Parkland

HOMES
Homeless Outreach Medical Services
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, August 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 251 7402; 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.	**Determine the Presence of a Quorum /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.	Appropriate Action Regarding Minutes 2024-07-24 HOMES	3	1	Chair
B.	Appropriate Action Regarding Minutes 2024-08-12 HOMES Advisory Board	7	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)	13	4	Kyla Rankin
B.	Management and Finance Update (volume, revenue, expenses, overtime)	14	4	
C.	Governance Update (HOMES advisory board which meets the 2nd Monday of every other month)	15	4	
D.	Quality Improvement/Assurance	16		
E.	HRSA (Health Resources and Services Administration) Compliance Manual Requirements: Chapter 17: Budget	26	4	
F.	Appropriate Action Regarding HOMES HRSA FY25 Budget	28	4	

		PAGE	TIME (MIN)	PRESENTER(S)
G.	Appropriate Action Regarding HOMES Infection Control in Dental Health Care Settings	31	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			

Appropriate Action Regarding Minutes 2024-07-24 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
July 24, 2024

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, July 24, 2024, scheduled for 9:00 am. 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 9:00 am.

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

Board member John Proctor was not present.

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

Anthony Tarango, Nursing
Anika Dachiraju, Summer Governance Intern
April Audain, VP-UT Contracts Admin via Webex
Brad Nitschke, Associate general Counsel
Delancey Johnson, SVP & Associate Chief Talent Officer
Donna Richardson, EVP & CNE
Edmundo Castañeda, EVP & Chief Operating Officer
Felicia Miller, EVP & Chief Talent Officer via Webex
Fred Cerise, President & Chief Executive Officer
James Orrison, Administrative Resident
Joe Longo, Chief Information Officer
Joseph Chang, SVP & CMO
Kyla Rankin, HOMES Project Director
Michael Lane, SVP Chief Quality and Safety Officer
Melanie Roberts, SVP Chief Compliance Officer
Morgan Simmons, Governance Program Coordinator
Rick Humphrey, EVP & Chief Financial Officer (via Webex)
Saul Cordero, SVP & Chief Governance & Strategy Officer
Stacy Dorsey, SVP Workforce Strategy
Steven Roth, EVP & Chief Legal Officer
Vic Summers, SVP Internal Audit

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 2024-06-20 HOMES

Vincent Hall motioned for the approval of the Consent Agenda. Ramon Miguez 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 (day-to-day) operations including but not limited to – staffing/operational challenges/partner site activity)

Kyla presented on the Homeless Outreach Medical Services operations. Kyla mentioned staffing updates regarding the need for a full-time Medical Practice Assistant candidate. Kyla mentioned an offer was awarded for the MPA Supervisor position as well as the Dental Assistant position, with expected start dates in August. HOMES continues to search for Medical Mobile Unit driver and Advance Practice Provider. Kyla noted HOMES is gearing up for the fall flu-season. Kyla also mentioned the various encampment projects in the Dallas area.

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

B. Management and Finance Update – volume, revenue, expenses, and overtime

HOMES saw 5,281 unduplicated patients thus far in 2024, 54% of the annual goal. The annual goal is 9,675. Kyla mentioned this month's visits were down by 25% for the month of June, which is significant. Kyla mentioned a high amount of provider PTO and 1/3 coverage for certain areas.

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

C. Governance Update
The next HOMES Advisory Board meets on August 12th, 2024, from 11am-1pm in the Moody outpatient Center. A hybrid attendance option was available, and three consumer members attended this meeting. Kyla mentioned her aim to gain more consumer members to attend the meeting.

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

E. HRSA Compliance Manual Requirements: Chapter 5: Clinical Staffing
Kyla Rankin reviewed Chapter 5: Clinical Staffing. Kyla reported on the HRSA requirements and how HOMES provides the required primary health services and approved additional health services which are available in a manner to assure continuity of services and utilize qualified staff.

F. HRSA Updates
Kyla presented the 2025 HRSA updates. Kyla mentioned the 2025 Operational Site Visits between January and March 2025 where the purpose is to support effective monitoring of the health center programs and assess the status of compliance and regulatory requirements of the program. Kyla prepared the board for these potential visits and noted that the ongoing education of the HRSA manual assists in the knowledge of this information.

