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, October 30, 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 797 5630; 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 2024-09-25 HOMES	2	1	Chair
B.	Appropriate Action Regarding Minutes 2024-10-14 HOMES Advisory Board	6		
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)	14	4	
C.	Governance Update: Upcoming Meetings (HOMES advisory board which meets the 2nd Monday of every other month)	15	4	
D.	HRSA (Health Resources and Services Administration) Compliance Manual Requirements: Chapter 16-Billing and Collections	20	4	
E.	HRSA (Health Resources and Services Administration) Compliance and Ethics Program Activities and Requirements	22 23	4	
F.	HRSA (Health Resources and Services Administration) Update- OSV (Operational Site Visit)			

	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 2024-09-25 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
September 25, 2024

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, September 25, 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 12:30 pm.

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

Board member John Proctor was not present.

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

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
Joseph Chang, SVP & CMO
Keri Disney-Story, VP/Clinical Finance
Kyla Rankin, HOMES Project Director
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
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 2024-08-28 HOMES

Elizabeth Palacios motioned for the approval of the Consent Agenda. Byron Cryer 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 operational updates for the month of September. Kyla mentioned there are quite a few vacancies for staffing positions that need to be filled including two full-time registered nurse positions, two-full time dental assistance, and two full-time medical practice assistants. Kyla mentioned there are ongoing interviews to fill these positions along with offers are being sent out to certain candidates. Kyla updated the Board on the partnership with housing forward as they work on encampment decommissioning across the city. Year to date HOMES has seen about 134 patients enroll through the encampment decommissioning project. Kyla presented an image of one of the HOMES mobile units which will be out of service due to an accident. Kyla also reminded the Board that CitySquare is going out of business and Stewpot will be buying the property.

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

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

Kyla presented on the August HOMES metrics. Kyla mentioned HOMES saw 655 unduplicated patients which is 72% of the annual goal of 9,192 unduplicated patients. Kyla updated the Board on the overtime variances in the budget which she expects to increase as there are so many positions that still need to be filled.

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

C. Governance Update

Kyla mentioned the next HOMES advisory Board meeting will be held on Monday, October 14th, 2024, and will be the final meeting for 2024. The December meeting will be combined with other ambulatory advisory boards for a holiday luncheon.

D. HRSA (Health Resources and Services Administration) Compliance Manual Requirements: The Big 20

Kyla briefly went over the HRSA Compliance Manual which has 21 chapters and covers 19 requirements in four areas: Need, Services, Management & Finance, and Governance.

E. HRSA (Health Resources and Services Administration) Compliance Manual Requirements: Chapter 11: Key Management Staff

Kyla presented on Chapter 11 which reviews the roles of the management staff and their position outcomes. Key management staff maintains a fully staffed team as appropriate for the size and needs of the center. Kyla mentioned all Key Management staff is present and demonstrates compliance with HRSA requirements.

F. HRSA Update-Report Submission, carryover funding and OSV

Kyla presented some overall updates regarding the primary care HIV prevention semiannual report which was submitted September 15th. Kyle also presented on the carryover budget which was approved by HRSA to replace a shuttle and a mobile medical unit for FY25. Kyla reminded the Board of the operational site visit by HRSA which could occur between January and March of 2025.

VII. Adjourn

With no further business to discuss, Marjorie Petty, JD, adjourned the meeting at 12:45pm.

SO RECORDED:

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

Appropriate Action Regarding Minutes 2024-10-14 HOMES Advisory Board

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 10/14/2024 **Time:** 11:30 **Location:** Moody Outpatient Center/Zoom

Facilitators: Kyla Rankin

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

	Agenda Item/ Presenter	Discussion	Action items
	Minutes	- Minutes were approved by Ms. Wonzer and Ms. Gies.	
	Staffing	- HOMES has nine vacancies. We have not had this many in a while. Vacant positions are 2 DA's, 2 MPA's, 1 APP, 2 RN's, 1 Peer Navigator and 1 Driver. We have offered four of these positions and they have accepted. Expected start is in late October.	
	Operations	- We have been preparing everyone for Joint commission as they are expected to come any day. - HOMES has started flu outreaches. We had about 4 outreaches this week. We are also offering COVID vaccine. Mr. Gilot asked if we are offering COVID to the 24-Hour Club and what about pneumonia vaccine? We informed him we will be offering COVID but not pneumonia. Patients will have to go to the mobile clinic to see a provider to talk about receiving a pneumonia vaccine. Ms. Wonzer asked what happens if we run out of COVID. Dolores told her we would refer patients to the county. Mr. Gilot also asked if staff at 24 Hour Club could receive both flu and COVID and Sara told him that we really try to get our patients vaccinated first. - One of our mobile units was in an accident and it resulted in significant body damage. It could take 3-4 months to get fixed. If you have been here with us for a while you know that we have vendor issues, but Frank has been working hard to get these issues fixed. - We finally moved into the Tex Oak building (shed). Parkland renovated this space for HOMES. We are still working on some access issues, but staff seems to be happy. - We are always working on safety with staff. Parkland has a portal where staff can report these issues. - We started the RN Led Hypertension clinic at the Bridge. Patients instead of seeing the provider can see the RN and ask any questions. We have spread a little to other locations and the goal is to expand to Diabetes also.	
	Patient Target	- Our patient target goal is 9,192. As of September, we are at 7,222 and it is a little higher than last year. We have not met our goal and probably will not this year again. We keep looking for ways to access patients.	
	Leadership Update	- Pulse Survey is related to employee engagement. We received the results but have not been able to come together as leadership to put a plan together.	

