Parkland

HOMES
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Thursday, November 17, 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 394 5912; 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 2022-10-26 HOMES	2	1	Chair
III.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	Operations Update	8	3	Kyla Rankin
B.	Management and Finance Update	10	3	
C.	Governance Update	11	3	
D.	HRSA Compliance Manual Requirements: The Big 20	12	3	
E.	HRSA Compliance Manual Requirements - Chapter 16: Billings and Collections	16	3	
F.	Employee Engagement	18	3	
IV.	**Executive Session** Tex. Gov't Code §§551.074			
A.	Performance Appraisal of HOMES Project Director: Kyla Rankin	20		Chair
V.	**Action Items**			
A.	Board May Take Action on Any Agenda Item(s) Above			Chair
B.	Approve Performance Appraisal of HOMES Project Director: Kyla Rankin			Chair
VI.	**Adjourn**			
A.	Closing Remarks			
B.	Call to Adjourn			

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Approve Minutes 2022-10-26 HOMES

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MINUTES

Dallas County Hospital District Board of Managers

HOMES
October 26, 2022

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, October 26, 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; Todd Furniss, JD; Reina Gonzalez, JD; Ramon Miguez, PE; Farida Minner, RN; Don O'Bannon, Esq; Elizabeth Palacios, MD; and Lisa Sutter.

Board members Eric G. Bing, MD, PhD; John Proctor; and Jeff Tillotson, JD, were not present.

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

Donna Persaud, HOMES Medical Director (in-person)
Edmundo Castañeda, EVP & Chief Operating Officer (in-person)
Felicia Miller, EVP & Chief Talent Officer (in-person)
Forrest Stovall, Governance Program Manager (in-person)
Fred Cerise, President & Chief Executive Officer (in-person)
Kyla Rankin, HOMES Project Director (in-person)
Melanie Roberts, SVP Chief Compliance & Ethics Officer
Pamela Bryant, SVP & Chief Supply Chain 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 2022-09-28 HOMES

B. Approve Minutes 2022-10-10 HOMES Advisory Board

Ramon Miguez, PE, motioned for the approval of the Consent Agenda. Lisa Sutter 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 5.5 FTEs currently posted. One dental assistant and one RN accepted an offer. HOMES is continuing to provide COVID-19 and Monkeypox vaccines and has started targeted flu outreach with existing partner sites. Video visit appointments started at Grand Prairie Health Center to collaborate and serve Grand Prairie Homeless Outreach. New temporary site relocation for mobile medical units is on 2311 Butler Street. This move is complete until the permanent move to the TexOak location.

The Board asked questions and received additional information related to the Operations Update.

B. Management and Finance Update

Kyla Rankin shared that HOMES has seen 6,529 patients this year. She does not expect to meet the unduplicated patient goal.

The Board asked questions and received additional information related to the Management and Finance Update

C. Governance Update

The next HOMES Advisory Board meeting is December 2022 (date to be determined) and will be a joint Population Health meeting. The October meeting showed improved attendance with four members present. There were also two visitors in attendance. Kyla will continue to work toward adding new members in the upcoming year.

D. Quality Improvement Update

Dr. Donna Persaud provided a Quality Improvement Update to the Board. She first reviewed HOMES scorecard. She reported four safety posts, two of which are pediatric vaccine errors. She noted there are 19 different vaccines for pediatric and that there isn't a huge pediatric practice, so staff is being sent into more training regularly. She reported a minor accident with one of the mobile vehicles that is being fixed. Next, Dr. Persaud

reported on Clinical Quality Metrics. Of the 18 metrics, eight measured above goal, four with improvement without goals established and six that need improvement. Dr. Persaud noted that HOMES was awarded badges from HRSA, moving from silver to gold which is in the top 10 percentile nationally across health centers not specific to homeless populations.

The Board asked questions and received additional information related to the Quality Improvement Update

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

F. HRSA Compliance Manual Requirements - Chapter 10: Quality Improvement Assurance Plan
Kyla Rankin reviewed Chapter 10: Quality Improvement Assurance Plan. She reported on the HRSA requirements and how HOMES demonstrates compliance with the HRSA requirements.

G. Approve Homeless Outreach Medical Services (HOMES) QAPI
Kyla Rankin presented the HOMES QAPI for approval. The policy did not have significant updates.

H. Approve HOMES Billing and Collections
Kyla Rankin presented the HOMES Billing and Collections policy for approval. The policy has one minor update which included attestation for video visits.

Lisa Sutter motioned for the approval of the QAPI and HOMES Billing and Collections. Todd Furniss, JD, seconded the motion. The motion passed unanimously.

VII. Adjourn

With no further business to discuss, Chair Marjorie Petty, JD, adjourned the meeting at 12:48 p.m.

