Parkland

HOMES
Agenda

Agenda for the ***Board of Managers HOMES*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, March 27, 2024, at 12:30 PM*** at 5200 Harry Hines Blvd (WISH Building) Dallas, TX 75235, Conference Room 02-175. (If assistance is needed in locating the room, please see the Administration receptionist on the 4th floor, 04-131.) Videoconferencing access is also possible via Webex. That application is available at https://www.webex.com/downloads.html. Teleconferencing access is possible by calling +1-415-655-0001. Both virtual access forms require inputting (meeting number: 2633 771 9241; 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*** **I CARE** **I**ntegrity **C**ompassion and Collaboration **A**ccountability **R**espect **E**quity **Public Comments Regarding Agenda Items** *See public comment registration information and rules at* *https://www.parklandhospital.com/board-of-managers*			Chair
II.	**Consent Agenda**			
A.	Approve Minutes 2024-02-28 HOMES	2	1	Chair
III.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	Operations Update	9	2	Kyla Rankin
B.	Management and Finance Update	10	2	
C.	Governance Update	11	2	
D.	HRSA Compliance Manual Requirements: The Big 20	12	2	
E.	HRSA Compliance Manual Requirements: Chapter 7: Coverage for Medical Emergencies During and After Hours	16	2	
F.	HRSA Update	18	2	
G.	2024 State of Homelessness Address	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			

Approve Minutes 2024-02-28 HOMES

Parkland

MINUTES

Dallas County Hospital District Board of Managers

HOMES
February 28, 2024

Minutes of the Board of Managers HOMES meeting of the Dallas County Hospital District, held Wednesday, February 28, 2024, 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 12:31 p.m.

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

Board member John Proctor was not present.

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

Donna Richardson, EVP & Chief Nursing Executive
Donna Persaud, MD, MBA & Medical Director in The Division Population Health
Edmundo Castañeda, EVP & Chief Operating Officer
Felicia Miller, EVP & Chief Talent Officer
Forrest Stovall, Strategy Program Manager
Fred Cerise, President & Chief Executive Officer
Jessica Hernandez, SVP Chief DEI Officer
Kellee Boardingham, Executive Assistant
Kyla Rankin, HOMES Project Director
Melanie Roberts, SVP Chief Compliance & Ethics Officer
Morgan Simmons, Governance Program Coordinator
Rick Humphrey, EVP & Chief Financial Officer (via Webex)
Saul Cordero, SVP & Chief Governance & Strategy Officer
Steven Roth, EVP & Chief Legal Officer
Vic Summers, Chief Audit Executive

Additional Attendees:
Chris Ott, Council Member – District 8 City Council
Tzeggabrhan Kidane, Program Manager, Commissioner's Office
Brooklin Miller (via Webex)

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 2024-01-24 HOMES
B. Approve Minutes 2024-02-12 HOMES Advisory Board

Elizabeth Palacios, MD motioned for the approval of the Consent Agenda. Farida Minner, RN, MD, 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 a dental assistant vacancy. Kyla is working with the office of talent management to fill this position. A nurse practitioner will begin in the month of May, the community development specialist accepted the position and will start in March, and one medical practice assistant (MPA) accepted a position as well. Kyla mentioned to expect less vacancies next month. There is a new implementation of a quarterly site review. The deflection center saw two-hundred unduplicated patients in 2023 which remains low; however, they are seeing improvements at the primary care clinic. Kyla also noted the mobile unit storage location move is still in process to be completed in April.

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

B. Management and Finance Update

HOMES saw 1,591 unduplicated patients in January 2024, 17% of the annual goal. The annual goal is 9,192. Additionally, Kyla mentioned HOMES is down two providers, they are keeping an eye on this and requesting float pool providers to assist as needed. Actual business to budget and overtime are within acceptable range.

