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, September 25, 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 545 2859; 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 2024-08-28 HOMES	3	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)	6	4	Kyla Rankin
B.	Management and Finance Update (volume, revenue, expenses, overtime)	7	4	
C.	Governance Update (HOMES advisory board which meets the 2nd Monday of every other month)	8	4	
D.	HRSA (Health Resources and Services Administration) Compliance Manual Requirements: The Big 20	9	4	
E.	HRSA (Health Resources and Services Administration) Compliance Manual Requirements: Chapter 11: Key Management Staff	13	4	
F.	HRSA Update-Report Submission, carryover funding and OSV	15	4	

	PAGE	TIME (MIN)	PRESENTER(S)
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 2024-08-28 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
August 28, 2024

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, August 28, 2024, scheduled for 12:30 pm. in the WISH Building Conference Room (02-175) at Parkland Health and via WebEx. These minutes do not constitute a certified agenda from the meeting.

I. Attendance and Call to Order

Chair Marjorie Petty, JD, noted that a quorum was physically present and called the meeting to order at 12:36 pm.

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

Board members Todd Furniss, JD and John Proctor were not present.

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

Delancey Johnson, SVP & Associate Chief Talent Officer
Donna Richardson, EVP & CNE
Donna Persaud, HOMES Medical Director
Edmundo Castañeda, EVP & Chief Operating Officer
Felicia Miller, EVP & Chief Talent Officer via Webex
Fred Cerise, President & Chief Executive Officer
James Orrison, Administrative Resident
Jeffrey Giles, Sr. Associate Attorney
Joe Longo, Chief Information Officer
Joseph Chang, SVP & CMO
Keri Disney-Story, VP/Clinical Finance
Kyla Rankin, HOMES Project Director
Michael Lane, SVP Chief Quality and Safety Officer
Melanie Roberts, SVP Chief Compliance Officer
Morgan Simmons, Governance Program Coordinator
Pamela Bryant, SVP/Supply Chain Management
Rick Humphrey, EVP & Chief Financial Officer (via Webex)
Saul Cordero, SVP & Chief Governance & Strategy Officer
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. Appropriate Action Regarding Minutes 2024-07-24 HOMES

B. Appropriate Action Regarding Minutes 2024-08-12 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 (day-to-day) operations including but not limited to – staffing/operational challenges/partner site activity)

Kyla Rankin began by presenting the agenda for the meeting. Kyla presented on the operational updates. Kyla mentioned the supervisor for the medical practice's assistants onboarded and will begin practicing soon. There is still 1.0 full-time employee opening for a dental assistant, mobile medical unit doctor, peer navigator and family nurse practitioner. Kyla mentioned there is an RN Led Clinical mostly focused on hypertension. Kyla hopes to have engagement surrounding this clinical depending on the providers available. Lastly, Kyla mentioned the need for emergency department coverage and float providers.

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 6,033 unduplicated patients thus far in 2024, 65% of the annual goal. The annual goal is 9,192. Kyla mentioned this month's visits increased by 18.2% for the month of July, mostly due to the dental unit running more consistently.

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

C. Governance Update

Kyla mentioned the previous HOMES Advisory Board on August 12th, 2024, which has great attendance from both internal and external members. The next HOMES advisory meeting will be held Monday, October 14th. A hybrid attendance option was available. Kyla mentioned her aim to gain more consumer members to attend the meeting.

D. Quality Improvement/Assurance

Dr. Donna Persaud presented on the HRSA Quarterly Quality Measures report. Donna presented on the measures YTD from June 30th, 2024. Donna mentioned an improvement in the blood pressure education and medication management within the HOMES community. Donna mentioned an improvement in children's immunizations as well. Donna presented on the measures that don't have goals set by HRSA however HOMES is aiming for a 5% improvement in the goal for breast cancer screening, HIV screening, depression remission and HIV care. Donna mentioned some quality measures needing improvement in FY25 surrounding access to prenatal care and cervical cancer screening. Donna also presented on the metric balance score cards regarding patient care & safety audits. The one issue reported from the month of June was an infestation of bugs to a mobile unit, but it was quickly taken care of.

