Parkland

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, September 23, 2026, at 12:50 PM *(or directly following the Annual Board Compliance Training)*** 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: 2301 590 0722; 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 2026-08-26 HOMES	3	1	Chair
III.	**Reports Requiring Deliberation(s) and/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) Regarding the FY27 Expanding Nutrition Services Grant	13	3	Kyla Rankin
E.	Review and Discuss Compliance Quarterly Report Regarding Policy Revisions, Code of Conduct, and FY27 Compliance Work Plan Focus Areas	17	15	Kyla Rankin
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 2026-08-26 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
August 26th, 2026

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, August 26, 2026, scheduled for 12:50 pm or directly following the Quality Board meeting, 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 Vincent Hall noted that a quorum was physically present and called the meeting to order at 12:43 pm.

Board Member attendees included: Byron Cryer, MD, Eric G. Bing, MD, PhD, Farida Minner, RN, Miriam Sharma, RN, Marjorie Petty, JD, Ramon Miguez, PE, Reina Gonzalez, JD, Todd Furniss, JD, and Yasmin Simon, JD.

Staff Present (via Webex and in-person) included:
Brad Nitschke, Chief Legal Officer
Brett Moran, Chief Health Officer
Donna Richardson, EVP & CNE
Felicia Miller, EVP & Chief Talent Officer
Fred Cerise, President & Chief Executive Officer
James Perez, VP Clinic Operations
Jessica Hernandez, Chief Health Equity Officer
Joseph Chang, Chief Medical Officer
Kareem AbdelFattah, VP & ACMO
Keri Disney-Story, VP/Clinical Finance
Kyla Rankin, HOMES Project Director
Michael Lane, SVP Chief Quality and Safety Officer
Morgan Simmons, Governance Program Manager
Natalie Garza Vasquez, Administrative Resident
Saul Cordero, SVP & Chief Governance & Strategy Officer

Additional Attendees: None

II. Mission Statement

The 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 2026-07-29 HOMES
B. Appropriate Action Regarding Minutes 2026-08-10 HOMES Advisory Board

Byron Cryer motioned for the approval of the Consent Agenda. Reina Gonzalez 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 reviewed HOMES program operations and updates with the Board. She provided a staffing update, noting ongoing recruitment efforts for driver, DA, and MPA positions. Kyla reported progress on the Salvation Army and Stewpot fixed-site projects, including contract review and external approval processes. She shared that all mobile units are operational, with efforts underway to improve connectivity through a Starlink solution. Upcoming outreach activities include Feast of Sharing and Operation Care. Kyla also discussed HOMES' decision not to assume mass TB screening responsibilities following Dallas County's discontinuation of the program, citing capacity limitations and alignment with public health recommendations.

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

Kyla Rankin reviewed the July financial results with the Board. She reported higher personnel expenses related to the transition of a provider into a lead physician role, which included additional administrative responsibilities. She also noted the temporary impact of a behavioral health staff member being on unexpected medical leave. Kyla explained that fringe benefit expenses exceeded budget for the month because Grants Management delayed billing and subsequently charged two months of expenses in July. In response to a Board question, she confirmed that the program remains on track to stay within its approved budget for the fiscal year.

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 next HOMES Advisory Board meeting will be held on Monday, October 12th, 2026, at 11:30 AM with a hybrid option available.

D. Review and Discuss Provisions of the Health Resources and Services Administration (HRSA) Annual Review
Kyla reminded the Board of the HRSA Compliance manual, which has 21 chapters, 19 of which are requirements in four areas: clinical, financial, and governance. Annual training had been added as a twentieth requirement.

Review and Discuss Compliance Quarterly Report Review and discuss provisions of the Health Resources and Services Administration (HRSA) Compliance Manual Requirements: Chapter 14 Collaborative Relationships

Kyla Rankin reviewed HRSA Health Center Program compliance requirements related to collaborative relationships. She highlighted the HOMES program's network of fixed and mobile service sites, partnerships with Federally Qualified Health Centers, and collaborations with community organizations, including the Office of Homeless Solutions, Housing Forward, and Dallas County Health and Human Services, emphasizing how these relationships support access to care and ensure compliance with HRSA standards.

E. HOMES Unit Based Council
Kyla Rankin discussed the most recent water bottle drive and the success in handing out bottles to the unhoused community during this summer's intense heat.

II. Action Items

A. Board May Take Action on Any Agenda Item(s) Above

VII. Adjourn

With no further business to discuss, Vincent Hall adjourned the meeting at 12:58 pm.

SO RECORDED:

Vincent Hall
Chair

Brad Nitschke, JD
Assistant Secretary

Parkland

Homeless Outreach Medical Services Program Monthly Update Report – September 2026

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Operations
  - Management and Finance
- Governance
- HRSA Update
- Compliance Quarterly Report

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Operational Updates

Staffing

- 1.0 FTE Dental Assistant
- 1.0 FTE Mobile Medical Unit Driver
- 1.0 FTE Medical Practice Assistant (MPA)

Operations

- Fixed site updates
- Mobile Unit updates
- Outreach
- Community Partners

Management & Finance Update – August

	Month				Year to Date			
Metric	**Actual**	**Budget**	**Variance**	**% Var**	**Actual**	**Budget**	**Variance**	**% Var**
Visits	3,061	3,307	(246)	(7.4%)	33,081	33,967	(886)	(2.6%)
Expenses	$728,178	$786,951	$58,773	7.5%	$7,771,704	$8,624,245	$852,541	9.9%
Charges	$2,933,422	$2,301,126	$632,296	27.5%	$29,965,339	$23,633,190	$6,332,149	26.8%
Revenue	$86,956				$886,681			
Commercial	$477				$14,551			
Medicaid	$66,880				$615,494			
Medicare	$19,599				$256,636			
FTE	63.58				62.31			
FTE - OT	1.17	1.12	(0.05)	-4.5%	1.11	1.12	-0.09	1.4%

- HRSA grant year: January 1, 2026 to December 31, 2026
- HRSA recommendation is claims billed in less than 30 days.

Governance

- HOMES Advisory Board Meeting:
  - Next Advisory Board Meeting
  - October 12th-11:30 am
  - Hybrid format

HRSA Update

FY27 Expanding Nutrition Services Grant (ENS)

- Submitted 9/9/2026-Award notification-12/1/2026 for January 2027 start date
- Submission included project narrative, budget narrative & other required documents
- Budget breakdown
  - 57% Salaries & Fringe (existing FTEs-RD, CDS, RN, MPA & Peer)
  - 6% Travel (culinary medicine, vehicle fuel, staff mileage, Uber health)
  - 10% Supplies (program supplies, food cost, culinary literature)
  - 2.4% Training (food handling certifications, nutrition education, CHW certifications)
  - 24% Indirect Charges

FY2027 HRSA ENS Budget

BUDGET NARRATIVE						
FY2027-HOMES ENS						
Personnel	Year 1: Federal Request	Year 1: Non-Federal	Year 1 Tota	Year 2: Federal Request	Year 2: Non-Federal Resouces	Year 2: Total
Total Personnel	$148,871	$0	$148,871	$153,342	$0	$153,342
Total Fringe Benefits	$50,467	$0	$50,467	$51,983	$0	$51,983
Total Travel	$22,190	$0	$22,190	$25,190	$0	$25,190
Total Supplies	$34,829	$0	$34,829	$28,360	$0	$28,360
Total Training	$8,355	$0	$8,355	$0	$0	$0
Total Direct Charges	$264,712	$0	$264,712	$258,875	$0	$258,875
Indirect Charges	$84,708		$84,708	$82,840		$82,840
TOTAL	$349,420	$0		$341,715	$0	

FY2027 HRSA ENS Budget approval

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Questions?

