Parkland

# HOMES
## Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, August 23, 2023, at 12:30 PM*** at the Southeast Community Oriented Primary Care Clinic located at 9202 Elam Road Dallas, TX 75217, Room: Cafeteria Classroom. (If assistance is needed in locating the room, please see the receptionist in the main lobby of the clinic.) 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: 2623 779 0130; 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**<br>***Advance Wellness \| Relieve Suffering \| Develop and Educate***<br>**I CARE**<br>**I**ntegrity **C**ompassion and Collaboration **A**ccountability **R**espect **E**quity<br>**Public Comments Regarding Agenda Items**<br>*See public comment registration information and rules at*<br>*https://www.parklandhospital.com/board-of-managers* | | | Chair |
| **II.** | **Consent Agenda** | | | |
| A. | Approve Minutes 2023-07-26 HOMES | 2 | 1 | Chair |
| B. | Approve Minutes 2023-08-14 HOMES Advisory Board | 6 | | |
| **III.** | **Reports Requiring Deliberation(s) or Approval(s)** | | | |
| A. | Operations Update | 12 | 3 | Kyla Rankin |
| B. | Management and Finance Update | 13 | 3 | |
| C. | Governance Update | 14 | 3 | |
| D. | Quality Improvement/Assurance | 15 | | |
| E. | HRSA Compliance Manual Requirements: The Big 20 | 23 | 3 | |
| F. | HRSA Compliance Manual Requirements - Chapter 17: Budget | 27 | 3 | |
| G. | Approve HOMES HRSA FY24 Budget | 29 | 3 | |
| **IV.** | **Action Items** | | | |
| A. | Board May Take Action on Any Agenda Item(s) Above | | | Chair |
| **V.** | **Adjourn** | | | |
| A. | Closing Remarks | | 1 | |
| B. | Call to Adjourn | | | |

# Approve Minutes 2023-07-26 HOMES

Parkland

# MINUTES

Dallas County Hospital District Board of Managers

**HOMES**
July 26, 2023

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, July 26, 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 12:30 p.m.

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

Board member Lisa Sutter attended via Webex and joined at 12:35 p.m.

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

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

Carolyn Foster, Deputy General Counsel (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)
Gerry Baker, SVP Revenue Cycle
Guy Toliver, Director Inclusion & Supplier Diversity
Jeffrey Giles, Sr. Associate Attorney
Jessica Hernandez, SVP Chief DEI Officer
Kellee Boardingham, Executive Assistant (in-person)
Kyla Rankin, HOMES Project Director (in-person)
Pam Bryant, SVP Chief Supply Chain Officer
Rick Humphrey, EVP & Chief Financial Officer (in-person)
Robert Case, Associate General Counsel
Saul Cordero, VP & Chief Governance & Strategy 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 2023-06-28 HOMES

Ramon Miguez, PE, motioned for the approval of the Consent Agenda. Vincent Hall 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 are currently two nurse, one dental assistant, and one mobile medical unit driver positions posted. HOMES is also adding a new service site, Men of Nehemiah, in zip code 75215. The Deflection Center will remain staffed 10:00 a.m. to 8:00 p.m. rather than going 24/7. The two nurse positions are for increased staffing of the Deflection Center; those positions will now be on hold. Lastly, Kyla provided education regarding unduplicated patient goal and stated outreach events do not typically count towards the patient target.

The Board asked questions and received additional information related to themes seen with employee turnover.

B. Management and Finance Update

HOMES has seen 4,951 unduplicated patients to date. The annual goal is 9,675. HOMES continues to remain over budget for salaries as well as supplies. Kyla shared she reduced the unduplicated patient goal to 9,192 in the FY24 Service Area Competition application.

The Board asked questions and received additional information related to the unduplicated patient goal. The Board also asked questions and received additional information related to the expected increase in salaries for the next fiscal year.

C. Governance Update

The next HOMES Advisory Board meeting is August 14, 2023, at 11:00 a.m. A hybrid attendance option (in-person and virtual) will remain in place. Lunch will be served 11:00 a.m. to 11:30 a.m. and the meeting will occur 11:30 a.m. to 1:00 p.m. Kyla advised that a HOMES advisory board member requested increased meeting times. The meetings will now be increased by 30 minutes to address additional topics.

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

E. HRSA Compliance Manual Requirements - Chapter 5: Clinical Staffing
Kyla Rankin reviewed Chapter 5: Clinical Staffing. She reported on the HRSA requirements and how HOMES demonstrates compliance with the HRSA requirements. She noted the services provided are listed on Form 5A.

F. HRSA Update
Next, Kyla provided a HRSA update. Deadlines for American Rescue Plan Act (ARPA-quarterly report), Expanding COVID Vaccination (ECV-quarterly report) and FY24 Service Area Competition were all met. HOMES now awaits updates from HRSA and the Office of Grants Management.

G. Celebrations/Recognitions
Kyla Rankin noted two long-time HOMES employees recently celebrated years of service milestones at Parkland.

