings of the Board shall be held upon at least 24 hours notice. Neither the business to be transacted at, nor the

purpose of, any special meeting of the Board need be specified in the notice of such meeting.

(4) **Quorum**
A quorum is not necessary for the purposes of convening a meeting or conducting business. At Board meetings a majority vote of the Members attending shall constitute an act of the Board.

(5) **Open Meetings**
Meetings shall be open to the general public, except when personnel, real estate, or litigation matters are being discussed.

(6) **Proxy Voting Prohibited**
Proxy voting is not permitted.

Article VI
Rules of Procedure

The proceedings and business of the Advisory Board shall be governed by mutual respect and common courtesy.

Article VII
Operations

(1) **Records**
HOMES management will keep correct and complete records of minutes of the proceedings of the Board meetings. Copies of these minutes will be forwarded to the Board of Managers of Parkland Health ~~& Hospital System~~ for review. HOMES management will keep at its principal place of business a copy of the HOMES Advisory Board bylaws, including amendments.

(2) **Inspection of Books and Records**
All books and records of the HOMES program may be inspected by any Member for any purpose at any reasonable time on written demand. Protected health information will be excluded in compliance with the Health Insurance Portability and Accountability Act.

(3) **Amendments**
The bylaws may be amended at any time by a vote of the majority of Members at a meeting.

(4) **Fiscal Year**
The fiscal year for the HOMES program will be October 1 through September 30.

(5) **Audit**
The HOMES program shall have an annual audit as part of the annual Parkland Health ~~& Hospital System~~ audit.

Certification

I hereby certify that these bylaws were adopted by the Advisory Board of the HOMES program at

its meeting held on October X, 2022~~8, 2012~~.

_____
Project Director~~Medical Director~~

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Certification

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_____
Project Director

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 12: Contractual Affiliation Agreements

Requirements

- Procedures for purchasing and procurement
- Annual audits and management letters
- Include contracts which include the HRSA scope of service

Demonstrating Compliance

- Purchasing Practice and Procedure Manual
- Contracts
- Financial records
- Statistical records

HRSA Health Center Program Compliance Requirements – Chapter 12 Contracts & Subawards

- **Turtle Creek Manor, Inc.**
- Residential Treatment for Mental Health & Substance Abuse
- Base Term: 10/1/2019 to 9/30/2021; not to exceed $72,000
- Option 1 Term: 10/1/2021 to 9/30/2022; not to exceed $36,000
- Provide monthly data on patient demographics, CPT & ICD-10 codes, & success rate
- Data included in annual report to HRSA
- FY20: 118 encounters
- FY21: 196 encounters
- FY22: 87 encounters

HRSA Health Center Program Compliance Requirements – Chapter 12 Contracts & Subawards

- **Pathways Forward (The Salvation Army)**
- Beds for crisis stabilization of Parkland ED high utilizers
- Base Term: 12/1/2021 to 11/31/2022; not to exceed $758,983
- Option: Additional one-year terms by written mutual agreement
- Provide monthly data on patient demographics & patient status
- Data included in annual report to HRSA
- Census to date
  - 22 intakes
  - 6 discharges

HRSA Update

- Non compete continuation (NCC) submission
  - Due August 19, 2022
  - Elements included in NCC
    - Budget narrative
    - Income Analysis
    - Documents on File
    - Form 5A, 5B & 5C review
    - Project narrative
    - Patient capacity
  - NCC is due annually on non-competitive grant years

Questions?