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Compliance Report

Parkland Health Board of Managers HOMES Meeting

September 23, 2026

Compliance and Ethics Reports:

i. Policy Revisions - Privacy
ii. Presentation of the Revised Code of Conduct and Ethics
iii. Presentation of the Fiscal Year 2027 Compliance and Ethics Department Budget
iv. FY26 Compliance Risk Assessment & Enterprise Risk Management Survey
v. FY27 Compliance Work Plan Focus Areas
vi. Compliance Program Policy Action Plan
vii. FY26 Annual Work Plan, Departmental Goals and/or Objectives Dashboard
viii. Compliance Audit Program Enhancements
ix. Attorney-Client Privileged & Confidential Review and Discussion of Quarterly Report of Open Compliance Reviews and Audit Reports

Policy Revisions - Privacy

Policy Title Last Published Date	Summary of Changes to Policy	SME Approvals
SYS.PRIV.003.001 **Notice of Privacy Practices** 07/25/2022	✓ Aligns with 42 C.F.R. Part 2 (2024 Final Rule) for Substance Use Disorder records ✓ Adds Part 2 patient rights, disclosure limitations, and electronic delivery provisions ✓ Establishes timely review, revision, and redistribution requirements ✓ Adds updated PEHP Notice of Privacy Practices language	Legal Affairs – Deputy General Counsel Regulatory (05/14/2026) Regulatory Affairs and Accreditation (03/20/2026) Executive Compliance and Ethics Committee - Pending
SYS.PRIV.003.002 **Right to Request Access to Protected Health Information** 07/25/2022	✓ Aligns denial provisions with 45 C.F.R. § 164.524(d)(2)(iii) per FY25 HIPAA Privacy Risk Assessment (CyberAdvisors) ✓ Directs individuals where to request records not maintained by Parkland ✓ Standardizes written denial responses (reason, statement of rights, contact information) ✓ Aligns with HIM workflows; removes outdated references and terminology	Legal Affairs – Deputy General Counsel Regulatory (06/08/2026) HIM Quality Record Review and Quality Support (06/01/2026) Regulatory Affairs and Accreditation (05/18/2026) Executive Compliance and Ethics Committee - Pending
SYS.PRIV.003.004 **Right to Request Amendment of Protected Health Information** 02/23/2023	✓ Aligns partial acceptance of amendments with 45 C.F.R. § 164.526(c) per FY25 Compliance Program Assessment (Ankura) ✓ Establishes a formalized request requirement to close an operational control gap ✓ Requires amendment documentation be appended or linked to the Designated Record Set ✓ Adds requirements to amend PHI upon notification from another Covered Entity	Legal Affairs – Deputy General Counsel Regulatory (06/08/2026) HIM Quality Record Review and Quality Support (06/05/2026) Regulatory Affairs and Accreditation (05/11/2026) Executive Compliance and Ethics Committee - Pending

Code of Conduct and Ethics
2026 Edition

1

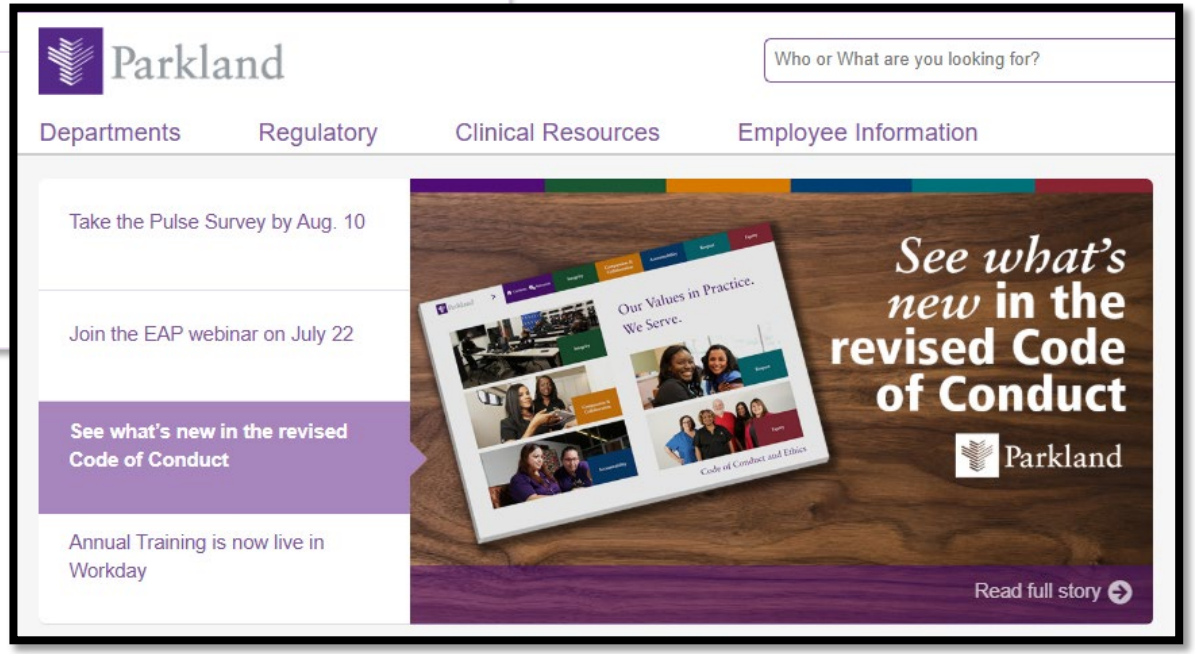
English & Spanish Versions

- Published to Parkland's Intranet and Internet sites on June 8, 2026
- Brochure version highlighting important concepts is in development
- Booklet version (complete document) to be printed in limited quantities for distribution as needed

2

Dedicated Awareness Campaign

- Feature story on Intranet site – July
- Business Partner & Liaison Network Communications – August
- Leadership Forum & Town Hall Communications – August
- Main Campus Park Market 'Tabletop' Event – September



FY27 Budget Review

Compliance and Ethics Department (Cost Center 87150 – Corporate Compliance)

	FY26 Budget	FY27 Budget	Comments
Salaries	3,568,767	4,048,699	Increase following the addition of several new Director-level positions.
Professional Fees	365,949	274,061	Savings resulting from termination of contract for services that were consolidated into other existing department resources.
Employee Benefits	705	705	
Contract Labor	135,571	0	
Supplies	35,840	31,913	
Depreciation	110,008	122,908	
Other Expense	97,404	118,432	New expense to offer Continuing Education Credit through ACCME accredited program for Compliance and Ethics training (for employed physicians and other non-physician licensed/certified personnel).
Total Expenses	4,314,244	4,596,718	

FY26 Compliance Risk Assessment
Enterprise Risk Management Survey

Joint assessment with multiple assurance departments*; facilitated by Institutional Risk Management

Survey available July 6-17, 2026

Sent to 339 leaders (Director to EVP)

Qualtrics tool

Compliance portion contained ten (10) questions on topics involving fraud, waste & abuse, information privacy, general compliance and ethics

Ten (10) Compliance questions scored using a 5-point Likert Scale (Strongly Disagree – Strongly Agree)

Final survey results pending; identified action items will be infused into the FY27 Department Work Plan (as applicable)

*Participating assurance departments: Internal Audit, IT Administration, Institutional Risk Management, Safety & Clinical Risk Management, Compliance and Ethics

