Parkland

HOMES
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, February 28, 2024, 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.) 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: 2631 903 0030; 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 2024-01-24 HOMES	2	1	Chair
B.	Approve Minutes 2024-02-12 HOMES Advisory Board	6		
III.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	Operations Update	13	2	Kyla Rankin
B.	Management and Finance Update	14	2	
C.	Governance Update	15	2	
D.	Quality Improvement and Assurance Report	16		
E.	HRSA Compliance Manual Requirements: The Big 20	23	2	
F.	HRSA Compliance Manual Requirements: Chapter 9: Sliding Fee Discount Program	27	2	
G.	Approve Federally Qualified Health Center (FQHC) Sliding Fee Discount Program Policy	28	2	
H.	HRSA Update	45	2	
I.	Community Collaborations-Housing Forward	46	2	
J.	Celebrations and Recognitions	47	2	
IV.	**Action Items**			
A.	Board May Take Action on Any Agenda Item(s) Above			Chair
V.	**Adjourn**			
A.	Closing Remarks			
B.	Call to Adjourn			

Approve Minutes 2024-01-24 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
January 24, 2024

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, January 24, 2024, 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 12:31 p.m.

Board Member attendees included: Chair Marjorie Petty, JD; Eric G. Bing, MD, PhD; Byron Cryer, MD; Todd Furniss, JD; Reina Gonzalez, JD; Vincent Hall; Ramon Miguez, PE; Farida Minner, RN; Elizabeth Palacios, MD; and Lisa Sutter.

Board member John Proctor was not present.

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

Donna Richardson, EVP & Chief Nursing Executive
Edmundo Castañeda, EVP & Chief Operating Officer
Felicia Miller, EVP & Chief Talent Officer
Forrest Stovall, Governance Program Manager
Fred Cerise, President & Chief Executive Officer
Jessica Hernandez, SVP Chief DEI Officer
Kellee Boardingham, Executive Assistant
Kyla Rankin, HOMES Project Director
Melanie Roberts, SVP Chief Compliance & Ethics Officer
Rick Humphrey, EVP & Chief Financial Officer
Roberto de la Cruz, EVP Chief Clinical Officer
Saul Cordero, SVP & Chief Governance & Strategy Officer (via Webex)
Steven Roth, EVP & Chief Legal Officer
Vic Summers, Chief Audit Executive

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 2023-12-20 HOMES

Vincent Hall motioned for the approval of the Consent Agenda. Byron Cryer, 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 Kyla Rankin, HOMES Project Director.

A. Operations Update

Kyla Rankin reported on HOMES' staffing. There is currently one community development specialist, one MPA supervisor, and two family nurse practitioner positions posted. Kyla also noted this is the first time there is no dental vacancy in nearly a year. HOMES recently assisted with several alternative coverage opportunities including Parkland's emergency department and the inclement weather shelter. In total, six days of alternative coverages was provided by the HOMES team. Kyla provided brief introductory information for DART Cares, which is a multi-disciplinary response team for the rail system. HOEMS will collaborate as needed with DART CARES.

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

B. Management and Finance Update

HOMES saw 8,522 unduplicated patients in 2023, 88% of the annual goal. The annual goal is 9,675. Additionally, the expenses increased due to physician incentives being paid in one lump sum rather than monthly. HOMES continues to monitor over time and flex staff when needed.

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 February 12, 2024. A hybrid attendance option will continue.

D. HRSA Compliance Manual Requirements: The Big 20

Kyla Rankin reviewed The Big 20 manual.

E. HRSA Compliance Manual Requirements: Chapter 15 Financial Management and Control Policies

Kyla Rankin reviewed Chapter 15, Financial Management and Control Policies. She reported on the HRSA requirements and how HOMES demonstrates compliance with the

HRSA requirements. The policy requires Board approval every three years, with the next approval scheduled in 2025.

F. HRSA Update: UDS Reporting
Kyla Rankin presented on the HRSA Update: UDS Reporting. The report is due to HRSA on February 15th. HRSA then reviews the report with the final data due in April 2024.

Kyla also reported on the American Rescue Plan Act (ARPA) data. The final quarterly report was completed.

G. Approve Credentialing and Privileging Policy
Kyla presented the Credentialing and Privileging Policy for approval. She noted the proposed changes to the policy. She also noted the difference between the policy approved last month (LIP-Licensed Independent Practitioner) and the policy submitted for approval this month (OLCP-Other Licensed or Certified Practitioners).

Ramon Miguez, PE, motioned to approve the Credentialing and Privileging Policy. Farida Minner, RN, seconded the motion. The motion passed unanimously.

H. Housing Forward Point in Time Count
Kyla informed the Board of the upcoming Dallas County Point in Time Count scheduled for January 25th. Two Parkland Board of Managers members expressed interest and plan to p[participate in the 2024 Point in Time Count.

I. 4th Annual Sock Drive
Kyla reported 14,417 socks were collected in the recent annual sock drive. The goal was 10,000 socks.

VII. Adjourn

With no further business to discuss, Chair Marjorie Petty, JD, adjourned the meeting at 12:42 p.m.

SO RECORDED:

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

Approve Minutes 2024-02-12 HOMES Advisory Board

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 2/12/2024 **Time:** 11:30 **Location:** Moody Outpatient Center

Facilitators: Kyla Rankin

Attendees							
x	Kyla Rankin		Marjorie Petty	x	Farida Minner	x	Wanda Wonzer
x	Sara Galvez	X	Margie Roberts	x	Michael Gilot	x	Rebecca Hikom
x	Dolores Diaz		W.R. Cunningham	X	Vicki Gies		Guadalupe Ramirez
	Donna Persaud	x	Forrest Stovall		Elfrieda Cole		
Guests							

	Agenda Item/ Presenter	Discussion	Action items
	Approval of October Minutes	-Motion to approve October minutes. Approved by Michael Gilot.	
	Staffing	- 1 FTE Dental Assistant (DA) position open-interviews in progress - 2 FTE Medical Practice Assistant-interviews in progress - 2 FTE APP – 1 offer accepted, start date 5/1; interviewing for second position - 1 FTE Community Development Specialist – offer accepted, start date ¾ - New staff – Cora Mujica, Dental Assistant - New Leaders – Cristal Jones, Lead Dental assistant-transferred from Correctional Health Dental; Crystal Tello, MPA Supervisor-promoted from HOMES Sr. MPA	
	Operations	- Promise House clinic location was on hold (due to volume), we have now replaced that location with Jonathan's Place. Jonathan's Place acquired Promise House at the Fannie C. Harris location where they provide service to minors and young adults. This location started in January 2024. - Dallas Deflection Center at Homeward Bound has been staffed and open seven days a week, 12 hours a day. Deflection Center saw approximately 215 unduplicated users in 2023. HOMES anticipated more volume than we are seeing. Because of volume expectations, we had two additional RN positions to be filled, but now those positions will not be filled. - HOMES dentist returned from FMLA. Mr. Gilot asked if Jubilee is area code restricted to patients who live in that area, to which Sara said they are open but services are restricted to Jubilee patients only.	