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

E. HRSA (Health Resources and Services Administration) Compliance Manual Requirements: Chapter 17: Budget

Kyla presented on the requirement to track and submit a budget to HRSA. Kyla mentioned there is a budget submission, a health center program award to include budget and al other projected revenue sources and costs from non-HRSA related activities.

F. Appropriate Action Regarding HOMES HRSA FY25 Budget

Kyla presented on the HOMES HRSA FY25 Budget totaling to $9,478,504.

Chair, Marjorie Petty, asked for a motion from the Board. Ramon Miguez motioned for approval. Eric G. Bing seconded the approval. The motioned carried unanimously.

G. Appropriate Action Regarding HOMES Infection Control in Dental Health Care Settings

Kyla presented on the HOMES infection control in dental health care settings policy which had minor formatting changes and inclusion of language to cover all HOMES sites.

Chair, Marjorie Petty, asked for a motion from the Board. Lisa Sutter motioned for approval. Reina Gonzalez seconded the approval. The motioned carried unanimously.

VII. Adjourn

With no further business to discuss, Marjorie Petty, JD, adjourned the meeting at 12:57pm.

SO RECORDED:

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

Parkland

Homeless Outreach Medical Services Program Monthly Update Report –September 2024

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Staffing/Services
  - Management and Finance
- Governance
- The Big 20
- HRSA compliance manual requirement
- HRSA update

Operations

- Staffing

Posted

- 2.0 FTE Registered Nurses (RN)
- 2.0 FTE Dental Assistant (DA)
- 2.0 FTE Medical Practice Assistants (MPA)
- 1.0 FTE Advanced Practice Provider (APP)
- 1.0 FTE Mobile Medical Unit Driver
- 1.0 FTE Peer Navigator

- Encampment Decommission
- Mobile unit
- City Square

Management & Finances – August

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	6655	9192	72%	66%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	3404	3341	63	1.9%	36,394	35,671	723	2.0%
Expenses	$703,066	$688,840	($14,226)	-2.1%	$7,650,349	$7,480,473	($169,876)	-2.3%
Charges	$2,207,547	$2,392,577	($185,030)	-7.7%	$23,544,634	$25,547,049	($2,002,414)	-7.8%
Revenue	$62,369				$603,463			
Commercial	$680				$10,045			
Medicaid	$43,057				$381,898			
Medicare	$18,632				$211,520			
FTE	61.78				66.13			
FTE - OT	1.34	1.02	(0.31)	-30.4%	1.11	1.02	(0.09)	-8.7%

- HRSA recommendation is claims billed in less than 30 days.
- HRSA grant year: January 1, 2023 to December 31, 2024

Governance

- HOMES advisory Board meeting:
  - Monday, October 14, 2024
  - Final meeting of 2024
  - December meeting will be combined with other Ambulatory advisory boards for holiday luncheon

The Big 20

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

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

Developed a calendar to review each chapter with the Board of Managers.

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

HRSA Requirement	Description	Board Month
1. Needs Assessment (Ch. 3)	Demonstrates and documents the needs of its target population, updating its service area, when appropriate. Community Needs Assessment	September Every 3 years (2019)
2. Required & Additional Services (Ch. 4)	Provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals.	May
3. Staffing (Ch. 5)	Maintains a core staff as necessary to carry out all required health services either directly or through arrangements and referrals. Staff must be appropriately licensed, credentialed, and privileged.	June
4. Accessible Hours of Operation / Locations (Ch. 6)	Provides services at times and locations that assure accessibility and meet the needs of the population.	May
5. Coverage for Medical Emergencies During & After Hours (Ch. 7)	Provides professional coverage for medical emergencies during regularly scheduled hours and when the center is closed.	April
6. Hospital Admitting Privileges & Continuum of Care (Ch. 8)	Physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.	June and update as needed

