

Governing Board Meeting Agenda

June 20, 2018 - HSNT HQ

	Agenda	P. 1
I.	Call to Order	Judge David Garcia
II.	Executive Session - PCMC Lease Update	Judge David Garcia
II.	Board Training TACHC IT/HIPAA Assessment	Christopher Redden
III.	Consent Agenda	Judge David Garcia
	*May 2018 Board Minutes	P. 2
	*May 2018 Financial Committee Minutes	P. 5
	*May 2018 Financials	P. 6
	*May 2018 QM Committee Minutes	P. 10
	*June 2018 Development Report (including approval of grants)	P. 13
IV.	CEO Report	Doreen Rue
	HRSA Manual Review - Ch. 21 FTCA Deeming Requirements	P. 14
	Dashboard - May	P. 16 P. 31
V.	Committee Reports	
	Quality Committee	Louise Baldwin
	*Risk Annual Summary Report	P. 32
	Team Based Care Model	
VI.	Old Business/New Business	Judge David Garcia
	*HIPAA/IT Policies & Procedures Approval (separate attachment)	James Henderson
	Appoint rep for Denton Co. Homelessness Leadership Team	Judge David Garcia P. 34
VII.	Important Dates and adjourn meeting	Judge David Garcia
	July Board Meeting - July 18 - Serve Denton Center	
	Hearts & Heroes - Nov 3 - Buffalo Valley Event Center	
	* Items Requiring a Vote	

Call to order at 5:57pm by Judge David Garcia

Attendees: Judge David Garcia, Dr. Derrell Bulls, Glen McKenzie, Dr. Dean Perkins, Trang Dang-Le, Louise Baldwin, Dr. Howard Shaw, Dale Tampke, James Henderson

Absent: Gloria Herron, Clara Sanchez, Michael Foster

Staff: Doreen Rue, Pam Barnes, Debra Layman

Agenda Item II: Board Training – HRSA Compliance Manual – Ch. 10 Overview – Quality Improvement/Assurance

- This is a start to the structure we will follow over the next 18 months
- Each month we will target a specific chapter from the HRSA manual, discuss what HRSA expects of HSNT, what we are doing to meet these requirements and provide any documentation/policies/etc. that go along with the topic
- We want the board to be aware and fully understand what HSNT is doing and that will make our HRSA site visits/audits run smoothly
- Quality – includes board committee, risk committee, quality committee (staff), patient satisfaction committee
 - Patient Records Confidentiality - HSNT follows all HIPAA guidelines and standards
 - Medical records staff
 - EMR – eCW
 - Our MD, COO & Quality Coordinator coordinate all activities and run the staff Quality Committee monthly
 - Review and approve policies and procedures
 - PDSA – Plan Do Study Act – provide PDSA’s on many clinical topics
 - Ex. No Show Rate – HSNT has been studying the no show rate and are working on plans to lower our rate
 - Evaluated the types of appointments that had the highest no show rate – patients who are put on the schedule far in advance
 - We have a new reminder schedule template for Family Practice that is specifically for appointments scheduled far in advance, they are contacted via phone and text for reminders and then put on the provider’s schedule
 - Some of the issues for past no shows – patient demographics, barriers to care, transportation
 - The no show rate has improved allowing us to see new patients faster as well as seeing patients the week they call to schedule an appointment
 - Will evaluate this process in about a month and report back, the goal is to roll this out for other specialties as well
 - Text messaging appointment reminders – if the patient cancels via text message then they will receive a call to reschedule that appointment
 - Peer Review – this is measured on a quarterly basis

- How do we select charts for peer review – Randomly pull charts, about 5 every month, reviewing quality assurance and consistency levels
- Charts are scrubbed a few days before an appointment, having morning & afternoon huddles to prepare

Note: Jen has put together an acronym list with the most common terms for FQHC's & will distribute that via email in the next week or so to be used as a reference

Agenda Item III: Consent Agenda - Approval of April 2018 Board Minutes, April 2018 Financial Committee Minutes, April 2018 Financials, April 2018 QM Committee Minutes, May 2018 Development Report

Motion to approve all consent items: *Derrell Bulls*

Seconded: *Dean Perkins*

Motion Passed: 9-0

Motion to approve Change in Scope (Coverage for emergencies during & after hours – referral): *Dale Tampke*

Seconded: *Derrell Bulls*

Motion Passed: 9-0

Motion to approve the Foundation Board Assets (4308 building, title review & some cash in the bank): *Derrell Bulls*

Seconded: *Louise Baldwin*

Motion Passed: 9-0

Motion to approve Delegation of Approval of HSNT Policies & Procedures Letter (relating to FTCA – delegation of review): *Glen McKenzie*

Seconded: *Trang Dang-Le*

Motion Passed: 9-0

Agenda Item IV: CEO Report

- Dashboard – April data
- Serve Denton Project – HSNT has received the lease with revisions and will review to make sure all is included that was requested and agreed upon
 - Once the lease is executed, we will work on the change in scope for the new location and starting the credentialing process for an early 2019 opening date

Agenda Item V: Committee Reports – nothing to report

Agenda Item VI: Old/New Business

- New Committee Structure

Motion to approve the updated Committee Structure: *Derrell Bulls*

Seconded: *Dale Tampke*

Motion Passed: 9-0

- AdHoc Committee will be created to review, update, etc. the bylaws for the board
 - TACHC provides free attorney review
 - Glen and Dale will be on the committee to work on this project

Motion to approve the AdHoc committee addition & structure: *Dr. Howard Shaw*

Seconded: *Dr. Dean Perkins*

Motion Passed: 9-0

- Going forward, the board will break into executive session at each meeting to discuss any update regarding the PCMC lease
 - HSNT's attorney Greg Sawko has conflict of interest and will need to step away from representing HSNT
 - Judge David Garcia has recommended Richard Hayes – has been here for 35 years, board certified in commercial real estate
- Presentation to Glen McKenzie with President Plaque

Agenda Item VII: Important Dates

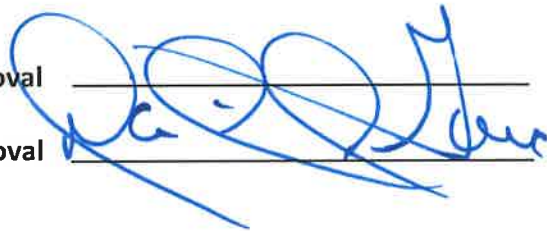
- June Annual Meeting – HSNT HQ
- Hearts & Heroes – Nov. 3 at Buffalo Valley
 - Please start working on quality auction items

Board Secretary Approval _____

Date _____

Board President Approval _____

Date _____



5/22/2018



Finance Committee Meeting

Meeting Facilitator: Michael Foster
Meeting Date: May 15, 2018
Time: 7:30 a.m.
Location: HSNT HQ Conference Room

Attendees: Michael Foster, Dr. Bulls, Dale Tampke, and Judge Garcia
Staff Present: Doreen Rue, Pamela Barnes and Debra Layman
Regrets: none

Agenda Item I: Review April 2017 minutes for approval

Motion to accept: Dr. Bulls
Seconded: Dale Tampke
Motion Passed: 4-0

Agenda Item II: Review April 2018 Financials

Committee discussed updates on the Medicaid Liability due to duplicate payments on claims submitted to the Medicaid Managed Care Organization (MCO) AmeriGroup. Pam updated the committee on credentialing for 4304 Mesa Drive site. Pam has engaged TACHC leadership to intervene with MCOs to support and complete the credentialing process to add 4304 Mesa Drive. This will help the credentialing process for adding additional sites in the future.

Motion to accept: Judge Garcia
Seconded: Michael Foster
Motion Passed: 4-0

Agenda Item III: Discuss merging Capital Activity into operations

The purpose for separating the capital grant and other revenues and expenditures designated for 4304 Mesa Capital Campaign was to keep a clear picture of HSNT operations during the campaign. We wanted to clearly see how the business was continuing to function during this time. Now the capital campaign is complete we will deactivate those accounts. These accounts will be available to reactivate in the future if needed.

Agenda Item IV: Meeting adjourned at 7:50 a.m.

Notes to the financials are attached and incorporated as part of the May minutes.