Parkland

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 2/12/2024 **Time:** 11:30 **Location:** Moody Outpatient Center

Facilitators: Kyla Rankin

		- HOMES new shed location at Tex Oak was supposed to be ready to move in by spring 2024 but that has been pushed back. Other departments have purchased units and leadership has had to look at parking options to accommodate all vehicles. - The newest replacement mobile medical unit started operations today. - Safety posts – we tend to have more safety posts than other sites, Sara is in ongoing communication with Parkland Safety manager to discuss/track these incidents. - Outreach – there have had about 11 outreach events since October. - Telehealth clinics are being held weekly. The visits are very close to in person visits. There are some technical difficulties, but leadership continues to work with IT to troubleshoot/resolve. We had 1, 200 virtual visits and 350 of those were telehealth visits. - Encampment-current location might be too small for a large mobile unit, Sara is collaborating with Housing Forward to identify the best plan. We are also working to continue services at Grand Prairie. - Healthcare for the Homeless Conference 2024 – HOMES will be presenting on telehealth & leadership will attend. - Alternative Coverage (ED/IWS) – In January. HOMES covered ED and inclement weather at Austin Street. We had staff at both locations for multiple days. Mr. Gilot said he was reading an article talking about how Parkland ED saw about 280,000 patients and asked if it was true. Kyla confirmed by saying that sounded pretty accurate.	
	Patient Target	- For 2023, HOMES saw 8,522 unduplicated users but did not meet our goal of 9,665. January 2024 shows an increase from last year. Also, when we cover ED, those numbers don't count for HOMES. There were approximately 45,000 total visits between APP, MD and Behavioral Health). For 2024 our goal of unduplicated patients has decreased to 9,192.	
	Leadership Update	- Employee engagement – employees asked if we could do more activities outside of work. The answer is yes; however, because we operate clinics all the time, we will have to rotate the days and times of the activities. The outing was last Friday for lunch and we had about 12 people attend. - Budget- leadership is monitoring and working to reduce overtime. So far, January looked good. - Labor optimization – HOMES leadership has to evaluate whether we have the right number of staff for the number of patients being seen. We will consider flexing our staff to other areas as needed. - Goals – we have submitted goals around patient satisfaction, employee engagement and quality.	

Parkland

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 2/12/2024 **Time:** 11:30 **Location:** Moody Outpatient Center

Facilitators: Kyla Rankin

	COPC Metric Balance Score Cards Patient Care & Safety Audits	- Safety posts were discussed. - HOMES had No complaints or grievances for the previous 3 months. Signage is at each location to inform patient about making complaints/grievances. - Hand hygiene is at 84%. - Mr. Gilot said by looking at our scorecard he thinks it is an excellent card. Ms. Hickom asked what is, "environment of care". Dolores explained that it was a list of HOMES staff give a patient satisfaction survey to every patient every time and staff suggested surveys be completed every three months. In 2023, we switched to every three months and have increased the number of surveys and staff satisfaction. Our goal for December was 650 and 620 were collected.	
	HRSA Updates	- UDS is due 2/15/24. Kyla and leadership are working on data. Kyla enters data in electronic portal, once submitted, there are audit questions back that must be answered before final submission. We are currently working through 35 questions before final submission on 2/15/24. - Primary care HIV Prevention (PCHP) quarterly report is also due on 2/15/24.	
	Community Relations	- DART CARES – Kyla and Sara went on a ride along. Goal is to ride rail lines and engage with people who may need behavioral health support. HOMES role is to be a partner if they contact our team, and a patient needs to see a provider. - Housing Forward – Populations Health had a team for the Point In Time (PIT) count. The results from the PIT count will be out in April 2024. - Sock Drive – 14, 417 socks were collected, counted, and sorted. Ms. Wonzer asked if we had any here at Moody because she saw a person in the garage with no shoes or socks. Kyla said it would be a good idea to reach out to other clinics at Moody and see if they need socks too.	Ms. Wonzer provided socks before leaving Moody building today.
	Recognition and Celebrations	- HOMES had two Daisy award winners nominated by their HOMES peers. In December, Daisy Jasso and in January, Rachelle Floyd. - Denise Presley, Sr. MPA will be recognized for 35 years of service at the upcoming Years of Service ceremony	
	Looking Ahead	- Looking forward to moving into our new shed location in 2024. - Dental mobile unit resuming operations after the team is fully staffed. - UDS submission	
	Miscellaneous	- Mr. Gilot asked what they could do to serve us better. Sara said that 24 Hour Club does a great job, but it would be great to remind people of our medical clinic weekly. Kyla stated that she knows we have a volume capacity but maybe when they are doing their intake just remind new clients, we are available for services. Sara told Michael she felt like we are seeing fewer patients, but they will connect after the meeting.	

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 2/12/2024 **Time:** 11:30 **Location:** Moody Outpatient Center

Facilitators: Kyla Rankin

		- Ms. Wonzer asked how many locations HOMES serviced, we said, about 25. She wanted to know if we have reached out to these sites for new advisory board members and we said, yes, we do. She said she goes to a meeting at St. Phillips where she met a guy that is unhoused and living in a trash container. She has been trying to find his number and we asked her to please pass it on to us so we can reach out to him. - Ms. Hickom said Housing Forward gets invited to outreach events and wanted to know if she should let us know when this occurs, HOMES team said, yes that would be great. - Ms. Gies asked if we had anyone from Our Calling. We do not have representation from Our Calling, but we will plan to reach out. We informed Ms. Gies, one our nurses volunteers at Our Calling.	
	Next meeting	- Next meeting will be on April 8, 2024.	

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 – February 2024

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Operations
  - Management and Finance
- Governance
- Quality Improvement and Assurance (2023)
- Compliance Manual Requirements
- Policy Approval
- HRSA Update
- Housing Forward
- Recognitions/Celebrations

Operational Updates

Staffing

- 2.0 FTE FNP
- 1.0 FTE Community Development Specialist
- 2.0 FTE Medical Practice Assistance
- 1.0 FTE Dental Assistant

Operations

- Site review
- Deflection Center
- MMU location move

Management & Finances – January

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	1,591	9,192	17%	8%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	3,471	3,231	240	7.4%	13,566	13,194	372	2.8%
Expenses	$620,694	$689,276	$68,582	9.9%	$2,678,503	$2,754,787	$76,284	2.8%
Charges	$2,490,507	$2,313,902	$176,605	7.6%	$9,477,267	$9,449,486	$27,782	0.3%
Revenue	$62,984				$237,420			
Commercial	$775				$6,180			
Medicaid	$43,716				$148,777			
Medicare	$18,493				$82,463			
FTE	60.37				61.30			
FTE - OT	0.61	1.01	0.40	39.9%	1.20	1.02	(0.18)	-17.3%