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

VII. Adjourn

With no further business to discuss, Marjorie Petty, JD, adjourned the meeting at 9:15 a.m.

SO RECORDED:

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

Appropriate Action Regarding Minutes 2024-08-12 HOMES Advisory Board

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 8/12/2024 **Time:** 11:30 **Location:** Moody Outpatient Center/Zoom

Facilitators: Kyla Rankin

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

	Agenda Item/ Presenter	Discussion	Action items
	Minutes	- June minutes approved by Vicki and Wanda.	
	Staffing	- The following positions are open in HOMES: - Dental Assistant - MMU Driver - MPA - Peer Navigator - APP - Candy Rodriguez has accepted the MPA Supervisor position. The position had been vacant since March.	
	Operations	- The last six weeks we have partnered with Housing Forward and have been providing services to an ongoing encampment decommission process. We have seen 45 patients so far. This is a good opportunity to bring new people into our care. - We will start flu outreach efforts in September. We will engage existing and new partners and offer COVID vaccine. - Dental mobile clinic resumed operations after almost a year break. Dental mobile is currently operational three times a week. Ms. Wonzer asked if we had certain locations to provide dental? Sara explained the partner sites and ongoing process to monitor productivity at all sites. - At Stewpot, there is ongoing monitoring of the compressor updates. - Planning, Design and Construction (PDC) has informed us that Oncor must provide a date for external electrical before a move date can be given for the shed. Once we are given a date, we will close a Friday and Monday morning and resume operations on Monday afternoon. - We have six MMU's and usually operate four of them. We have had maintenance issues with the units, and we have challenges finding vendors for the specific repairs. Frank Gonzales, HOMES Supervisor is working with Supply Chain and doing a great job at trying to resolve the issues. - We continue to talk safety with our staff. We also have huddle calls three times a week where we give a safety story each time. Mr. Gilot asked if we have identified specific areas of concern. Sara replied that it is mostly patient behavior. We continue to do active shooter and Satori Alternatives to Managing Aggression (SAMA) training. At our upcoming August staff meeting, we will train some staff & retrain others on SAMA.	

Parkland

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 8/12/2024 **Time:** 11:30 **Location:** Moody Outpatient Center/Zoom

Facilitators: Kyla Rankin

		- Hypertension RN led clinic will begin on 8/20 at The Bridge. The purpose of this clinic is to educate patients on medication and lifestyle changes. This will help providers not to spend so much time on education. - HOMES was assigned last week to assist the Emergency Department (ED) overflow. We provided support for three days. While we understand collaboration, we have talked to our leadership. We take our staff out of their zone and it does not help employee satisfaction. Dr. Persaud has talked to Dr. Paspula about using rotating staff from different COPC's. Mr. Gilot asked if there were opportunities to volunteer. Kyla asked clarifying questions and responded that there are generally not opportunities for volunteers in this setting.	
	Patient Target	- We will not likely meet our 9,675 unduplicated patient annual goal. June was difficult with a combined 30 days of provider absences due to (CME, PTO, Bereavement). In addition, two of our providers are newer employees having started since April 2024.	
	Leadership Update	- All sites have triad leaderships except HOMES is a little different. We have more of a quad leadership. We have good communication. We have daily logistic challenges which cause us to talk daily. We have weekly meetings where we discuss similar topics such as access even when it may not look the same as other clinics within Ambulatory Care. - HOMES was in a workgroup because we had a high turnover (mostly drivers and dental assistants), as a result our turnover rate has improved. We are trending significantly under where we were last year. For dental we added a dental lead and a dental assistant, we believe this staffing model has helped with the satisfaction in operations. - Pulse survey – employee engagement survey has been emailed to staff for completion by August 16, 2024. - Stewpot/City Square – City Square is going out of business and the facility is up for sale. Stewpot bought the facility. We know that we will move with Stewpot, there are no details at this time.	
	COPC Metric Balance Score Cards **Patient Care & Safety Audits**	- Score looks good overall. Environment of care scare of 89% was because at Deflection Center roaches were found. We had ten safety posts in June. Medication reconciliation score of 89% was due to Dr. Persaud trying to treat Syphilis and gave a higher dose. Mr. Gilot expressed that this care is exceptional.	
	HRSA Updates	- Non-competing continuation grant is due 8/16. - Bridge funding – we currently do not have issues accessing COVID vaccine. Ms. Wonzer asked if we will have to receive COVID vaccine every year and will there be a separate COVID/flu vaccine. Dr. Persaud stated she was not sure but probably so. There will also be an RSV vaccine that will be seasonal. Ms. Wonzer said her PCP was encouraging her to go get it but it Parkland does not offer it since it is a very expensive vaccine.	