## VII. Adjourn

With no further business to discuss, Chair Marjorie Petty, JD, adjourned the meeting at 12:43 p.m.

SO RECORDED:

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

# Approve Minutes 2023-08-14 HOMES Advisory Board

# HOMES ADVISORY BOARD
# MEETING MINUTES

**Date:** 8/14/2023 **Time:** 11:30 **Location:** Moody Outpatient Center



**Facilitators: Kyla Rankin**

| **Attendees** | | | | | | | |
|---|---|---|---|---|---|---|---|
| x | Kyla Rankin | x | Benita Grant | x | Farida Minner | x | Wanda Wonzer |
| | Sara Galvez | x | Margie Roberts | x | Michael Gilot | x | Sarah Kahn |
| | Dolores Diaz | | W.R. Cunningham | x | Vicki Gies | | Guadalupe Ramirez |
| x | Donna Persaud | | Marjorie Petty | | Elfreida Cole | x | Forrest Stovall |
| **Guests** | | | | | | | |
| | | | | | | | |

| | Agenda Item/ Presenter | Discussion | Action items |
|---|---|---|---|
| | **Approval of April Minutes** | - Motion to approve minutes. Approved by Michael Gilot and second by Wanda Wonzer | |
| | **Staffing** | - HOMES has two RN positions posted. These positions are for the Deflection Center. Deflection Center is not at a point to start 24/7 so we are waiting to hire the additional RN positions.<br>- We recently hired an MPA, Dental Assistant and RN. | |
| | **Operations** | - In August, HOMES started going to Men of Nehemiah on Wednesday nights. Men of Nehemiah is a faith-based group near Fair Park. This is a new clinic location.<br>- HOMES has paused services for Promise House per their request. They are working to collaborate with After8toEducate to increase volume across the two sites.<br>- Letot Center was bringing their patients to the Stewpot as they have a 72-hour window to be seen. At the request of correctional health, Letot patients will now be taken to DeHaro.<br>- Dallas Deflection has requested to transition to ten-hour shifts. HOMES is agreeable except on Parkland holidays when the clinic will remain closed.<br>- HOMES dental has reduced their hours due to staffing. Stewpot is operating 4 days a week. Jubilee is operating 1 day a week & Mobile Dental is currently not operational.<br>- Our shed move to Tex Oak is scheduled for December 2023.<br>- HOMES received a new mobile medical clinic (PH032). This is a replacement unit and will go into service in about 30-45 days.<br>- HOMES staff had Active Shooter Training, conducted by Parkland Police which was very interactive.<br>- Outreaches – Benita Grant, Community Development Specialist is still leading these and continues to educate & provide COVID vaccines.<br>- Telehealth – the most challenging part of telehealth is the equipment and sometimes connectivity. IT is typically available on site. We continue to have community partners that request “on demand” services, we will attempt to build on the telehealth as an option. | |

Parkland

# HOMES ADVISORY BOARD
# MEETING MINUTES

**Date:** 8/14/2023 **Time:** 11:30 **Location:** Moody Outpatient Center



**Facilitators: Kyla Rankin**

| | | | |
|---|---|---|---|
| | | - Bridge clinic-Last week they repaired some foundation issues, and we were to close Wednesday afternoon only. The construction was ahead of schedule and started in the morning, causing us to close the whole day. Kyla attended a meeting this morning where they addressed some of the cosmetic issues. The plan is to close early the next three days, if necessary, at 3PM. This should minimize the impact on patient care. | |
| | **Patient Target** | - Our annual goal for unduplicated users is 9,675. We have not met this goal the last few years. Kyla has reduced this goal in the Service Area Competition application to 9,192. Our Parkland target is 29,097 and have changed that goal to 39,100 for fiscal year 2024. We are optimistic that we will meet these goals. | |
| | **Quality** | - Staff safety posts decreased in June. Majority of the posts revolve around patient identification and the other is workplace violence. We are working on both of these areas. We are using our peers and/or mental health counselors to work with behaviorally challenged patients.<br>- Patient Messages 1-5-7 had a decrease in our score due to staff being on PTO but we are working to raise this score.<br>- All other scores on the quality score card are in good standing.<br>- Patient satisfaction surveys are being done quarterly. Our goal was 515 surveys and we had 547 surveys. We will continue with the quarterly collection of surveys. | |
| | **Advisory Board Governance** | - We are still looking for additional board members. Members who have missed two meetings will be notified based on the changes to our bylaws in 2022. | |
| | **HRSA Update** | - HOMES submitted three HRSA reports in July. ARPA (American Rescue Plan Act). ARPA has 2 outstanding items to be paid, one is the mobile unit and the other is a replacement shuttle. ECV (Expanding COVID Vaccination) where we report how many COVID vaccines and outreaches we have completed. SAC (Service Area Competition) we submitted the 160-page document on July 26th. We are waiting to hear if we will receive these funds for the next 3 year cycle. | |
| | **Recognitions & Celebrations** | - UBC's Employee of the Quarter was Charles Daniels, MMU Driver.<br>- Victoria Jimenez, RN won the Outpatient Daisy Award (July).<br>- HOMES also had two employees with milestone anniversaries. Charles Daniels, MMU Driver with 30 years and Mirna Avalos, Sr. Administrative Assistant with 25 years of service. | |
| | **Looking Ahead** | - We are expecting to move to our new shed site in December 2023. | |
| | **Miscellaneous** | - Ms. Wonzer suggested we let the Moody door greeters know we are having the HOMES Advisory Board meetings. The advisory board members get questioned at | |