- HRSA recommendation is claims billed in less than 30 days.
- HRSA grant year: January 1, 2024 to December 31, 2024

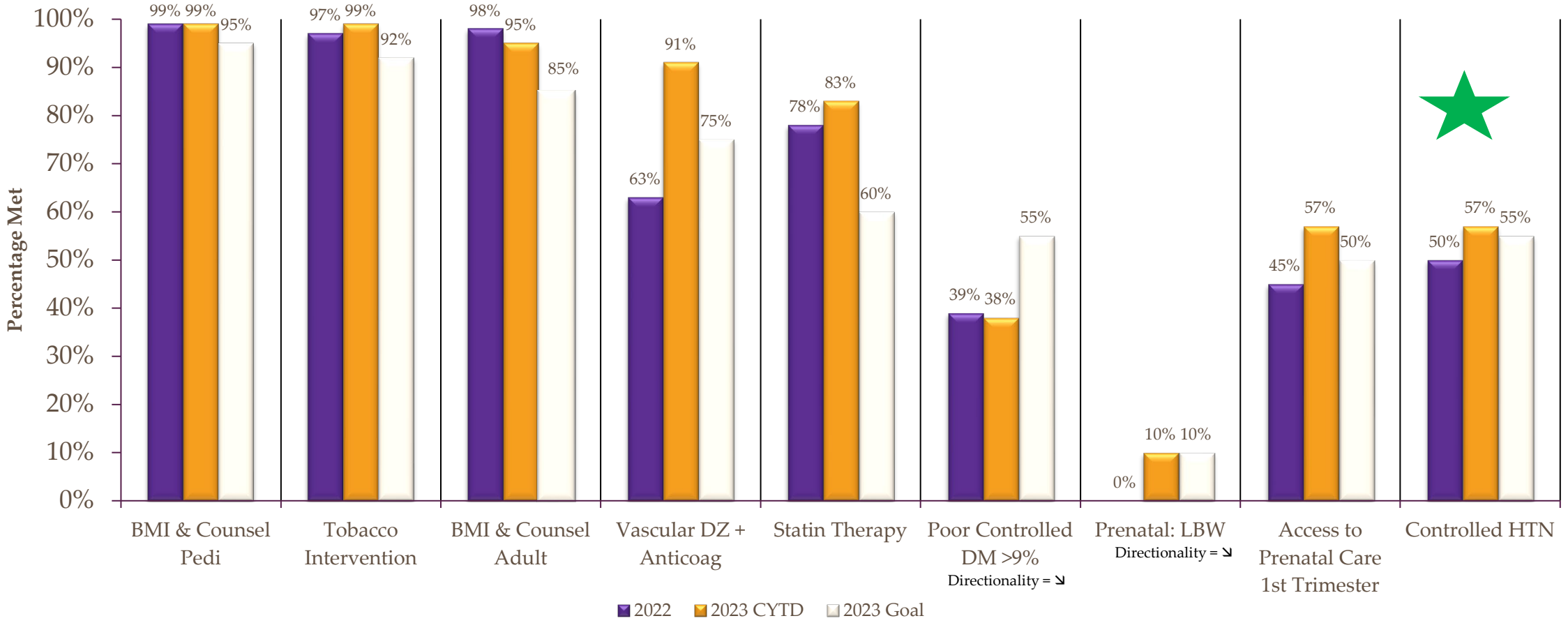
Governance

- HOMES Advisory Board Meeting
  - February 12, 2024-11:30am
  - 3 community members, 1 community-based partner
- Next HOMES Advisory Board Meeting:
  - April 8, 2024-11:30 am
  - Hybrid option available