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 8/12/2024 **Time:** 11:30 **Location:** Moody Outpatient Center/Zoom

Facilitators: Kyla Rankin

		- QIA funding – HRSA is asking for additional annual Uniform Data System (UDS) reporting. We will be using this money to get help from another department within Parkland to help with the reporting. - Operational Site Visit (OSV)– expected to happen between January – March 2025. The last time they came we were virtual. Kyla explained the importance of the HOMES Advisory Board as it relates to governance structure and the relationship between HOMES Advisory Board and Parkland Board of managers. We are responsible for ensuring that consumers voices are being heard and captured and that Parkland board members attend our meeting. HOMES Leadership will be having a kick-off meeting this week to begin preparations for the OSV. - Last week was National Health Center Week. Kyla shared a slide with some information regarding HRSA-funded health centers.	
	Recognition and Celebrations	- Charles Daniels retired after 30 plus years at Parkland. Andrew Moran celebrated 15 years of service. - HOMES UBC had their 3rd Annual Water Bottle drive, and it was shared with all of Parkland staff, and we collected over 1,000 bottles. - Dental staff was recognized/appreciated with gifts from UBC, - Healthy Living with Diabetes – HOMES was asked to present about our diabetic patients experiencing homelessness. Priscilla (dietitian), Katie (clinical pharmacist) and Dr. Williamson have a half day clinic at Stewpot and also rotate throughout shelters and provide education to clients. The three presented at the Parkland conference. - Back to school event – HOMES provided 30 dental exams and about 60 vaccines were given in preparation for back to school.	
	Miscellaneous	- Mr. Gilot expressed that he thinks we do an incredible job. - Ms. Wonzer did want to know how often leadership get out and see staff. We told her that Dr. Persaud has clinic that she goes to weekly, Dolores rounds with staff pretty regularly (~1 x week) or as necessary and Sara rounds as well.	
	Next meeting	- October 14, 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 –August 2024

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Staffing/Services
  - Management and Finance
- Governance
- Quality Improvement/Assurance
- HRSA compliance manual requirement
- Budget approval
- Policy approval
- HRSA update

Operations

- Staffing

Posted

- 1.0 FTE Medical Practice Assistant (MPA)
- 1.0 FTE Dental Assistant (DA)
- 1.0 FTE Mobile Medical Unit Driver
- 1.0 FTE Peer Navigator
- 1.0 FTE Family Nurse Practitioner (FNP)

- Site Updates
- RN Led Clinic
- Emergency Department Coverage

Management & Finances – July

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	6033	9,192	65%	58%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	3443	2914	529	18.2%	32,990	32,330	660	2.0%
Expenses	$686,629	$668,910	($17,719)	-2.6%	$6,947,283	$6,791,633	($155,650)	-2.3%
Charges	$2,020,641	$2,087,707	($66,367)	-3.2%	$21,337,087	$23,154,471	($1,817,384)	-7.8%
Revenue	$61,847				$541,092			
Commercial	$280				$9365			
Medicaid	$43,756				$338,840			
Medicare	$17,811				$192,887			
FTE	62.74	63.00	.26	0.4%	61.64	66.09	4.45	6.7%
FTE - OT	1.19	.98	0.22	-22.1%	1.08	1.02	0.06	-6.3%

- 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: Monday, August 12, 2024
  - Hybrid meeting
  - 4 members present
  - Parkland Board of managers representation
- Next advisory Board meeting: Monday, October 14, 2024