Parkland

# HOMES ADVISORY BOARD
# MEETING MINUTES

**Date:** 8/14/2023 **Time:** 11:30 **Location:** Moody Outpatient Center



**Facilitators: Kyla Rankin**

| | | | |
|---|---|---|---|
| | | the door since they do not know about meetings. Kyla assured her we will let them know for the October meeting.<br>- Mr. Gilot informed us they recently started a new process at 24 Hour Club. Since it is a challenge to see so many people, they started calling clients an hour before the mobile medical clinic arrives. If the client does not answer they will remove them from the list and will see the clients that answer. This saves us from wasting time waiting on patients. He also said that if there was availability for more time at the site they would be interested. Kyla said she would let Sara know about this but the other possibility is to send the sprinter for Telehealth visits. Mr. Gilot also informed us they have been clearing space for the mobile medical clinic and two spaces for staff on the parking lot.<br>- Ms. Wonzer asked if we do mammograms on our units. We do refer our patients directly for mammograms at Moody and we also try to have outreach events for our patients. It is challenging because they must meet certain criteria and transportation sometimes is an issue. When the Mammography unit goes out they try to see 40 patients. It is also hard to schedule with them as they are already booked a year ahead. We did have an event recently where twelve women were schedule and only three showed up. | |
| | **Next Meeting** | - Our next meeting will be October 9, 2023. | |

*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 –August 2023

Kyla Rankin, Project Director

# Agenda

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

# Operations

- Staffing

**Posted**

  - 2.0 FTE RNs
  - 1.0 FTE Dental Assistant
  - 1.0 FTE Mobile Medical Unit Driver

- Dental
- Deflection Center
  - Hours of operation
- Mobile Medical unit
- Safety Training

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# Management & Finances – July

| Unduplicated | GY to Date | Annual Goal | % to Goal | % Year Complete |
|---|---|---|---|---|
| Patients | 5562 | 9,675 | 57% | 58% |

| FY | Month | | | | Year to Date | | | |
|---|---|---|---|---|---|---|---|---|
| Metrics | Actual | Budget | Variance | % Var | Actual | Budget | Variance | % Var |
| Visits | 3166 | 2603 | 563 | 21.6% | 33,371 | 24,703 | 9298 | 38.6% |
| Expenses | $683,757 | $619,464 | ($64,293) | -10.4% | $6,197,857 | $6,020,647 | ($177,210) | -2.9% |
| Charges | $2,364,692 | $2,237,969 | $126,723 | 5.7% | $22,845,558 | $20,699,808 | $2,145,750 | 10.4% |
| Revenue | $62,083 | | | | $617,851 | | | |
| Commercial | $137 | | | | $4391 | | | |
| Medicaid | $42,576 | | | | $430,354 | | | |
| Medicare | $19,370 | | | | $183,106 | | | |
| FTE | 61.24 | | | | 59.19 | | | |
| FTE - OT | 1.36 | 1.49 | 0.13 | 8.8% | 1.02 | 1.31 | 0.29 | 22.5% |

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

# Governance

- HOMES advisory Board meeting: Monday, August 14, 2023
  - Hybrid meeting
  - Meeting time change
  - 4 members present & 1 guest
- Next advisory Board meeting: Monday, October 9 2023

