HOMES
Homeless Outreach Medical Services
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, July 24, 2024, at 9:00 AM*** 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: 2630 705 2293; 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.	2024-06-20 BOM HOMES Minutes	2	1	Chair
B.	2024-06-10 HOMES Advisory Board Minutes	6	1	Chair
III.	**Reports Requiring Deliberation(s) and/or or Possible Action**			
A.	Operations Update (day-to-day operations including but not limited to-staffing/operational challenges/partner site activity)	12	4	Kyla Rankin
B.	Management and Finance Update (volume, revenue, expenses, overtime)	13	4	
C.	Governance Update (HOMES advisory board which meets the 2nd Monday of every other month)	14	4	
D.	HRSA (Health Resources and Services Administration) Compliance Manual Requirements: Chapter 5: Clinical Staffing	19	4	
E.	HRSA Update- Operational Site Visit (OSV) 2025	23	4	
F.	Policy Review/Approval-Legislative Mandates	24	4	
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 2024-06-20 BOM HOMES Minutes

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
June 20, 2024

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, June 20, 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, appointed Elizabeth Palacios, MD, as chair for the June HOMES meeting in her absence. Elizabeth Palacios noted that a quorum was physically present and called the meeting to order at 12:31 p.m.

Board Member attendees included: Reina Gonzalez, JD (via Webex); Vincent Hall; Ramon Miguez, PE; Eric G. Bing, PhD; Elizabeth Palacios, MD; Lisa Sutter and Byron Cryer, MD.

Board member John Proctor and Marjorie Petty were not present.

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

Anika Dachiraju, Summer Governance Intern
April Foran, Dir./Corp Communications & PIO
Edmundo Castañeda, EVP & Chief Operating Officer
Felicia Miller, EVP & Chief Talent Officer
Fred Cerise, President & Chief Executive Officer
James Orrison, Administrative Resident
Jeffrey Giles, Sr. Associate Attorney
Joseph Chang, SVP & CMO
Kyla Rankin, HOMES Project Director
Morgan Simmons, Governance Program Coordinator
Rick Humphrey, EVP & Chief Financial Officer (via Webex)
Roberto de la Cruz, EVP & CCO
Saul Cordero, SVP & Chief Governance & Strategy Officer
Steven Roth, EVP & Chief Legal 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 2024-05-22 HOMES

B. Approve Minutes 2024-06-10 HOMES Advisory Board

Vincent Hall motioned for the approval of the Consent Agenda. Eric G. Bing 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 improvements. Kyla mentioned a HOMES driver who retired after serving Parkland for 34 years, which created an open driver position. Kyla mentioned with a reallocation of funds she was able to hire a 0.5 FTE APP (Advanced Practice Provider) in addition to the two HOMES currently has. The dental unit is back in operations after a momentary pause since September 2023. Kyla mentioned HOMES will continue to work on the encampment initiative with Dallas. Kyla also mentioned the closing of City Square and some possible opportunities to acquire this land.

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

B. Management and Finance Update

HOMES saw 4,737 unduplicated patients thus far in 2024, 48% of the annual goal. The annual goal is 9,675. Kyla mentioned this month's visits were over the allotted amount along with the budget for the month of May.

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

C. Governance Update

The HOMES Advisory Board met on June 10th, 2024, in the Moody outpatient Center. A hybrid attendance option was available, and 3 consumer members attended this meeting. Kyla mentioned her aim to gain more consumer members to attend the meeting. The next advisory meeting will be held August 12th, 2024.

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

E. HRSA Compliance Manual Requirements: Chapter 8: Continuity of Care and Hospital Admitting
Kyla Rankin reviewed Chapter 8: Continuity of Care and Hospital Admitting. Kyla reported on the HRSA requirements and how HOMES gathers and submits data via various reporting systems. Kyla mentioned the HOMES relationship with Parkland hospital and the continued partnership between the two.