Quality Assurance/Quality Improvement

2023 QA/QI: 4th Quarter YTD

HRSA Quality Measures at or above Goal
YTD – December 31, 2023



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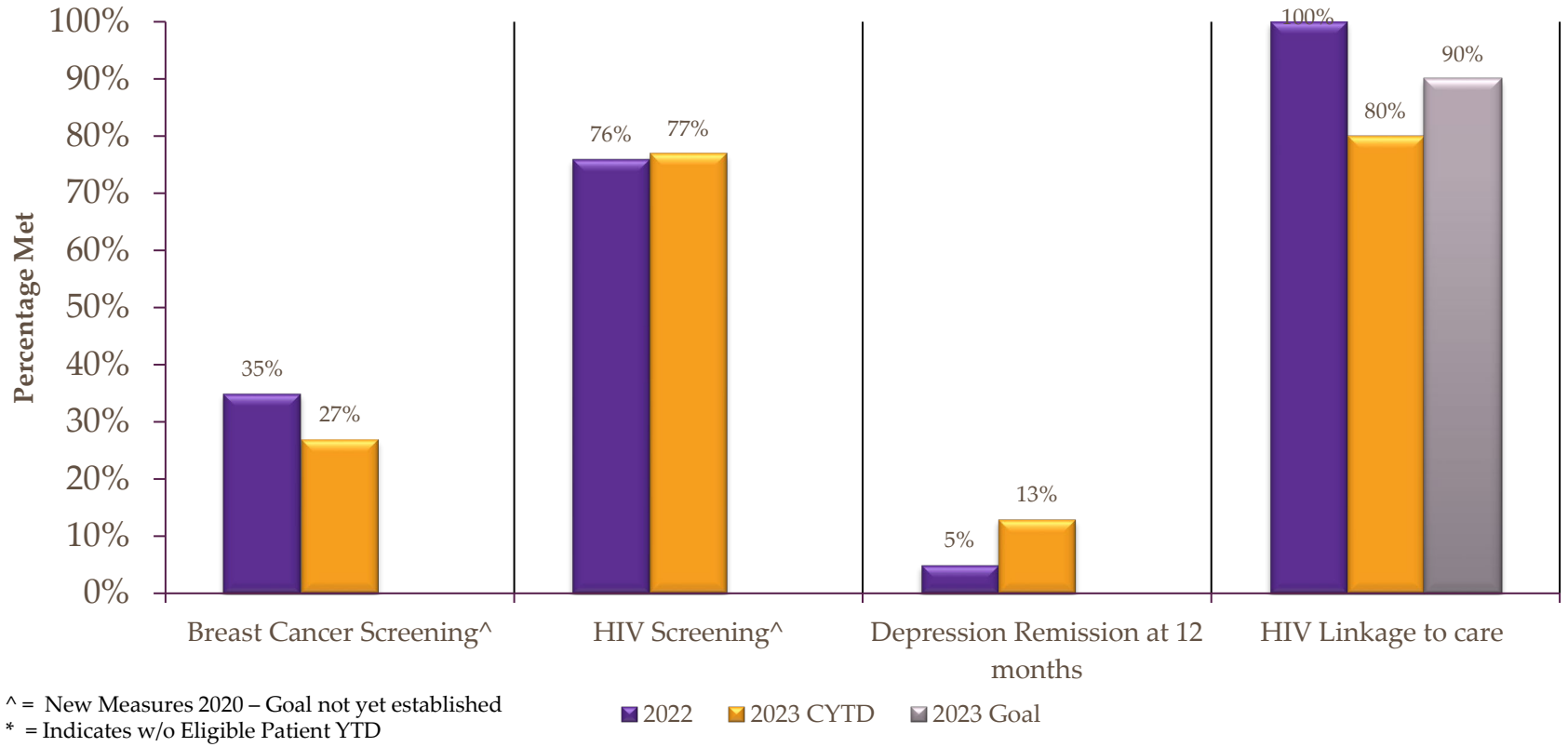
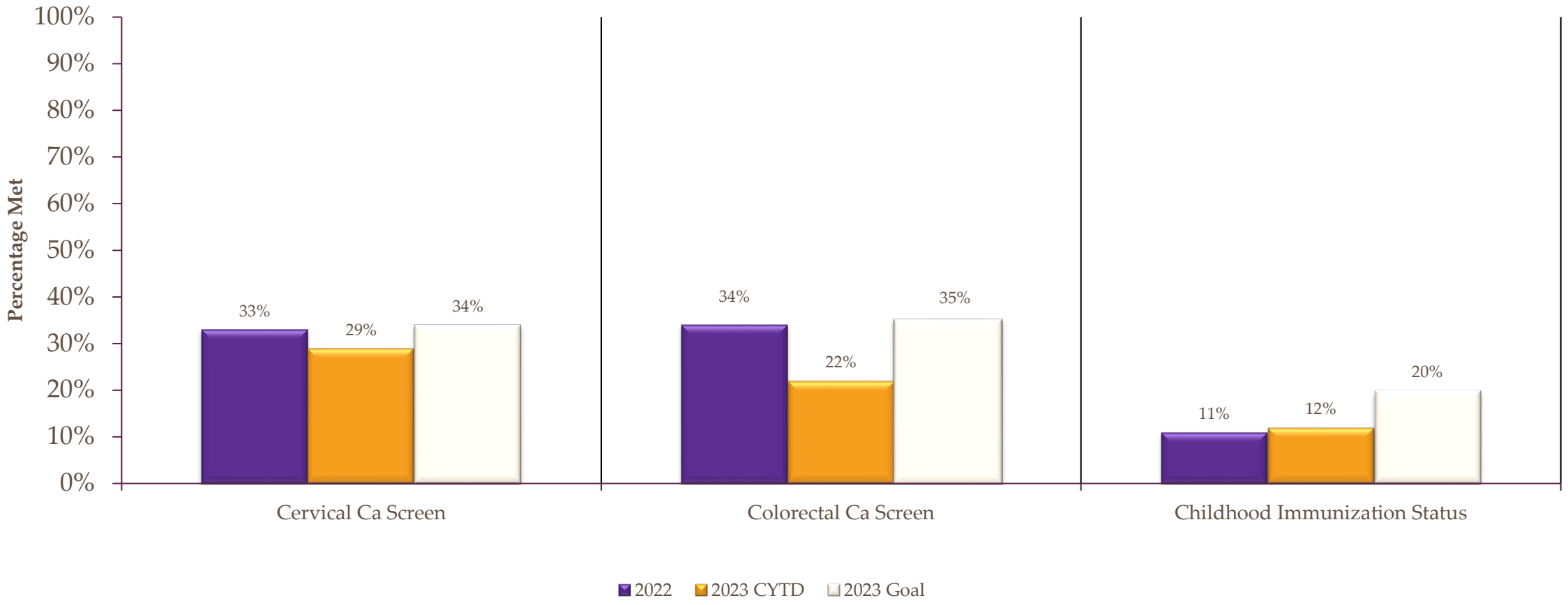
HRSA Quality Measures/ YOY Improvement
YTD – December 31, 2023



^ = New Measures 2020 – Goal not yet established
* = Indicates w/o Eligible Patient YTD

HIV Screening: Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for HIV

HRSA Quality Measures Needing Improvement
YTD – December 31, 2023



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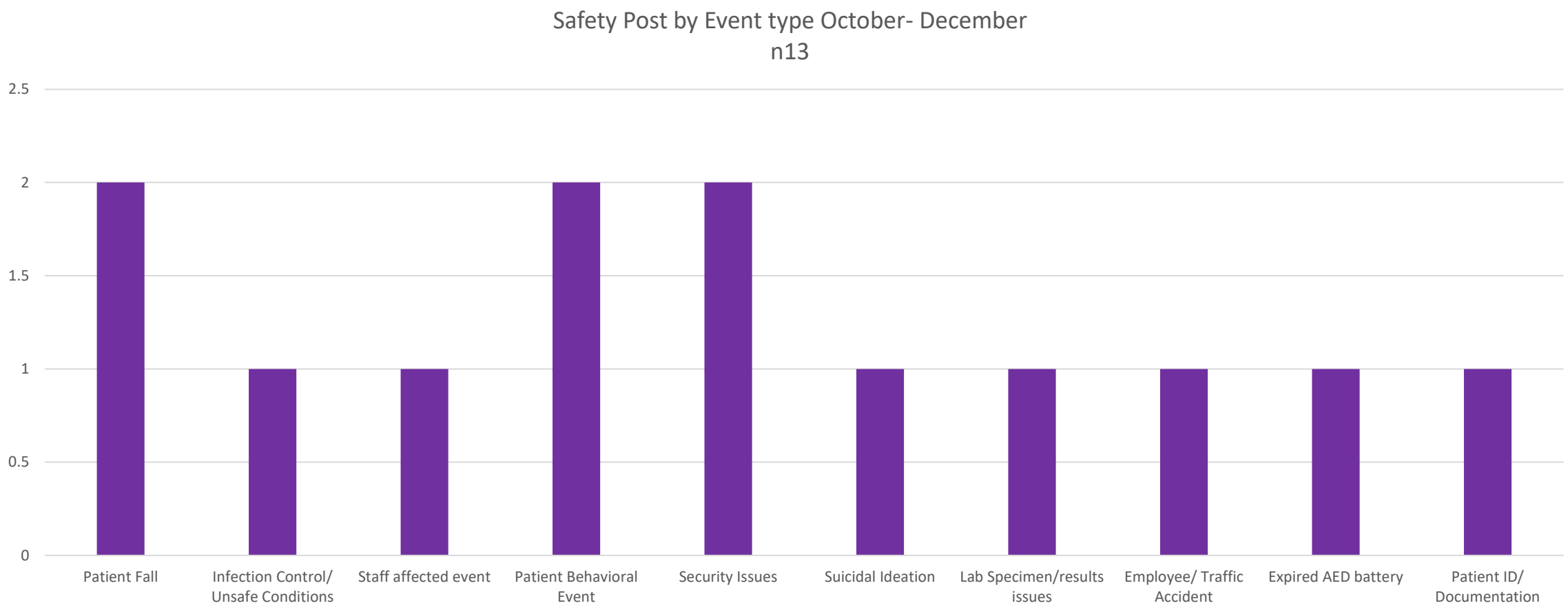
COPC Metric Balance Score Cards Patient Care & Safety Audits