# HOMES
# Quality Assurance/Performance Improvement
# Quarterly review



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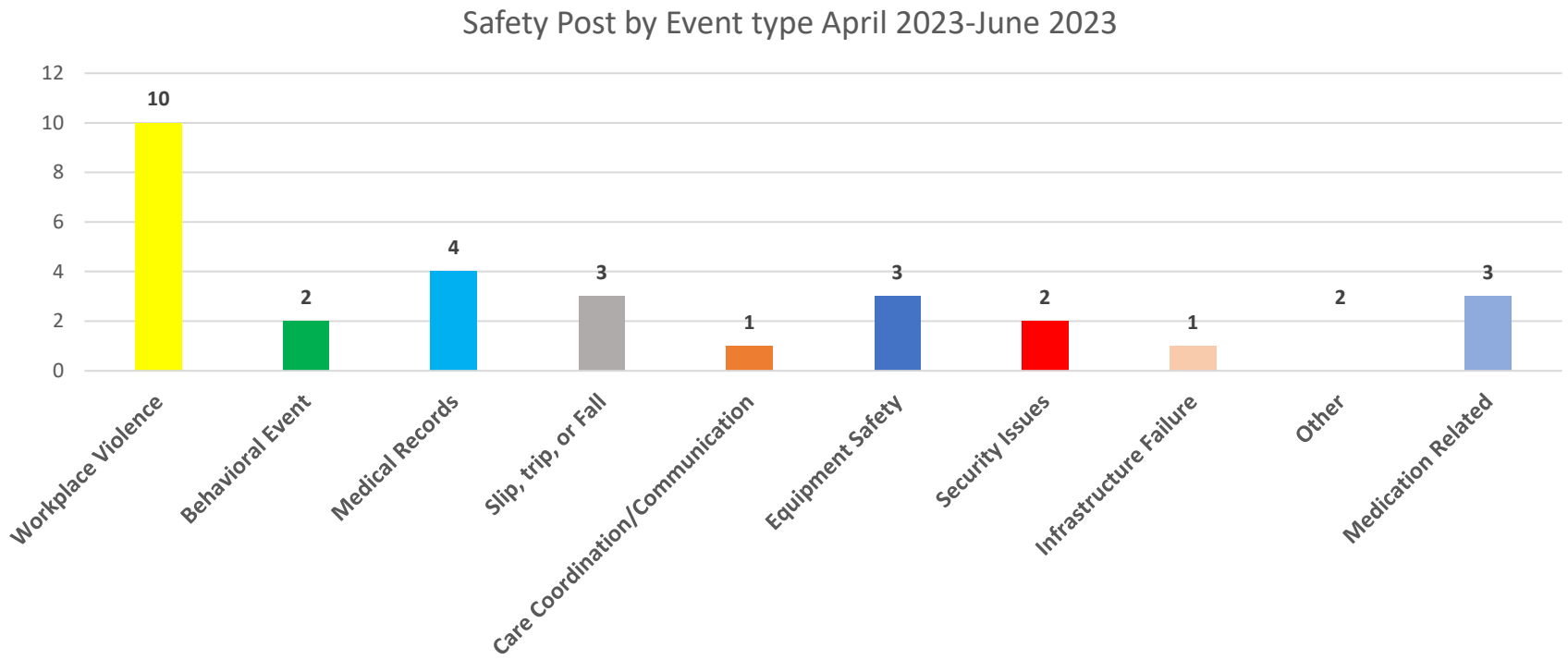
# COPC Metric Balance Score Cards Patient Care & Safety Audits

| Measures | April 2023 | May 2023 | June 2023 | Goal |
|---|---|---|---|---|
| Staff Safety Post | 8 | 13 | 10 | Information Only |
| Complaints | 0 | 0 | 0 | Information Only |
| Grievances | 0 | 0 | 0 | Information Only |
| 2 Pt ID Error | 100% | 100% | 100% | 100.0% |
| Specimen Labeling | 100% | 100% | 100% | 100.0% |
| Hand Hygiene | 100% | 100% | 100% | 100.0% |
| Medication Reconciliation (Average %) | 97% | 98% | 99% | 90.0% |
| Environment of Care | 99% | 100% | 100% | 90% |
| Patient Messages (1-5-7) | 96% | 92% | 81.1% | 90.0% |