Board Treasurer Approval: 
Michael Foster, HSNT Board Treasurer

Health Services of North Texas, Inc.
Statement of Financial Position
As of 5/31/2018

	Current Period	Last Month	Prior Year End	\$ Chge	% Chge
ASSETS					
Current Assets					
Restricted - Retirement	88,271.78	79,714.23	113,708.83	(25,437.05)	-22.37%
Overnight Investment	0.00	0.00	0.00	0.00	100.00%
Operating Cash	<u>1,073,187.46</u>	<u>986,429.09</u>	<u>766,649.87</u>	<u>306,537.59</u>	<u>39.98%</u>
Total Current Assets	1,161,459.24	1,066,143.32	880,358.70	281,100.54	31.93%
Other Current Assets					
Grant Receivables	787,662.21	837,591.31	757,809.38	29,852.83	3.94%
Medical Receivables	262,263.54	295,782.19	368,031.70	(105,768.16)	-28.74%
Campaign Receivables	49,338.40	49,825.62	66,331.49	(16,993.09)	0.00%
Deposits	14,599.50	14,599.50	14,599.50	0.00	0.00%
Inventory	<u>17,545.78</u>	<u>17,545.78</u>	<u>17,545.78</u>	<u>0.00</u>	<u>0.00%</u>
Total Other Current Assets	1,131,409.43	1,215,344.40	1,224,317.85	(92,908.42)	-7.59%
Short Term Investments					
Investment CDs	<u>551,884.31</u>	<u>551,884.31</u>	<u>551,884.31</u>	<u>0.00</u>	<u>0.00%</u>
Total Short Term Investments	551,884.31	551,884.31	551,884.31	0.00	0.00%
Long Term Assets					
457b Retirement	7,713.55	7,704.25	7,687.38	26.17	0.34%
Fixed Assets					
Medical Equipment	59,292.77	59,292.77	59,292.77	0.00	0.00%
Building Improvements	134,577.56	134,577.56	127,582.56	6,995.00	5.48%
PCMC Building	689,712.19	689,712.19	689,712.19	0.00	0.00%
4308 Mesa Denton Office	9,639.00	9,639.00	9,639.00	0.00	0.00%
4304 Mesa Medical Center	2,555,843.13	2,555,843.13	2,555,843.13	0.00	0.00%
Software Applications	112,081.41	112,081.41	112,081.41	0.00	0.00%
Telephone Systems	95,499.55	95,499.55	95,499.55	0.00	0.00%
IT Equipment	161,802.42	161,802.42	161,802.42	0.00	0.00%
Vehicles	108,748.92	108,748.92	108,748.92	0.00	0.00%
4304 Land	257,000.00	257,000.00	257,000.00	0.00	100.00%
Accumulated Depreciation	<u>(463,699.33)</u>	<u>(452,962.12)</u>	<u>(409,346.52)</u>	<u>(54,352.81)</u>	<u>13.28%</u>
Total Fixed Assets	<u>3,720,497.62</u>	<u>3,731,234.83</u>	<u>3,767,855.43</u>	<u>(47,357.81)</u>	<u>-1.26%</u>
Total Long Term Assets	<u>3,728,211.17</u>	<u>3,738,939.08</u>	<u>3,775,542.81</u>	<u>(47,331.64)</u>	<u>-1.25%</u>
Total ASSETS	<u>6,572,964.15</u>	<u>6,572,311.11</u>	<u>6,432,103.67</u>	<u>140,860.48</u>	<u>2.19%</u>
LIABILITIES					
Current Liabilities					
Accounts Payable	198,228.78	178,572.30	189,191.21	9,037.57	4.78%
Accrued Payroll	255,032.69	240,654.35	183,140.99	71,891.70	39.25%
Accrued Retirement	88,271.78	79,714.23	117,128.77	(28,856.99)	-24.64%
Payroll Liabilities	732.78	(2,591.09)	(6,973.82)	7,706.60	-110.51%
Medicaid Liability	<u>166,365.06</u>	<u>166,365.06</u>	<u>0.00</u>	<u>166,365.06</u>	<u>#DIV/0!</u>
Total Current Liabilities	708,631.09	662,714.85	482,487.15	226,143.94	46.87%
Long Term Liabilities					
Capital Loan	1,453,482.91	1,447,538.14	1,424,775.98	28,706.93	100.00
457b Retirement	<u>7,713.55</u>	<u>7,704.25</u>	<u>7,687.38</u>	<u>26.17</u>	<u>0.34%</u>
Total Long Term Liabilities	<u>1,461,196.46</u>	<u>1,455,242.39</u>	<u>1,432,463.36</u>	<u>28,733.10</u>	<u>100.00</u>
Total LIABILITIES	<u>2,169,827.55</u>	<u>2,117,957.24</u>	<u>1,914,950.51</u>	<u>254,877.04</u>	<u>13.31%</u>
NET ASSETS					
Net Assets at Beginning of Year	4,516,585.13	4,516,585.13	3,676,808.36	839,776.77	22.84%
Current Net Assets(Liabilities)	<u>(113,448.53)</u>	<u>(62,231.26)</u>	<u>840,344.80</u>	<u>(953,793.33)</u>	<u>-113.50%</u>
Total NET ASSETS	<u>4,403,136.60</u>	<u>4,454,353.87</u>	<u>4,517,153.16</u>	<u>(114,016.56)</u>	<u>-2.52%</u>
TOTAL LIABILITIES & NET ASSETS	<u>6,572,964.15</u>	<u>6,572,311.11</u>	<u>6,432,103.67</u>	<u>140,860.48</u>	<u>2.19%</u>

Health Services of North Texas, Inc.
Statement of Operations
From 5/1/2018 Through 5/31/2018

	Current Month	Last Month (04/01/2018 - 04/30/2018)	Current YTD	Prior YTD	FY2018 Budget	YTD Difference	Total Budg Percent
Patient Revenue							
Net Patient Rev	676,807.24	762,260.41	3,743,582.40	2,949,091.51	8,219,959.00	794,490.89	(45.54)%
Uncollectible	(258,591.81)	(402,048.38)	(1,464,878.82)	(864,200.22)	(1,802,588.00)	(600,678.60)	(81.26)%
Total Patient Revenue	418,215.43	360,212.03	2,278,703.58	2,084,891.29	6,417,371.00	193,812.29	(35.51)%
Other Revenue							
Grants	411,759.35	421,698.71	1,879,607.12	2,355,086.15	4,230,369.00	(475,479.03)	(44.43)%
Other	43,263.23	152,397.09	472,929.47	359,314.16	1,008,417.00	113,615.31	(46.89)%
Total Other Revenue	455,022.58	574,095.80	2,352,536.59	2,714,400.31	5,238,786.00	(361,863.72)	(44.91)%
TOTAL Revenue	873,238.01	934,307.83	4,631,240.17	4,799,291.60	11,656,157.00	(168,051.43)	(39.73)%
Expenses							
Personnel	547,292.80	545,786.32	2,786,320.46	2,527,670.78	7,255,333.00	258,649.68	38.40%
Medical Services	109,130.81	77,651.38	463,380.09	384,446.70	890,404.00	78,933.39	52.04%
Patient Care	46,295.59	57,260.55	272,546.05	263,350.45	649,225.00	9,195.60	41.98%
IT	49,628.62	53,307.32	276,870.47	201,452.85	801,000.00	75,417.62	34.56%
Occupancy	44,687.94	41,913.29	214,164.43	196,563.27	539,067.00	17,601.16	39.72%
Operating Costs	127,419.52	220,561.06	731,407.20	640,193.41	1,499,367.00	91,213.79	48.78%
Total Expenses	924,455.28	996,479.92	4,744,688.70	4,213,677.46	11,634,396.00	531,011.24	40.78%
Operating Income(Loss)	(51,217.27)	(62,172.09)	(113,448.53)	585,614.14	21,761.00	(699,062.67)	521.33%
Net Assets	(51,217.27)	(62,172.09)	(113,448.53)	585,614.14	21,761.00	(699,062.67)	521.33%

Health Services of North Texas, Inc.
Statement of Cash Flows
As of 5/31/2018

	<u>Current Period</u>	<u>Current Year</u>	<u>Prior Year YTD</u>
Cash Flows from Operating Activities			
Medicaid	(95,966.01)	1,527,420.05	1,652,161.23
Medicare	103,048.88	325,178.89	72,959.55
Private/Commercial	97,819.70	212,285.83	46,134.31
Self Pay	346,329.01	317,007.77	213,492.34
Program Income	502.50	2,579.20	14,121.95
Grants	462,175.67	1,866,420.59	1,721,257.34
Receipts from Contributors	43,263.23	486,079.47	331,722.76
Interest Received	0.00	0.00	23.00
Temp Restricted Receipts	0.00	166,365.06	0.00
Payments to Employees & Suppliers	(861,862.26)	(4,602,065.15)	(4,035,619.00)
Total Cash Flows from Operating Activities	<u>95,310.72</u>	<u>301,271.71</u>	<u>16,253.48</u>
Cash Flows from Capital Activities			
Capital Activity/Disposal of Assets	(5,939.57)	(48,878.10)	(294,684.68)
Capital Loan	5,944.77	28,706.93	0.00
Total Cash Flows from Capital Activities	<u>5.20</u>	<u>(20,171.17)</u>	<u>(294,684.68)</u>
Beginning Cash & Cash Equivalents	<u>1,618,027.63</u>	<u>1,432,243.01</u>	<u>2,275,252.91</u>
Ending Cash & Cash Equivalents	<u>1,713,343.55</u>	<u>1,713,343.55</u>	<u>1,996,821.71</u>