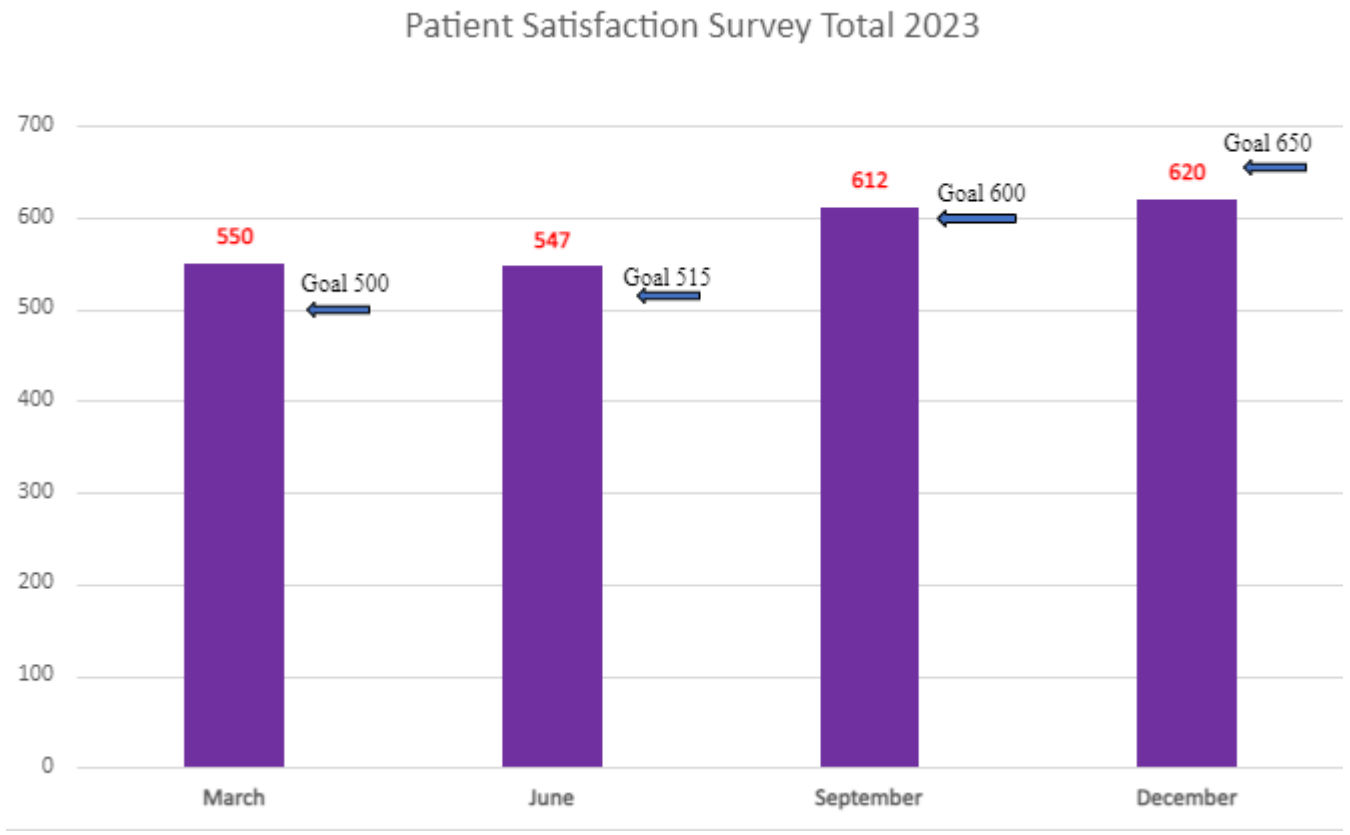
Measures	October 2023	November 2023	December 2023	Goal
Staff Safety Post	7	4	2	Information Only
Complaints	0	0	0	Information Only
Grievances	0	0	0	Information Only
2 Pt ID Error	100%	100%	100%	100.0%
Specimen Labeling	100%	100%	100%	100.0%
Hand Hygiene	99%	96%	84%	95%
Medication Reconciliation (Reviewed percent)	99%	99%	99%	90.0%
Environment of Care	89%	82%	92%	90%
Patient Messages (1-5-7)	97%	96%	93%	90.0%

Safety Post by Event type



Parkland | Care. Compassion. Community.

Patient Satisfaction Survey Total



Parkland | *Care. Compassion. Community.*

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 9 Sliding Fee Discount Program

Demonstrating Compliance

- HOMES has a Sliding Fee Discount Program
- No patient denied services due to inability to pay
- Applies to all required and additional HOMES services
- Policy includes:
  - Definition of income and family
  - Assessment of all patients based only on income and family size
  - Sliding fee discount schedule
  - Includes the most recent FPG (2024)
  - Policy is evaluated annually

Policy Approval

FQHC Sliding Fee Discount Program (SFDP)

Updates to include

- 2024 Federal Poverty Level (FPL)

Approve Federally Qualified Health Center (FQHC) Sliding Fee Discount Program Policy

Federally Qualified Health Center (FQHC) Sliding Fee Discount Program		Published: ~~03~~/~~06~~/~~2023~~
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PURPOSE:

To establish a Sliding Fee Discount Program (SFDP) for HOMES patients who are determined to be at or below 200% of the Federal Poverty Guidelines as published annually by the U.S. Department of Health Human Services. No patient will be denied services due to an individual's inability to pay.

SCOPE:

All Parkland Health ("Parkland") Federally Qualified Health Center (FQHC) Homeless Outreach Medical Services (HOMES) service locations which include only those populations who are considered homeless under section 330(h) of the Public Health Service Act. The population served includes individuals:

- Who lack housing (without regard to whether the individual is a member of a family);
- Whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations;
- Who reside in transitional housing;
- Who reside in permanent supportive housing or other housing programs that are targeted to homeless populations; and/or
- Who are children and youth at risk of homelessness, homeless veterans, and veterans at risk of homelessness.

PROCEDURE:

1. The Sliding Fee Discount Scale (SFDS) is available to all patients who initiate services with HOMES program. Depending on household size and household income, patients are assigned a discount tier.
2. Parkland will evaluate, at least once every three years, its SFDP by:

Parkland

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A. Collecting utilization data that allows it to assess the rate at which patients within each of its discount pay classes, as well as those at or below 100% of Federal Poverty Guidelines (FPG), are accessing the HOMES program.;

B. Utilizing this and, if applicable, other data (for example, results of patient satisfaction surveys or focus groups, surveys of patients at various income levels) to evaluate the effectiveness of its sliding fee discount program in reducing financial barriers to care; and

C. Identifying and implementing changes as needed.

3. The recipient's ability or inability to pay does not affect eligibility and does not impact the provision of care. Parkland does not discriminate in the provision of services to individuals based on their inability to pay, race, color, sex, national origin, disability, religion or sexual orientation.