FY26 Compliance Risk Assessment

Compliance Risk Assessment Questions

Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree

1. I am able to easily find the information I need as a leader about Compliance and Ethics in Policy Manager and SharePoint.
2. Parkland's policy language, tools provided on SharePoint, online training and informal education (e.g., Leadership Forum, Parkland Now, etc.) help me to provide proper guidance on Compliance and Ethics topics to my team.
3. Colleagues that I work with most frequently emphasize the importance of, and take action toward, complying with policies, procedures and Code of Conduct and Ethics.
4. I am well-versed in the requirements of the Reporting Obligations Policy (SYS.COMP.039) and can provide proper guidance on Compliance and Ethics reporting to my team.
5. The staff reporting to me understand that improper use, access or disclosure of protected health and personally identifiable information may result in Corrective Action (OTM 6000-700).
6. The staff reporting to me understand the types of non-Parkland activities that must be disclosed for a Conflicts of Interest review, such as: secondary employment, speaking engagements, consulting arrangements, service as a board member (advisory, trustee, director), etc., (not an exhaustive list) (SYS.COMP.058).
7. The staff reporting to me understand that the Code of Conduct and Ethics provides guidance on making ethical decisions to ensure Parkland business is both compliant and consistent with our Values.
8. In the past year, I have witnessed misconduct at Parkland, but did not report it. (Misconduct occurs when a Workforce Member's actions are improper due to an informed decision to violate or blatantly disregard policy, procedure or the Code of Conduct and Ethics.)
9. In the past year, I have witnessed retaliation against someone who appropriately reported or raised concerns in Good Faith. (Good Faith means that the reporter believes the information is true and reported without omission, including the extent of the reporter's own involvement, if applicable.)
10. I am concerned about potential risk(s) in my department(s) that need further evaluation by the Compliance and Ethics Department.

FY27 Compliance and Ethics Department
Annual Work Plan Development

1 FY26 Enterprise Risk Management Survey

- Annual Enterprise Risk Management (ERM) Risk Assessment Survey including compliance-focused questions
- Review and analyze survey results
- Identify areas of potential compliance risk

2 External Regulatory & Enforcement

- OIG Work Plan
- Advisory Opinions (CMS and OIG)
- Regulatory developments
- Industry trends
- Enforcement actions

3 Internal Data

- Audit results
- Investigations data
- Program Effectiveness assessment review
- Compliance inquiries

FY27 Compliance Work Plan

FY27 Compliance and Ethics Department
Work Plan Focus Areas

Compliance Committee Structure, Oversight & Governance

340B Program Review

Assistant-at-Surgery Services Review

Avoidable Days Self-Assessment

Blood Bank and Transfusion Services Review

Cardiac Device Services Review

Cataract Surgery Services Review

CED Policy Library Action Plan

Certifications and Downstream Attestations

CLIA POCT Competency & Device Access Controls

Coinsurance & Deductible Waiver Review

Conflicts of Interest Process Integration

Compliance Risk Data Mining Program Development

Compliance Signage and Material Review

Correctional Health Compliance Program Assessment

Critical Care Services Review

CT Coronary Angiography Review

Enterprise Register for Required Compliance

Entity & Location Management Review

Focus Arrangements Program Implementation

Foundation Compliance Program Assessment

Gifts, Non-Monetary Compensation & Vendor

HIPAA Modernization Privacy Review

HOMES Program Review

Hydration Therapy Services Review

Information Blocking Review

Inpatient Hospital E/M Services Review

Inpatient Malnutrition Review

Interaction Logs – Program Review & Enhancement

Longitudinal Care and Home-Based E/M Review

Nuclear Cardiology Services Review

Open Payments Process Review

Patient Financial Support and Access Assistance Process Review

Patient Representatives Proxy Consent Review

Patient Status Appropriateness Review

Physical Therapy Services Review

Privacy Contract Review

Professional Services Review

Provider-Based Status Regulatory Review

Psychotherapy Services Self-Assessment

Psychotropic Medication Consent Review

Regulatory Change Management Program

Research & Compliance Collaboration

Same Day Readmissions Self-Assessment

Same-Day E/M & Procedure Services Review

Substance Use Disorder Privacy Program

Telehealth Services Review

Third Party Relationship Review

Transitional Care Management Services Review

Trauma Activation Charges Assessment

Vascular Access Services Review

Vendor Products and Resource Finalization

Vitamin D Testing Services Review

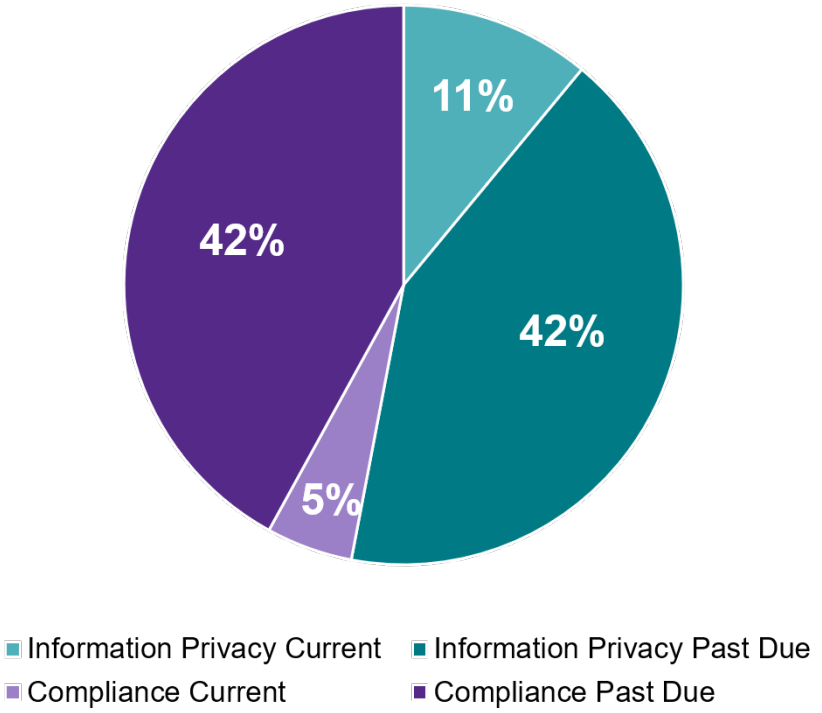
Wireless Capsule Endoscopy Review

Work Plan Items/Focus Areas are subject to change and are presented in alphabetic order. Q1 activities will be formalized by 9-30-26.