F. HRSA Updates
Kyla presented three Notice of Funding Opportunities (NOFO) one being the FY24 Behavioral Health Service Expansion and another being the Year 2025 Quality Improvement Fund-Transitions in Care for Justice Involved Populations and one for FY24 expanded hours. Kyla mentioned HOMES will not be applying for any of these funding opportunities. Kyla mentioned the HOMES current supplemental funding. The supplemental programs include: Bridge, QIA-UDS+ through HRSA, and carryover funding from the previous project period that HOMES has available to use.

The Board asked questions and received additional information related to the HRSA updates.

VII. Adjourn

With no further business to discuss, appointed Chair Elizabeth Palacios, MD, adjourned the meeting at 12:41 p.m.

SO RECORDED:

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

Approve 2024-06-10 HOMES Advisory Board Minutes

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 6/10/2024 **Time:** 11:30 **Location:** Moody Outpatient Center/Zoom

Facilitators: Kyla Rankin

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

	Agenda Item/ Presenter	Discussion	Action items
	Staffing	- Current posted positions are Dental Assistant (DA), MPA Supervisor, Mobile Medical Unit (MMU)Driver, Medical Practice Assistant (MPA), and Advanced Practice Provider (APP). - Charles Daniels, MMU driver, will be retiring after 30 plus years of service. MPA is transferring internally. The MPA supervisor position had been filled but the employee decided she was not interested in that position and wanted to go back to MPA position. - Alexis Michel is new dental assistant.	
	Operations	- Operations leaders continue to evaluate current sites and consider potential new sites to visit. - Dental unit has been out of operation since August due to staffing, services will resume this week (Monday-Wednesday) at Salvation Army and Creuzot. - Stewpot dental clinic needs compressor repairs. Compressor is in the closet causing some issues. HOMES is working with facilities at both sites to make sure this is taken care of. - We anticipate mid-July for HOMES to move into the Tex Oak site. Rain has caused some delays and prevented laying cement. - Maintenance/Repairs – our older MMUs serve as backups. Supervisor manages the units for repairs and is working to have more vendors available for us to use for these needs. - At our May staff meeting we had our annual safety training. Staff appeared very engaged in this training. - We are in our Joint Commission window until February 2025. They can come and visit any of our sites at any time as the provide oversight and ensure we are doing what we need for patient care. - We will implement an RN Led Hypertension clinic at The Bridge. Patients will be referred by our providers and nurses will provide an education role to patients to promote healing, provide psychological support, monitor patient's condition, and perform nursing interventions. We will start at The Bridge and as we go, we will consider using our outreach unit to provide this service to other sites.	
	Patient Target	- Unduplicated patients for 2024 as of end of May is 4,737. Despite being down providers, our volume has remained steady with the use of float providers.	

Parkland

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 6/10/2024 **Time:** 11:30 **Location:** Moody Outpatient Center/Zoom

Facilitators: Kyla Rankin

	Leadership Update	- There are no changes in HOMES but there are changes in Population Health. Kyla will now be reporting to James Perez in the interim of this restructuring. Mr. Cordero asked if we need to report this change to HRSA. Kyla said she doesn't think we have to but will remove Christina Mintner as a contact and will double check. - HOMES remains within budget. - Labor optimization – we are sending staff to other clinics as needed	
	COPC Metric Balance Score Cards **Patient Care & Safety Audits**	- Our safety posts are mostly from Deflection Center. - We continue to do well in all other areas.	
	HRSA Updates	- Demographics Characteristics 3B – after two years of this project, it went live last week. The change would not be possible without extensive internal collaboration to ensure appropriate mapping and accurate reporting. - HRSA has three notice of funding opportunities (Behavioral Health Service Expansion, Transitions in Justice Care and Expansion Hours). HOMES will not purse any of these opportunities. - Bridge funding (HOMES already has through the end of 2024) is to promote COVID vaccine and we will plan to promote COVID at outreach events in coordination with other vaccines.	
	2024 Point in Time (PIT) Count Data	- Data was distributed by Housing Forward. According to the 2024 Point in Time Count (PIT) 3,718 individuals are experiencing homelessness on a single night. This is the biggest decrease that has been seen in approximately 10 years. Ms. Wonzer asked if this number was only for adults and how often do we see families unhoused. Kyla explained that this number included adults and children. Kyla mention that we may typically see families unhoused when an older male child is with a female head of household. In those instances, the male child may have to go into the shelter as an adult male and most mothers would not want that scenario. Ms. Wonzer also asked if we knew Family Gateway had moved from downtown. Kyla is aware that Family Gateway is now in Collin County but continue to utilize the coordinate access system (CAS). Families can contact Family Gateway (the entry point for families experiencing homelessness) and they will assess the family and decide next steps.	
	Recognition and Celebrations	- Charles Daniels will be retiring after 30 plus years of being a Mobile Medical Unit Driver. - HOMES nurses won the Daisy Team of the Year. - ICARE Value awards were won by Dr. Aretha Fisher, Psychiatrist and Domingo Davila, Licensed Professional Counselor (LPC). Dr. Fisher and Domingo were nominated by Parkland staff. Dr. Fisher for leading the Employee Resource Group and Domingo for his collaboration with staff. - HOMES Leadership attended the 2024 National Healthcare for the Homeless Conference in May. Team presented about virtual care and information was well received.	
	Looking Ahead	- Shed move (Tex Oak for MMUs) - Dental Mobile - Survey Readiness	