HOMES
Quality Assurance/Performance Improvement
Quarterly review

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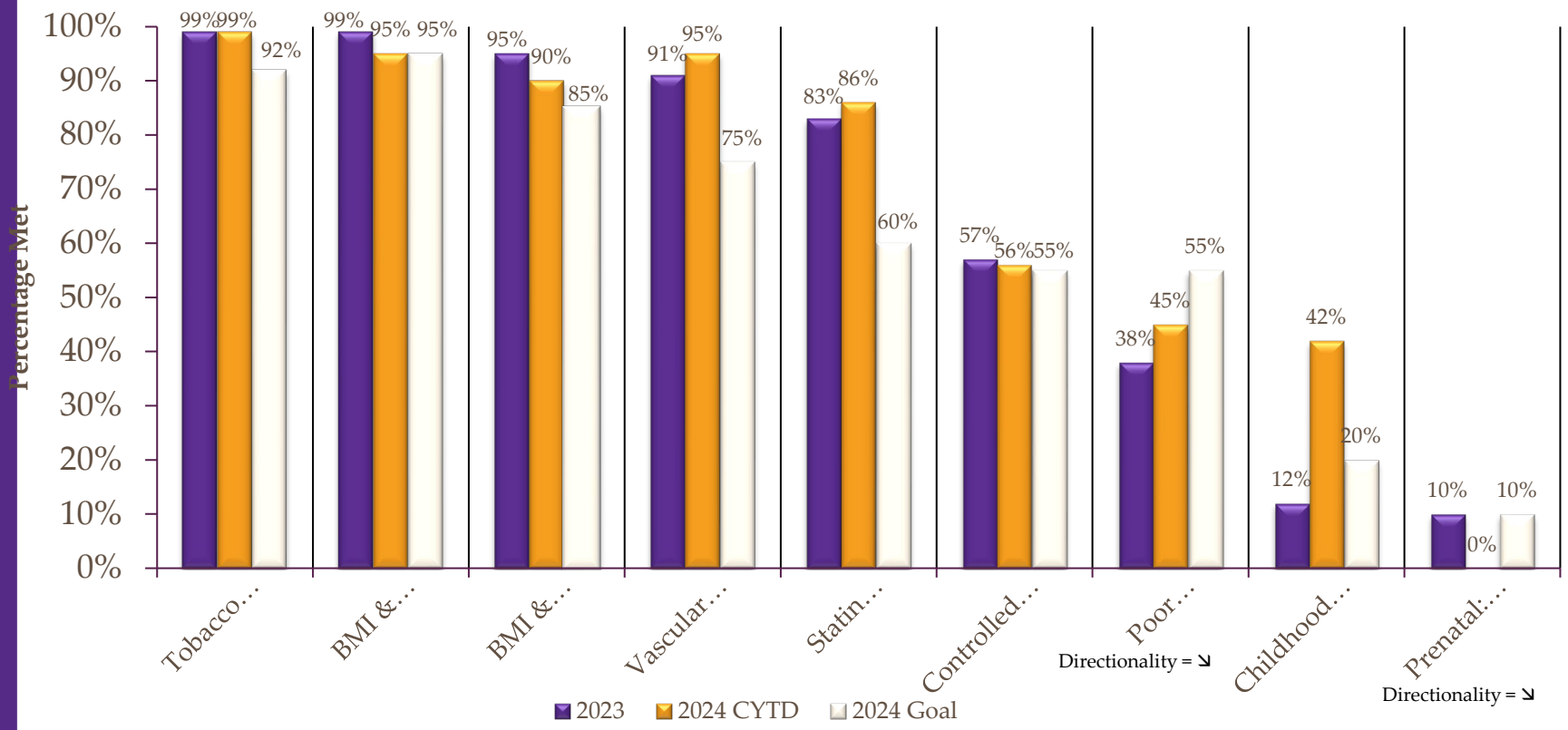
HRSA Quality Measures at or above Goal
YTD – June 30, 2024