Health Services of North Texas, Inc.
 Financial Ratios
 May 2018

	FY2018 Goals	Fiscal Year 2018	Fiscal Year 2017
Quick Ratio Current Assets/Current Liabilities	9:1	3.98 : 1	2.99 : 1
Debt/Equity Total Liabilities/Total Net Assets	13.0%	49.0%	42.3%
Working Capital to Expense Ratio CA/CL divided by Expense/# month in Period	3 : 1	2.25 : 1	2.49 : 1
Long Term Debt to Equity Ratio	25%	33.0%	31.8%
Percentage of Admin & Fundraising	12.0%	6.9%	9.0%
Number of Days - Cash	56	50	51
Accounts Receivable Days (Medical AR Collection Period)	50	71	18
Change In Net Assets to Expense (Net Assets/Total Expense)	3.0%	-2.40%	7.8%
Cash Flow	1.5%	8.0%	-9.6%
		FY2018 YTD	FY2017 Year End
Cost per Employee this month		\$5,743.40	\$5,638.03
Cost per Employee YTD		\$29,778.56	\$70,203.35
Average Hourly Rate YTD		\$34.28	\$33.98
Cost Per Medical Encounter *15,382		\$239.68	\$163.82
Cost Per Medical Patient *7,820		\$606.73	\$725.47

* Cost per Medical Encounter and Cost per Patient calculations updated for 2018 year end financials moving forward.

HSNT Quality Management Committee Minutes 5.16.18

Attendees: Anna Contreras, Mari Bailey, Louise Weston-Ferrill, Kayla Whitworth, Jamie Taylor, Erika Washington, Shelby Guthrie, Pam Barnes, Teri Johnson, Christopher Redden, Debra Layman, Dr. Siegel, Kim Alambar

Guests:

Topic	Discussion/Recommendations	Action	Responsible Party	Follow-Up
Welcome & Roll Call	Roll call & started meeting	-	-	-
Approval of minutes	Minutes from 04/18/2018 meeting approved by Anna and seconded by Jamie.	Approved		
Standard Committee Reports				
Risk Management Committee/Review of Safety				
Kayla	<ul style="list-style-type: none"> 6 new reports via HIPAA Help Desk; 3 Facility, 2 HIPAA/Security & 1 Other. No previous reports to review. CCMC & WCMC Safety presentation – no updates. Still waiting on a response from the police/sheriff’s department to schedule. Front Desk window at 4308 was replaced CLOSED HIPAA Privacy & HIPAA Security policies were approved by Doreen & are going to the board for approval at the meeting tonight. HIPAA Help Desk –Subcommittee working on entering assets. Jen entered all of the current computer assets in the system. Current Security Score: 87% & Privacy Score: 79% Kayla reviewed the Governing Board Annual Summary Report which will be presented to the board during tonight’s meeting. Pam will look into the cost of having the employee parking lot behind 4310 & the patient parking lot at 4310 restriped. 	Update	Kayla	06/20
		Update	Debra	06/20
		-	-	-
		Update	Kayla	06/20
		Update	Christopher	06/20
		Update	Pam	06/20
Peer Review Committee				
Louise	<ul style="list-style-type: none"> Louise is working with Dr. Siegel on revising the Peer review form based on ideas from the TACHC conference he recently attended. Debra spoke with Dr. Jo regarding the Peer Review Committee. Debra and Louise will determine who will be on this committee. 	Update	Louise	06/20
		Update	Louise	06/20
Performance/Clinical Measures				

Kim	<ul style="list-style-type: none"> • Clinical Measures – Reviewed numbers through April. There are 3 measures that have gone down for the last 3 months: Pregnant Women Entering Care in the 1st Trimester, Tobacco Use Cessation & Viral Load Suppression. Discussed possible PDSAs on these 3 measures. Explained what HIV Follow Up and Viral Load Suppression measures are. • ECHO Collaborative- Louise gave an overview on the end+disparities ECHO Collaborative. This collaborative will focus on disparities in viral load suppression for MSM of color. 	Update	Kim	06/20
Areas of Concern/Trends				
All Members	<ul style="list-style-type: none"> • New cleaning contract with Anago. They will start cleaning in Denton 05/16/2018. They will clean both Denton & Collin County locations. This company had great referrals and uses medical grade cleaners. Debra commented how well the clinic staff did keeping the clinic clean while we were without a cleaning service. CLOSED • Anna reported that the BOMs are making sure the bathrooms are being stocked with toilet paper to hopefully relieve the issue of paper towels being flushed. The bathrooms at 4304 have larger trash cans & larger trash cans have been ordered for 4308. CLOSED 			
Review of Financial Measures				
Pam	<ul style="list-style-type: none"> • Working capital to expense ratio: 2.27:1 (goal is 3:1) • Long term debt: 32.5% (will start paying on the loan in August) • Days in cash: 45 • Cost Per Medical Encounter: \$233.18 • Cost Per Medical Patient: \$543.74 	Update	Pam	06/20
Review of Outreach				
Teri	<ul style="list-style-type: none"> • HSNT was on the panel at the Baylor Scott & White/THR Connect the Dot Event in Irving. This was a great opportunity to network with providers from other organizations. • The letter HSNT is sending out regarding Kelly Garcia's departure is also encouraging patients to come in to PCMC during June & July for immunizations and Well Child Checks. • 7,000 – 7,500 Spiderman postcards are going out at the end of May to encourage Well Child Checks in June & July. 	Update	Teri	06/20

	<ul style="list-style-type: none"> • Family Fun Night is May 24th to promote a fun, safe summer. Participants will enjoy free skating and concessions while learning about water safety, sun safety, well child visits, etc. • Denton Back to School Event will be August 11th at Denton Bible Church. This will be a community wide event serving 3500 students. • Social media is supporting all of the Outreach events. 			
Training Updates/Info				
All Members	<ul style="list-style-type: none"> • Erika presented a Power Point training on Ryan White Quality Measures. 			
All Other Items				
All Members	<ul style="list-style-type: none"> • Kim reminded everyone about the upcoming deadline of July 1st for the Policy & Procedure Update Project. Any policy that needs board approval will be sent to the board once all the policies are updated. Jen will be the one to archive the old policies once the policies are updated • Jamie gave an update on the FTCA Redeeming application which is due June 4th. We are currently waiting on some policies to be reviewed to make sure they are up-to-date. We discussed training for staff so they understand what FTCA Deeming is. • The HIV Quarterly Quality meeting was held on 05/08/2018. Louise went over the Germaine Solutions Audit findings with Laurie & Dr. Kaushik. • Dr. Siegel discussed the Team Based Care model and how it maximizes care while meeting Quality Measures and closing the loop. This will start at 4304 & involves the MAs, morning huddles, a new workflow and integrating Behavioral Health and Care Management as needed. 	Update	Kim	06/20
		Update	Jamie	06/20

Date minutes accepted: 6.20.18

Committee Chairman: Dr. Jason Siegel

Next Meeting: 7.18.18

X _____



**Strategic Initiatives & Development Report
June 20, 2018 Board Meeting**

1. Current Strategic Focus Areas:

Individual Donors: Spring appeal just mailed utilized new approach of integrating education of services offered with actual cost of specific procedures that are part of the highlighted service (this time Prenatal care) to build the case for the “ask”. Looking to evaluate effectiveness of new approach. North Texas Day of Giving is Sept. 20, 2018. Please consider giving on that day online so that HSNT receives bonus monies for any gift of \$25 or more. Links will be sent in August.

Capital Campaign 4304: wrapping up now. Working with donors of \$1000 or more for wording to complete Donor Wall.

2. Cultivations: Introductions and conversations with the following new targets/conduits: Danny Wilson, Allstate Ins-connected to Jerry and Stephen Jones; Andrew Key-Owner, New Life Wellness Centers; Joules PLLC and Medical City Frisco (Ms. Therese Naguib). One and ones being established with listed individuals.

3. Events: Hearts & Heroes 2018: November 3, 2018

- The volunteer committee is working hard on the event, including Collin County Advisory Board, as part of the new structure, to help with silent auction items.