# Safety Post by Event type



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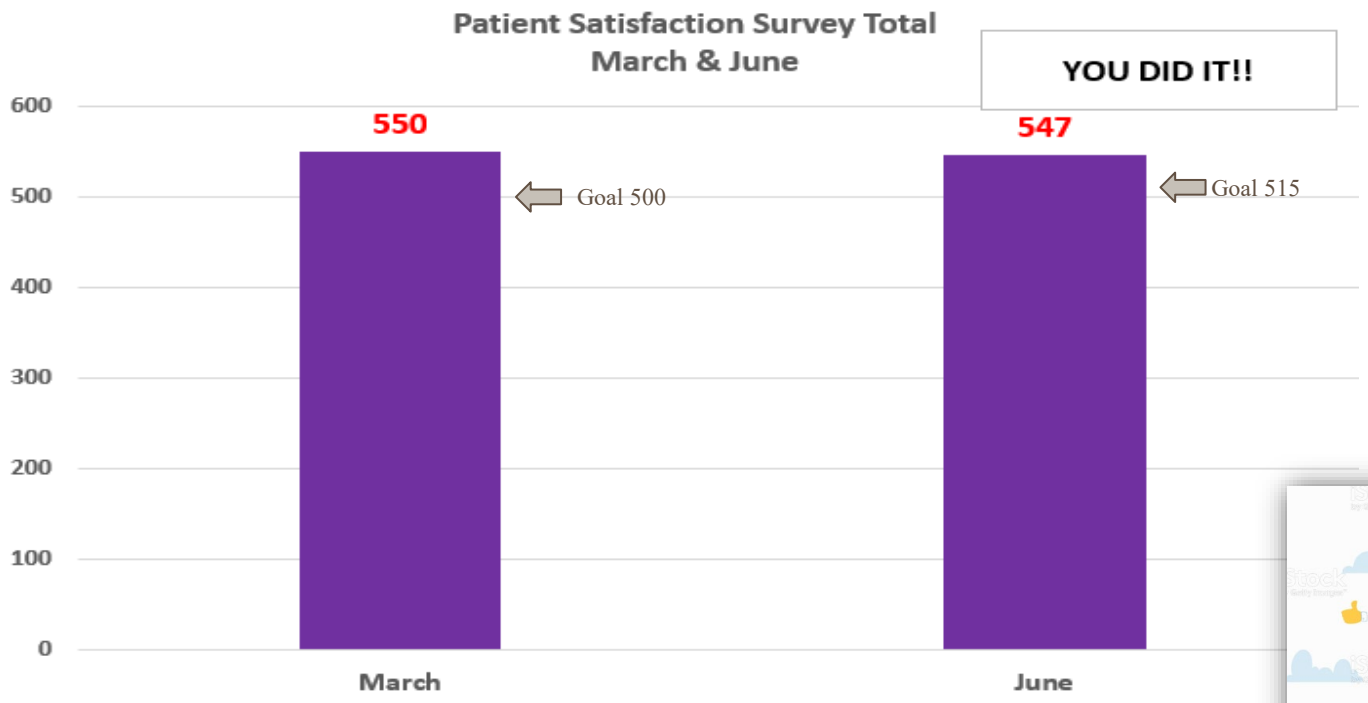
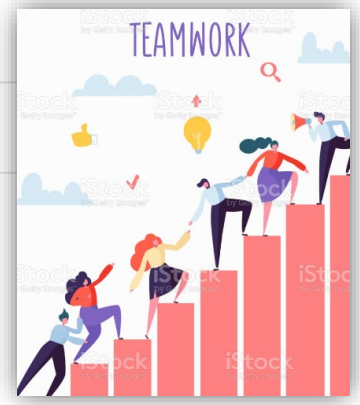
# Patient Satisfaction Survey Totals= Quarterly Report

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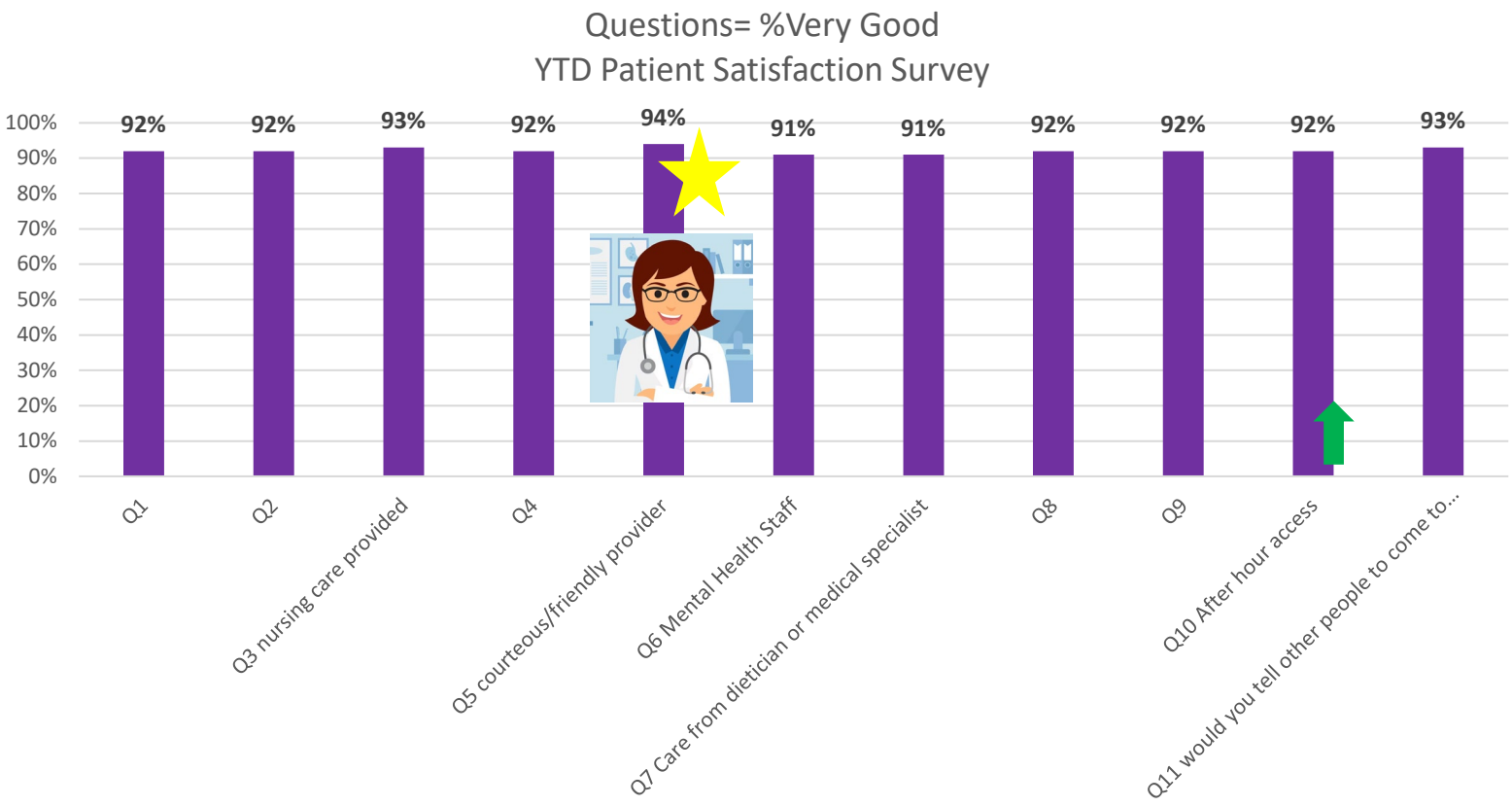