Parkland

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 6/10/2024 **Time:** 11:30 **Location:** Moody Outpatient Center/Zoom

Facilitators: Kyla Rankin

	Miscellaneous	- Mrs. Gies stated that her biggest problem right now is Homeless Solutions. Her and her husband were told they needed to go to the shelter to be able to receive housing. She states they receive checks, but it is not enough for an appointment. Kyla is going to connect her with Rebecca from Housing Forward and they can talk offline. - Mrs. Roberts will send a picture of the new City of Dallas building to Kyla so that she can research a bit more about this facility.	
	Next meeting	- Next meeting is August 12, 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 –July 2024

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Staffing/Services
  - Management and Finance
- Governance
- The Big 20
- HRSA compliance manual requirement: Chapter 5
- HRSA update: Operational Site Visit (OSV) 2025
- Policy Approval

Operations

- Staffing

Posted

- 1.0 FTE MPA
- 1.0 FTE MPA Supervisor
- 1.0 FTE Dental Assistant
- 1.0 FTE MMU Driver
- 1.0 FTE APP

- Outreach events
- Encampments

Management & Finances – June

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	5281	9,675	54%	50%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	2519	3394	875	-25.8%	29,746	29,416	330	1.1%
Expenses	$669,860	$677,099	$7,239	1.1%	$6,260,654	$6,122,723	($137,931)	-2.3%
Charges	$1,573,320	$2,430,510	($857,190)	-35.3%	$19,316,446	$21,067,464	($1,751,018)	-8.3%
Revenue	$57,646				$322,669			
Commercial	$630				$9,085			
Medicaid	$39,208				$295,084			
Medicare	$17,808				$18,500			
FTE	63.91				61.54			
FTE - OT	.91	1.04	0.14	13%	1.07	1.02	(0.05)	-4.6%

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

Governance

HOMES Advisory Board

- Next meeting: Monday, August 12, 2024
  - Hybrid meeting (Moody location and zoom option)
  - 11am-1pm

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 5: Clinical Staffing

Requirements

- Provide the required primary health services and approved additional health services
- Services are available and accessible promptly and in a manner that will assure continuity of services
- Utilize staff that are qualified by training and experience

HRSA Health Center Program Compliance Requirements – Chapter 5: Clinical Staffing

Demonstrating Compliance

- HRSA Approved Form 5A: Services Provided
- Considered the size, demographics, and health needs of its population
  - Community Needs Assessment
  - Staffing Profile
- Operating procedures for all initial and recurring review of credentials and privileges for all clinical staff members
  - Policy: Privileges – Requirements for HRSA Providers
  - Policy: Credential and Privilege Requirements for HOMES Other Clinical Staff
  - Policy: Verification of Privileges
- Maintain files or records for its clinical staff
  - Medical Staff Professional Services
  - Office of Talent Management: Employee files