4. Grants: Submitted/new: 5 grant requests were submitted with 1 to a new funder (YTD 28 grants submitted/5 were to new funders).

- a. 17 grants still awaiting decisions with a total value of: \$813,055 (end of 2017 and 2018 submissions)
- b. Grants awarded in FY2018: \$1,510,305.
- c. 8 grants pending submission with a value of: \$782,311.

5. Grants to Be Voted on:

1.	*AmeriCorps VISTA	Staff member	n/a	June
2.	*Gaston Foundation	Medical visits	\$7,500	July
3.	*Lightner Sams Foundation	P/WCMC equipment	\$6,637	June
4.	*BBVA Compass Foundation	288 equipment	\$10,000	June
5.	*Grande Communications	Denton medical visits	\$2,500	June
6.	*Rees-Jones Foundation LOI (Submitted via Serve Denton)	288 equipment	\$150,000	June
7.	*Harold Simmons Foundation	288 equipment	\$20,000	June



Status report on Locations

Serve Denton Center: 10 year lease was executed on May 31, 2018. The lease is in escrow awaiting Serve Denton to complete the required actions to close on the New Market Tax Credit transaction. This is anticipated to occur in August or September of this year. The construction will begin shortly thereafter and we move into the site in March/April of 2019 if all goes as planned. We will be required to pay the first month lease and security deposit when construction begins. HSNT requested permission to sublet part of our space for pharmacy services and we are waiting approval. Serve Denton Board meets on June 21st and this request is on their agenda.

4310 Mesa: The landlord has been notified that we will not extend our lease when it expires January 31, 2019.

Wylie Children's Medical Clinic (WCMC): Baylor Scott & White (BSW) will not be able to assist HSNT with space for our Wylie location. Considering all of the initiatives we have, renewing the existing lease for Wylie Children's Medical Clinic is our best option at this time. We are focused on stabilizing Plano Children's Medical Clinic, planning for Serve Denton Center, and establishing FQHC credentialing at Collin County Health Center that was recently added to our FQHC scope.

Information Technology (IT):

Board Member James Henderson met with Doreen and Christopher Redden (Chief Information Officer for HSNT) on June 1, 2018 to receive an overview of our network set up, security practices and supporting communication components. James has extensive professional IT and security experience. He also reviewed the related policies and provided feedback. He will report on this visit at the board on June 20th and comment on the policies.

On June 6, 2018 we invited Texas Association of Community Health Centers in to conduct a security audit. They reviewed our hardware and network set up as well as workstations and facilities. The software program we use to track and monitor HIPAA compliance requirements, HIPAA Help Center, is comprehensive and utilized by all staff for training, reporting, investigations, monitoring, security logs, documentation and more. The system generates a risk analysis score for Security Risk and Privacy Risk. Christopher Redden will provide a summary of the TACHC audit report and recommendations.

Dashboard

Monitoring our goals. See the attached Board dashboard on the next page of this report.

Federal Tort Claims Tort Act (FTCA)

Through the Federal Tort Claims Act, eligible Health Resources Service Administration (HRSA)-supported health centers may be granted medical malpractice liability protection with the Federal government acting as their primary insurer. To receive coverage, grantees must submit an initial deeming application to the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care and meet the requirements to attain deemed status. Renewal applications for redeeming must be submitted on an annual basis to continue coverage.

HSNT was first approved for this coverage in 2016 and we submitted our 2019 deeming application on June 1, 2018. FTCA is a huge benefit considering the number of providers we have and the cost saving for individual malpractice we would otherwise have to cover.

A review of the requirements and HSNT's compliance will be covered at the June board meeting. Attached to this report is the guidance from Health Resources Service Administration (HRSA) regarding FTCA.

Ryan White Funding

Dallas County Health and Human Services (DCHHS) provided their audit report for the review period of February 1, 2016-June 30, 2017. HSNT received \$1,709.49 in funding for services during that period. There review was focused on three primary areas: program management, client services, and program effectiveness. There were no findings. The report is attached for your review.

Follow up and Information

- Family Fun Health Night- annual event on the last day of school for DISD. Here are a few fun facts:
 - ✓ 494 Guests
 - ✓ 14 community partner tables
 - ✓ 6 HSNT sponsored health education tables
 - ✓ And so much FUN!
- Durbin & Company audit team to present to Governing Board July 18, 2018
- Co-Serv presented a check for \$10,000 to support medical care on June 5, 2018
- Hearts & Heroes is November 3, 2018
 - Buffalo Valley Event Center in Denton, Texas
 - Round up of Heroes
 - Celebrating 30 years of service to the community

Thank you for your support,

Doreen Rue, CEO



**DALLAS COUNTY
HEALTH AND HUMAN SERVICES
GRANTS MANAGEMENT**

Ganesh Shivaramaiyer
Interim Director

**TO: Doreen Rue, Chief Executive Officer
Health Services of North Texas, Inc.**

FROM: Wanda Scott, Program Monitor

DATE: May 17, 2018

SUBJECT: Exit Conference

This is to confirm that the exit conference at Health Services of North Texas, Inc. is scheduled for Thursday, May 24, 2018 at 1:00 pm.

Representatives from Dallas County Health and Human Services will present their findings.

Please contact me at (214) 819-1844 if you have questions.

c: Lynn Smith-Clay , GMO
File



**DALLAS COUNTY
HEALTH AND HUMAN SERVICES
GRANTS MANAGEMENT**

**Ganesh Shivaramaiyer
Interim Director**

May 24, 2018

Certified Mail #: 7003 2260 0003 2232 3306

Doreen Rue, Chief Executive Officer
Health Services of North Texas, Inc.
4401 N. I-35, Suite 312
Denton, Texas 76207

Dear Ms. Rue:

We appreciate the cooperation and courtesy of the management and staff at Health Services of North Texas, Inc. in assisting the Program Monitor during the compliance review. Dallas County is sincerely grateful for the services you provide to the residents of the Dallas service delivery area who are impacted by HIV.

Enclosed is the programmatic compliance report. The fiscal component of this report will be sent under a separate letterhead. The object of the enclosed report is to initiate the process of resolving findings generated from the recent compliance review.

The compliance review is related to the contractual agreements between Health Services of North Texas, Inc. and Dallas County for funding through Dallas County pass-through grants. It is designed to provide technical assistance to support Health Services of North Texas, Inc. in the management of the agency's HIV programs. We are available to discuss this report and to review any corrective action taken or proposed.

There were no programmatic findings in this recent review; therefore, no response to this report is necessary. Should you choose to provide comments, you may do so to the attention of Lynn Smith-Clay, Grants Management Officer, at 2377 North Stemmons Freeway, Suite 200, LB-16, Dallas, Texas 75207-2710. She may be reached at (214) 819-1869.

Sincerely,

Ganesh Shivaramaiyer, Interim Director
Health and Human Services Department

c: Commissioners Court
Lynn Smith-Clay, Grants Management Officer
Darryl Thomas, County Auditor

Health Services of North Texas

The programmatic compliance report is for the use of the sub-grantee agency and the grantee administrative agency, Dallas County Health and Human Services.

Review Dates:	October 25, 2017 – November 7, 2017
Scope of Review:	February 1, 2016 – June 30, 2017
Review Conducted by:	Wanda Scott, Program Monitor
Exit Conference:	May 24, 2018

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I. CONTRACTOR PROFILE

Health Services of North Texas, Inc.
4401 N. I-35, Suite 312
Denton, Texas 76207
940.381.1501

Health Services of North Texas, Inc. (HSNT) has been providing services to individuals and families living with HIV/AIDS in North Texas since 1988. It began as AIDS/Denton with a volunteer group that recognized the need for education and more comprehensive support services for PLWAs. In 1994, the organization changed its name to AIDS Services of Denton County and received Ryan White CARE Act funds and financial support from Denton County and Dallas County. In 1997, services were expanded into four surrounding counties and the organization again was renamed AIDS Services of North Texas to reflect its expanded area that incorporated two outreach offices in Plano and Greenville. During this period, the organization's client base and budget nearly doubled. In 1998, primary care and treatment for HIV+ individuals who did not have insurance was established.

By 2001, the organization adopted a d/b/a, Health Services of North Texas, to allow for mission expansion and rural acceptance; and in 2009, it made a formal corporate name change to Health Services of North Texas, Inc. In January 2010, Health Services of North Texas acquired the assets of the People's Clinic of Denton County, an organization that previously has provided quality, low-cost outpatient medical care to needy families throughout Denton County.

Today, Health Services of North Texas is one of the largest providers of medical care and support services to people living with HIV/AIDS in the North Texas area. It offers no-cost to low-cost, sliding scale outpatient medical care, a 340B medication pricing program, medical case management, case management, insurance assistance, mental health services, food bank services and transportation services to residents in counties within the Dallas eligible metropolitan area.