4. Discount pay classes are defined as Tiers and are based on current year FPG guidelines as shown in the Appendix.

   A. A full discount is provided for individuals and families with annual incomes at or below 100 percent of the current FPG. No nominal charge will be applied.
   B. Partial discounts are provided for individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the current FPG. The discounts are adjusted based on gradation in income levels and include 3 discount pay classes. HOMES offers a flat fee for Tiers 2 to 4, regardless of services provided at the visit. Due to safety and risk concerns, collections are waived in the field.
   C. No discounts are provided to individuals and families with annual incomes above 200 percent of the current FPG.

5. Eligibility Criteria
   A. Eligibility is self-declared at the homeless service sites ~~and applicants must attest to homelessness~~ by completing the HOMES Initial Evaluation form at each visit.
   B. Coverage: Applicants will be assigned Tier 1 when there is no reported

income.

1) Homeless Applicants
2) Applicants who state they are homeless, and
3) Have no fixed residence
4) Living in transitional housing
5) Living in an emergency shelter
6) Living in a place not meant for habitation

B. Homeless applicants who do not have proof of Dallas County residency must be able to explain the following during the interview.

1) Living arrangements
2) Reason for no proof of residency

6. Eligibility Screening

A. Patients will be screened according to the Parkland Financial Assistance (PFA) program criteria, with the exception of residency and asset testing.

1) Patients will be required to attest at the point of service for each visit stating that they are homeless and provide information relative to any other insurance coverage and the sources of any income
2) Coverage information will be obtained to identify other sources of funding.
3) The SFDS tiers are assigned a flat fee discount and are updated each year using federal poverty guidelines.
4) Once approved, patients are eligible from the date of application approval for up to six months with no retroactive coverage.
5) Status may be updated if the household size or household income changes.

B. At a minimum, a new application must be completed every six months in order to qualify for the Sliding Fee Discount Program.

7. Patients we have identified with the propensity to pay upon validation may be subject to actions taken to align with our self-pay collections policy.

8. Account Validation

   A. Clinic staff is responsible for on-site screening for existing coverage, verification of coverage and updating of the patient accounting system with applicant's eligibility information at the next HOMES administrative business cycle.

   B. Patients will be screened for third-party funding and Parkland will bill insurance for medical visit charges.

   C. Patients with insurance plans that are contracted with Parkland will not be eligible for the Sliding Fee Discount Program and will be responsible for any co- payment, co- insurance or deductible amounts deemed payable by their insurance carrier.

   D. For in-scope services provided via contracts (Form 5A: Services Provided, Column II, Formal Written Contract/Agreement,) HOMES ensures that fees for such services are discounted at or greater than as would be received if Parkland Health & Hospital System were to provide the services.

9. The HOMES Sliding Fee Discount Program is reviewed and approved no less than annually by the HOMES Board of Managers to align with the US Department of Health and Human Services Poverty Guidelines.

EQUIPMENT:

N/A

DEFINITIONS:

Household Size: A household or family size for PFA eligibility purposes is defined as a person living alone or two or more persons living together where legal responsibility for support exists.

Income: Income is defined as earnings over a given period of time used to support an individual/household unit based on a set of criteria of inclusions and exclusions. Income is distinguished from assets, as assets are a fixed economic resource while income is comprised of earnings.

Group household:

- Married couples including same sex marriage, both legal marriage and common law marriage
- One or both legal parent(s) and their legal children under age 19, including unborn children
- A managing conservator (person designated by a court to have daily responsibility for a child) and a minor child and the conservator's spouse and other legal minor children, if any
- Both Medicaid -ineligible parents of Medicaid-eligible children
- Students between the ages of 18-26, dependent on parental/guardian support and living with parent(s)

One-person household:

- A person age 18 or older living alone
- An adult living with others who are not legally responsible for the adult's support
- A minor child living alone or with others who are not legally responsible for the child's support
- An inmate in a county jail
- A Medicaid-ineligible spouse
- A Medicaid-ineligible parent whose spouse and/or minor children are Medicaid- eligible

REFERENCES:

Health Resources & Services Administration, Health Center Program Compliance Manual; https://bphc.hrsa.gov/programrequirements/compliancemanual

The US Department of Health and Human Services Poverty Guidelines; https://aspe.hhs.gov/poverty-guidelines