Self Updates: Services details

H80CS00039: Dallas County Hospital District, Dallas, TX

Grant Number: H80CS00039 **BHCMIS ID:** 069730 **Project Period:** 11/01/2001 - 12/31/2026

Budget Period: 01/01/2024 - 12/31/2024

Required Services

Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X		
Diagnostic Laboratory	X		
Diagnostic Radiology			X
Screenings	X		
Coverage for Emergencies During and After Hours	X		
Voluntary Family Planning	X		
Immunizations	X		
Well Child Services	X		
Gynecological Care	X		
Obstetrical Care			
Prenatal Care			X
Intrapartum Care (Labor & Delivery)			X
Postpartum Care			X
Preventive Dental	X		
Pharmaceutical Services	X		
HCH Required Substance Use Disorder Services	X	X	
Case Management	X		
Eligibility Assistance	X		
Health Education	X		
Outreach	X		
Transportation	X		
Translation	X		

Additional Services

Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services	X		
Behavioral Health Services			
Mental Health Services	X		
Nutrition	X		
Additional Enabling/Supportive Services	X	X	

Speciality Services

Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Podiatry	X		

Close Window

HRSA Updates

- 2025 Operational Site Visit
  - January through March 2025
  - Purpose
    - Support effective monitoring of the Health Center Program
    - Objective assessment to verify the status of the health centers compliance with statutory and regulatory requirements of the health center program
  - Preparation & Resources
    - HOMES Leadership
    - HOMES Board of Managers

Policy Approval

Legislative Mandates in Grants Management

Updates to include

- Minor formatting changes
- Salary rate limitation increase

Legislative Mandates in Grants Management	8311403	Published: ~~04/26/2023~~02092024
Fiscal		Page 1 of 9

PURPOSE:

The purpose is to clarify the requirements mandated by the Consolidated Appropriations Act, 2024~~3~~ (Public Law 118~~7~~-~~328~~47) signed into law on ~~December 29, 2022~~March 23, 2024, ~~which~~ and provides funding to the Health Resources and Services Administration (HRSA) for the fiscal year ending September 30, 2023~~3~~4. The intent is to provide information on the following statutory provisions that limit the use of funds on HRSA grants and cooperative agreements for FY 2024~~3~~. Legislative mandates remain in effect until a new appropriation bill is passed setting a new list of requirements. The FY 2024~~3~~ list of legislative mandates for HRSA award recipients is very similar to the FY 20~~221~~23 list.

SCOPE:

All Parkland Workforce members.

PROCEDURE:

1. Parkland shall adhere to the Health Resources and Services Administration (HRSA) Grants Policy Bulletin 2024~~3~~-02E legislative mandates as a condition of receiving grant funding.
2. FY 2024~~3~~ Legislative Mandates are as follows:
   A. Division B~~E~~, Title VII
      1) Confidentiality Agreements (Section 742)
         a) Dallas County Hospital District shall not require employees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

b) The limitation in subsection (a) shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

B. Parkland does not restrict employees or contractors from lawfully reporting fraud, waste, or abuse to any designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

C. Division D~~H~~, Title II

1) Salary Rate Limitation (Section 202)

a) None of the funds appropriated in the title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II: *Provided,* That none ~~fo~~of the funds appropriated in this title shall be used to prevent the NIH from paying up to 100 percent of the salary of an individual~~uvial~~ at this rate~~.~~

b) Evidence is made by review of budgets and financial documents that no HRSA grant funds are used to pay the salary of an individual at a rate ~~in excess of~~above Executive Level II. The Executive Level II salary is currently set at $~~212,100~~221,900 as of January 202~~3~~4.

c) Grants Management will review budgets and financial documents as they are submitted and revised with grant applications and amendments.

2) Gun Control (Section 210)

a) None of the funds made available in the title may be used, in whole or in part, to advocate or promote gun control.

b) Evidence is made by review of budgets and financial documents that no HRSA grant funds are used to advocate or promote gun control.

D. Division D~~H~~, Title V

1) Anti-Lobbying (Section 503)

a) No part of any appropriation contained in the Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

b) No part of any appropriation contained in the Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

d) Evidence is made by review of budgets and financial documents that no HRSA grant funds are used for lobbying.