SO RECORDED:

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

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Homeless Outreach Medical Services Program Monthly Update Report – November 2022

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Operations
  - Management and Finance
- Governance
- The Big 20
- Employee engagement

Staffing

- Accepted
  - 1.0 FTE Driver
  - 1.0 FTE MPA
  - 1.0 FTE Dental Assistant

- Posted
  - 1.0 FTE Peer Recovery Navigator
  - 0.5 FTE Business Intelligence Specialist (ARPA)
  - 1.0 FTE Social Work (ARPA)

Operational Updates

- Flu Outreach Events
  - 13 events
  - 323 vaccines
- Mexican Consulate
  - Dental screenings
- Mobile Unit updates
  - Received sprinter unit

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Management & Finances – October 2022

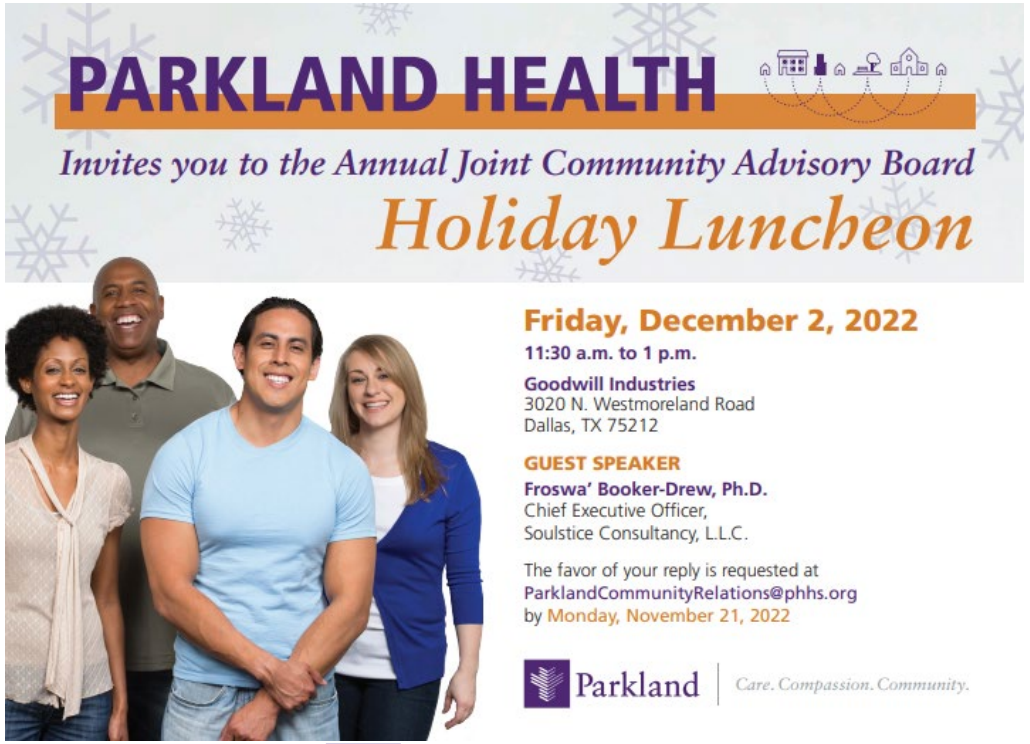
Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	7183	9,675	74%	83%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	3811	2586	1225	47.4%	3811	2586	1225	47.4%
Expenses	$593,216	$608,370	$15,154	2.5%	$593,216	$608,370	$15,154	2.5%
Charges	$2,527,838	$2,223,894	$303,944	13.7%	$2,527,838	$2,223,894	$303,944	13.7%
Revenue	$6200				$6200			
Commercial	$224				$224			
Medicaid	$3588				$3588			
Medicare	$2388				$2388			
FTE	58.21				58.21			
FTE - OT	1.58	2.26	.68	30.3%	1.58	2.26	.68	30.3%

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

Governance

- Next Meeting:
  - Joint Community Advisory Board Meeting
    - Friday, December 2nd, 11:30-1:00pm
    - Goodwill Industries



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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

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.	August
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.	August
4. Accessible Hours of Operation / Locations (Ch. 6)	Provides services at times and locations that assure accessibility and meet the needs of the population.	August
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.	March
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.	August 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.	Annually to align with Federal Poverty Guidelines
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.	Quarterly Metric Review: February or approval of annual UDS report August November December QAPI Policy: October
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.	September 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.	October and 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.	March 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.	July

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.	November
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.	HRSA approval
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.	March
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.	Award notification & update as needed
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.	December
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.	December
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.	December
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 16: Billings and Collections

Requirements

- Prepare a schedule of fees
- Fees reduced or waived to assure no patient denied services due to inability to pay
- Systems for eligibility determination and for billing and collections
- Make reasonable effort to collect reimbursement

HRSA Health Center Program Compliance Requirements – Chapter 16: Billings and Collections

Demonstrating Compliance

- HOMESPFS01: HOMES Billing & Collection Policy
- Fees have been established by PFS specific to HOMES
- Participate in Medicaid, CHIP, Medicare, and other private or public assistance programs

Employee engagement

Boo Bags

Pinktober

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Questions?

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Performance Appraisal of HOMES Project Director: Kyla Rankin