Funding for the contract year 2016 by service category and funding source is as follows:

<u>Service Category</u>	<u>Budget</u>	<u>Funding Source</u>
Case Management (Non-Medical)	\$ 54,052.00	Part A Formula
	\$ 35,569.00	Part A Supplemental
	\$ 42,908.00	Part B Formula
	\$ 34,318.00	State of Texas HIV Health and Social Services Grant (State Services)
Medical Case Management	\$ 65,155.00	Part A Formula
	\$ 49,388.00	Part A Supplemental
	\$ 42,115.00	Part B Formula
	\$ 50,460.00	State of Texas HIV Health and Social Services Grant (State Services)
AIDS Pharmaceutical Assistance	\$ 141,781.00	Part A Formula
	\$ 62,896.00	Part A Supplemental
	\$ 19,098.00	Part B Formula
	\$ 0.00	Part B Supplemental
	\$ 108,890.00	State of Texas HIV Health and Social Services Grant (State Services)

Health Insurance Premium & Cost	\$ 112,603.00	Part A Formula
Sharing Assistance	\$ 60,148.00	Part A Supplemental
Mental Health Services	\$ 14,107.00	Part A Formula
	\$ 8,707.00	Part A Supplemental
Ambulatory/Outpatient Medical Care	\$ 267,256.00	Part A Formula
	\$ 136,676.00	Part A Supplemental
	\$ 173,644.00	Part B Formula
	\$ 0.00	Part B Supplemental
Medical Transportation Services	\$ 91,623.00	Part A Formula
	\$ 46,024.00	Part A Supplemental
	\$ 17,095.00	Part B Formula
Transportation (State Services)	\$ 74,981.00	State of Texas HIV Health and Social Services Grant (State Services)
Total	<u>\$ 1,709,494.00</u>	

II. PURPOSE OF VISIT

A program monitoring review was performed to assess the program's operation. The review determined the efficiency of program management in achieving program objectives. The review evaluated the quality of client services and measured the progress toward meeting program objectives as outlined in the contract between Dallas County and HSNT.

III. PROGRAM COMPLIANCE

The evaluation of the grant-funded programs provided by HSNT focused on three primary areas: program management, client services, and program effectiveness. Programmatic reports of the number of clients served were tabulated and compared against program objectives for the grant-funded contract. The on-site visit included a review of case records, a review of agency records, interviews with staff, and a general observation of program activities. A report of the findings and appropriate recommendations for meeting contractual requirements and improving quality of client services are listed in sections III-A through III-D and IV-A through IV-B.

A. PREVIOUS FINDINGS

None

B. CURRENT STATUS

None

From a sample of one hundred ninety six (196) client files reviewed, the client files listed below did not contain the required documentation and information for the monitoring period:

C. CURRENT FINDINGS

1. Evidence of Mock/MAGI forms for two (2) clients was calculated inaccurately, missing a page, or not found. Source Citation: FY 2016 DCHHS Contracts: 7. Contractor's Obligations, (I). Eligibility, (3).

D. OUSTANDING ISSUES

None.

IV. RECOMMENDATIONS FOR CONTRACTUAL COMPLIANCE

- A.1 Sub-Recipient must assure that eligibility determination occurs in knowing Ryan White clients Federal Poverty Level percentage through the MAGI and Mock/MAGI formulated spreadsheet. The below websites are formulated spreadsheets that staff should utilize, which helps decrease errors in calculating a clients' FPL %.

MAGI Worksheet

https://www.dshs.texas.gov/hivstd/MAGI/files/MAGI_xls.xls

Mock/MAGI Worksheet

https://www.dshs.texas.gov/hivstd/MAGI/files/MockMAGI_xls.xls

A. PROGRAMMATIC RECOMMENDATIONS

Dallas County Grants Management Division is pleased to announce that the most recent annual compliance review resulted in no findings. Therefore, programmatic recommendations are to continue accessing the most current contractual and programmatic guidelines from Dallas County Grants Management Division (Administrative Agency), Texas Department of State Health Services, and Health Resources Services Administration – HIV/AIDS Bureau (HRSA-HAB). Sub-Recipient are encourage to respond to any technical assistance (TA) and/or trainings that the Administrative Agency can assist in providing continual quality HIV/AIDS care services.

B. OUTSTANDING ISSUES RECOMMENDATIONS

Not Applicable.

V. PROGRAM SUMMARY

The program summary section evaluates all funded programs by specific programmatic goals and utilization of funds. Brief descriptions of each program followed by tables are presented with funding source data aggregated for each table. The data presented for "Goals" and for "Actual to Date" in the tables were obtained from the Exhibit B-1s and from the ARIES database (respectively) for the funding period of FY 2016.

Case Management (Non-Medical)

The case management program at HSNT coordinates access to services in order to meet clients' short and long term needs. Those needs include financial and legal guidance. After an initial intake is conducted to assess the client's medical and psycho-social needs, a comprehensive care plan is developed with the client to address the various needs, identify resources required to stabilize the presenting problems, and to enhance the client's quality of life through consistent medical care and social support. The case manager monitors the client's progress, and assistance is provided as needed.

**Case Management (Non-Medical)
Ryan White Part A, Part B and the State of Texas HIV Health and Social Services Grants**

DESCRIPTION	GOALS	ACTUAL	PERCENT OF GOALS	UNIT COST
Unduplicated Clients	610	588	96%	
Face to Face/Other Encounters	3,425	3,132	91%	
Total Award	\$166,847.00	\$152,573.00	91%	

The agency expends 91% of the funding award.

Medical Case Management

The purpose of HSNT's medical case management program is to ensure adequate coordination of service with primary health care providers, home health care providers and other community-base service providers and to work with client on issues of treatment adherence. The medical case manager, or wellness coordinator, makes all necessary medical referrals. The ultimate goal of the program is to help client acquire and adhere to prescribed treatment regimens.

**Medical Case Management
Ryan White Part A, Part B and the State of Texas HIV Health and Social Services Grants**

DESCRIPTION	GOALS	ACTUAL	PERCENT OF GOALS	UNIT COST
Unduplicated Clients	695	695	100%	
Face to Face/Other Encounters	3,379	3,379	100%	
Total Award	\$207,118.00	\$207,118.00	100%	

The agency expends 100% of the funding award.

AIDS Pharmaceutical Assistance

HSNT's AIDS Pharmaceutical Assistance program is designed to assist the client with the purchase of prescribed medications not covered by third-party payers and to supplement the Texas HIV Medications Program for medications approved by the Food and Drug Administration (FDA) for the treatment of HIV infection.

**AIDS Pharmaceutical Assistance
Ryan White Part A, Part B and the State of Texas HIV Health and Social Services Grants**

DESCRIPTION	GOALS	ACTUAL	PERCENT OF GOALS	UNIT COST
Unduplicated Clients	278	250	90%	
Prescriptions	2,194	2,048	93%	
Total Award	\$332,665.00	\$310,519.00	93%	

The agency expends 93% of the funding award.

Health Insurance Premium & Cost Sharing Assistance

The health insurance assistance program assists low-income individuals living with HIV/AIDS who are at risk of losing their health insurance coverage. The program provides payments for health insurance premiums, deductibles, and co-payments.

**Health Insurance Premium & Cost Sharing Assistance
Ryan White Part A**

DESCRIPTION	GOALS	ACTUAL	PERCENT OF GOALS	UNIT COST
Unduplicated Clients	78	71	91%	
Co-pays, Premiums and Deductible Payments	407	393	97%	
Total Award	\$172,751.00	\$166,978.00	97%	

The agency expends 97% of the funding award.

Mental Health Services

HSNT's mental health program is designed to address the short and long term mental health needs of individual living with HIV/AIDS and their care givers. Both individual and group counseling sessions are offered to provide emotional support, reduce isolation, and empower individuals to better cope with their HIV status.

**Mental Health Services
Ryan White Part A**

DESCRIPTION	GOALS	ACTUAL	PERCENT OF GOALS	UNIT COST
Unduplicated Clients	39	34	87%	
Number of Sessions	249	217	87%	
Total Award	\$22,814.00	\$19,877.00	87%	

The agency expend 87% of the funding award.

Ambulatory/Outpatient Medical Care

The medical clinic facilities at HSNT were established to meet the early intervention, acute, and chronic care needs of underserved individuals living with HIV/AIDS in the rural and outlying counties of the Dallas service delivery area. A complete medical history and physical examination are taken at the initial visit, and all standard laboratory tests are requested. After the client's overall health status has been determined, a care plan is developed to ensure that each client receives appropriate medical care.