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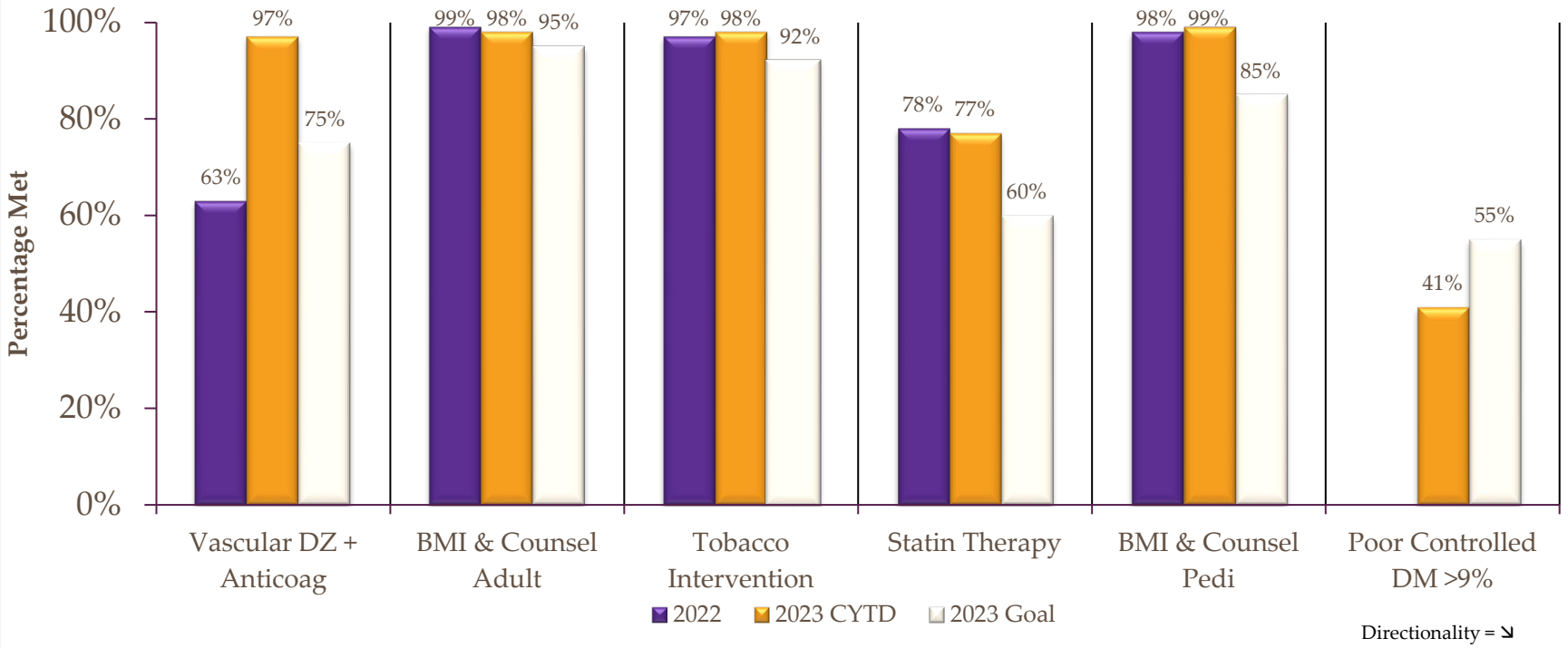
# HRSA Quality Measures at or above Goal 1 of 2 YTD – June 30, 2023