Dark Purple Text – Directly related to HOMES
Light Purple Text – Indirectly related to HOMES

Compliance and Ethics Program
Policy Action Plan

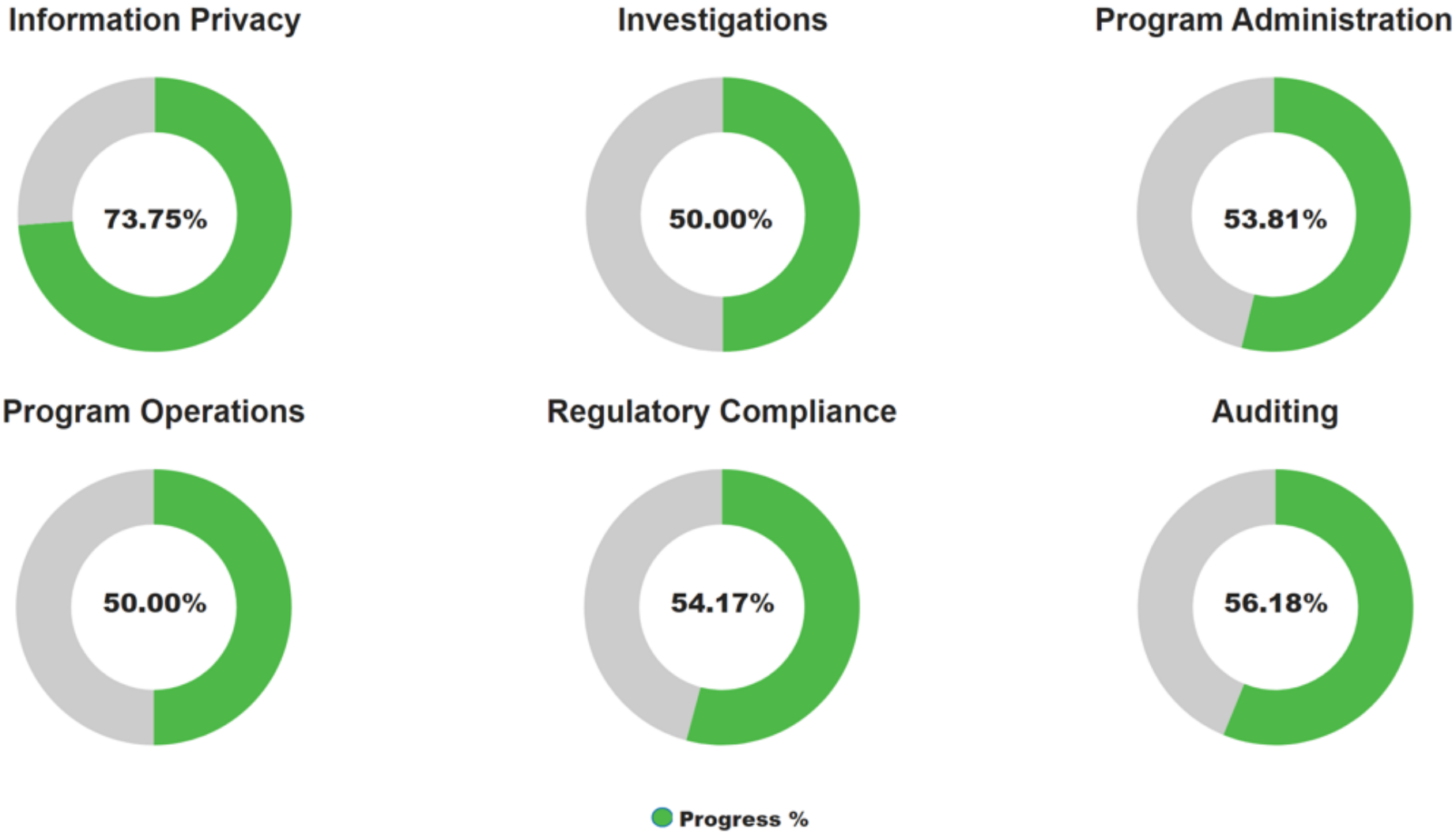
Situation & Background	The Compliance and Ethics Department's policy library is outdated, with existing policies requiring review and new policies created Parkland policy, SYS.BOP.001, Policies and Procedures, states: *"All policies and procedures will be reviewed and revised, if necessary, at a minimum of every three years or as needed depending on current evidence-based practice or change in laws and/or regulatory or accreditation standards."*
Assessment & Recommendation	In FY25/26, personnel resources were reallocated to cover vacancies and other immediate needs of the department. In FY27, Program Operations will lead a dedicated action plan to review all past due policies and implement intradepartmental sustainability measures. The Executive Compliance and Ethics Committee (ECC) will oversee the completion of this action plan as the approving body for Compliance and Ethics Program Policies.



FY26 Work Plan Updates

FY26 Carry-Over Topics	FY26 Scheduled Deliverables	Projected Carry-Over into FY27	FY27 Work Plan Integration
Augment Resources to Aid in Prevention and Early Detection	3	2	Integrate into Program Operations
Data Intelligence, Analytics Program Enhancements	3	2	Compliance Risk Data Mining Program Development
Entity & Location Management	3	2	Entity and Location Management Review
Management of PHI in Third-Party Transactions	8	6	• Privacy Contract Review • HIPAA Modernization Privacy Review
Nursing Facility Oversight Program Implementation	2	2	Nursing Facility Program Development
Program Assessment Enrichment Plan	51	11	CED Policy Action Plan
Program Design Procurement & Vendor Compliance Oversight	2	2	• Conflicts of Interest Process Integration • Certifications and Downstream Attestations • Third Party Relationship Review • Enterprise Register for Required Compliance
Regulatory Change Management Program Advancement	3	2	Regulatory Change Management Program
Topic-Specific Audit Schedule & Related Items	34	7	• Focus Arrangements Program • Data Mining Program Development • Information Blocking Review
Vendor Product Implementation & Optimization	3	2	Vendor Products and Resource Finalization
Workforce Education Enrichment	2	2	Integrate into Program Operations
TOTAL	**114**	**40**	

FY26 Work Plan Updates
Dashboard – FY26 Q3

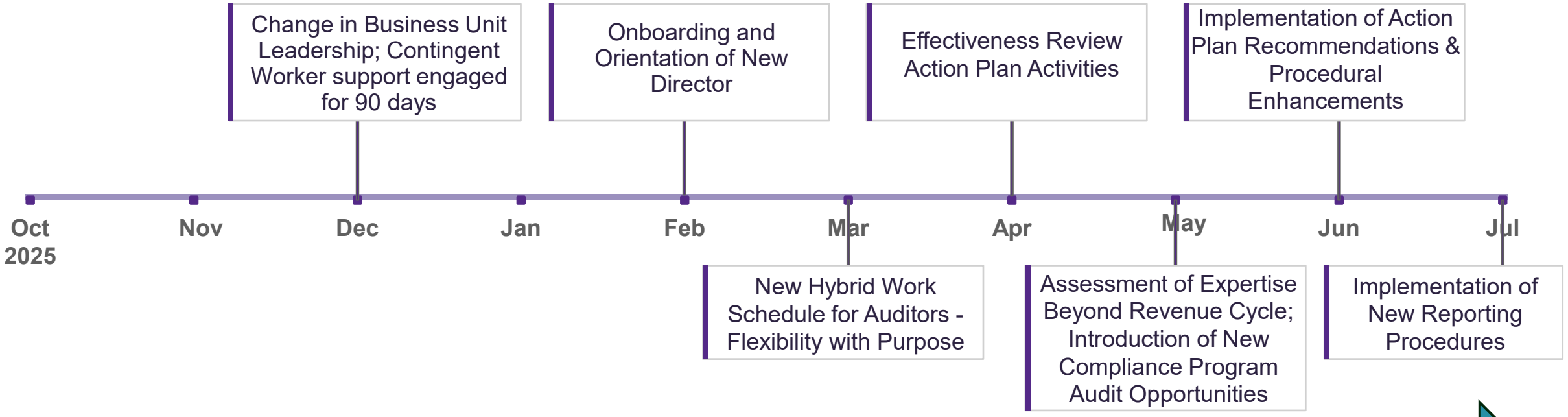


Compliance Audit Program Enhancement

Audit Program Enhancement | FY26 Milestones & FY27 Plan

A strategic evolution from a revenue-cycle focused model into a wholistic compliance and information privacy framework designed to increase risk-based audit selection and strengthen stakeholder engagement in the audit process and compliance oversight via self-assessments.

