Parkland

HOMES
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, March 29, 2023, 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.) A quorum will be physically present at the location of the meeting. 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: 2620 212 1332; 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.	**Declare a Quorum Present/Call to Order/Mission Statement** ***Advance Wellness | Relieve Suffering | Develop and Educate***			Chair
	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*			
II.	**Consent Agenda**		1	
A.	Approve Minutes 2023-02-22 HOMES	2		Chair
III.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	Operations Update	8	2	Kyla Rankin
B.	Management and Finance Update	9	2	
C.	Governance Update	10	2	
D.	HRSA Compliance Manual Requirements: The Big 20	11	2	
E.	HRSA Compliance Manual Requirements: Chapter 7: Coverage for Medical Emergencies During and After Hours	15	2	
F.	HRSA Update	17	2	
G.	2023 State of Homelessness Address	18	2	
H.	Awards & Recognition	19	2	
IV.	**Action Items**			
A.	Board May Take Action on Any Agenda Item(s) Above			Chair
V.	**Adjourn**			
A.	Closing Remarks			
B.	Call to Adjourn			

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Approve Minutes 2023-02-22 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
February 22, 2023

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, February 22, 2023, scheduled for 12:30 p.m. 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 12:33 p.m.

Board Member attendees included: Chair Marjorie Petty, JD; Todd Furniss, JD; Ramon Miguez, PE; Farida Minner, RN; Elizabeth Palacios, MD; and Jeff Tillotson, JD. Lisa Sutter arrived at 12:45 p.m. John Proctor attended via Webex.

Board members Eric G. Bing, MD, PhD; Reina Gonzalez, JD; and Don O'Bannon, Esq; were not present.

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

Donna Persaud, HOMES Medical Director (in-person)
Donna Richardson, EVP & Chief Nursing Executive (in-person)
Edmundo Castañeda, EVP & Chief Operating Officer (in-person)
Felicia Miller, EVP & Chief Talent Officer (in-person)
Forrest Stovall, Governance Program Manager (in-person)
Fred Cerise, President & Chief Executive Officer (in-person)
Jared Ginter, VP Institutional Risk Management
Joseph Chang, SVP Chief Medical Officer
Kellee Boardingham, Executive Assistant (in-person)
Kyla Rankin, HOMES Project Director (in-person)
Melanie Roberts, SVP Chief Compliance & Ethics Officer
Michael Lane, SVP Chief Quality & Safety Officer
Pam Bryant, SVP Chief Supply Chain Officer
Rick Humphrey, EVP & Chief Financial Officer
Roberto de la Cruz, EVP & Chief Clinical Officer (in-person)
Saul Cordero, VP & Chief Governance Officer (in-person)
Steven Roth, EVP & Chief Legal Officer (in-person)
Vic Summers, SVP & Chief Audit Officer

II. Mission Statement

Chair began the meeting by stating the mission statement:
Advance Wellness | Relieve Suffering | Develop and Educate

III. Public Comments Regarding Agenda Items

No members of the public registered for comments regarding the agenda items.

IV. Conflicts of Interest

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

V. Consent Agenda

A. Approve Minutes 2023-01-25 HOMES

B. Approve Minutes 2023-02-13 HOMES Advisory Board

Elizabeth Palacios, MD, motioned for the approval of the Consent Agenda. Todd Furniss, JD, 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

Kyla Rankin reported on HOMES' staffing. There is currently one open position, a Peer Navigator. She also reported the recent inclement weather impacted operations, totaling a loss of 40 four-hour sessions over the 3.5 days of closure. The teams were able to convert 28 visits to virtual care during the inclement weather. Additionally, the outreach events to increase COVID-19 vaccines using the HRSA ECV supplemental funds are going better than anticipated. The team has completed nine outreach events and provided 64 vaccines.

B. Management and Finance Update

HOMES has seen 1,339 unduplicated patients to date. The annual goal is 9,675. Kyla also reported she is slightly over budget on expenses due to salaries and benefits as well as drug costs. Kyla will continue to monitor these expenses; however, they appear to be aligned with the division.

C. Governance Update

The next HOMES Advisory Board meeting is April 10, 2023, at Noon. A hybrid attendance option (in-person and virtual) will remain in place. The Advisory Board voted to add a new member, and Kyla will seek to add additional members in the coming year.

D. Quality Improvement and Assurance Report

Dr. Donna Persaud presented the Quality Improvement and Assurance Report. She noted the increase in Safety Posts, which is consistent with the High Reliability Organization (HRO) efforts across the organization. Next, Dr. Persaud reviewed the HRSA Quality Measures relative to the 2022 goals. She highlighted the measures which require improvement and shared how HOMES is addressing the variances.