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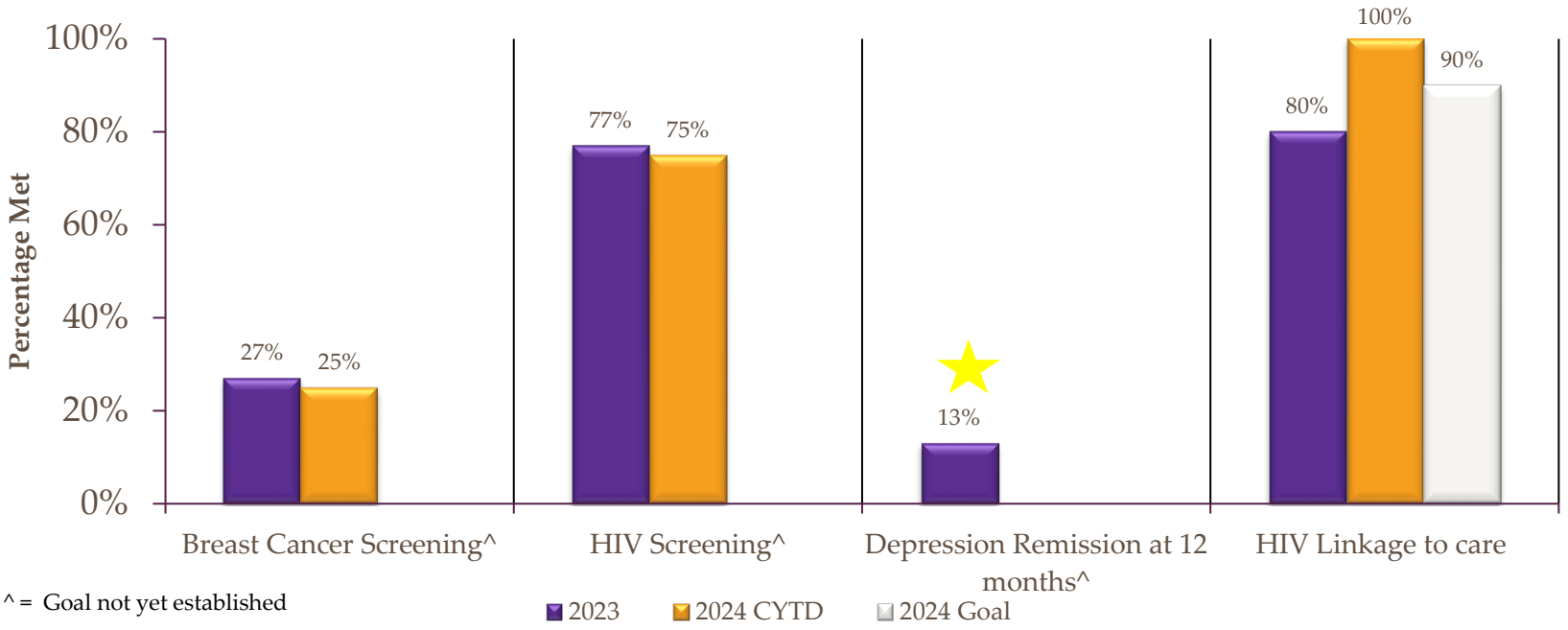
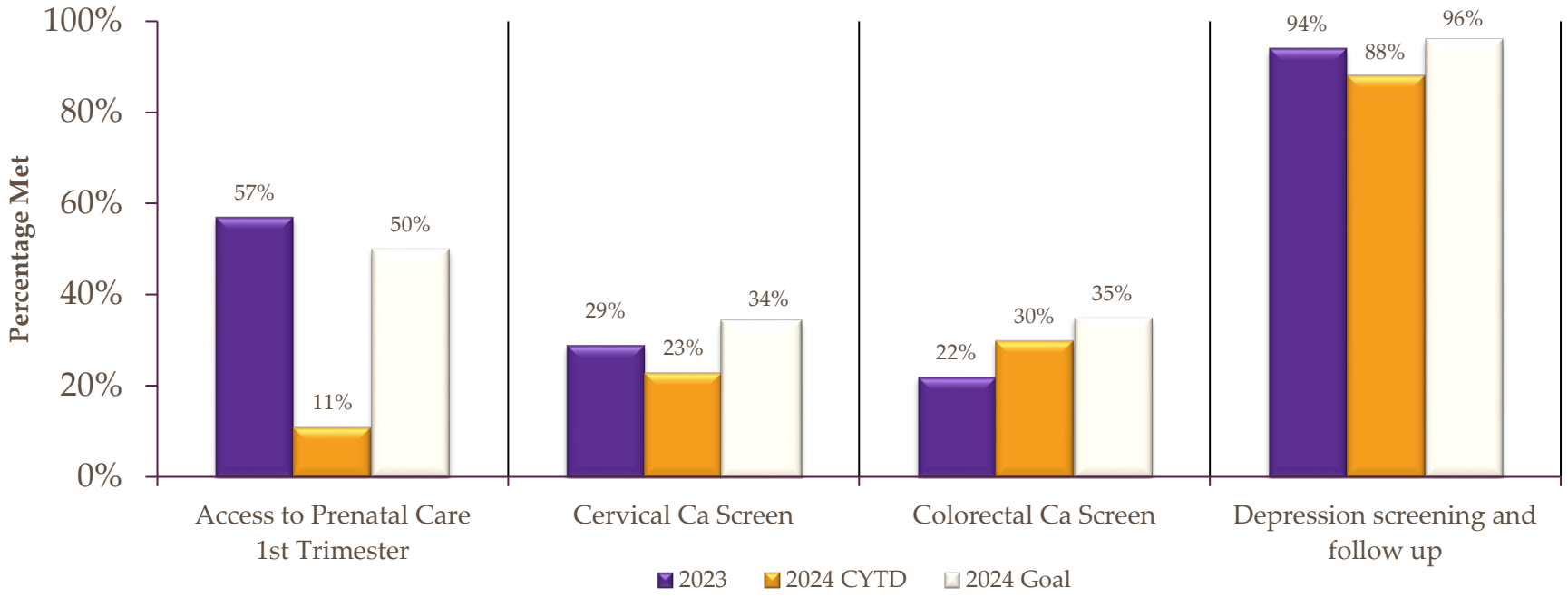
HRSA Quality Measures/ YOY Improvement
YTD– June 30, 2024