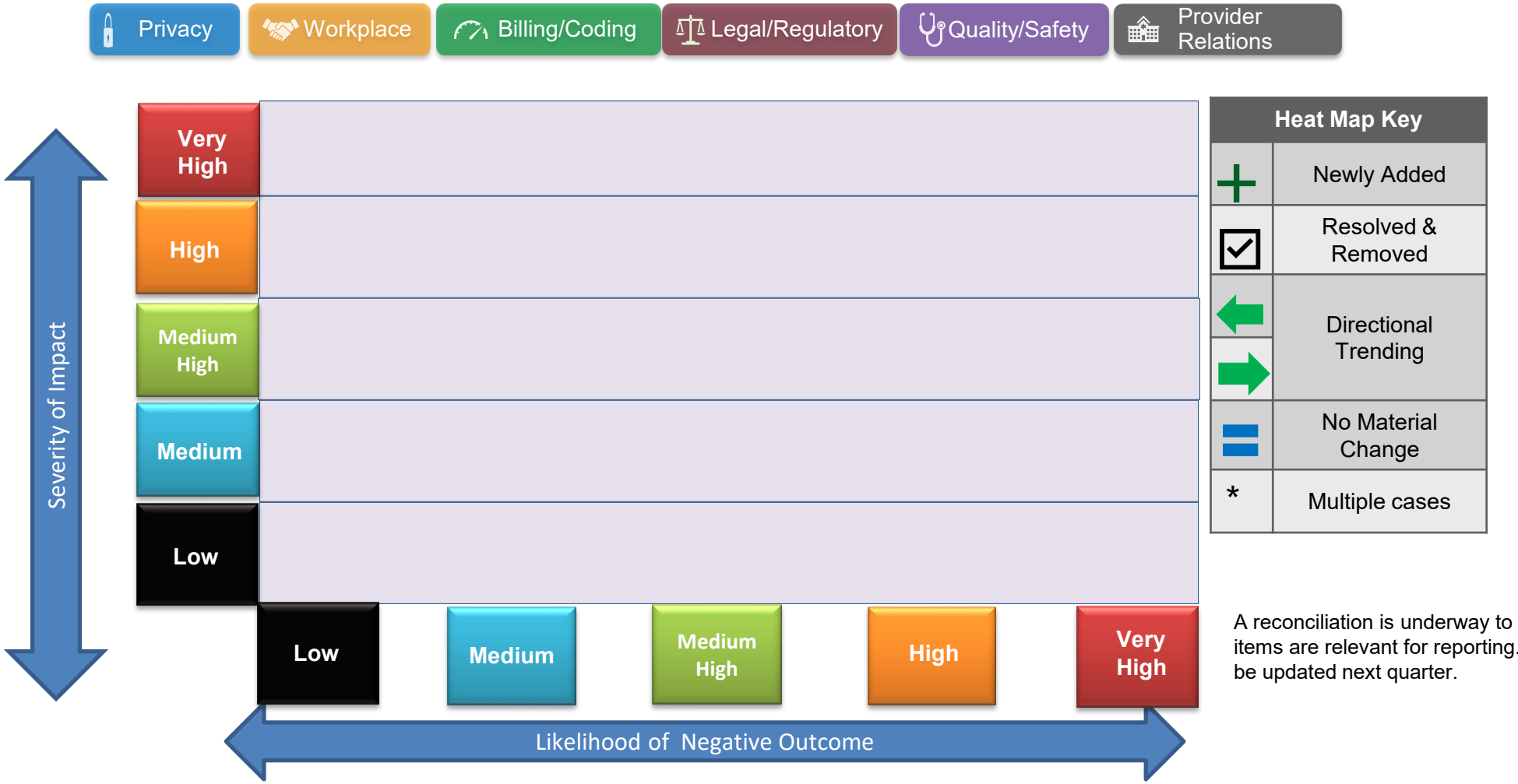
HIGHLIGHTS & KEY EVENTS



FY27 Project Deliverables in Development

Attorney Client Privileged and Confidential
Do Not Distribute

Quarterly Report of Open Compliance Reviews



A reconciliation is underway to confirm whether any items are relevant for reporting. This information will be updated next quarter.

This record is confidential and privileged pursuant to Tex. Occ. Code 160.007, Tex. Health & Safety Code 161.032, and 42 USC 11101 et seq for use and review by quality assurance/ performance improvement/ medical/ peer review committees or designated agent(s), or because it is received, created, or maintained in the exercise of a proper function of the Compliance Officer as provided by the OIG of the US DHHS. Further, this information contains and reflects confidential trade secrets, commercial and/or financial information, or information otherwise made confidential by law which is exempt from disclosure under the Freedom of Information Act, 5 U.S.C. § 552. This information shall only be disclosed to, printed or copied for authorized recipients. Any unauthorized use or disclosure is prohibited.

FY26 Compliance and Ethics Department Reports:

i. HOMES Exclusion Screening Results
ii. HOMES Conflicts of Interest Program Activities and Dashboard
iii. HOMES Compliance Audit Dashboard
iv. HOMES Investigations Dashboard with Description of Industry Benchmark Categories
v. Key Performance Indicators

HOMES Exclusion Screening Results – FY26 Q3

Average Monthly Screening Population[1] for FY26 Q3 – April, May, June

82

Individuals[2]

Screening Results

1

Potential Matches[3]

0

Confirmed Matches with Compliance Risk

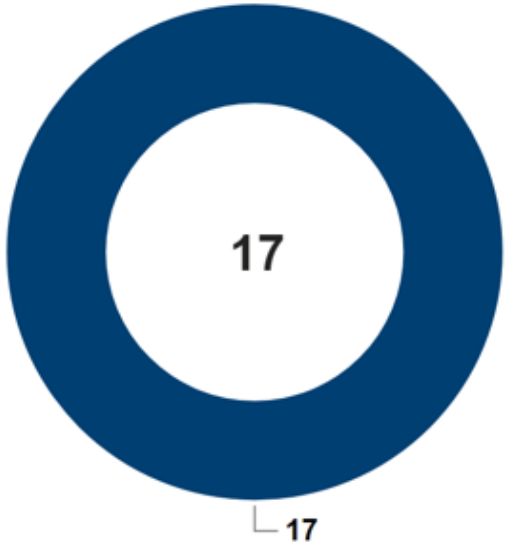
[1] New screening vendor adopted in FY26 Q3; screens run multiple times daily while files are manually uploaded monthly, moving to automated daily updates by April 2027. Screening counts may fluctuate as data normalizes and duplicates are identified.
[2] Individuals screened includes: HOMES Employed Non-Providers, Employed Providers, and Contingent Workers. HOMES has no dedicated organizations; therefore only individuals are screened.
[3] Match 1: Source data error by Texas Medicaid involving a HOMES Workforce Member's Social Security Number; corrected by the source and resolved. No compliance risk identified.

HOMES Conflicts of Interest Dashboard – FY26 YTD

Non-Annual Disclosures (e.g., new employees/contingent workers, updates to prior Disclosure Statements, etc.)

