Parkland

HOMES
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, September 28, 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: 2621 115 6710; 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 2022-08-24 HOMES	2	1	Chair
III.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	Operations Update	8	2	Kyla Rankin
B.	Management and Finance Update	10	2	
C.	Governance Update	11	2	
D.	HRSA Compliance Manual Requirements: The Big 20	12	3	
E.	HRSA Compliance Manual Requirements - Chapter 11: Key Management Staff	16	3	
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 2022-08-24 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
August 24, 2022

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, August 24, 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; Reina Gonzalez, JD; Ramon Miguez, PE; Don O'Bannon, Esq; Elizabeth Palacios, MD; and Jeff Tillotson, JD. Board member Lisa Sutter attended via Webex.

Board members Todd Furniss, JD; Farida Minner, RN; and John Proctor were not present.

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

DeLancey Johnson, SVP Associate Chief Talent Officer (in-person)
Donna Richardson, EVP & Chief Nursing Executive (in-person)
Edmundo Castañeda, EVP & Chief Operating Officer (in-person)
Forrest Stovall, Governance Program Manager (in-person)
Fred Cerise, President & Chief Executive Officer (in-person)
Joseph Chang, Chief Medical Officer
Kyla Rankin, HOMES Project Director (in-person)
Melanie Roberts, SVP Chief Compliance & Ethics Officer
Rick Humphrey, EVP & Chief Financial Officer (in-person)
Roberto de la Cruz, EVP & Chief Clinical Officer (in-person)
Saul Cordero, VP & Chief Governance Officer (in-person)
Steven Roth, EVP & Chief Legal Officer (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 2022-07-27 HOMES

B. Approve Minutes 2022-08-08 HOMES Advisory Board

Don O'Bannon, Esq, motioned for the approval of the Consent Agenda. Elizabeth Palacios, MD, 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 5,301 COVID vaccines. She reported Monkeypox testing and vaccinations are available at all sites, and HOMES has administered its first vaccine dose. She reported the primary care and deflection center are both operational. Kyla reported HOMES continues to work with Metro Dallas Homeless Alliance to provide care at encampment decommission efforts and provide coverage during ED code capacity.

B. Management and Finance Update

Kyla Rankin shared that HOMES has currently seen 5,190 patients this year, which is 54% of the goal. She does not expect to meet the unduplicated patient goal. Kyla also noted HOMES is struggling with over-time but is actively monitoring. Kyla reported the primary area for over time is the driver position which has been understaffed for the last year.

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, October 10, 2022. Kyla reported on the changes to the Bylaws updating Parkland Health & Hospital System to Parkland Health and including verbiage to address meeting attendance. Kyla noted the updates mirror other population health advisory board bylaws.

D. HRSA Compliance Manual Requirements: The Big 20

Kyla Rankin reviewed The Big 20 manual.

E. HRSA Compliance Manual Requirements: Chapter 12: Contracts
Kyla Rankin reviewed Chapter 12: Contracts. She reviewed contractual affiliation agreement requirements to make sure we are in in compliance about obtaining contracts. She reported on the two contracts that HOMES has: Turtle Creek Manor, Inc. and Pathways Forward with The Salvation Army. She reported on the most recent Pathways Forward contract with The Salvation Army stating that it became operational in May of 2022. She also reported that they have had twenty-two intakes and 6 discharges to date.

F. HRSA Update
Kyla reported that Due to COVID19, HOMES did not have to submit a Service Area Competition (SAC) grant this year, instead a Non-Continuation Compete (NCC) was submitted by the August 19th deadline.

VII. Adjourn

With no further business to discuss, the Chair adjourned the meeting at 12:43 p.m.

SO RECORDED:

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

Parkland

Homeless Outreach Medical Services Program Monthly Update Report – September 2022

Kyla Rankin, Project Director

Agenda

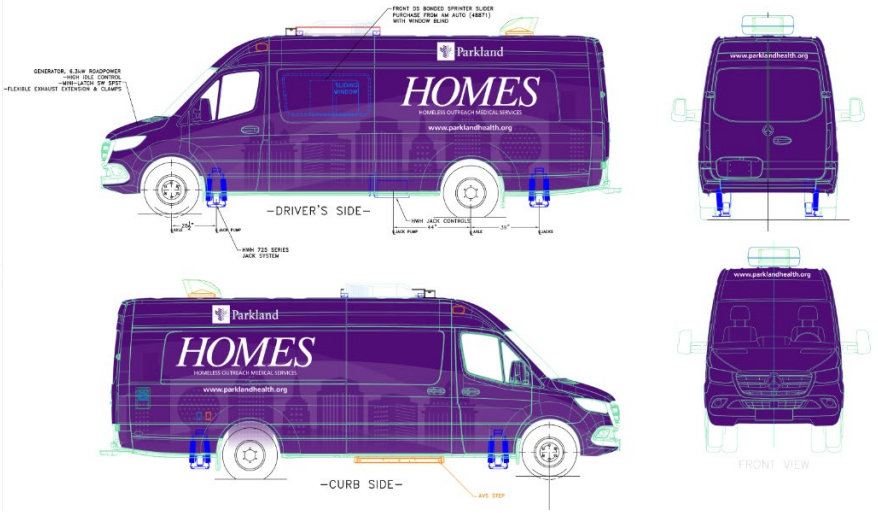
- Operational Updates
- Management and Finance
- Governance
- HRSA Compliance Manual Requirements: The Big 20