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

C. Governance Update
The next HOMES Advisory Board Meeting is April 8, 2024. A hybrid attendance option will continue.

D. Quality Improvement and Assurance Update
Dr. Donna Persaud presented the HRSA metrics for the calendar year for 2023, all the metrics matched or exceeded the goal. Dr. Persaud announced the hypertension metric met the control measure for the first time, as there is growth and better management in the medication dispensing. Dr. Persaud presented the Quality Measures for breast cancer, HIV, and depression screening as well as the linkage to care. She additionally presented on Quality Measures needing improvement in HOMES patient populations as well as the COPC metric score cards in patient care and safety audits.

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

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. The policy requires Board approval every year, regarding the 2024 Federal Poverty Level.

The Board asked questions and received additional information related to the HRSA Compliance Manual Requirements.

G. Approve Federally Qualified Health Center (FQHC) Sliding Fee Discount Program Policy
Kyla presented the Federally Qualified Health Center (FQHC) Sliding Fee Discount Program for approval.

Ramon Miguez, PE, motioned to approve the Federally Qualified Health Center (FQHC) Sliding Fee Discount Program Policy. Lisa Sutter seconded the motion. The motion passed unanimously.

H. HRSA Update
Kyla informed the Board of submission of the Annual Uniform Data Report due on February 15, 2024. The final data will be edited and submitted in April 2024.

I. Community Collaborations – Housing Forward
Kyla presented the Housing Forward update with a Point in Time count of seven individuals. The Point in Time count results will occur April 18, 2024. Kyla also announced a leadership transition within Housing Forward and a strategic priority update.

J. Celebrations and Recognition
Kyla presented the Years of Service and Daisy Honorees.

VII. Adjourn

With no further business to discuss, Chair Marjorie Petty, JD, adjourned the meeting at 12:55 p.m.

SO RECORDED:

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

Parkland

Homeless Outreach Medical Services Program Monthly Update Report – March 2024

Kyla Rankin, Project Director

Agenda

- Operational Updates
  - Operations
  - Management and Finance
- Governance
- HRSA Compliance Manual Requirements: The Big 20
- HRSA Update
- State of Homeless Address 2024

Operational Updates

- Staffing
  - Posted:

  1.0 FTE Advance Practice Provider (APP)

  1.0 FTE Dental Assistant (DA)

  1.0 FTE Medical Practice Assistant (MPA)

- Demographic Characteristics 3B
  - PALS request
  - Current status

Management & Finances – February

Unduplicated	GY to Date	Annual Goal	% to Goal	% Year Complete
Patients	2491	9675	25%	16%

FY	Month				Year to Date			
Metrics	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Visits	3325	3046	279	9.1%	16,891	16,241	650	4.0%
Expenses	$622,846	$648,484	$25,638	4.0%	$3,478,829	$3,403,270	($75,559)	-2.2%
Charges	$2,079,333	$2,181,839	($102,507)	-4.7%	$11,360,385	$11,631,325	($270,940)	-2.3%
Revenue	54,800				292,221			
Commercial	373				6553			
Medicaid	34,916				183,694			
Medicare	19,511				101,974			
FTE	60.02				61.06			
FTE - OT	.74	1.02	.27	26.8%	1.11	1.02	(0.09)	-9.0%

- HRSA recommendation is claims billed in less than 30 days.
- HRSA grant year: January 1, 2024 to December 31, 2024

Governance

- Next HOMES Advisory Board Meeting:
  - April 8, 2024-11:30am
  - 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
  - POP.MS.001: 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
  - 13 follow up questions
    - Table 4-Patient characteristics
    - Table 5-Staffing and Utilization
    - Table 6B-Quality of Care Measures
    - Table 9D-Patient Service Revenue
  - Responses provided by March 15th deadline
  - If no further questions, submission should close out by April

2024 State of Homeless Address

- Review of progress of Dallas and Collin Counties homeless response system
- Results of the 2024 Point in Time Count
- Next steps the community must take to end homelessness

April 18, 2024-10am
Communities Foundation of Texas
virtual option will be available

Questions