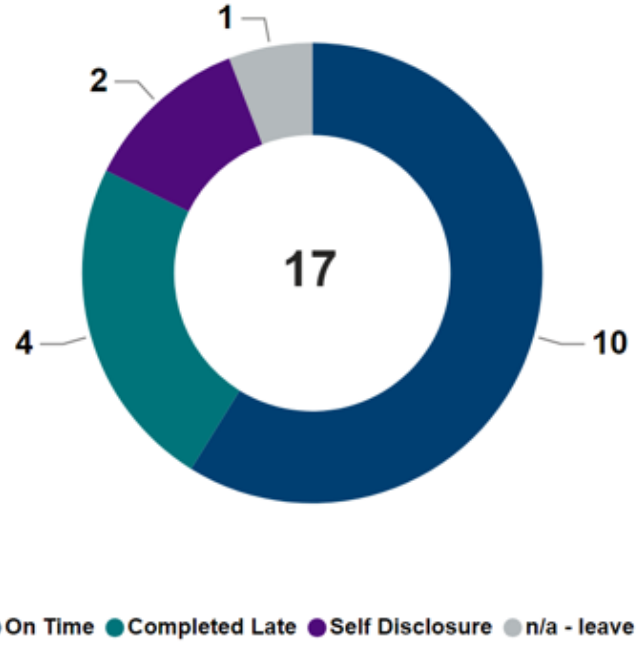
Policies, Procedures & Internal Controls

Disclosure Statement Status

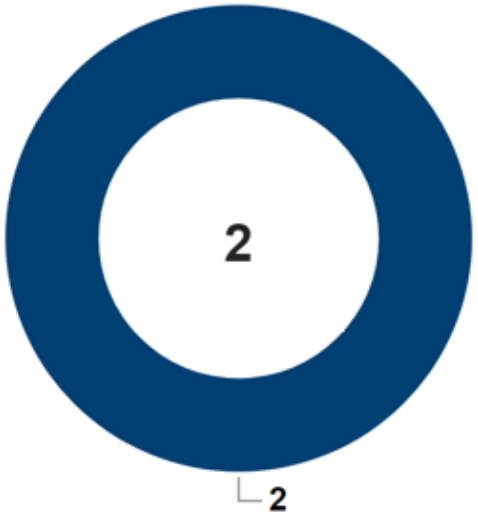


Employees Includes employed providers

Disclosure Statement Submission Timeliness



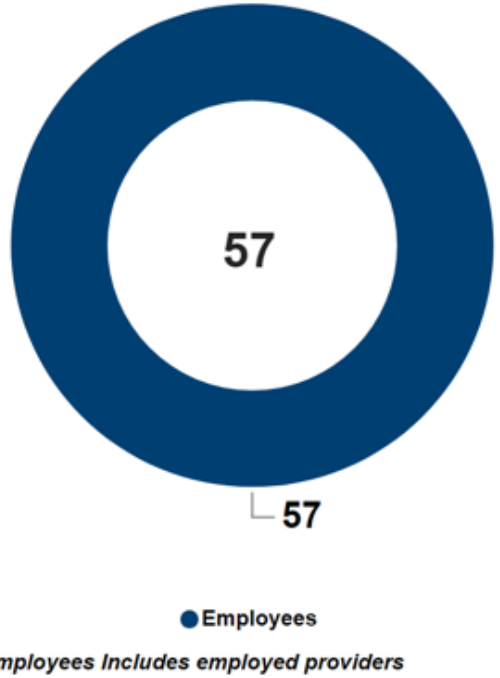
Compliance Review Status



HOMES Conflicts of Interest Dashboard – FY26 YTD

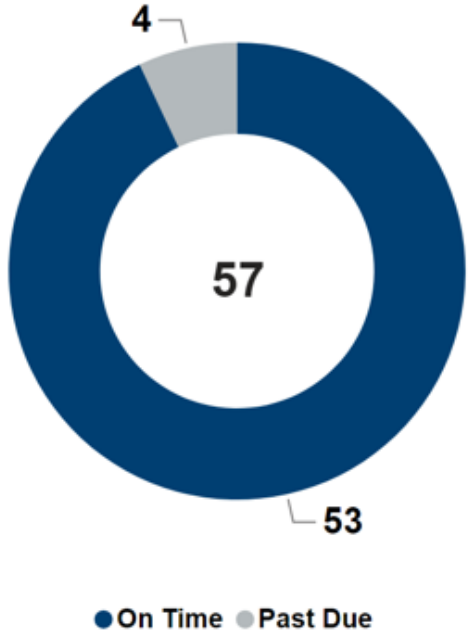
Annual Disclosures (e.g., new employees/contingent workers, updates to prior Disclosure Statements, etc.)