2) Acknowledgment of Federal Funding (Section 505)

a) When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded

in whole or in part with Federal money, Dallas County Hospital District shall clearly state

- the percentage of the total costs of the program or project which will be financed with Federal money;
- the dollar amount of Federal funds for the project or program; and
- percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

b) Grants Management shall inform all ~~HRSA-funded~~HRSA-funded programs, Corporate Communications, and Supply Chain of the mandate regarding the acknowledgement of federal funding on an annual basis.

c) Corporate Communications and Supply Chain will receive the amounts and percentages from the project managers to include in ~~acknowledgement~~ acknowledgment statement for documents.

3) Restriction on Abortions (Section 506)

a) None of the funds appropriated in the Act, and none of the funds in any trust fund to which funds are appropriated in the Act, shall be expended for any abortion.

b) None of the funds appropriated in the Act, and none of the funds in any trust fund to which funds are appropriated in the Act, shall be expended for health benefits coverage that includes coverage of abortion.

c) The term ‘‘health benefits coverage’’ means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.

d) HOMES Health Center Program does not perform abortions and complies with the Hyde Amendment, a legislative provision barring the use of federal funds to pay for abortion except to save the life of the woman, or if the pregnancy arises from incest or rape.

e) HOMES Health Center Program providers are not privileged to provide abortions.

f) Parkland does not perform elective abortions and complies with all state and federal laws and requirements related to the reporting of abortions.

g) Grants Management will verify annually with the Regulatory Department that Parkland does not perform elective abortions.

4) Exceptions to Restriction on Abortions (Section 507)

a) The limitations established in the preceding section shall not apply to an abortion –

- if the pregnancy is the result of an act of rape or incest; or
- in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

b) Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State's or locality's contribution of Medicaid matching funds).

c) Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State's or locality's contribution of Medicaid matching funds).

d) None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.

e) In this subsection, the term ''health care entity'' includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health

insurance plan, or any other kind of health care facility, organization, or plan."

f) HOMES Health Center Program does not perform abortions and complies with the Hyde Amendment, a legislative provision barring the use of federal funds to pay for abortion except to save the life of the woman, or if the pregnancy arises from incest or rape.

g) HOMES Health Center Program providers are not privileged to provide abortions.

h) Parkland does not perform elective abortions and complies with all state and federal laws and requirements related to the reporting of abortions.

i) Grants Management will verify annually with the Regulatory Department that Parkland does not perform elective abortions.

5) Ban on Funding Human Embryo Research (Section 508)

a) None of the funds made available in the Act may be used for

- the creation of a human embryo or embryos for research purposes;
- research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

b) For purposes of this section, the term ''human embryo or embryos'' includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of the Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

c) Parkland does not serve as a Performance Site for Human Embryo Research.

d) Grants management will verify annually with the Department of Research Administration that Parkland does not serve as a Performance Site for Human Embryo Research.

6) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)

a) None of the funds made available in the Act may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications.

b) The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or ~~that~~ when federally sponsored clinical trials are being conducted to determine therapeutic advantage.

c) Evidence is made by review of budgets and financial documents that no HRSA grant funds are used to promote the legalization of controlled substances.

d) Grants Management will review budgets and financial documents as they are submitted and revised with grant applications and amendments.

7) Restriction of Pornography on Computer Networks (Section 520)

a) None of the funds made available in the Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

b) Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

c) All firewalls are configured ~~prior to~~before deployment to block any untrusted network for all incoming and outgoing traffic.

d) Next-Generation Firewalls will always include stateful packet inspection, but also includes additional capabilities such as URL filtering, virus filtering, application monitoring/blocking and geolocation filtering.

8) Restriction on Distribution of Sterile Needles (Section 526)

a) Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: *Provided*, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

Formatted: Font: Italic

b) Evidence is made by review of supply orders that no HRSA grant funds are used to carry out any program of purchasing sterile needles or syringes for the hypodermic injection of any illegal drug.

c) The grant program manager or clinic manager will review supply orders for federal grant programs as they are prepared.

