HOMES
Homeless Outreach Medical Services
Agenda

The agenda for the Board of Managers HOMES meeting of the Dallas County Hospital District is scheduled for **Wednesday, November 19, 2025, at 12:30 PM** at 5200 Harry Hines Blvd, Dallas, Texas, 75235 WISH Building 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: 2312 748 0475; 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* The agenda has been developed by the Chief Governance Officer in consultation with the Board Chair and reviewed and affirmed by Counsel.			Chair
II.	**Consent Agenda**			
A.	Appropriate Action Regarding Minutes of 2025-10-22 Board of Managers HOMES Meeting	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)	10	3	Kyla Rankin
B.	Management and Finance Update (volume, revenue, expenses, overtime)	11	3	Kyla Rankin
C.	Governance Update: Organization of HOMES meetings, Upcoming Meetings (HOMES advisory board which meets the 2nd Monday of every other month)	12	3	Kyla Rankin

		PAGE	TIME (MIN)	PRESENTER(S)
D.	Review and Discuss Provisions of the Health Resources and Services Administration (HRSA) Compliance Manual Requirements: Chapter 16- Billing and Collections	13	3	Kyla Rankin
E.	Consideration and Appropriate Action Regarding HOMES Billing and Collections Policy	16	5	Chair
IV.	**Executive Session**			
A.	HOMES Annual Compliance Program Activities Report Tex. Health & Safety Code §§161.032 & 161.0315 and Tex. Occup. Code §160.007	28	20	Melanie Roberts
B.	Performance Appraisal of HOMES Project Director: Kyla Rankin *Tex. Gov't Code §§551.074*	29	10	Chair
V.	**Action Items**			
A.	Board May Take Action on Any Agenda Item(s) Above			Chair
B.	Performance Appraisal of HOMES Project Director: Kyla Rankin			
VI.	**Adjourn**			
A.	Closing Remarks			
B.	Call to Adjourn			

Appropriate Action Regarding Minutes 2025-10-22 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
October 29th, 2025

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, October 29th, 2025, scheduled for 12:30 pm, in the WISH 02-175 Executive Conference Room at Parkland Health and via Webex. These minutes do not constitute a certified agenda for the meeting.

I. Attendance and Call to Order

Chair Marjorie Petty noted that a quorum was physically present and called the meeting to order at 12:30 pm.

Board Member attendees included: Lisa Sutter, Eric G Bing, PhD, MD, Todd, Furniss, JD, Reina Gonzalez, JD, Farida Minner, RN, Elizabeth Palacios, MD, and Yasmin Simon, JD.

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

Brad Nitschke, Interim EVP Legal Affairs
Brett Moran, Chief Health Officer
Donna Persaud, HOMES Medical Director
Edmundo Castañeda, EVP & Chief Operating Officer
Fred Cerise, President & Chief Executive Officer
James Perez, VP Clinical Operations
Jessica Buhite, Magnet Program Manager
Joseph Chang, Chief Medical Officer
Kelly Murphy, Magnet Program Manager
Keri Disney-Story, VP/Clinical Finance
Kyla Rankin, HOMES Project Director
Melanie Roberts, SVP & Chief Compliance and Ethics Officer
Michelle Ng, Administrative Resident
Michael Lane, SVP & Chief Quality and Safety Officer
Morgan Simmons, Governance Program Coordinator
Rick Humphrey, EVP & Chief Financial Officer
Saul Cordero, SVP & Chief Governance & Strategy Officer
Steven Roth, EVP & Chief Legal Officer

Additional Attendees: None

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 reviewing the agenda, the Chair noted zero conflicts of interest for Board Members present.

V. Consent Agenda

A. Appropriate Action Regarding Minutes 2025-09-24 HOMES
B. Appropriate Action Regarding Minutes 2025-10-13 HOMES Advisory Board

Elizabeth Palacios motioned for the approval of the Consent Agenda. Farida Minner seconded the motion. The motion passed unanimously.