**Ambulatory/Outpatient Medical Care
Ryan White Part A and Part B Formula**

DESCRIPTION	GOALS	ACTUAL	PERCENT OF GOALS	UNIT COST
Unduplicated Clients	610	506	83%	
Medical Visits	1020	995	98%	
Labs	5,020	4,250	85%	
Specialized Medical Care Visits	150	119	80%	
Total Award	\$577,576.00	\$479,651.00	83%	

The agency expend 83% of the funding.

Medical Transportation Services

The transportation program at HSNT is a vital service for clients who reside in the outlying counties of the Dallas service delivery area. Clients are transported to and from appointments for health care and other psycho-social support services. Through this program, vital prescriptions are transported to the client to enable maintenance of the client's medical health care regimens. These services are provided for clients in order to accommodate access to primary medical care.

**Medical Transportation Services
Ryan White Part A Formula, Part A Supplemental and Part B Formula**

DESCRIPTION	GOALS	ACTUAL	PERCENT OF GOALS	UNIT COST
Unduplicated Clients	93	93	100%	
One-Way Van Trips	1,714	1000	58%	
Bus Passes / Tokens	235	200	85%	
Delivery of Medications	173	125	72%	
Total Award	\$154,742.00	\$102,779.00	65%	

The agency spends 65% of the allocated funds.

Transportation (State Services)

These services function exactly as the above listed Medical Transportation Services, except they are provided for clients in order to accommodate access to primary medical care and other HIV-related psychosocial services.

**Transportation Services
State of Texas HIV Health and Social Services Grants**

DESCRIPTION	GOALS	ACTUAL	PERCENT OF GOALS	UNIT COST
Unduplicated Clients	17	17	100%	
One-Way Van Trips	295	290	99%	
Total Award	\$74,981.00	\$74,981.00	100%	

The agency spends 100% of the allocated funds.

Chapter 21: Federal Tort Claims Act (FTCA) Deeming Requirements

Authority

Section 224(g)-(n), 224(q) of the PHS Act (42 U.S.C. 233(g)-(n) and (q)); and 42 CFR Part 6

Requirements

In order to obtain deemed Public Health Service employment status under sections 224(g)-(n) of the PHS Act¹ for themselves and for their “covered individuals,”² Health Center Program [awardees](#) and [subrecipients](#) (including those defined as subrecipients under the Health Center FTCA Medical Malpractice Program regulations),³ hereafter referred to as a “health center” in this chapter, must submit for approval by HRSA an annual deeming application that demonstrates the health center:

- Has implemented appropriate policies and procedures to reduce the risk of malpractice and the risk of lawsuits arising out of any health or health-related functions performed by the health center;
- Has reviewed and verified the professional credentials, references, claims history, fitness, professional review organization findings, and license status of its physicians and other licensed or certified health care practitioners;
- Has no history of claims under section 224 of the PHS Act or, if such a history exists, fully cooperates with the Attorney General in defending against any such claims, and takes any necessary steps to assure against such claims in the future; and
- Will fully cooperate with the Attorney General and other applicable agencies in providing required information under section 224 of the PHS Act.

Note: *A health center’s deemed employment status⁴ does not imply FTCA coverage in all cases, as health center providers must also comply with statutory individual eligibility requirements,*

¹ The text of section 224 of the PHS Act may be found at: <http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section233&num=0&edition=prelim>

² “Covered individuals” is defined by the [FTCA Health Center Policy Manual](#) to mean “governing board members, officers, employees, and certain individual contractors.” The term does not include [volunteer health professionals](#) of deemed health centers, who may be deemed as PHS employees under section 224(q), and as to whom an individual deeming application is required.

³ *Subrecipient*, as used in this chapter means, as described in 42 CFR 6.2, an entity that receives a Federal award or a contract from a covered entity to provide a full range of health services on behalf of the covered entity. *Covered entity* means an entity as described in 42 CFR 6.3 which has been deemed by the Secretary, in accordance with 42 CFR 6.5, to be covered by 42 CFR Part 6.

⁴ Deemed employment status extends to covered individuals based on evidence of their relationship with the covered entity (i.e., officer, governing board member, health center employee, qualified individual contractor, or volunteer health professional), pursuant to section 224(g)-(n) and (q) of the PHS Act, and 42 CFR Part 6. Volunteer health professionals may receive deemed employment status based on individual applications by the sponsoring,

Health Center Program Compliance Manual

and covered actions must be taken within the scope of deemed PHS employment. When FTCA matters become the subject of litigation, the U.S. Department of Justice and the Federal courts may assume significant roles in certifying or determining whether or not a given activity falls within the scope of employment for purposes of FTCA coverage. For more information, review the FTCA Health Center Policy Manual available at:

<https://bphc.hrsa.gov/ftca/pdf/ftcahcpolicymanualpdf.pdf>.

Demonstrating Compliance

A health center would demonstrate compliance with the FTCA requirements by providing documentation in its annual deeming application, in the form and manner prescribed by HRSA, and consistent with (but not necessarily limited to) the following:

Credentialing and Privileging / Quality Improvement and Quality Assurance

- a. The health center is currently compliant with all of the [credentialing](#) and [privileging](#) requirements of Chapter 5: [Clinical Staffing](#) and all requirements within Chapter 10: [Quality Improvement/Assurance](#) prior to the deeming determination.

Risk Management

- a. The health center has and currently implements an ongoing health care risk management program to reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation and that requires the following:
 - Risk management across the full range of health center health care activities;
 - Health care risk management training for health center staff;
 - Completion of quarterly risk management assessments by the health center; and
 - Annual reporting to the health center board which includes: completed risk management activities; status of the health center's performance relative to established risk management goals; and proposed risk management activities that relate and/or respond to identified areas of high organizational risk.
- b. The health center has risk management procedures that address the following areas for health center services and operations:
 - Identifying and mitigating the health care areas/activities of highest risk within the health center's HRSA-approved [scope of project](#), including but not limited to tracking referrals, diagnostics, and hospital admissions ordered by health center providers;
 - Documenting, analyzing, and addressing clinically-related complaints and "near misses" reported by health center employees, patients, and other individuals;

deemed health center. Whether a specific activity is covered by the FTCA will also require a determination or certification that the activities at issue occurred within the scope of deemed PHS employment.

Health Center Program Compliance Manual

- Setting and tracking progress related to annual risk management goals;
 - Developing and implementing an annual health care risk management training plan for all staff members based on identified areas/activities of highest clinical risk for the health center (including, but not limited to, obstetrical procedures and infection control) and any non-clinical trainings appropriate for health center staff (including HIPAA medical record confidentiality requirements); and
 - Completing an annual risk management report for the board and key management staff.
- c. The health center provides reports to the board and key management staff on health care risk management activities and progress in meeting goals at least annually, and provides documentation to the board and key management staff showing that any related follow-up actions have been implemented.
- d. The health center has a health care risk management training plan for all staff members and documentation showing that such trainings have been completed by the appropriate staff, including all clinical staff, at least annually.
- e. The health center designates an individual(s) (for example, a risk manager) who oversees and coordinates the health center's health care risk management activities and completes risk management training annually.

Claims Management

- a. The health center has a claims management process for addressing any potential or actual health or health-related claims, including medical malpractice claims, that may be eligible for FTCA coverage. In addition, this process ensures:
- The preservation of all health center documentation related to any actual or potential claim or complaint (for example, medical records and associated laboratory and x-ray results, billing records, employment records of all involved clinical providers, clinic operating procedures); and
 - Any service-of-process/summons that the health center or its provider(s) receives relating to any alleged claim or complaint is promptly sent to the HHS, Office of the General Counsel, General Law Division, per the process prescribed by HHS and as further described in the FTCA Health Center Policy Manual.
- b. The health center has a designated individual(s) who is responsible for the management and processing of claims-related activities and serves as the claims point of contact.

Health Center Program Compliance Manual

- c. The health center informs patients using plain language that it is a deemed Federal PHS employee⁵ via its website, promotional materials, and/or within an area(s) of the health center that is visible to patients.
- d. If a history of claims under the FTCA exists, the health center can document that it:
 - o Cooperated with the Attorney General, as further described in the FTCA Health Center Policy Manual; and
 - o Implemented steps to mitigate the risk of such claims in the future.