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

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

F. HRSA Compliance Manual Requirements - Chapter 9: Sliding Fee Discount Program
Kyla Rankin reviewed Chapter 9: Sliding Fee Discount Program. She reported on the HRSA requirements and how HOMES demonstrates compliance with the HRSA requirements.

G. Approve Federally Qualified Health Center (FQHC) Sliding Fee Discount Program
Kyla Rankin presented the updated FQHC Sliding Fee Discount Program policy for approval. She noted the only change is the addition of the updated 2023 federal poverty guidelines.

Ramon Miguez, PE, motioned for the approval of the FQHC Sliding Fee Discount Program policy. Farida Minner, RN, seconded the motion. The motion passed unanimously.

H. Community Collaborations-Housing Forward
Kyla Rankin reported on the Housing Forward award received by Dallas County for $22.8 million. HOMES is collaborating with Housing Forward and their coordinated encampment outreach efforts with the goal of more permanent supportive housing. This is a partnership with the Dallas Housing Authority, Dallas County, and the North Texas Behavioral Health Authority.

I. State of Homeless Address
Kyla Rankin shared the date of the 2023 State of Homeless Address: April 13, 2023.

VII. Adjourn

With no further business to discuss, Chair Marjorie Petty, JD, adjourned the meeting at 12:50 p.m.

SO RECORDED:

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

Parkland

Homeless Outreach Medical Services Program Monthly Update Report – March 2023

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Operations
  - Management and Finance
- Governance
- HRSA Compliance Manual Requirements: The Big 20
- HRSA Update
- State of Homelessness Address 2023
- Awards & Recognition

Operational Updates

- Staffing
  - Accepted:

  1.0 FTE Peer Navigator

  - Posted:

  1.0 FTE RN
- HRO at HOMES
  - Huddles
  - Huddle Boards
- Focus opportunities

Management & Finances – February

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	2146	9,675	22%	16%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	3106	2107	999	47.4%	16,558	11,610	4948	42.6%
Expenses	$547,243	$558,025	$10,782	1.9%	$3,004,299	$2,978,008	($26,291)	-0.9%
Charges	$2,297,394	$1,811,488	$485,905	26.8%	$10,935,584	$9,982,891	$952,693	9.5%
Revenue	$60,526				$285,680			
Commercial	$280				$3691			
Medicaid	$36,353				$197,503			
Medicare	$23,893				$84,486			
FTE	59.32				58..71			
FTE - OT	.88	1.32	.44	33.6%	.84	1.36	0.52	38.3%

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

Governance

- Next HOMES Advisory Board Meeting:
  - April 10, 2023-noon
  - Moody Outpatient Center
  - Hybrid option available

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

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.	August
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.	August
4. Accessible Hours of Operation / Locations (Ch. 6)	Provides services at times and locations that assure accessibility and meet the needs of the population.	August
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.	March
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.	August 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.	Annually to align with Federal Poverty Guidelines
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.	Quarterly Metric Review: February or approval of annual UDS report August November December QAPI Policy: October
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.	September 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.	October and 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.	March 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.	July

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.	November
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.	HRSA approval
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.	March
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.	Award notification & update as needed
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.	December
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.	December
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.	December
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 7: Coverage for Medical Emergencies During & After Hours

Requirements

- Respond to patient medical emergencies during regularly scheduled hours
- Defined arrangements for promptly responding to patient medical emergencies after hours

Demonstrating Compliance

- At least 1 staff member trained and certified in BLS
- Operating procedures for responding to emergencies during regularly scheduled hours
- After-hours coverage operating procedures
- After-hours documentation and necessary follow-up

HRSA Health Center Program Compliance Requirements – Chapter 7: Coverage for Medical Emergencies During & After Hours

- All clinical staff trained and certified in BLS
- Operating procedures for responding to emergencies during regularly scheduled hours
  - CLINOPS.PC.002: Medical Assistance Response
- After-hours coverage operating procedures
  - COPC 06-10: On-Call Service – COPC
- After-hours documentation and necessary follow-up
  - All on-call encounters are entered into Epic and routed to the PCP

HRSA Update

- UDS Reporting:
  - Annual Report submitted February 2023
  - 5 Follow up questions received and responses provided by March 6th deadline

- Ending the HIV Epidemic-Primary Care HIV Prevention
  - $45,000 available
  - 1 year award
  - Funds should be used to increase
    - Number of patients counseled/tested for HIV
    - Number of patient prescribed PrEP
    - Percentage of patients newly diagnosed with HIV who are linked to care/treatment within 30 days

2023 State of Homelessness Address

- Review of progress of Dallas and Collin Counties homeless rehousing system
- Results of the 2023 Point in Time Count
- Next steps to make homelessness rare, brief and nonrecurring

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2022 Advanced Practice Provider Team of the Year!

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