VI. Reports Requiring Deliberation(s) or Approval(s)

A. Operations Update (day-to-day) operations, including but not limited to – staffing/operational challenges/partner site activity)

Kyla Rankin reported that staffing remains a key focus, with two current vacancies: a Mental Health Counselor and an Operations Manager. The team has extended an offer to a Registered Nurse, who will be replacing a long-serving nurse after retiring after 21 years. Recruitment efforts are ongoing in collaboration with OTM to fill these roles. In terms of outreach, HOMES has conducted 17 events so far this year, during which 360 flu vaccines were administered to the community. Kyla also shared results from the recent Press Ganey employee engagement survey. Of the 65 employees, 51 received the survey and 49 responded, resulting in a 96% completion rate. The average engagement score among the five leaders was 4.12, which is consistent with the hospital average and exceeds the national safety-net hospital benchmark. Key strengths identified in the survey include open communication between staff and leadership, a non-punitive approach to mistakes, and a proactive stance on patient safety. Opportunities for improvement include enhancing the safety of the work environment, fostering better collaboration, and addressing job-related stress.

Kyla also provided an update on the residential substance abuse contract, noting that the process is currently in Phase 3. Subject matter experts are evaluating two vendors to determine the final selection.

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

Kyla mentioned that the number of unduplicated patients is 6,951, which is 76% of the annual goal of 9,192 unduplicated patients. Financially, September was a strong month. The team exceeded visit targets, remained under budget on expenses, and although overtime was higher than expected, the overall variance was positive.

C. Governance Update: Organization of HOMES meetings, Upcoming Meetings (HOMES advisory board, which meets on the 2nd Monday of every other month)
Kyla mentioned the advisory board met on October 12 with good representation, including three members, a Parkland board member, and staff. Additionally, the Community Development team has confirmed that a joint holiday luncheon for advisory boards will take place in December. Regular advisory board meetings will resume in February.

D. Quarterly Quality Data Review for HOMES (HRSA metrics, scorecard-safety posts, patient surveys)
Dr. Donna Persaud reported that overall quality performance remains strong, with no major issues identified. Spot rounding continues to perform well, though Environment of Care scores are slightly lower due to challenges with maintenance at fixed sites operated by external agencies. Regulatory staff have been engaging directly with employees to assess understanding of policies and procedures, which informs the structure of team huddles.

Safety and security, particularly workplace violence, remain the most frequently reported concerns, typically involving patient behavior or language. Staff are encouraged to report these incidents, which are escalated to leadership and supported through SPARK resources. No incidents involving parking or vehicle safety have been reported this year.
Dr. Persaud also addressed the failed dental water test from four months ago, noting that multiple departments—including Environmental Safety, Industrial Hygiene, Infection Prevention, and Facilities—have worked together to investigate and resolve the issue. The goal is to resume use of tank water for dental chairs, which currently rely on manually supplied purified water.

On quality measures, HOMES is at or above target in 12 of 17 metrics. Notable improvements include childhood immunizations and timely OB access for women in their first trimester. Breast cancer screening orders are high, though patient follow-through remains a challenge. HIV screening rates are near 80%, with efforts underway to address missed opportunities. Depression rates have improved through increased follow-up, and a best practice alert is being considered once the quality nurse returns from leave. There have been no new HIV diagnoses this year, so linkage-to-care data is not applicable. Cervical cancer screening has improved, and the team is exploring self-swabbing as a potential option to increase access. Dr. Persaud concluded by reaffirming the team's commitment to continuous improvement and patient-centered care.

E. Review and discuss provisions of the Health Resources and Services Administration (HRSA) Compliance Manual Requirements – Chapter 11 – Key Management
Kyla reminded the Board of the HRSA Compliance manual, which has 21 chapters, 19 of which are requirements in four areas:

- Clinical
- Financial

- Governance
- Annual training has been added as the 20th requirement.

Kyla mentioned the requirements for this chapter include position descriptions or key personnel, maintain key personnel, requesting prior approval from HRSA for a change in key person identification and directly employing a project director.

The Board asked follow up questions and further discussed the HOMES presentation.

VII. Adjourn

With no further business to discuss, Elizabeth Palacios adjourned the meeting at 12:49 pm.