^ = Goal not yet established

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 – June 30, 2024



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COPC Metric Balance Score Cards Patient Care & Safety Audits 2024

Measures	April 2024	May 2024	June 2024	Goal
Staff Safety Post	10	7	10	Information Only
Complaints	0	2	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	100%	100%	100%	95%
Medication Reconciliation (Reviewed percent)	99%	99%	97%	90.0%
Environment of Care	98%	97%	89%	90%
Patient Messages (1-5-7)	N/A	99%	95%	90.0%

Healthy living with Diabetes Conference 2024

HOMES multidisciplinary staff collaboration
Registered Dietitian
Clinical Pharmacist
MD

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The Big 20

The HRSA Compliance Manual has 21 chapters which cover 19 requirements in the four (4) areas:

1. Need
2. Services
3. Management & Finance
4. Governance
5. Annual training was added as a 20th requirement

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 17: Budget

Requirements

- Develop an annual budget
- Budget submitted to HRSA annually for approval

HRSA Health Center Program Compliance Requirements – Chapter 17: Budget

Demonstrating Compliance

- Budget submission
- Health Center Program award to include Budget and all other projected revenue sources
- Budget identifies projected costs to be supported by the Health Center Program award
- Costs from Non HRSA related activities conducted by the health center are not included in the budget

Appropriate Action Regarding HOMES HRSA FY25 Budget

HOMES HRSA-FY25 Budget

REVENUE		Year 2: Federal Request	Year 2: Non-Federal Resouces	Year 2 Total
SAC Grant Request		$3,618,018	$0	$3,618,018
Applicant Organization		$0	$4,806,313	$4,806,313
State Funds		$0	$0	$0
Local Funds		$0	$0	$0
Other Federal Funding		$0	$0	$0
Other Support		$0	$0	$0
Progam Income		$0	$1,054,173	$1,054,173
Total Revenue		**$3,618,018**	**$5,860,486**	**$9,478,504**

HOMES HRSA-FY25 Budget

EXPENSES		Year 2: Federal Request	Year 2: Non-Federal Resouces	Year 2 Total
Total Personnel		$ 2,395,772	$ 3,734,894	$ 6,130,666
Total Fringe Benefits	26.80%	$ 642,067	$ 1,000,952	$ 1,643,019
Total Travel		$ 17,600	$ 19,357	$ 36,957
Total Supplies		$ 76,000	$ 299,672	$ 375,672
Total Contractual		$ 10,000	$ 35,000	$ 45,000
Total Other		$ 5,100	$ -	$ 5,100
Total Direct Charges		$ 3,146,539	$ 5,089,874	$ 8,236,413
Indirect Charges-Approved ICRA 43%; only 14.98406% charged to federal grant		$ 471,479	$ 770,612	$ 1,242,091
TOTAL		$ 3,618,018	$ 5,860,486	$ 9,478,504

Appropriate Action Regarding HOMES Infection Control in Dental Health Care Settings