3. The Legislative Mandates in Grants Management policy will be reviewed and updated annually, as necessary.
4. The Legislative Mandates in Grants Management policy will be approved by the Health Center Board annually.

EQUIPMENT:

N/A

DEFINITIONS:

Workforce Member: An Officer, board member, employee, volunteer, contractor, vendor, trainee, or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland or a Parkland Affiliate, whether or not he or she is paid by Parkland or a Parkland Affiliate. "Workforce member" also includes all physicians, other members of the medical staff, and non-physician clinical providers, whether or not employed by Parkland.~~An Officer, board member, employee, volunteer, contractor, vendor, trainee, or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland or a Parkland Affiliate, whether or not he or she is paid by Parkland or a Parkland Affiliate. "Workforce member" also includes all physicians, other members of the medical staff, and non-physician clinical providers, whether or not employed by Parkland.~~

REFERENCES:

"Grants Policy Bulletin: Legislative Mandates in Grants Management for FY202~~3~~4." Health Resources and Services Administration, ~~12~~ 23 Apr. 202~~3~~4, https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/gpb2024-02e-legislative-mandates-grants-fy24.pdf

~~https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/legislative-mandates-grants-management-2023.pdf~~

Legislative Mandates in Grants Management	8311403	Published: 02092024
Fiscal		Page 1 of 9

PURPOSE:

The purpose is to clarify the requirements mandated by the Consolidated Appropriations Act, 2024 (Public Law 118-47) signed into law on March 23, 2024, and provides funding to the Health Resources and Services Administration (HRSA) for the fiscal year ending September 30, 2024. The intent is to provide information on the following statutory provisions that limit the use of funds on HRSA grants and cooperative agreements for FY 2024. Legislative mandates remain in effect until a new appropriation bill is passed setting a new list of requirements. The FY 2024 list of legislative mandates for HRSA award recipients is very similar to the FY 2023 list.

SCOPE:

All Parkland Workforce members.

PROCEDURE:

1. Parkland shall adhere to the Health Resources and Services Administration (HRSA) Grants Policy Bulletin 2024-02E legislative mandates as a condition of receiving grant funding.

2. FY 2024 Legislative Mandates are as follows:

    A. Division B, Title VII

        1) Confidentiality Agreements (Section 742)

            a) Dallas County Hospital District shall not require employees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

b) The limitation in subsection (a) shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

B. Parkland does not restrict employees or contractors from lawfully reporting fraud, waste, or abuse to any designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

C. Division D, Title II

1) Salary Rate Limitation (Section 202)

a) None of the funds appropriated in the title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II: *Provided,* That none of the funds appropriated in this title shall be used to prevent the NIH from paying up to 100 percent of the salary of an individual l at this rate

b) Evidence is made by review of budgets and financial documents that no HRSA grant funds are used to pay the salary of an individual at a rate above Executive Level II. The Executive Level II salary is currently set at $221,900 as of January 2024.

c) Grants Management will review budgets and financial documents as they are submitted and revised with grant applications and amendments.

2) Gun Control (Section 210)

a) None of the funds made available in the title may be used, in whole or in part, to advocate or promote gun control.

b) Evidence is made by review of budgets and financial documents that no HRSA grant funds are used to advocate or promote gun control.

D. Division D, Title V

1) Anti-Lobbying (Section 503)

a) No part of any appropriation contained in the Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

b) No part of any appropriation contained in the Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

d) Evidence is made by review of budgets and financial documents that no HRSA grant funds are used for lobbying.

2) Acknowledgment of Federal Funding (Section 505)

a) When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded

in whole or in part with Federal money, Dallas County Hospital District shall clearly state

- the percentage of the total costs of the program or project which will be financed with Federal money;
- the dollar amount of Federal funds for the project or program; and
- percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

b) Grants Management shall inform all HRSA-funded programs, Corporate Communications, and Supply Chain of the mandate regarding the acknowledgement of federal funding on an annual basis.

c) Corporate Communications and Supply Chain will receive the amounts and percentages from the project managers to include in acknowledgment statement for documents.