Disclosure Statement Status

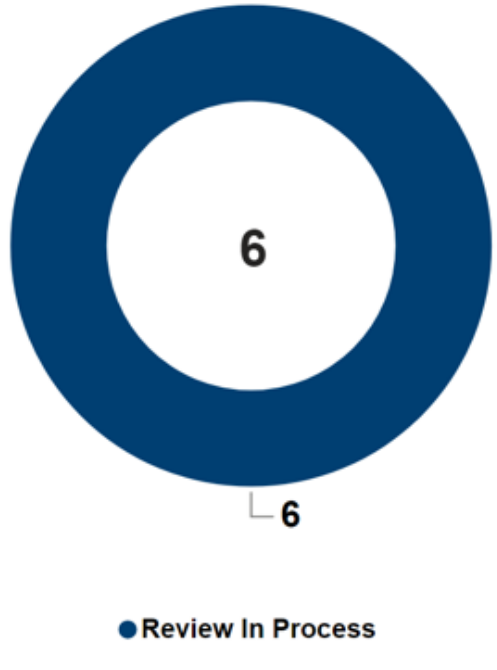


**Employees Includes employed providers*

Disclosure Statement Submission Timeliness



Compliance Review Status

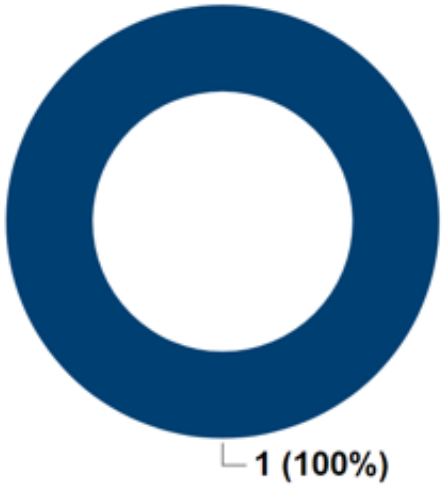


HOMES Audit Dashboard – FY26 YTD

1

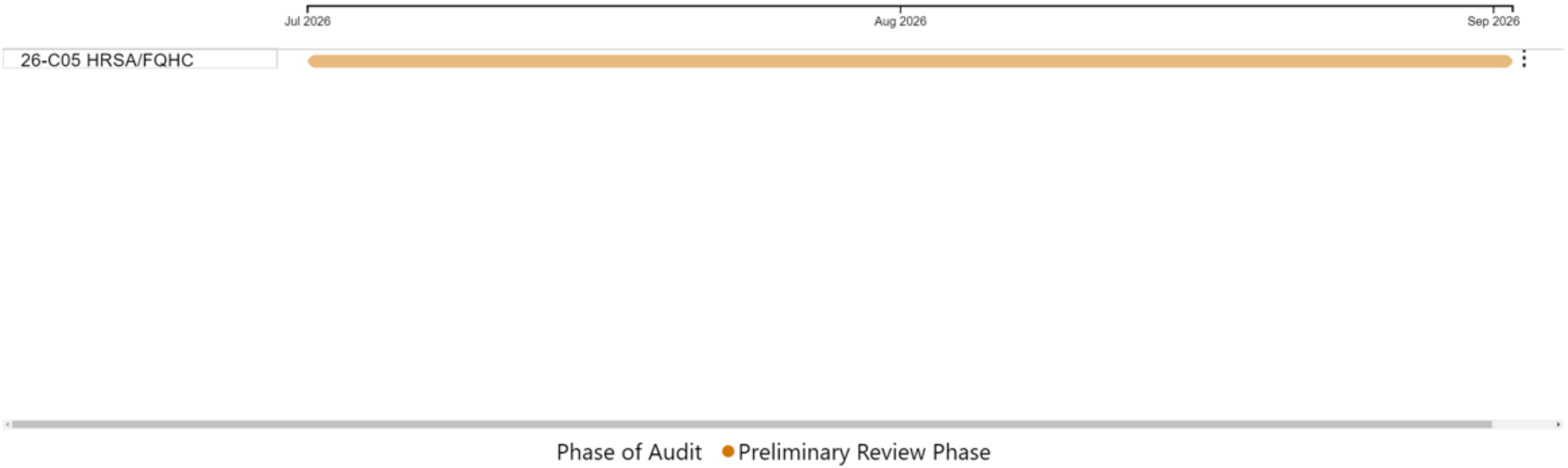
Total Audits

Audits by Status



Audits by Phase

HOMES Audit Plan Progress – FY26 YTD



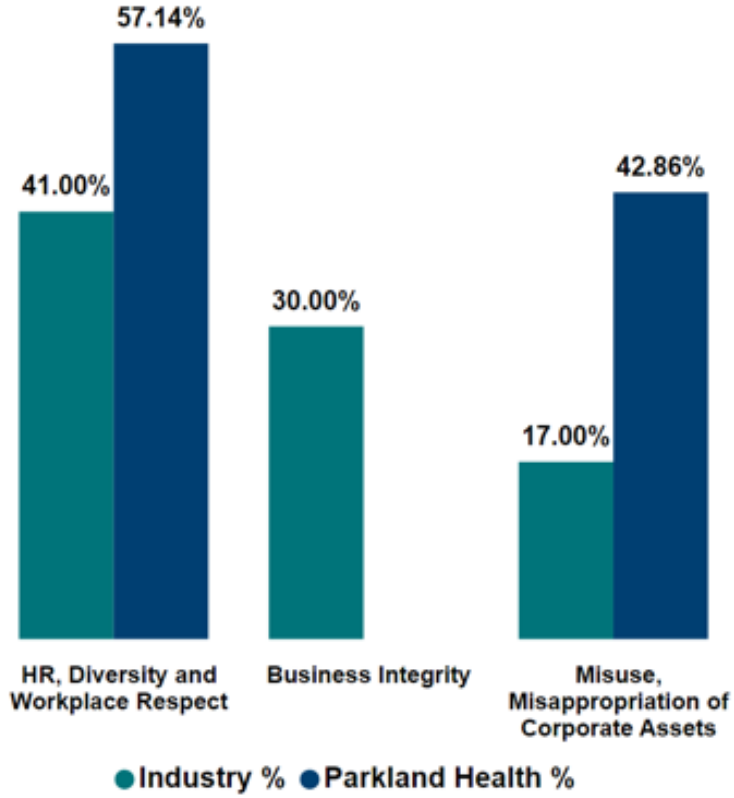
*Listed audits may subject to change

HOMES Investigations Dashboard – FY26 YTD

7
Total Cases

5
Total Closed Cases

5
Total Inquiries



Parkland Case Categories

Parkland Health Category	Industry Benchmark Category	# of Cases
Workplace Environment	HR, Diversity and Workplace Respect	4
Confidentiality of Protected Health Information	Misuse, Misappropriation of Corporate Assets	3

**excludes blank categories*

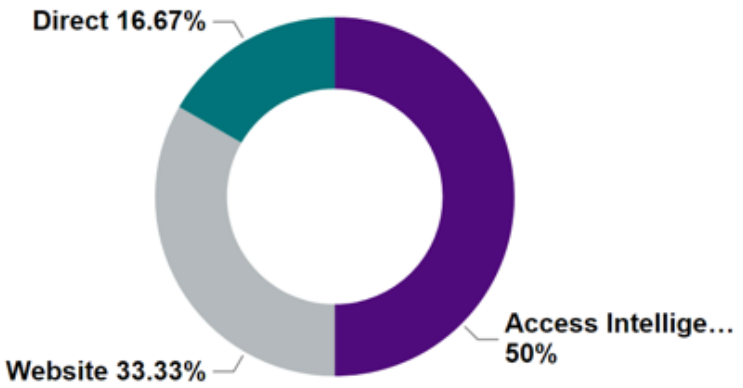
HOMES Investigations Dashboard – FY26 YTD

Privacy Cases

3

Closed: 3	Safety Posts: --
Avg Days to Close: 13.67	ACP Cases: --
Substantiated %: 66.67%	Anonymous %: --
CAPs Issued: 1	Avg CAPs Close Days: 29.00
Breach Count: --	

Intake Method



Non-Privacy Cases

2

Closed: 1	Safety Posts: --
Avg Days to Close: 5.00	ACP Cases: --
Substantiated %: 100.00%	Anonymous %: 50.00%
CAPs Issued: --	Avg CAPs Close Days: --

Investigations Unit
Description of Industry Benchmark Categories

Benchmark Rollup	Benchmark Sub-categories	Sub-category Elements		
Business Integrity	**Customer Relations, Business Quality**	Service Quality	Responsiveness	
		Contract Obligations	Customer-Business Interactions	
	Compliance, Regulatory, Legal	Code of Conduct Violations	Conflicts of Interest	
		Regulatory Violations	Document Falsification	
		Criminal Acts	Trade Union Relations	
	Billing, Finance, Vendors	Billing Disputes	Accounting	Vendor Relations
HR, Diversity and Workplace Respect	**Human Resources**	Co-worker Interactions	Pay/Benefits	
		Scheduling	Workload	
	Unfairness, Management Issues	Employee-Mgmt. Interactions	Unfair Treatment/Favoritism	
		Humiliation	Dispute Resolution	
	Discrimination, Harassment, Retaliation	Protected Class Discrimination	Sexual Harassment	
		Workplace Harassment	Management/Co-worker Retaliation	
	Staffing	Staff Shortages	Staffing Impacts on Quality	
Misuse, Misappropriation of Corporate Assets	**Privacy, Information Security**	Data Breaches	Cyber Threats	
		Hardware Security	HIPAA	
	Fraud, Theft, Property Damage	Fraud Allegations	Questionable Financial Practices	Damange to Company Assets

Source: Ethico

Key Performance Indicators (KPIs)
Category Summary

Category	Dashboard KPI Title	Target Value	Target Type	Q1	Q2	Q3
Auditing & Monitoring	Audit Cycle Time (110 Days)	110	Days	▲	21	73
Auditing & Monitoring	BI Report Turnaround (7Days)	7	Days	▲	6	2
Auditing & Monitoring	CAP Follow-Up Initiation Timeliness	40	Days	▲	54	40
Auditing & Monitoring	Expanded Review Timeliness (26 Days)	26	Days	▲	▲	12
Auditing & Monitoring	Preliminary Findings Timeliness (26 Days)	26	Days	▲	▲	42
Conflicts of Interest	Assigned COI Disclosure Timeliness	100	%	69	83	99
Conflicts of Interest	Initial COI Disclosure Timeliness	100	%	82	76	91
Education & Training	Annual Training Compliance	100	%	▲	▲	▲
Education & Training	CW Privacy Training Timeliness	100	%	▲	▲	▲
Education & Training	New Hire Training Timeliness	100	%	100	100	100
Education & Training	Specialty Training Timeliness	100	%	▲	▲	▲
Investigations	Attorney General Notification Timeliness (30 Days)	100	%	▲	▲	100
Investigations	Breach Notification Compliance (Aggregate)	100	%	70	57	100
Investigations	Documentation Timeliness	95	%	76	90	92
Investigations	Escalated Case Review Timeliness	95	%	▲	▲	100
Investigations	Individual Notification Timeliness (60 Days)	100	%	100	57	100
Investigations	Initial Scoping Completion Timeliness	95	%			
Investigations	Inquiry Completion Timeliness (30 Days)	95	%	81	98	90
Investigations	Investigation CAP Completion Timeliness	95	%	88	82	82
Investigations	OCR Notification Timeliness (60 Days)	100	%	57	57	100
Investigations	Regular Case Assignment Timeliness (2 Days)	95	%	100	99	99
Investigations	Routine Case Review Timeliness	95	%	47	76	90
Investigations	Special Case Assignment Timeliness (3 Days)	95	%	17	▲	50
Policies & Procedures	Policy Publication Timeliness	60	Days	▲	▲	▲
Policies & Procedures	Policy Review Timeliness	95	%	▲	64	70