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APPENDIX A

~~PARKLAND HEALTH – HOMES PROGRAM - SLIDING SCALE DISCOUNT~~

	~~FLAT FEE AMOUNT - TIER 1~~				~~FLAT FEE AMOUNT - TIER 2~~				~~FLAT FEE AMOUNT – TIER 3~~				~~FLAT FEE AMOUNT - TIER 4~~			
	~~$0~~				~~$5~~				~~$10~~				~~$15~~			
~~FAMILY SIZE~~	~~PHHS Assistance Tier 1 (100%)~~				~~PHHS Assistance Tier 2 (125%)~~				~~PHHS Assistance Tier 3 (150%)~~				~~PHHS Assistance Tier 4 (200%)~~			
	~~Min income~~	~~Max Income~~	~~FPG~~		~~Min income~~	~~Max Income~~	~~FPG~~		~~Min income~~	~~Max Income~~	~~FPG~~		~~Min income~~	~~Max Income~~	~~FPG~~	
~~1~~	~~0~~	~~$ 1,215~~	~~0%~~	~~100%~~	~~$1,215.12~~	~~$1,518.75~~	~~100.01%~~	~~125%~~	~~$1,518.87~~	~~$2,278.31~~	~~125.01%~~	~~150%~~	~~$1,822.62~~	~~$2,430.00~~	~~150.01%~~	~~200%~~
~~2~~	~~0~~	~~$ 1,643~~	~~0%~~	~~100%~~	~~$1,643.16~~	~~$2,053.75~~	~~100.01%~~	~~125%~~	~~$2,053.91~~	~~$3,080.87~~	~~125.01%~~	~~150%~~	~~$2,464.66~~	~~$3,286.00~~	~~150.01%~~	~~200%~~
~~3~~	~~0~~	~~$ 2,072~~	~~0%~~	~~100%~~	~~$2,072.21~~	~~$2,590.00~~	~~100.01%~~	~~125%~~	~~$2,590.21~~	~~$3,885.31~~	~~125.01%~~	~~150%~~	~~$3,108.21~~	~~$4,144.00~~	~~150.01%~~	~~200%~~
~~4~~	~~0~~	~~$ 2,500~~	~~0%~~	~~100%~~	~~$2,500.25~~	~~$3,125.00~~	~~100.01%~~	~~125%~~	~~$3,125.25~~	~~$4,687.88~~	~~125.01%~~	~~150%~~	~~$3,750.25~~	~~$5,000.00~~	~~150.01%~~	~~200%~~
~~5~~	~~0~~	~~$ 2,928~~	~~0%~~	~~100%~~	~~$2,928.29~~	~~$3,660.00~~	~~100.01%~~	~~125%~~	~~$3,660.29~~	~~$5,490.44~~	~~125.01%~~	~~150%~~	~~$4,392.29~~	~~$5,856.00~~	~~150.01%~~	~~200%~~
~~6~~	~~0~~	~~$ 3,357~~	~~0%~~	~~100%~~	~~$3,357.34~~	~~$4,196.25~~	~~100.01%~~	~~125%~~	~~$4,196.59~~	~~$6,294.88~~	~~125.01%~~	~~150%~~	~~$5,035.84~~	~~$6,714.00~~	~~150.01%~~	~~200%~~
~~7~~	~~0~~	~~$ 3,785~~	~~0%~~	~~100%~~	~~$3,785.38~~	~~$4,731.25~~	~~100.01%~~	~~125%~~	~~$4,731.63~~	~~$7,097.44~~	~~125.01%~~	~~150%~~	~~$5,677.88~~	~~$7,570.00~~	~~150.01%~~	~~200%~~
~~8~~	~~0~~	~~$ 4,213~~	~~0%~~	~~100%~~	~~$4,213.42~~	~~$5,266.25~~	~~100.01%~~	~~125%~~	~~$5,266.67~~	~~$7,900.01~~	~~125.01%~~	~~150%~~	~~$6,319.92~~	~~$8,426.00~~	~~150.01%~~	~~200%~~
~~9~~	~~0~~	~~$ 4,642~~	~~0%~~	~~100%~~	~~$4,642.46~~	~~$5,802.50~~	~~100.01%~~	~~125%~~	~~$5,802.96~~	~~$8,704.45~~	~~125.01%~~	~~150%~~	~~$6,963.46~~	~~$9,284.00~~	~~150.01%~~	~~200%~~
~~10~~	~~0~~	~~$ 5,070~~	~~0%~~	~~100%~~	~~$5,070.51~~	~~$6,337.50~~	~~100.01%~~	~~125%~~	~~$6,338.01~~	~~$9,507.01~~	~~125.01%~~	~~150%~~	~~$7,605.51~~	~~$10,140.00~~	~~150.01%~~	~~200%~~
~~11~~	~~0~~	~~$ 5,498~~	~~0%~~	~~100%~~	~~$5,498.55~~	~~$6,872.50~~	~~100.01%~~	~~125%~~	~~$6,873.05~~	~~$10,309.57~~	~~125.01%~~	~~150%~~	~~$8,247.55~~	~~$10,996.00~~	~~150.01%~~	~~200%~~
~~12~~	~~0~~	~~$ 5,927~~	~~0%~~	~~100%~~	~~$5,927.59~~	~~$7,408.75~~	~~100.01%~~	~~125%~~	~~$7,409.34~~	~~$11,114.01~~	~~125.01%~~	~~150%~~	~~$8,891.09~~	~~$11,854.00~~	~~150.01%~~	~~200%~~
~~13~~	~~0~~	~~$ 6,355~~	~~0%~~	~~100%~~	~~$6,355.64~~	~~$7,943.75~~	~~100.01%~~	~~125%~~	~~$7,944.39~~	~~$11,916.58~~	~~125.01%~~	~~150%~~	~~$9,533.14~~	~~$12,710.00~~	~~150.01%~~	~~200%~~
~~14~~	~~0~~	~~$ 6,783~~	~~0%~~	~~100%~~	~~$6,783.68~~	~~$8,478.75~~	~~100.01%~~	~~125%~~	~~$8,479.43~~	~~$12,719.14~~	~~125.01%~~	~~150%~~	~~$10,175.18~~	~~$13,566.00~~	~~150.01%~~	~~200%~~
~~15~~	~~0~~	~~$ 7,211~~	~~0%~~	~~100%~~	~~$7,211.72~~	~~$9,013.75~~	~~100.01%~~	~~125%~~	~~$9,014.47~~	~~$13,521.71~~	~~125.01%~~	~~150%~~	~~$10,817.22~~	~~$14,422.00~~	~~150.01%~~	~~200%~~

~~Patient responsibility for Tier 1 = $0, Tier 2 = $5, Tier 3 = $10, Tier 4 = $15~~

~~NOTE*~~ ~~Poverty Levels based on 2023 Federal Poverty Guidelines issued 1/19/2023.~~

~~Income figures represent gross monthly income.~~

~~This sliding scale applies only to patients of the Parkland Health HOMES PROGRAM.~~

PARKLAND HEALTH --HOMES PROGRAM--SLIDING SCALE DISCOUNT

	FLAT FEE AMOUNT--TIER 1				FLAT FEE AMOUNT--TIER 2				FLAT FEE AMOUNT---TIER 3				FLAT FEE AMOUNT--TIER 4			
	$0				$5				$10				$15			
FAMILY SIZE	PHHS Assistance Tier 1 (100%)				PHHS Assistance Tier 2 (125%)				PHHS Assistance Tier 3 (150%)				PHHS Assistance Tier 4 (200%)			
	Min income	Max Income	FPG		Min income	Max Income	FPG		Min income	Max Income	FPG		Min income	Max Income	FPG	
1	0	$1,255	0%	100%	$1,255.01	$1,568.75	>100%	125%	$1,568.76	$1,882.50	>125%	150%	$1,882.51	$2,510.00	>150%	200%
2	0	$1,703	0%	100%	$1,703.01	$2,128.75	>100%	125%	$2,128.76	$2,554.50	>125%	150%	$2,554.51	$3,406.00	>150%	200%
3	0	$2,152	0%	100%	$2,152.01	$2,690.00	>100%	125%	$2,690.01	$3,228.00	>125%	150%	$3,228.01	$4,304.00	>150%	200%
4	0	$2,600	0%	100%	$2,600.01	$3,250.00	>100%	125%	$3,250.01	$3,900.00	>125%	150%	$3,900.01	$5,200.00	>150%	200%
5	0	$3,048	0%	100%	$3,048.01	$3,810.00	>100%	125%	$3,810.01	$4,572.00	>125%	150%	$4,572.01	$6,096.00	>150%	200%
6	0	$3,497	0%	100%	$3,497.01	$4,371.25	>100%	125%	$4,371.26	$5,245.50	>125%	150%	$5,245.51	$6,994.00	>150%	200%
7	0	$3,945	0%	100%	$3,945.01	$4,931.25	>100%	125%	$4,931.26	$5,917.50	>125%	150%	$5,917.51	$7,890.00	>150%	200%
8	0	$4,393	0%	100%	$4,393.01	$5,491.25	>100%	125%	$5,491.26	$6,589.50	>125%	150%	$6,589.51	$8,786.00	>150%	200%
9	0	$4,842	0%	100%	$4,842.01	$6,052.50	>100%	125%	$6,052.51	$7,263.00	>125%	150%	$7,263.01	$9,684.00	>150%	200%
10	0	$5,290	0%	100%	$5,290.01	$6,612.50	>100%	125%	$6,612.51	$7,935.00	>125%	150%	$7,935.01	$10,580.00	>150%	200%
11	0	$5,738	0%	100%	$5,738.01	$7,172.50	>100%	125%	$7,172.51	$8,607.00	>125%	150%	$8,607.01	$11,476.00	>150%	200%
12	0	$6,187	0%	100%	$6,187.01	$7,733.75	>100%	125%	$7,733.76	$9,280.50	>125%	150%	$9,280.51	$12,374.00	>150%	200%
13	0	$6,635	0%	100%	$6,635.01	$8,293.75	>100%	125%	$8,293.76	$9,952.50	>125%	150%	$9,952.51	$13,270.00	>150%	200%
14	0	$7,083	0%	100%	$7,083.01	$8,853.75	>100%	125%	$8,853.76	$10,624.50	>125%	150%	$10,624.51	$14,166.00	>150%	200%