Related Considerations

The following points describe areas where health centers have discretion with respect to decision-making or that may be useful for health centers to consider when implementing these requirements:

- The health center determines how to obtain its health care risk management training (for example, through one of HRSA’s national cooperative agreements or technical assistance contracts) and which trainings to require for covered individuals and the individual(s) designated with risk management responsibilities (for example, risk manager).
- The health center determines what other types of liability coverage to obtain, such as private “gap” or “tail” insurance, directors and officer insurance, and general liability insurance, for activities that may not be eligible for FTCA coverage.
- The health center determines how to conduct and document the completion of quarterly risk management assessments.
- With the exception of health centers that use volunteer health professionals, as to which requirements are prescribed by law,⁶ the health center determines how to inform patients that it is a deemed Federal Public Health Service employee.

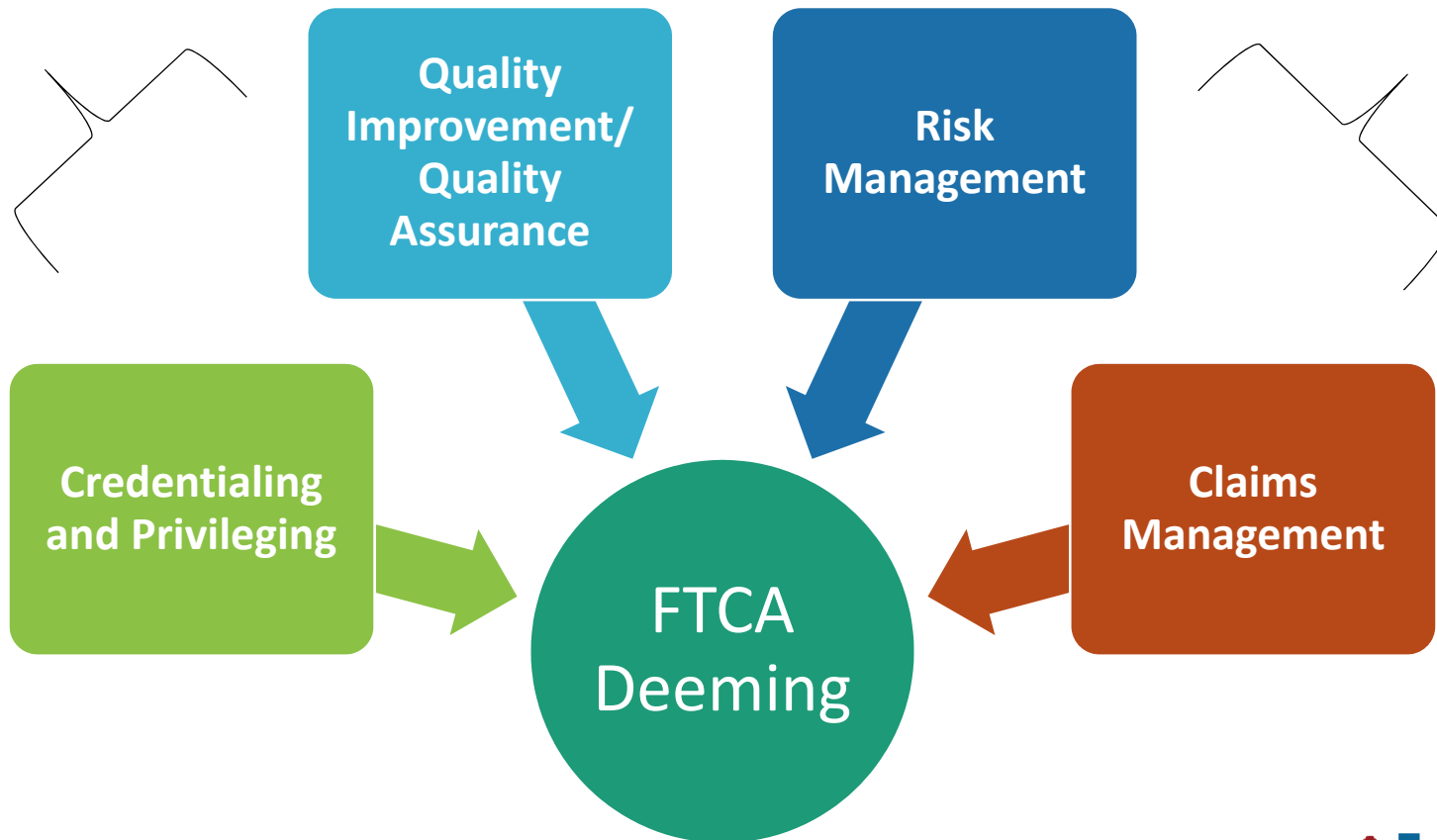
⁵ For example: “This health center receives HHS funding and has Federal Public Health Service (PHS) deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals.” For more information, see <http://www.bphc.hrsa.gov/ftca/>.

⁶ Section 224(q)(2)(D) of the PHS Act.

Alignment of FTCA and HCP Requirements

Compliance Manual
Chapter 5 & 10

Compliance Manual
Chapter 21



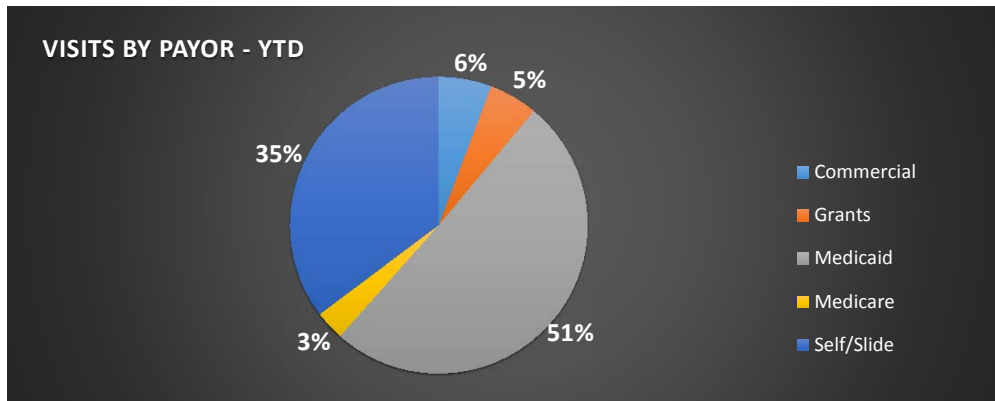
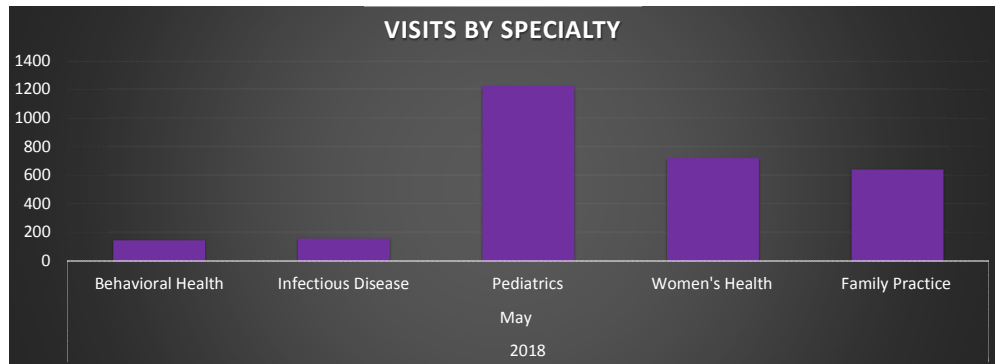
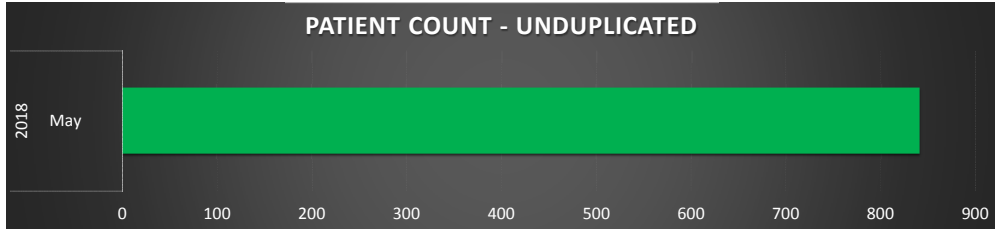
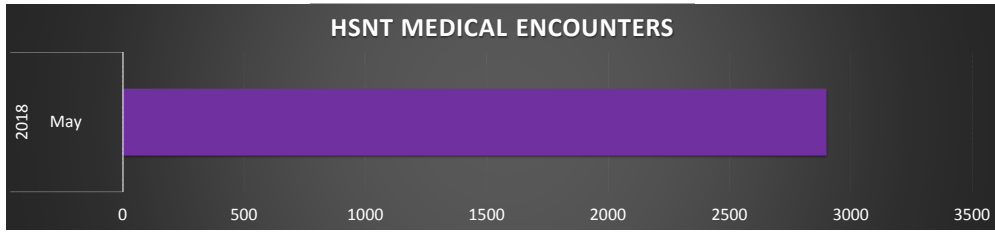
FTCA 2019 Application – Uploads