Parkland

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 10/14/2024 **Time:** 11:30 **Location:** Moody Outpatient Center/Zoom

Facilitators: Kyla Rankin

		- Reminder that we are going through a transition in leadership and leadership attended the Ambulatory Care retreat. Leadership talked about the vision which included topics like patient satisfaction/customer service, staff engagement, productivity, quality of care and access. We want to become a place where people will choose to come because our quality of care.	
	COPC Metric Balance Score Cards Patient Care & Safety Audits	- We had five safety posts in August. A lot of them are not directly medical but they have been regarding safety. Our environment of care is at a score of 97%. We have nurses rounding to make sure everything is in compliance. - Patient surveys for September were 511. We did meet our goal.	
	HRSA Updates	- Bridge funding needs to be spent by December 2024 and we are working on it. We will buy some vaccines with this money. - Carry over funding – we will replace shuttle since the ones we have are older. Also, we will replace a mobile unit. - Operational site visit will be in January 14-16, 2025. We are meeting monthly to work on preparing for this visit. During this visit sometimes they like to talk to board members so we will reach out if needed.	
	Community Collaboration	- Housing Forward Street to Home – attached is an article about the project working on encampments to get people in homes. They housed over 100 people from a downtown encampment.	
	Recognition and Celebrations	- HOMES nursing team won Daisy Team award. - We had a couple of social outings for staff that were organized by UBC. Crystal Tello left Parkland and Jennifer Rios transferred to another department in Parkland. This past month UBC also recognized leadership staff and gave them gifts. - Mr. Gilot let us know how much they missed Adam at 24 Hour Club but that Tina and Renee are a lifeline to 24 Hour Club. - HOMES also had an ice cream social provided by Kyla at Tex Oak so that staff could see our new location.	
	Miscellaneous	- Mr. Gilot expressed that we are incredible to work with and we do an incredible job. They have zero complaints and if there is one, he is not aware of it. - Ms. Wonzer asked if you test positive for COVID, how long should you wait to go to the doctor. Dr. Persaud told her just to look after yourself, treat the cough and do not go out while you have a fever. People with respiratory issues should see someone. It is treated like a really bad cold.	
	Looking ahead	- We are preparing for Joint Commission surveyors and for our Operational Site Visit.	
	Next meeting	- Our next meeting is the Joint Advisory Board luncheon in December. We will share more when we know more.	

HOMES ADVISORY BOARD
MEETING MINUTES

Date: 10/14/2024 **Time:** 11:30 **Location:** Moody Outpatient Center/Zoom

Facilitators: Kyla Rankin

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 –October 2024

Kyla Rankin, Project Director

Agenda

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

Operations

Staffing

Posted

- 1.0 FTE Registered Nurses (RN)
- 1.0 FTE Dental Assistant (DA)
- 1.0 FTE Medical Practice Assistants (MPA)
- 1.0 FTE Peer Navigator

Accepted

- 1.0 FTE Advance Practice Provider (APP)
- 1.0 FTE DA
- 1.0 FTE MPA
- 1.0 FTE Mobile Medical Unit (MMU) Driver
- 1.0 FTE RN

Operations

- Tex Oak Warehouse
- Mobile Medical Units (MMUs)
- Outreach activities
- Site Updates

Management & Finances – September

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	7222	9192	78%	75%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	3122	3429	(307)	-9.0%	39,516	39,100	416	1.1%
Expenses	$697,798	$680,629	($17,170)	-2.5%	$8,348,147	$8,161,102	($187,045)	-2.3%
Charges	$2,106,960	$2,455,799	($348,838)	-14.2%	$25,651,595	$28,002,847	($2,351,252)	-8.4%
Revenue	$41,341				$644,803			
Commercial	$616				$10,661			
Medicaid	$25,052				$406,950			
Medicare	$15,673				$227,192			
FTE	61.79				66.30			
FTE - OT	1.13	1.05	(0.08)	-8.0%	1.09	1.02	(0.07)	-6.9%

- 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, October 14, 2024
  - 3 board members & 3 HOMES staff
  - Next meeting February 10, 2025
  - Board members will be invited to Holiday-joint community advisory board celebration-December 2024

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 16: Billings and Collections

Requirements

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

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

Demonstrating Compliance

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

Compliance and Ethics Program Activities

- Parkland policy SYS.COMP.005 outlines the framework of the Compliance and Ethics Program ("Program"):
    - *The Executive Compliance Committee (ECC) advises and assists the Chief Compliance and Ethics Officer in the effective operation of the Program. The Board of Managers has established the Governance, Compliance and Ethics Committee (GCEC) to assist in its oversight of the operations and efficacy of the Program.*
- Homeless Outreach Medical Services (HOMES), Health Resources and Services Administration (HRSA) and other grant-funded programs are included in Program activities, such as auditing, training, policy review, etc.
- Consistent with other Program reporting, the Compliance and Ethics Department will assume responsibility for HOMES reporting through the ECC,HOMES Board and GCEC.
    - Beginning in FY25, compliance reports to the HOMES Board will move from monthly to quarterly and will be presented by a member of the Compliance and Ethics Department in collaboration with the HOMES Project Director.

HRSA Update

- Operational Site Visit
  - January 14-16, 2025

Questions?