15	0	$7,532	0%	100%	$7,532.01	$9,415.00	>100%	125%	$9,415.01	$11,298.00	>125%	150%	$11,298.01	$15,064.00	>150%	200%
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PURPOSE:

To establish a Sliding Fee Discount Program (SFDP) for HOMES patients who are determined to be at or below 200% of the Federal Poverty Guidelines as published annually by the U.S. Department of Health Human Services. No patient will be denied services due to an individual's inability to pay.

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- Who are children and youth at risk of homelessness, homeless veterans, and veterans at risk of homelessness.

PROCEDURE:

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A. Collecting utilization data that allows it to assess the rate at which patients within each of its discount pay classes, as well as those at or below 100% of Federal Poverty Guidelines (FPG), are accessing the HOMES program.;

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- Both Medicaid -ineligible parents of Medicaid-eligible children
- Students between the ages of 18-26, dependent on parental/guardian support and living with parent(s)

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- A minor child living alone or with others who are not legally responsible for the child's support
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- A Medicaid-ineligible spouse
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REFERENCES:

Health Resources & Services Administration, Health Center Program Compliance Manual; https://bphc.hrsa.gov/programrequirements/compliancemanual

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APPENDIX A

	PARKLAND HEALTH --HOMES PROGRAM--SLIDING SCALE DISCOUNT															
	FLAT FEE AMOUNT--TIER 1					FLAT FEE AMOUNT--TIER 2				FLAT FEE AMOUNT---TIER 3				FLAT FEE AMOUNT--TIER 4			
	$0					$5				$10				$15			
FAMILY SIZE	PHHS Assistance Tier 1 (100%)					PHHS Assistance Tier 2 (125%)				PHHS Assistance Tier 3 (150%)				PHHS Assistance Tier 4 (200%)			
	Min incom	Max Income		FPG		Min income	Max Income	FPG		Min income	Max Income	FPG		Min income	Max Income	FPG	
1	0	$ 1,215		0%	100%	$1,215.12	$1,518.75	100.01%	125%	$1,518.87	$2,278.31	125.01%	150%	$1,822.62	$2,430.00	150.01%	200%
2	0	$ 1,643		0%	100%	$1,643.16	$2,053.75	100.01%	125%	$2,053.91	$3,080.87	125.01%	150%	$2,464.66	$3,286.00	150.01%	200%
3	0	$ 2,072		0%	100%	$2,072.21	$2,590.00	100.01%	125%	$2,590.21	$3,885.31	125.01%	150%	$3,108.21	$4,144.00	150.01%	200%
4	0	$ 2,500		0%	100%	$2,500.25	$3,125.00	100.01%	125%	$3,125.25	$4,687.88	125.01%	150%	$3,750.25	$5,000.00	150.01%	200%
5	0	$ 2,928		0%	100%	$2,928.29	$3,660.00	100.01%	125%	$3,660.29	$5,490.44	125.01%	150%	$4,392.29	$5,856.00	150.01%	200%
6	0	$ 3,357		0%	100%	$3,357.34	$4,196.25	100.01%	125%	$4,196.59	$6,294.88	125.01%	150%	$5,035.84	$6,714.00	150.01%	200%
7	0	$ 3,785		0%	100%	$3,785.38	$4,731.25	100.01%	125%	$4,731.63	$7,097.44	125.01%	150%	$5,677.88	$7,570.00	150.01%	200%
8	0	$ 4,213		0%	100%	$4,213.42	$5,266.25	100.01%	125%	$5,266.67	$7,900.01	125.01%	150%	$6,319.92	$8,426.00	150.01%	200%
9	0	$ 4,642		0%	100%	$4,642.46	$5,802.50	100.01%	125%	$5,802.96	$8,704.45	125.01%	150%	$6,963.46	$9,284.00	150.01%	200%
10	0	$ 5,070		0%	100%	$5,070.51	$6,337.50	100.01%	125%	$6,338.01	$9,507.01	125.01%	150%	$7,605.51	$10,140.00	150.01%	200%
11	0	$ 5,498		0%	100%	$5,498.55	$6,872.50	100.01%	125%	$6,873.05	$10,309.57	125.01%	150%	$8,247.55	$10,996.00	150.01%	200%
12	0	$ 5,927		0%	100%	$5,927.59	$7,408.75	100.01%	125%	$7,409.34	$11,114.01	125.01%	150%	$8,891.09	$11,854.00	150.01%	200%
13	0	$ 6,355		0%	100%	$6,355.64	$7,943.75	100.01%	125%	$7,944.39	$11,916.58	125.01%	150%	$9,533.14	$12,710.00	150.01%	200%
14	0	$ 6,783		0%	100%	$6,783.68	$8,478.75	100.01%	125%	$8,479.43	$12,719.14	125.01%	150%	$10,175.18	$13,566.00	150.01%	200%
15	0	$ 7,211		0%	100%	$7,211.72	$9,013.75	100.01%	125%	$9,014.47	$13,521.71	125.01%	150%	$10,817.22	$14,422.00	150.01%	200%
Patient responsibility for Tier 1 = $0, Tier 2 = $5, Tier 3 = $10, Tier 4 = $15																	
NOTE*	**Poverty Levels based on 2023 Federal Poverty Guidelines issued 1/19/2023.**																
	Income figures represent gross monthly income.																
	This sliding scale applies only to patients of the Parkland Health HOMES PROGRAM.																

HRSA Update

- Annual Uniform Data System (UDS) Reporting
  - Report due February 15th
    - Patient demographics, services provided, staffing, clinical processes & results, patients' use of services, costs, and revenues
  - HRSA review and corrections-typically mid February to mid March 202
  - Final data-April 2024

- Primary Care HIV Prevention (PCHP) (supplemental)
  - quarterly report

Housing Forward

- Point In Time count
- State of Homelessness Address-
  - Save the date-Thursday, April 18, 2024-10am (in person and livestreamed)
- Leadership transition
- Strategic Priorities

Years of Service & Daisy Honorees

Denise Presley
35 years of service

Daisy Jasso, RN
December 2023

Rachelle Floyd, RN
January 2024

Parkland | Care. Compassion. Community.

Questions?