3) Restriction on Abortions (Section 506)

a) None of the funds appropriated in the Act, and none of the funds in any trust fund to which funds are appropriated in the Act, shall be expended for any abortion.

b) None of the funds appropriated in the Act, and none of the funds in any trust fund to which funds are appropriated in the Act, shall be expended for health benefits coverage that includes coverage of abortion.

c) The term ‘‘health benefits coverage’’ means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.

d) HOMES Health Center Program does not perform abortions and complies with the Hyde Amendment, a legislative provision barring the use of federal funds to pay for abortion except to save the life of the woman, or if the pregnancy arises from incest or rape.

e) HOMES Health Center Program providers are not privileged to provide abortions.

f) Parkland does not perform elective abortions and complies with all state and federal laws and requirements related to the reporting of abortions.

g) Grants Management will verify annually with the Regulatory Department that Parkland does not perform elective abortions.

4) Exceptions to Restriction on Abortions (Section 507)

a) The limitations established in the preceding section shall not apply to an abortion –

- if the pregnancy is the result of an act of rape or incest; or
- in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

b) Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State's or locality's contribution of Medicaid matching funds).

c) Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State's or locality's contribution of Medicaid matching funds).

d) None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.

e) In this subsection, the term ''health care entity'' includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health

insurance plan, or any other kind of health care facility, organization, or plan."

f) HOMES Health Center Program does not perform abortions and complies with the Hyde Amendment, a legislative provision barring the use of federal funds to pay for abortion except to save the life of the woman, or if the pregnancy arises from incest or rape.

g) HOMES Health Center Program providers are not privileged to provide abortions.

h) Parkland does not perform elective abortions and complies with all state and federal laws and requirements related to the reporting of abortions.

i) Grants Management will verify annually with the Regulatory Department that Parkland does not perform elective abortions.

5) Ban on Funding Human Embryo Research (Section 508)

a) None of the funds made available in the Act may be used for

- the creation of a human embryo or embryos for research purposes;
- research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

b) For purposes of this section, the term ‘‘human embryo or embryos’’ includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of the Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

c) Parkland does not serve as a Performance Site for Human Embryo Research.

d) Grants management will verify annually with the Department of Research Administration that Parkland does not serve as a Performance Site for Human Embryo Research.

6) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)

a) None of the funds made available in the Act may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications.

b) The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or when federally sponsored clinical trials are being conducted to determine therapeutic advantage.

c) Evidence is made by review of budgets and financial documents that no HRSA grant funds are used to promote the legalization of controlled substances.

d) Grants Management will review budgets and financial documents as they are submitted and revised with grant applications and amendments.

7) Restriction of Pornography on Computer Networks (Section 520)

a) None of the funds made available in the Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

b) Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

c) All firewalls are configured before deployment to block any untrusted network for all incoming and outgoing traffic.

d) Next-Generation Firewalls will always include stateful packet inspection, but also includes additional capabilities such as URL filtering, virus filtering, application monitoring/blocking and geolocation filtering.

8) Restriction on Distribution of Sterile Needles (Section 526)

a) Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: *Provided*, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

b) Evidence is made by review of supply orders that no HRSA grant funds are used to carry out any program of purchasing sterile needles or syringes for the hypodermic injection of any illegal drug.

c) The grant program manager or clinic manager will review supply orders for federal grant programs as they are prepared.

3. The Legislative Mandates in Grants Management policy will be reviewed and updated annually, as necessary.

4. The Legislative Mandates in Grants Management policy will be approved by the Health Center Board annually.

EQUIPMENT:

N/A

DEFINITIONS:

Workforce Member: An Officer, board member, employee, volunteer, contractor, vendor, trainee, or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland or a Parkland Affiliate, whether or not he or she is paid by Parkland or a Parkland Affiliate. “Workforce member” also includes all physicians, other members of the medical staff, and non-physician clinical providers, whether or not employed by Parkland.

REFERENCES:

“Grants Policy Bulletin: Legislative Mandates in Grants Management for FY2024.” Health Resources and Services Administration, 23 Apr. 2024, https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/gpb2024-02e-legislative-mandates-grants-fy24.pdf

Questions?