SO RECORDED:

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

Parkland

Homeless Outreach Medical Services Program Monthly Update Report – November 2025

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Operations
  - Management and Finance
- Governance
- HRSA Chapter Review
- HOMES policy approval

Operations Updates

- Staffing

  Vacancies

  - 1.0 FTE Mental Health Counselor
  - 1.0 FTE Operations Manager
  - 1.0 FTE Medical Practice Assistant (MPA)
  - .5 FTE Social Work

  New Hires

  - 1.0 FTE Dentist (4.1.26)
  - 1.0 FTE RN (11.27.26)

- Site updates

Management & Finances –October

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	7602	9192	82%	83%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	3704	3653	51	1.4%	3704	3653	51	1.4%
Expenses	$777,310	$772,896	($4414)	-0.6%	$777,310	$772,896	($4414)	-0.6%
Charges	$2,985,617	$2,541,785	$443,832	17.5%	$2,985,617	$2,541,785	$443,832	17.5%
Revenue	$101,981				$101,981			
Commercial	$2404				$2404			
Medicaid	$73,073				$73,073			
Medicare	$26,504				$26,504			
FTE	64.5				64.5			
FTE - OT	1.35	1.12	(0.23)	-20.4%	1.35	1.12	(0.23)	-20.4%

- **HRSA recommendation is claims billed in less than 30 days.**
- **HRSA grant year: January 1, 2025 to December 31, 2025**

Governance

- HOMES Advisory Board Meeting
  - Next meeting
    - December Joint Advisory Board Luncheon
    - 2026 meetings will resume Monday, February 9, 2026

HRSA manual

The HRSA Manual has 21 chapters which cover 19 requirements in the three (3) areas:

1. Clinical
2. Finance
3. Governance
4. Annual training has been added as a 20th requirement

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

Meeting the requirement

- HOMES Billing & Collection Policy
- Fees have been established by Patient Financial Services (PFS) specific to HOMES
- Participate in Medicaid, CHIP, Medicare, and other private or public assistance programs

Policy Approval

HOMES Billing and Collections policy

- Annual
- Review by subject matter experts in PFS leadership and HOME leadership
- Minor formatting changes

Parkland

HOMES Billing and Collections		Published: 12/19/24
Patient Financial Services		Page 1 of 6

PURPOSE:

The purpose of this policy is to provide clear and consistent guidelines for billing and collection operations for Parkland's HOMES program.

SCOPE:

All Parkland Health ("Parkland") ~~Workforce members~~employees and agency personnel.

PROCEDURE:

1. Ability/Refusal to Pay
   A. No patient will be refused service based on their inability to pay due to a lack of financial means.
   B. Parkland reserves the right to limit or deny services to any patient with the documented ability to pay and the patient has refused to pay.
2. Reduced/Waived Payments
   A. Financial screening will be conducted to determine if a patient qualifies for any program including but not limited to Affordable Care Act, grants, Sliding Fee Scale, Charity, or other types of funding programs.
      1) Patients will self-attest in writing to reasons for requesting reduced/waived fees. For those patients needing to provide verbal attestation (i.e. due to virtual visit), verbal attestation and reason for requesting the reduced/waived fees will be documented by staff in the patient's account. Criteria for reduced/waived fees include but are not limited to:
         a) Patients who lack housing (without regard to whether the individual is a member of a family).
         b) Patients whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations.

DRAFT

c) Patients who reside in transitional housing.

d) Patients who reside in permanent supportive housing or other housing programs that are targeted to homeless populations.

e) Patients who reside in a domestic violence shelter.

f) Patients who have experienced a natural disaster.

B. Those who are determined to qualify for reduced/waived fees are automatically approved for Parkland's charity program, HOMES Parkland Financial Assistance, and Parkland will waive their co-pays for primary care services. Patients who are covered by a third-party insurance (Medicare, Medicaid, or private insurance) for which Parkland is required to collect co-pays and deductibles are not eligible for waived fees or reduced payments.

3. Supplies and/or Equipment Not Provided by Clinic

A. Parkland maintains contractual agreements with third party vendors to supply special items or services not provided within the FQHC setting.

B. Services provided via a written or contract/agreement will be bound to provide the same or greater discounting as would be received if Parkland were to provide the service.

4. Insurance Billing

A. All patients seen by Parkland FQHC locations with a funding source such as private insurance, government program coverage, or any other form of third-party coverage will be billed as applicable for services provided.

B. If a claim is denied due to a provider error the patient is not held liable.

5. Patient Billing

A. Patients with a funding source that have co-pay, coinsurance, or deductible obligations will be billed when the funding source has adjudicated the claim and remitted payment.