1. Referral, Diagnostic Tests, and Procedures Tracking Policy
2. Hospital and Emergency Room Visit Tracking Policy
3. Risk Training Plan
4. Risk training tracking/documentation methods/tools
5. Risk report to Board of Directors
6. Position description for those responsible for coordination of health center risk management activities
 - Dr. Jackson – head of Risk Committee
 - Kayla Whitworth – facilitates Risk Committee meetings
7. Quality Management Plan
8. Quality Work plan
9. Quality Committee minutes (6 months - November to April)
10. PDSAs
11. May 2018 board minutes
12. Position description for those who oversee QI/QA program
 - Dr. Siegel – head of Quality Committee
 - Kim Alambar – facilitates Quality Committee meetings
13. Credentialing and Privileging Policy
14. Documentation (photos and link to website) showing that we inform patients that we are FTCA deemed
15. Position description of those responsible for management and processing of claims related activities and serving as claims point of contact
 - Debra Layman

GOVERNING BOARD DASHBOARD

Visit Count

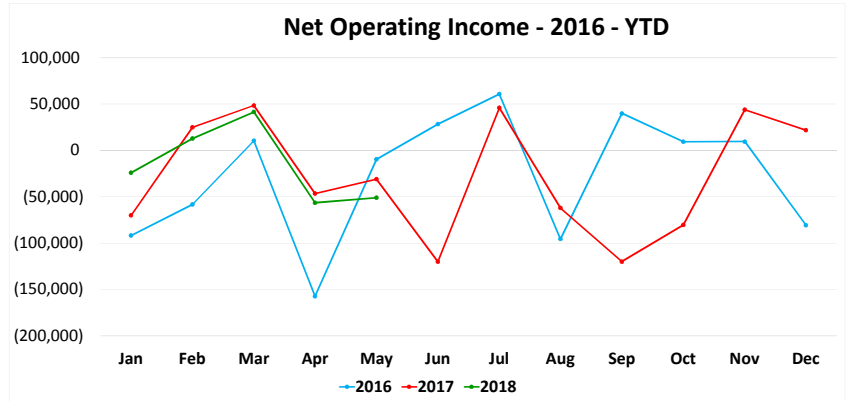
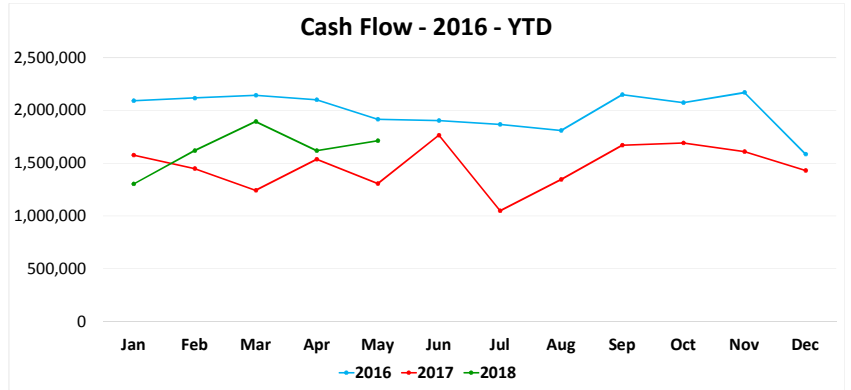
Patient Count



Measures	Q1	Q2	Q3	Q4	YTD	2017 Final	2018 Goal
Medical & Mental Health Encounters	9,445	5,937			15,382	44,454	42,000
Days in Cash	56	50			50	58	56
Operating Margin	.01	-.02			-.02		.02%
Peer Review	4.8				4.8	4.7	4.6

May Highlights

Provider FTE's:	14.7
Patient Satisfaction Survey Results:	
Individual Giving	\$1,038.41
Corporation Giving	\$10,000.00
Organization Giving	\$2,750.00





GOVERNING BOARD ANNUAL SUMMARY REPORT

RISK MANAGEMENT COMMITTEE

Reporting Dates: 7/2017-4/2018

Members: Greg Jackson, Debra Layman, Kayla Whitworth, Christopher Redden, Mari Bailey, Mary Wallace, Carolyn Price, Kim Alambar, Anna Contreras, Pam Barnes and Shelby Guthrie

- **Incident Reports:** During the reporting time period the Risk Management Committee reviewed 43 incident reports. This number more than doubled from our last reporting period. We believe that the efficiency and ease of the online reporting has increased reporting. The Risk Committee categorizes the incident reports in an effort to identify trends and monitor our Patient Safety and Risk Management Program goals. The breakdown of the incidents received is as follows:
 - Staff/Provider: 19
 - Theft: 2
 - Facility: 5
 - Medication error: 0
 - HIPAA/Security: 7
 - Compliant: 2
 - Other: 6
 - Non-Risk Incident: 2

Each incident was investigated by the supervisor, the investigation was documented in the HIPAA Help Center, Just Culture was applied where appropriate, and additional training, sanctions, or punitive measures were performed. Each incident was brought to the Risk Committee for discussion and Risk awareness. The discussions provide insight and allow review of system issues that may have contributed to the incidents, encouraging further discussions of specific actions HSNT can take to mitigate future instances. When trends are identified, we take the opportunity to provide additional training to the general staff to mitigate future events.

- **Safety:** During the year the Risk Committee discussed various aspects of agency safety such as an employee health policy, employee handicap parking space, OSHA and Stericycle requirements and Senate Bill 4. The Committee monitors to facilitate compliance with regulatory, legal and accrediting requirements. The committee also scheduled facility safety meetings at individual sites with law enforcement and staff. The committee arranged for Captain Hinojosa to come to the Denton sites to complete safety training and offer recommendations on improving facility safety. The committee enacted the recommendations including improving outside lighting and re-landscaping to cut back tall shrubs and trees. We



also provided training and written information to all staff members about what to do in the event of a robbery at the agency.

- **Information Technology (IT) Security/HIPAA:** The Risk Committee monitors compliance with annual HIPAA training for all employees. The committee is working to increase the agency HIPAA security and privacy score in the HIPAA Help Desk by identifying tasks that need to be completed and possible staff who could assist with that task. The committee is beginning with asset management and the approval of the HIPAA Privacy and HIPAA Security policies.
- **Open Discussion:** The Risk Committee has also addressed a number of issues outside of the above areas in an effort to reduce overall agency risk and effectiveness.

The Risk Management Committee develops the following goals for 2017:

- The Risk Management Committee will have 10% of members complete the ECRI Risk Management certification program: **Met**
- Direct patient medication errors will be less than 5% of the overall medical error category: **Met**
- 95% of all active employees will be compliant with annual HIPAA training: **Met**

The Risk Management Committee has developed the following goals for 2018:

- The time between an incident being reported and the committee reviewing the incident will be less than 45 days.
- The HIPAA/Security incident category will be 20% or less of the total incidents reported.
- The quarterly average of the Security Risk and Privacy Risk score will be above 75%.

Doreen –

I hope you're well. Since Herman has rolled off the HSNT board, we are hoping to identify a current board member to appoint to the Denton County Homelessness Leadership Team (www.unitedwaydenton.org/dchlt). I've copied the mission and vision of the DCHLT below for reference. Here is a link to the DCHLT charter for more details:

https://www.unitedwaydenton.org/sites/unitedwaydenton.org/files/DCHLT%20Charter%20-%20Amended%206-9-16_0.pdf

We are requesting an appointee from the HSNT Board of Directors to serve a 2-year term (2018-2020) as a representative to the Denton County Homelessness Leadership Team. The DCHLT holds 6 meetings a year (2nd Thursday of every even month) from 8:00 a.m. to 9:30 a.m. at the United Way of Denton County (1314 Teasley Lane, Denton, TX 76205). The next meeting is Thursday, June 14th.

Our Vision

Every person in Denton County has a place to call home that is safe, affordable, accessible and supported by community resources.

Our Mission

The Denton County Homelessness Leadership Team fosters an effective and coordinated system of homelessness prevention and intervention, resulting in homelessness that is rare, brief and nonrecurring through:

- Community awareness and connection
- Data-driven, evidenced-based, fiscally responsible recommendations
- Innovative solutions around affordable housing, access to primary and behavioral health care services, adequate incomes and coordinated services
- Mobilizing, advocating and empowering public-private community-wide collaboration

Courtney Cross

Director of Homelessness Initiatives

United Way of Denton County

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