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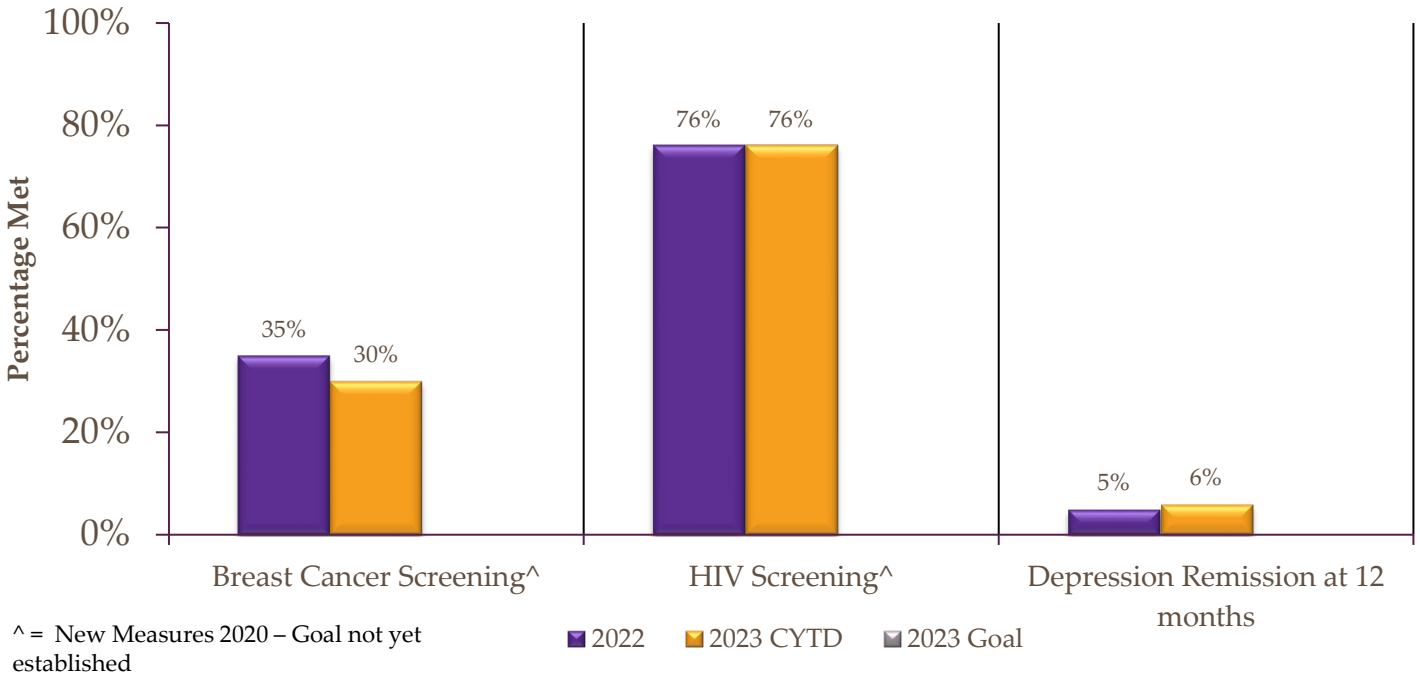
# HRSA Quality Measures/ YOY Improvement YTD– June 30, 2023




^ = New Measures 2020 – Goal not yet established

HIV Screening: Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for HIV



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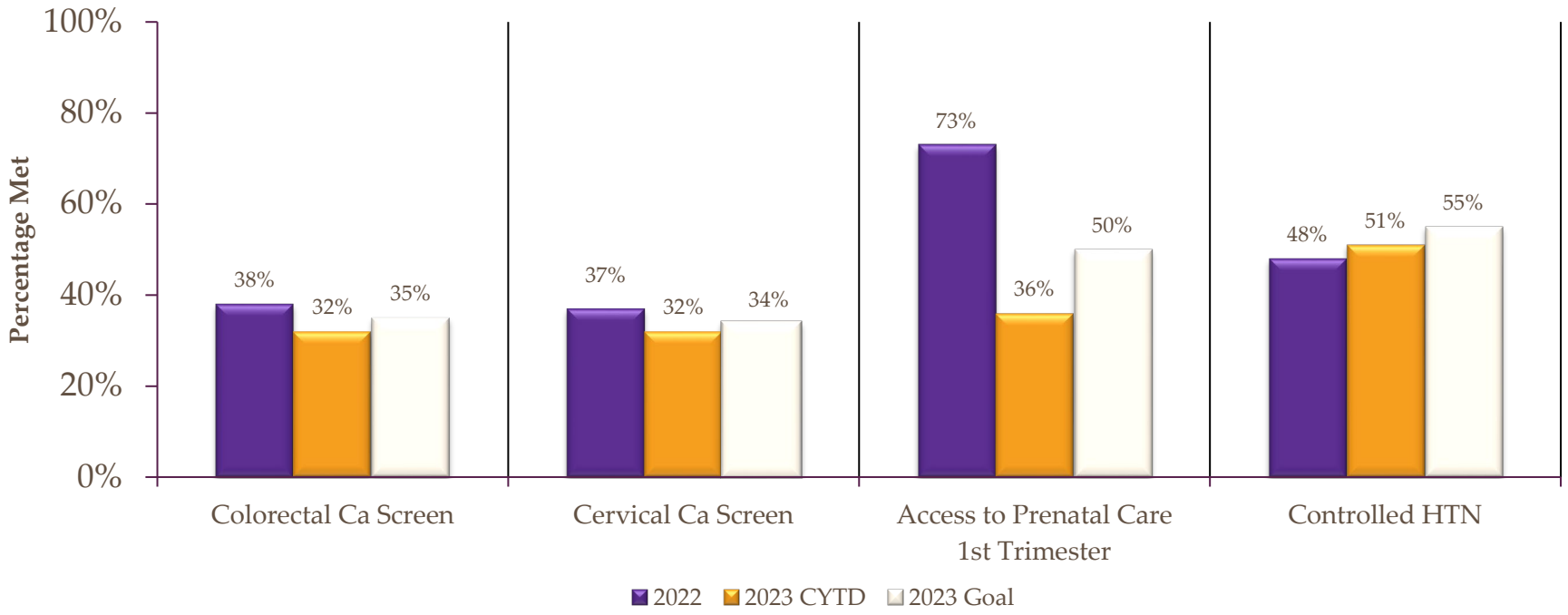
# HRSA Quality Measures Needing Improvement YTD – June 30, 2023