B. Patients with a valid address on file, will be billed directly and receive a statement as part of the organization's normal patient billing process.

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C. Payment plans can be approved for patients indicating they may have difficulty paying their balance in a single installment.

D. Parkland is not required to accept patient-initiated payment arrangements and may refer accounts to a collection agency if the patient is unwilling to make acceptable payment arrangements, has defaulted on an established payment plan, or has not been responsive to previous collection attempts.

6. Collection Practice

A. In compliance with state and federal laws and in accordance to the provisions outlined in this FQHC Billing and Collection Policy, Parkland engages in collection activities to collection outstanding patient balances.

B. General collection activities include follow-up phone calls and statements.

C. All patient/guarantors will be sent a minimum of three (3) statements within a 120 days period starting within three (3) days of placement with the first statement being sent within 30 days of service date.

7. Accounts become eligible for outsource to Early Out Vendor 55 days after discharge date or 55 days after the residual balance is placed in the self-pay bucket and the insurance bucket balance is resolved.

A. Self-Pay; Self-Pay after Insurance, Payment Plan Default, Sliding Fee Scale, and Self-Pay discounted balances may all qualify for Early Out collection process.

8. Accounts become eligible for Bad Debt if collection efforts by the Early-Out Vendor for the patient/guarantor portion of the bill are unsuccessful, the account will be pulled from the Self Pay Vendor after 180 days from initial placement and placed with a Bad Debt Vendor.

A. All patient/guarantors will be sent at least three (3) statements within a 120 day period starting within three (3) days of placement.

B. Vendor will give the patient/guarantor a minimum of 45 days to dispute the claim or provide additional information if applicable.

C. After 45 days, from the time of placement, and no dispute is received, the Vendor will report the account delinquent to all three credit reporting agencies.

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D. If after 365 days and no payment is received, the account will be pulled from the Vendor and sent to Parkland clearing agency code. The Bad Debt Vendor will remove the account from all credit reporting agencies when the account is pulled.

9. Payment Plans

A. Payment plans can be approved for patients with difficulty paying their financial responsibility in a single installment.

B. Patients can set up a payment plan for a negotiated amount to be due on a monthly basis.

C. Statements will be sent monthly as a reminder of payment amount and date due.

D. Default of a payment plan will result in the outstanding patient balance being sent to a collection agency for collection within 45 days after the default date.

10. 10.Patient disputes:

A. Patient complaint or dispute relating to charges, services or quality of care.

B. PFS will be responsible for the researching and resolving “billing or collection” issues that occur.

C. Service or care related issues will be resolved by the operational department and resolution coordinated by Patient Relations.

D. If a patient calls regarding a service or care related issue, they will be instructed to contact Patient Relations at 469-419-0820. The person receiving the call will document in the patient accounting system that the patient has a service or care related issue and they were notified to call Patient Relations.

E. If a written notice is received concerning a service/care related complaint from the patient; the notice is to be sent to Patient Relations for handling.

EQUIPMENT:

N/A

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DEFINITIONS:

Bad Debt: Financial classification for accounts in which previous collection efforts have been unsuccessful.

Financial Assistance Policy: A separate policy that describes the Sliding Fee Scale discount program which includes specific criteria patients must meet to qualify for the Sliding Fee Scale discount.

Inability to Pay: No financial means to pay for services provided based on lack of income.

Insurance: Coverage program of the insured for the expenses incurred from illness, injury, preventative health care, or injury that pays for health care services directly to a provider.

Refusal to Pay: Documented proof of a patient's ability to pay for services and the patient refuses to pay.

Self-Pay Balances after Insurance: Insurance has paid their portion and the remaining balance is the patient/guarantor's responsibility.

Self-pay Charity Discount: Dallas County and Non-Dallas County program for patients without a third party funding source that are qualified for a percentage discount from gross charges.

Uncollectible Accounts: Accounts in which all collection efforts have ceased.

~~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, whether or not he or she is paid by Parkland. "Workforce member" also includes all physicians, other members of the medical staff, and non-physician clinical providers, whether or not employed by Parkland.~~

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REFERENCES:

N/A

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REFERENCES:

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HOMES Annual Compliance Program Activities Report

Performance Appraisal of HOMES Project Director: Kyla Rankin

Questions?