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

7. Sliding Fee Discounts (Ch. 9)	A system is in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay. • This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income. • No discounts may be provided to patients with incomes over 200 % of the Federal poverty guidelines. • No patient will be denied health care services due to an individual's inability to pay for such services by the health center, assuring that any fees or payments required by the center for such services will be reduced or waived.	September
8. Quality Improvement/ Assurance Plan (Ch. 10)	A Quality Improvement/Quality Assurance (QI/QA) program is in place which includes clinical services and management, and confidentiality of patient records. The QI/QA program must include: • A clinical director whose focus of responsibility is to support the quality improvement/assurance program and the provision of high quality patient care; • periodic assessment of the appropriateness of the utilization of services, quality of services provided or proposed to be provided to individuals served by the health center; assessments shall: – be conducted by physicians or by other licensed health professionals under the supervision of physicians; – be based on the systematic collection and evaluation of patient records; and – identify and document the necessity for change in the provision of services by the health center where indicated.	February May August November
9. Key Management Staff (Ch. 11)	Maintains a fully staffed team as appropriate for the size and needs of the center. Prior approval by HRSA of a change in the Project Director/Executive Director/CEO position is required.	April and update as needed
10. Contractual/Affiliation Agreements (Ch. 12)	Exercises appropriate oversight and authority over all contracted services, including assuring that any subrecipient(s) meets Health Center program requirements.	Ongoing
11. Collaborative Relationships (Ch. 14)	Makes effort to establish and maintain collaborative relationships with other health care providers, and health centers, in the service area of the center. The health center secures letter(s) of support from existing health centers in the service area or provides an explanation for why such letter(s) of support cannot be obtained.	February and ongoing
12. Financial Management and Control Policies (Ch. 15)	Maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to safeguard assets and maintain financial stability. An annual independent financial audit is performed in accordance with Federal audit requirements, including submission of a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report.	February

HRSA Health Center Program Compliance Requirements Summary for Board of Managers

13. Billing and Collections (Ch. 16)	Systems in place to maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures.	September
14. Budget (Ch. 17)	Develops a budget that reflects the costs of operations, expenses, and revenues necessary to accomplish the service delivery plan, including the number of patients to be served.	August
15. Program Monitoring & Data Reporting Systems (Ch. 18)	Have systems in place to accurately collect and organize data for program reporting and support management decision making.	April
16. Scope of Project	Maintains its funded scope of project (sites, services, service area, target population, and providers); including any increases based on recent grant awards.	September
17. Board Authority (Ch. 19)	Governing board maintains appropriate authority to oversee the operations of the center, including: • holding monthly meetings; • approval of the health center grant application and budget; • selection/dismissal and performance evaluation of the health center CEO; • selection of services to be provided and the health center hours of operations; • measure and evaluate the organization's progress in meeting its annual and long-term programmatic and financial goals and develop future plans for the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance; and • establish policies for the health center.	October
18. Board Composition (Ch. 20)	Governing board is composed of individuals, a majority of whom are being served by the center and, this majority as a group represents the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex. Specifically: • Governing board has at least 9 but no more than 25 members, as appropriate for the complexity of the organization. • The remaining non-consumer members of the board shall be representative of the community in which the center's service area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community. • No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry.	October
19. Conflict of Interest Policy (Ch. 13)	Bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by board members, employees, consultants and those who furnish goods or services to the health center. No board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as a non-voting ex-officio member of the board.	October
20. Annual Board Training	Annual training of governing board. New governing board members will be trained during board orientation.	December

For additional information on these requirements, please review:

- Health Center Program Statute: Section 330 of the Public Health Service Act (42 U.S.C. §254b)
- Program Regulations: 42 CFR Part 51c and 42 CFR Parts 56.201-56.604
- Grants Regulations: 45 CFR Part 74