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# 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.<br><br>Community Needs Assessment | September<br><br>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.<br>• 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.<br>• No discounts may be provided to patients with incomes over 200 % of the Federal poverty guidelines.<br>• 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:<br>• A clinical director whose focus of responsibility is to support the quality improvement/assurance program and the provision of high quality patient care;<br>• 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:<br>– be conducted by physicians or by other licensed health professionals under the supervision of physicians;<br>– be based on the systematic collection and evaluation of patient records; and<br>– identify and document the necessity for change in the provision of services by the health center where indicated. | February<br>May<br>August<br>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:<br>• holding monthly meetings;<br>• approval of the health center grant application and budget;<br>• selection/dismissal and performance evaluation of the health center CEO;<br>• selection of services to be provided and the health center hours of operations;<br>• 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<br>• 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:<br>• Governing board has at least 9 but no more than 25 members, as appropriate for the complexity of the organization.<br>• 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.<br>• 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.<br><br>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 17: Budget

Requirements

- Develop an annual budget
- Budget submitted to HRSA annually for approval

# HRSA Health Center Program Compliance Requirements – Chapter 17: Budget

Demonstrating Compliance

- Budget submission
- Health Center Program award to include Budget and all other projected revenue sources
- Budget identifies projected costs to be supported by the Health Center Program award
- Costs from Non HRSA related activities conducted by the health center are not included in the budget

# Approve HOMES HRSA FY24 Budget

# HOMES HRSA-FY24 Budget

| BUDGET NARRATIVE | | | | | |
|---|---|---|---|---|---|
| FY2024 Grant H80CS0039 | | | | | |
| | | | | | |
| **Revenue** | **Year 1: Federal Request** | **Year 1: Non-Federal Resources** | **Year 1 Total** | **Year 2 Total** | **Year 3 Total** |
| SAC Grant Request | $3,618,018 | $0 | $3,618,018 | $3,618,018 | $3,618,018 |
| Applicant Organization | $0 | $4,571,186 | $4,571,186 | $4,571,186 | $4,571,186 |
| State Funds | $0 | $0 | $0 | $0 | $0 |
| Local Funds | $0 | $0 | $0 | $0 | $0 |
| Other Federal Funding | $0 | $0 | $0 | $0 | $0 |
| Other Support | $0 | $0 | $0 | $0 | $0 |
| Program Income | $0 | $621,441 | $621,441 | $621,441 | $621,441 |
| **Total Revenue** | **$3,618,018** | **$5,192,627** | **$8,810,645** | **$8,810,645** | **$8,810,645** |
| | | | | | |

HRSA budget aligns with Parkland HOMES annual budget

# HOMES HRSA-FY24 Budget

| BUDGET NARRATIVE | | | | | |
|---|---|---|---|---|---|
| FY2024 Grant #H80CS00039 | | | | | |
| | | | | | |
| Expenses | Year 1: Federal Request | Year 1: Non-Federal Resources | Year 1 Total | Year 2 Total | Year 3 Total |
| Total Personnel | $2,287,043 | $3,837,570 | $6,124,613 | $6,124,613 | $6,124,613 |
| Total Fringe Benefits | $528,307 | $886,479 | $1,414,786 | $1,414,786 | $1,414,786 |
| Total Travel | $12,620 | $16,755 | $29,375 | $29,375 | $29,375 |
| Total Supplies | $50,000 | $275,243 | $325,243 | $325,243 | $325,243 |
| Total Contractual | $8,500 | $36,500 | $45,000 | $45,000 | $45,000 |
| Total Other | $7,944 | $7,900 | $15,844 | $15,844 | $15,844 |
| Total Direct Charges | $2,894,414 | $5,060,447 | $7,954,861 | $7,954,861 | $7,954,861 |
| Indirect Charges 25.0% (federal, 2.625% non federal) | $723,604 | $132,180 | $856,078 | $856,078 | $856,078 |
| TOTAL | $3,618,018 | $5,192,627 | $8,810,939 | $8,810,939 | $8,810,939 |
| | | | | | |

# Questions?