Policy Approval

Infection Control in Dental Healthcare Settings

Updates to include

- Minor formatting changes
- Inclusion of language to cover all sites

Infection Control in Dental Health Care Settings	POP.HMS.003	Published: 09/12/18
POPULATION HEALTH ~~– HOMES~~		Page 1 of 3

PURPOSE:

Outline ~~recommendations~~ requirements and processes for disinfection and sterilization of devices used in patient care, in the operatory as well as the laboratory, and ~~outline recommendations~~ for environmental infection prevention and control in dental settings. These procedures are to be followed in conjunction with adherence to standards and practices as defined in the Parkland Health ~~and Hospital System Infection~~ Control Department.

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SCOPE:

Population Health departments - HOMES dental clinics at The Stewpot and the Mobile Dental Clinic (MDC); COP~~CD~~ Jubilee Dental

PROCEDURE:

1. Following any dental procedure, all instruments and operatory equipment that may have been contaminated with blood or Other Potentially Infectious Materials (OPIM) (i.e. saliva and tissue debris) must be cleaned and reprocessed appropriately, at a minimum disinfected and preferably sterilized, before reuse on another patient.
2. Cleaning and reprocessing of reusable dental equipment should be done according to the manufacturer instructions. If the manufacturer does not provide such instructions, the device may not be suitable for multi-patient use.
3. Instruments must remain moist prior to sterilization. Instruments may be rinsed to remove visible debris in a non-handwashing sink then must be sprayed with an enzymatic cleaning gel at the point of use.
4. Wear appropriate PPE when handling and reprocessing contaminated patient equipment.
5. Oral prosthetic appliances and devices to be inserted in the patient's mouth must be washed with a water and detergent solution, rinsed, disinfected, and rinsed prior to delivery.

Formerly known as PH BOP.08.003 Infection Control in Dental Health Care Settings

6. Establish and maintain processes for routine cleaning and disinfection of environmental surfaces in dental health care settings.
   A. Use surface barriers to protect clinical contact surfaces, particularly those that are difficult to clean (i.e. switches on dental chairs, light handles, bracket trays, computer equipment) and change surface barriers between patients.
   B. Clean and disinfect clinical contact surfaces with an EPA (Environmental Protection Agency)-registered hospital disinfectant after each patient. Use an intermediate-level disinfectant (i.e. tuberculocidal claim) if visibly contaminated with blood.
   C. Follow manufacturer instructions for use of cleaners and EPA-registered disinfectants (i.e. amount, dilution, contact time, safe use, disposal).
7. Wear PPE when handling dental prostheses received in the laboratory until they have been decontaminated.
8. Clean, disinfect, and rinse all dental prostheses and prosthodontic materials (i.e. impressions, bite registrations, occlusal rims) by using an EPA-registered hospital disinfectant having at least an intermediate level (i.e., tuberculocidal claim) activity before they are handled in the laboratory.
9. Consult with manufacturers regarding the stability of specific materials (i.e. impression materials) relative to disinfection procedures.
10. Clean and heat-sterilize heat-tolerant items used in the mouth (i.e. metal impression trays and face-bow forks).
11. Follow manufacturer instructions for cleaning and sterilizing or disinfecting items that become contaminated but do not normally contact the patient (i.e. acrylic burs, polishing points, rag wheels, and articulators). If manufacturer instructions are unavailable, clean and heat-sterilize heat tolerant items or clean and disinfect with an EPA-registered hospital disinfectant with low- (HIV, HBV effective claim) to intermediate-level (tuberculocidal claim) activity, depending on the degree of contamination.

DEFINITIONS:

N/A

REFERENCES:

State Board of Dental Examiners Rule Chapter 108.24 (2001): Required Sterilization and Disinfection

CDC Guidelines for Infection Control in Dental Health-Care Settings- 2003

Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services: October 2016.

Infection Control in Dental Health Care Settings	POP.HMS.003	Published: 09/12/18
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HRSA Updates

- 2025 Operational Site Visit
  - January through March 2025
  - Initial kick off meeting with HOMES leadership and other Parkland collaborators (August 2024)

- 2024 Non-Compete Continuation (NCC)
  - Review of forms 5A, 5B and 5C
  - Income analysis
  - Budget
  - Project narrative
  - Patient capacity

Questions?