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

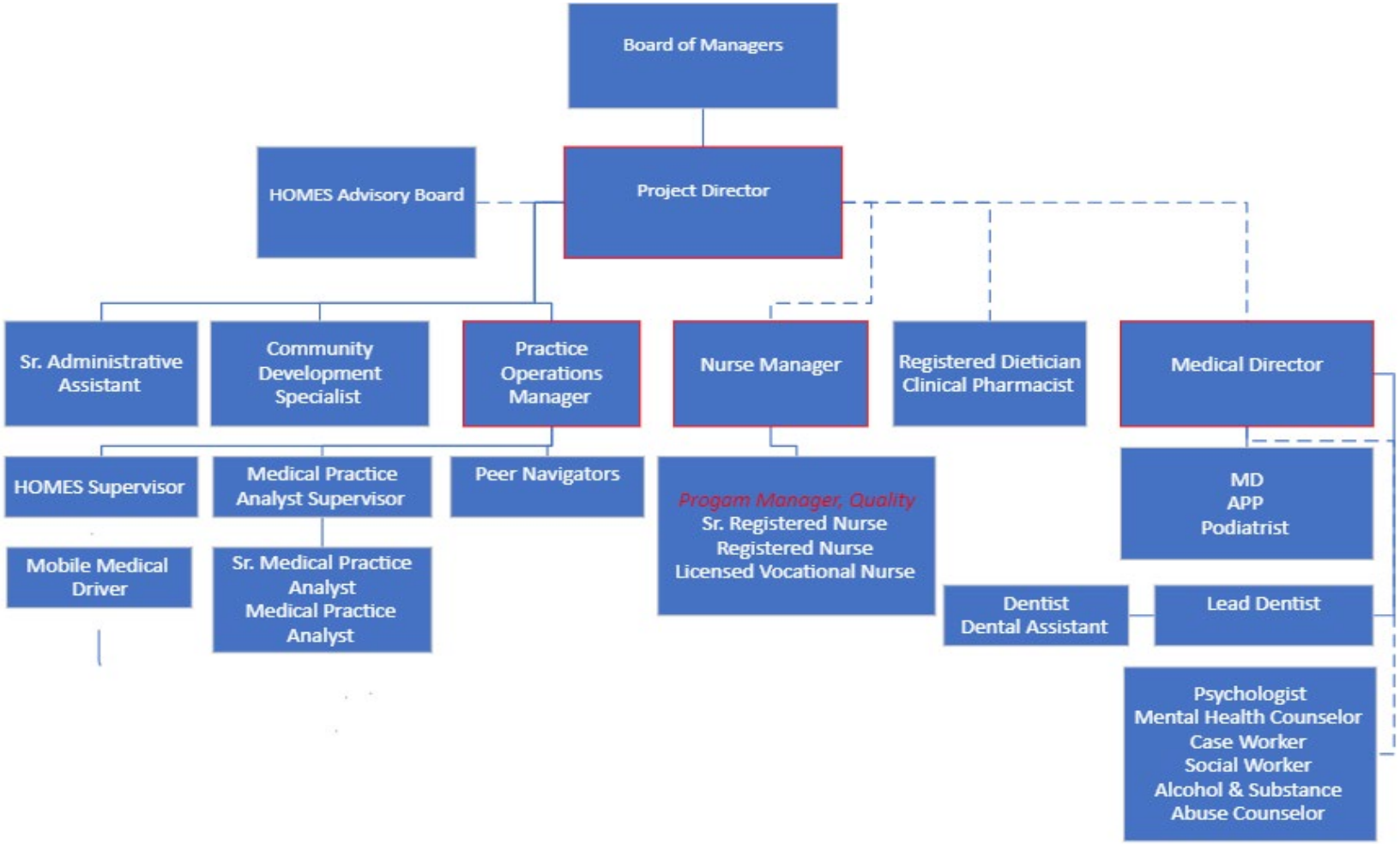
Requirements

- Position descriptions for key personnel
- Maintain sufficient key personnel
- Must request prior approval from HRSA for a change in key person identified in the program award
- Must directly employ Project Director (PD)

Demonstrating Compliance

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

HOMES Organizational Chart



HRSA Update

- Primary Care HIV Prevention Semi Annual report
  - submitted 9/15/2024
- Carryover budget-approved by HRSA
  - Replacement shuttle
  - Replacement Mobile Medical Unit
- Operational Site Visit
  - January-March 2025

Questions?