Staffing

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

Operations

- COVID/Monkeypox
  - vaccine and testing available
- Sites
  - Dallas County Deflection Center
  - St. Jude
- Mobile Medical Units (MMUs)
  - Shed move
  - New sprinter



Management & Finances – August 2022

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	5892	9,675	61%	66%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	3406	1797	1609	89.5%	33,768	23,547	10,221	43.4%
Expenses	$542,864	$618,449	$75,584	12.2%	$6,055,228	$6,762,328	$707,100	10.5%
Charges	$3,064,677	$885,584	$2,179,093	246.1%	$25,403,929	$11,604,252	$13,799,677	118.9%
Revenue	$10,696				$133,142			
Commercial	$0				$2151			
Medicaid	$6745				$91,114			
Medicare	$3951				$39,877			
FTE	55.61				56.17			
FTE - OT	1.60	.74	(.86)	-115%	1.36	1.20	(0.17)	-14%

- 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, October 10, 2022
  - 12pm
  - 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 11: Key Management Staff

Requirements

- Position descriptions for key personnel
- Maintain sufficient key personnel
- Must request prior approval from HRSA for a change in key person
- Must directly employ Project Director

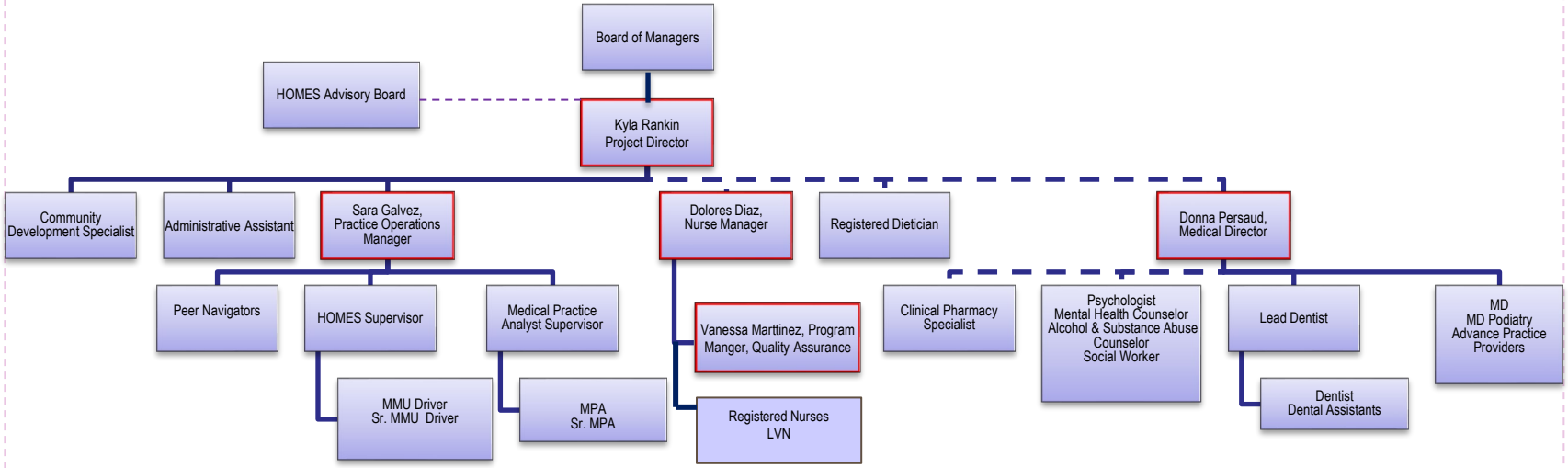
Demonstrating Compliance

- HOMES Organizational Chart
- Job Descriptions
- Process for filling vacant key management positions
- PD employed by Parkland & approval from HRSA

HRSA Health Center Program Compliance Requirements – Chapter 11: Key Management Staff

- Key Positions & Job Descriptions
  - Project Director: 100%
    - D161 – HOMES Project Director
  - Medical Director: 100%
    - D280 – HOMES Medical Director
  - Process for filling vacant key management positions
    - OTM 5000-1200: Posting of Job Openings
    - OTM 5000-1300: Interviewing & Selection
  - PD employed by Parkland & approval from HRSA

HRSA Health Center Program Compliance Requirements – Chapter 11: Key Management Staff



Questions?

Parkland | Care. Compassion. Community.