FY26 Compliance KPI Methodology
Metrics and Measurements

Category	Dashboard KPI Title	Performance Metric	Measurement Notes
Auditing & Monitoring	Audit Cycle Time (110-Day)	Revenue Cycle Compliance Audits completed within 110 total days from initial start of the audit through issuance of the Final Review Summary.	Calendar days from Notification of Audit email to Final Review Summary email; carve-out days on other priority projects.
Auditing & Monitoring	BI Report Turnaround (7 Day)	Revenue Cycle Compliance Auditor receives requested report from BI Developer within 7 calendar days of request date.	Calendar days from auditor's report request to developer's email delivery; average per quarter; revised requests excluded if original provided.
Auditing & Monitoring	CAP Follow Up Initiation Timeliness (40-Day)	If needed, Corrective Action Plan (CAP) follow-up initiated by Compliance Analyst/Director within 40 calendar days of pending CAPs.	Days between CAP sent date and follow-up email date; due date = CAP sent + 40 calendar days; pending CAPs = CAP that has not been completed by attestation signature, CAP action description and date.
Auditing & Monitoring	Expanded Review Timeliness (26 Day)	When an expanded review is needed, the Revenue Cycle Compliance Auditor completes the review within 26 calendar days from the Preliminary Review completion.	Calendar days from confirmation of expanded review to notification email with findings; carve-out other project days.
Auditing & Monitoring	Preliminary Findings Timeliness (26 Day)	Revenue Cycle Compliance Auditor completes the audit and emails their preliminary findings to the department within 26 calendar days of the audit	Calendar days from audit start to preliminary findings email; carve-out other project days.
Conflicts of Interest	Assigned COI Disclosure Timeliness	Workforce Members complete an assigned Conflicts of Interest Disclosure Statement within thirty calendar days of request by the Compliance and	Completed Date ≤ 30 calendar days after Assigned Date; includes annual/non-scheduled/special requests.
Conflicts of Interest	Initial COI Disclosure Timeliness	Select new hire, reclassified and rehired Workforce Members complete their initial Conflicts of Interest Disclosure Statement within thirty calendar days of assignment.	Completed Date ≤ 30 calendar days after Assigned Date for eligible populations (Workforce, third-party employed, Board, Physician Leaders).
Education & Training	Annual Training Compliance	Workforce members complete assigned annual Compliance and Privacy refresher education by due date.	Calendar days between assignment and completion date in Pathways.
Education & Training	CW Privacy Training Timeliness	Contingent Workers complete the required Privacy training within 30 calendar days of issuance of Epic credentials.	Calendar days between Epic credential issuance and training completion.
Education & Training	New Hire Training Timeliness	New Workforce members complete assigned Compliance and Privacy education within 30 calendar days of assignment.	Calendar days between assignment and completion date in Pathways.
Education & Training	Specialty Training Timeliness	Workforce Members complete specialty training following a reclassification into a designated job code or cost center within 30 calendar days of assignment.	Calendar days between assignment and completion date in Pathways.
Investigations	Attorney General Notification Timeliness (30 Day)	Notification of the State Attorney General as required by law is completed within 30 calendar days of discovery date of impermissible use or disclosure when a substantiated breach is identified.	AG Notification Date ≤ 30 calendar days after Breach Discovery Date; only if breach affects ≥250 Texans.
Investigations	Breach Notification Compliance (Aggregate)	Breach notifications are completed within the designated reporting requirement.	Roll-up of OCR (60 calendar days), Individuals (60 calendar days), State AG (30 calendar days) (if ≥250 Texans).

FY26 Compliance KPI Methodology
Metrics and Measurements

Category	Dashboard KPI Title	Performance Metric	Measurement Notes
Investigations	Documentation Timeliness	All Case Reviews have final approved investigation documentation within 30 calendar days of investigation close date.	Documentation Complete date ≤ 30 calendar days after Investigation Closed date; includes notes, attachments, Outcome report, all fields complete, leader debrief, EVP deck/SBAR if required.
Investigations	Escalated Case Review Timeliness	Escalated Case Reviews have an approved validity within 30 calendar days of assignment date.	Closed date with validity determination ≤ 30 calendar days from assignment date; DCI approval.
Investigations	Individual Notification Timeliness (60 Day)	Federally required notification of impacted individuals completed within 60 calendar days of date of discovery of impermissible use or disclosure when substantiated breach is identified and/or notification required by law.	Individual Notification Date ≤ 60 calendar days after Breach Discovery Date.
Investigations	Initial Scoping Completion Timeliness	All Case Reviews have initial scoping completed within 3 business days of assignment date (i.e., exception considered for holidays/weekends).	Triage/Scoping/JR Conference Date ≤ 3 business days after Start Date.
Investigations	Inquiry Completion Timeliness (30 Day)	Inquiries (assigned to a member of the CIU only) are completed within 30 calendar days of being opened.	Inquiry Close Date ≤ 30 calendar days after Date Opened; date equals when reply sent to Requestor.
Investigations	Investigation CAP Completion Timeliness	Investigation-related Corrective Action Plans (CAPs) are completed within the designated timeframe agreed to at the time of acceptance by the department.	CAP completion date ≤ CAP due date; subset detail by responsible department.
Investigations	OCR Notification Timeliness (60 Day)	OCR online notification is completed within 60 calendar days of discovery date of impermissible use or disclosure when a substantiated breach is identified.	OCR Notification Date ≤ 60 calendar days after Breach Discovery Date; retain report #.
Investigations	Regular Case Assignment Timeliness (2 Day)	Regular Case Reviews and Inquiries are assigned within 2 business days of date opened (i.e., exception considered for holidays/ weekends).	Start Date ≤ 2 business days after Date Opened; Special Handling = N.
Investigations	Routine Case Review Timeliness	Routine Case Reviews have an approved validity within 45 calendar days of assignment date.	Closed date with validity determination ≤ 45 calendar days from assignment date; DCI approval.
Investigations	Special Case Assignment Timeliness (3 Day)	Special Case Reviews and Inquiries are assigned within 3 business days of date opened (i.e., exception considered for holidays/ weekends).	Start Date ≤ 3 business days after Date Opened; Special Handling = Y.
Policies & Procedures	Policy Publication Timeliness	New and revised compliance policies and procedures are published in Policy Manager within 60 calendar days of approval of the policy by the committee.	Time in calendar days from final committee approval to Policy Manager publication date.
Policies & Procedures	Policy Review Timeliness	Existing CED policies are reviewed by the assigned due date in Policy Manager, inclusive of the review, edit and committee approval procedures.	New published date is ≤ assigned due date in Policy Manager (review/edit/committee approval included).